

## CORPORATE OFFICE

Level 1  
32 Oxford Terrace  
Christchurch Central  
CHRISTCHURCH 8011

Telephone: 0064 3 364 4160  
Fax: 0064 3 364 4165  
[carolyn.gullery@cdhb.health.nz](mailto:carolyn.gullery@cdhb.health.nz)

17 May 2019

9(2)(a)

### RE Official Information Act request CDHB 10066

I refer to your email dated 21 March 2019 requesting the following information under the Official Information Act from Canterbury DHB. Confirmed/clarified on 26 March 2019 as requesting information between 15 March 2019 and 22 March 2019 (inclusive).

1. Any documents, reports or briefings provided to the Ministry of Health and/or the Minister of Health about the health response, including the mental health response, to the terror attacks.
2. Any correspondence with the Ministry of Health and/or the Minister of Health about what is required to respond to the attacks, including correspondence about mental health funding, the mental health response, and the likely mental health need.

As part of the Canterbury DHB's on-going response to the events of 15 March 2019 we have maintained regular communication with Ministry of Health to keep them updated on activities undertaken and what is planned for the longer term. This includes considerable cross agency work with local and national bodies as well as work within health services (including mental health) to streamline pathways, increase cultural competence and develop the appropriate tiered responses.

Please find attached as **Appendix 1** a copy of documents, reports, briefings and correspondence between Canterbury DHB and the Ministry of Health and / or the Minister of Health between 15 March and 22 March 2019, as requested.

We have redacted information under the following sections of the Official Information Act:

Section 6(c) *"...likely to have been referred to the Coroner"*

Section 9(2)(a) *"... to protect the privacy of natural persons, including those deceased"*.

Section 9(2)(g)(i) *"...the free and frank expression of opinions by or between or to Ministers of the Crown or members of an organisation or officers and employees of any department in the course of their duty."*

**3. A copy of the mass casualty protocol or plan.**

Please find attached as **Appendix 2**

- Christchurch Hospital Emergency Procedures Plan
- Reporting form during a mass casualty event

**4. Any reviews or internal correspondence about how the emergency department/Christchurch Hospital in general handled the immediate aftermath of the terror attacks.**

The Canterbury DHB has begun a formal review of our response to the mosque attacks, this is standard practice for hospitals to review their handling of all significant events and is not a requirement set down by the Ministry of Health.

Please find attached as **Appendix 3** a note sent to staff regarding capturing the information for a review/debrief - Organisational Emergency Incident Review with a copy of the form to complete

I trust that this satisfies your interest in this matter.

If you disagree with our decision to withhold information you may, under section 28(3) of the Official Information Act, seek an investigation and review of our decision from the Ombudsman. Information about how to make a complaint is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz); or Freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely



Carolyn Gullery  
**Executive Director**  
**Planning, Funding & Decision Support**

**From:** Carolyn Gullery  
**Sent:** Friday, 22 March 2019 8:55 p.m.  
**To:** Andrew\_Inder@moh.govt.nz  
**Subject:** Re: Christchurch Hospital Availability week beginning 25 March

Thanks Andy

Sent from my iPhone

On 22/03/2019, at 6:00 PM, "[Andrew Inder@moh.govt.nz](mailto:Andrew_Inder@moh.govt.nz)" <[Andrew Inder@moh.govt.nz](mailto:Andrew_Inder@moh.govt.nz)> wrote:

Confirming I've passed this onto OSJ and spoken to them.

They will come back to me with any issues but sounds like it is not a problem

Regards

Andy Inder

9(2)(a)

Typed with my thumbs 🖐

On 22/03/2019, at 5:25 PM, Carolyn Gullery <[Carolyn.Gullery@cdhb.health.nz](mailto:Carolyn.Gullery@cdhb.health.nz)> wrote:

Kia ora, ,

Thank you for all of the kind wishes and support we have received during this difficult week . We have reassessed our situation and as you will know from the media we still have a number of critically unwell people needing intensive care and on-going surgery . Under those circumstances we have made the following decisions about surgery . I have highlighted in red the decisions that are most relevant to yourselves in your various roles

### Decision:

For the week commencing 25 March 2019

1. Acute Flow is priority
2. Services may be asked to cancel electives to add acute capacity if required.
3. **Paediatrics and Woman's and Children's operating activity to return to normal, but lists may be reprioritised at short notice for acute activity if needed.**
4. **Elective activity is Non-Deferrables and Day Cases.**
  - (a) Outplaced lists are OK to proceed

5. **Acute Spinal Care transfers from those out of CDHB – to continue to be referred to Middlemore-** complex patients with potentially other injuries and ICU bed need, requiring initial management in areas of excessive demand at present.
6. **CDHB will repatriate CDHB patients as able ( dependent on ICU /other resource limitations – (discuss beforehand)**
7. **Renal transplant services will recommence in Christchurch Monday 25/3/19-** predominantly medical service requirement with limited numbers likely , and a limited effect on surgical ward beds, staff and ICU beds

**Continue non acceptance of IDFs until Monday 1<sup>st</sup> April 2019 when this decision will be reviewed ( exceptions as above)**

To assist we have a dedicated point of contact during the week to support your teams should they need advice about services and support from Christchurch Hospital .

Jackie sits in my team and her normal day role is as ACC Relations and Contracts Manager but she will be the first point of contact and will make sure that the right information is obtained and provided in response to any queries .

We would prefer that your teams work through Jackie rather than directly into the nursing leadership except of course in emergency situations .

Jackie Carroll  
ACC Relations and Contracts Manager  
Canterbury DHB

9(2)(a)

[Jackie.Carroll@cdhb.health.nz](mailto:Jackie.Carroll@cdhb.health.nz)

**Kia kaha, kia maia, kia manawanui**  
steadfast.

Be strong, be brave, be

***Carolyn Gullery***

Executive Director; Planning, Funding and Decision Support  
Canterbury and West Coast District Health Boards



Telephone : 64 3 364 4133

Mobile 9(2)(a)

[Carolyn.gullery@cdhb.health.nz](mailto:Carolyn.gullery@cdhb.health.nz)

@CarolynGullery

RELEASED UNDER THE OFFICIAL INFORMATION ACT

---

**From:** Carolyn Gullery  
**Sent:** Wednesday, 20 March 2019 8:41 a.m.  
**To:** Michelle\_Arrowsmith@moh.govt.nz  
**Subject:** RE: As discussed

Thanks Michelle

**From:** Michelle\_Arrowsmith@moh.govt.nz [mailto:Michelle\_Arrowsmith@moh.govt.nz]  
**Sent:** Tuesday, 19 March 2019 9:40 p.m.  
**To:** Carolyn Gullery <Carolyn.Gullery@cdhb.health.nz>  
**Subject:** Re: As discussed

Kia ora Carolyn

This is absolutely what we need, thanks for capturing this at short notice.

I'll put this forward and then as this work moves forward we'll be in touch to quantify etc

Take care

Regards

Michelle Arrowsmith  
DDG DHB Performance Support and Infrastructure

Sent from my iPhone

On 19/03/2019, at 9:25 PM, Carolyn Gullery  
<[Carolyn.Gullery@cdhb.health.nz](mailto:Carolyn.Gullery@cdhb.health.nz)> wrote:

Kia ora , Michelle

I hope the attached is helpful . It is probably too soon for quantification but this will make it clear the areas in which we are seeing increased costs .

Happy to talk .

Regards

***Carolyn Gullery***

Executive Director; Planning, Funding and Decision Support  
Canterbury and West Coast District Health Boards  
Telephone : 64 3 364 4133  
Mobile : 9(2)(a) [REDACTED]  
[Carolyn.gullery@cdhb.health.nz](mailto:Carolyn.gullery@cdhb.health.nz)  
@CarolynGullery

---

**From:** Carolyn Gullery  
**Sent:** Tuesday, 19 March 2019 9:25 p.m.  
**To:** Michelle\_Arrowsmith@moh.govt.nz  
**Subject:** As discussed  
**Attachments:** Christchurch Mosques Attacks costs Draft 19 March.docx

Kia ora , Michelle

I hope the attached is helpful . It is probably too soon for quantification but this will make it clear the areas in which we are seeing increased costs .

Happy to talk .

Regards

***Carolyn Gullery***

Executive Director; Planning, Funding and Decision Support  
Canterbury and West Coast District Health Boards  
Telephone : 64 3 364 4133  
Mobile : 9(2)(a)  
[Carolyn.gullery@cdhb.health.nz](mailto:Carolyn.gullery@cdhb.health.nz)  
@CarolynGullery



## Christchurch Mosques Attacks – Impacts

### Context

The Christchurch Mosques attacks were one of the largest mass shootings in the world and because of the unique geographical circumstances Christchurch Hospital carried the entire load of the emergency response and the subsequent surgery. There is no precedent locally for managing 49 victims of gun-shot wounds in one hospital and it is unusual even in overseas locales where the victims are usually spread over several large trauma centres. Fortunately for our victims Canterbury could deliver the full suite of required surgery and intensive care but tough calls had to be made to respond to the series of life threatening injuries. The number of children involved placed particular pressure on the teams. It is notable that everyone who was resuscitated in our Emergency Department survived.

Due to the focus on ensuring the shortest possible timeframe to complete post-mortems and return the deceased to their families the decision was made to manage the 50 deceased at the Christchurch Hospital mortuary including delivering CT scans of all deceased before the end of the weekend.

### Response

In the immediate response phase Canterbury DHB had to refocus a busy hospital with existing physical constraints (ED, theatres, and ICU and ward beds) to meet the need of a mass casualty event of a scale and type not seen in New Zealand previously. Due to the nature of the injuries theatres ran continuously, surgeons of almost all specialties, anaesthetists and theatre staff were called in and worked the Friday night, Saturday and Sunday. Twelve acute theatres operated all Friday night and throughout Saturday with seven acute theatres operating on Sunday. Our consumables and clinical supplies have been utilised at 2 to 3 times the usual rate and our warehouse staff have been on deck all weekend to support the hospital teams.

At the beginning of this week we are still consuming theatre time managing the complications for these very injured patients. One patient alone has already had 11 operations. All other non-urgent theatre activity has been curtailed to allow for acute activity and for theatre teams to recover.

ICU did not have sufficient capacity to take all of the patients needing ICU so some patients were moved to other wards and additional staff allocated to support. Canterbury had to transfer two stable existing patients to ICU in CCDHB (at Canterbury's cost) and a four-year old child was transferred to Starship after stabilisation subsequently her father was transferred to Auckland after 4 operations to be close to his daughter.

Since Friday Canterbury has also had to divert patients that are likely to require ICU that it would normally receive from other parts of the country to other DHBs eg spines to Counties (which will have IDF expenditure and revenue impacts).

ICU teams also had to undertake additional hours to support a range of intensely complex injuries. As of today there are still 9 gunshot victims in ICU.

Ward patients were moved and reallocated to allow cohorting of Mosque attack patients in key wards to minimise staff transit time.

Maternity patients were recommended to go to primary birthing units wherever possible (St Georges will bill for the additional activity).

Canterbury District Health Board – Impacts Draft 19 March



The effective lock down of all hospital facilities meant staff were unable to leave and patients unable to attend so ED patients were diverted to urgent care facilities, particularly the 24 Hour Surgery that was able to staff up and manage the additional load over the Friday and the weekend. The staff that stayed additional hours are entitled to claim payment.

Social work and mental health staff were deployed on Saturday to support the families and worked throughout the weekend.

The management of the deceased meant that radiology staff worked all weekend CT scanning the 50 bodies to accelerate the post-mortem phase by identifying bullets and shrapnel. This required both technical staff and radiologists to read the scan results. It had to be completed by the end of Sunday to enable the CT scanner being used to be cleaned, blessed and ready for oncology on Monday morning. Mortuary technicians worked additional rosters to support the processing of 50 victims as well as the normal hospital load.

With planned surgery deferred it becomes likely that we will fail to meet our elective target. Our experience post-quake was that other DHBs were unable to pick up our activity and it all came back to Canterbury. In the end we were penalised for the elective surgery we didn't complete as well as the surgery that we completed but couldn't be coded by the deadline- a total of \$2 M. Certainly the coding of these terror events is particularly difficult and complex so we are expecting it to consume senior coding resource. It should be noted that even if patients were sent to other DHBs for elective surgery it would be at a net cost to the CDHB.

On discharge the patients are receiving a wraparound appropriate package for what is likely to be a long haul recovery or in a number of cases permanent disability. This is funded by ACC but the support for families impacted is more problematic particularly when they are not eligible people and due to the nature of their need it is unlikely to be covered under ACC either. We have already seen stress responses including cardiovascular events.

### Supporting the Community

Understanding the potential impact of this event in a city that has already been traumatised we have rapidly deployed new responses that can provide a customised well-being approach. This has included working closely with the other agencies in particular, police and education to support the responses for the directly affected community and also the schools. Our existing programmes (Mana Ake and School Based Mental Health Teams) were on the ground 8am yesterday supporting prioritised schools.

General practice has a small number of directly affected practices who lost patients and/or staff or had near misses. We are particularly concerned about Piki Te Ora that functioned as the first responder to Linwood Mosque, managing patients until the ambulances arrived. The PHOs are resourcing a mental health response that backs up 1737 which includes a Muslim mental health team from Auckland.

We have already seen the broader impacts as a community that as suffered since the quakes react to yet another assault on their sense of safety. We are currently unsure as to how that will play out.

### Our Staff

Despite having a system that has extensive experience in mass casualty events, this is different. Our workforces have reacted strongly to the horror they faced on Friday and over the weekend. We have rapidly responded with a range of supports and we are expecting a range of impacts. For example

300 staff have already requested a facilitated debrief with a specialist psychologist. From a staffing perspective we are planning for;

- Increased EAP and Workplace support services,
- Additional requirement for co-ordination of wellbeing programme
- Additional clinical psychologists for critical incident debriefs and one-on-ones
- Other counselling costs
- Expected increased sick leave and absences and a corresponding uplift in resources
- Increased printing, stationery and incidentals
- On-costs
- Potential related overtime
- Backfill of staff

We are also developing a special response for our junior doctors who found themselves facing circumstances beyond their experience.

In addition our Communication staff have worked shifts over the time dealing with a range of issues including international and national media and our Security team have had an additional load managing a complex hospital site with hundreds of family visitors, national and international dignitaries and armed police.

We are still fairly early in this process and there are a number of things to emerge. We don't know how long we will be caring for the patients we have and how many more surgeries they will need. We don't yet know how the broader community will react given Canterbury's history and in particular we cannot predict the impact on our staff but like the other Government Agencies in Canterbury who have our previous experience we are anticipating that many of our staff will not be functioning at full capacity as they work through the impacts of this experience.

The following table identifies the areas of additional expenditure. Quantification is too soon as the system is currently focused on delivery and understanding emerging issues.



Categories of Expenditure		
Response Phase		
Surgery	Events Overnight and weekend costs	
Ward and bed	Ward costs associated with stays	
ICU	ICU beds	
ED	ED activity during event	
Non-eligible	Non-eligible (will not be billed)	
Interpreters	Interpreter services	
Supplies	Cost of supplies Running supplies off regular systems (inadequate for task)	
IDFs	Starship and Auckland Hospital IDFs- lost IDF revenue	
Allied Health	Supporting families	
Urgent care	Ramp up of urgent care to address ED deficits – 24 Hour Surgery, Riccarton Clinic, Moorhouse Medical	
Primary Birthing	Ramp up of primary birthing for diverted birthing mothers	
Mortuary	Standing up large scale mortuary	
CT scans	50 CTs for deceased Radiology staff	
Security	Ramp up of hospital security	
Staff	Additional staff Additional hours, including penalties Associated leave (TOIL) EOC and ECC stand-up	
Staff	Special leave	
Recovery Phase		
Staff	Additional staff – including weekend response Social work response Associated leave (TOIL)	
Staff	Increased EAP and Workplace support services, Additional requirement for co-ordination of wellbeing programme Additional clinical psychologists for critical incident debriefs and one-on-ones Other counselling costs Expected increased sick leave and absences and a corresponding uplift in resources Increased printing, stationery and incidentals On-costs Potential related overtime Backfill of staff	

Primary response	Crisis centre response Primary mental health Embedding Auckland Muslim counsellors CALD staff embedded into key general practices Interpreters	
School response	Mana Ake with Education supporting all schools Leading Lights – new advice/pathways	Redeployment
Elective Surgery	Penalties for not delivering elective targets (as per earthquakes)	
Security	Enhanced services	
Rehab services	Rehabilitation during recovery Wellbeing support Interpreters Broader family response	



**Regan Nolan**

---

**From:** Carolyn Gullery  
**Sent:** Tuesday, 19 March 2019 11:06 a.m.  
**To:** Dawn\_Kelly@moh.govt.nz  
**Cc:** Michael Frampton  
**Subject:** Fwd: Response requested - technical team pressures  
**Attachments:** image002.png

Apologies Dawn

David has a direct conversation with Ashley regarding this as he had raised it with David directly . And I realised last night that I had forgotten to forward this to you .

Regards

Carolyn

Sent from my iPhone

Begin forwarded message:

**From:** Kirsten Beynon <[Kirsten.Beynon@cdhb.health.nz](mailto:Kirsten.Beynon@cdhb.health.nz)>  
**Date:** 18 March 2019 at 12:32:36 PM NZDT  
**To:** Carolyn Gullery <[Carolyn.Gullery@cdhb.health.nz](mailto:Carolyn.Gullery@cdhb.health.nz)>  
**Cc:** David Meates <[David.Meates@cdhb.health.nz](mailto:David.Meates@cdhb.health.nz)>, Michael Frampton <[Michael.Frampton@cdhb.health.nz](mailto:Michael.Frampton@cdhb.health.nz)>  
**Subject:** Response requested - technical team pressures

Hi Carolyn

9(2)(a) has confirmed with all the technical team are ok and there are no concerns from any of them. They are experiencing no more stress than anyone else who is part of this DVI and forensic process. They are focussed on the role at hand and working through the process.

They are split into two shifts with two technicians supporting from out of region. Morning shift is 5 technicians plus 9(2)(a) as coordinator and an afternoon/evening shift of four technicians (two from out of town). They are aware of but are not exposed directly to the culture and religious requests that families have put forward

They are working well with the DVI team and police and having sufficient breaks and plenty of food. 9(2)(a) has advised the timelines have no impact on what they are doing and how they are rostering. The rosters are well planned with staff comfortable.

9(2)(g)(i)



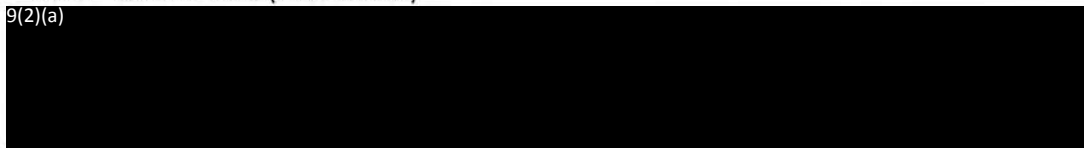
Regards

**KIRSTEN BEYNON**

General Manager, Canterbury Health Laboratories and West Coast DHB Laboratory

DDI: 03 364 1198 (Extn 81198)

9(2)(a)



Check out the latest news at [www.chl.co.nz/news](http://www.chl.co.nz/news)

RELEASED UNDER THE OFFICIAL INFORMATION ACT

**From:** Carolyn Gullery  
**Sent:** Monday, 18 March 2019 6:03 p.m.  
**To:** Jessica\_Smaling@moh.govt.nz  
**Subject:** FW: Looking ahead this week on the surgery and IDF flow front

Today's update

**From:** Pauline Clark  
**Sent:** Monday, 18 March 2019 4:14 p.m.  
**To:** David Meates <David.Meates@cdhb.health.nz>; Susan Fitzmaurice <Susan.Fitzmaurice@cdhb.health.nz>; Mary Gordon (Executive Director of Nursing) <Mary.Gordon@cdhb.health.nz>; Richard French (Anaesthesia SMO) <Richard.French@cdhb.health.nz>; Jacqui Lunday Johnstone <Jacqui.LundayJohnstone@cdhb.health.nz>; Carolyn Gullery <Carolyn.Gullery@cdhb.health.nz>; Justine White <Justine.White@cdhb.health.nz>; Michael Frampton <Michael.Frampton@cdhb.health.nz>; Karalyn van Deursen <Karalyn.Vandeursen@cdhb.health.nz>; Mary Hunter <Mary.Hunter@cdhb.health.nz>; Sue Imrie <Sue.Imrie@cdhb.health.nz>; Michelle Cox <Michelle.Cox@cdhb.health.nz>; Regan Nolan <Regan.Nolan@cdhb.health.nz>; Jayne Stephenson <Jayne.Stephenson@cdhb.health.nz>; Hayley Penman <Hayley.Penman@cdhb.health.nz>; Gregory Robertson <Gregory.Robertson@cdhb.health.nz>; Dan Coward <Dan.Coward@cdhb.health.nz>  
**Subject:** Looking ahead this week on the surgery and IDF flow front

Good afternoon

A brief note from discussion with Greg just prior to 1 pm today. The information to follow arises post the late morning meeting Greg had with the campus surgical teams. I have included Greg in case any points here prompt his further clarification

1. Looking to postpone planned surgery ( including non-deferrable) for the rest of this week i.e. we had thought to re-assess after Wednesday our earlier plan of no planned surgery Monday to Wednesday, but reassessing now and advising of this change
2. At this stage we do not require external surgeon/ nurse/ technician support but it may be some support is required later in the month
3. Paediatric surgery is a vulnerable service given 9(2)(a) have planned leave shortly and the remaining team are relatively new in post and to SMO role as are the Registrars. 9(2)(a) is working with 9(2)(a) on what support might be required and how we do that and it may involve a senior colleague from another tertiary DHB hospital.
4. Returning to item 1 the other driver for no planned surgery this week is to create the necessary capacity to deal with acute surgical demand which after several days of low presentation is now increasing. When coupled with return to theatre requirements of the injured from Friday the demand on theatre capacity and the multid surgical team is high.
5. Outpatients: likely to be some reduction in the number of clinics undertaken by surgical SMOs, this is in response to the necessity to reduce the current burden of responsibility and work on surgeons
6. IDF flow including national spinal pathway, repatriation of CDHB patients from other centres, retention of flex in ICU ( beds & demand on staff) etc, the feedback from today's surgical meeting is for CHCH to remain closed until Monday 25 March and the situation to be re-assessed on Monday.
7. DHBs around NZ are asking how they can help and support us and we would say by working as a collective to provide care to Canterbury people currently with them and by picking up on IDFs including spinal i.e acting as an alternative provider until we are in a position to take on our usual responsibilities.

We ask for the assistance of EMT with the above

Greg please amend if I am not representing surgical teams views as intended

Thank you  
Pauline

RELEASED UNDER THE OFFICIAL INFORMATION ACT



**From:** Carolyn Gullery  
**Sent:** Friday, 15 March 2019 6:23 p.m.  
**To:** Jessica\_Smaling@moh.govt.nz  
**Cc:** Pauline Clark  
**Subject:** Re: Sending my thoughts to the team

Thanks Jess

Sent from my iPhone

On 15/03/2019, at 4:26 PM, "[Jessica\\_Smaling@moh.govt.nz](mailto:Jessica_Smaling@moh.govt.nz)" <[Jessica\\_Smaling@moh.govt.nz](mailto:Jessica_Smaling@moh.govt.nz)> wrote:

Hi Carolyn, Pauline - just a quick note to send my thoughts to you and the team down there.  
 Please don't hesitate to call me if there is any support you think me or my team (or the wider MOH team) might be able to provide - call at any time.

Stay safe  
 Jess

**Jess Smaling**

Manager, Electives & National Services  
 DHB Performance, Support & Infrastructure  
 Ministry of Health, 133 Molesworth Street, Thorndon, PO Box 5013, Wellington 6140  
 DDI: 04 816 2681; Mobile <sup>9(2)(a)</sup> [REDACTED] <http://www.moh.govt.nz>  
[mailto:Jessica\\_Smaling@moh.govt.nz](mailto:Jessica_Smaling@moh.govt.nz)

\*\*\*\*\*  
 \*\*

Statement of confidentiality: This e-mail message and any accompanying attachments may contain information that is IN-CONFIDENCE and subject to legal privilege.

If you are not the intended recipient, do not read, use, disseminate, distribute or copy this message or attachments.

If you have received this message in error, please notify the sender immediately and delete this message.

\*\*\*\*\*  
 \*\*

-----  
 This e-mail message has been scanned for Viruses and Content and cleared by the Ministry of Health's Content and Virus Filtering Gateway  
 -----

**From:** Jessica\_Smaling@moh.govt.nz  
**Sent:** Friday, 22 March 2019 6:11 p.m.  
**To:** Carolyn Gullery  
**Subject:** Re: Christchurch Hospital Availability week beginning 25 March

Thanks Carolyn. Hope you get some down time over the weekend.

Sent from IBM Verse

Carolyn Gullery --- Christchurch Hospital Availability week beginning 25 March ---

From: "Carolyn Gullery" <Carolyn.Gullery@cdhb.health.nz>  
 To: chris.fleming@southerndhb.govt.nz, "Nigel Trainor" <NTrainor@scdhb.health.nz>, Peter.Bramley@nmdhb.govt.nz  
 Cc: Andy\_Inder@moh.govt.nz, Jessica\_Smaling@moh.govt.nz, "Heather Gray (Director of Nursing)" <Heather.Gray@cdhb.health.nz>, "Pauline Clark" <Pauline.Clark@cdhb.health.nz>, "Nigel Millar" <nigel.millar@southerndhb.govt.nz>, "Jackie Carroll" <Jackie.Carroll@cdhb.health.nz>  
 Date: Fri, 22/03/2019 5:25 PM  
 Subject: Christchurch Hospital Availability week beginning 25 March

Kia ora, ,

Thank you for all of the kind wishes and support we have received during this difficult week . We have reassessed our situation and as you will know from the media we still have a number of critically unwell people needing intensive care and on-going surgery . Under those circumstances we have made the following decisions about surgery . I have highlighted in red the decisions that are most relevant to yourselves in your various roles

## Decision:

For the week commencing 25 March 2019

1. Acute Flow is priority
2. Services may be asked to cancel electives to add acute capacity if required.
3. Paediatrics and Woman's and Children's operating activity to return to normal, but lists may be reprioritised at short notice for acute activity if needed.
4. Elective activity is Non-Deferrables and Day Cases.  
 (a) Outplaced lists are OK to proceed
5. Acute Spinal Care transfers from those out of CDHB – to continue to be referred to Middlemore- complex patients with potentially other injuries and ICU bed need, requiring initial management in areas of excessive demand at present.
6. CDHB will repatriate CDHB patients as able ( dependent on ICU /other resource limitations – (discuss beforehand)
7. Renal transplant services will recommence in Christchurch Monday 25/3/19- predominantly medical service requirement with limited



numbers likely , and a limited effect on surgical ward beds, staff and ICU beds

**Continue non acceptance of IDF's until Monday 1<sup>st</sup> April 2019 when this decision will be reviewed ( exceptions as above)**

To assist we have a dedicated point of contact during the week to support your teams should they need advice about services and support from Christchurch Hospital .

Jackie sits in my team and her normal day role is as ACC Relations and Contracts Manager but she will be the first point of contact and will make sure that the right information is obtained and provided in response to any queries .

We would prefer that your teams work through Jackie rather than directly into the nursing leadership except of course in emergency situations .

Jackie Carroll  
ACC Relations and Contracts Manager  
Canterbury DHB

9(2)(a)

[Jackie.Carroll@cdhb.health.nz](mailto:Jackie.Carroll@cdhb.health.nz)

**Kia kaha, kia maia, kia manawanui** Be strong, be brave, be steadfast.

***Carolyn Gullery***

Executive Director; Planning, Funding and Decision Support  
Canterbury and West Coast District Health Boards

Telephone : 64 3 364 4133

Mobile : 9(2)(a)

[Carolyn.gullery@cdhb.health.nz](mailto:Carolyn.gullery@cdhb.health.nz)

@CarolynGullery

\*\*\*\*\*  
\*\*\*\*\*

This email may contain privileged and confidential information, including health information protected by the Health Information Privacy Code and the Privacy Act. It is intended solely for the intended recipient(s). Any unauthorized use, redistribution, disclosure, or reproduction of this email and/or its attachments is strictly prohibited and may be unlawful. If you are not the intended recipient, please notify the sender immediately and delete the original message, including attachments, from your system. Any views or opinions expressed in this email are those of the individual sender, and do not necessarily reflect those of the Canterbury District Health Board unless otherwise stated.

**From:** Andrew\_Inder@moh.govt.nz  
**Sent:** Friday, 22 March 2019 6:00 p.m.  
**To:** Carolyn Gullery  
**Subject:** Re: Christchurch Hospital Availability week beginning 25 March

Confirming I've passed this onto OSJ and spoken to them.

They will come back to me with any issues but sounds like it is not a problem

Regards

Andy Inder

9(2)(a)

Typed with my thumbs 🖐

On 22/03/2019, at 5:25 PM, Carolyn Gullery <[Carolyn.Gullery@cdhb.health.nz](mailto:Carolyn.Gullery@cdhb.health.nz)> wrote:

Kia ora, ,

Thank you for all of the kind wishes and support we have received during this difficult week . We have reassessed our situation and as you will know from the media we still have a number of critically unwell people needing intensive care and on-going surgery . Under those circumstances we have made the following decisions about surgery . I have highlighted in red the decisions that are most relevant to yourselves in your various roles

## Decision:

For the week commencing 25 March 2019

1. Acute Flow is priority
2. Services may be asked to cancel electives to add acute capacity if required.
3. **Paediatrics and Woman's and Children's operating activity to return to normal, but lists may be reprioritised at short notice for acute activity if needed.**
4. **Elective activity is Non-Deferrables and Day Cases.**  
 (a) Outplaced lists are OK to proceed
5. **Acute Spinal Care transfers from those out of CDHB – to continue to be referred to Middlemore-** complex patients with potentially other injuries and ICU bed need, requiring initial management in areas of excessive demand at present.
6. **CDHB will repatriate CDHB patients as able ( dependent on ICU /other resource limitations – (discuss beforehand)**



7. **Renal transplant services will recommence in Christchurch Monday 25/3/19**- predominantly medical service requirement with limited numbers likely , and a limited effect on surgical ward beds, staff and ICU beds

**Continue non acceptance of IDFs until Monday 1<sup>st</sup> April 2019 when this decision will be reviewed ( exceptions as above)**

To assist we have a dedicated point of contact during the week to support your teams should they need advice about services and support from Christchurch Hospital .

Jackie sits in my team and her normal day role is as ACC Relations and Contracts Manager but she will be the first point of contact and will make sure that the right information is obtained and provided in response to any queries .

We would prefer that your teams work through Jackie rather than directly into the nursing leadership except of course in emergency situations .

Jackie Carroll  
ACC Relations and Contracts Manager  
Canterbury DHB

9(2)(a)

[Jackie.Carroll@cdhb.health.nz](mailto:Jackie.Carroll@cdhb.health.nz)

**Kia kaha, kia maia, kia manawanui**

Be strong, be brave, be steadfast.

***Carolyn Gullery***

Executive Director; Planning, Funding and Decision Support  
Canterbury and West Coast District Health Boards

Telephone : 64 3 364 4133

Mobile : 9(2)(a)

[Carolyn.gullery@cdhb.health.nz](mailto:Carolyn.gullery@cdhb.health.nz)

@CarolynGullery

\*\*\*\*\*  
\*\*\*\*\*

This email may contain privileged and confidential information, including health information protected by the Health Information Privacy Code and the Privacy Act. It is intended solely for the intended recipient(s). Any unauthorized use, redistribution, disclosure, or reproduction of this email and/or its attachments is strictly prohibited and may be unlawful. If you are not the intended recipient, please notify the sender immediately and delete the

**From:** Jessica\_Smaling@moh.govt.nz  
**Sent:** Thursday, 21 March 2019 9:53 a.m.  
**To:** Carolyn Gullery  
**Subject:** Re: FW: Looking ahead this week on the surgery and IDF flow front

Hi Carolyn

I've had a few questions on Electives deferrals and plans, and thought I'd check in. I know you'll have a lot on, so just when you get a moment, and a brief response is fine. Is the plan still to defer elective surgical work until next week (at this stage)? Are most people being rescheduled over the next month, or are there quite a few where the new date isn't confirmed yet? Have you managed to secure support in Paeds?

Thanks Carolyn  
 Jess

**Jess Smaling**

Manager, Electives & National Services  
 DHB Performance, Support & Infrastructure  
 Ministry of Health, 133 Molesworth Street, Thorndon, PO Box 5013, Wellington 6140  
 DDI: 04 816 2681; Mobile 9(2)(a) <http://www.moh.govt.nz>  
[mailto:Jessica\\_Smaling@moh.govt.nz](mailto:Jessica_Smaling@moh.govt.nz)

From: Carolyn Gullery <Carolyn.Gullery@cdhb.health.nz>  
 To: "Jessica\_Smaling@moh.govt.nz" <Jessica\_Smaling@moh.govt.nz>  
 Date: 18/03/2019 06:02 p.m.  
 Subject: FW: Looking ahead this week on the surgery and IDF flow front

Today's update

**From:** Pauline Clark  
**Sent:** Monday, 18 March 2019 4:14 p.m.  
**To:** David Meates <David.Meates@cdhb.health.nz>; Susan Fitzmaurice <Susan.Fitzmaurice@cdhb.health.nz>; Mary Gordon (Executive Director of Nursing) <Mary.Gordon@cdhb.health.nz>; Richard French (Anaesthesia SMO) <Richard.French@cdhb.health.nz>; Jacqui Lunday Johnstone <Jacqui.LundayJohnstone@cdhb.health.nz>; Carolyn Gullery <Carolyn.Gullery@cdhb.health.nz>; Justine White <Justine.White@cdhb.health.nz>; Michael Frampton <Michael.Frampton@cdhb.health.nz>; Karalyn van Deursen <Karalyn.Vandeursen@cdhb.health.nz>; Mary Hunter <Mary.Hunter@cdhb.health.nz>; Sue Imrie <Sue.Imrie@cdhb.health.nz>; Michelle Cox <Michelle.Cox@cdhb.health.nz>; Regan Nolan <Regan.Nolan@cdhb.health.nz>; Jayne Stephenson <Jayne.Stephenson@cdhb.health.nz>; Hayley Penman <Hayley.Penman@cdhb.health.nz>; Gregory Robertson <Gregory.Robertson@cdhb.health.nz>; Dan Coward <Dan.Coward@cdhb.health.nz>  
**Subject:** Looking ahead this week on the surgery and IDF flow front

Good afternoon

A brief note from discussion with Greg just prior to 1 pm today. The information to follow arises post the late morning meeting Greg had with the campus surgical teams. I have included Greg in case any points here prompt his further clarification

1. Looking to postpone planned surgery ( including non-deferrable) for the rest of this week i.e. we had thought to re-assess after Wednesday our earlier plan of no planned surgery Monday to Wednesday, but reassessing now and advising of this change
2. At this stage we do not require external surgeon/ nurse/ technician support but it may be some support is required later in the month



3. Paediatric surgery is a vulnerable service given [9(2)(a)] and [9(2)(a)] have planned leave shortly and the remaining team are relatively new in post and to SMO role as are the Registrars [9(2)(a)] is working with [9(2)(a)] and [9(2)(a)] on what support might be required and how we do that and it may involve a senior colleague from another tertiary DHB hospital.
4. Returning to item 1 the other driver for no planned surgery this week is to create the necessary capacity to deal with acute surgical demand which after several days of low presentation is now increasing. When coupled with return to theatre requirements of the injured from Friday the demand on theatre capacity and the multid surgical team is high.
5. Outpatients: likely to be some reduction in the number of clinics undertaken by surgical SMOs, this is in response to the necessity to reduce the current burden of responsibility and work on surgeons
6. IDF flow including national spinal pathway, repatriation of CDHB patients from other centres, retention of flex in ICU (beds & demand on staff) etc, the feedback from today's surgical meeting is for CHCH to remain closed until Monday 25 March and the situation to be re-assessed on Monday.
7. DHBs around NZ are asking how they can help and support us and we would say by working as a collective to provide care to Canterbury people currently with them and by picking up on IDFs including spinal i.e acting as an alternative provider until we are in a position to take on our usual responsibilities.

We ask for the assistance of EMT with the above

Greg please amend if I am not representing surgical teams views as intended

Thank you

Pauline

\*\*\*\*\*

Statement of confidentiality: This e-mail message and any accompanying attachments may contain information that is IN-CONFIDENCE and subject to legal privilege.

If you are not the intended recipient, do not read, use, disseminate, distribute or copy this message or attachments.

If you have received this message in error, please notify the sender immediately and delete this message.

\*\*\*\*\*

---

This e-mail message has been scanned for Viruses and Content and cleared by the Ministry of Health's Content and Virus Filtering Gateway

---



**Regan Nolan**

---

**From:** Michelle\_Arrowsmith@moh.govt.nz  
**Sent:** Tuesday, 19 March 2019 9:40 p.m.  
**To:** Carolyn Gullery  
**Subject:** Re: As discussed

Kia ora Carolyn

This is absolutely what we need, thanks for capturing this at short notice.

I'll put this forward and then as this work moves forward we'll be in touch to quantify etc

Take care

Regards

Michelle Arrowsmith  
 DDG DHB Performance Support and Infrastructure

Sent from my iPhone

On 19/03/2019, at 9:25 PM, Carolyn Gullery <[Carolyn.Gullery@cdhb.health.nz](mailto:Carolyn.Gullery@cdhb.health.nz)> wrote:

Kia ora , Michelle

I hope the attached is helpful . It is probably too soon for quantification but this will make it clear the areas in which we are seeing increased costs .

Happy to talk .

Regards

***Carolyn Gullery***

Executive Director; Planning, Funding and Decision Support  
 Canterbury and West Coast District Health Boards

Telephone : 64 3 364 4133

Mobile : 9(2)(a)

[Carolyn.gullery@cdhb.health.nz](mailto:Carolyn.gullery@cdhb.health.nz)

@CarolynGullery

<image001.jpg>

\*\*\*\*\*  
 \*\*\*\*\*

This email may contain privileged and confidential information, including health information

protected by the Health Information Privacy Code and the Privacy Act. It is intended solely for the intended recipient(s). Any unauthorized use, redistribution, disclosure, or reproduction of this email and/or its attachments is strictly prohibited and may be unlawful. If you are not the intended recipient, please notify the sender immediately and delete the original message, including attachments, from your system. Any views or opinions expressed in this email are those of the individual sender, and do not necessarily reflect those of the Canterbury District Health Board unless otherwise stated.

\*\*\*\*\*  
\*\*\*\*\*

<Christchurch Mosques Attacks costs Draft 19 March.docx>

\*\*\*\*\*

Statement of confidentiality: This e-mail message and any accompanying attachments may contain information that is IN-CONFIDENCE and subject to legal privilege.

If you are not the intended recipient, do not read, use, disseminate, distribute or copy this message or attachments.

If you have received this message in error, please notify the sender immediately and delete this message.

\*\*\*\*\*

---

This e-mail message has been scanned for Viruses and Content and cleared by the Ministry of Health's Content and Virus Filtering Gateway

---

## Regan Nolan

---

**From:** Dawn\_Kelly@moh.govt.nz  
**Sent:** Tuesday, 19 March 2019 4:35 p.m.  
**To:** Carolyn Gullery  
**Subject:** Re: Fwd: Response requested - technical team pressures

Thanks Carolyn, appreciate you forwarding this.  
 Sorry I rang you earlier but have answered my own question!!!

Dawn Kelly  
 DHB Relationship Manager - South Island DHBs | DHB Performance, Support & Infrastructure | Ministry of Health |  
 Mobile 9(2)(a)



From: Carolyn Gullery <Carolyn.Gullery@cdhb.health.nz>  
 To: "Dawn\_Kelly@moh.govt.nz" <Dawn\_Kelly@moh.govt.nz>,  
 Cc: Michael Frampton <Michael.Frampton@cdhb.health.nz>  
 Date: 19/03/2019 11:06 a.m.  
 Subject: Fwd: Response requested - technical team pressures

Apologies Dawn

David has a direct conversation with Ashley regarding this as he had raised it with David directly . And I realised last night that I had forgotten to forward this to you .

Regards

Carolyn

Sent from my iPhone

Begin forwarded message:

**From:** Kirsten Beynon <[Kirsten.Beynon@cdhb.health.nz](mailto:Kirsten.Beynon@cdhb.health.nz)>  
**Date:** 18 March 2019 at 12:32:36 PM NZDT  
**To:** Carolyn Gullery <[Carolyn.Gullery@cdhb.health.nz](mailto:Carolyn.Gullery@cdhb.health.nz)>  
**Cc:** David Meates <[David.Meates@cdhb.health.nz](mailto:David.Meates@cdhb.health.nz)>, Michael Frampton  
 <[Michael.Frampton@cdhb.health.nz](mailto:Michael.Frampton@cdhb.health.nz)>  
**Subject:** Response requested - technical team pressures

Hi Carolyn

9(2)(a) has confirmed with all the technical team are ok and there are no concerns from any of them. They are experiencing no more stress than anyone else who is part of this DVI and forensic process. They are focussed on the role at hand and working through the process.

They are split into two shifts with two technicians supporting from out of region. Morning shift is 5 technicians plus 9(2)(a) as coordinator and an afternoon/evening shift of four technicians (two from out of town). They are aware of but are not exposed



directly to the culture and religious requests that families have put forward

They are working well with the DVI team and police and having sufficient breaks and plenty of food. <sup>9(2)</sup><sub>(a)</sub> has advised the timelines have no impact on what they are doing and how they are rostering. The rosters are well planned with staff comfortable.

9(2)(g)(i)

Regards

**KIRSTEN BEYNON**

General Manager, Canterbury Health Laboratories and West Coast DHB Laboratory

DDI: 03 364 1198 (Extn 81198)

9(2)(a)

Check out the latest news at [www.chl.co.nz/news](http://www.chl.co.nz/news)

\*\*\*\*\*  
\*\*\*\*\*

This email may contain privileged and confidential information, including health information protected by the Health Information Privacy Code and the Privacy Act. It is intended solely for the intended recipient(s). Any unauthorized use, redistribution, disclosure, or reproduction of this email and/or its attachments is strictly prohibited and may be unlawful. If you are not the intended recipient, please notify the sender immediately and delete the original message, including attachments, from your system. Any views or opinions expressed in this email are those of the individual sender, and do not necessarily reflect those of the Canterbury District Health Board unless otherwise stated.

\*\*\*\*\*

\*\*\*\*\* [attachment "image002.png" deleted by Dawn Kelly/MOH]

\*\*\*\*\*

Statement of confidentiality: This e-mail message and any accompanying attachments may contain information that is IN-CONFIDENCE and subject to legal privilege.

If you are not the intended recipient, do not read, use, disseminate, distribute or copy this message or attachments.

If you have received this message in error, please notify the sender immediately and delete this message.

\*\*\*\*\*

---

This e-mail message has been scanned for Viruses and Content and cleared by the Ministry of Health's Content and Virus Filtering Gateway

---

**From:** Dawn\_Kelly@moh.govt.nz  
**Sent:** Tuesday, 19 March 2019 9:42 a.m.  
**To:** Michael Frampton  
**Cc:** Carolyn Gullery  
**Subject:** Mortuary staff

Hi Michael, sorry I don't have your number to give you a quick call.

I just wondered how your conversation went with your GM over mortuary techs and if there were any concerns? I have went back to the Minister's office and assured them the timeline to process all bodies would be Wednesday/tomorrow.

Can you confirm this still stands and if there were any concerns from staff.

Many thanks, Dawn

Dawn Kelly

DHB Relationship Manager - South Island DHBs | DHB Performance, Support & Infrastructure | Ministry of Health |

Mobile: 9(2)(a)



\*\*\*\*\*

Statement of confidentiality: This e-mail message and any accompanying attachments may contain information that is IN-CONFIDENCE and subject to legal privilege.

If you are not the intended recipient, do not read, use, disseminate, distribute or copy this message or attachments.

If you have received this message in error, please notify the sender immediately and delete this message.

\*\*\*\*\*

This e-mail message has been scanned for Viruses and Content and cleared by the Ministry of Health's Content and Virus Filtering Gateway



**From:** Jessica\_Smaling@moh.govt.nz  
**Sent:** Monday, 18 March 2019 6:53 p.m.  
**To:** Carolyn Gullery  
**Subject:** Re: Looking ahead this week on the surgery and IDF flow front

Thanks Carolyn

Sent from IBM Verse

Carolyn Gullery --- FW: Looking ahead this week on the surgery and IDF flow front ---

From: "Carolyn Gullery" <Carolyn.Gullery@cdhb.health.nz>  
 To: Jessica\_Smaling@moh.govt.nz  
 Date: Mon, 18/03/2019 6:02 PM  
 Subject: FW: Looking ahead this week on the surgery and IDF flow front

Today's update

**From:** Pauline Clark  
**Sent:** Monday, 18 March 2019 4:14 p.m.  
**To:** David Meates <David.Meates@cdhb.health.nz>; Susan Fitzmaurice <Susan.Fitzmaurice@cdhb.health.nz>; Mary Gordon (Executive Director of Nursing) <Mary.Gordon@cdhb.health.nz>; Richard French (Anaesthesia SMO) <Richard.French@cdhb.health.nz>; Jacqui Lunday Johnstone <Jacqui.LundayJohnstone@cdhb.health.nz>; Carolyn Gullery <Carolyn.Gullery@cdhb.health.nz>; Justine White <Justine.White@cdhb.health.nz>; Michael Frampton <Michael.Frampton@cdhb.health.nz>; Karalyn van Deursen <Karalyn.Vandeursen@cdhb.health.nz>; Mary Hunter <Mary.Hunter@cdhb.health.nz>; Sue Imrie <Sue.Imrie@cdhb.health.nz>; Michelle Cox <Michelle.Cox@cdhb.health.nz>; Regan Nolan <Regan.Nolan@cdhb.health.nz>; Jayne Stephenson <Jayne.Stephenson@cdhb.health.nz>; Hayley Penman <Hayley.Penman@cdhb.health.nz>; Gregory Robertson <Gregory.Robertson@cdhb.health.nz>; Dan Coward <Dan.Coward@cdhb.health.nz>  
**Subject:** Looking ahead this week on the surgery and IDF flow front

Good afternoon

A brief note from discussion with Greg just prior to 1 pm today. The information to follow arises post the late morning meeting Greg had with the campus surgical teams. I have included Greg in case any points here prompt his further clarification

1. Looking to postpone planned surgery ( including non-deferrable) for the rest of this week i.e. we had thought to re-assess after Wednesday our earlier plan of no planned surgery Monday to Wednesday, but reassessing now and advising of this change
2. At this stage we do not require external surgeon/ nurse/ technician support but it may be some support is required later in the month
3. Paediatric surgery is a vulnerable service given 9(2)(a) have planned leave shortly and the remaining team are relatively new in post and to SMO role as are the Registrars. Greg is working with 9(2)(a) on what support might be required and how we do that and it may involve a senior colleague from another tertiary DHB hospital.
4. Returning to item 1 the other driver for no planned surgery this week is to create the necessary capacity to deal with acute surgical demand which after several days of low presentation is now increasing. When coupled with return to theatre requirements of the injured from Friday the demand on theatre capacity and the multid surgical team is high.



5. Outpatients: likely to be some reduction in the number of clinics undertaken by surgical SMOs, this is in response to the necessity to reduce the current burden of responsibility and work on surgeons
6. IDF flow including national spinal pathway, repatriation of CDHB patients from other centres, retention of flex in ICU ( beds & demand on staff) etc, the feedback from today's surgical meeting is for CHCH to remain closed until Monday 25 March and the situation to be re-assessed on Monday.
7. DHBs around NZ are asking how they can help and support us and we would say by working as a collective to provide care to Canterbury people currently with them and by picking up on IDFs including spinal i.e acting as an alternative provider until we are in a position to take on our usual responsibilities.

We ask for the assistance of EMT with the above

Greg please amend if I am not representing surgical teams views as intended

Thank you

Pauline

\*\*\*\*\*

Statement of confidentiality: This e-mail message and any accompanying attachments may contain information that is IN-CONFIDENCE and subject to legal privilege.

If you are not the intended recipient, do not read, use, disseminate, distribute or copy this message or attachments.

If you have received this message in error, please notify the sender immediately and delete this message.

\*\*\*\*\*

---

This e-mail message has been scanned for Viruses and Content and cleared by the Ministry of Health's Content and Virus Filtering Gateway

---

**From:** Toni Gutschlag  
**Sent:** Sunday, 17 March 2019 6:50 p.m.  
**To:** robyn\_shearer@moh.govt.nz  
**Subject:** Fwd: NGO Response to Fridays tragedy

FYI

Sent from my iPhone

Begin forwarded message:

**From:** Jacqueline Moore <Jackie.Moore@pathways.co.nz>  
**Date:** 17 March 2019 at 3:44:25 PM NZDT  
**To:** Adele Wilkinson <adele@mherc.org.nz>, Bridgette Thornley <bridgitte.thornley@pgf.nz>, David Van Turnhout <David.VanTurnhout@emergeaotearoa.org.nz>, Fiona Howard <servicedirector@mhaps.org.nz>, Helen McLaughlin <helen@stepahead.org.nz>, Helen McLeod <sfpb@xtra.co.nz>, "jackie@hewakatapu.org.nz" <jackie@hewakatapu.org.nz>, Jan Spence <jan@citymission.org.nz>, "Joyce Majendie" <manager.sarona@xtra.co.nz>, Karaitiana Tickell <karaitiana@pw.maori.nz>, Kirsty Rossiter <Kirsty.Rossiter@pathways.co.nz>, Lyn O'Malley <lyn@pukekoblueltd.co.nz>, "Martin Cole" <m.cole@comcare.org.nz>, Mike Douglas <Mike\_Douglas@nzf.salvationarmy.org>, Nigel Loughton <nigel.l@odysseychch.org.nz>, Steve Cate <steve.cate@healthcarenz.co.nz>, Steve Russell <steve.russell@Novatrust.org.nz>, Tim Butcher <Timb@stepstone.org.nz>  
**Cc:** Deborah Selwood <Deborah.Selwood@cdhb.health.nz>, "Sandy Mclean (Sandy.Mclean@cdhb.health.nz)" <Sandy.Mclean@cdhb.health.nz>, "Toni Gutschlag (Toni.Gutschlag@cdhb.health.nz)" <Toni.Gutschlag@cdhb.health.nz>  
**Subject:** NGO Response to Fridays tragedy

Hello everyone,

Thank you very much for your responses on Friday. I was glad to hear that your teams and people were safe. I then let Sandy McLean know this information.

This morning I attended, on your behalf (at the request of Toni G) and in partnership with Debbie Selwood, a meeting at ECan with the Muslim Council, City Council Representatives, Civil defence and the CDHB to start discussions on a community response. The immediate need is very much around the burial process and still a crisis response. The Muslim community is wanting to lead these processes but are keen to understand what supports they can access. In summary, the City Council and CDHB are supporting the Muslim community for this next stage. I have been asked to attend a meeting at 10.30am tomorrow, on Navigates behalf. Please send any questions or ideas you may have to me before this meeting. For all of us at this stage our first priority needs to be supporting our own people and staff.

Give me a call or email if you have any questions. I will feedback to you as soon as possible of the meeting outcomes.

Take care and let's talk soon .

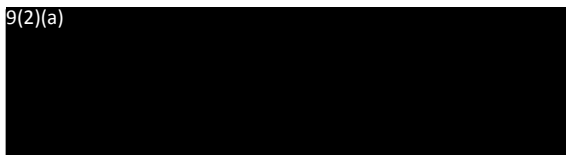
Regards,

J



**Jacqueline Moore**  
General Manager Southern

9(2)(a)



*Pathways Health Ltd. Part of the Wise Group.*



Please consider the environment before you print

---

This email message and any accompanying attachments may contain information that is CONFIDENTIAL and subject to legal privilege. If you are not the intended recipient, do not read, use, disseminate, distribute or copy this message or attachments. The sender is not responsible for any changes made to this message and any attachment after sending. If you have received this message in error, please notify the sender immediately and delete this message.



---

**From:** Robyn\_Shearer@Moh.govt.nz  
**Sent:** Monday, 18 March 2019 3:27 p.m.  
**To:** Toni Gutschlag  
**Subject:** Re: FW: Message of support

**Importance:** High

thanks Toni - do keep me informed about any approaches that may not be helpful also....  
 I will give you a call later today  
 kind regards

**Robyn Shearer**  
**Deputy Director-General Mental Health and Addiction**  
 | Ministry of Health | Mobile: 9(2)(a) [REDACTED]




---

**From:** Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>  
**To:** "Robyn\_Shearer@Moh.govt.nz" <Robyn\_Shearer@Moh.govt.nz>  
**Cc:** Peri Renison <Peri.Renison@cdhb.health.nz>  
**Date:** 03/18/2019 12:47 PM  
**Subject:** FW: Message of support

---

Hi Robyn,

Communication to staff below fyi.

6(c) [REDACTED]

Peri and I want to reassure you that we will proactively communicate with the Ministry with any significant information related to this event.

We really appreciate the supportive approach you and your team have taken as we step through this together.

Kind regards  
 Toni

---

**From:** Toni Gutschlag  
**Sent:** Monday, 18 March 2019 12:37 p.m.  
**Subject:** Message of support

Dear staff,

Like you I am so very shocked and saddened by what has happened in our city.

I want to express my deepest sympathies for the families and friends of the victims of this attack and in particular to the members of our staff and consumers that have been directly affected.

I want to thank you all for your willingness to support the response, as well as your cooperation during the lockdown on Friday. We have been inundated with messages from people offering their time and expertise to help those in need.

We are expecting increased need for psychosocial support from the community which may also impact on our services. There is a team currently developing a response plan and I will share more information with you as it becomes available, it is going to be an evolving process over coming days.

In the meantime, please look after yourselves and those around you, and check in with your line manager or clinical leader. We have a number of support services available and encourage you to access these if you feel the need:

- Free confidential support through [EAP](#) and [Workplace support](#)
- Call or text 1737 to speak with a trained counsellor. This service is free of charge and is available day and night.

Attached is an 'After a Serious Event' document which includes information for staff, their family and support people that you may find useful.

Arohanui,

Toni

Toni Gutschlag  
General Manager - Mental Health

Canterbury District Health Board  
Hillmorton Hospital, Private Bag 4733, Christchurch 8140 |  
9(2)(a)

e: [toni.gutschlag@cdhb.health.nz](mailto:toni.gutschlag@cdhb.health.nz)



[attachment "After-a-Serious-Event-Staff Information-3667.pdf" deleted by Robyn Shearer/MOH]

\*\*\*\*\*

Statement of confidentiality: This e-mail message and any accompanying attachments may contain information that is IN-CONFIDENCE and subject to legal privilege.

If you are not the intended recipient, do not read, use, disseminate, distribute or copy this message or attachments.

If you have received this message in error, please notify the sender immediately and delete this message.

\*\*\*\*\*

---

This e-mail message has been scanned for Viruses and Content and cleared by the Ministry of Health's Content and Virus Filtering Gateway

---

---

**From:** Robyn\_Shearer@Moh.govt.nz  
**Sent:** Thursday, 21 March 2019 1:37 p.m.  
**To:** Toni Gutschlag  
**Subject:** Re: FW: Update Report

thanks Toni - best of luck - if you need anything from me dont hesitate to ask  
 kind regards

Robyn

**Robyn Shearer**

**Deputy Director-General Mental Health and Addiction**

I Ministry of Health | Mobile: 9(2)(a)




---

**From:** Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>  
**To:** "Robyn\_Shearer@Moh.govt.nz" <Robyn\_Shearer@Moh.govt.nz>,  
**Date:** 03/21/2019 01:23 PM  
**Subject:** FW: Update Report

Fyi

I'm heading down to the centre shortly.

**From:** Kaye Johnston

**Sent:** Thursday, 21 March 2019 12:06 a.m.

**To:** Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>; Sandy Mclean <Sandy.Mclean@cdhb.health.nz>; Sandy Clemett <Sandy.Clemett@cdhb.health.nz>

**Cc:** Deborah Selwood <Deborah.Selwood@cdhb.health.nz>

**Subject:** Update Report

- Today saw the progression of some of the first burial processes in the morning and this had a profound effect on both the accumulation of people at the Horticultural Centre site and also the management of the site in relation to increasing crowd expectation of resolutions around services and interface management.
- There was a noticeable de-escalation of emotion and the site was quiet and more orderly after the escalation the previous day.

1. The Hospitality Hub of the Horticulture Center and the Agency Hub in the Pavillion Building performed to their expectations alongside each other.

2. The City Council did an excellent job of housing/hosting venue management with their volunteers who took the main roles in venue management as has been done during our other recent adverse events.

3. As the Inter Agency hub "emerged" very rapidly on the floor of the Pavillion Building I took on the role of Hub Agency Controller to ensure cross agency functionality and minimal distress to families needing multiple agency assistance.

- It was/is a wonderful venue for respectfully helping families access the services they need:



- Solidarity and sense of community standing with them
- A peaceful place for food and prayer in the main hall
- Agency coordination in the hub
- And the most inspiring environment for those nationalities who adore cricket as their national sport
- An environment that provided mindfulness, dignity, respect and empowerment

- It worked so well.

We will incorporate all those services that have now been planned to have a presence at the hub

#### **MULTI AGENCY DECISION REQUIRED**

- **Agencies and Christchurch City Council will need to make the decision tomorrow about availability of the Agency Hub during the weekend given that funerals may still be occurring and that the one week marking of the tragedy occurs on Friday at 1pm**

#### **Direction awaited for all government agencies**

Regards  
Kaye Johnnton  
Team Co-Ordin

I reiterate from my previous reports the wherea

\*\*\*\*\*

Statement of confidentiality: This e-mail message and any accompanying attachments may contain information that is IN-CONFIDENCE and subject to legal privilege.

If you are not the intended recipient, do not read, use, disseminate, distribute or copy this message or attachments.

If you have received this message in error, please notify the sender immediately and delete this message.

\*\*\*\*\*

---

This e-mail message has been scanned for Viruses and Content and cleared by the Ministry of Health's Content and Virus Filtering Gateway

---

**From:** Toni Gutschlag  
**Sent:** Friday, 22 March 2019 10:11 a.m.  
**To:** Robyn\_Shearer@Moh.govt.nz  
**Subject:** FW: UPDATE 4: SMHS response to Friday, 15 March attacks  
**Attachments:** 1737 resources.zip; Canterbury terrorist event Media Guidelines FINAL.PDF

**Importance:** High

**From:** Samantha Chapman  
**Sent:** Friday, 22 March 2019 9:37 a.m.  
**Subject:** UPDATE 4: SMHS response to Friday, 15 March attacks  
**Importance:** High

#### **SITUATION UPDATE #4: SMHS response to Friday, 15 March attacks**

\*\*\*SMHS Updates and resources are now available on the SMHS [Intranet](#) page. [Click here](#) to view the page\*\*\*

#### **SMHS Response**

- SMHS will be observing the national two-minutes of silence **today, Friday, 22 March at 1:32 pm**, to commemorate the one-week anniversary of last week's mosque attacks and honour those who lost their lives. You are welcome to share this moment of reflection and support at the following campus locations. Please meet at 1:20 pm at either:
  - Hillmorton Campus: the flagpole of the Administration Building (6)
  - The Princess Margaret Hospital: the grassed area, on the bank, opposite the main entrance of the Heathcote Building.
- Debrief sessions are being offered to the SMHS staff who have been working at Welfare Centre and Christchurch Hospital, supporting people affected by the attack and to services that have been uniquely impacted. Staff members have been contacted directly, but please speak with your line manager or clinical lead if this has not yet occurred.
- SMHS staff are continuing to assist at the Welfare Centre and have been doing excellent work. Other health agencies are now transitioning in to the Centre and we have started to transition out.
- If you have any requests for items to be included in the next update or if you would like to share information or materials that would be helpful to others, please email [Samantha.chapman@cdhb.health.nz](mailto:Samantha.chapman@cdhb.health.nz) before 2pm today.

#### **Resources:**

- Media guidelines for reporting on the events of 15 March 2019 and the aftermath of those events (attached).

- 1737 image that you may wish to include in your email signature, along with other 1737 resources (attached). A coloured version of the 1737 multiple language poster is being developed and will be circulated when available.
- Health info: information on support services can be found here.

### Staff Wellbeing

- We strongly encourage you to reach out to your line manager or clinical lead if you are struggling in any way. Free confidential support is also available at Workplace Support or EAP, and you can call or text 1737.

We will continue to share regular updates with you as our response evolves.

Kind regards,

Your SMHS Divisional Leadership Team

**NEED TO TALK?**



**free call or text  
any time**

RELEASED UNDER THE OFFICIAL INFORMATION ACT



## Media guidelines for reporting on the events of 15 March 2019 and the aftermath of those events

Media have played a significant role in keeping the public informed about events around the Christchurch terrorist events.

*Some media coverage and interviews about the Friday 15 March incident have resulted in significant distress for many New Zealanders.*

These clinically approved guidelines have been prepared with population health expertise to support media when covering the events.

### WE ASK MEDIA:

- Do not publish stills or audio from the live-stream of the attacks.
- Try not to focus stories on graphic details of the violence and the injuries. Avoid too much detail of graphic events.
- Do seek out first responders, survivors or witnesses but focus on positive actions they took and limit or avoid graphic descriptions of what took place.
- Remove from circulation or reduce the prominence of graphic stories that have been published.

### GUIDELINES

Our clinical advice to media when interviewing people and when reporting on the response is:

- Give more prominence to how people feel about their experience and less prominence to the detail of what they saw or heard - graphic details can and do trigger trauma.
- Exclude or limit too much detail on graphic descriptions of what was seen and what happened e.g. injuries, death, dying, distress of the victims - that can traumatise people who weren't directly involved, and retraumatise those who were.
- Do be conscious of the cultural needs of those injured and deceased.
- Try and include messages of kindness and compassion and hope – they are so useful to the public at this time.
- You play an important part in updating the public on key issues. You can also play an important role in helping the public process and deal with their reaction to what's happened in Christchurch.
- **Always** include in your articles, details of where people can get support for the distress they or their whanau may be feeling. Below is suggested text:

The events in Christchurch are distressing. If you, or someone you know, needs mental wellbeing support or advice then call or text 1737 anytime. There is some great advice on coping after a traumatic event here <https://www.health.govt.nz/node/9714> It includes key information for parents for children.

#### **A SPECIAL NOTE ABOUT THOSE WHO HAVE VIEWED THE FOOTAGE OF THE SHOOTINGS**

Those who witnessed the events or viewed the footage will be highly vulnerable to trauma and significant negative mental health consequences that are likely to be exacerbated by graphic reporting on the violence.

It is imperative that they know that they deserve help and support to process what they have seen while avoiding any message that indicates or states that self-harm or self-destructive behaviours would be understandable or expected as a response to viewing traumatising footage. Seeing stills or hearing audio from the video would be extremely damaging to these individuals and creates a risk of re-traumatising them.

#### **RATIONALE**

The trauma of what happened in Christchurch is not just confined to the Canterbury region. At a population level, due to the widely shared and discussed live streaming of the shootings, there are a number of virtual eye witnesses. *Mental health services are dealing with the traumatising effects of that.*

At any time, 1 in 20 New Zealanders will be in a highly vulnerable mental and emotional state. These New Zealanders will always make up a proportion of your audience, and their numbers will have increased because of the wide-ranging impact of the terror attacks.

These people will be put at considerable risk by exposure to graphic reporting of the violence. Those in the Muslim community will be particularly vulnerable to trauma and fear.

*We urge you to not recount eyewitness and first responder accounts in graphic detail. This reporting is causing harm.*

#### **NOTE TO JOURNALISTS**

We are aware that journalists covering the terror attacks are under enormous pressure and are having to hear and see things that are extremely distressing. While we know this is part of the job, your wellbeing is important too.

We encourage newsrooms, editors and managers to talk about the possible emotional and physical impacts of covering this story with journalists before, during, and after assigning them to the story. We encourage journalists to talk about how you're feeling with someone you trust, especially a peer or colleague who can somewhat understand what has happened.

While distress is a normal and human response to trauma, you may need professional assistance to cope if you find you are unable to cope with how you're feeling, feel numb or empty, continue to experience strong, distressing emotions, continue to have physical symptoms such as feeling tense, agitated and on edge, have disturbed sleep or nightmares, have no one to support you, experience relationship problems or increase your use of alcohol and drugs.\*

Remember it's all right to feel however you're feeling, and it's all right to ask for support to get through. You too can free call or text 1737 any time to talk with a trained counsellor. It's confidential and available 24/7.

\*Credit: Mindframe

# Canterbury

District Health Board

Te Poari Hauora o Waitaha



free call or text  
any time

New Zealand Government

David Meates  
Chief Executive Officer  
Canterbury DHB

Dr David Codyre  
Clinical Lead 1737  
National Telehealth  
Service

Andrew Slater  
Chief Executive Officer  
National Telehealth  
Service

Shaun Robinson  
Chief Executive  
Mental Health  
Foundation of New  
Zealand

RELEASED UNDER THE OFFICIAL INFORMATION ACT



**From:** Karalyn van Deursen

**Sent:** Friday, 15 March 2019 2:52 p.m.

**To:** Adam Bennett; [Aroha Metcalf@MOH.govt.nz](mailto:Aroha.Metcalf@MOH.govt.nz); Chris Picard; Dawn Kelly; Julian Robins

([julian.robins@parliament.govt.nz](mailto:julian.robins@parliament.govt.nz)); Kirsty Doig; Ministry of Health Comms Team ([media@moh.govt.nz](mailto:media@moh.govt.nz)); Peter Jane

**Subject:** FW: Christchurch Hospital and Outpatients is in 'lock-down'

**From:** Karalyn van Deursen

**Sent:** Friday, 15 March 2019 2:51 p.m.

**To:** Karalyn van Deursen

**Subject:** Christchurch Hospital and Outpatients is in 'lock-down'

**The public should not attend Christchurch Hospital unless it's an emergency.**

**All appointments have been cancelled this afternoon, and no staff or patients are to enter or leave the building.**

Kind regards

Karalyn van Deursen

Executive Director Communications

Canterbury and West Coast District Health Boards

Corporate Office, 32 Oxford Terrace, Christchurch

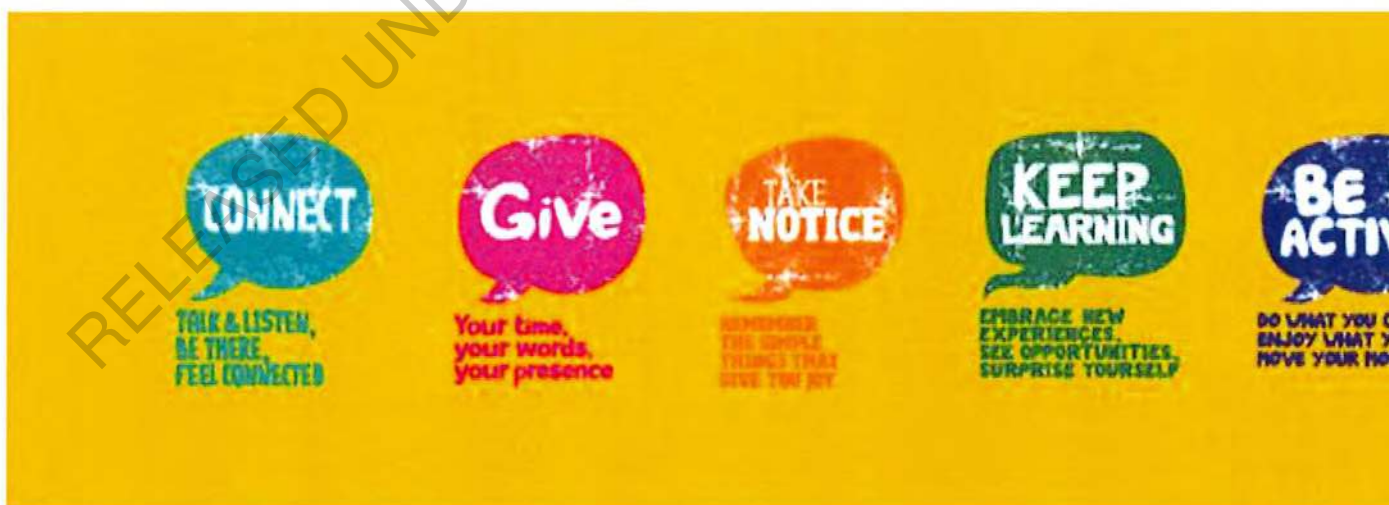
T: +64 3 364 4103 or ext. 62103 | M: 027 531 4796

Values – *A matou uara*

Care and respect for others – *Manaaki me te kotua i etahi*

Integrity in all we do – *Hapai i a matou mahi*

Responsibility for outcomes – *Kaiwhakarite i ka hua*



**From:** Karalyn van Deursen  
**Sent:** Friday, 15 March 2019 3:02 p.m.  
**To:** 'Blair\_Cunningham@moh.govt.nz'  
**Subject:** RE: FW: Christchurch Hospital and Outpatients is in 'lock-down'

tx

**From:** [Blair\\_Cunningham@moh.govt.nz](mailto:Blair_Cunningham@moh.govt.nz) [[mailto:Blair\\_Cunningham@moh.govt.nz](mailto:Blair_Cunningham@moh.govt.nz)]  
**Sent:** Friday, 15 March 2019 3:02 p.m.  
**To:** Karalyn van Deursen  
**Cc:** Adam Bennett; [Aroha\\_Metcalf@MOH.govt.nz](mailto:Aroha_Metcalf@MOH.govt.nz); Chris Picard; Dawn Kelly; Julian Robins ([julian.robins@parliament.govt.nz](mailto:julian.robins@parliament.govt.nz)); Peter Jane  
**Subject:** Re: FW: Christchurch Hospital and Outpatients is in 'lock-down'

Thanks Karalyn,

Would you like us to tweet this too (the fact public should not attend Chch Hospital unless in an emergency)

cheers

Blair Cunningham  
 Media Advisor  
 Ministry of Health

9(2)(a)

[www.health.govt.nz](http://www.health.govt.nz)  
[blair\\_cunningham@moh.govt.nz](mailto:blair_cunningham@moh.govt.nz)  
 for urgent enquiries, please copy [media@moh.govt.nz](mailto:media@moh.govt.nz)

**From:** Karalyn van Deursen <[Karalyn.Vandeursen@cdhb.health.nz](mailto:Karalyn.Vandeursen@cdhb.health.nz)>  
**To:** Adam Bennett <[adam.bennett@parliament.govt.nz](mailto:adam.bennett@parliament.govt.nz)>, "[Aroha\\_Metcalf@MOH.govt.nz](mailto:Aroha_Metcalf@MOH.govt.nz)" <[Aroha\\_Metcalf@MOH.govt.nz](mailto:Aroha_Metcalf@MOH.govt.nz)>, Chris Picard <[Chris\\_Picard@moh.govt.nz](mailto:Chris_Picard@moh.govt.nz)>, Dawn Kelly <[dawn\\_kelly@moh.govt.nz](mailto:dawn_kelly@moh.govt.nz)>, "Julian Robins ([julian.robins@parliament.govt.nz](mailto:julian.robins@parliament.govt.nz))" <[julian.robins@parliament.govt.nz](mailto:julian.robins@parliament.govt.nz)>, Kirsty Doig <[kirsty\\_doig@moh.govt.nz](mailto:kirsty_doig@moh.govt.nz)>, "Ministry of Health Comms Team ([media@moh.govt.nz](mailto:media@moh.govt.nz))" <[media@moh.govt.nz](mailto:media@moh.govt.nz)>, Peter Jane <[Peter\\_Jane@moh.govt.nz](mailto:Peter_Jane@moh.govt.nz)>,  
**Date:** 15/03/2019 02:55 p.m.  
**Subject:** FW: Christchurch Hospital and Outpatients is in 'lock-down'

**From:** Karalyn van Deursen  
**Sent:** Friday, 15 March 2019 2:54 p.m.  
**To:** Karalyn van Deursen  
**Subject:** FYI: Christchurch Hospital and Outpatients is in 'lock-down'

The public should not attend Christchurch Hospital unless it's an emergency.  
All appointments have been cancelled this afternoon, and no staff or patients are to enter or leave the building.

## Safer Communities Together

Hi Karalyn,

### "UPDATE 2: Serious firearms incident, central Christchurch"

Please attribute to Police Commissioner Mike Bush

A serious and evolving situation is occurring in Christchurch with an active shooter.

Police are responding with its full capability to manage the situation, but the risk environment remains extremely high.

Police recommend that residents across Christchurch remain off the streets and indoors until further notice.

Christchurch schools will be locked down until further notice.

Police thanks the public for their cooperation and will provide further updates to keep residents informed.

ENDS

Issued by Police Media Centre

You can also view this release, including any additional images, online at:

<http://www.police.govt.nz/news/release/update-2-serious-firearms-incident-central-christchurch>

Thanks,

New Zealand Police

This email was sent to [karalyn.vandeursen@cdhb.health.nz](mailto:karalyn.vandeursen@cdhb.health.nz)

\*\*\* This is an automatically generated email, PLEASE do not reply (replies are not delivered). \*\*\*

Manage your email address, first name, email format (html/plain) and subscriptions.

<http://www.police.govt.nz/subscribe/unsubscribe/>

Please forward this email to anyone who might also be interested in receiving Police newsletters. New subscribers:  
<http://www.police.govt.nz/subscribe>

Kind regards

Karalyn van Deursen

Executive Director Communications

Canterbury and West Coast District Health Boards

Corporate Office, 32 Oxford Terrace, Christchurch

T: +64 3 364 4103 or ext. 62103 | M: 027 531 4796

Values – *A matou uara*

Care and respect for others – *Manaaki me te kotua i etahi*

Integrity in all we do – *Hapai i a matou mahi*

Responsibility for outcomes – *Kaiwhakarite i ka hua*



**From:** Karalyn van Deursen

**Sent:** Friday, 15 March 2019 3:07 p.m.

**To:** 'peter\_abernethy@moh.govt.nz'

**Subject:** RE: FW: Christchurch Hospital and Outpatients is in 'lock-down'. I know last thing you need. If we can help let us know. EOM ( we have tweeted your 'keep ED for emergencies' statement)

Tx. Reports of shots being fired in chch hospital - am checking it out.

**From:** [peter\\_abernethy@moh.govt.nz](mailto:peter_abernethy@moh.govt.nz) [[mailto:peter\\_abernethy@moh.govt.nz](mailto:peter_abernethy@moh.govt.nz)]

**Sent:** Friday, 15 March 2019 3:06 p.m.

**To:** Karalyn van Deursen

**Subject:** Re: FW: Christchurch Hospital and Outpatients is in 'lock-down'. I know last thing you need. If we can help let us know. EOM ( we have tweeted your 'keep ED for emergencies' statement)

\*\*\*\*\*

Statement of confidentiality: This e-mail message and any accompanying attachments may contain information that is IN-CONFIDENCE and subject to legal privilege.

If you are not the intended recipient, do not read, use, disseminate, distribute or copy this message or attachments.

If you have received this message in error, please notify the sender immediately and delete this message.

\*\*\*\*\*

---

This e-mail message has been scanned for Viruses and Content and cleared by the Ministry of Health's Content and Virus Filtering Gateway

---

**From:** Karalyn van Deursen

**Sent:** Friday, 15 March 2019 8:08 p.m.

**To:** Adam Bennett; [Aroha Metcalf@MOH.govt.nz](mailto:Aroha.Metcalf@MOH.govt.nz); Chris Picard; Dawn Kelly; Julian Robins ([julian.robins@parliament.govt.nz](mailto:julian.robins@parliament.govt.nz)); Kirsty Doig; Ministry of Health Comms Team ([media@moh.govt.nz](mailto:media@moh.govt.nz)); Peter Jane

**Subject:** FW: free counselling 24/7 - text 1737

Dear reporters – we'd be grateful if you could include this message alongside your stories about today's events in Christchurch. Graphics for text 1737 are attached

**The events of today in Christchurch are distressing. If you or someone you know needs mental wellbeing support or advice then call or text 1737 anytime day or night to talk to a trained counsellor.**

Thank you.

Kind regards

Karalyn van Deursen

Executive Director Communications

Canterbury and West Coast District Health Boards

Corporate Office, 32 Oxford Terrace, Christchurch

T: +64 3 364 4103 or ext. 62103 | M: 027 531 4796

Values – *A matou uara*

Care and respect for others – *Manaaki me te kotua i etahi*

Integrity in all we do – *Hapai i a matou mahi*

Responsibility for outcomes – *Kaiwhakarite i ka hua*

	<h1>Health System Teleconference Agenda and guidelines</h1>	<p><b>Date: 15 March 2019</b>  <b>Time: 1730</b>  <b>Conference room (if required):</b>  <i>Emergency Management Teleconference details:</i>  <i>Phone number: 083038 or 0800633866</i>  <i>Conference code: 7500910864#</i>  <i>Leader pin: 2073 (to use when setting up TC)</i></p>
--	-------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

## Attendees:

Controller	David Meates/Mary Gordon	PHO	9(2)(a)
Public Information	Jeanie Watson	SMHS	Toni Gutschlag Barbara Wilson
ECC Manager	Megan Gibbs	Christchurch Hospital	Heather Gray Pauline Clark George Schwass
Logistics	Jacinda King	MoH	Murray Mills Kate Crawford
Planning/Intel	Simon Berry	Community & PH	Evon Currie
Operations	Becky	Forte Health	9(2)(a)
Welfare vulnerable people	Becky	Burwood Hospital	Sally Nicholas Diana Gunn
9(2)(a)		Pegasus Health	9(2)(a)
Stella Ward (telephone)		St Georges	9(2)(a)
9(2)(a)		Southern Cross	9(2)(a)
Karalyn van Deursen			
Sue Nightingale (telephone)			

## Minutes

Teleconference commenced at 1730  
Mary Gordon introduced and welcomed all.

## Emergency Department:

Heather Gray provided a brief overview of situation:

41 gunshot wounds – high impact wounds

2 suspicious parcels found and disabled

ED almost emptied of patients and being cleaned in preparation to receive

20 acute general med beds available.

Most of deceased not yet been able to be named

There are over 200 relations at the hospital who are desperate to find out what is happening.

## Primary Care

9(2)(a)

3 medical centres across Christchurch:

24 hours open

Riccarton Clinic open until 2000

Moorhouse medical open until 2000

Methadone – most pharmacies will be shutting down and it may impact on clients

## Pegasus

Emergency management Teleconference template. 12/09/2018

150 staff at Pegasus and 24 hour surgery.  
24 hour surgery had 2 people present, stable

### **St Georges Hospital**

9(2)(a)

Have an Intensivist on site and available if needed.

One woman has gone to St Georges and delivered rather than Womens, they have capacity if needed  
3 anaesthetists and 3 surgeons also available if needed. Also staff are happy to be available.  
St Georges has reduced their staff down to what they just need but able to staff up if required.

### **Southern Cross Hospital**

1 gunshot wound presented being managed there

Confirmed theatres on standby now stood down on CMO's direction but can be activated if needed

Staff have left to attend to personal business

### **Forte**

In lockdown, 2 surgeons and 2 anaesthetists on site, have beds if needed

### **St John**

Busy afternoon, getting patients to ED, have their own EOC running and main support is to police. Seeing a very low workload probably due to number of lockdowns in place

Threat to Ashburton so extra staff were called, ensuring staff are being briefed and debriefed and working nationally to plan for tomorrow.

Any transfer expectations moving forward need to be made aware of, have 12 staff members in ED lock down. Nothing needed at present from CDHB.

### **Comms**

Inundated with media queries, a statement will be made shortly. All our facilities are locked down and will remain so until police lift it. Public health also in lockdown

### **Burwood**

In lockdown, require o negative blood and have specimens to go in. Mary G to get someone to be in touch.

### **Hillmorton**

All units in lockdown, staff remaining on site, have a psychosocial response team on standby. Staffing is fine.

### **ISG**

On lockdown in CCL bunker, a voluntary lockdown

9(2)(a)

### **- Community Nursing**

All nurses off the road and patients contacted.

9(2)(a)

### **- Security**

24 hours surgery is taking patients

### **Kate Crawford – MOH**

In Christchurch this weekend if we need support.

**David Meates thanks to everyone for managing a challenging situation.**



**From:** Megan Gibbs on behalf of ECC Operations  
**Sent:** Friday, 15 March 2019 9:11 p.m.  
**To:** Evon Currie; Ramon Pink; Mick O'Donnell; Karalyn van Deursen; Richard Boyce; Pauline Clark; Control1; Heather Gray (Director of Nursing); George Schwass; 'eoc@cprg.org.nz'; Norma Campbell; Michael Frampton; Mary Gordon (Executive Director of Nursing); Carolyn Gullery; Jacqui Lunday Johnstone; Hector Matthews; David Meates; Sue Nightingale; Stella Ward; Justine White; 'rachel.hillyer@fortehealth.co.nz'; Kirsten Beynon; Vanessa Buchan; Terry Walker; 'NHCC\_SPOC@moh.govt.nz'; 'murray\_mills@moh.govt.nz'; Dan Coward; Diana Gunn; Sally Nicholas; 'claire.mcquillen@pegasus.org.nz'; 'philip.schroeder@rollestonhealth.co.nz'; Win McDonald; Toni Gutschlag; Barbara Wilson; 'johnm@schl.co.nz'; 'carol.ferguson@stgeorges.org.nz'; 'brittany.jenkins@wcdhb.govt.nz'; 'philip.wheble@wcdhb.govt.nz'  
**Subject:** Notes from Canterbury District Health Board health system wide teleconference 1730 15/03/2019  
**Attachments:** Health System Minutes teleconference 1730 15 March 2019.docx

Hi Everyone

Please find attached the notes from the teleconference across the health system and with the MOH member present at 1730 today.

Regards  
Megan

*Megan Gibbs*  
Manager, Service Continuity  
Canterbury District Health Board  
Megan.Gibbs@cdhb.health.nz

9(2)(a)

	<h2 style="text-align: center;">Health System Teleconference Agenda and guidelines</h2>	<p>Date: 15 March 2019  Time: 1730  Conference room (if required):  <i>Emergency Management Teleconference details:</i>  <i>Phone number: 083038 or 0800633866</i>  <i>Conference code: 7500910864#</i>  <i>Leader pin: 2073 (to use when setting up TC)</i></p>
--	-----------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Attendees:**

Controller	David Meates/Mary Gordon	PHO	9(2)(a)
Public Information	Jeanie Watson	SMHS	Toni Gutschlag Barbara Wilson
ECC Manager	Megan Gibbs	Christchurch Hospital	Heather Gray Pauline Clark George Schwass
Logistics	Jacinda King	MoH	Murray Mills Kate Crawford
Planning/Intel	Simon Berry	Community & PH	Evon Currie
Operations	Becky	Forte Health	9(2)(a)
Welfare vulnerable people	Becky	Burwood Hospital	Sally Nicholas Diana Gunn
9(2)(a)		Pegasus Health	9(2)(a)
Stella Ward (telephone)		St Georges	9(2)(a)
9(2)(a)		Southern Cross	9(2)(a)
Karalyn van Deursen			
Sue Nightingale (telephone)			

**Minutes**

Teleconference commenced at 1730  
Mary Gordon introduced and welcomed all.

**Emergency Department:**

Heather Gray provided a brief overview of situation:  
41 gunshot wounds – high impact wounds  
2 suspicious parcels found and disabled  
ED almost emptied of patients and being cleaned in preparation to receive  
20 acute general med beds available.  
Most of deceased not yet been able to be named

There are over 200 relations at the hospital who are desperate to find out what is happening.

**Primary Care**

9(2)(a)

3 medical centres across Christchurch:  
24 hours open  
Riccarton Clinic open until 2000  
Moorhouse medical open until 2000  
Methadone – most pharmacies will be shutting down and it may impact on clients

**Pegasus**

Emergency management Teleconference template. 12/09/2018

150 staff at Pegasus and 24 hour surgery.  
24 hour surgery had 2 people present, stable

### **St Georges Hospital**

9(2)(a)

Have an Intensivist on site and available if needed.  
One woman has gone to St Georges and delivered rather than Womens, they have capacity if needed  
3 anaesthetists and 3 surgeons also available if needed. Also staff are happy to be available.  
St Georges has reduced their staff down to what they just need but able to staff up if required.

### **Southern Cross Hospital**

1 gunshot wound presented being managed there  
Confirmed theatres on standby now stood down on CMO's direction but can be activated if needed  
Staff have left to attend to personal business

### **Forte**

In lockdown, 2 surgeons and 2 anaesthetists on site, have beds if needed

### **St John**

Busy afternoon, getting patients to ED, have their own EOC running and main support is to police. Seeing a very low workload probably due to number of lockdowns in place  
Threat to Ashburton so extra staff were called, ensuring staff are being briefed and debriefed and working nationally to plan for tomorrow.  
Any transfer expectations moving forward need to be made aware of, have 12 staff members in ED lock down. Nothing needed at present from CDHB.

### **Comms**

Inundated with media queries, a statement will be made shortly. All our facilities are locked down and will remain so until police lift it. Public health also in lockdown

### **Burwood**

In lockdown, require o negative blood and have specimens to go in. Mary G to get someone to be in touch.

### **Hillmorton**

All units in lockdown, staff remaining on site, have a psychosocial response team on standby. Staffing is fine.

### **ISG**

On lockdown in CCL bunker, a voluntary lockdown

9(2)(a)

### **- Community Nursing**

All nurses off the road and patients contacted.

9(2)(a)

### **- Security**

24 hours surgery is taking patients

### **Kate Crawford – MOH**

In Christchurch this weekend if we need support.

**David Meates thanks to everyone for managing a challenging situation.**

**From:** Karalyn van Deursen  
**Sent:** Saturday, 16 March 2019 2:02 p.m.  
**To:** 'peter\_abernethy@moh.govt.nz'; STAVROPOULOS, Sara  
**Cc:** ARCHIBALD, Jane; CLEVELY, Penelope  
**Subject:** RE: Proposed time for Agencies Briefing - Christchurch Attacks

Hi – please include me – Karalyn.vandeursen@cdhb.health.nz

Kind regards

Karalyn van Deursen  
 Executive Director Communications  
 Canterbury and West Coast District Health Boards  
 Corporate Office, 32 Oxford Terrace, Christchurch  
 T: +64 3 364 4103 or ext. 62103 | M: 027 531 4796

Values – *A matou uara*  
 Care and respect for others – *Manaaki me te kotua i etahi*  
 Integrity in all we do – *Hapai i a matou mahi*  
 Responsibility for outcomes – *Kaiwhakarite i ka hua*



**From:** peter\_abernethy@moh.govt.nz [mailto:peter\_abernethy@moh.govt.nz]  
**Sent:** Saturday, 16 March 2019 1:30 p.m.  
**To:** STAVROPOULOS, Sara  
**Cc:** ARCHIBALD, Jane; CLEVELY, Penelope; Karalyn van Deursen  
**Subject:** RE: Proposed time for Agencies Briefing - Christchurch Attacks

Karalyn van Deursen 027 531 4796  
 It will either be Karalyn or someone Karalyn nominates, regards Peter

Peter Abernethy  
 Media Relations Manager  
 Ministry of Health  
 DDI: 04 496 2008

9(2)(a)

For urgent media responses please copy: [media@moh.govt.nz](mailto:media@moh.govt.nz)

<http://www.health.govt.nz>



[mailto:peter\\_abernethy@moh.govt.nz](mailto:peter_abernethy@moh.govt.nz)

From: "STAVROPOULOS, Sara" <[Sara.Stavropoulos@police.govt.nz](mailto:Sara.Stavropoulos@police.govt.nz)>  
 To: "peter\_abernethy@moh.govt.nz" <[peter\\_abernethy@moh.govt.nz](mailto:peter_abernethy@moh.govt.nz)>,  
 Cc: "ARCHIBALD, Jane" <[Jane.Archibald@Police.Govt.NZ](mailto:Jane.Archibald@Police.Govt.NZ)>, "CLEVELY, Penelope" <[penelope.clevely@police.govt.nz](mailto:penelope.clevely@police.govt.nz)>  
 Date: 16/03/2019 01:06 p.m.  
 Subject: RE: Proposed time for Agencies Briefing - Christchurch Attacks

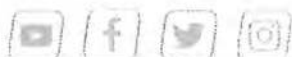
Great thanks Peter. It would be much appreciated if they dial in or we call them. If you could let me know their details I will add them to the list.

Cheers,

**Sara Stavropoulos**  
**Senior Internal Communications Advisor**  
 Public Affairs

9(2)(a)

E [sara.stavropoulos@police.govt.nz](mailto:sara.stavropoulos@police.govt.nz)



From: [peter\\_abernethy@moh.govt.nz](mailto:peter_abernethy@moh.govt.nz) [[mailto:peter\\_abernethy@moh.govt.nz](mailto:peter_abernethy@moh.govt.nz)]  
 Sent: Saturday, 16 March 2019 12:57 p.m.  
 To: STAVROPOULOS, Sara <[Sara.Stavropoulos@police.govt.nz](mailto:Sara.Stavropoulos@police.govt.nz)>  
 Cc: ARCHIBALD, Jane <[Jane.Archibald@Police.Govt.NZ](mailto:Jane.Archibald@Police.Govt.NZ)>; '[media@dpmc.govt.nz](mailto:media@dpmc.govt.nz)' <[media@dpmc.govt.nz](mailto:media@dpmc.govt.nz)>; '[media@dia.govt.nz](mailto:media@dia.govt.nz)' <[media@dia.govt.nz](mailto:media@dia.govt.nz)>; '[media@mbie.govt.nz](mailto:media@mbie.govt.nz)' <[media@mbie.govt.nz](mailto:media@mbie.govt.nz)>; '[media@moh.govt.nz](mailto:media@moh.govt.nz)' <[media@moh.govt.nz](mailto:media@moh.govt.nz)>; '[media@justice.govt.nz](mailto:media@justice.govt.nz)' <[media@justice.govt.nz](mailto:media@justice.govt.nz)>; '[mfat@media.govt.nz](mailto:mfat@media.govt.nz)' <[mfat@media.govt.nz](mailto:mfat@media.govt.nz)>; CLEVELY, Penelope <[penelope.clevely@police.govt.nz](mailto:penelope.clevely@police.govt.nz)>  
 Subject: Re: Proposed time for Agencies Briefing - Christchurch Attacks

Hi Sara, it will be me tomorrow. Did you want someone from Canty DHB comms to ring in?

Peter Abernethy  
 Media Relations Manager  
 Ministry of Health  
 DDI: 04 496 2008  
 9(2)(a)

For urgent media responses please copy: [media@moh.govt.nz](mailto:media@moh.govt.nz)

<http://www.health.govt.nz>  
[mailto:peter\\_abernethy@moh.govt.nz](mailto:peter_abernethy@moh.govt.nz)

From: "STAVROPOULOS, Sara" <[Sara.Stavropoulos@police.govt.nz](mailto:Sara.Stavropoulos@police.govt.nz)>  
 To: "'mfat@media.govt.nz'" <[mfat@media.govt.nz](mailto:mfat@media.govt.nz)>, "'media@justice.govt.nz'" <[media@justice.govt.nz](mailto:media@justice.govt.nz)>, "'media@moh.govt.nz'" <[media@moh.govt.nz](mailto:media@moh.govt.nz)>, "'media@mbie.govt.nz'" <[media@mbie.govt.nz](mailto:media@mbie.govt.nz)>, "'media@dia.govt.nz'" <[media@dia.govt.nz](mailto:media@dia.govt.nz)>, "'media@dpmc.govt.nz'" <[media@dpmc.govt.nz](mailto:media@dpmc.govt.nz)>,  
 Cc: "ARCHIBALD, Jane" <[Jane.Archibald@Police.Govt.NZ](mailto:Jane.Archibald@Police.Govt.NZ)>, "CLEVELY, Penelope" <[penelope.clevely@police.govt.nz](mailto:penelope.clevely@police.govt.nz)>  
 Date: 16/03/2019 12:15 p.m.  
 Subject: Proposed time for Agencies Briefing - Christchurch Attacks

Good afternoon all

We are planning to hold an agency comms staff briefing at 10am each day starting from tomorrow - Sunday 17 march.

The purpose of this Briefing will be to provide an update on events and update key messaging.

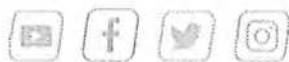
Please send the details (name, phone, position) of who you would like to nominate to attend through to Jane Archibald ([jane.archibald@police.govt.nz](mailto:jane.archibald@police.govt.nz)) - police public affairs lead.

Kind regards,

**Sara Stavropoulos**  
**Senior Internal Communications Advisor**  
 Public Affairs

9(2)(a)

E [sara.stavropoulos@police.govt.nz](mailto:sara.stavropoulos@police.govt.nz)



#### WARNING

The information contained in this email message is intended for the addressee only and may contain privileged information. It may also be subject to the provisions of section 50 of the Policing Act 2008, which creates an offence to have unlawful possession of Police property. If you are not the intended recipient of this message or have received this message in error, you must not peruse, use, distribute or copy this message or any of its contents.

Also note, the views expressed in this message may not necessarily reflect those of the New Zealand Police. If you have received this message in error, please email or telephone the sender immediately

\*\*\*\*\*

Statement of confidentiality: This e-mail message and any accompanying attachments may contain information that is IN-CONFIDENCE and subject to legal privilege.

If you are not the intended recipient, do not read, use, disseminate, distribute or copy this message or attachments.

If you have received this message in error, please notify the sender immediately and delete this message.

\*\*\*\*\*

**From:** Karalyn van Deursen  
**Sent:** Saturday, 16 March 2019 2:11 p.m.  
**To:** 'peter\_abernethy@moh.govt.nz'  
**Subject:** RE: Proposed time for Agencies Briefing - Christchurch Attacks (in Wellington)

Perfect. Thanks.

**From:** peter\_abernethy@moh.govt.nz [mailto:peter\_abernethy@moh.govt.nz]  
**Sent:** Saturday, 16 March 2019 12:58 p.m.  
**To:** Karalyn van Deursen  
**Subject:** Fw: Proposed time for Agencies Briefing - Christchurch Attacks (in Wellington)

I've said me for tomorrow. I've asked if they'd like someone from your team to ring in, but if you guys are too busy, I can send you through an email following the briefing. P

Peter Abernethy  
 Media Relations Manager  
 Ministry of Health  
 DDJ: 04 496 2008  
 9(2)(a)

For urgent media responses please copy: [media@moh.govt.nz](mailto:media@moh.govt.nz)

<http://www.health.govt.nz>  
[mailto:peter\\_abernethy@moh.govt.nz](mailto:peter_abernethy@moh.govt.nz)

----- Forwarded by Peter Abernethy/MOH on 16/03/2019 12:56 p.m. -----

**From:** "STAVROPOULOS, Sara" <[Sara.Stavropoulos@police.govt.nz](mailto:Sara.Stavropoulos@police.govt.nz)>  
**To:** ""mfat@media.govt.nz" <[mfat@media.govt.nz](mailto:mfat@media.govt.nz)>, "media@justice.govt.nz" <[media@justice.govt.nz](mailto:media@justice.govt.nz)>, "media@moh.govt.nz" <[media@moh.govt.nz](mailto:media@moh.govt.nz)>, "media@mbie.govt.nz" <[media@mbie.govt.nz](mailto:media@mbie.govt.nz)>, "media@dia.govt.nz" <[media@dia.govt.nz](mailto:media@dia.govt.nz)>, "media@dpmc.govt.nz" <[media@dpmc.govt.nz](mailto:media@dpmc.govt.nz)>,  
**Cc:** "ARCHIBALD, Jane" <[Jane.Archibald@Police.Govt.NZ](mailto:Jane.Archibald@Police.Govt.NZ)>, "CLEVELY, Penelope" <[penelope.clevery@police.govt.nz](mailto:penelope.clevery@police.govt.nz)>  
**Date:** 16/03/2019 12:15 p.m.  
**Subject:** Proposed time for Agencies Briefing - Christchurch Attacks

Good afternoon all

We are planning to hold an agency comms staff briefing at 10am each day starting from tomorrow - Sunday 17 march.

The purpose of this Briefing will be to provide an update on events and update key messaging.

Please send the details (name, phone, position) of who you would like to nominate to attend through to Jane Archibald ([jane.archibald@police.govt.nz](mailto:jane.archibald@police.govt.nz)) - police public affairs lead.

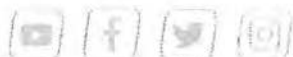
Kind regards,

**Sara Stavropoulos**  
**Senior Internal Communications Advisor**  
 Public Affairs

9(2)(a)



E [sara.stavropoulos@police.govt.nz](mailto:sara.stavropoulos@police.govt.nz)




---

WARNING

The information contained in this email message is intended for the addressee only and may contain privileged information. It may also be subject to the provisions of section 50 of the Policing Act 2008, which creates an offence to have unlawful possession of Police property. If you are not the intended recipient of this message or have received this message in error, you must not peruse, use, distribute or copy this message or any of its contents.

Also note, the views expressed in this message may not necessarily reflect those of the New Zealand Police. If you have received this message in error, please email or telephone the sender immediately

\*\*\*\*\*

Statement of confidentiality: This e-mail message and any accompanying attachments may contain information that is IN-CONFIDENCE and subject to legal privilege.

If you are not the intended recipient, do not read, use, disseminate, distribute or copy this message or attachments.

If you have received this message in error, please notify the sender immediately and delete this message.

\*\*\*\*\*

---

This e-mail message has been scanned for Viruses and Content and cleared by the Ministry of Health's Content and Virus Filtering Gateway

---



-----Original Message-----

From: Karalyn van Deursen

Sent: Monday, 18 March 2019 2:47 p.m.

To: Julian Robins (julian.robins@parliament.govt.nz); Anna Kirk (Anna.kirk@hawkesbaydhb.govt.nz)

Subject: FW: Update

-----Original Message-----

From: David Meates

Sent: Monday, 18 March 2019 2:47 p.m.

To: ashley\_bloomfield@moh.govt.nz

Cc: Karalyn van Deursen

Subject: Update

Ashley

At this stage one deceased released by coroner last night but has stayed on sight as another of the deceased is part of family. No other releases as yet although some likely to happen later (this will stay a wee bit fluid).

Further initial indications are the the following deceased likely to be repatriated:

3 Bangladeshi

1 Indian

1 Egyptian

1 Saudi

3 Pakistan

At this stage Between 25 - 35 families likely to have a joined up burial (although details and logistics still to be worked out). At this stage aiming for Thursday burial. The aim is still to have PMs completed and coronial process by end Wednesday. However really important to note that this is estimated and could well change.

Family meetings tonight where further details will be discussed with families.

Regards

David

Sent from my iPhone

**From:** Karalyn van Deursen  
**Sent:** Tuesday, 19 March 2019 1:55 p.m.  
**To:** Julian Robins ([julian.robins@parliament.govt.nz](mailto:julian.robins@parliament.govt.nz)); Adam Bennett  
**Cc:** Jacqui Lunday Johnstone; Peter Abernethy ([peter.abernethy@moh.govt.nz](mailto:peter.abernethy@moh.govt.nz))  
**Subject:** Opp for ministerial media release - world social workers day

Hi all – not sure if you're planning anything to mark world social workers day, but we've just received this beautifully-written piece by our social work leader and we're publishing it in the 'regular' ceo update going out today – you might find some lines below to use in a release from the Min.

Kvd  
 p.s. I've copied Jacqui my exec team colleague who manages the social work team.

## The Christchurch Mosque attacks and World Social Workers Day

19<sup>th</sup> March 2019

Acute hospital Social workers are a key component of the allied health workforce that responds alongside medical personal in situations involving disasters, distress and acts of terrorism.

During the attack on the Christchurch mosques, we, the Social Work team at CDHB, were there alongside the injured and devastated as they came into the ED and supported the traumatised and shocked families who had borne witness to this horrific act of terrorism.

We were there to write the names of the missing and injured, to reassure the families even though there were no assurances that we could give. We worked alongside the CDHB medical team and police in the treatment and identification of the injured and deceased. We experienced the joyous moments amongst the chaos and despair when we reunited the injured and their loved ones or finally got to say "they are alive, I will take you to them". We provided the families with information and support, with enormous quantities of food lovingly prepared and delivered by the incredible Christchurch community; food that was that was full of love and nourishment for exhausted bodies and souls. We responded to the diverse and complex needs of a multitude of ethnic groups and communities affected by this terrible tragedy.

Alongside our colleagues from Specialist Mental Health services, allied health professionals, West Coast Social Workers, community volunteers, and our managers, we did whatever needed to be done and remained responsive and in tune to the fast changing, organic and dynamic situation.

We stood silently among the families in our relative's centre as the long awaited, anguishing list of the deceased and missing was finally read by their religious leaders at midnight on Saturday.

We comforted the bereaved where we could and prayed that we would never witness such absolute grief and utter despair ever again.

Now as we move into the fourth day of this tragic and heartbreaking attack on our community, the community of Christchurch, we continue to provide support to families of our patients in the ICU and on the wards.

I write this because I want to tell you what they did, this incredible, humble and dedicated team, and the wider allied health team at the Cdhb who were there for endless hours until they almost dropped from exhaustion. They will not tell you that they were there but I will, because I am honoured to be their colleague and today, like many days, I am proud to be a Social worker.

On this day, World Social Work Day, we stand in solidarity with our local and international Islamic community and with social workers around the world and recognise the contribution they and we all make every day in the most difficult and dire circumstances imaginable.

Kia Kaha from Otautahi (Christchurch) Aotearoa New Zealand CDHB Social Work Services

Author Catherine Hughes, Clinical Manager Social Work Services, CDHB Christchurch Combined Campus Hospital

Kind regards

**Karalyn van Deursen**

Executive Director Communications

Canterbury and West Coast District Health Boards

Corporate Office, 32 Oxford Terrace, Christchurch

T: +64 3 364 4103 or ext. 62103 | M: 027 531 4796

Values – *A matou uara*

Care and respect for others – *Manaaki me te kotua i etahi*

Integrity in all we do – *Hapai i a matou mahi*

Responsibility for outcomes – *Kaiwhakarite i ka hua*

**NEED TO TALK?**



**free call or text  
any time**



**From:** Mary Gordon (Executive Director of Nursing)  
**Sent:** Tuesday, 19 March 2019 2:23 p.m.  
**To:** 'Murray\_Halbert@moh.govt.nz'  
**Cc:** Megan Gibbs; nhcc\_spoc@moh.govt.nz; Debbie\_Wing@moh.govt.nz;  
 Kate\_Crawford@moh.govt.nz; Sue Imrie  
**Subject:** RE: Ongoing reporting requirement

Thanks Murray

Yes we have a system in place to meet these reporting requirements each day.  
 Mary

Mary Gordon  
 Executive Director of Nursing  
 Canterbury District Health Board

DDI: 03 364 4104



**From:** Murray\_Halbert@moh.govt.nz [mailto:Murray\_Halbert@moh.govt.nz]  
**Sent:** Tuesday, 19 March 2019 1:39 p.m.  
**To:** Mary Gordon (Executive Director of Nursing) <Mary.Gordon@cdhb.health.nz>  
**Cc:** Megan Gibbs <Megan.Gibbs@cdhb.health.nz>; nhcc\_spoc@moh.govt.nz; Debbie\_Wing@moh.govt.nz;  
 Kate\_Crawford@moh.govt.nz  
**Subject:** Ongoing reporting requirement

Good afternoon Mary,  
 I'm in receipt of the email advising the ECC has been stood down, this is good news.  
 The Ministry of Civil Defence and Emergency Management (MCDEM) have requested 2 x daily updates to be provided on the patient numbers and conditions and the Health staff numbers working in the community hub, as part of the national situation report.

The information is required by the following times:  
 Morning before:10.30am  
 Afternoon before:3.30pm

**Please send this information direct to MCDEM at this email address: [intelligence@ncmc.govt.nz](mailto:intelligence@ncmc.govt.nz) and copy to [NHCC\\_SPOC@moh.govt.nz](mailto:NHCC_SPOC@moh.govt.nz)**

Thank you in advance with this request

Warm regards



Murray

Murray Halbert  
 Manager Capability & South Island Regional Emergency Management Advisor  
 Emergency Management Team I Population Health & Prevention Directorate  
 Ministry of Health  
 DDI: 04 816 4325 I 9(2)(a)

*Leadership is not about being in charge, it's about taking care of those in your charge*  
 - Simon Sinek



MEMBER  
**International Association of Emergency Managers**  
 5000 MEMBERS – 58 COUNTRIES – [www.iaem.com](http://www.iaem.com)

\*\*\*\*\*

Statement of confidentiality: This e-mail message and any accompanying attachments may contain information that is IN-CONFIDENCE and subject to legal privilege.

If you are not the intended recipient, do not read, use, disseminate, distribute or copy this message or attachments.

If you have received this message in error, please notify the sender immediately and delete this message.

\*\*\*\*\*

This e-mail message has been scanned for Viruses and Content and cleared by the Ministry of Health's Content and Virus Filtering Gateway

**From:** Sue Imrie  
**Sent:** Tuesday, 19 March 2019 2:36 p.m.  
**To:** 'intelligence@ncmc.govt.nz'  
**Cc:** 'NHCC\_SPOC@moh.govt.nz'; ECC Operations  
**Subject:** FW: CDHB 1530hrs report

Hello

PM Report approved by Mary Gordon, Incident Controller.

Sue Imrie  
 Executive Assistant to Executive Director of Nursing  
 & Executive Director of Māori & Pacific Health  
 Canterbury District Health Board | PO Box 1600 | Christchurch 8140  
 DD +64 3 364-4107 | Ext. 62107 | Email [sue.imrie@cdhb.health.nz](mailto:sue.imrie@cdhb.health.nz)

**From:** Megan Gibbs  
**Sent:** Tuesday, 19 March 2019 2:23 p.m.  
**To:** Mary Gordon (Executive Director of Nursing) <[Mary.Gordon@cdhb.health.nz](mailto:Mary.Gordon@cdhb.health.nz)>; Sue Imrie <[Sue.Imrie@cdhb.health.nz](mailto:Sue.Imrie@cdhb.health.nz)>  
**Cc:** Nathan Woolls <[Nathan.Woolls@cdhb.health.nz](mailto:Nathan.Woolls@cdhb.health.nz)>  
**Subject:** CDHB 1530hrs report

32 people are currently being treated in hospitals. There is sufficient clinical capacity.  
 30 patients remain in Christchurch Hospital - 9 of these are critically ill in ICU; **1 patient expected to be moved out of ICU later today.**  
 1 patient in Starship Hospital, Auckland and 1 patient in Auckland Hospital.

CDHB is coordinating the health psychosocial response working with our partners in Primary and NGO's.  
**Requested info on Horticultural Centre:** There are 5 mental health staff and 1 social worker based at the centre today. Afternoon/evening staffing will be provided based on assessment of today's activity and anticipated need.

*Megan Gibbs*  
 Manager, Service Continuity  
 Canterbury District Health Board  
[Megan.Gibbs@cdhb.health.nz](mailto:Megan.Gibbs@cdhb.health.nz)

9(2)(a)

**From:** Sue Imrie  
**Sent:** Tuesday, 19 March 2019 10:22 a.m.  
**To:** 'intelligence@ncmc.govt.nz'  
**Cc:** 'NHCC\_SPOC@moh.govt.nz'; 'healthlo@ncmc.govt.nz'; ECC Operations  
**Subject:** FW: Information for NCMC 1030hrs

AM Report approved by Mary Gordon.

Kind regards  
 Sue

Sue Imrie  
 Executive Assistant to Executive Director of Nursing  
 & Executive Director of Māori & Pacific Health  
 Canterbury District Health Board | PO Box 1600 | Christchurch 8140  
 DD +64 3 364-4107 | Ext. 62107 | Email [sue.imrie@cdhb.health.nz](mailto:sue.imrie@cdhb.health.nz)

**From:** Megan Gibbs  
**Sent:** Tuesday, 19 March 2019 10:05 a.m.  
**To:** Mary Gordon (Executive Director of Nursing) <Mary.Gordon@cdhb.health.nz>; Sue Imrie <Sue.Imrie@cdhb.health.nz>  
**Subject:** Information for NCMC 1030hrs

32 people are currently being treated in hospitals. There is sufficient clinical capacity.  
 30 patients remain in Christchurch Hospital - 9 of these are critically ill in ICU;  
 1 patient in Starship Hospital, Auckland and 1 patient in Auckland Hospital.

CDHB is coordinating the health psychosocial response working with our partners in Primary and NGO's.  
**Requested info on Horticultural Centre:** There are 5 mental health staff and 1 social worker based at the centre today. Afternoon/evening staffing will be provided based on assessment of today's activity and anticipated need.

*Megan Gibbs*  
 Manager, Service Continuity  
 Canterbury District Health Board  
[Megan.Gibbs@cdhb.health.nz](mailto:Megan.Gibbs@cdhb.health.nz)

9(2)(a)

**From:** David Meates

**Sent:** Tuesday, 19 March 2019 7:44 a.m.

**To:** 'Ashley\_Bloomfield@moh.govt.nz' <Ashley\_Bloomfield@moh.govt.nz>

**Cc:** Susan Fitzmaurice <Susan.Fitzmaurice@cdhb.health.nz>

**Subject:** Looking ahead this week on the surgery and IDF flow front

Hi Ashley

A brief summary below note from discussions with surgical teams re our plans for week. This information has been feed into MOH teams.

1. All non-deferrable surgery to be postponed until 25/3 – we will review towards end of week - includes most ACC COS
2. At this stage we do not require external surgeon/ nurse/ technician support – however we ask if required. More likely that some support is required later in the month.
3. Returning to item 1 the other driver for no planned surgery this week is to create the necessary capacity to deal with acute surgical demand which after several days of low presentation is now increasing. When coupled with return to theatre requirements of the injured from Friday the demand on theatre capacity and the multid surgical team is high.
4. Outpatients: likely to be some reduction in the number of clinics undertaken by surgical SMOs, this is in response to the necessity to reduce the current burden of responsibility and work on surgeons
5. IDF flow including national spinal pathway, repatriation of CDHB patients from other centres, retention of flex in ICU ( beds & demand on staff) etc. IDFs bypass until Monday 25/3/19- exceptions by discussion - eg spinaltrauma from Timaru as overseas family with one member already on Chch icu - Includes - Transplants/spinal/icu
6. DHBs around NZ are asking how they can help and support us and we would say by working as a collective to provide care to Canterbury people currently with them and by picking up on IDFs including spinal i.e acting as an alternative provider until we are in a position to take on our usual responsibilities.

Regards

David Meates, MNZM

Chief Executive | Canterbury District Health Board and West Coast District Health Board

T: 03 364 4110 (ext 62110) | E: [david.meates@cdhb.health.nz](mailto:david.meates@cdhb.health.nz)

P O Box 1600, Christchurch 8140

[www.cdhb.health.nz](http://www.cdhb.health.nz) | [www.westcoastdhb.org.nz](http://www.westcoastdhb.org.nz)



**Values – Ā Mātou Uara**

Care and respect for others - Manaaki me te whakaute i te tangata | Integrity in all we do - Hāpai i ā mātou mahi katoa i runga i te pono | Responsibility for outcomes - Te Takohanga i ngā hua



---

**From:** Sue Imrie  
**Sent:** Wednesday, 20 March 2019 3:03 p.m.  
**To:** 'intelligence@ncmc.govt.nz'  
**Cc:** 'NHCC\_SPOC@moh.govt.nz'; ECC Operations  
**Subject:** FW: CDHB report at 14:47

**Importance:** High

PM report approved by Mary Gordon, CDHB Incident Controller.

Sue Imrie  
Executive Assistant to Executive Director of Nursing  
& Executive Director of Māori & Pacific Health  
Canterbury District Health Board | PO Box 1600 | Christchurch 8140  
DD +64 3 364-4107 | Ext. 62107 | Email [sue.imrie@cdhb.health.nz](mailto:sue.imrie@cdhb.health.nz)

**From:** Nathan Woolls  
**Sent:** Wednesday, 20 March 2019 2:49 p.m.  
**To:** Mary Gordon (Executive Director of Nursing) <Mary.Gordon@cdhb.health.nz>; Sue Imrie <Sue.Imrie@cdhb.health.nz>  
**Subject:** CDHB report at 14:47

**31** people are currently being treated in hospitals (no change)  
**29** patients in Christchurch Hospital (no change), including **8** in ICU (no change)  
**2** patients remain in Auckland (no change)

The CDHB is meeting with clinical leaders today to guide the approach going forward, and also liaising with other agencies to ensure there's a coordinated response.

**Requested info on Horticultural Centre:** we will maintain the SMHS roster of **5 clinical staff** and **1 coordinator** working on each shift

Thanks,  
Nathan

**Nathan Woolls** | Administration Support Officer | Emergency Management & Service Continuity Team

**From:** Sue Imrie  
**Sent:** Wednesday, 20 March 2019 10:39 a.m.  
**To:** 'intelligence@ncmc.govt.nz'  
**Cc:** "NHCC\_SPOC@moh.govt.nz"; ECC Operations  
**Subject:** FW: CDHB report at 09:53

**Importance:** High

Hello

AM report approved by Mary Gordon, CDHB Incident Controller.  
 Apologies for the delay.

Sue Imrie  
 Executive Assistant to Executive Director of Nursing  
 & Executive Director of Māori & Pacific Health  
 Canterbury District Health Board | PO Box 1600 | Christchurch 8140  
 DD +64 3 364-4107 | Ext. 62107 | Email [sue.imrie@cdhb.health.nz](mailto:sue.imrie@cdhb.health.nz)

**From:** Nathan Woolls  
**Sent:** Wednesday, 20 March 2019 9:55 a.m.  
**To:** Mary Gordon (Executive Director of Nursing) <Mary.Gordon@cdhb.health.nz>; Sue Imrie <Sue.Imrie@cdhb.health.nz>  
**Subject:** CDHB report at 09:53

**31** people are currently being treated in hospitals (**down by 1**)  
**29** patients in Christchurch Hospital (**down by 1**), including **8** in ICU (**down by 1**)  
 2 patients remain in Auckland (no change)

The CDHB is meeting with clinical leaders today to guide the approach going forward, and also liaising with other agencies to ensure there's a coordinated response.  
**Requested info on Horticultural Centre:** we will maintain the SMHS roster of **5 clinical staff and 1 coordinator** working on each shift

Thanks,  
 Nathan

**Nathan Woolls** | Administration Support Officer | Emergency Management & Service Continuity Team

---

**From:** Sue Imrie  
**Sent:** Thursday, 21 March 2019 3:32 p.m.  
**To:** 'intelligence@ncmc.govt.nz'  
**Cc:** 'NHCC\_SPOC@moh.govt.nz'; ECC Operations  
**Subject:** FW: CDHB report at 14:17

**Importance:** High

PM report approved by Mary Gordon.

Regards  
Sue

**From:** Nathan Woolls  
**Sent:** Thursday, 21 March 2019 2:17 p.m.  
**To:** Mary Gordon (Executive Director of Nursing) <Mary.Gordon@cdhb.health.nz>; Sue Imrie <Sue.Imrie@cdhb.health.nz>  
**Subject:** CDHB report at 14:17

**30** people are currently being treated in hospitals (**down by 1**)  
**28** patients in Christchurch Hospital (**down by 1**), including **6** in ICU (no change)  
**2** patients remain in Auckland (no change)

There is ongoing collaboration across the sector to meet any identified ongoing needs; a clinical leadership group has been established and a central point of contact for coordinating mental health needs is under establishment.

**Requested info on Horticultural Centre:** we will maintain the SMHS roster of **4** clinical staff (**down by 1**) and **1** coordinator (no change) working on each shift

Thanks,  
Nathan

**Nathan Woolls** | Administration Support Officer | Emergency Management & Service Continuity Team



**From:** Sue Imrie  
**Sent:** Thursday, 21 March 2019 10:24 a.m.  
**To:** 'intelligence@ncmc.govt.nz'  
**Cc:** 'NHCC\_SPOC@moh.govt.nz'; ECC Operations  
**Subject:** FW: CDHB report at 10:13

FYI

Sue Imrie  
 Executive Assistant to Executive Director of Nursing  
 & Executive Director of Māori & Pacific Health  
 Canterbury District Health Board | PO Box 1600 | Christchurch 8140  
 DD +64 3 364-4107 | Ext. 62107 | Email [sue.imrie@cdhb.health.nz](mailto:sue.imrie@cdhb.health.nz)

**From:** Mary Gordon (Executive Director of Nursing)  
**Sent:** Thursday, 21 March 2019 10:23 a.m.  
**To:** Nathan Woolls <[Nathan.Woolls@cdhb.health.nz](mailto:Nathan.Woolls@cdhb.health.nz)>  
**Cc:** Sue Imrie <[Sue.Imrie@cdhb.health.nz](mailto:Sue.Imrie@cdhb.health.nz)>  
**Subject:** Re: CDHB report at 10:13

Approved

Mary Gordon

On 21/03/2019, at 10:13 AM, Nathan Woolls <[Nathan.Woolls@cdhb.health.nz](mailto:Nathan.Woolls@cdhb.health.nz)> wrote:

Sorry for the delay.

**31** people are currently being treated in hospitals (no change)  
**29** patients in Christchurch Hospital (no change), including **6** in ICU  
 (down by 2)  
**2** patients remain in Auckland (no change)

There is ongoing collaboration across the sector to meet any identified ongoing needs; a clinical leadership group has been established and a central point of contact for coordinating mental health needs is under establishment.

**Requested info on Horticultural Centre:** we will maintain the SMHS roster of **4 clinical staff** (down by 1) and **1 coordinator** (no change) working on each shift

Thanks,  
 Nathan

Nathan Woolls | Administration Support Officer | Emergency Management & Service Continuity Team



**From:** Sue Imrie  
**Sent:** Friday, 22 March 2019 2:39 p.m.  
**To:** 'intelligence@ncmc.govt.nz'  
**Cc:** 'NHCC\_SPOC@moh.govt.nz'; ECC Operations  
**Subject:** FW: CDHB report at 14:33

FYI  
 Regards  
 Sue

Sue Imrie  
 Executive Assistant to Executive Director of Nursing  
 & Executive Director of Māori & Pacific Health  
 Canterbury District Health Board | PO Box 1600 | Christchurch 8140  
 DD +64 3 364-4107 | Ext. 62107 | Email [sue.imrie@cdhb.health.nz](mailto:sue.imrie@cdhb.health.nz)

**From:** Mary Gordon (Executive Director of Nursing)  
**Sent:** Friday, 22 March 2019 2:34 p.m.  
**To:** Nathan Woolls <Nathan.Woolls@cdhb.health.nz>; Sue Imrie <Sue.Imrie@cdhb.health.nz>  
**Subject:** RE: CDHB report at 14:33

Approved

Mary Gordon  
 Executive Director of Nursing  
 Canterbury District Health Board

DDI: 03 364 4104



**From:** Nathan Woolls  
**Sent:** Friday, 22 March 2019 2:34 p.m.  
**To:** Mary Gordon (Executive Director of Nursing) <[Mary.Gordon@cdhb.health.nz](mailto:Mary.Gordon@cdhb.health.nz)>; Sue Imrie <[Sue.Imrie@cdhb.health.nz](mailto:Sue.Imrie@cdhb.health.nz)>  
**Subject:** CDHB report at 14:33

**\* 2 further discharges expected today \***

**29 people are currently being treated in hospitals (no change)**

27 patients in Christchurch Hospital (no change), including 5 in ICU (no change)  
2 patients remain in Auckland (no change)

There is a strong mental health presence being maintained at the Community Centre (Horticultural Centre), largely from the CDHB Mental Health Service with support now coming from NGO and Primary Care. We are working with MSD and other agencies to develop a navigator function that is endorsed by affected community.

**Requested info on Horticultural Centre:** we will maintain the SMHS roster of 5 **clinical staff** (no change) and 1 **coordinator** (no change) working on each shift

Thanks,  
Nathan

Nathan Woolls | Administration Support Officer | Emergency Management & Service Continuity Team

RELEASED UNDER THE OFFICIAL INFORMATION ACT

**From:** Sue Imrie  
**Sent:** Friday, 22 March 2019 10:17 a.m.  
**To:** 'intelligence@ncmc.govt.nz'  
**Cc:** 'NHCC\_SPOC@moh.govt.nz'; ECC Operations  
**Subject:** FW: CDHB report at 09:52

AM report approved by Mary Gordon.  
 Regards

Sue Imrie  
 Executive Assistant to Executive Director of Nursing  
 & Executive Director of Māori & Pacific Health  
 Canterbury District Health Board | PO Box 1600 | Christchurch 8140  
 DD +64 3 364-4107 | Ext. 62107 | Email [sue.imrie@cdhb.health.nz](mailto:sue.imrie@cdhb.health.nz)

**From:** Nathan Woolls  
**Sent:** Friday, 22 March 2019 9:53 a.m.  
**To:** Mary Gordon (Executive Director of Nursing) <Mary.Gordon@cdhb.health.nz>; Sue Imrie <Sue.Imrie@cdhb.health.nz>  
**Subject:** CDHB report at 09:52

**\* Potential for 1-2 further discharges today \***

**29** people are currently being treated in hospitals (**down by 1**)  
**27** patients in Christchurch Hospital (**down by 1**), including **5** in ICU (**down by 1**)  
**2** patients remain in Auckland (no change)

There is a strong mental health presence being maintained at the Community Centre (Horticultural Centre), largely from the CDHB Mental Health Service with support now coming from NGO and Primary Care. We are working with MSD and other agencies to develop a navigator function that is endorsed by affected community.

**Requested info on Horticultural Centre:** we will maintain the SMHS roster of **5** clinical staff (**up by 1**) and **1** coordinator (no change) working on each shift

Thanks,  
 Nathan

**Nathan Woolls** | Administration Support Officer | Emergency Management & Service Continuity Team

# **Canterbury District Health Board**

## **Policy and Procedure Manual**

### **Christchurch Hospital Campus**

#### **Volume B Part A: Major Incident Plan**

First Issue	1997
Second Issue	August 2004
Third Issue	April 2010
Fourth Issue	September 2013
Fifth Issue	August 2018

**Ref: 0141**



# Table of Contents

1.	Document Management .....	4
2.	Overview .....	7
2.1	Definitions .....	7
2.2	Control Systems .....	8
2.3	Activation of Christchurch Hospital Major Incident Plan .....	9
2.3.1	Mass Casualty (External) Incident .....	9
2.3.2	Christchurch Hospital, Emergency Department Mass Casualty Algorithm .....	11
2.3.3	Activation Contact Cascade .....	12
2.4	Ministry of Health and Civil Defence Emergency Management National alerts .....	13
2.5	CDHB & Christchurch Hospital SPOC .....	13
2.6	Other Major Incidents –Internal or External causes .....	13
3.	Control and Co-ordination .....	17
3.1	Emergency Operations Centre .....	17
3.2	Personnel .....	17
3.3	Stand-Down .....	20
3.4	Transfer / Discharge of Patients .....	20
3.5	Identification of Personnel .....	20
3.6	Reporting Lines & Communication .....	21
3.7	Obtaining Additional Personnel to Help .....	21
3.8	Emergency Operations Centre Clerical Support .....	21
3.9	Task Cards .....	22
4.	Emergency Department Major Incident Response .....	23
4.1	Notification .....	23
4.2	Activation .....	23
4.3	Emergency Department Organisation .....	23
4.3.1	The key components of the ED response are as follows: .....	23
4.3.2	Team Roles .....	25
4.3.3	Maps of key ED locations .....	31
4.4	Patient Records, Identification, and Tracking Process .....	32
4.4.1	Documents .....	32
4.4.2	Principles of disaster registration .....	33
4.4.3	Principles of disaster identification numbering .....	33
4.4.4	Pre-patient arrival .....	34
4.4.5	Computer triage – at the Resus Triage Desk .....	34
4.4.6	Paper triage – at the Resus Triage Desk .....	34
4.4.7	Paper registration – Maintain ED Major Inpatient Patient Log Sheet .....	35
4.4.8	PMS registration .....	35
4.4.9	Post-incident data entry .....	35
4.5	Changes in practice .....	36
4.6	Major Incident Plan Task Cards .....	36
4.7	Forms .....	37
4.8	ED Relocation .....	37
4.8.1	Purpose of Plan .....	37
4.8.2	Lead individuals .....	38
4.8.3	Lead roles within existing incident management system .....	38
4.8.4	Associated documents .....	38
4.8.5	Relocation plan summary .....	38
	A: Acute assessment .....	39
	B: Best estimate .....	39
	C: Control .....	39
	Relocation .....	39
4.8.6	Authority to Relocate ED .....	39
4.8.7	ED Relocation Flowchart .....	40
4.8.8	Relocation Task Cards .....	41

4.9	Christchurch Hospital Emergency Department Major Incident Plan – Summary of roles and responses and interface with other disciplines	42
5.	Generic Plan for all Wards .....	45
6.	Specialty Area Plans .....	46
6.1	Allied Health Services (ALH)	47
6.2	Department of Anaesthesia	49
6.3	New Zealand Blood Service	51
6.4	Canterbury Health Laboratories (CHL)	53
6.5	Cardiology (CHL)	55
6.6	Chaplaincy Department	56
6.7	Child Health	57
6.8	Clinical Records	58
6.9	Food Services	60
6.10	General Surgery	61
6.11	Department of Intensive Care	63
6.12	Maintenance and Engineering	65
6.13	Internal Medicine	66
6.14	Mortuary Services	68
6.15	Department of Nursing	69
6.16	Occupational Therapy	70
6.17	Operating Theatre	71
6.18	Orderlies	73
6.19	Orthopaedic Outpatients	74
6.20	Post Anaesthesia Care Unit	76
6.21	Palliative Care Service	77
6.22	Pharmacy Services	78
6.23	Physiotherapy Services	79
6.24	Radiology	80
6.25	Resident Doctors' Support Team	81
6.26	Security	82
6.27	Social Work Services	84
6.28	Sterile Services	85
6.29	Supply Department	86
6.30	Telephone Office	87
7.	Women's Health Services .....	88
	Appendix 1 - Abbreviations .....	89
	Appendix 2 - Task Cards .....	90
	Appendix 3 – Status Report.....	93

# 1. Document Management

## Manual Authorisation

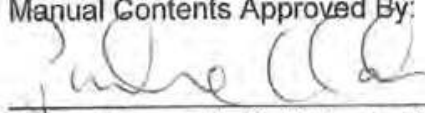
Manual Contents Approved By:

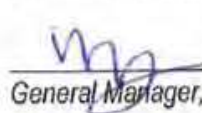
Pauline Clark

Manual Contents Approved By:

General Manager

Christchurch Campus

 28/08/18  
General Manager Medical & Surgical Services and Women's & Children's, Christchurch Hospital

 28/8/18  
General Manager, Canterbury Health Laboratories (CHL)

## Amendments To Previous Issue

This is the fifth issue of this manual.

It updates the names of roles, terminology and locations of the hospital campus.

This is a response plan that is aligned with the requirements of the Ministry of Health (MoH) Operational Policy Framework and New Zealand Health Emergency Plan.

The Coordinated Incident Management System was reviewed in 2014 and changes including terminology, have been updated and reflected in this plan.

The main changes are there is only one Controller in the Hospital Incident Management Team, (HIMT) all others are called managers. Planning and Intelligence has been separated. A new welfare section has been added. Public Information Manager (PIM) is now part of the IMT.

Authorities and mandates for activation and escalation of the Christchurch Hospital Campus Emergency Response have been reviewed, modified and clarified in response to the debrief of the Otira Bus Incident (December 2014) and Valentine's Day Earthquake response (February 2016).

The Emergency Department has reviewed their section and added more detail to their response procedure. Acknowledgment needs to be given to all departments for the extensive review and discussion of the plan.

A number of sub plans have also been reviewed and updated and include the Christchurch Hospital Pandemic Plan, the Emergency Department HAZMAT (Hazardous Material) Plan, Radiology Service Plan, the Allied Health, Child Health and the Women's Health Sub plan.

## Staff Familiarity with Document

Staff are expected to become familiar with the contents of this manual and keep up to date with additions and amendments.

Evidence of familiarity is to be recorded in Orientation Documentation and stored in the employee file.

## Distribution of Documents

This Manual is located on the CDHB Intranet (Second Line Manuals).

There are also approximately 56 controlled hardcopies of this manual. A record of persons issued with a copy is documented on the Manual Distribution database, which is maintained by the Corporate Documentation Administrator.

## **Documentation Control**

The Document Control Process is detailed in the CDHB Manual, Volume 1 – Documentation.

## **Scope**

This manual is for the use of all employees of CDHB, located at the Christchurch Hospital Campus.

The manual is stored on computer with access restricted to the Document Owner and the Corporate Documentation Coordinator. As this manual is used in the instances of power and computer outages hardcopies for key areas are also issued.

## **Document Architecture**

This manual is the co-ordinating document for the Christchurch Hospital Major Incident Plan (MIP).

It specifies the roles, responsibilities and processes essential to the emergency response. It describes the scope and limitations on the authority of designated members of the Hospital Incident Management Team to facilitate their management of the incident at the lowest appropriate level. This approach also allows for escalation to higher levels of management in order to free constraints or access resources which may not be available to the current person managing the response.

Sub Unit plans have been included, but wherever possible specific operational detail has been excluded. This information, which is needed to guide the actual response, has been provided as Task Cards based on the Co-ordinated Incident Management (CIMS) format. These are all referenced within this document and should be kept in a readily accessible place appropriate to the role(s) covered to provide “just in time” information.

An internal emergency section gives an overview of the identified incidents that occur and an outline of the expected response to these events. An emergency procedures flip chart is aligned to these procedures and outlines the response to these events. These flipcharts are held in all areas of the campus.

There are also associated and aligned flipcharts for the Telephone Office and Duty Nurse Manager (DNM) which provide guidelines and procedures for specific emergencies.

## **All Hazards Approach**

The All Hazards approach is a comprehensive assessment of all known hazards, both natural and man-made, using the “4 R’s” of Risk: Reduction, Readiness, Response and Recovery.

This document outlines primarily the Response Phase. The review and completion of this document supports the Reduction and Readiness phrases of the DHB and Divisional Emergency Plans.



## Associated Documents

### **Emergency Procedures Flipcharts.**

Christchurch Campus These are widely distributed throughout the Campus (2014) Reference Number/s 1681.

Telephone Office (2015) Reference Number - 804 A

Duty Nurse Manager (2017) Reference Number - 804 B

**Emergency Operations Centre Location Manual.** Copies are provided in the Emergency Operation Centre (EOC) (Ground Floor, Parkside Building), Duty Nurse Manager's Office (Lower ground Floor Parkside Building) and the General Manager's Office (Lower Ground Floor, Parkside Building). This Location Manual provides specific information on the operation and use of all equipment in the EOC, and guidelines on the impact assessment and management of internal emergencies affecting the Christchurch Hospital Campus.

CDHB Volume 7 Major Incident and Emergency Plan, 2017.

South Island Health Emergency Plan (SIHEP), 2018

MoH Operational Policy Framework 2016/2017

Civil Defence and Emergency Management (CDEM) Act, 2002

Civil Defence and Emergency Management Amendment Act, 2016

Canterbury CDEM Group Plan June, 2014

National Civil Defence Emergency Management Plan 2015

National Health Emergency Plan, 2016

- NZ Influenza Pandemic Action plan, 2017
- Mass Casualty Action Plan, 2011
- Multi Complex Burn Action Plan
- Hazardous Substances Incident Hospital Guidelines, 2005
- World Health Organisation Hospital & Emergency Response checklist, 2011

## 2. Overview

### 2.1 Definitions

A Major Incident or Emergency is one which has the potential to overwhelm the hospital's capacity to provide optimal care. This may be due to:

- The presentation of more casualties in number, type or degree than the hospital is staffed or equipped to treat at that time.

Or

- The threat of loss of utilities / services on which the hospital depends which may endanger patients and / or staff. Or disrupt the hospital's continuum of care. **(Internal Incident)**

#### **Coordinated Incident Management System (CIMS)**

The Coordinated Incident Management System (CIMS) is a system developed by the New Zealand emergency services with the primary objective of improving the management of the response to emergency incidents through better co-ordination between the responding organisations. It does not affect the command systems of the individual organisations or their specialist procedures.

The Christchurch Hospital Major Incident Plan incorporates CIMS Organisation and principles.

#### **Major Incident Management Team**

The group of incident management personnel that supports the incident controller. Includes the controller and managers of operations, planning, intelligence, logistics, public information and welfare. It may also include a response manager, risk advisors and technical experts.

#### **Policy**

CDHB has legal and contractual obligations to provide an emergency response.

The Christchurch Hospital Campus is the provider of acute trauma services for the Canterbury region and this plan includes a mass casualty response as part of these obligations.

#### **Lead Agency**

In the CIMS system the Lead Agency is that which has the primary authority for overall control of the incident.

Externally to the hospital, this is usually the agency which has the legislated authority, e.g. if the incident relates to the infringement of a law the NZ Police are the Lead Agency.

Within Christchurch Hospital the overall authority for patient care rests with the General Manager, Medical-Surgical and Women's and Children's.

### **District Health Board Coordination**

In complex and/or widespread Emergencies CDHB may activate an Emergency Coordination Centre (ECC) led by a CDHB Controller. The Christchurch Hospital Controller will liaise with, and take strategic direction, from the CDHB Controller.

### **Other Hospital / Regional Emergency**

Regional Health Coordination facilities may be activated in accordance with the South Island Emergency Health Plan (SIEHP). Regional Health Coordination will usually be initiated if more than one District Health Board (DHB) is affected by the incident or if a DHB calls for Regional Support.

If CDHB is requested by the Regional Health Coordination Team to provide support from Christchurch Hospital, the Duty Nurse Manager shall ensure notification of all Hospital Incident Management Team members via the Telephone Office.

## **2.2 Control Systems**

The Major Incident Hospital Management Team should be briefed and a decision about the level of activation of the Hospital / DHB response should be made by the Incident Management Team.

If this request occurs after hours the Duty Nurse Manager must contact the General Manager to decide the level of activation.

In the event of a wider incident; i.e. when the NZ National Health Emergency Plan has been activated, requests to the CDHB for support may also be made directly by the **National Health Coordination Centre (NHCC)**.

The **EOC**, adjacent to the Telephone Office, will be activated by the Duty Nurse Manager who will assume interim control of the response.

The role of Hospital Controller is the ultimate responsibility of the General Manager (Medical-Surgical and Women's and Children's Division). The interim responsibility may be handed over to the on-call Service Manager or Operations Manager on their arrival at the General Managers discretion.

**Note: All members of the Hospital Incident Management Team** will wear an identifying vest during the incident response.

**All other staff** are to clearly display their Hospital ID Badge.

## 2.3 Activation of Christchurch Hospital Major Incident Plan

The Major Incident plan will be activated either by

- Mass Causality (External) Incident
- or
- An internal incident - may originate from an external event e.g. power outage.

### 2.3.1 Mass Casualty (External) Incident

#### No-notice incident

May occur in isolation or a series of incidents may occur consecutively or concurrently.

A no notice incident that produces a large number of seriously injured people is likely to have serious immediate and ongoing implications for the hospital services

#### Formal Notification

Notification of a Mass Casualty (External) Incident will come from Southern Communications to the dedicated pager held by the Emergency Department Associate Clinical Nurse Manager (ED ACNM). This will initially take the form of a warning text message to be followed by a detailed text message or teleconference.

#### Activation

The decision to **activate** the External Mass Casualty Incident response may be made by the Senior ED Nurse (ACNM) and Senior ED Doctor on duty when time is critical. In normal circumstances there will be time to consider the response and a consultation with the DNM will occur prior to activation.

Guidance is provided in the mass casualty algorithm (refer 2.3.2, p.11).

The Duty Nurse Manager and Emergency Department Senior Medical Officer (ED SMO) must be notified by the Emergency Department Associate Clinical Nurse Manager (ED ACNM)) and participate in the teleconference.

Notification by any other form or route should be referred to the ED ACNM.

Any of these people may initiate the plan if the circumstances warrant. The plan is activated by phoning the telephone office and stating, "Major Incident Plan Activate" and stating the type of incident.

#### All other incidents

Should be discussed / assessed with the Duty Nurse Manager who may activate the Hospital Major Incident Plan as needed.



### **Internal notification**

That the Major Incident Plan has been activated due to an External Incident will initially be by telephone call or pager. The primary responding staff / wards / units will be advised as per the activation cascade (page 12). Other wards / units which may have a secondary response will be advised by a combination of Radio Telephone broadcast unit, telephone, fax, email and electronic messages.

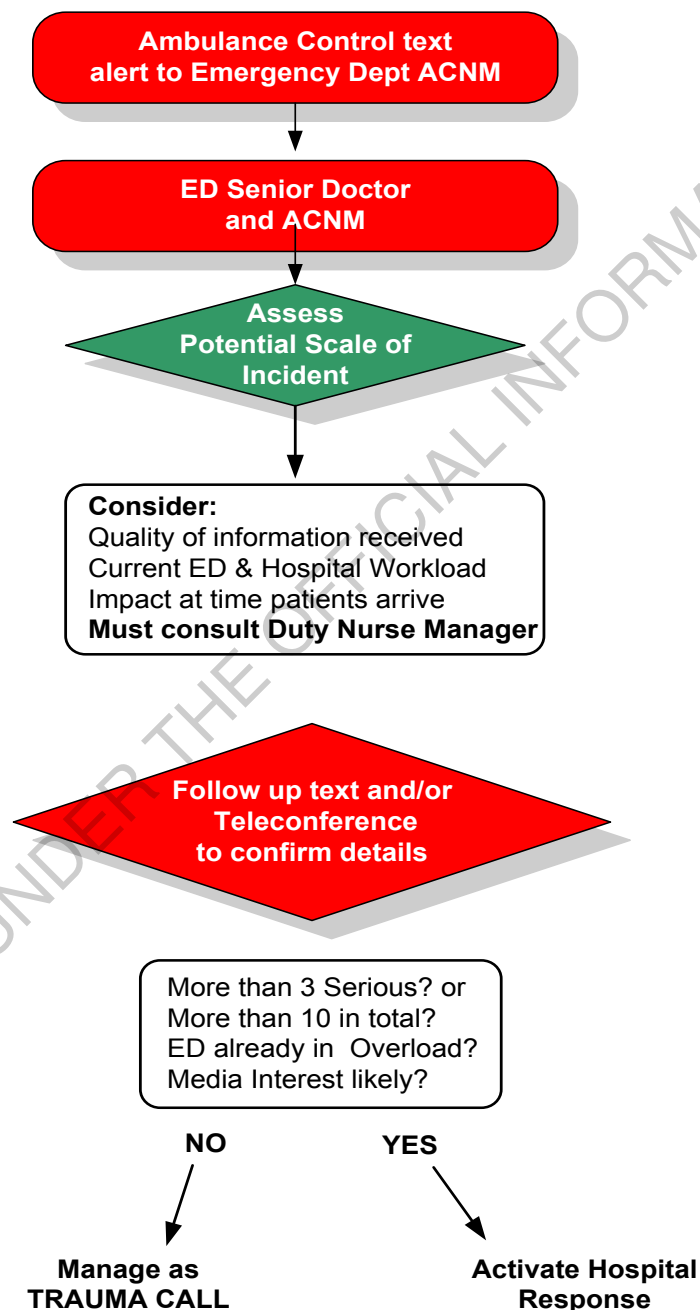
If the Major Incident Plan is activated the Hospital Incident Management Team will assemble in the EOC for a briefing and an initial assessment of the potential response. The team will either initiate the level of response or return to their usual work, remaining for a personal rapid response or as delegated.

If a significant incident occurs while the Emergency Department is in overload the threshold for activating the Major Incident Plan may be lowered.

Depending on workload ED may respond to some incidents without activating the Major Incident Plan. This may utilise a Trauma Call and the support of teams from Social Work, Chaplaincy and Media. Any of the teams involved may escalate their response as needed without the need for activation of the full hospital emergency response. The Duty Nurse Manager needs to be made aware of this.

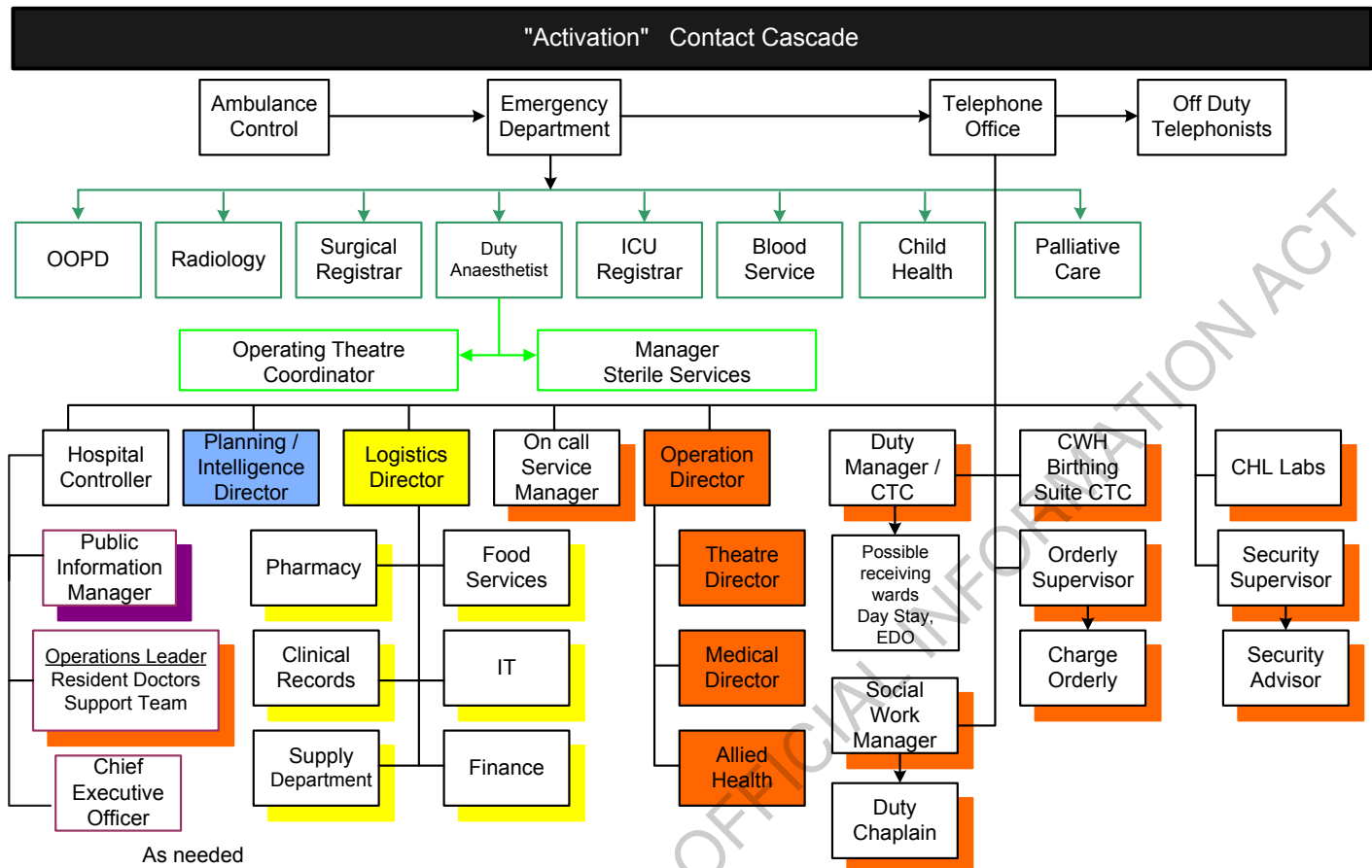
### 2.3.2 Christchurch Hospital, Emergency Department Mass Casualty Algorithm

#### Chch Hospital, Emergency Department Mass Casualty Algorithm



April, 2018

### 2.3.3 Activation Contact Cascade



## 2.4 Ministry of Health and Civil Defence Emergency Management National alerts

## 2.5 CDHB & Christchurch Hospital SPOC

This is the Duty Nurse Manager for Christchurch Hospital.  
Any alert notification of an emergency response from the MoH and CDEM will go in the first incidence to the Duty Nurse Manager at Christchurch Hospital.  
The Christchurch Hospital Duty Nurse Manager will inform the General Manager or on call delegate of the notification.

## 2.6 Other Major Incidents –Internal or External causes

In an internal incident where there is a threat to safety or business continuity, that cannot be managed as business as usual, an escalation process will be followed to alert an appropriate response. The following are recognised Internal Hazards:

- Threat to staff or patient
- Suspicious Activity/Unauthorised person/Media
- Missing Patient
- Clinical Emergency
- Flooding
- Natural Disaster
- Essential Utility Failure
- Hazardous Substance Spill
- Bomb Threat/ Suspicious object
- Mass Casualty Incident
- Fire Evacuation Procedures
- Emergency procedures for staff are outlined in the Christchurch Hospital Campus
- Emergency Procedures Flipchart (Ref 1681)
- For other events notification may come from other sources to the Duty Nurse Manager who will then activate the Major Incident plan

### Notification

The Duty Nurse Manager maybe informed of the incident by

- 777 notification
- Business as usual process
- Range of sources E.G. Snow event, flood, earthquake, wind storm.

The hospital internal emergency phone number **777** is to be called without delay. The initial response team, that the telephone office notify, includes the Duty Nurse Manager who will contact to the Head Orderly (Building Warden), Security Team Leader and on call shift engineer.



If the incident requires escalation, and time permits, the DNM discusses the level of response with the General Manager.

### **Escalation of Response**

The Emergency Response will initially be managed by the Duty Nurse Manager who is the initial Hospital Controller. Depending on the scale of the incident the General Manager (Med/Surg) or an Operations Manager will act as the Hospital Controller if they are on site during normal business hours.

For after hour's emergencies the Duty Nurse Manager will call the General Manager on call to discuss any incident. Depending on the Level of the incident and its predicted development the General Manager may assume overall control once they are on site and the Duty Nurse Manager can then take responsibility for patient placement and staffing. Or the General Manager will appoint an Incident Controller to manage the incident. The Duty Nurse Manager will brief the Clinical Team Coordinator (CTC) and seek assistance from the CTC as required.

Levels of response are determined by how the emergency disrupts the environment of care.

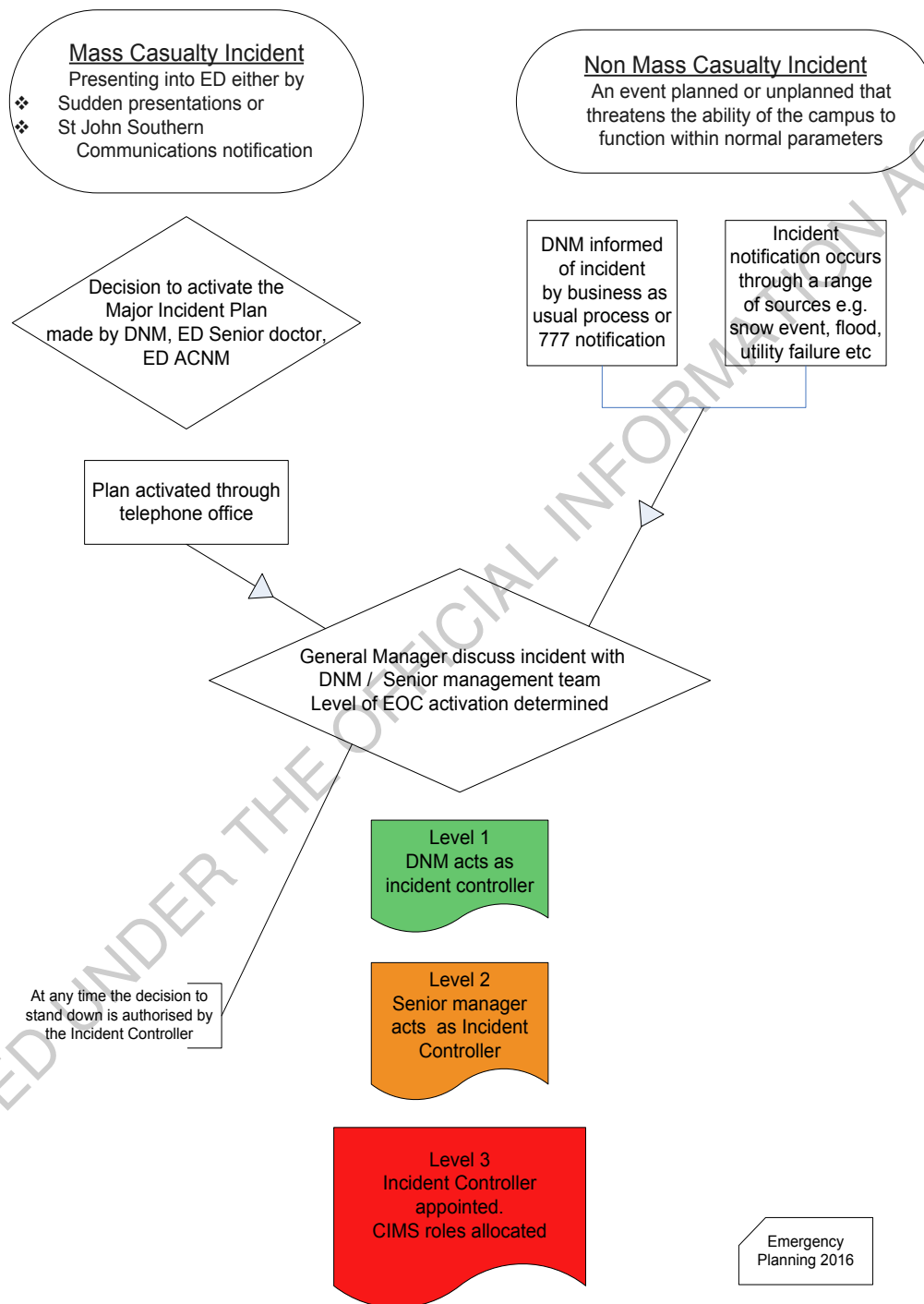
- Disrupts the care and treatment of patients
- Changes or increases the demand for an organisation's services

### Levels of Response

Level	Response	Notification	Responsibility/Action
Level 1	After assessment the hospital resources can cope.	777 System used Continuity of service not impaired	Managed by Duty Nurse Manager
Level 2	Services continuity impacted	Duty Nurse Manager and Service and \ or Operations manager can manage the response.	Senior Manager manages incident EOC activated
Level 3	Current services continuity sufficiently threatened that it will be overwhelm and fail. The incident escalation requires decisions to stop services.	General Manager & /or Operation Manager manage incident	EOC activated. CIMS positions appointed CDHB ECC informed

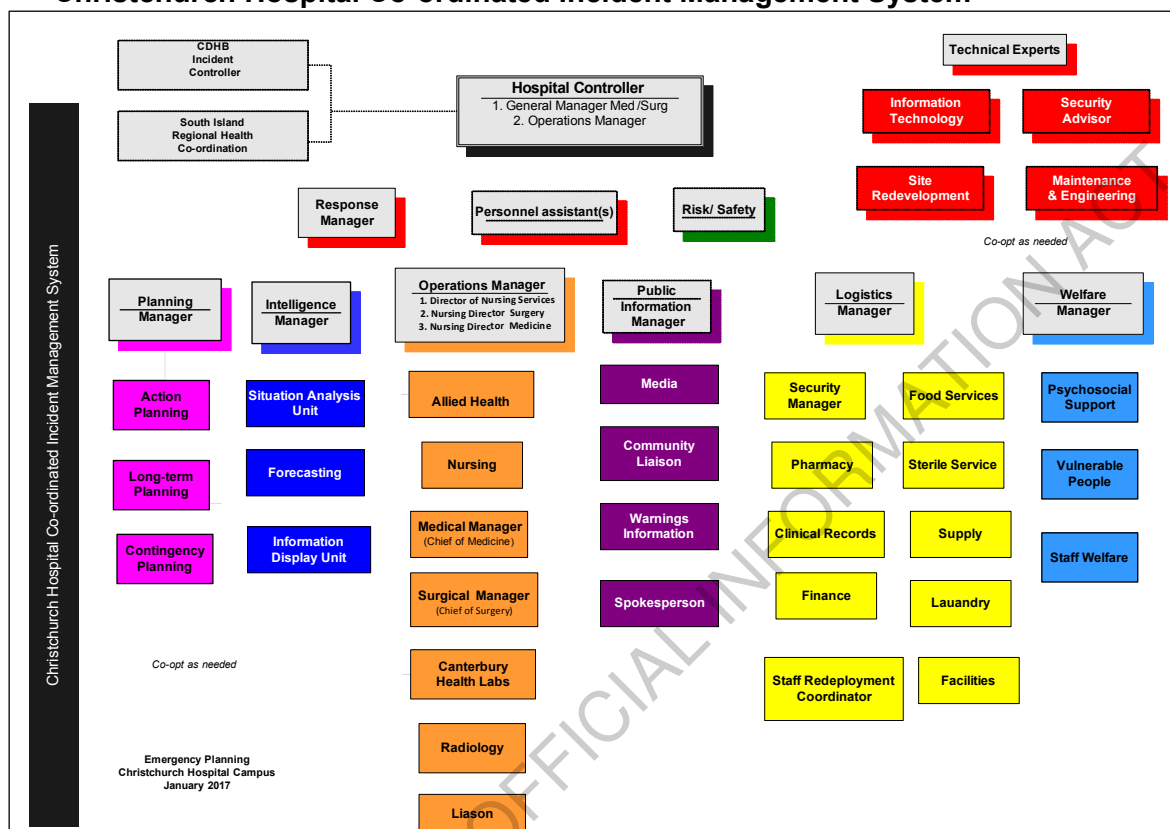
Activation of an Internal or external incident is outlined in the following anagram on page

**Christchurch Hospital Campus  
Major Incident Plan Activation**



### 3. Control and Co-ordination

#### Christchurch Hospital Co-ordinated Incident Management System



Reference - (The NZ Coordinated Incident Management System (CIMS) 2<sup>ND</sup> Edition, 2014)

#### 3.1 Emergency Operations Centre

The Emergency Operations Centre is situated in the purpose built facility next to the Telephonists' Office, Parkside, Ground Floor, Christchurch Hospital. It is staffed by the Hospital Incident Management Team.

An alternative EOC can be set up in the Parent Education Room, Lower ground floor Christchurch Women's Hospital (CWH) or if this is not possible in the Department of Nursing, Lower Ground Floor, Parkside Building, Christchurch Hospital.

#### 3.2 Personnel

The primary role of the **Hospital Incident Management Team** is the co-ordination of the hospital's response to an Incident.

**Hospital Controller**

**Initial – Duty Nurse Manager**

**On Escalation - – General Manager (Deputy Operations Manager)**



## **Responsibilities**

Overall management of the Christchurch Hospital Emergency Response. Liaison with the CEO, Chief Medical Officer and Executive Director of Nursing as required.

Provision of content / key messages for media statements / interviews for Public Information Manager (PIM).

The Hospital Manager is also responsible for the recovery phase, once the Incident is over.

See also Duty Nurse Manager (below).

## **Medical Surgical Operations Manager**

Second in Charge to the Hospital Controller will be called upon to assist in the **early** stages of incident management.

If the incident is protracted then it will be a Medical / Surgical Operations Manager who relieves the Hospital Controller.

## **Logistics Manager – Operations Manager or Service Manager, Christchurch Hospital**

Controls the various responses from key support services i.e. Food Services, Security, Medical Records, and Supply Department etc. Reports directly to the Hospital Controller

## **Operations Manager – Director of Nursing Services**

Reports directly to the Hospital Controller, Co-ordinates the clinical response. Works closely with the Chief of Surgery, Chief of Medicine & Allied Health Director.

**Note:** Clinical governance is retained by each clinical service.

## **Intelligence Manager – Operation or Service Manager**

Intelligence is the function responsible for the collection and analysis of response information, especially (but not limited to) that relating to status, hazards and the context of the incident. Maintains the Incident Board and Log.

## **Planning Manager – Operation or Service Manager**

Leads planning for response activities and resource needs. Assesses the effectiveness of the response, prepares situation reports for the HIMT and develops scenarios for the projected development of the incident.

Assists the Hospital Controller and other Incident Team Managers to develop Incident Action Plans. (IAP)

**N.B.** In medium level incidents the Planning and Intelligence functions may come under one manager

### **Public Information Manager – Strategic Communications Manager**

Reports directly to the Hospital Controller, (General Manager Med/Surg.) Christchurch Hospital and the Chief Executive Officer (CEO).

Establishes a Media Room in the Oncology Lecture Theatre if required. An alternative is the foyer, ground floor, School of Medicine. An office will be provided in the Head Orderly's office adjacent to the EOC.

Ideally two members of the Communications Team will be based at Christchurch Hospital to liaise with media, gather information for media releases, provide an initial briefing and subsequent updates for staff and key external agencies and provide information for patients and their families. Other communication assistance may also be required if there are mass casualties. While additional communications staff may need to be recruited in an emergency, the Communications Manager (or a delegated staff member) will lead the response and liaise with the media in the first instance. In an emergency, the Communications Team should be contacted as quickly as possible via the Communications Managers cell phone to ensure a rapid response.

NB. Public Information Manager is the term used in the Coordinated Incident Management System.

### **Duty Nurse Manager**

Initially acts as Hospital Controller until relieved by the Service Manager on call, or GM / Deputy, Christchurch Hospital.

- Liaison and co-ordination of the services / staff that may be requested. Establishes communication with the person in charge of the department / area and / or Floor Warden at the scene of the incident and the responding emergency services when necessary. Maintains communication links with the Clinical Team Coordinator (CTC), wards and departments, updating the situation as necessary.
- The Duty Nurse Manager discusses any incident with the General Manager who may assume the role of the Hospital Controller. Depending on the scale of the incident and its predicted development, the other roles may be activated.
- In major incidents the Duty Nurse Manager will ensure the HIMT is notified by activating the MIP Notification through the telephone office.

### **EOC Response Manager**

Assists the Hospital Controller and oversees activity in the EOC. This frees the Controller from the details involved in the EOC and allows them time to think ahead.

In a protracted or low level incident where the HIMT is not required to be continuously present in the EOC the Emergency Planner or Service Manager may act as the Response Manager.

**Role:**

- Oversees activity in the EOC.
- Maintain a watching brief; acting as a contact for the Hospital.
- Complete routine reports and help maintain Incident Log.
- Provide routine briefings to the Hospital Controller and HIMT.
- Ensures the Action Plan is implemented.

**EOC Administration Support**

Assist Managers to carry out role and tasks

Ensure all incoming communications are responded to by the function.

Minute briefings, meetings or teleconferences.

Administer the Emergency Management Information System (EMIS)

### 3.3 Stand-Down

The hospital wide Stand-Down is authorised by the Hospital Controller.

It is imperative that all staff notified of the incident are informed of the stand-down.

### 3.4 Transfer / Discharge of Patients

The identification of inpatients for whom transfer to another hospital or (where appropriate) early discharge are suitable options will be the responsibility of the **Clinical team** responsible for that person's care. Out of hours the CTC will be involved in these discussions. Discharge/transfer arrangements will be made by the nursing teams with assistance, where appropriate, from **Occupational Therapy, Social Work and Physiotherapy Staff**. The actual movement of these patients will be coordinated by the **Department of Nursing** in liaison with the Ambulance Service.

### 3.5 Identification of Personnel

Key staff will wear identification vests for the duration of the Incident. All Hospital staff must wear their hospital identification badge. This is in order to:

- Be clearly identified as a staff member with name and title, with whom another member of staff may need to communicate.
- Ensure access to the hospital should they be called in.

### 3.6 Reporting Lines & Communication

The Hospital Coordinated Incident Management System (CIMS) provides a format for coordinating the response. The flowchart (page 17) illustrates this organisation. Situation (Status form) reporting will be from the senior person in each department to the relevant Hospital Incident Management Team member (Planning, Intelligence, Operations or Logistics) and from that Incident Team member to the Hospital Controller.

**Note:** The CIMS format is a coordination structure. Clinical governance remains with the clinical units.

Key staff may be issued with hand held radios to coordinate communication. These are on an open channel and are not suitable for clinical communication.

Cell phones may also be issued from the EOC where private communication is needed.

**Each area / department must maintain an up-to-date contact phone list for staff in their department.**

Telephone trees, Facebook and text maybe used as an effective means of communication between departments and staff. If these forms of communication are unavailable then the communication to off duty staff and public will be coordinated by the PIM through radio stations in liaison with CDEM.

### 3.7 Obtaining Additional Personnel to Help

**Staff Redeployment Centre** will be coordinated by an appropriate staff member seconded by the Logistics Manager. Auxiliary clinical and non-clinical staff will be directed to the Staff Deployment Centre - an area allocated by logistics Manager. Off duty Staff will be instructed not to report to the hospital unless requested, to ensure that subsequent shifts will have adequate cover.

The Staff Deployment Centre Co-ordinator will:

- Receive requests for staff to run messages, escort patients, fetch equipment, etc.
- Maintain documentation of messages received, action taken and messages sent.

Maintain communication links to the Emergency Operation Centre using a hand held radio from EOC as required.

If the incident causes an excessive number of enquires to the telephone office an 0800 number may be set up.

Personnel answering these calls will be allocated from the Staff redeployment centre

### 3.8 Emergency Operations Centre Clerical Support

Clerical staff may be seconded to the EOC Centre to assist with administration tasks and to assist the EOC managers. Should assistance be required in the EOC staff from the Staff Redeployment Centre should be called upon.



### 3.9 Task Cards

CHC\CIMS\0050	Hospital Controller	EOC
CHC\CIMS\0051	Intelligence Manager	EOC
CHC\CIMS\0052	Planning Manager	EOC
CHC\CIMS\0053	Planning insert – Action plan	EOC
CHC\CIMS\0054	Operations Manager	EOC
CHC\CIMS\0055	Operations insert – CTC shift report	EOC
CHC\CIMS\0056	Operations insert – DNM shift report	EOC
CHC\CIMS\0057	Operations insert – Situation report	EOC
CHC\CIMS\0058	Public Information Manager	EOC
CHC\CIMS\0059	Liaison Manager	EOC
CHC\CIMS\0060	Logistics Manager	EOC
CHC\CIMS\0061	Response Manager	EOC
CHC\CIMS\0062	Risk / Safety Officer	EOC
CHC\CIMS\0063	Security	EOC
CHC\CIMS\0064	Staff Redeployment Centre Coord'r	EOC
CHC\CIMS\0065	Welfare Manager	EOC
CHC\CIMS\0066	Admin Support	EOC

## 4. Emergency Department Major Incident Response

The Emergency Department (ED) is responsible for the reception, triage, resuscitation / stabilisation and documentation of casualties requiring inpatient care plus the treatment and discharge of minor casualties.

The ED Major Incident Plan will be activated in four general circumstances:

- The Mass Casualty Response
- An Internal Incident with numerous casualties
- The Hazardous Materials (HAZMAT) Response
- The ED Relocation Plan (in response to an internal incident, which may prevent the safe use of part, or all, of the Department).

### 4.1 Notification

Refer to [Volume B Part A: Major Incident Plan](#) – Notification, page 9.

### 4.2 Activation

Refer to [Volume B Part A: Major Incident Plan](#) – External Incident Activation, page 9.

### 4.3 Emergency Department Organisation

#### 4.3.1 The key components of the ED response are as follows:

- The role of ED Coordinator is assumed by the ACNM on duty but can be negotiated between the managers.
  - It is important to have a nominal single ED Coordinator in overall charge of the ED response for the purposes of having a clear point of contact.
  - The reason for the ACNM taking overall control is that this role is most involved in liaison with 'the hospital', particularly in regard to patient movement and management issues. These functions are typically nursing.
  - The ED Coordinator position will wear an orange vest as per CIMS protocol.
- The role of ED Medical Manager is assumed by the ED Senior Medical Officer (SMO). If an SMO is not on site (e.g. night shift) then the most senior doctor on duty assumes this role until relieved by the on call SMO.
- The ED Clinical Director and ED Nurse Manager might assume these respective manager roles immediately if on site, or on arrival, at their discretion.
- The ED Coordinator, ED Medical Manager, and ED Clerical Team Leader will together decide at the start if the arriving patients will be registered as unknown or a full scale Incident with pre-allocated numbers and packs will be used.

- Partial response involves using ED registration unknown numbers and paper work

### **Partial Response:**

This could be an incident when additional clinical and allied health support is required and the ED clerical team can respond using normal processes in a timely manner.

This is to prevent inpatient areas and the laboratories and radiology having difficulty with the MIP paperwork:

- the lack of names and
- the use of temporary pre-allocated NHI numbers in combination with existing NHI numbers on forms and record searches

The incident can rapidly be upgraded to the full scale response at any time if more casualties arrive or the unexpected happens.

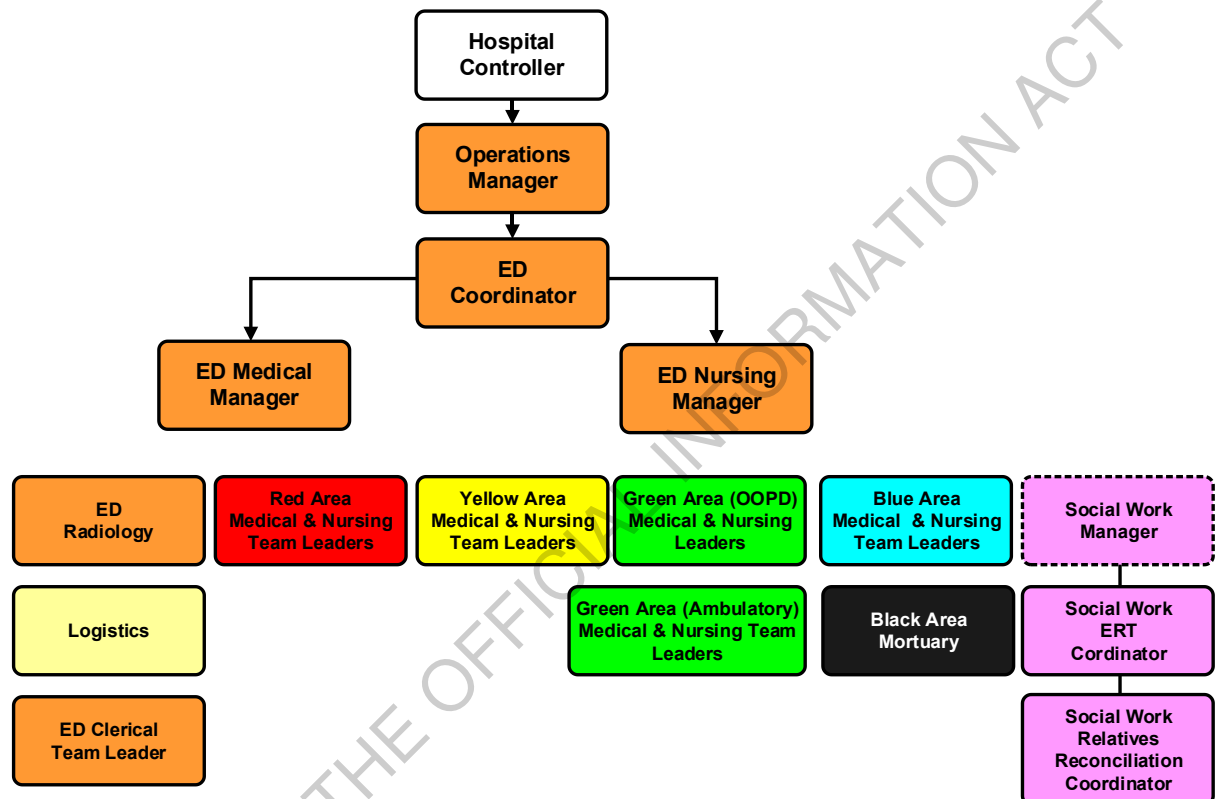
- Patients are registered on the computer with the *Unknown Numbers* and the normal ED paper work is used. Electronic ordering can be used as well as our usual blood forms. Names can be updated as soon as possible, unless the Massive Transfusion protocol is underway and then the unknown name remains until the transfusion process is completed, then it can be updated.
- The ED Record plus trauma sheets (if required) and labels will need to be printed.
- Triage helper will need to take a copy of the record of the *Unknown Numbers* NHI numbers used.
- Identity bracelets may be on either wrists or ankles depending on the clinical situation.

### **Full Response:**

- For a full scale response the areas of the ED will be described according to standard disaster colour coded triage categories:
  - Red Area = Resuscitation / Monitored.
  - Yellow Area = Workup.
  - Green Area = Ambulatory and Orthopaedic Outpatients Department (OOPD)
  - Blue Area (if required) = EO (Emergency Observation)
- Support Areas:
  - OOPD is nominally part of the Green Area. As much as possible it should continue to manage typical OOPD patients and other 'Green' patients should (as much as possible) be managed in the Ambulatory Area of the ED.
  - Child Acute Assessment Unit (CAAU) staff will deal with children as per normal practice. If there are minimal children in the response they will support the OOPD green area. If the response has a high number of children patients the child health team will support in the red, yellow, and green areas.
  - Palliative care will liaise with the ED managers. If a 'Blue Area' is set up, palliative care will provide leadership there.
    - Each of these areas will be led by an area Medical Team Leader and Nursing Team Leader. OOPD will have a Team Leader (usually the Nurse in Charge), who will liaise with the ED Coordinator.
    - Doctors and nurses will be assigned to work in the coloured areas, under the direction of the area Medical and Nursing Leaders.

- Doctor's will wear bright green, nurses will wear dark-blue vests, and clerical will wear light-blue vests.
- In the Red Area, trauma teams might be assigned to each of the Trauma Room and the Resuscitation Bays.

### 4.3.2 Team Roles



#### ED Coordinator

The ED Coordinator will initially be the duty ACNM. ED Nurse Manager might assume this role immediately if on site, or on arrival, at their discretion.

The reason for a nurse taking overall control is that this role is most involved in liaison with 'the hospital', particularly in regard to patient movement and management issues. These functions are typically nursing.

This role may move to another senior member of staff, at their discretion. The ED Coordinator is in overall charge of the ED response and:

Will be the principal point of contact for the EOC

Will liaise with Clerical Manager, ED Radiology, Red, Yellow, Green (Orthopaedic) and CAAU Team Leaders.

May appoint another nurse to be Nursing Manager in a large response to support Nursing Team Leaders (role description follows in 4.3).

The ED Coordinator will wear an orange vest as per CIMS protocol.

### **ED Medical Manager**

The role of ED Medical Manager will be assumed by:

- During office hours: the Clinical Director (as above) or the ED Senior Medical Officer (SMO) on duty.
- After hours then the most senior doctor on duty assumes this role until relieved by the on-call SMO.

The ED Medical Manager role is primarily about leadership of the medical group, including:

- Assessment of the situation and respond in consultation with the ED Coordinator.
- Overseeing the distribution of medical resources in the ED, assisting the Area Medical Team Leaders with the resources they require, working with the ED Nursing Manager, emergency services (St John), Anaesthesia, Surgery, Intensive Care, Blood Bank, Paediatrics, OOPD, Palliative care, and other specialist services.
- May also act as the RED Area Medical Team Leader if the scale of the incident is small.
- Liaising with the Red Area Medical Team Leader in coordination of priorities for space, staff, X-Ray, CT and operating theatre.

The ED Medical Manager will wear a **bright-green vest**.

### **ED Nursing Manager – if appointed**

The role ED Nursing Manager is primarily about leadership of the nursing group and is assumed by an ED Senior Nurse

The ED Nursing Manager:

- Will assess the situation and respond in consultation with the ED Coordinator.
- Oversee the distribution of nursing resources in the ED, assisting the Area Nursing Team Leaders with the resources they require, working with the ED medical manager, emergency services (St John), Anaesthesia, Surgery, Intensive Care, Blood Bank, Paediatrics, OOPD, Palliative care, Orderlies and other specialist services.
- May also act as the RED Area Nursing Team Leader if the scale of the incident is small.
- Will liaise with the Red Area Nursing Team Leader in coordination of priorities for space, staff, X-Ray, CT and operating theatre.

The ED Nursing Manager will wear a **dark-blue vest**

### **Red, Yellow, Green, Blue, Medical and Nurse Team Leaders**



The Area Medical and Nursing Team Leader roles are assigned by Medical Manager if the incident escalates. These roles are held by Senior Emergency Doctors and Nurses.

The Red Area Medical Team Leader role is to:

- Keep an overview of Resuscitations in progress and briefs staff as they become available from assisting existing patients.
- Initially assess current patients to move patients on, organise the teams and resources for the bays etc. – details are listed in the task card.
- Assign clinical teams in readiness for incoming casualties.
- Assist or delegate with the triage of patients. The decision to re-triage the patients to Palliative care will be made at this level.

These other team leader roles are:

- Responsible for managing their designated areas.
- Coordinating patient movements in their area.
- Green Area also liaises with OOPD and CAAU Nurse Coordinators.

The respective Medical Team Leaders will wear **bright-green vests**.

The respective Nursing Team Leaders will wear **dark-blue vests**.

### **Clerical Team Leader**

Usually the ED Administration Manager, deputy, or senior-most clerical officer, reporting to ED Coordinator.

- Liaise with ACNM regarding incident and resources required.
- Lead the ED reception team.
- Call in extra staff as needed.
- Call Clinical Records Department for extra staff to track patients at exits.
- Direct staff to designated areas, based on experience.
- Be responsible for the registration of patients, the recording of the tracking of patient movements, and the coordination of records.
- Retrieve Major Incident Packs and vests from Major Incident cupboard in the corridor behind the Resus Bays (Code CX409) and distribute Major Incident Packs to Resus, WU and Main Reception.

The Clerical Team Leader will wear a **light-blue vest**.

### **Social Work Manager**

Will activate the Social Worker Emergency Response Team (SWERT).

The role will:

- Consist of patient and family reconciliation.
- May assist with the identification and tracking of casualties within ED.
- May assist casualties (on discharge) in a smaller event as required.

In a large scale event the team will be located in a separate location such as The Great Escape.

The Social Work Manager will wear a pink vest.

### **Anaesthetic Manager**

The Senior Anaesthetist (usually the onsite Duty Anaesthetist) will be responsible for:

- Deploying Anaesthetic staff
- Coordinating the use of operating theatres with the Operating Theatre Coordinator.

*(Refer to Department of Anaesthesia Sub Plan Section 6.2. Page 49)*

### **ED Anaesthetic Manager**

A Consultant Anaesthetist allocated to Emergency Department will:

- Facilitate ED-Theatre communication
- Assess the number of Anaesthetic staff required
- Assist with resuscitation, and
- Coordinate transfer of patients to operating theatres.

### **Surgical Manager**

A Senior Surgeon responsible for:

- Prioritising all patients for theatre.
- Liaises with the ED Medical Manager, Anaesthetic Manager (ED Anaesthetic Manager) and OT Coordinator

*(Refer to Department of General Surgery Sub Plan Section 6.10. Page 61)*

### **Intensive Care Manager**

The Intensive Care Specialist responsible for:

- Coordinating the freeing up of intensive care beds.
- Taking intensive care patients and deploying staff in the Department of Intensive Care.

*(Refer to Department of Intensive Care Sub Plan Section 6.11. Page 63)*

### **ED Logistics - if appointed**

Appointed by the ED Coordinator if required.

- Responsible for obtaining and maintaining supplies during the incident.
- Any request for supplies goes to ED Logistics who forwards on the request to Logistics Manager in the EOC.

### **ED Volunteer Manager – if appointed**

Appointed by the ED Coordinator if required – will be appointed only if Staff Redeployment Centre is not activated.

ED Volunteer Manager role is responsible to:

- Log ED volunteers.
- Identify volunteer in roles, such as doctor, nurse, and interpreter.

Any other persons should be sent to the Logistic Manager in the Hospital EOC for deployment.

### **Clinicians**

Doctors and Nurses will be assigned to areas and will see patients in that area only, as directed by the area Team Leaders (Medical & Nursing) (not according to the queue screen).

- Admission to wards will be coordinated through the Duty Nurse Manager only.
- Movement to the operating theatre will be coordinated by the ED Anaesthetic Manager, and the Duty Nurse Manager advised.
- The Blue Area, if established, will be managed by the Palliative Care Service. Where facilities permit, relatives will be able to be present during this care.  
(See Palliative Care Service Sub plan. Section 6.21 Page 76)
- Patients waiting for transport home may go to the Medical Day Unit (MDU).

### **Social Workers**

Relatives will be given information about, and reunited, where possible, under the direction of the 'Relative Manager' (from Social Work Department). A special area will be set up for this purpose in the Hospital Cafeteria (Great Escape).

- Social work will assist and support relatives with the identification process and matching relatives with patient.
- Social Work will liaise with ED staff, police and relatives to provide timely information about status and if required identity.
- Outside agencies such as airlines, hotels and embassies will liaise with Social Work at ED or if activated the Hospital Cafeteria  
(Refer to Social Work Sub Plan Section 6.27. Page 83).

### **Mental Health Teams**

The Psychiatric Consult Liaison Team (PCLT) and Crisis Resolution (CR) team may be available to assist.

- PCLT and CR will assist to rapidly assess and if necessary DAO any existing ED patients needing admission or discharge to make beds available in ED and the wards, facilitating the patient movement as necessary.
- In a larger event PCLT and CR will support the social workers to provide patient and relative emotional support.

### **Disaster Victim Identification (DVI) Team**

The dead will be sent to the mortuary for identification. In a Multiple Victim Incident the Police will appoint a Disaster Victim Identification (DVI) Team.

- The Disaster Victim Identification (DVI) Team will manage the mortuary.
- The Disaster Victim Identification Team Leader will provide permission for viewing.

### **ED clerical personnel**

4 to be stationed at Resus (pull one from EO)

- 2 to do ambulance registration using packs and Major Incident register sheets
- 2 to do Bed Management and patient tracking, etc. with resus triage nurse

2 stationed in Work Up

- 1 to do registration using packs and Major Incident register sheets
- 1 to do Bed Management and patient tracking, etc. with team leader

Both to do patient registration using packs and Major Incident register sheets

Liaise with social work re relatives

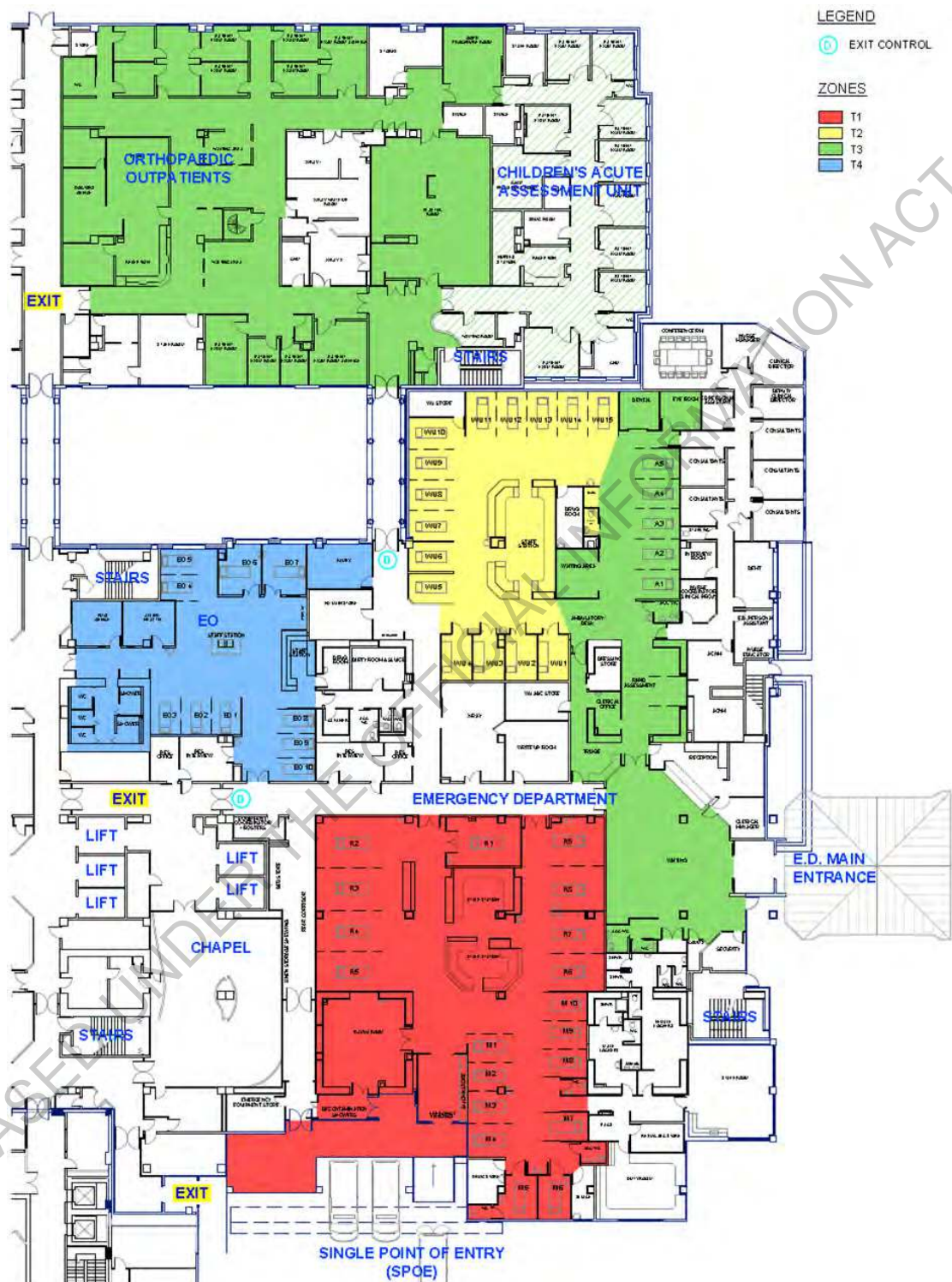
### **Extra clerical resource people**

- 1 person at main reception – to answer all phone and divert calls to 89935
- 1 person at each exit point – to help track patients

### **Friends of the Emergency Department (FEDs)**

When FEDs are on duty during a mass casualty event, their role will be focussed on non-event patients and their support people.

### 4.3.3 Maps of key ED locations ED map with major incident zone colours





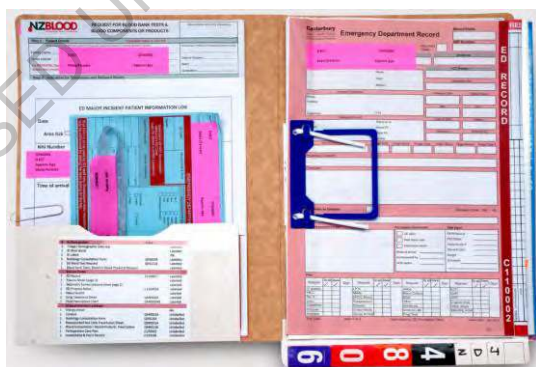
## 4.4 Patient Records, Identification, and Tracking Process

### 4.4.1 Documents

- ED Major Inpatient Patient Log sheet (Ref 0952)
- Exit Sheet (Ref 0953)
- Major Incident Packs
- In the event that an event occurs that requires the use of emergency pre-allocated temporary patient NHI numbers and paperwork, there are Major Incident clinical record documentation packs.
- These will be used for all presentations to ED once a major incident has been declared and the SMO, ACNM and Senior Clerical Officer decide they are required.
- These packs are kept with the Major Incident Plan equipment.

The Major Incident Pack has a contents list inside the front cover and consists of:

- A standard hospital folder (*see figure 1*) – pre-labelled with the pre-allocated temporary NHI containing:
  - A pre-labelled triage card
  - A pre-labelled ID bracelet
  - Pre-labelled clinical records and request forms
  - Spare ID labels
  - Labels consisting of:
    - A temporary pre-allocated temporary NHI Number
    - A Major Incident (disaster) D-Number (D001, D002 etc.)
    - “M / F” – circle for male or female
    - “Approx. age” – add approximate age
  - A pink plastic carrier bag for transport (*see figure 2*) – useful when patients are treated outside in a tent or need to move areas



▪ *Figure 1 – Inside a Major Incident Pack*

▪



*Figure 2 – Outside view of a Major Incident Pack*

#### 4.4.2 Principles of disaster registration

It is possible to call a major incident clinically, and yet remain in a business as usual mode for the clerical team. Switching from normal to major incident, and / or from electronic to paper can occur later if the surge-workload is larger than anticipated.

The ED Coordinator, ED Medical Manager, and ED Clerical Team Leader will together decide if the arriving patients will be registered and tracked on paper or on the computer. Deciding factors are:

- Anticipated number of patients in a timeframe and number of clerical staff on duty
- Skill mix of clerical staff on duty
- Computer system working or not

Deciding factors	Outcomes
Sufficient clerical staff and Suitable clerical skill level and Computers functioning	Maintain business as usual
Insufficient clerical staff or Unsuitable clerical skill level or Computers not functioning	Full paper mode  Using the pre-allocated temporary numbers, update the computer as soon as possible

#### 4.4.3 Principles of disaster identification numbering

- The temporary pre-allocated NHI number is the patient's **primary identifier**.
- The Disaster Number (D-Number) is the patient's **second identifier**. In normal circumstances this would be the patient's name or date of birth.
- Use the:
  - Temporary pre-allocated NHI number until the patient is discharged.  
Clinical Records can link the temporary and true NHIs after the patient has been accurately identified to ease access to past health and investigation history.
  - D-Number throughout the incident response.

#### 4.4.4 Pre-patient arrival

The ED Coordinator, ED Medical Manager, and ED Clerical Team Leader will decide if the arriving patients will be registered and tracked on paper or on the computer

The clerical team will move to Resus Triage where patients will arrive via the single point of entry, and set up using the mobile laptops to enable multiple patient registrations to occur simultaneously.

If paper registration is started:

- A Clerical Officer collects the Major Incident Packs from rear store room (access code = CY309). The Major Incident Pack with its associated NHI and D-Number will be used throughout the patient's care until they are discharged.
- The Senior Clerical Officer activates the ED Major Inpatient Patient Log sheet.

#### 4.4.5 Computer triage – at the Resus Triage Desk

Triage as usual with the MIP pre-allocated number

#### 4.4.6 Paper triage – at the Resus Triage Desk

- Place a box of Major Incident Packs at Resus Triage
- For each patient, take a Major Incident Pack out of box
- Write on the Major Incident Patient Log
  - Pre-allocated NHI, D-Number (from the Major Incident Pack), sex, and approximate age
  - Triage code, time, and nurse
  - Complaint
  - Location area code
  - any relevant info required for post-incident data entry e.g., patient name, etc. if available
- Pin Major Incident Pack onto patient, or give to the patient if suitable – ensure it is visible to staff who will care for the patient
- Give each completed page of the Major Incident Patient Log to a Runner to take to the Clerical Officer collating data
  - All patients who present to the ED while the plan is active become part of the incident response, no matter why they come to the ED.
  - All patients will be triaged in the ED by the Triage Nurse or Red Area Medical Manager and an appropriate treatment area allocated (patients from the incident may come with an ambulance triage tag).
  - Completed by a delegated Patient Information Collator from ED Triage cards and ED Exit sheets (ref 0953)

#### 4.4.7 Paper registration – Maintain ED Major Inpatient Patient Log Sheet

- Clerical Officers will track patient manually using the ED Major Incident Patient Log sheet:
  - Collate data from the triage slips and exit sheets
  - Photocopy each completed page of the Major Incident Patient Log
  - Keep the Master Copy in ED to update PMS
  - Give the Communication Copy to the runner to take to the Relatives Centre
- Triage Nurse will complete triage slip and give to Clerical Officer, via a Runner if required.
- Exit Monitors will complete exit sheet and give to Clerical Officer via a Runner.
- Runners will collect data every 5-15 minutes and take to Clerical Officers in ED Reception Back Office.

#### 4.4.8 PMS registration

##### Registration Screen

- Select triaged patient, ATT REG to Registration screen
- Type in pre-allocated NHI number into NHI field
- Type in Surname: AAAA (as appropriate on the list) and Forename: Unknown in name fields
- From Field 18 onwards: enter mandatory information or TBA **in all fields with no spaces or punctuation** or else a new NHI will be created
- File screen

##### ED Attendance Screen

- Complete in normal manner
- In the complaint field (04) type in the D-Number and retype complaint
- File screen
- Do not print red ED Record or labels as they are in the Major Incident Pack

#### 4.4.9 Post-incident data entry

Follow instructions in the Downtime Packs for post-incident data entry.

- All patients will be registered on PMS as soon as possible after triage.
- The patients' temporary pre-allocated NHI number (ABC1234 format) is to be used to identify the patient until merging has occurred by the Clinical Records Department on the patient's discharge.
- The patient's name or pre-existing NHI number should not be used for primary identification during the incident.
- The patient name and other details will be collected when time permits

## 4.5 Changes in practice

Investigation requests and specimen handling

### Radiology

- Apply the patient's ID label
- Add the patient's sex, approximate age, and location on the label.
- No further identifying information should be provided until the event is finished.

### Laboratories

- Provide the patient's sex, approximate age, and location on the label.
- No further identifying information should be provided until the event is finished.

### Blood Bank

- Provide the patient's sex, approximate age, and location on the label on the request form.
- No further identifying information should be provided until the event is finished.
- The patient's sticky label with NHI and disaster number is permitted on samples in a major incident.
- Once the incident is over and the patient's true identity has been established, draw a fresh group and screen and provide to Blood Bank when requesting further blood or blood products.

## 4.6 Major Incident Plan Task Cards

The following Task Cards have been prepared using the format of the Coordinated Incident Management System (CIMS). They are the cue cards for the individual Roles within the ED plan.

CHC\CIMS\0009	Major incident plan summary	ED
CHC\CIMS\0010	Overview – Activation by ED ACNM/SMO or Duty Manager/General Manager	ED
CHC\CIMS\0011	ED Coordinator	ED
CHC\CIMS\0012	ED Nurse Manager	ED
CHC\CIMS\0013	ED Medical Manager	ED
CHC\CIMS\0014	ED Reception Manager	ED
CHC\CIMS\0015	ED Red Area Medical Team Leader	ED
CHC\CIMS\0016	ED Red Area Nurse Team Leader	ED
CHC\CIMS\0017	ED Green Area Medical Team Leader	ED
CHC\CIMS\0018	ED Green Area Nurse Team Leader	ED
CHC\CIMS\0019	ED Yellow Area Medical Team Leader	ED
CHC\CIMS\0020	ED Yellow Area Nurse Team Leader	ED
CHC\CIMS\0021	ED Blue Area Nursing Team Leader	ED



CHC/CIMS\0022	ED Blue Area Palliative Care Coordinator	ED
CHC/CIMS\0023	Clerical Officer + Runner with clinical coordinator	ED
CHC/CIMS\0024	Clerical Officer + Runner with triage nurse	ED
CHC/CIMS\0025	Clerical Officer Red Area – Resus high chair	ED
CHC/CIMS\0026	Clerical Officer Yellow Area – Work-Up	ED
CHC/CIMS\0027	Clerical Officers Red Area – Ambulance Bay	ED
CHC/CIMS\0028	Clerical Officers Red Area – Resus low chair	ED
CHC/CIMS\0029	Clerical processes	ED
CHC/CIMS\0030	Senior Clerical Officer	ED

## 4.7 Forms

[Notification Form \(Telephone Office\)](#) (Ref: 951)

[Major Incident Plan Status Report Form \(SitRep\)](#) (Ref 954)

[St John teleconference format for possible major incidents](#)

[Unidentified Patient Protocol](#) (Ref: 3034)

[Casualty Enquiry form](#) (Ref: 956) – *in development*

ED Check-In / Check-out form (staff)

[ED Exit Sheet \(patient tracking\)](#) (Ref: 953)

[ED Major Incident Patient Data Collection Slips \(patient tracking\)](#)

[ED Major Incident Patient Log](#) (Ref: 952)

[ED to Ward Fast-Track Admission form](#) (C210018)

[ED Triage, Demographic Data and Transfer Slips \(combined with perforations\)](#)

[Volunteer Register / Duty Allocation Log](#)

## 4.8 ED Relocation

### 4.8.1 Purpose of Plan

This plan makes arrangements for the relocation of ED functions in the event that the existing ED is incapacitated. It is a component of the Christchurch Hospital Major Incident Plan and will be activated in conjunction with the Major Incident Plan.

There are several internal incidents which may incapacitate all, or part, of ED, e.g.

- Fire or sprinkler activation,
- Loss of power or other utilities,
- HAZMAT contamination,
- Security alert, duress, explosive device etc.

#### **4.8.2 Lead individuals**

- ED Consultant – or Clinical Director if available
- Associate Clinical Nurse Manager
- Supply Manager
- Security Chief
- St John Ambulance
- Hospital Duty Manager
- Hospital Engineer
- Hospital Controller / Incident Command Manager
- Relevant incident specific outside agencies – fire, police, HAZMAT, structural engineers

#### **4.8.3 Lead roles within existing incident management system**

- CIMS Hospital Controller
- CIMS Intelligence Manager
- CIMS Planning Manager
- CIMS Operations Manager
- CIMS Logistics Manager
- ED Coordinator
- ED Medical Manager
- ED Nursing Manager
- Duty Nurse Manager
- Orderly Manager
- Security Manager

#### **4.8.4 Associated documents**

- [EDOD capacity plan](#) – ED Workplace website
- [ED to Ward Fast-Track Admission Form](#) (C210018)

#### **4.8.5 Relocation plan summary**

Enact the following ABC process and then, if necessary, the relocation process of ED.

- A: Acute assessment
- B: Best estimate
- C: Control
- Relocation

### **A: Acute assessment**

Assess department immediately after the incident for immediate life-threats and evacuate as necessary for clearly unsafe conditions.

Performed by available staff, led by ED consultant and ACNM or most senior nurse.

### **B: Best estimate**

Assess estimated extent and duration of outage.

- B1: Short duration event – no lasting damage.
- B2: Limited area – extended duration.
- B3: Widespread area – extended duration.

Performed by engineering, security, and may include fire service, occupational safety and health, HAZMAT, structural engineers. Reporting to hospital and ED Managers. ED consultant and ACNM / nursing staff involved in the decision-making.

### **C: Control**

This action may occur simultaneously with best estimate action.

- Appoint ED Coordinator to manage location of ED care and circulation of patients.
- If damage is widespread, assemble authority to relocate ED.

### **Relocation**

ED and Hospital Controller / Coordinators organise four (4) work streams:

- Receiving location coordination.
- Communication and notifications.
- Safety and security.
- Transport team.

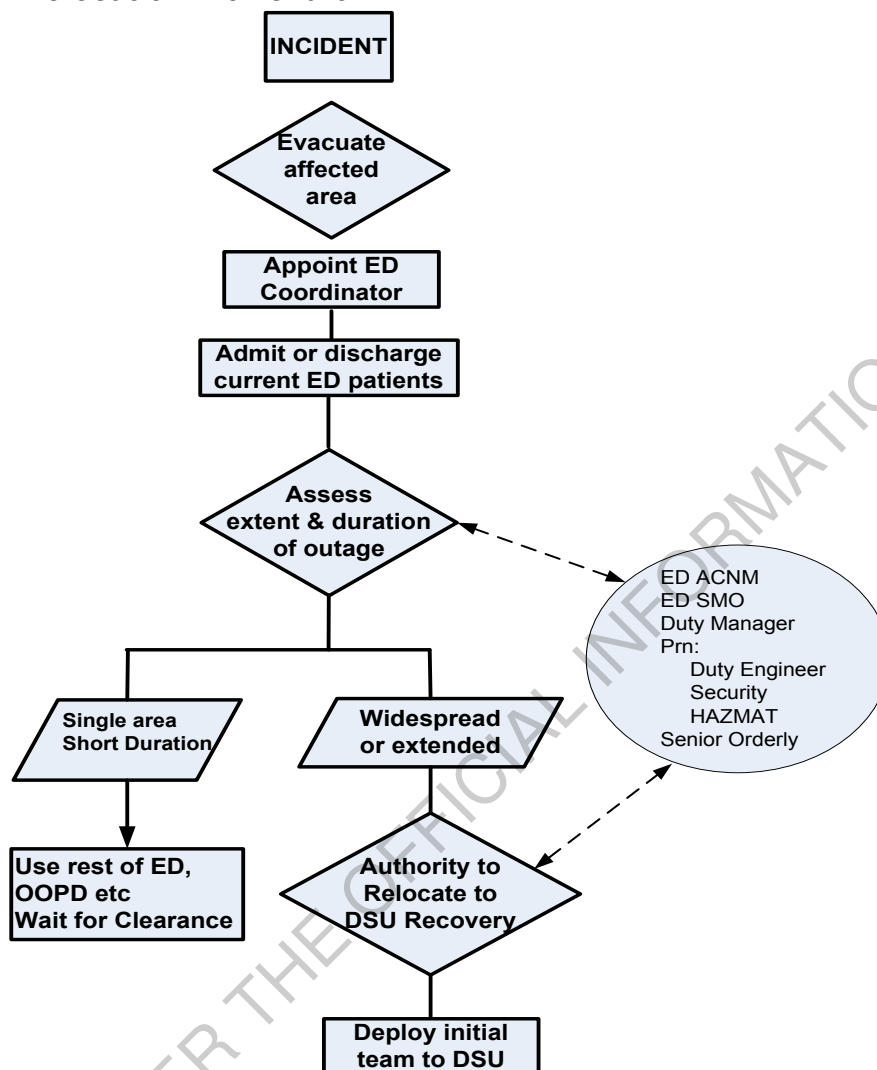
#### **4.8.6 Authority to Relocate ED**

Based on this assessment, the decision may be made to operate in other unaffected parts of ED, or to relocate ED to the Day Surgery Unit (DSU) on Level 1 of Christchurch Women's Hospital.

Authority for this decision is held by the Hospital Controller.

The flowchart, on the following page, illustrates the process.

#### 4.8.7 ED Relocation Flowchart



#### 4.8.8 Relocation Task Cards

The following Task Cards have been prepared using the format of the Coordinated Incident Management System (CIMS).

They are the cue cards for the individual roles within the ED Relocation Plan.

CHC\ Reloc\0039	Reloc\ED Coordinator	ED Reloc Kit
CHC\ Reloc\0040	Reloc\DSU Set up Team	ED Reloc Kit
CHC\ Reloc\0041	Reloc\ED Resus Triage	ED Reloc Kit
CHC\ Reloc\0042	Reloc\ED SMO	ED Reloc Kit
CHC\ Reloc\0043	Reloc\ED Clerical	ED Reloc Kit
CHC\ Reloc\0044	Reloc\Equipment Transfer	ED Reloc Kit
CHC\ Reloc\0045	Reloc\PIM (Communications / Media)	ED Reloc Kit
CHC\ Reloc\0046	Reloc\Safety, Security & Signage	ED Reloc Kit
CHC\Reloc\0047	Reloc\Notification	ED Reloc Kit
CHC\Reloc\0048	Reloc\Existing ED Clerical Officer Checklist	ED Reloc Kit
CHC\Reloc\0049	Reloc\Relocated ED Clerical Officer Checklist	ED Reloc Kit



## 4.9 Christchurch Hospital Emergency Department Major Incident Plan – Summary of roles and responses and interface with other disciplines

1. The Emergency Department (ED) is responsible for the reception, triage, resuscitation and stabilisation, and documentation of casualties requiring inpatient care, and the treatment and discharge of minor casualties. All persons presenting while a Major Incident response is activated will be treated as part of that response.
  - In the event that an additional or alternative ED facility is required this will be established in the Day Surgery Unit, Level 1 of Christchurch Women's Hospital building.
  - The Orthopaedic Outpatients Department will activate with ED and provide treatment for minor orthopaedic trauma.
  - The role of CIMS Surgical Manager will be assigned by the responding Surgeons to the most experienced Surgeon available.
  - The CIMS Surgical Manager will work with ED Medical Manager to prioritise patients for imaging and Operating Theatre; coordinate theatre usage in liaison with the Duty Anaesthetist and OT Nursing Co-ordinator, and advise the Hospital Incident Management Team on the need for additional operating theatre space if the demand is likely to exceed Christchurch Hospital's capacity.
2. The Nursing Directorate will continue its primary day to day functions of managing beds and nursing staffing under the co-ordination of the Director of Nursing Services or deputy (Nursing Director).
  - The provision and deployment of additional Medical Staff will be the responsibility of the Operations Leader, Resident Doctors' Support Team in liaison with a Senior Medical Advisor and or the Medical Director, RMOs.
  - Out of hours the responsibility will fall to the CTC until relieved by the Senior Medical Officer.
  - The Cardiology Service (Wards and CCU) will provide a fast track for assessing and managing patients presenting with chest pain while the major incident response is in force.

*All patients in these categories will be screened by ED to ensure patient safety during fast tracking.*
3. **Specific response to Paediatric Casualties:** During a Major Incident the Child Health Service will liaise with Emergency Department to provide a fast track for the assessment and management of children. (Refer 6.7 Child Health).
4. The Orderly Service will initially focus on clearing ED and the ED Observation Unit (EO) and those areas designated by the Duty Nurse Manager as the acute receiving wards. All other requests will be prioritised

by the Senior Orderly who will liaise / coordinate with the Duty Nurse Manager as needed.

5. The Christchurch Hospital Palliative Care Service will coordinate the care of patients in the Palliative Area (after hours cover is provided by the Medical Oncologist on call).
6. The Oncology Outpatients may be used as a Palliative area which will permit families to be present wherever possible.
7. For general activations of the Hospital Major Incident Plan the Security Team Leader will manage access in accordance with the security and traffic plans and in liaison with the Orderly Service.
8. Radiology will be responsible for all imaging requirements as required from ED.
  - a. In office hours: the ED Medical Manager will contact the Chief of Radiology who will initiate and coordinate the major incident plan.
  - b. After hours the ED Medical Manager will contact the on-call Radiology Registrar will contact the on-call Radiologist to initiate and coordinate the major incident plan. (Refer 6.24)
9. Relatives will be provided with a waiting area in the Great Escape Cafe and where possible, they will be given information about casualties as it becomes available. The lead agency for their management will be the Social Work Service, led by the CIMS Social Work Manager, with input from the Chaplain's Service and the Victim Support Service, as needed. The Food Services Contractor will provide some catering support.
10. The authority to cancel or defer elective surgery, clinics etc. is retained by the General Manager (Med/Surg.) and Operations Manager.
11. The identification of inpatients (for who transfer to another hospital or, where appropriate, early discharges are suitable options) will be the responsibility of the clinical team responsible for that person's care. Out of hours the CTC should be involved in these discussions. The discharge centre for patients awaiting pick up will be the Medical Day Unit.
12. The actual movement of these patients will be coordinated by the Department of Nursing in liaison with the Ambulance Service and the Transport Liaison Nurse.
13. The Duty Pharmacist will arrange an initial imprest to ensure appropriate supplies of IV fluids, analgesics and antibiotics to those units managing acute casualties. The prepared caches will be delivered to the ED.
14. The Public Information Manager will meet the media at the main reception Parkside and media liaison will be the responsibility of the Communications

Manager. The Communications Manager will use the office of the Head Orderly unless the DHB Coordination Centre is activated.

15. Volunteers will be coordinated by a staff member seconded by the CIMS Logistics Manager. If required Staff redeployment centre will be set up to coordinate additional staff and volunteers.
16. In a Major Incident where there are several pre-hospital fatalities the Mortuary support response will come under the control of the Police Disaster Victim Identification (DVI) team. The Social Work team will liaise with the DVI team for any requests from relatives to view deceased casualties.

RELEASED UNDER THE OFFICIAL INFORMATION ACT

## 5. Generic Plan for all Wards

### Activation

**When the Hospital Major Incident Plan is activated**, the Duty Nurse Manager will contact the Nurse in Charge of all wards likely to receive patients directly or indirectly from the Incident.

### The Nurse in Charge

When advised that the Christchurch Hospital Major Incident Plan is activated, at level two or three, the Nurse in Charge will complete a Status report and fax, or send it by runner, to the Emergency Operation Centre (**Fax Ext 81551**)

(Status Report forms should be available wherever this manual is located (kept inside the front cover).

If specifically advised by the Duty Nurse Manager that the ward / unit is to receive casualties from the incident the Nurse in Charge shall brief all staff on duty and delegate staff to:

- Expedite discharges already planned
- Assess stock levels
- Prepare the ward to receive casualties.

The discharge centre for patients awaiting pick up will be the Medical Day Unit or Oncology Outpatient's

Patients and where possible, next of kin, are to be kept informed of the move and the reasons for it.

Keep the Duty Nurse Manager informed as beds are made available.

In a Mass Casualty Incident, patients will be admitted with "disaster" documentation only; i.e. the ED pink sheet and temporary sticky labels. They must continue with this patient number and any double registrations will be rectified after discharge.

**Note:** When bed shifts and dietary changes etc. are finalised, wards must complete the Food Services lists and fax these to the Food Services Menu Collators (Fax Ext. 88962).

### Stand-down

The hospital wide Stand-Down is authorised by the Hospital Controller.

It is imperative that all staff notified of the incident are informed of the stand-down

### Task Card

Ward Nurse in Charge

CHC\CIMS\0073

## 6. Specialty Area Plans

### ▪ Unit Specialty Plans

- Allied Health Services (See page 47)
- Canterbury Health Laboratories (See page 53)
- Cardiology (See page 55)
- Chaplaincy Department (See page 56)
- Children's Health Service (See page 57)
- Clinical Records (See page 58)
- Department of Anaesthesia (See page 49)
- Department of Intensive Care (See page 63)
- Department of Internal Medicine (See page 66)
- Department of Nursing (See page 69)
- Department of Orthopaedic Outpatients (See page 74)
- Department of General Surgery (See page 61)
- Emergency Department (See page 23)
- Food Services (See page 60)
- Maintenance and Engineering (See page 65)
- Mortuary Services (See page 68)
- Occupational Therapy Department (See page 70)
- Operating Theatre (See page 71)
- Orderlies Service (See page 73)
- NZ Blood Service (See page 51)
- Palliative Care Service (See page 77)
- Pharmacy (See page 78)
- Physiotherapy Service (See page 79)
- Post Anaesthesia Care Unit (See page 76)
- Radiology Department (See page 80)
- Resident Doctors' Support Team (See page 81)
- Security (See page 82)
- Social Work Department (See page 84)
- Sterile Services (See page 85)
- Supply Department (See page 86)
- Telephone Office (See page 87)
- Women's Health Service (See page 88)

**Generic instructions** are included for all wards/units in the Emergency Procedures Flipcharts. Ref 1681



## 6.1 Allied Health Services (ALH)

Nutrition services, Occupational Therapy, Physiotherapy, Social Work Services, Speech Language Therapy and Pharmacy

Refer separate Social work, Occupational Therapy, Physiotherapy & Pharmacy section regarding additional expectations.

### Activation:

When the hospital emergency plan is activated for an internal or external incident.

### Clinical Manager (or Deputy) from each ALH service will:

- **Check** in your respective departments: **staff, patients and visitors are safe.** Check area for safety, fires, gas etc. If any emergency and/or evacuating dial 777 and report.
- **If staff remaining in the building** then take note of who is there (on 'staff checklist'), and establish next point of contact with them.
- **Grab** 'service RedE pack', 'staff checklist', and floor warden armband to signify that you have these items when you go outside.
- **Check for remaining staff at the evacuation point** for your service.
- Complete accounting for all staff at work at that time via each services 'staff checklist'.
- Check the welfare of your staff; support them to be able to sort out any personal/family needs and consider the need for breaks or to be stood down.
- **Notify all staff** of the incident
- Refer to your **emergency flipcharts** in your RedE pack for specifics relating to current emergency
- **Check in with the other ALH clinical managers** whose teams have the same evacuation site.
- Complete a **status report** and fax (or send by runner) to the emergency control centre (FAX: 81551).
- Communicate the status report to the ALH service manager.
- **If the incident is likely to be protracted formulate a provisional service plan** for your service which accounts for current inpatients, new referrals waiting to be seen, outpatients with upcoming appointments and the frequency, timing and location/manner of future regular communication with your staff.
- If the incident is likely to be protracted ensure that rosters are reviewed to accommodate changed workloads and priorities.
- Attend any and all **hospital debriefs** and feed this information back to ALH staff and ensure other ALH clinical managers are also aware.
- Collate information regarding any of your staff who are able to be redeployed and link in with the other ALH clinical managers and **Redeployment service.**

- Refer to specific **ALH Clinical Manager Task cards** for each service for key required actions including potential service specific duties.

**ALH staff from each service will:**

- **All ALH staff must wear their identification badge at all times**
- **If you are in your department**, and your clinical manager isn't, check the department for remaining staff, check them off the 'staff checklist', grab the service RedE pack and floor warden armband and go to evacuation site to locate remaining staff (Also refer to the preceding section which lists other duties expected to be completed)
- Utilise evacuation routes and go to and remain at pre-identified assembly areas for their service if evacuating the building. Wait here for further instruction from your clinical manager (or deputy).
- **If on a Ward / Unit**, report to the ward / unit charge nurse to see if you can assist.
- **If needed**, communicate this to your clinical manager (and colleagues in your service) so that you can be checked off the 'staff checklist'
- **If not needed**, to evacuate to your services' pre-identified assembly area if at Christchurch. If offsite (including Home visits), then you need to contact your clinical manager to advise of your current status and be advised / briefed on current service expectations
- **To assist with and liaise with other ALH services, nursing and medical professions around the planning and discharge arrangements of patients whose beds could be needed, as directed by your respective clinical manager (or deputy if clinical manager is not available).**
- **Social Work staff to also refer** to SWS emergency plan (page ..., section 6.27 of this document).
- Excluding social work staff and through discussion with your clinical manager (or deputy) if you have completed or anticipate completion of your assigned core duties then let your clinical manager (or deputy) know your ability to be redeployed and they will liaise with the **redeployment service**.

**Stand-Down:**

The hospital wide Stand-Down is authorised by the hospital controller.

All ALH staff are to be notified of the stand-down by their respective clinical manager (or deputy).

**Task Cards:**

Allied health Team Leader	CHC\CIMS\0001
Clinical Manager Nutrition Services	CHC\CIMS\0002
Clinical Manager Speech Language Therapy	CHC\CIMS\0003

NB. Occupational Therapy, Physiotherapy, Pharmacy and Social Work services have their own respective sub plans.

## 6.2 Department of Anaesthesia

### In the event of a major external Emergency.

Notification of activation from senior ED Doctor to Duty Anaesthetist or most senior on-site Anaesthetist.

Allocate role of “**Anaesthetic Manager**” (usually Duty Anaesthetist or 1<sup>st</sup> Call Consultant Anaesthetist)

### Anaesthetic Manager

“Supports the response by co-ordinating Operating Theatre usage and clinical resource to ED”

Assume role of **Anaesthetic Manager** and wear the **Anaesthetic Manager** Identification vest (found in the Operating Theatre Coordinators Office).

Obtain cell phone and radio EOC5 from EOC if required.

Liaise with **ED Medical Manager** to determine the nature of emergency, estimated time of arrival, expected patient numbers and probable level of Hospital response.

Notify the **Operating Theatre Co-ordinator** and **Anaesthetic Technician Coordinator** to determine existing workloads, theatre capacity and current staff availability.

Liaise with the **Surgical Manager** and **ICU Manager** to allocate appropriate resources.

Allocate a Consultant Anaesthetist to Emergency Department, the **ED Anaesthetic Coordinator** to facilitate communication, assess the number of Anaesthetic staff required, to assist with resuscitation and to co-ordinate transfer of patients to operating theatres.

Ensure all required operating theatres are adequately staffed with Anaesthetic personnel. Staff not on call may be required out of hours.

Notify Clinical Director / Deputy and support staff.

Inform Anaesthesia staff at Burwood Hospital and CWH of situation.

Liaise with **Hospital Controller** to ensure that OT capacity can meet the expected demand and notify if cancellation of theatre lists will be required.

Arrange for additional staff to be called in as needed.

On request identify Anaesthetists and Anaesthetic Technicians to attend other areas within the hospital, other hospitals or disaster sites.

The **Anaesthetic Manager** must remain in this role of co-ordination, and, where possible, **not** become involved with personally performing anaesthesia.

If the demand for urgent surgery is likely to exceed Christchurch Hospital's Operating Theatre capacity, staffing and / or resources, to deliver that surgery within an acceptable time, the **Anaesthetic Manager** will liaise with the **Hospital Controller** who will escalate the response and consider utilising other operating theatre facilities in the region.

Plan to rest staff after a maximum of 12 hours, if required.

### **Anaesthetic Technician Coordinator**

Liaise with **Operating Theatre Co-ordinator** and **Anaesthetic Manager**

Assess current staff availability and current workload.

In consultation with the **Anaesthetic Manager** consider the potential impact of casualties. A judgement call is required to notify more staff.

Bring in non-on-call staff as needed. Contact those rostered to work that day / night and weekend first.

Assess stocks and equipment, and arrange for resupply and cleaning as required.

Ensure adequate Anaesthesia Technicians to staff all required theatres

On request identify Anaesthetic Technicians to attend other areas within the hospital, other hospitals or disaster sites.

### **Clinical Director / Deputy**

Assist **Anaesthetic Manager** and assume role, if appropriate.

### **Stand-down**

The hospital wide stand-down is authorised by the **Hospital Controller**.

It is imperative that all staff notified of the incident are informed of the stand-down

### **Task Card**

- |                                 |               |
|---------------------------------|---------------|
| ▪ Anaesthetic Manager           | CHC\CIMS\0093 |
| ▪ Charge Anaesthetic Technician | CHC\CIMS\0094 |
| ▪ ED Anaesthetic Coordinator    | CHC\CIMS\0095 |

## 6.3 New Zealand Blood Service

### Initial Emergency Alert

Notification will be by Trauma Call Beep EEE message, followed by a call from senior ED doctor (ED Medical Manager) with more detail of number of patients and the likely need for blood. The details given will enable the appropriate escalation of the Blood Bank response

### Responses

#### 1. Low Impact (1-3 trauma patients)

Injured patients are Triage status 1 or 2

Normal service delivery will be maintained throughout management of this incident.

#### 2. Moderate Impact (> 3 Trauma Patients)

Injured patients are triage status 1 or 2

Diminishes Blood Banks ability to deliver normal services or other service demands for a prolonged period.

Response as in low impact with additional focus on assessment of staff and blood component resources - particularly emergency blood stocks - and escalation of the emergency to Area Manager.

#### 3. Major Disaster Response

Mass Casualty (> 10 trauma patients)

Totally prevents the delivery of normal services in the Blood Bank and Hospital for the foreseeable future.

**Response as in moderate impact with additional focus on escalation of the emergency to national level and immediate transfer of all available stock from Christchurch Donor Centre**

### Blood Bank Operations Leader

The Blood Bank Team Leader or most senior person on site is to manage the response and resources in an incident.

### Emergency Department Station

In a mass casualty situation the Emergency Department may request the presence of blood bank staff in the department with blood on hand, if staffing levels allow. This is at the discretion of the operations leader. Staff should be clearly identifiable in labelled fluoro vests and make themselves known to ED Coordinator (orange vest).

### Specimen labelled with a disaster number

Hand labelled samples

**Disaster number and NHI only - NO OTHER IDENTIFIERS apart from sex and approximate age.** Details on sample and request form must match sample and declaration on the form. Must be signed by the blood taker



## DISASTER NUMBER GUIDELINES

- All Group and Screens requests in which the patient is identified using a disaster number must be issued with group O RBC only.

*Rationale: The decision for all patients identified with disaster numbers to receive Group O RBC only has been made to reduce the risk of an ABO incompatible transfusion occurring as a result of a high stress, chaotic situation that can arise in the Emergency Department in a mass casualty situation.*

- Samples received that do not meet the requirements for pre-transfusion testing and are labelled with a disaster number can be accepted for testing at the discretion the Operations Leader

*Rationale: The acceptance of samples that do not meet pre-transfusion testing requirements but are labelled with a disaster number is based on the need to identify if the patient has clinically significant antibodies and the impracticality of requesting a new group and screen in a major disaster response*

- Once the patient's identity is established, a new group and screen containing the patients correct information and a reference to the disaster number on the form, must be tested before the patient's details can be updated in computer system and group specific blood can be used

### Stand-down

The decision to conclude activities associated with an emergency response lies with the Blood Service Operations Leader in consultation with the Hospital Incident Controller, or if escalated to national level with the New Zealand Blood Service National Emergency Response Co-ordinator.

## 6.4 Canterbury Health Laboratories (CHL)

On activation of a Major Incident the telephone office will notify the CHL Single point of contact who will contact the Operations Manager CH Labs or the nominated deputy.

### General Manager & Clinical Director

- Ensure that the senior laboratory staff member who is on duty is aware of the Major Incident and the possible arrival of specimens. (During the normal day hours Monday to Friday, this will usually be the Section Heads; otherwise it will be the senior staff member in Biochemistry, Haematology and Specimen Registration on duty at the time).
- Notify relevant Section Heads of the Incident as well as the relevant on call pathologists and medical directors and confirm that the General Manager and Clinical Director are aware of the situation.
- Depending on the nature of the Incident, Section Heads in Core Haematology, and Biochemistry, Blood Test Centre and Toxicology (plus if appropriate Microbiology), should be notified.
- Confirm that the NZBS has been notified by the Emergency Department.
- Report to the laboratory if necessary and co-ordinate the activity.

### Senior CH Labs senior staff member on duty

- Confirm that the Operations Manager is aware of the Incident.
- Prepare the laboratory to receive an influx of specimens. In the first instance this will involve ensuring that the following equipment is available and ready for operation:
  - blood gas analysers
  - biochemistry and haematology analysers;
  - one of the primary haematology analysers;
  - coagulation analyser;
  - and point of care testing devices.

### Section Heads

- Section Heads will report to the laboratory if required.
- Should it be determined that the expected work exceeds the present on-site capacity then section heads will ensure that adequate staff are available to meet the expected workload.
- Section Heads will ensure that there are sufficient supplies on hand to cope with the expected workload.
- Confirm that the required equipment is functioning to meet needs.
- Should it appear likely that there are inadequate resources to cope the Operations Manager can activate assistance from private laboratories.

### Sample Processing

In a Major Incident, specimens will be identified by a pre-allocated NHI and a “Disaster Number” – these will commence with the letter D followed by a number, e.g.: D01, D02,

Each sample should have sex and approximate age also written on the form

**Note:** Names will not be used initially to identify disaster patients, unless these can be clearly established.

### Stand-Down

- Advice of Stand-Down will come from the Hospital Incident Controller to the CHL Operations Manager. The hospital wide stand-down is authorised by the Hospital Controller.
- It is imperative that all staff notified of the incident are informed of the stand-down
- The Operations Manager to advise Section heads, pathologists and medical directors to stand-down.
- The Operations Manager will hold a debriefing session with the staff involved in the Incident. A report will be sent to the General Manager CHL.

## 6.5 Cardiology (CHL)

### Activation

**When the Hospital Major Incident Plan is activated**, the Duty Nurse Manager (DNM) will contact the Nurse in Charge (NIC) of all wards likely to receive patients directly or indirectly from the Incident.

During a Major Incident the Cardiology Service will liaise with the Emergency Department to provide a fast track for the assessment and management of people presenting with potential cardiology problems.

### Ward 12, CCU, Ward 14, CDU NICs

When advised that the Christchurch Hospital Major Incident Plan is activated the NIC will follow the requirements as per the Generic Plan for all Wards and the Ward Nurse in Charge Task Card.

The NIC will assist the Cardiology Registrar in determining current patients' suitability for discharge, then notify the DNM of anticipated bed status.

### Cardiology Registrar

Liaise with ED to assess potential impact of incident.

Determine existing patients' suitability for discharge, then notify relevant NIC.

Notify consultant if necessary.

### Cardiology Service Manager

In consultation with CIMS Operation Manager and Cardiology Registrar / Consultant, if the Incident is a major one and inpatient capacity can be freed up as a result, contact:

- Admitting Office to cancel all elective procedures.
- Out / Day patients to cancel all outpatient clinics.
- Appropriate day attendances.

### Stand-down

The hospital wide Stand-Down is authorised by the Hospital Controller.

It is imperative that all staff notified of the incident are informed of the stand-down.

## 6.6 Chaplaincy Department

### Role

To offer a sacramental ministry to those patients of a Major Incident.

To provide comfort and spiritual support to the injured and dying, and their next of kin.

To offer counselling and support to victims, family / relatives and staff, as needed.

**NOTIFICATION of ACTIVATION** shall be to the Duty Chaplain by the **telephone office**

### Duty Chaplain

Depending upon the severity of the Incident

- Notify and liaise with other Chaplains (Roman Catholic, Ecumenical and Maori Chaplains) to assist, and call in additional support as necessary.
- Liaise with the Nursing Coordinators in the Emergency Department to identify where pastoral care may be needed.
- Liaise with Social Work Department to support relatives / friends of victims.
- Be available to provide pastoral care as and when requested.

### The Chapel

The chapel will be retained as much as possible for pastoral care. Those who die in hospital will be taken to the viewing rooms in the mortuary in the first instance. Should demand for viewing places exceed these alternatives the chapel may be used.

### The Relatives Centre

This will be set up by Social Work Services, in the lounge of the main Hospital Cafeteria (Great Escape).

### Palliative Care

Some severely injured casualties may not be actively resuscitated and will be given palliative care only. These casualties may be placed in the ED Observation or the Oncology Outpatient Department.

Where facilities permit, relatives will be able to be present during this care.

### Stand-Down

The hospital wide Stand-Down is authorised by the Hospital Controller.

It is imperative that all staff notified of the incident are informed of the stand-down

### Task Card

Duty Chaplain CHC\CIMS\0091



## 6.7 Child Health

The Child Health Sub Plan is maintained by the Child Health Department.

Copies are held in the department Child Health wards and departments. Also available on the following link:

[Child-Health-Major-Incident-Response-Sub-Plan](#)

The sub plan contains an overview of the Child Health response.

The following Task Cards detail the Child Health response for key roles.

### Task Cards

CHC/CIMS/0106	Neonatal ACNM or Charge Nurse Manager	Neonatal Intensive Care Unit
CHC/CIMS/0107	Neonatal Unit Clinical Director or SMO	Administration Area, Neonatal Intensive Care Unit
CHC/CIMS/0108	Neonatal Administrator	Neonatal Intensive Care Unit
CHC\CIMS\0109	Child Health Manager	CAAU, Child Health Dept
CHC\CIMS\0110	Paediatric Acute Registrar	CAAU, Paediatric Dept
CHC\CIMS\0111	Paediatric Administration Team Leader	Paediatric Outpatient Support

## 6.8 Clinical Records

**In the event of a Major Incident** the Duty Clinical Records Clerk will report to the Logistics Manager at the Emergency Operations Centre.

### Key Tasks

To retrieve and supply clinical records

To supply patient information from the Patient Management System

### The Duty Clinical Records Clerk

Notify Manager, Coordinator and / or Trainer – Clinical Records.

### Initial Activation

#### Clinical Records Department (CRD) Management

Assess current staff availability and current workload.

Liaise with ED Reception Coordinator (80270) to assess potential impact of Incident. Discuss with Hospital Controller.

Call in additional staff as needed.

Allocate staff to areas as required by the Logistics Manager or if activated the Staff Redeployment Centre.

### Activation

#### CRD Management

- Notified by on duty senior clerical staff. Report to hospital.
- Consultation / Liaison as above.
- Assign staff to meet priorities as for key tasks and assist as follows:

As directed by Hospital Controller or Logistics Manager.

When enough information is available to find the patient's previous record on the computer, Reception / CRD staff will print off Local and National Events and Medical Alerts. Other information may also be updated.

- Monitor Clinical Records response
- Check welfare of CRD staff, consider need for breaks, emergency meals etc.
- Consult with Hospital Controller to determine when CRD workload no longer requires "emergency" status
- The hospital wide Stand-Down is authorised by the Hospital Controller.
- It is imperative that all staff notified of the incident are informed of the stand-down

- **Note:** All Major Incident Casualties will be admitted with a disaster NHI Number and are likely to have a duplicate record. The merging of these may represent a significant delayed workload for CRD.

### Task Card

Clinical Records Coordinator

CHC\CIMS\0090

RELEASED UNDER THE OFFICIAL INFORMATION ACT

## 6.9 Food Services

**Note:** The Food Services Plan will be activated in two main circumstances:

- When a Major Incident causes a large number of casualties which will impact on the Hospital Food Services ability to deliver normal service
- .When there is a failure of an essential utility or supply which compromises the kitchen's ability to deliver normal service

### Notification

- In the event of the activation of the Hospital's Major Incident plan the Logistics Manager will contact the Food Services Contractor.
- If the kitchen cannot operate, the senior Food Services Staff member will notify the Duty Nurse Manager (Beep 8304) who will advise all affected areas via the RT Broadcast Unit.

### Key Task

To provide a meal service to patients and key nominated staff.

(NB: If the kitchen is not operational then the Food Services "Business Recovery Plan" must be implemented.)

### Activation – Action Plan

- The Senior Food Services Staff member will liaise with Logistics Manager, Hospital Emergency Operations Centre.
  - Establish scale of incident and identify services available.
  - Establish how many people are likely to need feeding and where feeding points will be.
- Implement menu.
- Roster or call in staff to cover emergency period adequately.
- Order supplies / equipment as necessary.
- In the event that the impact of the incident exceeds the ability of the Christchurch Hospital Contractor to cope, the contractor may consider the following options;
  - Support from other CDHB kitchens
  - Other support as arranged by the Food Services Contractor

### Civil Defence Emergency Management

**Note:** In the event of a Civil Defence emergency, resources such as the Army field kitchen will come under the control of Canterbury Civil Defence Emergency Management.

### Stand-Down

The hospital wide Stand-Down is authorised by the Hospital Controller. It is imperative that all staff notified of the incident are informed of the stand-down

## 6.10 General Surgery

### Major Incident Response

**In the event of a Major Incident** and notification of **activation**, the Emergency Department Medical Manager will contact the Acute Surgical Registrar.

### Initial Response: Acute Surgical Registrar

- Notify Acute Surgical Consultant
- Take on the role of Surgical Manager until relieved by the Surgical Consultant.
- Don the “Surgical Manager” identification vest found with the Emergency supplies.
- Liaise with Emergency Department Medical Manager and attend ED for briefing.
- Communicate with the ‘Anaesthetic Manager and liaise with the Operating Theatre Co-ordinator’.
- Assess current staff availability and current workload and the likely impact of casualties from the Incident, i.e. judgement call required to notify more staff.
- Take responsibility for prioritising patients for Operating Theatre and communicate to the Anaesthetic Manager
- Should the Surgical Manager be required to operate, delegate an appropriate person to assume the role of the Surgical Manager.

### Stand-Down

The hospital wide Stand-Down is authorised by the Hospital Controller.

It is imperative that all staff notified of the incident are informed of the stand-down

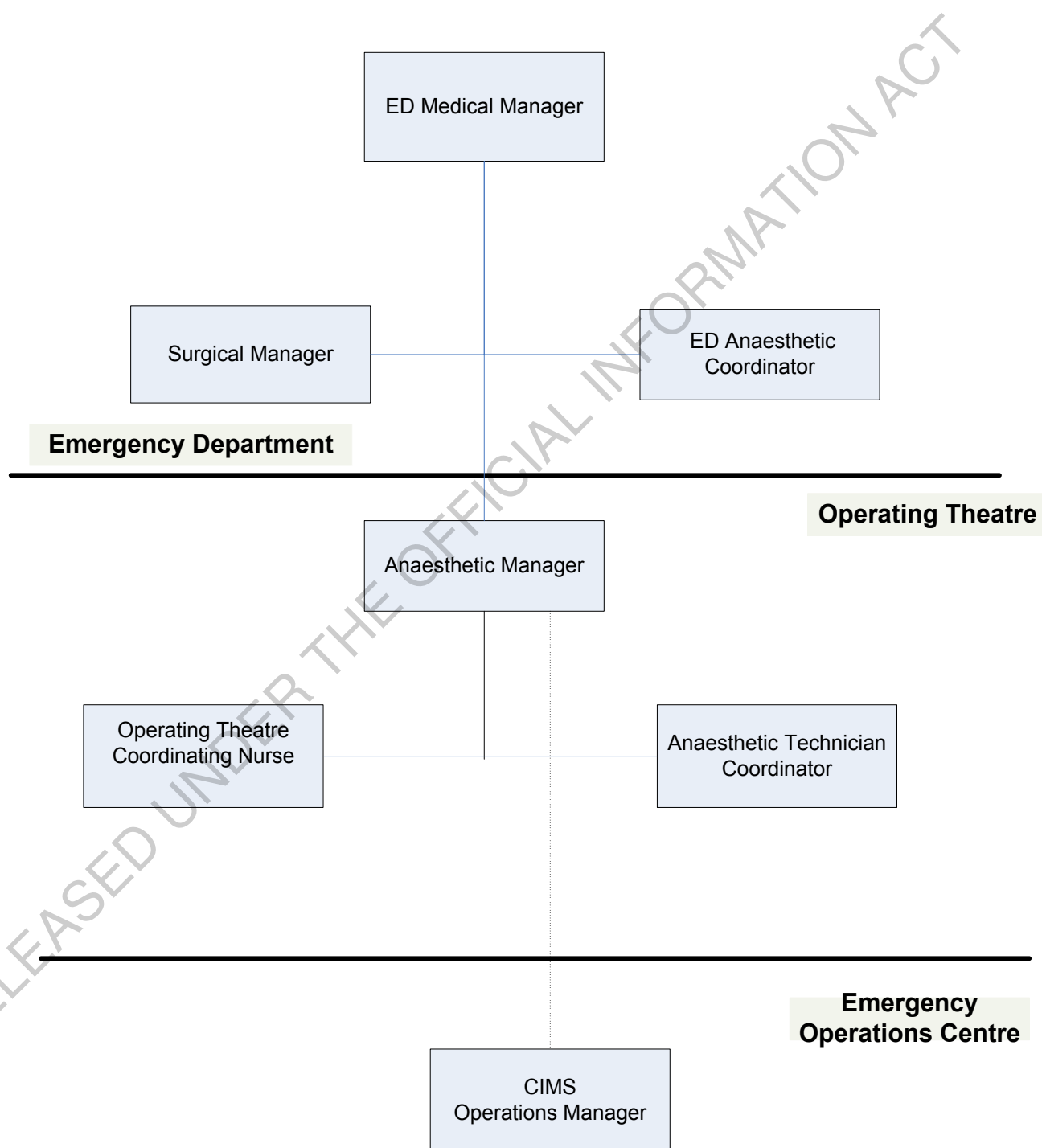
### Task Card

Surgical Manager

CHC\CIMS\0097



## Operating Theatre Communication



## 6.11 Department of Intensive Care

**In the event of a Major Incident** the Senior ED Doctor will contact the **acute** Intensive Care Registrar.

The ICU Senior Medical and Nursing staff will assess the potential impact and activate the departmental response.

### Acute Intensive Care Registrar

- Notify:
  - ACNM on duty
  - Intensive Care Specialist on call
  - On call Technologist
  - Off duty Intensive Care Registrars to be notified
- Take on the role of Intensive Care Manager until relieved by the Intensive Care Specialist on call.
- Assess all patients in the department for potential discharge to a general ward
- Once relieved by the Intensive Care Specialist on call i.e. the Intensive Care Manager to remain in ICU unless directed otherwise by the ICU Specialist / Controller.

### ACNM

- Notify Duty Nurse Manager.
- Delegate as appropriate.
- Assess the department's capacity to accommodate additional patients.
- Assist Intensive Care Registrar in determining patients suitable for discharge and make initial arrangements (after discussion with Intensive Care Specialist).
- Liaise with the Duty Nurse Manager to arrange suitable discharge beds.
- Determine need for extra nursing staff, and
  - call in staff as required
  - prepare an emergency roster
- Assess stocks and arrange for re-supply as required:
  - sterile supplies
  - IV supplies
  - disposables
  - drugs
- Should Intensive Care have time and staff available prior to the admission of new patients, consider sending staff to ED to assist, e.g. with transfer of patients to X-ray, CT, OT etc.

### **Specialist on Call / Intensive Care Manager**

The Acute Intensive Care Registrar will take on the role of the Intensive Care Manager until relieved by the Specialist on call.

- Don the “Intensive Care Manager” identification vest found in the Intensive Care Nurses Station
- Notify off duty Intensive Care Specialists.
- Liaise with and obtain information from the Emergency Department Medical Manager, re:
  - type of disaster
  - ETA first patient
  - estimate number of potential intensive care patients
- Attend and assume final authority for discharges from and admissions to the Department of Intensive Care.
- Prepare an emergency roster.
- Liaise with the Duty Nurse Manager, Surgical Manager, Anaesthetic Manager and Hospital Managers required. (Consider obtaining a radio telephone from the EOC to maintain communications)

### **Technologist on Call**

- Notify Senior Intensive Care Technologist.
- Ensure all equipment is operational.
- Ensure adequate stock of airway equipment and other equipment for which responsible.

### **Stand-Down**

The hospital wide Stand-Down is authorised by the Hospital Controller.

It is imperative that all staff notified of the incident are informed of the stand-down

### **Task Card**

ICU Manager	CHC\CIMS\0067
ICU Nursing Co-ordinator	CHC\CIMS\0068
ICU Technician	CHC\CIMS\0069
Air Retrieval Transport Nurse	CHC\CIMS\0070

## 6.12 Maintenance and Engineering

### Maintenance Manager/Duty Engineer

#### Minor Incident

(Low level damage or failure of a building service)

The Maintenance and Engineering (M&E) Dept provides 24 hour operational cover to the Christchurch Hospital Campus.

Procedures for notifying M&E are outlined in the Emergency Procedures Flipchart (Ref: 1681 / 2040)

The Duty Engineer will be notified of any incident which may affect the welfare of patients or staff. If a response is needed from the Hospital, the Duty Engineer will notify the Duty Nurse Manager in the first instance.

#### Major Incident

(Significant damage or failure of a building service(s) affecting staff or patients)

#### The Duty Engineer

Provides expert advice to Emergency Services Personnel / Hospital Incident Management Team regarding Building Services and Systems.

Provides staff to repair any essential services damaged.

The Duty Engineer and/or the Maintenance Manager shall be contacted and shall attend the scene of the incident as required.

In the event of a Major Incident the Duty Engineer/Maintenance Manager may be required in the EOC to liaise with the external emergency service's personnel and / or the Hospital's Incident Management Team.

Assess current staff availability and current workload and consider the likely impact of the incident, i.e. judgement call required to call in more staff, etc.

If the incident is protracted ensure that staff have meal / rest breaks.

The hospital wide Stand-Down is authorised by the Hospital Controller.

It is imperative that all staff notified of the incident are informed of the stand-down

## 6.13 Internal Medicine

### **If between the hours of 0800 and 1600 Monday to Friday:**

#### **Duty Nurse Manager;**

Would liaise with the Service Managers for Internal Medicine, who in turn would contact their relevant Clinical Directors to discuss the event and begin planning if anything other than BAU should occur.

#### **Internal Medicine Clinical Directors/Service Managers**

- Liaise with acute admitting teams and determine capacity to deal with current demand and any spare capacity to receive emergency referrals is required.
- Liaise with all medical wards and review current capacity and the possibility of existing inpatients having accelerated discharge or transfer plans, in order to generate capacity for patient flow to medical wards.
- Liaise with the Emergency Department CIMS Medical Manager to see if medical SMOs / RMOs should be redeployed to assist in ED.
- Communicate with all medical SMOs on-duty and either direct to assist in ED, or ask to present with their teams in the relevant ward to round and facilitate accelerated discharge planning for patients under their care.
- Service manager to continue to liaise with relevant CIMS Manager, to provide feedback and facilitate communication to the medical teams as necessary.

### **If event occurs between the hours of 1600 and 0800 weekdays or anytime during weekends (Public Holidays):**

#### **Duty Nurse Manager:**

- would liaise with the Service Manager on-call, who (if deemed necessary) would contact the relevant off-duty service managers to inform them of the event and begin planning if anything other than BAU should occur in each service.
- would contact the acute admitting areas and determine their current capacity and ability to receive emergency referrals.

#### **Service Manager on-call:**

Would support the DNM as required. Possible actions could include contacting Clinical Directors from specialities and seeking assistance in calling back medical staff to assist in the hospital.

### **Clinical Team Coordinators (CTCs)**

In conjunction with the DNM, liaise with relevant clinical areas (medical or surgical) to assess current capacity and busyness of duty medical staff on the wards. Inform the Service Manager on call, if further medical staffing is required to support the wards.

In the event of a mass casualty situation the CTCs take their direction from the DNM or the on-site Hospital Manager or CIMS Operation Manager (if appointed) of the event. Whilst the CTCs maintain a degree of clinical oversight for ward patients, it is recognised in the event of a mass casualty event that nearly all ward RMOs may be needed to assist in ED, leaving only a core group of hand-picked RMOs to cover the wards. The numbers required to assist in ED will depend on many factors including numbers and severity of expected patients, numbers of other appropriately trained staff in ED and ward acuity. The decision to release RMOs from the wards to assist with a mass casualty situation will be made by the CIMS Operation Manager or Hospital Controller, possibly after discussion with the CTC.

### **Stand-Down**

The hospital wide Stand-Down is authorised by the Hospital Controller.

It is imperative that all staff notified of the incident are informed of the stand-down



## 6.14 Mortuary Services

### Notification

In a Major Incident, where there are several pre-hospital fatalities, **the Mortuary** is expected to come under Police control. The Mortuary staff should be contacted by the Police Officer in Charge.

The Logistics Manager should confirm that the Mortuary Technicians have been advised of the incident.

### Liaison

The **Police Disaster Victim Identification Team**, if assigned to the hospital, will liaise with the Mortuary staff.

**Other Police Enquiry / Liaison Teams** will be based in the Emergency Department.

### In Hospital Deaths

Unrelated in-hospital deaths during the Major Incident response will be managed in the usual way.

The ED Nursing Manager will liaise with Mortuary staff / Police when casualties die in ED.

Social Worker will be involved as required.

### Viewings

Viewings will be co-ordinated by the Mortuary staff / Police Mortuary Commander.

If the demand for viewing exceeds the resources of both the Mortuary and ED, the ED Nurse Manager may liaise with the Chaplains to use the chapel as directed and managed by the mortuary staff.

### Post Mortems

Assess current staff availability and current workload and consider the likely impact of the incident, i.e. judgement call required to call in more staff, etc.

If the incident is protracted ensure that staff have meal / rest breaks.

### Stand-down

The hospital wide stand-down is authorised by the Hospital Controller.

It is imperative that all staff notified of the incident are informed of the stand-down

### Task Card

Mortuary team Leader

CHC\CIMS\0092

## 6.15 Department of Nursing

In the event of a Major Incident the Duty Nurse Manager will initially assume the role of Hospital Controller until relieved. The On Call Nursing Director will report to the EOC and assume the role of CIMS Operations Manager.

### Duty Nurse Manager Tasks

- Initially carry out tasks as per the EOC Task card in role of Hospital Controller until relieved.
- Bed management
- Nursing resource.

### Initial response - Duty Nurse Manager

- Liaise with ED Nursing Manager out of hours to assess potential impact of incident.
- Formulate a provisional bed management plan:
  - to place current ED patients in beds. (all areas)
  - to create beds in appropriate specialty areas.
  - to manage the nursing workload created by the incident.

Notify wards / units likely to receive patients.

Place current ED patients in accordance with the above plan.

### Stand Down

The hospital wide Stand-Down is authorised by the Hospital Controller.

It is imperative that all staff notified of the incident are informed of the stand-down

### Task Card

Duty Nurse Manager	Major External Incident	CHC\CIMS\0071
Duty Nurse Manager	Major Internal Incident	CHC\CIMS\0072

## 6.16 Occupational Therapy

If the Hospital's Major Incident response is activated, the Allied Health Director or acting deputy will notify the Clinical Manager, Occupational Therapy Service

### **Key Task**

To assist with the planning and discharge arrangements of patients whose beds could be needed in a mass casualty incident.

### **Senior Staff Member on Duty**

Report to Duty Nurse Manager for briefing

Carry out tasks as per Occupational Therapy Task Card.

### **Stand Down**

The hospital wide Stand Down is authorised by the Hospital Controller.

It is imperative that all staff notified of the incident are informed of the stand down

### **Task Card**

Occupational Therapy Team Leader CHC\CIMS\0004

## 6.17 Operating Theatre

If the Hospital's Major Incident Plan is **activated**, the senior Anaesthetist on site will assume the role of **Anaesthetic Manager**

The Acute General Surgical Consultant will assume the role of **Surgical Manager**

Both the Anaesthetic Manager and the Surgical Manager liaise with ED Medical Manager to prioritise patients for Operating Theatre.

The nature and extent of Emergency, expected patient numbers, ETA, and the ED / hospital status shall be clearly communicated

Movement to Operating Theatre will be co-ordinated by Surgical Manager, Anaesthetic Manager and the Duty Nurse Manager advised.

The **Surgical Manager** will liaise with the **Operating Theatre Co-ordinator** to coordinate theatre usage in consultation with the **Anaesthetic Manager**.

In a high level protracted incident a Theatre Director will be appointed to EOC Operations to provide overall co-ordination of the response liaise with the Surgical Manager, Anaesthetic Manager, OT Coordinator and Surgical Wards

The Anaesthetic Manager will advise the Chief of Surgery or Hospital Controller if there is a need to request additional operating theatre space from the DHB Health Emergency Co-ordination Centre (HECC).

### Operating Theatre Co-ordinator

Don the "Operating Theatre Co-ordinator" identification vest found in the Operating Theatre Clinical Manager's Office.

Depending on the nature of the Incident:

- Notify Anaesthetic Technician Coordinator (beep 8381) on duty.
- Notify the Peri Operative Nurse Manager (if unavailable contact any Operating Theatre Charge Nurse Manager). Assess current staff availability and current workload and consider the likely impact of casualties from the incident.
- Liaise with the Surgical and Anaesthetic Managers to decide on appropriate resource allocation, e.g. whether or not to cancel other theatre work.
- Notify Senior PACU Nurse.
- Inform Surgeons and staff of status.
- Assign staff to check stocks of sterile linen, 'D' Store, IV supplies, pharmacy etc., and to restock blanket warmers and fluid cupboards.
- Outside normal operating hours delegate a staff member to answer the telephones.
- Call in staff, as discussed with the Operating Theatre Manager / Clinical Charge Nurse Manager.
- Notify Clinical Manager, Sterile Services, of status and liaise regarding needs.

### **Patient's Property**

Clothes / valuables will be kept in bags, clearly marked with patient's name / number and will travel with the patient.

### **Stand-down**

The hospital wide stand-down is authorised by the Hospital Controller.

It is imperative that all staff notified of the incident are informed of the stand-down

### **Task Card**

Charge Anaesthetic Technician

CHC\CIMS\0094

Operating Theatre Coordinator

CHC\CIMS\0096

RELEASED UNDER THE OFFICIAL INFORMATION ACT

## 6.18 Orderlies

### A. Major Incident Response

If the Hospital's Major Incident Plan (MIP) is activated, the Duty Telephonist will contact the Orderly Supervisor.

The Orderly service will initially focus on clearing the Work Up and the ED Resus area as patient movement is prioritised and determined by the Duty Nurse Manager.

#### Orderly Supervisor

- Will appoint the most Senior Orderly on duty as the Orderly Coordinator
- Will remain in their current position unless it is unavoidable, in which case the next senior acts as supervisor until relieved.
- Will notify the Charge Orderly that the MIP has been activated

#### Orderly Coordinator

- The Orderly Coordinator is to follow the instructions for Task Card 074

#### Charge Orderly

Will be notified by the Orderly Supervisor if the MIP is activated.

#### Tasks

- Ensure that sufficient orderlies are available to perform essential tasks.
- Liaise with the Logistics Manager regarding extra staff from staff pool to assist orderlies.
- Arrange rostering of orderlies for relief at appropriate times.

#### Stand-Down

The hospital wide Stand-Down is authorised by the Hospital Controller.

It is imperative that all staff notified of the incident are informed of the stand-down

### B. Other Incidents

Incidents which may require Orderlies to be notified and / or present, other than the activation of the MIP are located in the Emergency Procedures Flip Chart or as advised by the Orderly Supervisor

### C. Task Card

Orderly Co-ordinator

CHC\CIMS\0074

Orderly Supervisor Fire

CHC\CIMS\0075



## 6.19 Orthopaedic Outpatients

If the Hospital's Major Incident response is **activated**, the ED ACNM will contact the Senior OOPD Nurse on Duty.

OOPD will activate with ED and provide treatment for minor orthopaedic trauma.

### Key Task

OOPD will become another Ambulatory Area and will manage injuries to bones and joints as at present. Casualties will be screened by ED, lines inserted etc before transfer to OOPD.

### Senior Nurse on Duty

- Notify the Charge Nurse Manager and don the Major Incident vest.
- Assess current staff availability and current workload and consider the likely impact of casualties from the incident, i.e. judgement call required to notify more staff, cancel outpatients' clinics, etc.
- Inform all staff in the Dept of status, including Clerical and Radiology staff.
- In consultation with the Charge Nurse Manager, call in additional staff, as appropriate.
- Assign staff to check all stocks / stores.
- Maintain liaison with the Ambulatory Area Nursing Co-ordinator in ED.

### Patient Handling

- Assign a receptionist to ensure that details are recorded for all patients leaving OOPD. The ED exit form is to be used.
- Patients will arrive from ED and should be re-triaged on arrival in OOPD. Including Nurse Initiated X-ray (NIX) as appropriate.
- Patients should be managed in the usual way and prioritised by the Triage Nurse; this will need to be an ongoing process.
- The Orthopaedic Registrar should be called if the workload is high and unstable patients are waiting.
- Patients requiring admission should be managed in the usual way.

### Stand-Down

The hospital wide Stand-Down is authorised by the Hospital Controller.

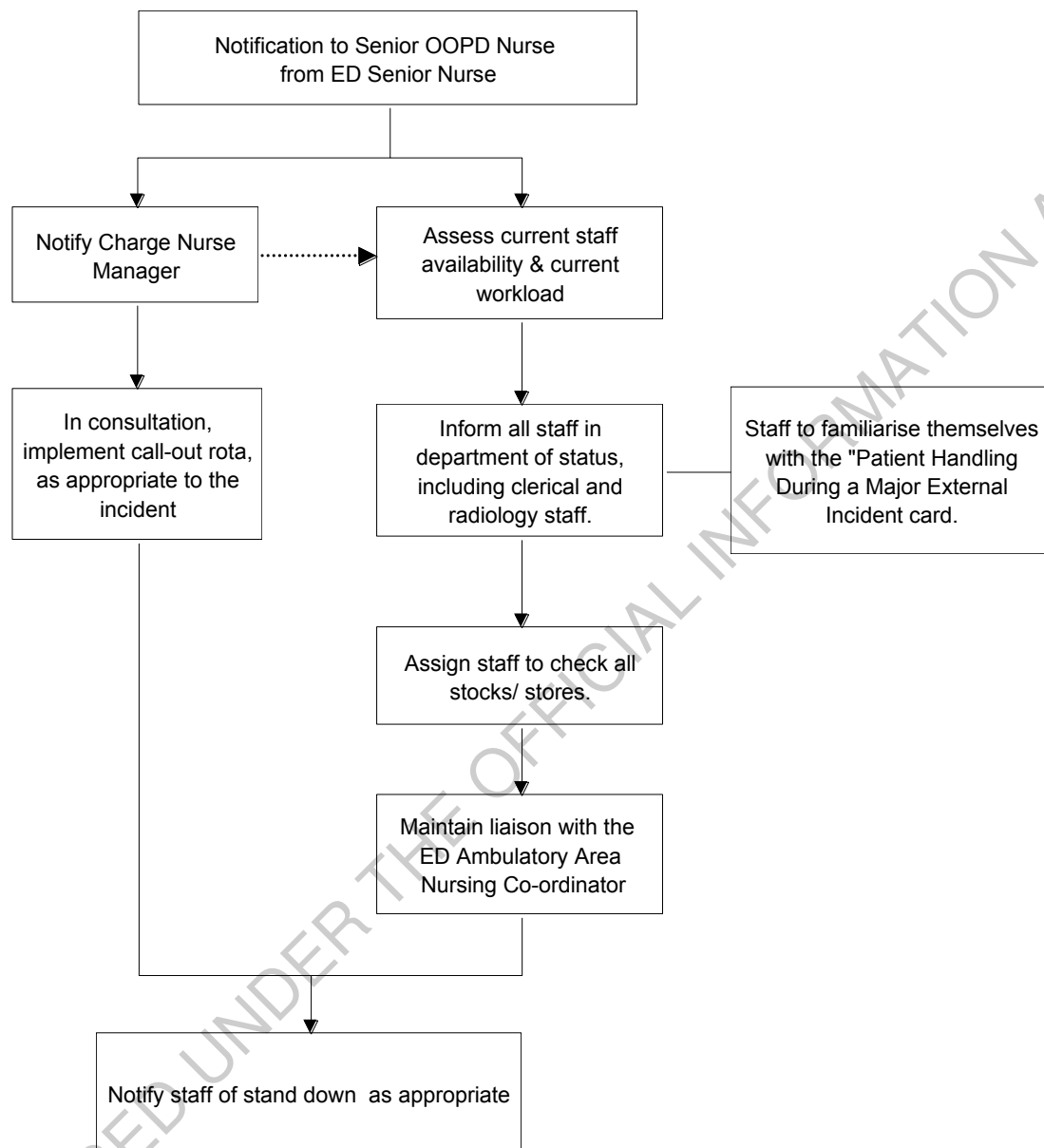
It is imperative that all staff are notified of the incident are informed of the stand-down

### Task Card

OOPD Nursing Co-ordinator

CHC\CIMS\0076

### Flowchart Notification Summary for OOPD



## 6.20 Post Anaesthesia Care Unit

If the Hospital's Major Incident response is **activated** the Senior Nurse on duty will be notified by the Operating Theatre Co-ordinator.

The nature and extent of the Incident, expected patient numbers, ETA, and the ED/ hospital status, shall be clearly communicated.

- Notify Charge Nurse Manager, PACU.
- Check stocks of essential equipment; IV fluids and equipment, IV pumps and fluid warmers, pharmacy (controlled drugs, AB's, antiemetic), linen (trolley and warming cupboard), oxygen equipment (masks, portable cylinders), general stores and sterile supplies.
- Assess likely occupancy of PACU area at estimated time casualties will arrive and liaise with wards for the return of patients.
- Call in extra staff, if needed.
- Assist in Operating Theatre until patients arrive.
- Liaise with Operating Theatre Co-ordinator regarding type and number of patients expected.
- Be responsible for patient tracking, PACU staff and equipment until relieved by the Senior PACU Nurse on the next shift.

### Patient's Property

Clothes / valuables will be kept in bags, clearly marked with patient's name / number and will travel with the patient.

### Stand-Down

The hospital wide Stand-Down is authorised by the Hospital Controller.

It is imperative that all staff notified of the incident are informed of the stand-down.

## 6.21 Palliative Care Service

The **Clinical Director**, Palliative Care Service (or **Palliative Care Specialist Nurse**) will be notified by the ED Coordinator via the telephone office. Contact numbers are kept with the telephone office.

The key task for the Palliative Care Service will be to assist with the management of those seriously injured casualties of a major incident, for whom resuscitation is not a viable option. To establish coordination in the Blue Area.

### The Clinical Director

(or Palliative Care Specialist Nurse) will:

- Liaise with the ED Coordinator to determine the best site for a Palliative Care (Blue) Area or an appropriate clinical area; Options are:
  - ED Observation Ward (EO)
  - Oncology Outpatients.
- Set up designated Palliative Care Area, liaise with Duty Nurse Manager for Nursing Support and ensure medical cover.
- Notify Palliative Care Consultant and arrange "Medical Cover".
- Report to ED Coordinator when Palliative Area is ready.
- Provide palliative end of life care to casualty(s) and significant others.
- Liaise with Duty Nurse Manager (Pager. 8304) to admit patients where appropriate.
- Provide palliative care support as needed to existing hospital inpatients in conjunction with ward staff.

### Stand-Down

The hospital wide stand-down is authorised by the Hospital Controller.

It is imperative that all staff notified of the incident are informed of the stand-down

### Task Card

ED Blue Area Palliative Care Coordinator  
Oncologist on call

CHC\CIMS\0022  
CHC\CIMS\0077

## 6.22 Pharmacy Services

If the Hospital's Major Incident response is activated, the Telephonists will contact the Clinical Manager, Pharmacy Services / Deputy or the on-call Pharmacist.

The Duty Pharmacist will arrange an initial imprest to ensure appropriate supplies of IV fluids, analgesics and antibiotics to those units with an initial response.

### During Office Hours

- Clinical Manager, Pharmacy Services will notify appropriate personnel and mobilise resources to meet clinical needs.
- Arrange emergency supply of IV medications.

### After Office Hours

The on call Pharmacist will notify Clinical Manager; Pharmacy Services then report to Pharmacy.

### Clinical Manager, Pharmacy Services

- Notify additional pharmacy staff.
- Report to Pharmacy to manage the Pharmacy Services.
- Mobilise resources/personnel to meet clinical needs.
- Consider sending Pharmacy technician to the ED to co-ordinate supplies

### Emergency Access to Pharmacy IV Stores

In the event of clinical need when Pharmacy staff are not yet at the hospital, the Duty Nurse Manager / delegate may access:

- IV Store (Rooms LG05/06, Food Services Block, Lower Ground Floor, Parkside) with PIN code held by Orderlies.
- Pharmacy key to bypass key pad held by Security Contractor. Schematic drawing of stock location within Pharmacy held in top drawer, grey filing cabinet (marked "Pharmacy General") in general office area to left inside main entrance to Pharmacy.

### Stand-Down

The hospital wide Stand-Down is authorised by the Hospital Controller. It is imperative that all staff notified of the incident are informed of the stand-down

## 6.23 Physiotherapy Services

Clinical Manager, Physiotherapy Service (or deputy) will be notified by Duty Nurse Manager.

The key task for Physiotherapy Services will be to assist with the planning and arrangements for the early discharge of patients whose beds will be needed in a mass casualty incident.

### **Clinical Manager, Physiotherapy**

(or deputy) will:

- Report to Physiotherapy Department.
- Notify Manager,
- Liaise with Duty Nurse Manager (Pager. 8304) to identify wards discharging patients.
- Mobilise sufficient staff to cope with the anticipated need.
- Co-ordinate and prioritise discharge requirements.

In the event that the hospital Major Incident Plan is activated to respond to a mass casualty incident, all Physiotherapy staff on duty should report to the Physiotherapy Department to co-ordinate discharge planning.

Liaise with **Police Disaster Victim Identification Team** (DVI) as required

### **Stand-Down**

The hospital wide Stand-Down is authorised by the Hospital Controller.

It is imperative that all staff notified of the incident are informed of the stand-down

### **Task Card**

Physiotherapy Team Leader

CHC\CIMS\0005



## 6.24 Radiology

The Radiology Dept Sub Plan is maintained by the Radiology Dept and is held in Radiology.

It contains an up to date contact list for Radiology Staff and the overview of the Radiology response.

The following Task Cards detail the Radiology response for key roles.

### Task Card

Radiology Manager	CHC\CIMS\0078
Radiology Co-ordinator	CHC\CIMS\0079
Radiology CT Team Leader	CHC\CIMS\0080
Radiology DSA Team Leader	CHC\CIMS\0081
Radiology ED Team Leader	CHC\CIMS\0082
Radiology MRI Team Leader	CHC\CIMS\0083
Radiology Nurse Co-ordinator	CHC\CIMS\0084
Radiology Office Manager	CHC\CIMS\0085
Radiology OOPD Team Leader	CHC\CIMS\0086
Radiology Orderlies	CHC\CIMS\0087
Radiology Ultrasound Team Leader	CHC\CIMS\0088

## 6.25 Resident Doctors' Support Team

If the Hospital's Major Incident response is **activated**, the Hospital Controller will contact the Operation Leader, Resident Doctors' Support Team as necessary.

The Resident Doctors' Support Team will identify potentially available staff and wait to be called to supply additional RMO staff.

The deployment of **Junior Medical Staff** will be the responsibility of the **Clinical Director of each service** in consultation with the Medical Director and the Operation Leader, Resident Doctors' Support Team or Clinical Team Coordinator out of hours.

Operation Leader, Resident Doctors' Support Team in consultation with the Medical Director will:

Assess current staff availability and consider the likely impact of the incident, i.e. judgement call required to notify significant / more staff, also consider tasks as per activation (this should be the responsibility of the senior SMO in each service)

- Gather relevant data, rosters, phone numbers etc.
- Review rosters to determine staff available to be moved.
- Review staff list for RMOs with specific skills.
- Liaise with members of the Hospital Emergency Management Team as necessary.
- Gather Resident Doctors' Support Team for a quick briefing.
- Allocate one Resident Doctors' Support Team phone line to be kept clear for calls.
- Allocate one person to main phone line.
- Remain at and wait to Resident Doctors' Support Team be called by specific areas or Hospital Controller to arrange for deployment of RMOs to areas of need.

Out of hours the CTC should be contacted to assume the above responsibilities

### Stand-down

The hospital wide stand-down is authorised by the Hospital Controller.

It is imperative that all staff notified of the incident are informed of the stand-down

## 6.26 Security

If the Hospital's Major Incident response is **activated**, the Telephone Office will contact Security.

The Security Advisor, in conjunction with the Logistics Manager and the ED Coordinator, should decide on the level of security is required for ED.

### Key task

Manage access to facilitate Major Incident and Traffic Plans in Liaison with Security Advisor

### Fire Alarm Activation

Report to the Building Warden at or near the main door of the affected building.

Security together with the Orderlies will provide staff to control entry at designated doors to the building. Once staff have been appointed to each of the doors Security shall patrol the exterior of the building and continue to liaise / check with the staff at each of the doors throughout the duration of the Incident as required.

### Other Incidents

Report directly to the person in charge of the area at the scene of the Incident and assist as required. Incidents which will require Security to be present, other than Fire are: Aggression, Theft, Damage, Armed Hold-up, Missing Patient, Bomb Threat, Suspicious Activity / Unauthorised Visitors and Psychiatric Emergency.

### Security Officer

- To ensure that all emergency vehicles can obtain easy access and egress to the Hospital.
- To ensure the least disruption to the functioning of the Hospital.
- To manage unauthorised persons / media activity.
- To remove "if required" any and all vehicles which require being moved to provide entry / exit to emergency vehicles.

### General

Patients presenting to other entrances should be directed to the Emergency Department's Ambulance entrance.

Relatives should be directed to the Great Escape Café (Hospital Cafeteria) which will act as the waiting area for relatives. If encountering difficulties with distressed relatives, contact a social worker via ED.

Priority car parking is to be given to emergency vehicles; staff called in for duty and next of kin.

Staff who have been called in should be assisted with parking. In the main, these should be directed to the CDHB staff multi-storey car park.

The ED Ambulance bay is to be cleared as far as possible of non-emergency vehicles.

Security Officers will not discuss any details of the Emergency with the media but will direct them to Parkside building main entrance to meet the media. The CDHB Media Team need to clear all filming and anyone doing so must show that they have been cleared to do this.

Security Officers will liaise with and work with police in all matters related to the control of access to the Hospital including external roading if required.

Full contact with the senior Officer is to be maintained, but all security Officers will be briefed before duties are commenced and updated as further information is obtained. All Officers to remain on site until relieved, at which time they will be debriefed.

Security Officers are to assist where possible, but are not to leave their assigned posts. If a situation is getting out of control, then a senior Officer and, if possible, a member of the hospital staff is to assist in this matter.

### **Stand-down**

Security are to be advised prior to the “stand-down” to evaluate the cordons, vehicle access and public access to all areas. The hospital wide stand-down is authorised by the Hospital Controller.

It is imperative that all staff notified of the incident are informed of the stand-down

### **Task Card**

Security

CHC\CIMS\0063

## 6.27 Social Work Services

**If the Hospital's Major Incident plan is activated**, the Telephone Office will contact the Social Work Clinical Manager or designate.

### Role of Social Work Services

- Assist with the identification and tracking of casualties within ED.
- Assist casualties (on discharge) as required.
- Establish a Relatives Area to provide support to relatives.

### The Social Work Clinical Manager / or designate

When contacted by the telephonist will:

- Assess current staff availability and current workload and consider the likely impact of casualties from the incident.
- Activate the Social Worker Emergency Response Team (SWERT).
- Notify the Duty Chaplain of the Emergency Plan activation.
- Take on the role of 'Social Work Manager'.
- Escalate / de-escalate the Social Work response as needed.
- Liaise with Duty Nurse Manager / Hospital Controller to escalate Hospital Response if needed to facilitate Relatives Response.
- Liaise with Police Victim Support for the pre-hospital management of families etc.

### Stand-down

The hospital wide stand-down is authorised by the Hospital Controller.

It is imperative that all staff notified of the incident are informed of the stand-down

### Task Card

Social Work Manager	CHC\CIMS\0006
Social Work Emergency Response Team Leader	CHC\CIMS\0007
Relatives Reconciliation Team Leader	CHC\CIMS\0008

## 6.28 Sterile Services

If the Hospital's Major Incident response is activated, the Operating Theatre Co-ordinator will contact the Sterile Services Clinical Manager / Deputy.

### Activation

- Notify contracted carrier.
- Check stocks.
- Mobilise sufficient staff to cope with anticipated workload.
- Ensure availability and delivery of adequate equipment to Operating Theatre, Plastic Surgery Unit, Emergency Department, etc.

### Stand-down

The hospital wide Stand-Down is authorised by the Hospital Controller.

It is imperative that all staff notified of the incident are informed of the stand-down



## 6.29 Supply Department

If the Hospital's Major Incident response is **activated**, the Logistics Manager will instruct the Telephone Office to contact the Supply Chain Manager or delegate. (After hours, the Telephone Office holds telephone numbers for Supply Department Call-outs). During times of incident response activation.

### Activation

- Liaise with the Logistics Manager, Emergency Operation Centre (ext. 85555) to determine whether stocks from the warehouse or external suppliers will be needed.
- If after hours, mobilise sufficient staff to cope with anticipated workload. Refer to the "Supply Staff Telephone List" held in the Supply Department teams or utilise appropriate volunteer staff.
- Ensure availability and delivery of supplies as needed. Refer to the "Supplier Phone List" held in the Purchasing Team or at Reception.
- Contact the Contracted Transport Operator or alternative to ensure the availability of suitable vehicles.
- Materials that are not held in stock may take time to source. The Clinical Product Coordinator will work with Purchasing and Clinical staff to identify suitable alternative products.

### Stand-down

The hospital wide stand-down is authorised by the Hospital Controller. It is imperative that all staff notified of the incident are informed of the stand-down

## 6.30 Telephone Office

### Telephone Office Staffing

#### Inquiries

All Media enquiries should be directed to the Public & Information Manager (PIM) cellular number 027 531 4796 or extension 89565 located in the Head Orderlies office, main foyer.

A 0800 number with call centre resourcing (enquiry line) will be made active by the Logistics Manager depending upon the size and severity of the emergency. Enquiries from friends or relatives etc. should be directed to this 0800 enquiry line when set up. Further information regarding this number will be made available around the time of the Emergency to PIM for dissemination.

Note: Should the Telephone Office become inoperative, the Phone system can be transferred to The Princess Margaret Hospital Telephone Office.

#### Major Incident

The Christchurch Hospital Major Incident Plan may be activated by the Senior Emergency Department ACNM or Doctor, the Duty Nurse Manager, General Manager..

#### On receipt of a call to Activate the Hospital Major Incident Plan:

- Fill out the Hospital Major Incident Activation Form.
- Call out the personnel on the Activation contact list.
- Assess current Telephone Office staffing and workload.
- Consider potential impact of incident to the telephone office resources.
- The Team Leader or Senior Telephonist and off duty staff should be called in to ensure maximum telephone operation.
- If the incident is protracted ensure that staff have rest / meal breaks.

#### Stand-down

The hospital wide stand-down is authorised by the Hospital Controller.

It is imperative that all staff notified

## 7. Women's Health Services

The Women's Health Sub Plan is maintained by the Women's Health Department.

Copies are held in the Women's Health departments. Also available on the following hyperlink

[Women's-Health-Major-Incident-Response-Sub-Plan](#)

It contains an overview of the Women's Health response.

The following Task Cards detail the Women's Health response for key roles.

### Task Cards

Women's Health Manager	CHC/CIMS/0098
O&G Clinical Director or SMO	CHC/CIMS/0099
Charge Midwife Manager or Coordinator Birthing Suite	CHC/CIMS/0100
Charge Midwife Manager or Coordinator Maternity	CHC/CIMS/0101
Charge Midwife Manager or Coordinator Primary Birthing Unit	CHC/CIMS/0102
Charge Midwife Manager or Nurse in Charge Gynaecology	CHC/CIMS/0103
Charge Nurse/Midwife Manager Outpatients	CHC/CIMS/0104
Women's Health Administration Team Leader	CHC/CIMS/0105

## Appendix 1 - Abbreviations –

ACNM	Associate Clinical Nurse Manager
ALH	Allied Health
CAAU	Child Acute Assessment Unit
CCU	Cardiac Care Unit
CDHB	Canterbury District Health Board
CDEM	Civil Defence Emergency Management
CDU	Cardiac Day Unit
CHL	Canterbury Health Laboratories
CHOC	Child Haematology Oncology Centre
CIMS	Coordinated Incident Management System
CNM	Charge Nurse Manager
CNS	Clinical Nurse Specialist
CRD	Clinical Records Department
CT	Computed Tomography
CTC	Clinical Team Coordinator
CWH	Christchurch Women's Hospital
DNM	Duty Nurse Manager
DSU	Day Surgical Unit
DVI	Disaster Victim Identification
ECC	Emergency Coordination Centre
ED	Emergency Department
ED/WU	Emergency Department Work Up
EMST	Emergency Management of Severe Trauma
EO	Emergency Observation
EOC	Emergency Operation Centre
ERT	Emergency Response Team
GM	General Manager
HAZMAT	Hazardous Materials
HCC	Health Coordination Centre
HIMT	Hospital Incident Management Team
HSSR	Hospital Services Seminar Room
ICU	Intensive Care Unit
M&E	Maintenance and Engineering
MIP	Major Incident Plan
MoH	Ministry of Health
NZBS	New Zealand Blood Service
OOPD	Orthopaedic Out Patients Department
PACU	Post Anaesthesia Care Unit
NHCC	National Health Coordination Centre
NMPI	National Master Patient Index
NHI	National Health Index
NIX	Nurse Initiated X-ray
OT	Operating Theatre
RMO	Resident Medical Officer
SMO	Senior Medical Officer
SIEHP	South Island Emergency Health Plan
SWERT	Social Worker Emergency Response Team

## Appendix 2 - Task Cards

Reference	Name	Location
<b>Allied Health</b>		
CHC\CIMS\0001	Allied Health Team Leader	ED
CHC\CIMS\0002	Clinical Manager Nutrition Services	Nutrition
CHC\CIMS\0003	Clinical Manager Speech Language Therapy	Speech Therapy
CHC\CIMS\0004	Occupational Therapy Team Leader	Occ Therapy
CHC\CIMS\0005	Physiotherapy Team Leader	Physiotherapy
CHC\CIMS\0006	Social Work Manager	Resource Trolley
CHC\CIMS\0007	Social Work Emergency Response Team (SWERT) Leader	ED
CHC\CIMS\0008	Social Work Relatives Reconciliation Team Leader	Resource Trolley
<b>Emergency Department</b>		
CHC\CIMS\0009	Major incident plan summary	ED
CHC\CIMS\0010	Overview – Activation by ED ACNM/SMO or Duty Manager/General Manager	ED
CHC\CIMS\0011	ED Coordinator	ED
CHC\CIMS\0012	ED Nurse Manager	ED
CHC\CIMS\0013	ED Medical Manager	ED
CHC\CIMS\0014	Ed Reception Manager	
CHC\CIMS\0015	ED Red Area Medical Team Leader	ED
CHC\CIMS\0016	ED Red Area Nurse Team Leader	ED
CHC\CIMS\0017	ED Green Area Medical Team Leader	ED
CHC\CIMS\0018	ED Green Area Nurse Team Leader	ED
CHC\CIMS\0019	ED Yellow Area Medical Team Leader	ED
CHC\CIMS\0020	ED Yellow Area Nurse Team Leader	ED
CHC\CIMS\0021	ED Blue Area Nursing Team Leader	
CHC\CIMS\0022	ED Blue Area Palliative Care Coordinator	ED
CHC\CIMS\0023	Clerical Officer + Runner with clinical coordinator	ED
CHC\CIMS\0024	Clerical Officer + Runner with triage nurse	ED
CHC\CIMS\0025	Clerical Officer Red Area – Resus high chair	ED
CHC\CIMS\0026	Clerical Officer Yellow Area – Work-Up	ED
CHC\CIMS\0027	Clerical Officers Red Area – Ambulance Bay	ED
CHC\CIMS\0028	Clerical Officers Red Area – Resus low chair	ED
CHC\CIMS\0029	Clerical processes	ED
CHC\CIMS\0030	Senior Clerical Officer	ED
<b>ED HAZMAT Plan</b>		
CHC\HAZMAT\0031	HAZMAT Decontamination Patient Advice Sheet	ED HAZMAT Kit
CHC\HAZMAT\0032	HAZMAT ED Medical Manager	ED HAZMAT Kit
CHC\HAZMAT\0033	HAZMAT Safety Officer	ED HAZMAT Kit
CHC\HAZMAT\0034	HAZMAT Security	ED HAZMAT Kit
CHC\HAZMAT\0035	HAZMAT Station 1 Team	ED HAZMAT Kit
CHC\HAZMAT\0036	HAZMAT Station 2 Team	ED HAZMAT Kit
CHC\HAZMAT\0037	HAZMAT Station 3 Team	ED HAZMAT Kit
CHC\HAZMAT\0038	HAZMAT Station 4 Team	ED HAZMAT Kit
<b>ED Relocation Plan</b>		
CHC\ Reloc\0039	Reloc\ ED Coordinator	ED Reloc Kit
CHC\ Reloc\0040	Reloc\ DSU Set up Team	ED Reloc Kit

Reference	Name	Location
CHC\Reloc\0041	Reloc\ E D Resus Triage	ED Reloc Kit
CHC\Reloc\0042	Reloc\ ED SMO	ED Reloc Kit
CHC\Reloc\0043	Reloc\ ED Clerical	ED Reloc Kit
CHC\Reloc\0044	Reloc\ Equipment Transfer	ED Reloc Kit
CHC\Reloc\0045	Reloc\ PIM (Communications / Media)	ED Reloc Kit
CHC\Reloc\0046	Reloc\ Safety, Security & Signage	ED Reloc Kit
CHC\Reloc\0047	Reloc\ Notification	ED Reloc Kit
CHC\Reloc\0048	Reloc\ Existing ED Clerical Officer Checklist	ED Reloc Kit
CHC\Reloc\0049	Reloc\ Relocated ED Clerical Officer Checklist	ED Reloc Kit
<b>Emergency Operation Centre</b>		
CHC\CIMS\0050	Hospital Controller	EOC
CHC\CIMS\0051	Intelligence Manager	EOC
CHC\CIMS\0052	Planning Manager	EOC
CHC\CIMS\0053	Planning insert – Action plan	EOC
CHC\CIMS\0054	Operations Manager	EOC
CHC\CIMS\0055	Operations insert – CTC shift report	EOC
CHC\CIMS\0056	Operations insert – DNM shift report	EOC
CHC\CIMS\0057	Operations insert – Situation report	EOC
CHC\CIMS\0058	Public Information Manager	EOC
CHC\CIMS\0059	Liaison Manager	EOC
CHC\CIMS\0060	Logistics Manager	EOC
CHC\CIMS\0061	Response Manager	EOC
CHC\CIMS\0062	Risk / Safety Officer	EOC
CHC\CIMS\0063	Security	EOC
CHC\CIMS\0064	Staff Redeployment Centre Coord'r	EOC
CHC\CIMS\0065	Welfare Manager	EOC
CHC\CIMS\0066	Admin Support	EOC
<b>ICU</b>		
CHC\CIMS\0067	ICU Manager	ICU
CHC\CIMS\0068	ICU Nurse Coordinator	ICU
CHC\CIMS\0069	ICU Technician	ICU
CHC\CIMS\0070	Air Retrieval Transport Nurse	ICU
<b>Nursing</b>		
CHC\CIMS\0071	Duty Nurse Manager External Incident	EOC
CHC\CIMS\0072	Duty Nurse Manager Internal Incident	EOC
CHC\CIMS\0073	Ward Nurse in Charge	All Wards
<b>Orderlies</b>		
CHC\CIMS\0074	Orderly Coordinator	Orderlies Lodge
CHC\CIMS\0075	Orderly Supervisor Fire	Orderlies
<b>Orthopaedics</b>		
CHC\CIMS\0076	Orthopaedic Nursing Coordinator	OOPD
<b>Palliative Care Service</b>		
CHC\CIMS\0077	Oncologist on call	Oncology
<b>Radiology</b>		
CHC\CIMS\0078	Radiology Manager	Radiology
CHC\CIMS\0079	Radiology Coordinator	Radiology
CHC\CIMS\0080	Radiology CT Team Leader	CT Suite



Reference	Name	Location
CHC\CIMS\0081	Radiology DSA Team Leader	DSA
CHC\CIMS\0082	Radiology ED Team Leader	ED X-ray
CHC\CIMS\0083	Radiology MRI Team Leader	MRI
CHC\CIMS\0084	Radiology Nurse Coordinator	Radiology
CHC\CIMS\0085	Radiology Office Manager	Radiology
CHC\CIMS\0086	Radiology OOPD Team Leader	Radiology
CHC\CIMS\0087	Radiology Orderlies	OOPD x-ray
CHC\CIMS\0088	Radiology Ultrasound Team Leader	Radiology
<b>Support</b>		
CHC\CIMS\0089	Burns Plan	WD20
CHC\CIMS\0090	Clinical Records Coordinator	Clinical Records
CHC\CIMS\0091	Duty Chaplain	Chaplains
CHC\CIMS\0092	Mortuary Team Leader	Mortuary
<b>Surgery/ Operating Theatre</b>		
CHC\CIMS\0093	Anaesthetic Manager	OT
CHC\CIMS\0094	Charge Anaesthetic Technician	OT
CHC\CIMS\0095	ED Anaesthetic Coordinator	OT
CHC\CIMS\0096	Operating Theatre Coordinator	OT
CHC\CIMS\0097	Surgical Manager	OT
<b>Women's &amp; Children's Health</b>		
CHC\CIMS\0098	Women's Health Manager	Birthing Suite, Service Manager Women's, Director of Midwifery, Quality Manager W&CH
CHC\CIMS\0099	O&G Clinical Director or SMO	Obs & Gynae Dept.
CHC\CIMS\0100	Charge Midwife Manager or Coordinator Birthing Suite	Birthing Suite
CHC\CIMS\0101	Charge Midwife Manager or Coordinator Maternity	Maternity Ward
CHC\CIMS\0102	Charge Midwife Manager or Coordinator Primary Birthing Unit	Rangiora Health Hub & Lincoln Maternity Hospital
CHC\CIMS\0103	Charge Midwife Manager or Nurse in Charge Gynaecology	Gynaecology Ward
CHC\CIMS\0104	Charge Nurse/Midwife Manager Outpatients	Women's Outpatient Department Charge's Office
CHC\CIMS\0105	Women's Health Administration Team Leader	Women's Outpatient Department
CHC\CIMS\0106	Neonatal ACNM or Charge Nurse Manager	Neonatal Intensive Care Unit
CHC\CIMS\0107	Neonatal Unit Clinical Director or SMO	Administration Area, Neonatal Intensive Care Unit
CHC\CIMS\0108	Neonatal Administrator	Neonatal Intensive Care Unit
CHC\CIMS\0109	Child Health Manager	CAAU, Child Health Dept
CHC\CIMS\0110	Paediatric Acute Registrar	CAAU, Paediatric Dept
CHC\CIMS\0111	Paediatric Administration Team Leader	Paed Outpatient Support

## Appendix 3 – Status Report

Christchurch Hospital Major Incident Plan

## Status Report

<b>Date:</b> _____	<b>Time</b> _____	<b>Unit/Ward/Dept</b> _____
<b>Building</b> _____	<b>Floor:</b> _____	<b>Report completed by</b> _____

1. **Are There Any Life Threatening Injuries to Patients or Staff** Yes / No
2. **Staff On Duty In Your Unit**  
 Nursing ..... Clerical ..... Medical ..... Other .....(Specify)
3. **Nursing Workload**      Total number of Patients in Unit \_\_\_\_\_  
                                          Total number of Visitors in Unit \_\_\_\_\_
4. **Bed State** (resourced beds only)  

Empty Beds	Male _____	Female _____	Either/or _____
Potential Discharges	Male _____	Female _____	Either/or _____
5. **Main problems:** (list in order of priority. State whether urgent / non urgent)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. **Actions Taken**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. **Support required**  
 \_\_\_\_\_  
 \_\_\_\_\_
8. **Damage To Your Unit/Ward** **Yes / No**      (If yes complete the chart below)  
 If YES, has the area been evacuated? Is evacuation possible? Is the area habitable?  
 Are essential services working? Lighting, Electricity, Water, Oxygen, Suction, Telephones  
 List damage to services or equipment  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Fax report to 81551**

## Index

Abbreviations .....	89	Maintenance and Engineering.....	65
Activation.....	9, 12	Major Incident Response.....	73
All Hazards Approach .....	5	Mortuary Services .....	68
Allied Health Services .....	47	New Zealand Blood Service .....	51
Amendments .....	4	Occupational Therapy .....	70
Authorisation		Operating Theatre .....	71
Manual.....	4	Operations Director .....	18
Cardiology .....	55	Orderlies.....	73
CH Labs .....	53	Orthopaedic Outpatients .....	74
Chaplaincy Department.....	56	Other Incidents .....	73
Child Health.....	57	Overview .....	7
CIMS .....	7	Palliative Care .....	77
Clinical Records .....	58	Pharmacy Services .....	78
Control Systems.....	8	Physiotherapy Services.....	79
Coordinated Incident Management System .....	7	Planning Director .....	18
Department of Anaesthesia.....	49	Radiology .....	80
Department of Nursing .....	69	Recovery .....	76
Department of Surgery .....	61	Resource Director .....	18
Document		RMO Office.....	81
Distribution .....	4	Security .....	82
Staff Familiarity.....	4	Social Work Services .....	84
Duty Manager.....	19	Specialty Area Plans .....	46
Emergency Department .....	23	Status Report .....	93
Flowchart Notifications Summary.....	75	Sterile Services .....	85
Food Services .....	60	Supply Department.....	86
Generic Plan for all Wards .....	45	Surgical Manager .....	28
Hospital Controller.....	17	Task Cards .....	90
ICU .....	63	Telephone Office .....	87
Intensive Care Manager.....	28	Women's Health Services .....	88
Internal Medicine.....	66		

**Status Report**

<b>Date:</b> _____	<b>Time</b> _____	<b>Unit/Ward/Dept</b> _____
<b>Building</b> _____	<b>Floor:</b> _____	<b>Report completed by</b> _____
<b>1. Are There Any Life Threatening Injuries To Patients Or Staff</b> Yes / No		
<b>2. Staff On Duty In Your Unit</b>		
Nursing .....	Clerical .....	Medical ..... Other .....(Specify)
<b>3. Nursing Workload</b>	Total number of Patients in Unit _____	
	Total number of Visitors in Unit _____	
<b>4. Bed State</b> (resourced beds only)		
Empty Beds	Male _____	Female _____ Either/or
Potential Discharges	Male _____	Female _____ Either/or
<b>5. Main problems:</b> (list in order of priority. State whether urgent / non urgent)		
_____		
_____		
<b>6. Actions Taken</b>		
_____		
_____		
<b>7. Support required</b>		
_____		
<b>8. Damage To Your Unit/Ward</b> Yes / No (If yes complete the chart below)		
If YES, has the area been evacuated? Is evacuation possible? Is the area habitable?		
Are essential services working? Lighting, Electricity, Water, Oxygen, Suction, Telephones		
List damage to services or equipment		
_____		
_____		
_____		
_____		
_____		
_____		
<b>Fax report to 81551</b>		

---

**From:** Hayley Penman  
**Sent:** Monday, 18 March 2019 2:49 p.m.  
**To:** Bernice Marra; Carolyn Gullery; Dan Coward; David Meates; Evon Currie; Jacqui Lunday Johnstone; Justine White; Karalyn van Deursen; Kirsten Beynon; Mary Gordon (Executive Director of Nursing); Michael Frampton; Pauline Clark; Stella Ward; Toni Gutschlag; Win McDonald  
**Cc:** Carla Flewellen; Debra Parker; Dee Mccarthy; Jan Van der heyden; Jayne Stephenson; Julie Jones; Maree Millar; Mary Howell; Michelle Cox; Regan Nolan; Sharryn Sunbeam; Sue Gillan; Sue Imrie; Susan Fitzmaurice  
**Subject:** Debrief - events 15 March  
**Attachments:** Debrief Template - CDHB.doc  
  
**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Dear EMT member/ General Manager

As anticipated, the topic of debrief is coming up, I'm writing to you regarding our response processes, NOT any clinical processes or activity you may wish to review separately.

We have a few things on the list for review following Fridays event, and some great opportunities to reflect on and improve our current processes.

A formal cold debrief process will follow in a couple of weeks, however over the next few days I'm sure there will be discussion at team and site level.

We would appreciate it if you could capture this feedback as it happens and send it through Nathan Woolls at the service continuity team [Nathan.woolls@cdhb.health.nz](mailto:Nathan.woolls@cdhb.health.nz). To assist with this I've attached a form you may find helpful to support discussion. Please include any thoughts on the lockdown process and comms about this in your discussions. Please send any feedback by **Friday the 29<sup>th</sup> of March at the latest**.

I would appreciate it if you could distribute through your direct reports as you think appropriate.

This template will also be circulated through the EMT GMS list (apologies in advance to those who receive it twice).

Many thanks

*Megan Gibbs*  
Manager, Service Continuity  
Canterbury District Health Board  
[Megan.Gibbs@cdhb.health.nz](mailto:Megan.Gibbs@cdhb.health.nz)

9(2)(a)

# Canterbury

District Health Board

Te Poari Hauora o Waitaha

## Organisational Emergency Incident Review

**Name of Incident:** 15 March event

**Date of Incident:** 15 March 2019

**Aims:**

- i) To provide a mechanism for staff to communicate their experiences of the emergency so that lessons can be identified.
- ii) To identify strengths and weaknesses of current systems and plans.
- iii) To identify areas for future learning and planning.

1. What role did you undertake?

--

2. What were the most difficult aspects of the response?

a)	
b)	
c)	

3. What were the best/most successful aspects of the response?

a)	
----	--

b)
c)

4. The most significant thing I have learnt from this event has been:

--

5. If I was involved in another emergency response I would:

--

6. What processes need to be improved (how)?

--

7. Any other comments?

--

Name:  
Date:

Title

EMAIL TO: [Nathan.woolls@cdhb.health.nz](mailto:Nathan.woolls@cdhb.health.nz)