Health Emergency Response Framework

The framework outlines the Southern Cross Healthcare (SCH) emergency response framework and sets out the expectations for local preparedness plans and procedures.

Who is it for?

Southern Cross Healthcare (SCH) staff involved in preparing for, responding to, and learning from emergency incidents that affect our people, facilities, systems, and communities.

Why is it important?

To ensure SCH staff have the capability to anticipate, plan for, and respond effectively to emergency incidents, reducing the risk of harm to people, damage to property, and disruption to services. To enable SCH to support external agency response when appropriate and to learn and improve following an incident. In doing so we meet our obligations under the Civil Defence Emergency Management Act 2002.

Contents

Definitions and common terminology

This policy and associated documents use the definitions and the common terminology of the Guide to the National Civil Defence Emergency (CDEM) Plan 2015 as described in Appendix 2. The following tables describe those most used in our services. For a comprehensive list refer to the guide.

Definitions

Term	Definition
4Rs	The 4Rs of emergency management are reduction, readiness, response, and recovery
CDEM Group	CDEM Groups means a group established under section 12 of the CDEM Act 2002
CDEM Group Controller	Group Controller means a person appointed as a Group Controller under section 26.

Term	Definition
Civil Defence Centre	A Civil Defence Centre (CDC) is a facility that is established and managed by CDEM during an emergency to support individuals, families/whānau, and the community. CDCs are open to members of the public and may be used for any purpose including public information, evacuation, welfare, or recovery, depending on the needs of the community. CDCs are operated by CDEM-led teams (including CDEM-trained volunteers), or by other agencies as defined in CDEM Group Plans or local level arrangements.
Cluster	Cluster means a group of agencies that interact to achieve common CDEM outcomes
Coordinated Incident Management System (CIMS)	The Coordinated Incident Management System (CIMS) is the primary reference for incident management in New Zealand. The purpose of CIMS is to achieve effective coordinated incident management across responding agencies for all emergencies regardless of hazard, size and complexity.
Coordination centre	A coordination centre is the location from which a Controller and Incident Management Team (IMT) manages a response. There are four types of coordination centre: · Incident Control Points (ICPs) operate at an incident level · Emergency Operations Centres (EOCs) operate at a local level · Emergency Coordination Centres (ECCs) operate at a CDEM Group level, and · National Coordination Centres (NCCs) operate at the national level
Emergency Coordination Centre (ECC)	An Emergency Coordination Centre (ECC) is a coordination centre that operates at the CDEM Group or regional level to coordinate and support one or more activated EOCs
Emergency Operations Centre (EOC)	An Emergency Operations Centre (EOC) is a coordination centre that operates at a local level to manage a response.
Health emergency	A health emergency exists when the usual resources of a health provider are overwhelmed, or have the potential to be overwhelmed
Incident Management Team (IMT)	A group of trained personnel who are responsible for the coordinated response effort to an emergency event.
Lead Agency	Lead agency means the agency with the primary mandate for managing the response to an emergency, as specified in Appendix 1 of the National CDEM Plan 2015.
Support agency	Support agency means any agency, other than the lead agency, that has a role or responsibilities during the response to an emergency.

Introduction

Healthcare at SCH is delivered through a nationwide network of facilities of wholly owned and joint venture services including:

- A national leadership and resource team
- hospital and specialist centres
- rehabilitation services
- physiotherapy
- mental health services
- workplace health services.

An emergency may combine a sharp rise and variations in demand for health services with the disruption of facilities and infrastructure, during which there may be pressure on hospitals and other services and facilities. Our communities may experience public health problems, and those who have suffered loss and disruption may require psychological support. Hospitals, services, medical equipment, and related facilities may be damaged. Even where a hazard does not directly affect SCH services or their infrastructure, disruption to other services (for example, roads, electricity, or water supplies) can have serious consequences for our services or infrastructure. If staff cannot get to work or lifeline utilities fail, facilities and services may have to be reduced, relocated, or stopped altogether, which may endanger community health, safety and wellbeing. In the event of a pandemic emergency, many staff are likely to be absent due to illness, further constraining resources.

The SCH health emergency response has been developed to ensure SCH adopts an industry best practice framework consistent with that of the New Zealand health and disability sector, guided by New Zealand Civil Defence Emergency Management (CDEM) Plans.

Our approach to emergency response is rooted in the following key values:

- Whanaungatanga – relationships through shared experiences and working together which provides people with a sense of belonging.
- Manaakitanga – hospitality, kindness, generosity, support - the process of showing respect, generosity, and care for others.
- Kotahitanga - unity, togetherness, solidarity, collective action.

Objectives

The objectives of the Health Emergency Response Policy are to ensure SCH facilities have an emergency management structure that:

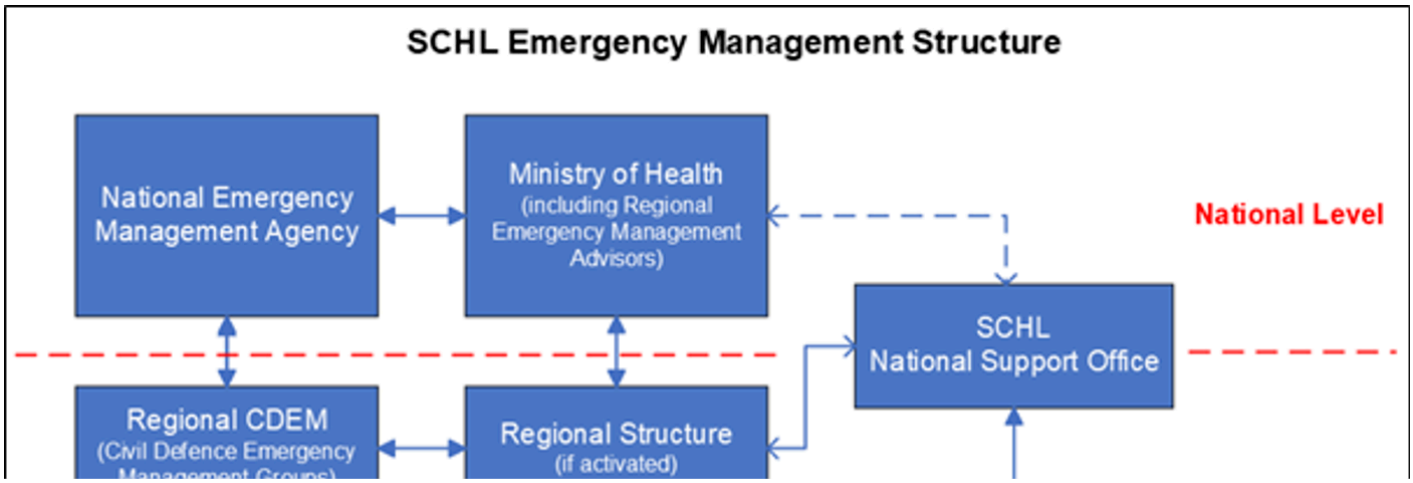
- supports, to the greatest extent possible, the protection of its patients, visitors, employees, medical and health specialists
- aligns with the wider health and disability sector and enables a consistent and effective response to emergencies at the local, regional, and national level, keeping as far as practicable within business norms
- enables SCH to respond appropriately as required during an emergency. This may involve closing facilities or keeping them open at a reduced or altered capacity.
- ensure that our services, facilities, and workforce are as resilient to the consequences of hazards and risks as is reasonably practicable
- protects the safety and security of the SCH property and our good reputation.

We are committed to acting responsibly by being part of the wider community however, SCH cannot provide external emergency management contributions except:

- as authorised by the Chief Executive Officer (CEO) on the recommendation of the Chief Operating Officer (COO) and / or
- as legislatively mandated to provide services, supplies or physical facilities by government agencies with requisitioning powers to do so, for example, Civil Defence.

Health emergency response framework

The SCH emergency management structure at local, regional, and national level and its connection with the wider health sector and CDEM is illustrated in the following chart:



The SCH health emergency response framework is based upon the Ministry of Health National Emergency Plan 2015 emergency management approach comprising six related components: risks, risk understanding, readiness, reduction, response and recovery. The approach is in accordance with the National Civil Defence Emergency Management Strategy (MCDEM 2008) and World Health Organization (WHO) strategies for risk reduction and emergency preparedness

The SCH framework has been developed to ensure SCH has policy, systems, processes, and capability to respond to an emergency event. It is based on the emergency management principles of reduction, readiness, response, and recovery as they apply to our organisation.

Health sector emergencies can range from the slow build-up of an infectious disease outbreak to the sudden devastation of an earthquake. Often the consequences are extreme, and the likelihood is certain, but the actual timing is impossible to predict, and may change in scope and impact. Most emergencies will not be catastrophic. The framework is designed to provide guidance for responding to most emergencies from which recovery is manageable.

Reduction

Risk Management

The principles of reduction are to identify and analyse risks that are significant because of the likelihood or consequences to human life and property from natural or man-made hazards. Steps are then taken to eliminate these risks where practicable or to reduce the likelihood and severity of the consequence through the application of controls.

Hospitals identify and regularly review their controls to reduce the impacts of emergency and crisis events based on their local Civil Defence Emergency Management plans. These provide a guide to threats that could impact service provision and inform their hospital risk registers.

Risk management involves identification, assessment, treatment and monitoring of risk. Where risks are identified, risk assessment includes the implications for the facility. During health emergencies these may include the following:

- Stretched medical services, strain on public health resources
- Staff issues
- Medical supplies not readily available
- Damage to hospital and clinic facilities
- Widespread social and psychological disruption and isolation
- Disparate impacts on specific groups of communities

Facilities Management

The General Manager (GM)/CEO ensures the site is assessed at least annually by the Facilities Manager to ensure that the site, buildings, infrastructure, and grounds etc are safe and in a fit state to stand up to the consequences of an emergency event. A localised facilities audit programme is in place at each site to provide assurances and identify areas of risk. A maintenance programme is undertaken at each site. Where practicable back-up systems (e.g. emergency power, alternative water) are in place. Local site Health Emergency Plans include documented localised facilities emergency systems and alarm tones and a site location plan.

Readiness

The principles of readiness are to develop operational systems and capabilities before an emergency happens to ensure a state of readiness for health emergencies is maintained.

Ensuring business continuity includes effective planning for the possibility of disruptive events. Particular attention is given to those activities, resources, processes, and dependencies that are most critical.

Ongoing readiness activities include:

- Planning, training, exercising, and testing of arrangements
- Monitoring and evaluating capacity and capability to perform across different emergency situations
- Establishing and maintaining necessary equipment, resources, and operational systems, including relationship building and coordination with interdependent stakeholders and agencies

Planning

Developing Health Emergency Plans (HEP)

Each SCH local facility, including the national support office (NSO) develops a local HEP to provide their site with robust procedures for the management, coordination, and control of emergency events. Each local HEP explains how services will be prioritised, organised, and delivered throughout the phases of an emergency event and are organised under each of the framework component headings of reduction, readiness, response, and recovery.

Preparedness strategies are outlined for key business units and services, with particular focus on people safety and business continuity. HEPs include current site capacity, utility/service plans, contact lists, roles and responsibilities, and related processes. As risks are identified analysed and reviewed plans are adapted as necessary.

Planning considerations

A range of factors must be considered to enable effective planning, capacity building and resource development in readiness for an emergency response, including:

- Human resources and staffing
- Training and development to build response capability
- Community, Iwi, and external agency relationships and engagement
- Managing visitors and contractors
- Evacuation, relocation, sheltering in place
- Reserve supplies
- Evaluation and review following events

Note: a HEP template is currently in development.

Local relationships

Emergency management planning is a function that requires collaboration across agencies internal and external to health. Local relationships are vital to providing a coordinated response to an emergency event. Hospital planning includes the HEP coordinator contacting local CDEM groups and Te Whatu Ora district Emergency Managers in their regions to establish relationships and collaboration plans. SCH facilities maintain routine and emergency contact methods for all relevant emergency response agencies.

Engaging with Iwi/Māori Stakeholders

To ensure response plans are culturally responsive and equitable, we actively engage with both internal and external Māori stakeholders. This includes communication and collaboration with Hospital Hauora Māori and Te Tira Rearea o Māhutonga committees who provide input during HEP design and review.

Hospital sites establish relationships with local Iwi and hapū to support emergency response. This collaborative approach ensures Te Ao Māori values, and the unique capabilities of Māori communities are embedded throughout our emergency response framework.

HEP planning responsibilities

The hospital GM, COO and the CEO are responsible to ensure HEPs are current and their teams capable of responding appropriately. The NSO HEP is approved by the CEO. Local HEP's are approved by the hospital GM or COO. This process is repeated:

- After any significant HEP revision informed by exercise or experience or,
- service/facility, technology, or risks change; or
- Every third year at minimum.

At each local site HEP plan development and review is supported, coordinated, overseen, and championed by:

- Health and Safety Coordinator
- Quality and Risk Manager
- Educator/s
- Facilities Manager
- Kaimahi Māori
- Wider leadership team

HEP plans at each site are well documented and include:

- A comprehensive HEP
- Procedural documents guiding the Coordinated Incident Management System (CIMS) / Incident Management Team (IMT) processes
- Emergency preparedness and response procedures (EPARP)
- Emergency flip chart
- Evacuation plans
- Site Plans (Clinical and Facilities)
- Emergency training plans and records

Capability development

Capability development is the process of developing, people, organisations, and systems to perform together with confidence, under potentially high levels of stress. Emergency response competencies, supported by training, testing, and response review, underpin emergency response capability.

Education and training

Local HEP plans include procedures to ensure competent people to manage an emergency are available to initiate a timely response:

- Each local site has a pre-identified group of staff and an established communication method to form an IMT
- The Single Point of Contact (SPOC) function is fulfilled by the CEO at NSO and General Managers at local sites. Single point of contact guidelines.
- Staff required to assist/participate (including Hospital Hauora Māori committee representatives) in the IMT complete CIMS training
- Introductory training, education and development in emergency procedures pertaining to their worksite, including regular updates, takes place for staff. Education, training and development guideline to meet minimum requirements
- Adequate Fire/emergency wardens are appointed and appropriately trained. Emergency warden guidelines
- Emergency preparedness training records are maintained locally

Exercising / testing

Exercising is a key component of capability building which is undertaken as part of a wider programme of training and development. Testing response and recovery plans assists in:

- Assessing suitability of plans, roles, and responsibilities
- Evaluating effectiveness of capabilities
- Identifying gaps, issues, and improving planning
- Provides opportunities to practice established roles and responsibilities
- Implementing evaluation and review of HEP performance to revise and update plans

Evaluating and improving following response

The review of a health emergency response occurs after an exercise or an emergency event. Evaluation contributes to capability development by allowing:

- Analysis of response effectiveness, including cultural safety
- Scrutiny and improvement of plans
- Debriefing
- Sharing local learnings with the wider network

Evaluation and review of HEP performance

The Coordinated Incident Management System (CIMS)

SCH uses a Coordinated Incident Management System (CIMS) approach in responding to health emergencies. CIMS is a national emergency response framework used by multidisciplinary groups responding to emergency. This includes the Health and Disability Sector. It provides a common format and language that facilitates collaboration between responding agencies.

The purpose of CIMS is to enable personnel to respond effectively to incidents through appropriate coordination across functions and organisations both vertically and horizontally by:

- establishing common structures, functions and terminology in a framework that is flexible, modular, and scalable so that the framework can be tailored to specific circumstances; and
- providing organisations with a framework that they can use to develop their own CIMS aligned processes and procedures giving due consideration to each organisation's unique responsibilities, resources, and legislative authority

The CIMS structure uses:

- a common terminology including predesigned titles for major emergency functions, facilities, and resources.
- Standard information and communication templates e.g. Situation Reports (Sitreps) and Action Plans (AP) that document objectives, support activities, responsibilities and timeframes.
- A means of organising and deploying resources during an event.

Single Point of Contact (SPOC)

The SPOC system is a method used by MOH and CDEM to communicate to interdependent agencies involved in emergency response. It is used to notify regional or national, actual or emerging, threats or events, and includes instances where a facility is unable to cope with a local incident alone.

The SPOC system is an integral component of readiness. It supplements but does not replace normal day-to-day non-emergency communication channels and processes. The SPOC system is used to notify and initiate response to a health emergency including alerting agencies to the phase of the response.

Single point of contact (SPOC) guidelines

Response

Response includes the activation and deployment of emergency response plans and resources. It includes the actions taken immediately before, during, and directly after an emergency event. The purpose of response is to preserve life, property, and good reputation, to enable business continuity as much as is safe and practical, and to enable recovery.

Events which may trigger a response

Examples of emergency events which may require activation of a HEP include, but are not limited to the following:

- Epidemic or pandemic
- An event involving mass casualties
- Terrorist threat (includes bomb threat requiring evacuation)
- Loss of essential services (includes communications failure or blackouts)
- Critical staff shortage (includes strikes)
- Reduced operational capability of a Te Whatu Ora hospital or district
- Natural hazard event, e.g. volcanic eruption

CIMS response approach

SCH uses a structured CIMS approach to emergency response. The structure allows a smaller scale independent local site response and can be scaled up for interconnected multi-site or multi-organisational response as needed.

Using the coordinated incident management system

Activating an emergency response

A facility activates their HEP when they believe they are overwhelmed or have the potential to be overwhelmed. The table below shows national and local responsibilities to activate and lead an emergency response. Leadership of the response is guided by the impact of an event.

SCH emergency response tiers

Activation involves the establishment of an Emergency Operation Centre (EOC) and the activation of an Incident Management Team (IMT)

Severity	Event Impact	Escalate to:	National Response	Local Response	MOH Response (when activated)
1	Affecting one department or work area at a single facility. Unlikely to impact on other service functions or facilities. SCH able to manage within own resources at facility level.	GM Relevant ELT member COO	Informed and on notice	Local IMT activation Locally managed	N/A
2	More than one work area or service is impacted. Unlikely to significantly impact further services or facilities. Some additional resources required, manageable within SCH network.	GM Relevant ELT member/s COO CEO	Modified activation to support local response	Local IMT activation Locally managed	Notification of a potential emergency that may impact in and/or on New Zealand or specific information important to the health and disability sector. (Code White – Information)
3	Significant impact on business operations and services. May involve more than one facility or region. Resource requirements beyond SCH capacity.	ELT CEO Chair	Full activation to lead a national response	Modified activation responding to national coordination	National and Regional Emergency Operation Centre (EOC) on standby. Warning of imminent code red alert that will require immediate activation of health emergency plans (MoH code yellow – standby)
4	Significant impact on the community beyond SCHL (e.g. weather,	CEO Chair	Full activation to lead SCH response and partner with National	Modified activation responding to	National and Regional Emergency Operation Centre (EOC) activated. Major emergency in New Zealand

	natural disaster, security threat etc). Reliance on external resources.		or Regional health service response.	national management	exists that requires immediate activation of health emergency plans (MoH code red – activation)

Communication and information management in response

During emergency response a formal information structure is used which includes tools and templates to develop, record, and disseminate critical information and to formulate action plans of response. The structure is employed to inform internal stakeholders and decision makers, and external agencies involved in response. The structure is used alongside and complements informal communication mechanisms (e.g. phone conversations, briefings). Critical information that results from informal communications is formally logged using the agreed structure. This ensures key information is captured, shared, and acted on quickly and effectively.

The tools, templates, and mechanisms to record critical information are:

- Situation Reports (SitRep)
- Action Plans (AP)

More information can be found in Using the coordinated incident management system

Deactivation of emergency response

The official stand down or deactivation of an emergency response is determined by the IMT managing the response. The decision to deactivate the response is made with careful consideration of a range of variables that must be satisfied before an announcement occurs. Deactivation is based on the following principles:

- The emergency response role has concluded
- Immediate physical health and safety needs of the affected people have been met
- Essential services and facilities are re-established and operational
- Immediate health concerns of patients and staff have been satisfied.

Planning for recovery

Consideration of recovery spans all four phases of emergency management planning. Recovery activities commence while response activities are still in progress. The priority actions during each phase are different. However, decisions made during the response phase will have a direct influence on recovery action planning.

Recovery

Recovery includes activities that begin after the initial impact has been stabilised and extends until normal business has been restored. It considers all opportunities to reduce the risks from future emergencies. It may involve a local, regional, or national response, a specific health response or a whole-of-government response involving economic, social, and legislative issues.

Roles and responsibilities during recovery

- The IMT coordinates planning and management of recovery in a planned transition to business as usual
- The IMT may include a financial advisor and other technical advisors to facilitate recovery
- A Recovery Manager may be required and appointed during the response phase to co-ordinate the transition into, and management of, recovery phase activities.

Recovery activities include:

- assessment of the health needs of the affected community (patients and staff)
- coordinating resource mobilisation
- collaboration with external agencies, the community, local Iwi
- reassessing measures to reduce hazards and risks

CDEM coordinates the recovery activities of multi-disciplinary response organisations. These include:

- Government support for recovery
- Lifeline utilities (for example, electricity, telecommunications, and water),
- International aid

Issues to consider in recovery

Personnel and organisational issues:

- Staff debriefing
- Workforce availability.
- Payroll
- Staff welfare and recovery time
- Assistance with family related issues
- Planning and co-ordination for the services that cannot return to their original location.

Operational issues:

- Restoration of services
- Communication
- Financial management
- Contract review where business as usual cannot continue.
- Damage & needs assessment
- Resource management
- Infrastructure repairs e.g. communications, water and power supplies
- Re-establishment of reliable systems for re-build to occur.

Psychosocial recovery and restoring wellbeing

The primary objectives of psychosocial recovery are to minimise the physical, psychological, and social consequences of an emergency and to enhance the emotional, social, and physical wellbeing of individuals, families, whānau, and communities. Psychosocial recovery is not about returning to normality. It is about positively adapting to a changed reality.

Restoration of wellbeing and psychosocial recovery of those affected by an emergency event is not limited to the recovery phase. It begins at the reduction phase through risk management, continues at readiness though the development of capabilities that build resilience and is present in the response phase through the activation of practiced plans that minimise psychosocial harm.

All those involved in an emergency are likely to benefit from some form of psychosocial support. For many, the distress experienced can be eased with the care and support of families, whānau, friends and the community. Others, however, may need more formal or professional intervention.

SCH achieve this by providing an environment which supports our people to care and be cared for and where our leaders at all levels prioritise health, safety, and wellbeing. SCH partner with Raise to provide a free independent counselling services to employees and their immediate households.

Evaluation of emergency response

Evaluation of an emergency response occurs during the recovery phase. SCH undertake event debriefings and an internal review of the effectiveness of response plans and response performance following the activation of a HEP. Hep performance evaluation informs HEP review and improvements using a continuous improvement methodology.

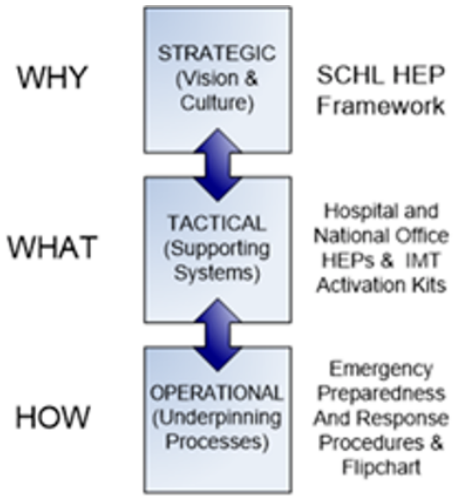
Evaluation and review of HEP performance.

Application of the framework

Application of the framework involves developing plans and procedures based on the principles described within each of the phases of reduction, readiness, response, and recovery. SCH adopts a CIMS and IMT approach to operationalise its health emergency response.

Emergency management plans and documents

Emergency plans and documents work together in the following way:



Health Emergency Plans (HEP)

Each SCH facility, including NSO, develops a site specific local HEP adopting the principles of the framework. Key stakeholders including Hospital Hauora Māori and/or Te Tira Rearea o Māhutonga are engaged in the design and review of plans. This ensures a robust structure for the management, coordination, and control of emergency events and explains how services will be prioritised, organised and delivered throughout the phases of an emergency event. Key elements of each hospitals plan are organised under the '4 R's', Reduction, Readiness, Response and Recovery.

Preparedness strategies are outlined for key areas (business units, services), with particular focus on business continuity. HEP's include current site capacity and utility/service plans, contact lists and related processes.

Risks are routinely analysed and monitored using the risk management framework with plans being adapted as necessary.

Incident Management Team (IMT) activation kits

Each site develops competency and resources including documented processes and procedures to support the activation of the IMT, consistent with the CIMS approach when a response is required. Processes and procedures are guided by Using the coordinated incident management system

Emergency Preparedness and Response Procedures (EPARP)

Emergency Preparedness and Response Procedures (EPARP) provide guidance for all staff to prepare for, and in the immediate response to specific emergency situations most relevant to their site location and environment. EPARP examples are fire, hazardous material spill, pandemic, extreme weather and flood or security threat. EPARP information is also available in summarised form in Emergency Flipcharts readily accessible in every facility.

Associated Documents

- Using the coordinated incident management system
- Management of volunteers in emergency response
- Single Point of Contact (SPOC) Guidelines
- Risk Management Guidelines
- Education, training and development guideline to meet minimum requirements
- Southern Cross Crisis Communication Response Plan
- Group Media and Government Relations Policy
- Group Media and Government Relations Guidelines
- Emergency event mass communication process
- Emergency Warden Guidelines
- Site location plan guidelines – facilities
- SCH pandemic plan
- Safe Use of Hazardous Substances
- Health safety and wellbeing policy
- Raise

References

- The Guide to the National Civil Defence Emergency Management Plan 2015

- Ministry of Health - National Health Emergency Plan 2015
- National Civil Defence Emergency Management Plan Order 2015
- Focus on Recovery – A Holistic Framework for Recovery in NZ CDEM
- Director's Guideline for Civil Defence Emergency Management Groups CDEM
- Framework for Psychosocial Support in Emergencies 2016 MoH

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