Canterbury Primary Response Group

Primary Care Health Emergency Plan

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Section One: Document Control

1.1 Document History

Version	Actions	Author	Date
1.0	First Draft Edits		July 2016
1.1	Final Version	Dr P Schroeder	September 2016
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3.1	Final Version for sign off	M Carrell, J Fletcher, D Callahan	August 2023
4.0	Revision	H Sorby, D Callahan, J Fletcher	November 2024

1.2 Document Approval

This Primary Care Health Emergency Plan sets out a framework that facilitates and supports a resilient and sustainable primary care health service for the Waitaha Canterbury district during any actual or potential emergency.

It has been developed to provide a consistent approach to coordination, cooperation, and communication across primary care, within Te Whatu Ora Waitaha Canterbury district and across the wider health sector when planning for and responding to an emergency event.

This plan needs to be read and used in conjunction with CPRG Primary Care EOC Standard Operating Procedures (SOPS) which add operating detail to the primary care emergency response framework.

This plan is approved by:

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1.3 Contents

1.4 Definitions

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.
BAU	Business-as-usual.
CBAC	A Community-based Assessment Centre is a general practice or other facility that has been designated by CPRG and the regional health incident controller 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.
CCPG	Canterbury Community Pharmacy Group – a member organisation supporting community pharmacy across Canterbury.
CDEM	Civil Defence and Emergency Management. Can be regional as management by Environment Canterbury or local by District Councils.
CDHB	Canterbury District Health Board, see Te Whatu Ora Waitaha | Health New Zealand Canterbury (also Health NZ Canterbury).
Community & Public Health | Te Mana Ora	The regional public health unit. Community & Public Health (Te Mana Ora) have an obligation to the community and to Te Whatu Ora 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 an Incident Controller 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.
LMC	Lead Maternity Carer
MoH	Ministry of Health. The Ministry of Health is the lead agency for planning for and responding to pandemics on a national scale.
NEMA	National Emergency Management Agency is the national department responsible for providing leadership and support around national, local and regional emergencies. They are the lead agency in non-health emergencies.
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.
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.
RNZCGP	Royal NZ College of General Practitioners
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.
TAG	Technical Advisory Group – this group research and support clinical decision making to the ECC in an emergency.
Te Whatu Ora | Health New Zealand	Te Whatu Ora leads the day-to-day running of the health system across New Zealand, with functions delivered at local, district, regional and national levels. It weaves the functions of the 20 former District Health Boards (DHBs) into its regional divisions and district offices, ensuring continuity of services in the health system.
Te Whatu Ora Waitaha | Health New Zealand Canterbury	District level health governance body that, along with its corresponding public health unit, is responsible for leading the planning and response to a pandemic at the local and regional level. Formally known as Canterbury District Health Board (CDHB).

1.5 Scope of this plan

This Canterbury Primary Response Group (CPRG) Primary Care Health Emergency Plan outlines the framework in which an emergency response will operate in Canterbury for primary care (specifically, general practice and community pharmacy).

CPRG is hosted by Pegasus Health PHO but represents all three Canterbury PHOs, their members and other partnered providers. Part of the success of CPRG is that it is run by team members who are embedded within primary care and have good connections across the sector.

1.6 Objective of this plan

The National Civil Defence Emergency Management Plan Order 2015 outlines the roles and responsibilities of key agencies in an emergency. This includes requiring health districts to ensure that the Health and Disability sector within their regions are fully able to function during and after an emergency. This responsibility has been devolved to CPRG for primary care health services when in emergency situations.

The key objectives of this plan are to establish 'best practice,' meaning that the Canterbury Primary Response Group has:

a. An emergency management structure for the primary care health sector that enables a consistent and effective response to emergencies at local and district levels (and allows support of regional and national responses as resource sharing requires).

b. Access to infrastructure to support health provider services that, as much as possible, meet the needs of patients/clients and their community during and after an emergency event, even when resources are limited.

c. Planning that adopts a hazardscape approach and considers all natural and human-made hazards and the risks they pose cumulatively. This includes but is not restricted to:

- Flooding, tsunami, earthquakes, major snow events, significant power outages, information technology outages, large fires, infectious disease outbreak, landslides, cyclone/tornado, heat wave, terrorist attack.

d. Access to resources to support primary health care providers, including enabling welfare to their own staff who may be affected by the emergency, including those operating throughout.

1.7 Indicators of a successful primary care emergency response

- The people of Canterbury are able to access essential health services in an emergency.
- Equity is embedded at every level of decision making and response. The emergency response demonstrates a pro equity focus. Equity monitoring and reporting of health measures is undertaken by various CPRG partners.
- General practice, community pharmacy and other CPRG partners feel supported and safe to deliver health services to the community.
- In the event of significant infectious disease outbreak, community primary health providers are supported to access the structures and tools to be able to respond and support the Canterbury health system.

1.8 Expectations underpinning this plan

- CPRG and the Primary Care Incident Management Team (IMT) are committed to the expanded principles of Te Tiriti O Waitangi – see Section 2.
- This plan supports and recognises the health sector's legislated requirements, plans and ongoing planning of Te Whatu Ora, Ministry of Health (MoH) and Te Whatu Ora, Waitaha.
- CPRG will develop, maintain and exercise this emergency plan and will undertake emergency response management and coordination for its primary care partners.
- CPRG will lead and coordinate local readiness, capability and response amongst General Practice, Community Pharmacy and other partnered primary health care providers within the Te Whatu Ora, Waitaha district.
- Primary Health Organisations (PHO), Community Pharmacies, and other partnered primary health care providers support this plan and the role and function of CPRG during and outside of emergency situations.
- CPRG recognises the rights of all primary and community health providers to continue their autonomous business activity within current provider contracts and funding.
- CPRG activity, including the establishment and running of a full emergency operations centre, will be resourced from partner organisations including Te Whatu Ora.
- The role and responsibility of Te Whatu Ora, Waitaha as funder and provider of health services within their region is acknowledged.

1.9 Key reference documents

1. CPRG Primary Care EOC Standard Operating Procedures (SOPs)
2. CDHB Health Emergency Plan (2022)
3. CDHB Mass Casualty Plan
4. Canterbury CDEM Hazard risk assessment report version 1.1 (April 2023)
5. Individual PHO/Partner Emergency Plans

1.10 Review of Emergency Plan

This plan shall be reviewed by CPRG every two years or following a significant emergency event.

The next review date is November 2026.

Section Two: Commitment to Te Tiriti o Waitangi

2.1 CPRG's Commitment to the Principles of Te Tiriti o Waitangi

The Canterbury Primary Response Group recognises the principles of Te Tiriti o Waitangi as articulated by the Courts and the Waitangi Tribunal[1] and incorporated in the Manatū Hauora | Ministry of Health Māori Health Action Plan[2].

CPRG's commits to actioning the principles of Te Tiriti o Waitangi as follows:

- **Tino rangatiratanga:** CPRG supports the right of Māori to tino rangatiratanga (chieftainship) and mana motuhake (autonomy). These rights are upheld by partnering with Māori throughout emergency response planning, response and recovery and by ensuring activity can be led by Māori and effectively delivered for Māori.
- **Equity:** CPRG strives to achieve equity of health outcomes for Māori across all our activity. This desire guides decisions at all levels and manifests as dedicated planning and resourcing to specifically support improved health outcomes for Māori.
- **Active Protection** – CPRG recognises the disproportionate impact that emergency events have on Māori and will continue to take dedicated steps in emergency preparedness and response in order to mitigate the greater risks faced by Māori in a sincere effort to achieve equitable outcomes. Specific examples of initiatives incorporating active protection to achieve equity include:
    - Māori representation in each emergency response event (EOC and / or IMT) to drive decision making and effective action.
    - Protection of Māori access to information by providing accessible communication, including dedicated resources.
    - Development of specific tools and processes to identify and prioritise access to care for Māori (e.g. development of a risk assessment tool used by providers to prioritise delivery of care for patients with COVID-19 which included an uplift for Māori)
- **Options** – When establishing any emergency intervention or response we support a kaupapa Māori approach to accessing welfare support and health care. This was evidenced in the past by supporting Māori and Pacific providers to be able to deliver COVID testing and vaccination in the community.
- **Partnership** - Partnership and co-design with Māori sits at the heart of decision making as it relates to all four 'R' elements of emergency response.
    - CPRG will monitor for hazards and support prevention activities to limit their impact on iwi partners.
    - CPRG will continue to work in partnership with Māori providers to support their ability to plan for an emergency and will liaise with iwi and manawhenua, e.g. Ngai Tahu.
    - CPRG will undertake a collaborative approach to coordinating an emergency response.
    - CPRG will support the transition from emergency response to business-as-usual.

[1] Waitangi Tribunal. 2019. Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry. Wellington. Waitangi Tribunal. pp. 163–164

[2] Ministry of Health, Whakamaua : Māori Health Action Plan, 2020–2025 (Wellington : Ministry of Health, 2020), p15

Section Three: General Information

3.1 Background

The Canterbury Primary Response Group (CPRG) was established in the early 2000s to act on behalf of all Primary Health Organisations (PHOs) in Canterbury. Subsequently, CPRG also picked up supporting community pharmacy.

CPRG has initiated and coordinated emergency responses since 2004, monitored annual influenza-like illness trends, facilitated inter-agency workshops with organisations such as ESR, Public Health, Emergency Department, St John, CDEM, and urgent care facilities. The group has developed and delivered communications on emerging issues for primary care.

CPRG acts as the liaison with Te Whatu Ora Waitaha and Community & Public Health (Te Mana Ora), representing primary care for emergency planning and response and is a member of Te Whatu Ora (Waitaha) Health Emergency Governance Group (when active).

3.2 CPRG Aim

To support general practice and community pharmacy to continue to provide healthcare services to their communities during and after emergency events.

This will be achieved by:

- Promoting readiness, reduction and recovery planning to minimise the impact of an emergency event affecting primary healthcare.
- Monitoring the hazardscape and communicating potential risks to primary healthcare providers and key partners.
- Establishing a collaborative and coordinated emergency primary health care response, contributing to a whole-of-health emergency response.
- Considering equity to drive every aspect of support to primary healthcare including delivery of emergency services and maintenance of essential BAU during emergency and recovery periods.

3.3 CPRG Governance and Stakeholder Engagement

CPRG engages regularly with a stakeholder group which includes the three Canterbury PHO leaders, public health, equity, general practice and pharmacy leaders.

In addition, the group supports a biannual Emergency Forum (in hiatus over COVID-19) that includes St John, Christchurch Hospital Emergency Department, General Practice, Community Pharmacy, and other community providers such as community nursing. CPRG also participates in regular fora with CDEM, Police, and HNZ Emergency Management Leads, both district and regional.

3.4 Waitaha Canterbury primary care demographics

CPRG provides primary care emergency management support, response and co-ordination for:

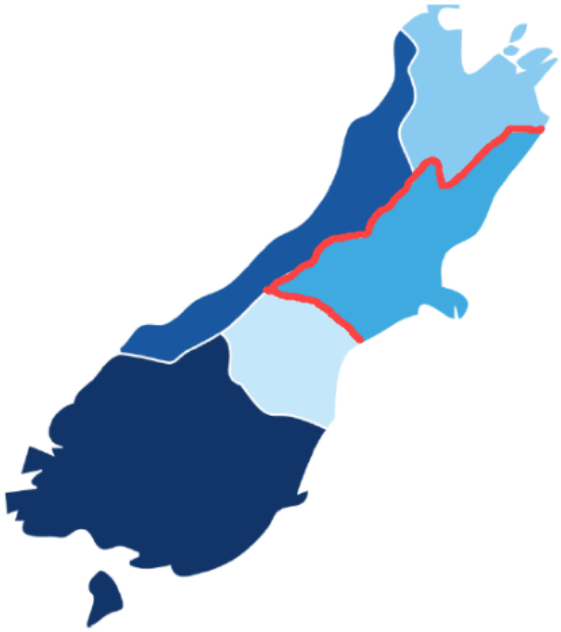
- 120 general practices
- 3 urgent care centres
- 140-145 community pharmacies

Collectively these primary health care providers enable access to healthcare for up to 610,000 people making up the Canterbury population including domestic and international visitors. 9.4% of the population identify as Māori and 3.2% as Pacific peoples.

Information from StatsNZ 2018 Canterbury Census Data:

Ethnic groups for people in Canterbury Region, 2006–18 Censuses			
	2006 (%)	**2013 (%)**	**2018 (%)**
European	77.4	86.9	82.4
Māori	7.2	8.1	9.4
Pacific Peoples	2.2	2.5	3.2
Asian	5.7	6.9	11.1
Middle Eastern/Latin American/African	0.7	0.8	1.2
Other ethnicity	13.8	2.0	1.4

The geographical area of responsibility for Canterbury District extends from the Clarence River, in the north, to the Rangitata River in the south to the Main Divide in the west.



The Waitaha Canterbury region is made up of a number of Territorial Local Authorities (TLAs). Current TLAs include:

- Ashburton District Council
- Selwyn District Council
- Christchurch City Council
- Waimakariri District Council
- Hurunui District Council
- Kaikoura District Council

3.5 Comprehensive Emergency Management – the four R's

The New Zealand integrated approach to **emergency management** can be described by four areas of activity, known as the '**4 Rs**'. This model has been adopted by Te Whatu Ora and CPRG and are defined as:

Reduction	Identifying and analysing long-term risks to human life and property from natural or man-made hazards; taking steps to eliminate these risks where practicable and where not, reducing the likelihood and the magnitude of their impact.
Readiness	Developing operational systems and capabilities before an emergency happens. These include self-help and response programmes for the public, as well as specific programmes for emergency services, utilities and other agencies.
Response	Actions taken immediately before, during or directly after an emergency, to save lives and property, prevent the spread of disease as well as help communities to recover.
Recovery	Activities beginning after initial impact has been stabilised in the Response phase and extending until the community's capacity for self-help has been restored. 'Building Back Better' creating a stronger more resilient health sector and community to absorb future impacts.

Section Four: Reduction

Identifying and analysing long-term risks to human life and property from natural or man-made hazards; taking steps to eliminate these risks where practicable and where not, reducing the likelihood and the magnitude of their impact.

4.1 The Emergency Management Landscape

"Emergency" is defined as any natural or human-made event that suddenly or significantly:

1. Disrupts the environment of healthcare
2. Disrupts the ability to provide healthcare and treatment to the community
3. Changes, increases or impacts demand for an organisation's services or ability to deliver normal service including events that occur in the community outside of the hospital or health facility that may increase demand for services and/or affect the ability to carry out regular services.

CPRG utilises hazard and risk identification results as developed by CDEM and adopted by Te Whatu Ora Waitaha, Emergency Management team – see 4.3 Hazardscape.

4.2 Hazard and Risk Identification

CPRG maintains a focus on risk reduction by:

a. **Monitoring** points of risk potentially impacting primary care activity. These risks arise from both natural disasters and human made events.

b. **Engaging** in regional emergency response groups.

c. **Communicating** risks and making recommendations to primary health care providers.

d. **Preparing** for response management

4.3 Hazardscape

The emergency management community, led by CDEM, have identified a number of high priority hazards along with identifying a risk rating for each potential event. This matrix has been adopted by CPRG as presented in the following table:

4.3.1 Canterbury Hazard Identification Summary

(Adapted from CDEM multi-agency group April 2023)

The following table has been scoped for a primary care impact perspective. See Appendix 2 for more detail.

High-Priority Hazards				
	Likelihood	**Consequence**	**Infrastructure Risk**	***Primary Care Health Risk***
Major Earthquake	Possible	Major/Catastrophic	High/Very High	*High-Very High*
Human disease pandemic and infectious disease	Likely	Major	Very High	*Very High*
Flooding	Likely	Moderate	High	*Moderate*
Tsunami (local or regional source	Possible	Catastrophic	Very High	*High*
Severe storm	Possible	Major	Moderate	*Moderate*
Tornado / cyclone	Possible	Major	Moderate	*Moderate*
Electricity failure	Possible	Moderate	Moderate	*High*
IT failure	Possible	Major	High	*High*
Disruption to fuel supply	Possible	Moderate	Moderate	*High*
Telecommunications Failure	Possible	Moderate	Moderate	*Moderate*
Offshore marine/port incident	Possible	Moderate	Moderate	*Moderate*
Drought	Possible	Moderate	Moderate	*Moderate*
Water supply failure	Possible	Moderate	Moderate	*High*
Medium-Priority Hazards				
	Likelihood	**Consequence**	**Infrastructure Risk**	***Primary Care Health Risk***
Animal disease epidemic	Possible	Moderate	Moderate	*Low*
Biological pests and new organisms	Unlikely	Moderate	Moderate	*Low*
Transport accident	Possible	Moderate	Minor	*Low*
Fire at the rural/urban interface	Likely	Minor	Moderate	*Low*
Wastewater failure	Possible	Moderate	Moderate	*Moderate*

Large urban fire	Unlikely	Minor	Low	*Low*
Heavy snow and ice	Likely	Minor	Moderate	*Moderate*
High winds	Possible	Minor	Moderate	*Low*
Electrical storms	Almost certain	Insignificant	Moderate	*Very Low*
Storm surge	Possible	Moderate	Moderate	*Low*
Land instability, coastal erosion	Unlikely	Insignificant	Very Low	*Very Low*
Hail	Possible	Insignificant	Low	*Very Low*
Volcanic eruption, ash fall or disruption to air travel	Rare	Insignificant	Very Low	*Very Low*
Low-Priority Hazards				
	Likelihood	**Consequence**	**Infrastructure Risk**	***Primary Care Health Risk***
Hazardous substance	Possible	Minor	Low	*High*
Major road accident	Likely	Minor	Moderate	*Very High*
Major rail accident	Possible	Minor	Moderate	*High*
Major air accident	Unlikely	Moderate		*High*

Hazard priority risk rating analysis as determined by assessing residual risk.

4.4 Risk Reduction

The principles of reduction are to identify and analyse risks that are significant because of their likelihood or consequences to human life and property from natural or man-made hazards. Having identified and analysed the risk, steps are then taken to eliminate these risks where practicable and where not, to reduce the likelihood and the magnitude of the impact.

Many events have the potential to become a health emergency. Each emergency brings its own individual conditions and may impact one or more providers' ability to deliver health services to their local communities.

4.4.1 Risk Reduction Approach

Primary care providers/facilities in Waitaha Canterbury are expected to have Emergency Plans and documented Business Continuity Plans which demonstrate risk consideration and implementation of approaches to risk reduction within their areas of responsibilities. This is a requirement for general practice as set out in the Foundation Standard – quality requirements as set by the RNZCGP. Likewise, every provider operating under a Te Whatu Ora contract or agreement is obligated to have emergency and business continuity plans in place.

In the event of an emergency situation (natural and/or human-made) each primary health care provider is expected to take all practical and reasonable steps to enable the continuation of providing access to health care services to their immediate community. The role of CPRG is to support primary health care providers to continue to provide their services throughout an emergency.

4.5 Risk Assurance

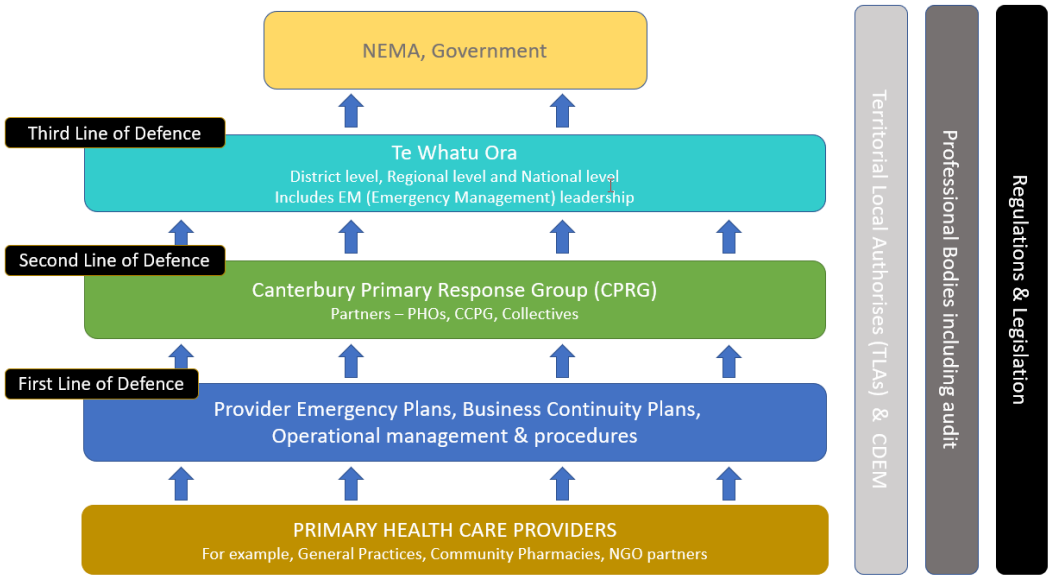
Risk assurance is an outcome designed to increase the confidence of the leadership/governance of each of the CPRG partners as well as the health sector and the community at large in the ability of the primary health emergency management system to plan for, respond to, and recover from emergencies.

Elements of the assurance framework supporting the primary care emergency management activity include:

1. Guiding principles
    a) *Continuous improvement* - focusing on the performance of processes & systems rather than individuals.
    b) *Collaboration and Co-ordination* - collaboration means working together. Coordination means organising activities to increase efficiency and effectiveness.
    c) *Reducing burden* – focuses on environments when as many things as possible go right!
    d) *Adding value* – follows 'evidence based' principles and also likely to be proactively identifying risks.
2. Lines of Defence

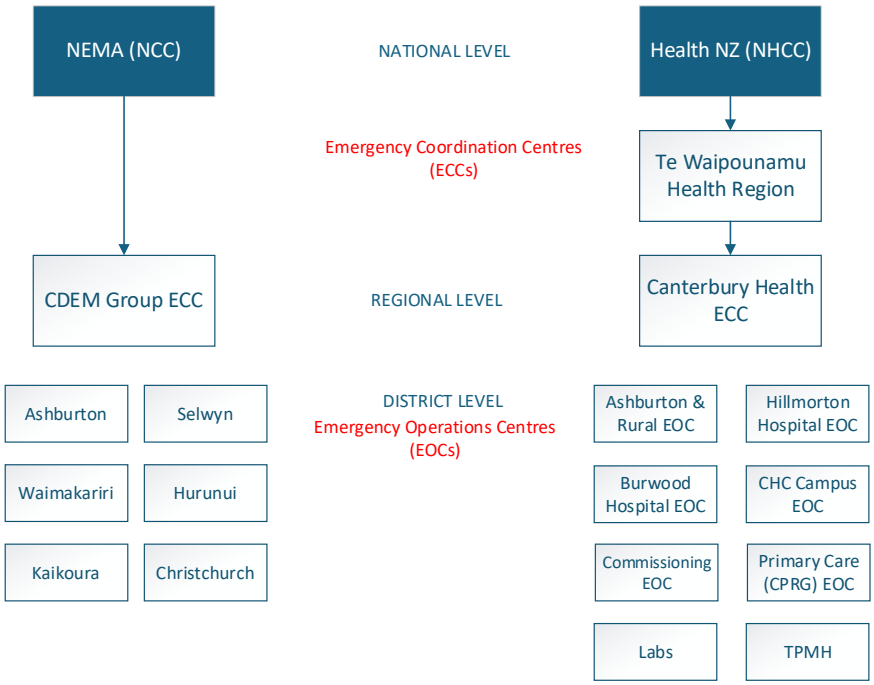
Community based health care providers are supported by layers of organisational structure that provide a fallback or Lines of Defence providing increased competency throughout the health system.

Three Lines of Defence - Emergency Management Risk Assurance Model for Primary Health Care Providers



Section Five: Readiness

The objective of readiness is to build our capacity and capability to respond to emergencies and to assist in the recovery of the community and health services from the consequences of those emergencies.



5.1 Incident Management Team (IMT)

Members of a primary care Incident Management Team will be nominated in readiness for an emergency response. The IMT will operate within a Primary Care Emergency Operations Centre, depending on the scale of the event. See Section 6: Response and the SOPs for more detailed instruction.

5.1.1 Training

CPRG expects that staff are sufficiently trained to respond appropriately during an emergency event. In this regard CPRG will enable:

- CIMS training for staff expected to contribute to an operating IMT.
- Staff who will fulfil the role of Health Liaison to partner agencies will have the capacity of working within a non-health led EOC environment through CIMS training and participation in multi-agency exercises.
- In lieu of an actual emergency event, an annual scenario exercise. The exercising of Emergency Plans will increase the pool of appropriately trained staff.

CPRG will also seek to participate in joint exercises with other health and disability providers and emergency response agencies to improve skills and knowledge in emergency responding.

5.2 Coordinated Incident Management System (CIMS)

The Coordinated Incident Management System provides the foundation of functions for all response and recovery activities. IMT staff are to be trained and competent to deliver successful outcomes within the CIMS structure.

A CIMS overview will also be provided for senior leaders from CPRG partner organisations to enable them to understand the methodology that CIMS offers to emergency management.

5.3 Sub-plans for Sectors and Local Emergency Groups (LEGs)

CPRG has planned to support the management of local emergency responses to primary health care needs throughout the Canterbury region, city wards, rural and other geographical areas by grouping primary care providers into groups of Sectors and then LEGs within a Sector. NOTE - This model is currently not functional.

5.3.1 Sectors

Canterbury is divided into a number of sectors. Each sector has a designated Sector Coordinator assigned to it who would communicate with the general practices and community pharmacies in the sector and report back to the Primary EOC during an emergency.

5.3.2 LEGs

In each Sector, a number of Local Emergency Groups (LEGs) have been established consisting of a small number of local health providers. Each general practice and community pharmacy or community health provider has been assigned to a LEG.

Ideally, each LEG would have a key contact or lead who will keep in touch with the general practices, community pharmacies and partnered community health providers within the group.

Section Six: Response

The overall responsibility to deliver an effective emergency response is led by the CPRG team and supported by individual CPRG partners, with backing from Te Whatu Ora Waitaha ECC to enable access to the necessary resources and support as available.

ACTIVATION

In case of an emergency or impending emergency event impacting primary healthcare, call CPRG on 022 043 7162

An emergency response will be activated in the event of:

- an obvious emergency event of a magnitude impacting 3 or more primary care sites/providers
- a request by Te Whatu Ora ECC
- a request by two or more CPRG partners.

There may be occasions when a primary care IMT/EOC is activated in isolation of a wider Health activation such as ECC.

6.1 Emergency Plan Activation

See separate CPRG Standard Operating Procedures (SOPs) for more detailed processes.

6.1.1 Health Sector Alert Codes

The MoH has developed alert codes to provide a system of communication for an emergency that is easily recognised within the sector. These alert codes are issued via the Single Point of Contact (SPOC) system. The alert codes outlined in the table below have been adopted for use by the health and disability sector at district, regional and national levels.

Phase	Measures	Code
Information	Notification of a potential emergency that may impact in and/or on New Zealand or specific information important to the health and disability sector. Example: emergence of a new infectious disease with pandemic potential, or early warning of volcanic activity.	**White**
Standby	Warning of imminent code red alert that will require immediate activation of health emergency plans. Example: imported case of a new and highly infectious disease in New Zealand without local transmission, or initial reports of a major mass casualty incident within one area of New Zealand which may require assistance from unaffected DHBs.	**Yellow**
Activation	Major emergency in New Zealand exists that requires immediate activation of health emergency plans. Example: large-scale epidemic or pandemic or major mass casualty incident requiring assistance from unaffected DHBs.	**Red**
Stand-down	Deactivation of emergency response. Example: end of outbreak or epidemic. Recovery activities will continue.	**Green**

6.2 Response Structure

A Primary Care Incident Management Team (IMT) will initially activate for any actual or likely emergency event or situation requiring a significant variation from 'BAU' to minimise the health impact of any emergency. The Controller will determine if an Emergency Operations Centre (EOC) needs to be stood up. Activation triggers are explained in the Standard Operation Procedures (SOPs).

Roles and positions in the organisation structure will be activated according to the emergency situation and the availability to resource positions. A full description of the function and roles for each position is included in the SOPS.

6.2.1 Primary IMT/EOC Response Levels

An emergency may escalate and de-escalate through different levels of response. The Controller will determine the size of the IMT required for the event, and be responsible for activating and de-activating an EOC with the Response Manager.

6.2.2 De-escalation Triggers

Scale back EOC full

- Clusters coming under control and the system returning to normal.

Scale back to smaller response

- Breach contained.
- Systems running well and not requiring additional staffing from outside of operational staff.

It may be possible that a CPRG activated EOC operates without the corresponding Te Whatu Ora, Waitaha ECC standing up. This may be experienced if the emergency event is localised to a small number of primary care facilities without impacting on the region's Hospital and Specialty Services function. See also section 6.5 Deactivation.

6.3 Communications

The effectiveness of normal communications options such as landline phone, mobile phone, SMS messaging and email continues to improve and maintain a reasonable level of reliability even under stressed environmental conditions.

However, in an unexpected (sudden) natural or human made disaster event or a prolonged emergency event, normal telecommunications may be compromised resulting in reduced, restricted or zero connectivity.

To provide a level of telecoms risk assurance a series of radio telephones are in place in most of the rural based general practices. The primary care radio network is linked via CPRG to the district radio telephone network maintained by Te Whatu Ora, Waitaha. See diagram below.

CPRG regularly pushes out via email to the primary care sector important and urgent emergency service/response updates. Additionally, use of One NZ Multi text app is available for urgent short messaging. The CPRG website is available to everyone and will have up-to-date news.

In 2025-26 CPRG will work with Te Whatu Ora Waitaha to review key Communication resourcing including building in redundancies. This is expected to include a review of the role of satellite communications such as Satellite Phones and Starlink.

6.4 Deactivation of Emergency Response

The emergency plan and the IMT/EOC, if activated, will stand down on the decision of the Incident Controller based on their assessment of the de-escalating emergency situation, reduced response needs and in consultation with health providers and the Te Whatu Ora Waitaha Incident Controller (if active), For De-escalation Triggers, see SOPs.

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

6.5 Debriefing

Debriefing may occur throughout an emergency response, or typically will be held within a short timeframe after an emergency response ends. See SOPs.

Section Seven: Recovery

Recovery Planning begins at the onset of an emergency response, while recovery activities begin after the initial impact has been stabilised in the Response phase and extending until the community's capacity for self-help has been restored. 'Building Back Better' creating a stronger more resilient health sector and community to absorb future impacts.

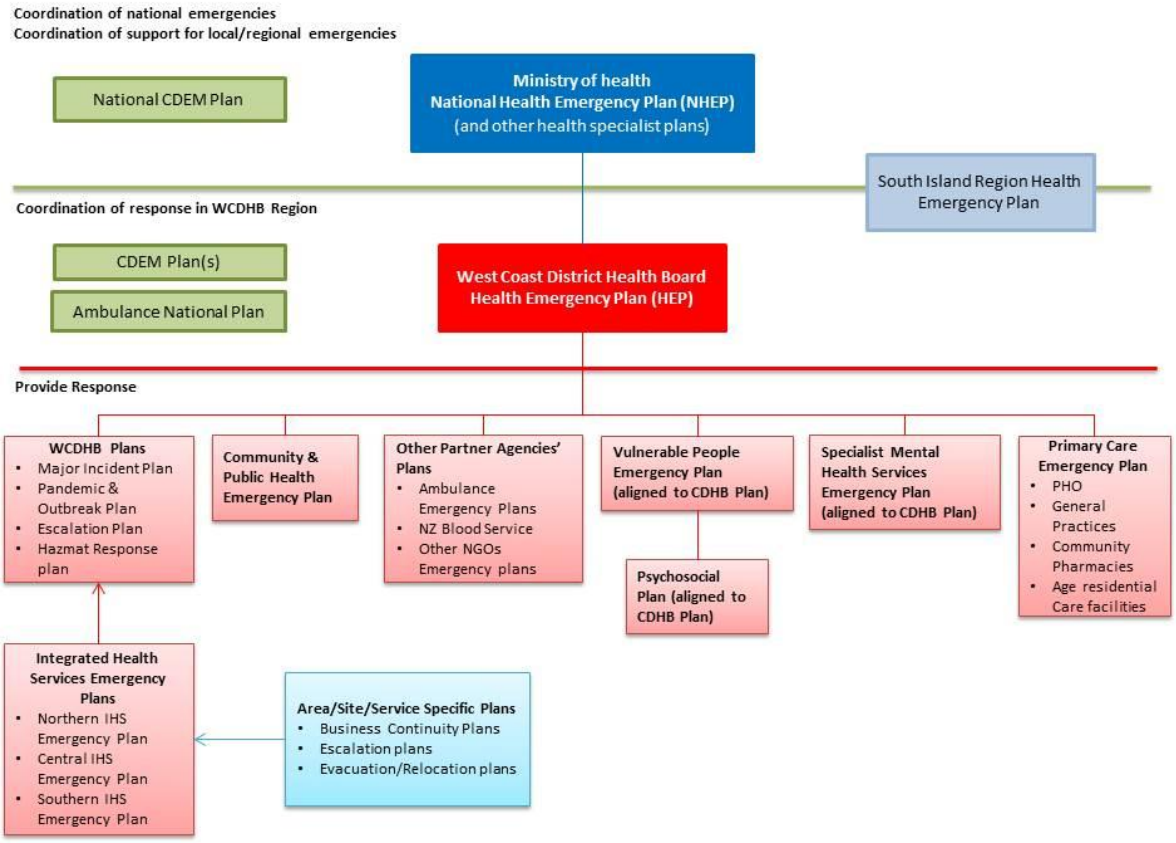
CPRG will support the transition from emergency response to recovery and business as usual (BAU), returning the responsibility of provider support and care to CPRG partners, for example, PHOs.

APPENDIX 1

Health Organisational Structures and Plans

This plan and organisational structure reflects the national and district health emergency planning structures and organisation.

The New Zealand health emergency planning – National Coordination Framework



Other Emergency Plans include:

- **National Civil Defence Emergency Management Plan Order 2015**
  National Civil Defence Emergency Management Plan Order 2015 (LI 2015/140) (as at 05 April 2023) Contents – New Zealand Legislation
- **National Health Emergency Plan**
  National Health Emergency Plan | Ministry of Health NZ
  (Further plans such as the National Burns plan and Pandemic Plan are also available)
- **South Island Regional Health Emergency Plan**
  Held by the South Island DHBs and the MoH
- Te Whatu Ora, Waitaha Canterbury **Health Emergency Plan**
  Held by Te Whatu Ora
- **Canterbury Hospitals and Community and Public Health Plans**
  Held in house at Te Whatu Ora Waitaha and Te Mana Ora

APPENDIX 2

Canterbury Hazards and the Consequences for Health Services

HAZARD	Likelihood	RISK ANALYSIS Consequence and Risk for Health Services	Risk Rating
Earthquake	Possible	• Breakdown of basic sanitation due to damaged water and wastewater infrastructure leading to disease outbreaks • Serious injuries and deaths. Increased minor injuries such as broken limbs from falls and collapsed buildings • Patients unable to attend outpatient and surgery appointments • Unable to transport patients to hospital(s) or treatment centres • Staff unable to report to work due to home and/or transport issues • Hospital, health care facilities and pharmacies damaged • Health service capacity would be stretched to deal with large scale event? • Hospital services overloaded and unable to provide planned and routine treatments and surgery • Psycho-social issues with those experiencing the earthquake and/or losing family and friends • Medical supplies unable to be distributed to hospitals and pharmacies	**High – Very High**
Infectious Disease Pandemic	Likely	• Widespread illness that will overload existing health systems; those infected may not be admitted to hospital care due to this overload • Staff availability affected by their or their family illness • Hospital services overloaded and unable to provide planned and routine treatments and surgery • Patients unable to attend outpatient and surgery appointments • Medical supplies may be insufficient to meet needs • Laboratory and other services unable to cope with work load • Psycho-social issues with those infected and/or losing family and friends	**Very High**
Tsunami (Local or regional)	Possible	• Breakdown of basic sanitation due to damaged water and wastewater infrastructure leading to disease outbreaks • Patients and Staff homes contaminated and uninhabitable • May cause injuries • Requires evacuation of areas likely to be affected and this could include hospitals, General Practices, Community Pharmacies, residential care facilities and people receiving home health support (including dialysis) • Evacuees likely to leave prescriptions behind • Patients unable to attend outpatient and surgery appointments	**High**

HAZARD	Likelihood	RISK ANALYSIS Consequence and Risk for Health Services	Risk Rating
		• Staff unable to report to work due to home and/or transport issues • Psycho-social issues with those whose homes are damaged and/or losing family and friends	
Water & waste-water failure	Likely	• Breakdown of basic sanitation due to damaged water and wastewater infrastructure leading to disease outbreaks • Hospital services unable to provide planned and routine treatments and surgery • Portable supplies of water and toilet facilities would be required raising risk of infection • Likely evacuation of dialysis patients to other centres • Greater demand for community home care services to monitor patients	**High**
Electricity failure	Possible	• Water and wastewater pumping stations unable to operate leading to sanitation issues • Patients who are electricity dependant needing assistance • Hospital services unable to provide planned and routine treatments and surgery • Likely evacuation of dialysis patients to other centres • Greater demand for community home care services to monitor patients • Staff required to care for home and family could affect availability	**Moderate – High**
IT failure	Possible	• Patient records unavailable to clinicians providing treatment • Increased risk of patient incidents • Inability to undertake robust diagnosis	***High***
Flooding	Likely	• Staff and patients unable to travel for appointments/ to places of work • Contamination of homes and water supplies	**Moderate**
Telecommunications failure	Unlikely	• Hospital and home care services unable to communicate with patients • Internal communications disruption with extra staff resources required to link as runners with services • Patients unable to be advised of outpatient and surgery appointments • Overload of visitors to hospital(s) to check on friends and family	**Moderate**
Drought	Possible	• Insufficient drinking water to remain hydrated and provide basic sanitation • Risk of suicide(s) and psycho-social issues in affected communities • Likely to overwhelm existing support systems	**Moderate**
Extreme Weather Event (e.g. electrical storm, wind, hail, heavy snow and ice)	Likely	• Risk of increased infection with those suffering respiratory conditions • Patients unable to attend outpatient and surgery appointments • Increased injuries such as broken limbs from falls in the conditions • Psycho-social issues if property damaged • Unable to transport patients to hospital(s) or treatment centres • Staff unable to report to work due to home and/or transport issues	**Moderate**

HAZARD	Likelihood	RISK ANALYSIS Consequence and Risk for Health Services	Risk Rating
		• Medical supplies unable to be distributed to hospitals and pharmacies	
Major road accident	Likely	• Setting up temporary morgues (approval from Medical Officer of Health) • Risk of major injuries and death • Bus accidents likely to occur in isolated locations presenting casualty transport difficulties • Health service capacity would be stretched to deal with large scale event? • Hospital services overloaded and unable to provide planned and routine treatments and surgery • Language and translation difficulties	**High**
Major rail accident	Possible	• Setting up temporary morgues (approval from Medical Officer of Health) • Risk of major injuries and death • Likely to occur in isolated locations presenting casualty transport difficulties • Health service capacity would be stretched to deal with large scale event? • Hospital services overloaded and unable to provide planned and routine treatments and surgery • Language and translation difficulties	**High**
Major air accident	Unlikely	• Setting up temporary morgues (approval from Medical Officer of Health) • Risk of death and injury – crew and passengers, staff and passengers at airport, individuals/communities on ground • Health service capacity would be stretched to deal with large scale event? • Hospital services overloaded and unable to provide planned and routine treatments and surgery • Transport of patients to other centres by air compromised • Psycho-social support needed for survivors, bystanders and families • Language and translation difficulties	**High**
Industrial Action	Possible	• Insufficient staff for full hospital and health services • Hospital services overloaded and unable to provide planned and routine treatments and surgery as well as out- patient appointments	**High**
Hazardous Substance	Unlikely	• Contamination of open waterways or drinking water supply from a spill • Moderate risk of injury from moderately contained leak or spill of toxic gas or hazardous substance affecting people nearby and/or fire rescue staff	**High**
Animal Disease Epidemic	Possible	• 70% of human diseases are of animal origin. The increase in intensive farming techniques increases the risk • Risk of suicide(s) and psychosocial issues in affected communities • Likely to overwhelm existing support systems	**Low**