EMERGENCY PLAN

Created: September 2016   **Reviewed:** November 2019
By: CPRG Team

Plan Approval

This review was approved on the 5 day of November 2019

Dr. P Schroeder
Chair of the CPRG

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Introduction

The Canterbury Primary Response Group (CPRG) emergency plan focuses on the processes, structures, and roles to support and coordinate General Practice, Community Pharmacies, Community Nursing and other Primary Health Care Providers as situations dictate in accordance with the listed goals and possible response scenarios.

Goals

- To establish a collaborative and coordinated emergency response by General Practice, Community Pharmacies, Community Nursing and other Primary Health Care Providers within the Canterbury region.
- To provide coordinated community health services in support of the Canterbury District Health Board (CDHB).
- To work with the CDHB in the restoration of population health.
- To enhance resilience and the ability to maintain primary and community health services following any major health emergency.

Possible Response Scenarios

A primary care emergency response may include (but is not limited to):

- Supporting Community & Public Health in the event of an outbreak of **infectious disease**.
- Supporting other agencies such as St John Ambulance and/or Emergency Departments (ED) in the event of a **mass casualty** situation (such as an airport incident, bus accident, earthquake, terror attack, crowd stampede, etc.).
- Providing community-based health support during a **major natural disaster** which affects normal infrastructure and services - such as an earthquake, flood, or tsunami.
- Ensuring ongoing primary care services during or following a severe weather event such as a heavy snowfall.
- Providing essential services should Christchurch Hospital have reduced capacity for any reason.
- Restoring essential primary care services following a major event or emergency.
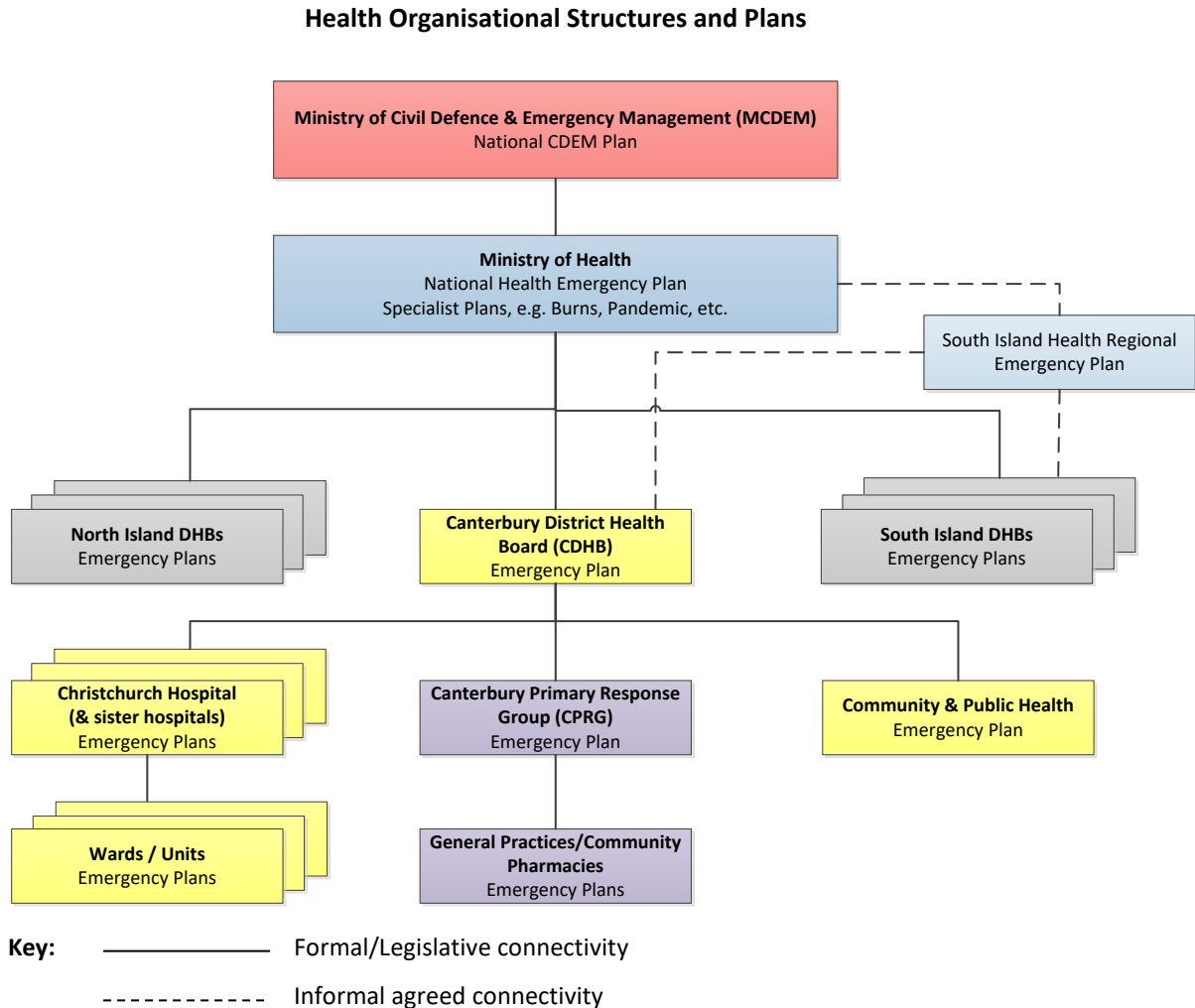
Expectations

The following expectations underpin this plan:

- That this plan supports and recognises the health sector's plans and planning of the Ministry of Health (MoH) and the Canterbury DHB.

- That the CPRG will develop, maintain and exercise this emergency plan and response management and coordination for emergencies meeting the possible scenario criteria, as above.

- That the CPRG will lead and coordinate local readiness, capability and response amongst General Practice, Community Pharmacies, Community Nursing and other Primary Health Care Providers within the CDHB region.

- That the CDHB role and responsibility as funder and provider of health services with their region shall be acknowledged.

- That this plan expects an acceptance by Primary Health Organisations (PHO), Community Pharmacies, Community Nursing and other Primary Health Care Providers to support this plan and the CPRG role.

- That the rights of all primary and community health providers to continue their services to existing patients and support increased demand and where necessary to allow services to be reshaped to meet changes in demand and funding shall be recognised.

Health Organisational Structures and Plans

This plan and the organisational structure it outlines reflect the national and DHB planning structures and organisation.

The New Zealand emergency planning structure outlining the health perspective

Health Organisational Structures and Plans

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┌─────────────────────────────────────────────┐
│ Ministry of Civil Defence & Emergency        │
│ Management (MCDEM)                            │
│ National CDEM Plan                            │
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                     │
┌─────────────────────────────────────────────┐        ┌──────────────────────┐
│ Ministry of Health                           │- - - - │ South Island Health  │
│ National Health Emergency Plan               │        │ Regional             │
│ Specialist Plans, e.g. Burns, Pandemic, etc. │        │ Emergency Plan       │
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North Island DHBs Emergency Plans	**Canterbury District Health Board (CDHB)** Emergency Plan	**South Island DHBs** Emergency Plans

Christchurch Hospital (& sister hospitals) Emergency Plans	**Canterbury Primary Response Group (CPRG)** Emergency Plan	**Community & Public Health** Emergency Plan

Wards / Units Emergency Plans	**General Practices/Community Pharmacies** Emergency Plans

Key: ——————— Formal/Legislative connectivity

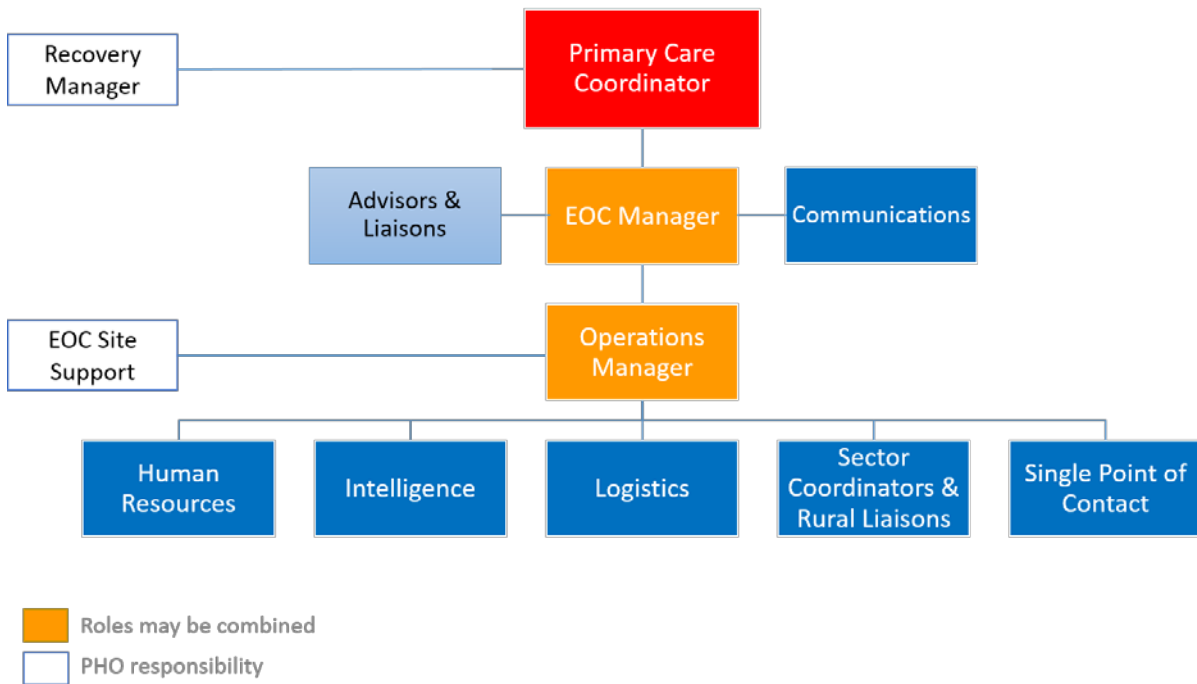- - - - - - - - - - - Informal agreed connectivity

Plans

- **National Civil Defence Emergency Management Plan**
  http://www.legislation.govt.nz/regulation/public/2015/0140/latest/DLM6486453.html?src=qs%20
- **National Health Emergency Plan**
  http://www.health.govt.nz/publication/national-health-emergency-plan-guiding-principles-emergency-management-planning-health-and
  (Further plans such as the National Burns plan and Pandemic Plan are available on the MOH web site under emergency plans)
- **South Island Regional Health Emergency Plan**
  Held by the South Island DHBs and the MoH

- **CDHB Emergency Plan**
    Held by CDHB and MoH
- **CDHB Hospitals and Community and Public Health Plans**
    Held in house

Primary Care Emergency Organisational Structure

The Primary Care Response Team includes these roles and functions:

- Primary Care Coordinator- leads the Primary Care Response Team, and is responsible to the CDHB Incident Controller for the overall coordination of any primary care emergency response.

- EOC Manager - responsible to the Primary Care Coordinator for the setup and operation of the Primary EOC.

- Sector Coordinators - operate from the Primary EOC to coordinate with Local Emergency Group (LEG) leaders in their Sectors.

- Primary Care Representatives, Clinical Leaders and Advisors.

- Other EOC functions – coordinate various activities within the EOC.

N.B. A full description of the roles for each position is included in the Position Descriptions contained in Appendix E at the back of this plan.

The Response Team's Role

The Primary Response team, led by the Primary Care Coordinator, has the role of leading and coordinating primary care emergency response activities within the CDHB region, to minimise the health impact of any emergency.

Roles and positions in the organisation structure will be activated according to the emergency situation and the availability to resource positions.

Response Strategy

Each event will be different. The Primary Care Response Team must adapt existing plans to suit the circumstances. An **Aide Memoir** to guide the CPRG response activation and strategy is attached in **Appendix B.**

Typically, the response may include these steps:

First 24 Hours
1. Initial assessment
2. Initiate EOC setup

Week One
1. Centralise response, deploy resources to greatest need
2. Survey practices/pharmacies to provide logistic support

Week Two +
1. Recognise areas most needing ongoing intensive input
2. Establish ongoing workstreams/projects

Sectors and Local Emergency Groups (LEGs)

To manage a local response to health needs throughout the Canterbury region, city wards, rural area and other geographical areas shall be deemed sectors.

Sectors

Canterbury is divided into a number of sectors. Each sector has a designated Sector Coordinator who will be based at the Primary EOC during an emergency. Sector coordinators are responsible for communicating with both general practice and community pharmacy sites.
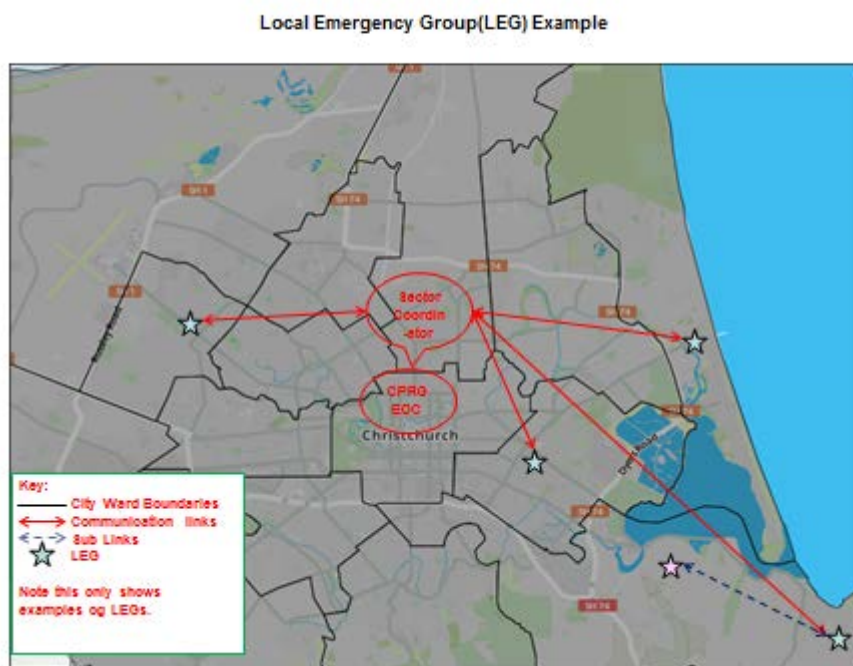
LEGs

In each Sector, a number of Local Emergency Groups (LEGs) are established. Each general practice and community pharmacy is assigned to a LEG.

Each LEG has a key contact who will keep in touch with the general practices and community pharmacies in the group.

LEGs are able to contact the Primary EOC directly via the CPRG telephone or email once the Primary EOC is established.

Local Emergency Group(LEG) Example

Emergency Plan Activation

This plan will be activated in response to situations requiring coordination of General Practice, Community Pharmacies, Community Nursing and other Primary Health Care Providers in response to a major incident or emergency requiring higher than normal coordination and support.

The Primary EOC will be activated upon:

- Agreement of the Primary Care Coordinator, or if unavailable the initial acting coordinator.
- Request by either the CDHB EOC or Civil Defence, subject to the above.

If the situation does not warrant a full activation of the EOC, the Primary Care Coordinator decides on the level and nature of staff and facilities required. Smaller events may be handled by the Primary Care Coordinator assisted by CPRG members and other health care personnel without activating the Primary EOC.

Sudden Emergency

The sequence for activating the Primary EOC in response to a sudden emergency (such as an earthquake) is:

- The Primary Care Coordinator (or designated alternate) sends a text message to the initial response group to determine the extent and impact of the event.

- As soon as possible the members of the initial response group gather information on the situation in their areas and feed this to the Primary Care Coordinator.

- The Primary Care Coordinator calls a teleconference to determine if the EOC needs to be activated (or partially activated).

- If activated, teleconference participants make a decision about the location of the EOC. The CEO of Pegasus Health should advise on the viability of the Pegasus Health venue and availability of IT support.

- The EOC Manager advises the staff about the location of the EOC and time of opening.

Emergency with Prior Warning

For an emergency with prior warning (such as a pandemic) the activation sequence would normally be:

- The CDHB EOC or the St John Ambulance Control Room contacts **the Primary Care Coordinator (or primary care duty contact person)** and requests participation by the Primary Care Response Team.

- The Primary Care Coordinator (or an alternate) determines what level of activation is appropriate and advises the initial response group by teleconference.

- The EOC Manager advises the EOC Staff of the location of the EOC and time of opening.

Interim Response

Interim contingency response prior to opening the EOC may include the following:

- If the event occurs during business hours, an interim Primary EOC can be established by the staff at Pegasus Health until such time as the official EOC can be established.

- If required, the EOC and Pegasus Health telephone systems can be switched into emergency mode where emergency and help line numbers can be diverted to Homecare Medical 24 hour telehealth services.

Situation Report (Sitrep)

The Situation Report (Sitrep) is a form of status reporting that provides a quick understanding of the current situation. It provides a clear, concise understanding of the current situation and likely developments.

The Sitrep should not be confused with the Incident Action Plan (IAP) although elements of the Sitrep are included in that plan.

The CPRG EOC team has a requirement to prepare accurate and timely situation reports on the state of Primary Care including general practice, community pharmacy and community nursing, etc., during and following any event which has disrupted or may disrupt the delivery of health services.

Further instructions on other methods of reporting can be found in the Communications Procedures Manual.

Link to Sitrep guidelines and template

Incident Action Plan (IAP)

The purpose of an IAP is to provide direction and information to the EOC management team, managers and other groups/individuals involved in the response to an emergency.

The IAP looks forward, setting the objectives for the next operational period and how they will be met. It will contain details of the overall goal, objectives and strategies, and is reviewed at planning meetings.

The IAP provides the EOC team with a clear concise record of the current situation, the intentions, and the detail of how the emergency will be managed. It is essential to the control of an operational response and is intended to reflect planning decisions. It should incorporate sufficient information to ensure that EOC staff, field staff, and support agencies understand the current situation and the plans of the management team to respond to it.

Link to IAP guidelines and template

Deactivation of Emergency Plan

The emergency plan and the EOC, if activated, will be deactivated on the decision of the PCC based on their assessment of the de-escalating emergency situation, reduced response needs and in consultation with health providers and the CDHB Incident Controller,

On deactivation EOC resources must be restocked and records of the event and response recorded for debrief and training purposes. Records of any financial expenditure and staff hours must be prepared for later reconciliation.

Review of Emergency Plan

This plan shall be reviewed by the CPRG every two years.

Appendices

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APPENDIX A

Glossary

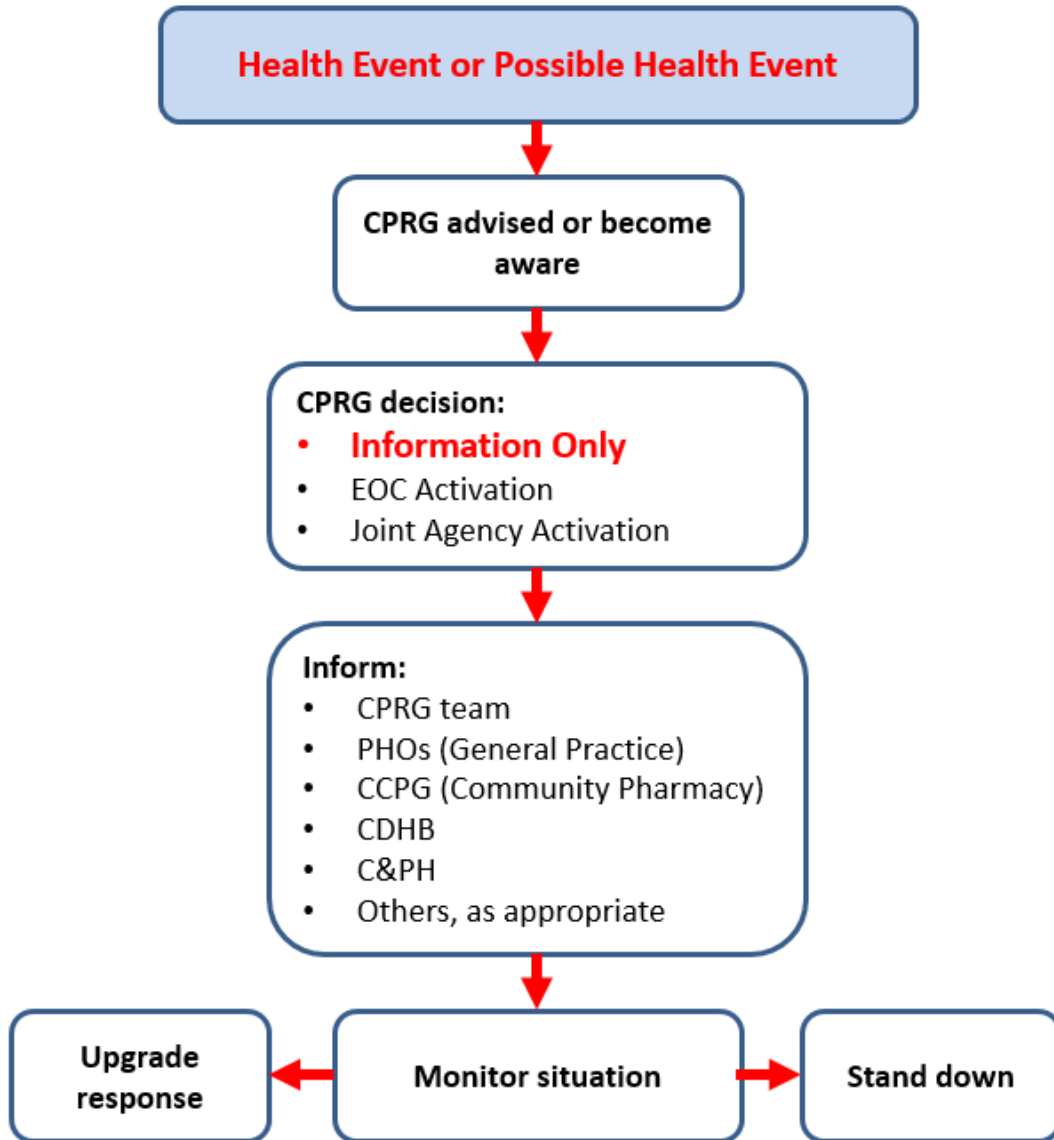|	
Activation	Activation in terms of an emergency or non-emergency event is the point at which an emergency plan is called into action. This may mean a specially trained team come together to coordinate a response to the event.
Canterbury Influenza Group	This group is a subgroup of the Canterbury Primary Response Group (CPRG) and is responsible for: • Supporting primary care to be well prepared for different levels of seasonal influenza outbreaks and thus alleviating pressure on hospital services. • Planning the continuity of effective community-based care services within Canterbury during the annual influenza response. • Working with the lead agency to prepare primary care to respond to other emerging infectious disease threats.
CBAC	A Community-based Assessment Centre is a general practice or other facility that has been designated by CPRG and the CDHB to provide assessment and treatment to patients with influenza or influenza-like illness, i.e., red stream patients. It may serve a wider community than its own enrolled patients. Clinics may also be established in other facilities, such as community halls, and staffed by clinical teams.
CDEM	Civil Defence and Emergency Management. Can be regional as management by Environment Canterbury or local by District Councils.
CDHB	Canterbury District Health Board. District health boards (DHBs) and their public health units are responsible for leading the planning and response to a pandemic at the local and regional level.
Community & Public Health	Community & Public Health have an obligation to the community and to the Ministry of Health to provide a public health response to all emergencies. They ensure drinking water is available, environmental hazards are managed, the public receive relevant information and the risk of infectious disease is minimised.
CPRG	The Canterbury Primary Response Group (CPRG) is a collaborative group of health professionals and provider organisations tasked by the CDHB to lead Canterbury's primary care emergency planning, response and recovery. It is headed by the Primary Care Coordinator (who will also head the Primary Care Emergency Operations Centre team during an emergency). The CPRG meets periodically and issues updates to primary care providers as well as communicating with the CDHB and other relevant organisations in Canterbury.
Designated Clinic/Practice	A general practice or other facility who, in agreement with CPRG and the CDHB, agree to provide red stream services for their own enrolled patients as well as people from neighbouring general practices in the event of an increased infectious disease

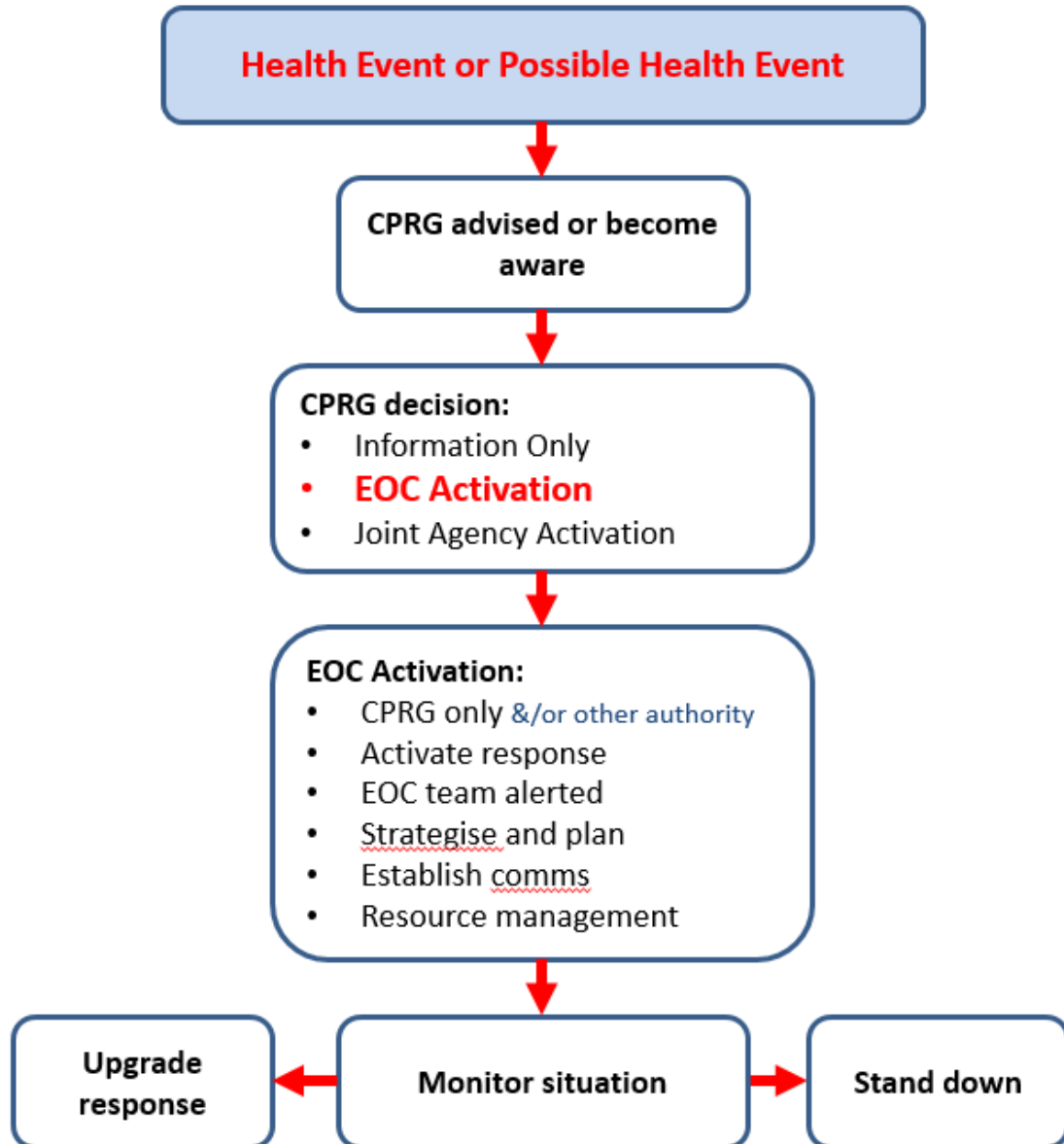|	outbreak (Includes ILI pandemic).
Emergency Services	The Police, Fire Service, Hospital and Health Services (includes Ambulance)
Endemic	Prevalent infection amongst a specific group of people.
ECC	Emergency Coordination Centre. A facility to support a Controller/Primary Care Coordinator in coordinating a response, or part of it and provides support to national, regional and local level responses. (MOH National Health Emergency Plan 2015) Emergency Operations Centres for smaller teams may be formed and report into the ECC.
EOC	The Emergency Operation Centre (EOC) is a facility where the response to an event may be supported and managed. In this context the EOC usually refers to the Canterbury Primary EOC, responsible for managing the response of primary care providers. The EOC team may come from across the health sector, including Pegasus Health staff.
Epidemic	A widespread occurrence of an infectious disease in a community at a particular time.
Green stream	Patients who present to general practice for reasons other than symptoms of influenza or influenza-like illness.
Health emergency	Natural or man-made event that suddenly or significantly: • Disrupts the environment of care • Disrupts the care and treatment of patients • Changes or increases demand for an organisation's services May have no warning (e.g. earthquake) or prior warning (pandemic). Can be internal or external: • Internal – events in the health facility that result in the loss of resources used for regular activities, e.g., fire, fume, loss of utilities, release of chemicals, hostage situations • External – events that occur in the community outside the health facility that may affect the facility's ability to carry out regular activities, e.g. floods, storms, snow, earthquakes, power outages, civil disorder
Infectious Disease	An infectious disease is caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the diseases can be spread, directly or indirectly, from one person to another. (WHO)
Influenza	Influenza is an acute viral infection that spreads easily from person to person. It is characterized by a sudden onset of fever, cough (usually dry), headache, muscle and joint pain, severe malaise (feeling unwell), sore throat and a runny nose. (WHO)
Influenza-like-illness (ILI)	The clinical case definition of ILI is an acute respiratory illness with a measured temperature of ≥ 38 °C and cough, with onset within the past 10 days. (WHO)
LEG	Local Emergency Group - A group of general practices and community pharmacies in a geographic area that is within easy biking distance (in the case of transport disruption). LEGs are encouraged to keep in touch with each other in 'peace time' so

	that relationships are already established in an emergency event.
LEG Leader	A designated person who will act as a conduit between the general practices and pharmacies in a given Local Emergency Group (LEG) and the Primary Care Response Team coordinating the primary care emergency response in Canterbury. Communication with the Primary Care Response Team occurs via a designated Sector Coordinator responsible for the Sector in which the LEG is located. Refer to the LEG Leader's Functions.
MCDEM	Ministry of Civil Defence and Emergency Management.
MoH	Ministry of Health. The Ministry of Health is the lead agency for planning for and responding to pandemics on a national scale.
Outbreak	An outbreak may be defined as a greater rate of infection than expected within a population over a period of time. The point at which intervention is required will vary according to the risks of infection to those exposed and the transmissibility of the pathogen. An outbreak of infectious disease may either seriously affect individuals' health or have the ability to disrupt the organization's ability to provide normal services.
Pandemic	An epidemic that becomes very widespread and affects a whole region, a continent or the world.
Primary Care	Health services such general practice, community pharmacy, community nursing and other services that provide care in the community.
Primary Care Coordinator	Leads the Primary Emergency Operations Centre team, is responsible to the CDHB Incident Controller for the overall coordination of any primary care emergency response.
Red stream	Patients with suspected influenza or influenza-like illness are triaged and guided (streamed) through a medical facility to minimise contact with people who do not have ILI.
Response	Activities taken immediately before, during or directly after an emergency that can: • Save lives. • Minimise injury, illness and suffering. • Reduce damage to property and infrastructure. • Minimise the disruption of support services. • Make recovery easier.
Sector	An area in Canterbury corresponding to an urban ward, rural district or geographic location. Canterbury has been divided into sectors to facilitate the coordination of an emergency response. The sector will encompass many general practices and community pharmacies. A Sector Coordinator in the EOC acts as a conduit between LEGs (general practices and community pharmacies) and the central Primary EOC team.
Sector Coordinator	This role in the EOC is the main point of contact between the general practices and community pharmacies in a specific sector of the region. They will contact the facilities within their assigned sector as requested and confirm their status to the Primary Care Coordinator and EOC.

APPENDIX B

CPRG Response Strategy
Aide Memoir
Flow Chart 1 – Information Only

Health Event or Possible Health Event

CPRG advised or become aware

CPRG decision:
- **Information Only**
- EOC Activation
- Joint Agency Activation

Inform:
- CPRG team
- PHOs (General Practice)
- CCPG (Community Pharmacy)
- CDHB
- C&PH
- Others, as appropriate

Upgrade response ← **Monitor situation** → **Stand down**

CPRG Response Strategy
Aide Memoir
Flow Chart 2 – EOC Activation

Health Event or Possible Health Event

↓

CPRG advised or become aware

↓

CPRG decision:
- Information Only
- **EOC Activation**
- Joint Agency Activation

↓

EOC Activation:
- CPRG only &/or other authority
- Activate response
- EOC team alerted
- Strategise and plan
- Establish comms
- Resource management

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Upgrade response ← **Monitor situation** → **Stand down**

CPRG Response Strategy
Aide Memoir
Flow Chart 3 – Joint Agency Activation

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┌─────────────────────────────────────────────┐
│     Health Event or Possible Health Event     │
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        ┌─────────────────────────────┐
        │   CPRG advised or become      │
        │           aware               │
        └─────────────────────────────┘
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                      ▼
        ┌─────────────────────────────┐
        │  CPRG decision:               │
        │  •  Information Only          │
        │  •  EOC Activation            │
        │  •  Joint Agency Activation   │
        └─────────────────────────────┘
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        ┌─────────────────────────────┐
        │  Joint Agency Activation:     │
        │  •  Activate CPRG response    │
        │  •  Joint strategy and plan   │
        │  •  Establish comms           │
        │  •  Resource management       │
        └─────────────────────────────┘
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        ┌─────────────────────────────┐
        │      Monitor situation        │
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        ┌─────────────────────────────┐
        │        Stand down             │
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APPENDIX C

Emergency Operations Centre (EOC) Establishment

Responsibility

The EOC Manager is responsible for setting up the EOC.

Location

The Primary EOC can be set up in any location provided it has the adequate facilities and infrastructure to operate emergency communications.

Options include:

- Pegasus Health, Dollans Lane at 401 Madras Street
- Waitaha Primary Health, Unit 2, 567 Wairakei Rd (alternative).

Staffing

A full activation the Primary EOC requires the following staff to be present:

- Primary Care Coordinator
- Members of the CPRG, as requested by the Primary Care Coordinator
- Sector Coordinators, as requested by the EOC Manager
- Others from Primary Care.

The following staff are expected to be available by telephone (or other emergency communications, e.g. radio telephone or satellite phones):

- Rural health representative(s)
- CDHB communications representative(s).

Equipment and Services

The following equipment and services should be available as soon as possible:

- A Planning Room big enough for up to six people with conference table and separate desks
- A Call Centre Room big enough (and with infrastructure connections) for up to six Call Centre Operators and Sector Coordinators, plus Intelligence, Logistics and Support staff
- A separate Radio Room or area

- Adequate power, lighting, heating and water (emergency alternatives should be available)
- Functional toilets (chemical toilets should be available for emergency use)
- Three land line telephone lines with phones:
    - Direct line to the Primary Care Coordinator.
    - Line that can be linked to additional phones to assist with the Call Centre function.
    - Line to fax machine and internet connection(s).
- The base station for an emergency radio telephone network, as well as additional sets to monitor other emergency frequencies (DHB/Rural/etc.)
- An emergency supply of charged cell phones
- Other technology and equipment:
    - Fax machine
    - Computers: up to 8 networked laptops - one per Operator/Sector Coordinator, plus one for Intelligence and one for Logistics
    - Email accounts
    - Access to Pegasus directory/server
    - Broadband connection (preferably fibre) for Internet access
    - Portable internet access (VODEM) if required
    - Printer
    - Photocopier
    - Microsoft Office software, with backup copies of databases and essential information
    - Office supplies:
        - Whiteboards (x2 minimum) with pens
        - Stationery including pens, Post-It notes, notebooks, Bluetack, stapler, folders, etc.
        - White Pages directory
        - Query log books/printed sheets
        - Wall clock
    - Documents:
        - Maps (Canterbury, Christchurch, Sectors, etc.)
        - Schedule of reporting requirements and telephone conferences
        - Copies of Standard Operating Procedures, and other reference material
        - Emergency Supplier/Provider Contact List(s)
        - Key Contact Lists (e.g. EOC Staffing)

- o General Practice and Community Pharmacy contact lists (x2)
  - o LEG contact list
  - o White Pages directory
  - o Tea/coffee facilities and emergency food supplies
  - o Emergency kit.
- Agreed access to vehicles (4WD and/or motorcycles if needed) to allow for reconnaissance and/or transport for essential visits and meetings.

APPENDIX D

EOC Activation Guide

The sequence for activating the Primary EOC in response to a natural disaster such as an earthquake is as follows:

1. **Primary Care Controller** sends a text message to Initial Response Group, PHO Group, After Hours Group and District Nursing to determine the extent and impact of the event.

   a. Members acknowledge receipt and gather information on the local situation in their area and text back to the Primary Care Controller as soon as possible.

   b. EOC Coordinator to give 'heads up' text to EOC team.

> *"You are receiving this because you are a member of the Primary Care Emergency Response team. A response may be required for [the event]. Please text back your name and the status of your sector or facility. I will advise if a teleconference is required. Thanks, [name]."*

2. A teleconference is called by the **Primary Care Controller** to determine if an activation (or partial activation) of the EOC is warranted.

   a. Teleconference participants: Initial Response Group, PHO Group, After Hours Group, District Nursing.

> *"A teleconference has been called for [day, time]. Please dial 083033 and use the PIN 105495#."*

3. If an activation (or partial activation) of the EOC is warranted a decision is made as to its location.

   a. The normal location for the EOC is at Pegasus Health (Dollans Lane, 401 Madras at Bealey Ave), but an alternate site is at Waitaha Primary Health (567 Wairakei Rd).

   b. The EOC Manager advises required members of the EOC staff the location and intended time of activation.

APPENDIX E

Position Descriptions

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Note:

The HR Guidelines provide more information on the HR role in an emergency activation and response.

The Communications Procedures Manual provides more information on the Comms role.

The Logistics Procedures Manual provides more detail for the Logistics/LOG role.

Primary Care Coordinator
Position Description

PRIMARY OBJECTIVE   The Primary Care Coordinator (PCC) is responsible for authorising and activating the Primary Emergency Operations Centre (EOC) and coordinating the response by General Practice, Community Pharmacies, Community Nursing and other Primary Health Care Providers as situations dictate.

REPORTS TO   CDHB Controller

RELATIONSHIPS   **Internal**
- EOC Manager/Operations Manager
- Comms Manager
- Clinical and non-clinical advisors
- EOC Site Support Manager

External
- CDHB Controller
- CDEM Controller(s)
- Ministry of Health
- PHO, IPA, NGO CEOs

KEY TASKS
- Develop contingency plans to deal with potential large scale health threats within the affected communities
- Decide on the nature and timing of response activity based on objectives, available intelligence, personnel and resources
- Coordinate all aspects of the primary care response within the CDHB catchment
- Set and manage priorities (actions and resources) with the EOC Coordinator/Ops Manager
- Ensure capacity, capability and viability of the primary care workforce through the activity of the Primary EOC
- Facilitate logistical support to primary care providers with the Log Manager
- Work with others in the health system, emergency services, and other organisations who impact on the provision of community-based healthcare
- Provide information updates to all primary care providers, and, where appropriate, to the general public through agreed communications channels
- Facilitate the transition from immediate response to the recovery phase of the health response
- Work with the Recovery Manager and PHOs to provide pastoral support and business advice to primary care providers
- Represent the Canterbury Primary Emergency group and activity in national and international arenas

PERSON SPECIFICATION
- High level of inter-personal communications
- Strong leadership and team building
- Ability to work under pressure and meet deadlines
- Networking, relationship-building skills

DESIRED EXPERIENCE

- Administration and management
- Managing teams of people in high pressure situations
- Emergency planning and response experience is desirable
- Health sector and/or clinical experience

ACTIVATION STEPS

The sequence for activating the Primary EOC in response to a natural disaster such as an earthquake is as follows:

1. **Primary Care Controller** sends a text message to Initial Response Group, PHO Group, After Hours Group and District Nursing to determine the extent and impact of the event.

   > *"You are receiving this because you are a member of the Primary Care Emergency Response team. A response may be required for [the event]. Please text back your name and the status of your sector or facility. I will advise if a teleconference is required. Thanks, [name]."*

   a. Members acknowledge receipt and gather information on the local situation in their area and text back to the Primary Care Controller as soon as possible.

   b. EOC Coordinator to give 'heads up' text to EOC team. (See Coordinator notes next page.)

2. A teleconference is called by the **Primary Care Controller** to determine if an activation (or partial activation) of the EOC is warranted.

   > *"A teleconference has been called for [day, time]. Please dial 083033 and use the PIN 105495#."*

   a. Teleconference participants: Initial Response Group, PHO Group, After Hours Group, District Nursing.

3. If an activation (or partial activation) of the EOC is warranted a decision is made as to its location.

   a. The normal location for the EOC is at Pegasus Health (401 Madras Ave), but an alternate site is at Waitaha Primary Health (567 Wairakei Rd) or Community & Public Health (310 Manchester St).

   b. The EOC Coordinator, on advice from the Primary Care Coordinator, advises required members of the EOC staff the location and intended time of activation.

EOC Manager
Position Description
NOTE: Position may be combined with Ops Manager

PRIMARY OBJECTIVE The Emergency Operations Centre Manager is responsible for establishing the Primary Emergency Operations Centre (EOC).This function is the chief liaison between Canterbury DHB EOC, Civil Defence, EOC Site Support (e.g. Pegasus).

REPORTS TO Primary Care Coordinator

RELATIONSHIPS **Internal**
- Primary Care Coordinator
- Comms Manager
- Sector Coordinators
- Ops, Intel, Log managers
- Clinical and non-clinical advisors
- EOC Site Manager

External
- CDHB EOC
- CDEM
- Council(s) EOC
- PHO, IPA, NGO CEOs

KEY TASKS
- Decide on the nature and timing of response activity based on objectives, available intelligence, personnel and resources
- Coordinate all aspects of the response
- Set and manage priorities (actions and resources)
- Act as Primary Coordinator for priority issues between EOC functions
- Monitor and review current response activity
- Acts in place of PCC if they are not available
- On completion of the response ensures that the EOC is restocked and ready for future activation.

PERSON SPECIFICATION
- High level of inter-personal communications
- Strong leadership and team building
- High level of accuracy and time management
- Analytical skills
- Ability to work under pressure and meet deadlines
- Networking, relationship-building skills

DESIRED EXPERIENCE
- Supply chain management experience is desirable
- Administration and management
- Managing teams of people in high pressure situations
- Emergency planning and response experience is desirable
- Health sector

EOC MANAGER ACTIVATION STEPS	1. Give a 'heads up' to the EOC team by text to stand by.

> *"You are receiving this as a member of the Primary Care EOC. We've had an event, but don't yet know the extent or response required. We will be in touch as soon as we know more."*

2. Respond to PCC's request for information.

3. Participate in the teleconference, as directed.

4. If a *full* activation is **not** required the EOC Manager sends a 'stand down' text to the full EOC team.

> *"Thank you for your attention. No further Primary Care EOC actions are required at this stage."*

5. If a *partial* activation is required, the EOC Manager will contact the required EOC team members, if any.

> *"As an [e.g. east sector coordinator] we would like you to ring the practice and pharmacy contacts in your sector and find out [info req'd, e.g., open/closed, damage, etc.]. Please reply…"*

6. Alternatively, the team may wish to have further on-the-ground information from a particular region. In this case the EOC Manager may contact the Sector Coordinator(s) for this area and ask for a Situation Report (SitRep).

In the case of a *full* activation, the EOC Manager will:

1. Contact members of the EOC team to advise the location of the EOC and intended time of the activation. This may be via telephone, text message or email.

> *"The EOC will be activated and established at [address] from [day, time]. Please respond to this text with your name and if you are available."*

2. If team members are not available the next person in that role should be contacted.

3. Get a SitRep from each manager about conditions in their geographical area.

4. Participate in teleconference, as directed.

Advisory Group and Liaison Members
Position Description

FUNCTION	Advisory groups represent key stakeholder groups that may be affected by an emergency event who may require particular support or engagement. Liaison members typically represent another organisation with specialist or organisational responsibility or ability who liaise with one or more groups involved in the emergency response.
REPORTS TO	Primary Care Controller and EOC Manager

RELATIONSHIPS

Internal
- Primary Care Controller
- Comms
- EOC Manager
- Recovery Manager
- Other clinical and non-clinical advisors
- Parent organisations or representative groups

External
- CDHB EOC
- City Council EOC
- Wider community and general public

KEY TASKS
- Provide specialist advice to the Primary Care Controller and EOC team on matters within their field of specialist expertise.
- Assist in developing appropriate response options that will impact on specific areas of the primary health care community.
- Attend EOC briefing and planning sessions as required.

SUGGESTED ADVISORS AND LIAISONS

Representatives from organisations may include (but are not limited to):
- District/community nursing
- Community pharmacy
- Rural health
- Infectious disease (depending on the nature of the event)
- St John Ambulance
- Media and news

Communications (Comms) Manager
Position Description

PRIMARY OBJECTIVE	The Comms Manager manages information to and from the Emergency Operations Centre (EOC) to primary care (i.e. general practices, pharmacies, nursing, allied health), the media, CDHB Comms and EOC functions, and other funders and agencies. (See Comms Manual.)
REPORTS TO	EOC Coordinator, or EOC Ops (in absence of EOC Coordinator)

RELATIONSHIPS

Internal

- EOC Coordinator
- Sector Coordinators
- Ops, Intel, Log functions

External

- CDHB Communications team
- Media including *The Press*
- Streamliners (for content creation and posting to HealthPathways)
- General practice, community pharmacy, district nursing and other allied health professionals
- NGOs, other provider and stakeholder groups

KEY TASKS

- Facilitate information flow to and from the Primary and CDHB EOCs, sectors and LEGs
- Coordinate, manage and disseminate information to all primary care providers
- Coordinate status reports from general practice and pharmacy locations and communicate as appropriate to the public
- Work with Streamliners and arrange information uploads to HealthPathways and HealthInfo as appropriate
- Maintain a Communications Log of queries and activity
- Maintain contact lists of key stakeholders
- Liaise with CDHB Comms
- (More information is available in the Comms Guidelines.)

PERSON SPECIFICATION

- High level of inter-personal communications
- Ability to work with a wide range of clinical, non-clinical and community groups
- Ability to self-manage, act proactively and responsibly
- Ability to work under pressure and meet deadlines
- Networking, relationship-building skills

DESIRED EXPERIENCE

- High level of Communications experience
- Experience in emergency planning or response is desirable
- Media management experience
- Knowledge of local and national communications channels
- Understanding of health sector in Canterbury

Operations (Ops) Manager
Position Description
Note: position may be combined with EOC Manager

PRIMARY OBJECTIVE	The Operations Manager develops the plan and makes decisions about what the Primary Emergency Operations Centre (EOC) is going to do in the emergency response. The manager works with the Logistics manager, who arranges the resources required. In the absence of an EOC Manager, the Ops Manager steps up into this role.
REPORTS TO	EOC Manager (or Primary Care Coordinator in their absence)

RELATIONSHIPS

Internal
- EOC Manager
- Sector Coordinators
- Ops, Intel and Comms managers
- Primary Care Coordinator

External
- CDHB EOC and Hospital Services
- Civil Defence Emergency Management (CDEM)
- Community & Public Health
- General practice, community pharmacy, district nursing and other allied health professionals
- Relevant product and service suppliers and transport agencies

KEY TASKS
- Develop response options, in cooperation with Intel and define EOC objectives (what we are trying to achieve and why)
- Decide on the nature and timing of response activity based on objectives, available intelligence, personnel and resources
- Provide priorities for further information collection
- Coordinate different aspects of the response
- Set and manage priorities (actions and resources)
- Work with EOC Logistics, allocate critical resources where necessary (e.g. Tamiflu, portable toilets, generators)
- Operational communications – act as conduit to agencies or groups performing activities or deployed
- Act as EOC Manager for routine activity between EOC functions
- Monitor and review current response activity
- Coordinate production of SITREPs – collate information with other areas
- Coordinate and produce reports required by CDHB and others

PERSON SPECIFICATION
- High level of inter-personal communications
- High level of relationship building, networking
- Strong analytical skills
- High level of accuracy
- Ability to self-manage; proactive and responsive
- Ability to set and meet deadlines

DESIRED EXPERIENCE

- Emergency planning and response experience a plus
- Experience in health sector a plus
- Knowledge and experience in supply chain management and logistics is desirable
- Competent in Microsoft Word, Excel, Access or other appropriate software
- Leadership and team building
- Managing teams of people in high pressure situations is advantageous

EOC Site Support Functions
Position Description

FUNCTION	**Finance**

Finance
- Coordinate funding with Canterbury DHB or Ministry of Health for GP teams and pharmacies.
- Coordinate finance required to manage site support and the EOC response.
- Set up, collect and attribute costs.
- Ensure payments and reimbursements are processed as required.

Site
- Organise EOC space including (but not limited to):
  - Access and parking
  - Desks and chairs
  - Food and beverage
  - Meeting rooms
  - Power
  - Toilets

IT/Business Services
- Organise and support (including but not limited to):
  - Computers, monitors, mouse
  - Databases
  - Phones; land lines and/or mobile phones as required
  - Power Cords
  - Printers

RELATIONSHIPS

Internal
- EOC Manager
- Ops, Intel, HR and Comms functions
- Primary Care Coordinator
- Business Systems / Information Services Manager and team
- CFO, Finance team

External
- General practice, community pharmacy, district nursing and other allied health professionals, especially in the designated sector
- Suppliers of products and services as required by the EOC team (e.g. water, generators, first aid, etc.)

KEY TASKS
- Ensure emergency site is safe and appropriate to be used
- Determine EOC need and organise equipment; liaise with EOC Manager
- Mobilise site support staff; manage rosters/rotation of support staff
- Manage replacement of staff in host organisation
- Determine duration required and impact of EOC on site

PERSON SPECIFICATION
- CEO or equivalent within host organisation able to provide services
- Ability to determine capacity required as well as impact on present workforce

- Scalability of site functionality, access, etc.
- Authority and responsibility
- High level of inter-personal communications
- High level of relationship building, networking
- Ability to work calmly and competently under pressure

Sector Coordinator
Position Description

PRIMARY OBJECTIVE	The Sector Coordinator is the point of contact within the Emergency Operations Centre (EOC) for all enquiries within a designated sector.
REPORTS TO	EOC Manager (or EOC Ops in their absence)

RELATIONSHIPS

Internal
- EOC Manager
- Other Sector Coordinators
- Ops, Intel, HR and Comms managers
- Primary Care Coordinator

External
- General practice, community pharmacy, district nursing and other allied health professionals, especially in the designated Local Emergency Group (LEG) sector

KEY TASKS
- Be the single point of contact within the Primary EOC within a designated LEG/sector.
- Set up a schedule of contact with LEG key contacts.
- Identify and agree with EOC team on areas of highest need in the Sector. Initiate and facilitate primary care support for any local (LEG level) response, individual practices/pharmacies, or to the site of a major incident as appropriate.
- Provide ongoing updates on situations, intentions and support requirements for LEGs, practices and pharmacies within their sector to the Primary EOC.
- Report status to EOC Manager, for example:
  - Are the pharmacies and practices in their sector open or closed?
  - Do they have water, power, sewer, phone, fax and internet?
  - Are there any staffing issues? Are staff coping? How badly has the team been affected?
  - Is it business-as-usual or higher or lower volumes of patients?
  - What are the type and extent of injuries/cases they are seeing?
  - What do they need to help them provide care for their patients?

PERSON SPECIFICATION
- High level of inter-personal communications
- High level of relationship building, networking
- Ability to self-manage; act proactively and be responsive
- Ability to set and meet deadlines
- Ability to work calmly and competently under pressure

DESIRED EXPERIENCE
- Experience in health sector a plus; understanding of general practice, community pharmacy

Logistics (Log) Manager
Position Description

PRIMARY OBJECTIVE	The Logistics function coordinates supplies and monitors the functional status of primary care providers to ensure service viability.
REPORTS TO	EOC Manager (or EOC Ops in their absence)

RELATIONSHIPS

Internal
- EOC Manager
- Sector Coordinators
- Ops and Intel managers

External
- CDHB EOC and Hospital Services
- CDEM
- Community & Public Health
- General practice, community pharmacy, district nursing and other allied health professionals
- Relevant product and service suppliers and transport agencies

KEY TASKS

Tasks before Activation
- With the EOC Manager and/or Primary Care Coordinator, develop and implement policies for stock holding and emergency stockpiling of critical items.
- Develop systems for the distribution of essential pharmaceuticals, medical and other equipment as might be required for an emergency response.
- Facilitate supplier contacts and arrangements. Maintain a supplier contact list.
- Develop financial control systems for capturing and accounting for expenditure incurred during a response.
- Develop the appropriate documentation and agreements required for the use of any buildings and equipment identified for use (to be requisitioned) as part of the response plan.

Tasks upon Activation
- Work with Sector Coordinators to provide logistical support to general practices and community pharmacies.
- Monitor the functional status of primary care providers and coordinate efforts to ensure service viability.
- Track and resupply CBACs and primary care facilities. Oversee the distribution of resources as required.
- Email, fax or text requests to suppliers. Update databases with actions taken.
- Liaise with Civil Defence (CDEM), City Council, and CDHB Logistics functions.
- Reporting:
  - Prepare Logistics report as required (from database)
  - Provide information on logistical support requested and provided, stocks and supplies management, and the overall state of primary care facilities and equipment.
  - Report daily to the EOC Manager and/or Primary Care Coordinator.

PERSON SPECIFICATION
- High level of inter-personal communications
- Strong analytical skills, including data collection and identifying trends
- Strong attention to detail with high level of accuracy
- High level of relationship building, networking
- Ability to self-manage; proactive and responsive
- Ability to meet deadlines

DESIRED EXPERIENCE
- Knowledge and experience in supply chain management is desirable
- Experience in health sector a plus
- Competent in Microsoft Word, Excel, Access or other appropriate software

Intelligence (Intel) Manager
Position Description

PRIMARY OBJECTIVE	The intelligence function coordinates and disseminates information received in an emergency in order to keep appropriate people well informed.
REPORTS TO	EOC Manager (or EOC Ops in their absence)

RELATIONSHIPS

Internal
- EOC Manager
- Sector Coordinators
- Ops and Log managers

External
- CDHB EOC and Hospital Services
- CDEM
- Community & Public Health
- General practice, community pharmacy, district nursing and other allied health professionals

KEY TASKS

Tasks before Activation

- Identify the information requirements of all likely agencies in the format it should be presented in.

- Identify the agencies, organisations and individuals who will be wanting information from the EOC

- Identify and practice effective systems for the collection, storage, analysis and distribution of appropriately processed information ('intelligence') to those requiring it.

- Actively monitor sources of information relating to any emerging threats and disseminating it as appropriate.

- Prepare to give intelligence briefings to the CPRG planning group and attend meetings or groups when requested.

- Create and develop and provide leadership to the intelligence function within the EOC.

Tasks upon Activation

- Confirm an information collection plan specific to this emergency, including methods, sources, timings/frequency, etc. The key areas of interest relate to:
  o Current and likely changes to health status of affected communities.
  o Threats to community health, especially where there are implications for primary care services.
  o Novel community health needs created by the event (eg Welfare Centres).
  o Limitations, or possible limitations, to health care services (especially hospital and ambulance capacity) which could impact on primary care.
  o Current status and capacity of general practice and pharmacy in affected areas.
  o Trends and intentions in terms of primary care capabilities.
  o Actions by NGOs, Community providers and volunteers relating to health.
  o Health support to any rescue activities/services.
  o Health related information being reported in the media.

- Evaluate/interpret the collected information.

- Compile and produce reports as required and to agreed schedule, including SitReps and other ad hoc reports. Indicate personnel, logistic and facility

operational status.

- Analyse general practice and pharmacy functional statuses and health conditions of the population as reported by the primary care providers.
- Disseminate relevant intelligence information as appropriate to the intelligence functions, at:
  - o CDHB
  - o Community and Public Health (C&PH)
  - o Secondary Care (ie hospital services)
  - o Civil Defence and Emergency Management (CDEM).

PERSON SPECIFICATION

- High level of inter-personal communications
- Strong analytical skills, including data collection and identifying trends
- Strong attention to detail with high level of accuracy
- Competent in Microsoft Word, Excel, Access or other appropriate software
- High level of relationship building, networking
- Ability to self-manage; proactive and responsive

DESIRED EXPERIENCE

- Experience in health sector a plus
- Analyst experience
- Experience in emergency planning and response a plus

Human Resources (HR) Manager
Position Description

PRIMARY OBJECTIVE	Support the Primary Emergency Operations Centre (EOC) with human relations' needs, both internally in the EOC, as well as externally, in primary care sites.
REPORTS TO	EOC Manager (or EOC Ops in their absence) and Primary Care Controller

RELATIONSHIPS

Internal
- EOC Manager
- Sector Coordinators
- Ops, Intel, Log managers

External
- CDHB EOC
- General practice, community pharmacy, district nursing and other allied health professionals
- General practice and other health organisations, local and national

KEY TASKS
- Organise relief schedule for EOC team
- Appoint and induct staff in EOC
- Work with Sector Coordinators to provide HR support to general practice and community pharmacy including secondment of staff from other sites
- Organise and coordinate pastoral care and relief through the EOC for general practice and community pharmacy through PHOs or CDHB as appropriate and available
- Coordinate requests for assistance from other sectors, e.g. supplement major clinics (24 Hour Surgery, Moorhouse Medical and Riccarton Clinic)
- Liaise with CDHB HR function
- Liaise with other organisations such as GPNZ providing clinical support from outside Canterbury
- Liaise with community organisations providing welfare and other community supports.

PERSON SPECIFICATION
- Knowledge of EOC structure
- High level of inter-personal communications
- Strong attention to detail
- Competent in Microsoft Word, Excel
- High level of relationship building, networking
- Ability to self-manage, proactive

DESIRED EXPERIENCE
- Emergency planning and response experience is a plus
- HR experience, preferably in health
- Clinical experience a plus

Single Point of Contact (SPOC)
Position Description

PRIMARY OBJECTIVE	The SPOC role is responsible for monitoring and managing all incoming communications to the EOC.
REPORTS TO	EOC Manager

RELATIONSHIPS

Internal
- Primary Care Controller
- Comms Manager
- EOC Manager
- Sector Coordinators
- LOG, INTEL

External
- External EOC staff including MoH, CDHB, C&PH
- General practice, pharmacies, all other health professionals
- Public
- Media

KEY TASKS
- Monitor all incoming communications to the EOC (phone, fax, email, radio, mail, HealthEMIS)
- Generate messages or HealthEMIS log entries for all incoming emergency communications and instigate the EOC information flow pathway.
- Identify urgent requests, messages or notices and disseminate immediately to the appropriate EOC staff.
- Answer the EOC phone line and forward to other roles or functions as required.

PERSON SPECIFICATION
- High level of inter-personal communications
- High level of accuracy and time management
- Customer service skills
- Ability to work calmly and competently under pressure

DESIRED EXPERIENCE
- Understanding of health sector a bonus

Recovery Manager
Position Description

PRIMARY OBJECTIVE   The Recovery Manager is responsible for overseeing the activities that stabilise the affected community and assure support systems are operational. Longer term activity includes coordinating or linking in with community rehabilitation and restoration.

REPORTS TO   Primary Care Coordinator

RELATIONSHIPS   **Internal**
- Primary Care Controller
- Comms Manager
- EOC Manager
- Clinical and non-clinical advisors
- EOC Site Manager

External
- CDEM
- CDHB EOC
- City Council EOC
- PHO, IPA, NGO CEOs

KEY TASKS
- Identify issues that impact on the transition from the active response to the recovery phase of the event.
- Work alongside the response coordinator to ensure response decisions are made in the response phase are consistent with the need to transition smoothly to recovery as soon as is practicable.
- Maintain liaison with recovery managers within other parts of the health system and the appropriate local authorities and CDEM.
- Develop strategies for the restoration of normal services with primary care.
- Identify relevant stakeholders and coordinate recovery planning.
- Oversee the transition from response to recovery.
- Assume responsibility for coordination of the recovery effort once the response phase finishes.

PERSON SPECIFICATION
- High level of inter-personal communications
- High level of accuracy and time management
- Analytical skills
- Networking, relationship-building skills

DESIRED EXPERIENCE
- Understanding of health sector a bonus
- Experience in leadership and team building

CPRG Planning

Situation Report (Sitrep) Guidelines

Introduction

The Situation Report (Sitrep or SITREP) is a form of status reporting that provides a quick understanding of the current situation. It provides a clear, concise picture of the current situation and likely developments.

The Sitrep should not be confused with the Incident Action Plan (IAP) although elements of the Sitrep are included in that plan.

CPRG Sitrep Reporting

The CPRG EOC team has a requirement to prepare accurate and timely situation reports on the state of Primary Health Care and Community Pharmacy during and following any event which has or may disrupt the delivery of health services.

These detailed Sitreps are to inform the CPRG EOC, CDHB ECC and other stakeholders of the current situation of providers and services across the region.

The format and guidelines for this Sitrep reporting are based on the Ministry of Civil Defence and Emergency Management (MCDEM) Coordinated Incident Management System version 3 guidelines (CIMS 3).

Link to template and guidelines

Information Gathering

The Planning and Intelligence function within the CPRG EOC will contact individual providers (or LEGs in the case of a major event) to assess their functional ability.

The format for this information gathering differs from the Sitrep prepared and forwarded for outside agencies. Information gathered by sector coordinators in the EOC, for instance, may contain much more detail (and information of commercial sensitivity) than required in a Sitrep.

The algorithm in Appendix A will be used to make an informed and consistent assessment of the stability and sustainability of general practice and community pharmacy facilities.

Link to Practice and Pharmacy Assessment Algorithm

The timing of information gathering and Sitrep preparation will be made to meet the requirements of providers and the reporting needs of the CDHB ECC and controller. It is noted that the CDHB controller will have set reporting requirements from the Ministry of Health.

Preparing a Situation Report (Sitrep)

The preparation and issuing of a Sitrep does not occur as each new piece of information is received, Sitreps are a comprehensive overview of the situation. It is strongly recommended that they be issued at set times at least twice daily or when there has been a substantial change in the incident behaviour.

Important information relevant to the management of the response or development of the incident must be disseminated as soon as possible by another method rather than a Sitrep.

> *When completing a part or a full Sitrep a simple self-check on the contents under preparation is to ask, "If I was receiving this, would it fully inform me of the situation?"*

Practice and Pharmacy Ranking Algorithm

Response	Status		
	Level 1	**Level 2**	**Level 3**
	Score = 4	Score = 2	Score = 0
Building (the building they are working from (rather than their normal place of business	Moderate structural damage to premises, e.g. yellow sticker, co-located with another business or significantly comprised workflow	Minor structural damage to premise that have some impact of workflow	No structural damage – may have cosmetic damage that does not materially impact on business delivery
Services (water, sewer, power, telephone or fax)	One or more services not available for more than 1 business day in the last week	One or more service not available for any part of a business day in the last week	All services available with no interruption to any services in the last week
Staff (both in their employed roles and personal situation	One of more members of the business team significantly impacted by quake (physical injury, loss of family member or friend, displaced form home, significant financial hardship). Staff redundancies likely or made	One of more members of the business team are coping with moderate impact by the quake (significant damage to home, partner redundancy, difficulty maintaining staffing levels, etc)	Members of the business team have been impacted in a limited way by the quake
Income (rest home closure, medical practice relocated, retail sales, reduce consult/script numbers (depopulation)	One or more income streams significantly impacted by the quake (e.g. greater than 20% reduction in income)	One or more income streams moderately impacted by the quake (e.g. 5% to 19% reduction in income)	Income streams impacted in a limited way by the quake (less than 5%)

Total score across the 4 categories:

Status	Score
Green	**0 - 1**
Amber	**2 - 9**
Red	**10 or more**

CPRG Situation Report

Incident Name:		
Date:	**Time:**	**Sitrep No:**
Prepared By:	**Contact telephone:**	**Contact email:**
Organisation or Team Name:		**Incident Controller:**
EOC Location:	**EOC Telephone:**	**EOC email:**
Next Sitrep to be issued at:	**Time:**	**Date:**

Name of Field	Comments	
Summary of Incident	Overview of the incident and its development - resources - casualties - spread of disease - damage - progress since last IAP - predicted development - emergency declaration status - recovery phase start.	
Practice/Pharmacy Status	Colour code and name of Practice Pharmacy	Situation/Comments
Actions Taken	Action taken or planned including problems being encountered such as resource supplies.	
Predicted incident progression	How this situation is anticipated to evolve - casual factors, consequences and response.	
Resources in place		
Resources required	List resources required and those that have been requested and those not available or limited.	
Limiting Factors	Anything that is currently affecting, or is likely to affect, the effectiveness of the response.	
Assessment	Any critical issues or assumptions made.	
Options	Outline major options for action that are being taken or considered.	
Intended Actions	Outline significant actions intended	

CPRG Group Sitrep (Information gathered from Groups/LEGs)

NB! Follow Practice and Pharmacy Status Definition Algorithm and Colour Coding

Date/Time:		
Group Name:	Practice/ Pharmacy name	
Person Reporting:	Name	Contact details
1. Progress since last sitrep		
[name of facility]	Colour Coding: **Red**, **Orange**, **Green**	Descriptive Reason for colour
2. Workload		
3. Patient Situation		
4. Staff situation		
5. Building situation		
6. Resources		
7. Work/Activity planned for period until next sitrep		
8. Issues/ Problems		
9. Action re above, by whom/how assigned		
10. Resources required		
11. Resources to be sourced from/assigned by		
12. Any other matters		

Sample CPRG SITREP

Primary Care SITREP

Date/Time:	1400, 18 November 2016	
Group Name:	CPRG – Primary Care	
Person reporting:	Deborah Callahan	
1. Progress since last sitrep	Locum and relief requests are being processed and supported; GPs and nurses are being flown up to Kaikoura and back mostly as scheduled. Call to action has been initiated by PHOs and Canterbury Community Pharmacy Group (CCPG) to ask for assistance.	
2. Workload	CPRG will continue to produce SITREPs through the weekend.	
3. Patient Situation	Practices continue to report increased number of patients with anxiety; these often require extended consultations. Patient resources required at most practices. Practice staff also flagging – many have damaged homes.	
4. Status	Amberley Medical Centre	18/11. BAU. Very busy. Covering Amberley and Cheviot w/end.
	Amberley Pharmacy	18/11. BAU, rural deliveries working normally.
	Amuri Community Health Centre	18/11. Some staff have house damage. W/e cover coming from Hanmer. Practice working with Waiau Welfare Ctr. MH GPL increasing time there next week. Need GP relief Wed-Fri next week.
	Cheviot Community Health Centre	18/11. Civil Def activated today. MH extra consults req'd. W/end cover coming from Amberley.
	Cheviot Pharmacy Depot	18/11. Couriers bringing meds from CHCH not arriving til 3pm rather than am.
	Hanmer Springs Health Centre	18/11. Need community resources eg Coping w Stress, Anxiety in Children, etc. Brief power outage 17/11. W/end covering Culverden for PRIME and Waikari for non-PRIME.
	Hanmer Pharmacy Depot	18/11. EFTPOS getting fixed next week; cash sales only.
	Kaikoura Healthcare	18/11. GPs arriving for weekend shifts. Offers of assistance being rostered by 24HS. Locals presenting w anxiety/stress, hygiene issues but no gastro. Phone lines now working. All services functional at health ctr. Reception relief rec'd, will need ongoing support.
	Kaikoura Pharmacy	18/11. Internet, phone and power working. Running water and sewers not working. One relief pharmacist in situ, additional relief pharmacist being transported this AM. Pharmaceutical supplies to be delivered overland via the inland road.
	Waikari Health Centre	18/11. Diverter being replaced Sat a.m.

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Primary Care SITREP

5. Issues/Problems	Amuri – needs GP relief Wed-Fri next week.
	Cheviot - funding for extended consultations.
	Hanmer Springs – need resources for community and extended consultation funding. Actioned.
	Kaikoura Pharmacy – requesting ongoing additional pharmacist support, transport and accommodation. Need portaloo.
	Kaikoura – need ongoing receptionist relief, transport and accommodation. Need mental health support. Actioned.
	Rangiora/Kaiapoi – practices are requesting additional mental health/BIC support, funding. Actioned.
	Ngai Tahu and Te Putahitanga requesting support in Christchurch including mental health, prescriptions, medical needs.
6. CPRG Work/Activity planned for period until next sitrep	Ensuring payment and payment mechanism for extended consults; communicating same to practices.
	Working with CDHB ECC to sort staffing, transportation and accommodation.
	Roster for Virtual EOC to be sorted.
7. Resources required from CDHB	**Hanmer Springs Health Centre:**
	1. Need info for patients re stress, etc. – in progress.
	Kaikoura Pharmacy:
	1. Locum pharmacist (ongoing) requires transport and accommodation.
	2. Need portaloo.
	Kaikoura Health Ctr:
	1. Transport and accommodation for receptionist cover – in progress.
	2. Mental health supports will need transport and accommodation – in progress.
	3. Public health nurse requires transport and accommodation – in progress.
	Ngai Tahu and Te Putahitanga requesting support for whānau in Christchurch including mental health, prescriptions, medical needs.
8. Any other matters	

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CPRG Response Planning

Incident Action Plan (IAP) Guidelines

Purpose of the Incident Action Plan (IAP)

The purpose of an IAP is to provide direction and information to the EOC management team, managers and other groups/individuals involved in the response to an emergency.

The IAP looks forward, setting the objectives for the next operational period and how they will be met. It will contain details of the overall goal, objectives and strategies, and is reviewed at planning meetings.

The IAP provides the EOC team with a clear concise record of the current situation, the intentions, and the detail of how the emergency will be managed. It is essential to the control of an operational response and is intended to reflect planning decisions. It should incorporate sufficient information to ensure that EOC staff, field staff, and support agencies understand the current situation and the plans of the management team to respond to it.

Depending on the size and scale of the incident the IAP can be updated twice daily or continue to function for longer periods if the incident is static and the response is managing.

IAP considerations

Aspects to be considered in researching and completing the IAP include:

1. the extent of information on the impact of the event
2. the response required
3. requests for assistance
4. a prognosis - how the event is likely to unfold and the potential requirement of additional resources
5. higher level and political expectations, and
6. public expectations.

Pre-printed IAP template

The use of a pre-printed IAP template has the advantage of reminding the management team of the various planning factors that may need to be considered.

This template should be regarded as an aid to the work of the management team, not prescriptive documents. Valuable time may be wasted attempting to obtain information to complete all parts of the form when key information only is required for response actions.

A template is included in this document together with an example of a completed Plan.

Components of an IAP

The standard IAP details key information about the emergency. The elements of an IAP are:

- date and time
- operational period covered by the IAP
- situation summary
- overall goal or aim
- specific objectives
- specific tasks – who, where and when
- assigned resources
- Sitrep times, and
- meetings/teleconferences/briefings.

Other information that can be included in the IAP includes:

- a communications plan
- critical elements
- safety considerations, and
- constraining factors.

The scope of the IAP will vary at each level of response. At local level the Action Plan will be focused on immediate operational tasks, whereas the DHB and NHCC IAP are likely to focus on control, support and coordination.

Once the Primary Response Coordinator approves the IAP, it should be distributed to the required levels of the EOC, the response team and to all agencies involved.

Task allocation and IAP

The Primary Response Coordinator is responsible for allocating tasks to Function Managers in the EOC who in turn allocate tasks to their staff.

An example of a task allocated by the Primary Response Coordinator is the collection of specific technical information from scientific experts. The use of an IAP (whether presented on a pre-printed form, as written notes on paper, or on a board), is a fundamental part of the emergency management process.

An IAP is developed to inform everyone in the EOC of exactly what are the priorities, deadlines and tasks.

Reassessment will occur with further allocation or re-allocation of tasks and resources, and will result in a new IAP.

From here, the cycle of reassessment and reallocation continues.

Communicating the IAP

The Primary Response Coordinator must ensure the IAP is properly communicated. This usually takes place in the EOC in the form of a briefing and reoccurs at every subsequent shift change during the response. The IAP should also be communicated to any other EOCs and NHCC if activated for the same emergency.

Monitoring effectiveness

The Primary Response Coordinator bears overall responsibility for ensuring the effectiveness of resources (human or otherwise) throughout the response phase.

Emergency can be subject to enquiry

Emergencies may be the subject of formal enquiries or requests for information under the Official Information Act 1982 (OIA). The enquiry may be internally conducted by the lead agency and/or it may be convened by an external authority with appropriate responsibility, such as a commissioner or a coroner.

A written IAP, as with any written material or records, can become an important part of the evidence provided. It sets out the situation that existed at the time the plan was prepared, the expectations, resources committed and intended implementation details.
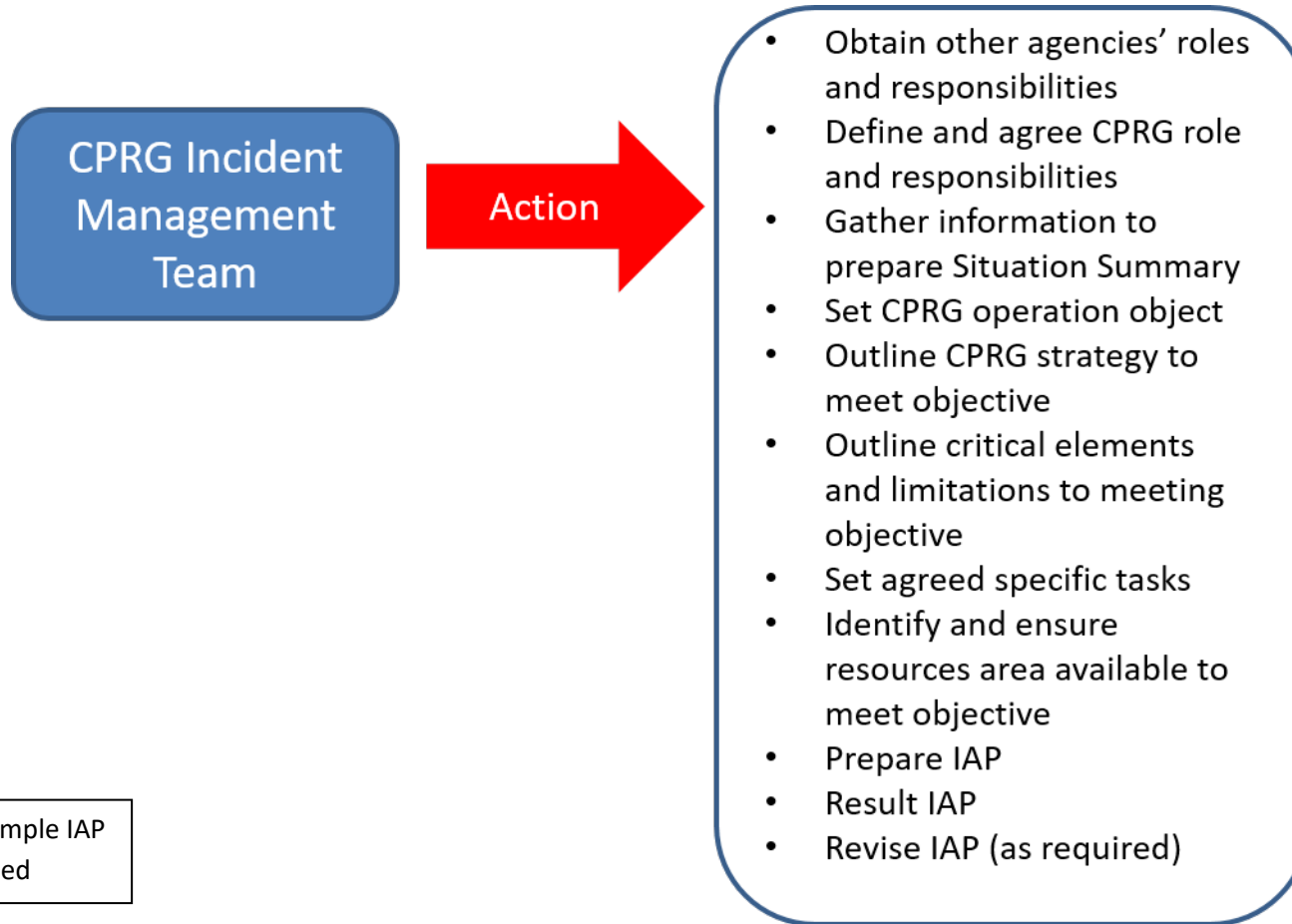
Commencing the CPRG IAP process

The following flowcharts provide guidance for the CPRG management team in planning the response required.

Key elements include:

- CPRG Role
- Role(s) of other agencies
- Objectives
- Critical Elements
- Resourcing
- Communication

CPRG Response Planning

Incident Action Plan (IAP)

CPRG Incident Management Team

Action →

- Obtain other agencies' roles and responsibilities
- Define and agree CPRG role and responsibilities
- Gather information to prepare Situation Summary
- Set CPRG operation object
- Outline CPRG strategy to meet objective
- Outline critical elements and limitations to meeting objective
- Set agreed specific tasks
- Identify and ensure resources area available to meet objective
- Prepare IAP
- Result IAP
- Revise IAP (as required)

Blank and sample IAP attached

CPRG Response Planning

Incident Action Plan (IAP)

- Identify resources required:
  - Personnel
  - Supplies
  - Equipment
  - Facilities
  - Finance
- Ensure that resources are adequate to meet response objectives
- Obtain financial authority and agreement approval in writing
- Record resource usage
- Stand down and thank personnel and suppliers
- Return unused resources
- Debrief response
- Prepare response report

CPRG Resources → Action

Canterbury Primary Response Group (CPRG)

Incident Action Plan Format

Incident Name:	Situation Summary:		
Location:	•		
Date:	**Overall Objective:**		
Time:			
High Priority			
ECC Location:			
Contact Details:			
Tel:			
Outline Strategy to Achieve Objective:	**Critical Elements/Limitations:** •	**Specific Tasks:** •	**Resources Needed:** •
Information Flow:		**Communication Plan:**	
CPRG Organisational Structure:			

Appendices:		
Plan Update: **Date:** **Time:**	**Prepared By:** **Signature:**	**Approved By:** **Signature**

Canterbury Primary Response Group (CPRG)

Incident Action Plan Example

Incident Name: Measles 2019 **Location:** Canterbury Wide **Date:** 15 March 2019 **Time:** 1200hrs **High Priority** **ECC Location:** Virtual **Contact Details:** eoc@cprg.org.nz **Tel: 03 375 7199**	**Situation Summary:** First case was confirmed on 16th February and early cases centred around the hospital and in Rangiora The index case was not identified but serology indicated came from overseas 28 confirmed cases so far with about 20 cases under review[1] A number of institutions that have been affected Public Health is only tracing household contacts. Letters are being provided by CPH to be sent out to contacts in institutions (including schools and GP waiting rooms) advising of which dates under-immunised people need to isolate themselves. Most practices have protocols in place to ensure that suspect cases are not kept in the waiting rooms however there can still be situations where someone slips through the net. Messaging is under-vaccinated are the priority, then people aged between 29 and 50 years of age. The number of cases is relatively stable but not likely to decline until the vaccination programme is well under way. Sustained and efficient vaccine delivery is essential to bring the outbreak under control. The objective is to prevent spread to the rest of New Zealand by bringing the Canterbury outbreak under control. This must not be done at the expense of the National Vaccination programme. The influenza season has begun, with 18 cases presenting to Christchurch Hospital last week. There are workplace implications for the 29-50 year olds, as immunity cannot be assured in this age group. PCR testing for suspect cases is still recommended at this stage. Should the incidence of notified measles increase confirmation of cases may move to a clinical diagnosis only. Serology demand high as people wanting to know if immune or not. Phlebotomy for contacts should only take place in isolation (eg in cars, as for manging suspect cases)

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[1] Highlight any updates to any IAP/s that are updated

It takes 2 weeks after vaccination for immunity to be generated.

Vaccination of a contact within 72 hours of exposure can generate immunity before infection occurs. However this is for personal benefit only. However, contacts receiving immunisation should still remain in isolation between days 7 and 14, as they can still be infectious.

Overall Objective:
To control and contain the measles outbreak in Canterbury and prevent the spread to other parts of New Zealand.

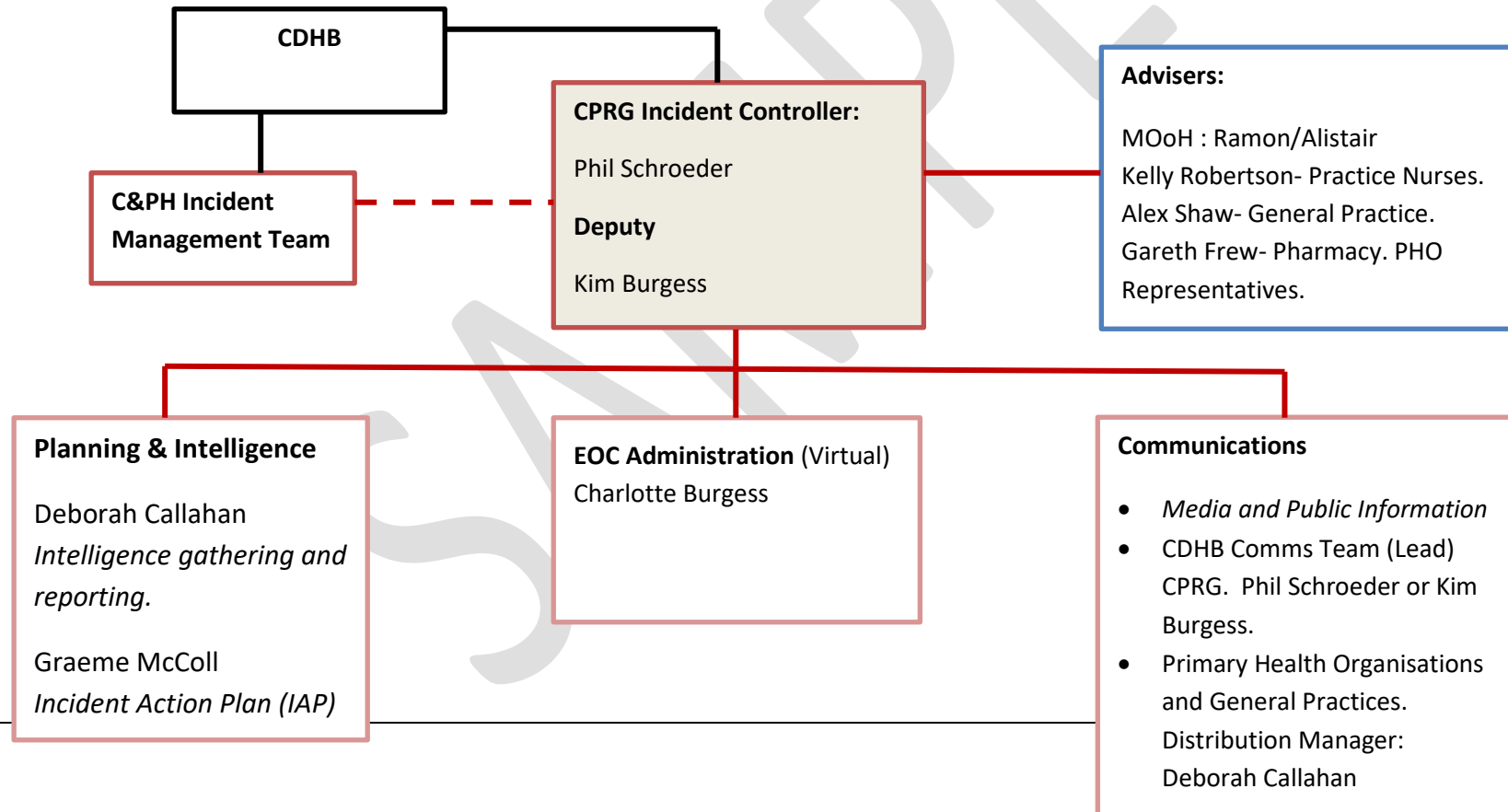| Outline Strategy to Achieve Objective:	Critical Elements/Limitations:	Specific Tasks:	Resources Needed:
- To trace household/family contacts of those infected and provide measles advice. (C&PH) - Provide information for distribution for those likely have been in contact in a wider situation (Schools, workplaces, General Practice waiting areas etc) (C&PH to provide information material, Schools, workplaces and practices to distribute) Identify those in the community at most risk and prioritise vaccinations. Latest advice listed in Appendix A.	- Limited supply of vaccine. (Consequent) confusion over messaging in public - Contacts of institutions are not receiving individual follow-up. - Many in the community have not been vaccinated. *Morbillivirus* vaccine delivered in 1970s was not as immunogenic as current schedule. - Difficult to model the exact number of vaccines required. - Patients not enrolled are at risk. - Difficulty in Practices prioritising and arranging capacity for vaccination clinics.	- CPRG does not have an operational function in this response. (The CPRG organisational structure is outlined below) - Operational functions and plans are part of the response process of - C&PH (Contact Tracing) - General Practices (treating patients and vaccinations) - CPRG providing Planning and Intelligence functions in liaison with C&PH. - Tasks: - Gather intelligence on spread of measles. - Analyse information received and research	- Maintenance of vaccine supply and delivery as allowed by MoH. - Homecare Medical will support Practices by providing a functional telephone advice call centre. - Provide support staff for practices if/as required. (Under consideration) A working group has been formed to manage the Primary Health response. Membership of this Group is listed in Appendix B.

	• Public anxiousness over lack of vaccine/vaccination.	those in the community most at risk.
		   ○ Recommend vaccination priorities to practices
		   ○ Provide regular situation reports to practices and others as required providing measles information and recommend vaccination priorities.
		   ○ Liaise with MoH, CDHB and suppliers regarding vaccine supplies.
		• Record action points from working group meetings and allocate responsibilities for same.	

Information Flow:
 	
Appropriate CPRG planning information, Policies and Patient Priorities will be distributed as appropriate and placed on the CPRG Website: www.primaryhealthresponse.org.nz
 	
Intel information shall be received from:
    C&PH
    PHOs
	Communication Plan:
	CPRG response team can be contacted on Tel (03) 375 7199
	Email: **eoc@cprg.org.nz**
	
	Media Communications:
	CPRG communications will be in line with the CDHB and C &PH led communications plan.

GP Practices CDHB MoH	Members of the CPRG Management team will be available for media interviews and statements as required. Public and Media communications will be managed by C&PH and CDHB Comms team. Copies of any media releases and a summary of any interview shall be recorded to ensure consistency and for sharing with CDHB Communications team.

CPRG Organisational Structure:

NOTE: CDHB have the overall responsibility for managing the response to the measles outbreak. C&PH are the lead agency as delegated by CDHB. CPRG provide coordination between C&PH and Primary Health.

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CDHB

CPRG Incident Controller:
Phil Schroeder
Deputy
Kim Burgess

Advisers:
MOoH : Ramon/Alistair
Kelly Robertson- Practice Nurses.
Alex Shaw- General Practice.
Gareth Frew- Pharmacy. PHO
Representatives.

C&PH Incident
Management Team
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Planning & Intelligence

Deborah Callahan
Intelligence gathering and reporting.

Graeme McColl
Incident Action Plan (IAP)

EOC Administration (Virtual)
Charlotte Burgess

Communications

- *Media and Public Information*
- CDHB Comms Team (Lead) CPRG. Phil Schroeder or Kim Burgess.
- Primary Health Organisations and General Practices. Distribution Manager: Deborah Callahan

Appendices:

      A. Recommended Priorities for Vaccination.
      B. Members of Measles Working Group.
      D. Action point tasks from Measles Working Group Meetings and those allocated responsibility.

Plan Update: Date: 15/3/19 Time 1200 hrs	Prepared By *Graeme McColl* Signature:	Approved By: *Phil Schroeder* Signature