Report	06.602
Date	12 October 2006
File	Z/1/4/20
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Pandemic progress report

1. Purpose

To inform the CDEM Group of the results of a recent survey into Territorial Authorities planning for a potential Avian Influenza outbreak.

2. Background

World Health Organisation experts are sufficiently concerned at the potential for an influenza pandemic that they advised countries to prepare action plans. While there is no current suggestion that pandemic influenza is imminent, it is worth planning for on the basis that, by such an event, most, if not all, communities and workplaces would be affected. There would be a limited opportunity to bring in extra resources from outside the community.

The consequences of a pandemic would be largely health related – with predictions in a worse case scenario stating that 40% of the population may contract a novel influenza virus over an eight week period and 2% of those people could die¹.

In the Wellington Region, this translates to 179,000 people becoming ill, 89,750 people needing GP referrals, 10,830 people requiring admission to hospital and 3,610 people dying².

Social distancing, significant absenteeism and disruption to normal living activities may become commonplace.

District Health Boards, local government and CDEM Groups have a key role in preparing local communities for a pandemic, and in responding to such an event. It is a widely-held view that the battle will be won or lost in the local communities, and therefore community leadership and preparedness will be vital elements in the response and recovery to a pandemic.

¹ Planning scenario developed by the Ministry of Health in 2005 and adopted by the whole of government: Capital and Coast DHB Influenza Pandemic Plan

² The figures have been prepared by Dr Margot McLean, Medical Officer of Health, Regional Public Health Service: Capital & Coast DHB Influenza Pandemic Plan

3. Pandemic planning progress

A great deal of work on pandemic planning has occurred across the Health and CDEM sectors over the last 12 months, with extensive involvement from numerous other agencies.

The Ministry of Civil Defence Emergency Management surveyed Territorial Authorities in August 2006 (via CDEM Group Offices) to gauge pandemic planning progress.

The following tables give an overview of where each of the Wellington Region Territorial Authorities (including the CDEM Group Office) is at with their planning as at 31 July 2006.

These tables represent planning in four areas:

- 1. Risk reduction for Local Authorities and CDEM Groups
- 2. Readiness for Local Authorities and CDEM Groups
- 3. Risk reduction for Communities
- 4. Readiness for Communities

A pandemic preparedness update has been obtained from each of the Territorial Authorities. The information supplied does not reflect response and recovery actions at this time.

Greater Wellington Regional Council is represented in the first two tables relating to Local Authorities and CDEM Groups and is replaced by the Group Office in the third and forth tables relating to Communities.

4. Summary

The majority of Territorial Authorities have completed or are in the process of completing risk reduction activities aimed specifically at the Council level (e.g. informing staff, identifying essential services, developing hygienic habits etc).

There is more work still to be done around identifying public buildings that may be closed, developing back-up suppliers and developing contingency funds.

All Territorial Authorities have been engaged with readiness activities such as updating their Business Continuity Plans and most are developing Human Resource policies and infection control procedures.

None of the Territorial Authorities have exercised their plans. However, this will be addressed through the Ministry of Health's exercise programme that will trial New Zealand's capability and capacity to respond to a pandemic.

This programme will include three significant exercises that are designed health sector participation, but will involve CDEM to varying degrees.

- Exercise Makgill November 2006
- Exercise Russell February 2007
- Exercise Cruickshank May 2007

Risk reduction activities for communities, such as estimating impacts of populations, engaging in food supply continuity planning and advising communities, are in progress for most Territorial Authorities. However, a number of Territorial Authorities did not provide any information in this area.

Planning is currently underway in readiness for communities, where Territorial Authorities are identifying community facilities to support health, working with volunteer organisations, training emergency operations centre staff and communicating with the general public.

5. Survey findings

5.1 Key:

WEMO	Wellington City Council
HCC	Hutt City Council (emergency management function now combined with Upper Hutt City Council)
PCC	Porirua City Council
KCDC	Kapiti Coast District Council
MDC	Masterton District Council
CDC	Carterton District Council
SWDC	South Wairarapa District Council
GWRC	Greater Wellington Regional Council
GROUP	Wellington Region CDEM Group Office (administered by GWRC staff)

Tas	k	Completed	In progress	Not started	No information supplied
1. L	earn about pandemic influenza.	WEMO	MDC		
•	Meet with local DHB staff	HCC	SWDC		
•	Obtain local DHB health planning assumptions.	CDC	PCC		
•	Refer to material on the Ministry of Health website.	KCDC GWRC			
2. H	lold awareness sessions.	WEMO	PCC		CDC
•	Inform elected members and staff of	НСС	MDC		
	the nature and consequences of a pandemic, and their roles in	KCDC	SWDC		
	readiness, response and recovery.		GWRC		
3. le	dentify essential services.	WEMO	MDC		
•	Check that essential Local	HCC	CDC		
	Government services are addressed	PCC	SWDC		
	by existing CDEM plans (e.g. water, waste water).	KCDC			
•	Identify essential lifeline utilities delivered by others that your services depend on, such as tele- communications and electricity.	GWRC			
	dentify ways to separate staff from	WEMO	HCC	MDC	
put			PCC	SWDC	
•	Develop alternative service delivery methods to limit staff contact with		KCDC		
	public.		CDC		
•	Prepare policies allowing tele- commuting and working from home for local authority staff.		GWRC		
•	Develop "safe meeting" policies – social distancing, use of masks, screens, etc. See Department of Labour website for more information – http://www.dol.govt.nz				

5.2 Risk reduction for Local Authorities and CDEM Groups

Tas	k	Completed	In progress	Not started	No information supplied
5. C	evelop infection management plan.		НСС	WEMO	
•	Develop an infection management plan for local authority facilities. See Ministry of Economic Development website for more information – http://www.med.govt.nz.		PCC KCDC CDC GWRC	MDC SWDC	
6. D stat	evelop hygienic habits, vaccinate ff.	WEMO GWRC	HCC PCC		
•	Institute good hygiene practices among all employees to develop healthy habits.	GWRC	KCDC MDC		
•	Facilitate routine, annual influenza vaccinations of staff.		CDC SWDC		
7. C	ouplicate personnel capabilities	WEMO	PCC		
•	Ensure all essential positions have at least one alternate, and establish a registry of backup personnel and their skill-sets.	HCC KCDC	MDC CDC SWDC		
•	Resolve with employee unions any issues and/or HR policies related to temporarily filling positions vacated by illness or death among staff.		GWRC		
8. C	evelop Support Plans for sick staff.	WEMO	PCC	MDC	
•	Follow Department of Labour guidelines on staff wellbeing issues.	HCC	KCDC CDC	SWDC	
•	Advise staff of welfare policies and plans.		GWRC		
•	Consider support for staff that has to go home sick.				
9. E	stimate impact on your employees.	WEMO	HCC		
•	Identify total number of employees by department.	PCC KCDC	MDC CDC		
•	Estimate number of employees expected to be unavailable due to illness, family commitments, over time by department.	GWRC	SWDC		
•	Identify high -risk facilities (e.g., locations of high public contact).				
•	Identify high risk and essential roles.				

Tas	k	Completed	In progress	Not started	No information supplied
	Identify public buildings that may closed. Establish a list of all public	WEMO PCC GWRC	HCC KCDC MDC	SWDC	
	buildings/amenities/facilities/sports grounds etc under your control.		CDC		
•	Identify and prioritise public buildings that may be closed, either by directive from Medical Officer of Health to avoid public gatherings, etc, or to provide emergency welfare services.				
	Assess financial impact on local		WEMO	MDC	PCC
aut	nority.		HCC	SWDC	KCDC
•	Identify primary sources of income.		CDC	GWRC	
•	Anticipate increased costs associated with sick/special leave, re-staffing to replace chronically ill /lost staff.				
•	Assess potential economic impacts on local authority of pandemic influenza.				
•	Conduct workshops for senior staff on sources of emergency financial assistance.				
12.	Develop backup suppliers.	PCC	WEMO	MDC	
•	Identify current suppliers.	KCDC	HCC	CDC	
•	Identify impacts if supplies are interrupted.		GWRC	SWDC	
•	Identify and develop alternate suppliers, where essential.				
13.	Develop contingency funds.	KCDC	WEMO	MDC	PCC
•	Set aside a contingency fund or ensure access to credit to manage exceptional expenses amid revenue losses.		HCC	CDC SWDC GWRC	

5.3	Readiness for Local Authorities and CDEM Groups
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Task	Completed	In progress	Not started	No information supplied
 Develop infection control protocols. Develop guidelines for surveillance, hygiene, cleaning, and facility closures. Identify secure facilities and procedures where essential staff can seek protection from exposure. 	WEMO HCC	PCC MDC CDC SWDC GWRC		KCDC
 2. Develop Human Resource Policies. Develop policies for staff overtime, quarantine and leave during a pandemic. 	WEMO KCDC GWRC	HCC PCC MDC CDC	SWDC	
 3. Validate plans, train and exercise. Prepare staff for possible pandemic. 		WEMO HCC	PCC MDC CDC SWDC GWRC	KCDC
 4. Develop anti-viral and vaccination priorities. Using Business Continuity Plans, identify priorities for employees to receive anti-virals and vaccinations should these become available only in limited numbers. Inform DHB planners of the number of essential personnel. 	WEMO	HCC CDC	PCC MDC SWDC GWRC	KCDC
 5. Plan for business continuity. Identify essential services and 	WEMO HCC	MDC CDC		
 consequential effects if they are disrupted. Develop methods for overcoming shortfalls in personnel, facilities, supplies, data, and utilities. Update contact lists for internal and external resources. 	PCC KCDC	SWDC GWRC		

Task	Completed	In progress	Not started	No information supplied
6. Obtain essential supplies.	WEMO	MDC	PCC	
 Stockpile cleaning solutions, facility maintenance equipment and other supplies that may be in short supply during a pandemic. 	HCC KCDC GWRC	SWDC	CDC	
7. Inform staff of welfare policies	WEMO	CDC	PCC	
and plans.	HCC	GWRC	MDC	
Meet with employees to initially hear concerns and explain risks, infection management measures and HR policies.	KCDC		SWDC	
Advise staff of welfare policies and support mechanisms available.				
Offer advice on home and family preparedness.				
Provide regular information updates to staff.				
8. Establish financial management systems for a pandemic event.	KCDC	HCC	PCC MDC CDC SWDC GWRC	WEMO

5.4 Reduction for Communities

Task	Completed	In progress	Not started	No information supplied
 1. Estimate impacts on populations. Assess impact with Health of influenza on community demographics: Total population Number expected to care for themselves at home Number expected outpatients Number seeking hospital care Number of dead Number requiring welfare support. 	CDC	PCC MDC GROUP		WEMO HCC KCDC SWDC
 2. Assess impacts on loss of essential services. Assess the impacts of the inability to receive water, electricity, communications, food or use public transport etc. Assess with lifeline utilities the risk of losing each due to pandemic influenza. Identify community elements most likely to be affected by failure to deliver essential utilities. Assess impacts of disruption to normal food supply systems. 	CDC	PCC MDC SWDC GROUP		WEMO HCC KCDC
 3. Identify community buildings/facilities that may be closed. Analyse or survey community to identify facilities that may be closed, e.g. Childcare centres & schools Entertainment & sports venues Conference centres, churches Transport (ground, air, sea) 	CDC GROUP	PCC MDC SWDC		WEMO HCC KCDC

Identify facility address and contact information for buildings that may be required to close.				
Task	Completed	In progress	Not started	No information supplied
4. Identify other potential consequences of Pandemic Influenza on people, facilities and services.	CDC	PCC MDC GROUP	SWDC	WEMO HCC KCDC
 Develop and analyse consequences on the wider community of DHB planning scenarios. 				
5. Identify economic impacts to the community and on individuals.		PCC MDC	CDC	WEMO HCC
 Establish a joint business- government working group to estimate potential economic impacts. 		SWDC GROUP		KCDC
Use established emergency recovery networks and processes.				
6. Engage in food supply continuity planning.		PCC MDC	SWDC	WEMO HCC
Establish contact with local FMCG Sector over potential difficulties.		CDC		KCDC
• Assess potential requirement for "non-normal" food distribution for those who may not be able to shop.		GROUP		
7. Advise population.		PCC		WEMO
• Work with health officials to provide public messages on:		MDC CDC		HCC KCDC
 Good hygiene and hand- washing 		SWDC		
 Rationale for closures, isolation, quarantine, travel restrictions 		GROUP		
 Immunisation, especially the time required to develop the vaccine 				
Advise individuals and families on the need for home preparedness, including:				
- Food, water, and medications				

• Tas	 Hygiene and how to care for sick family members Inform community members on the important roles of volunteers during a pandemic response and how they can prepare ahead of time, such as taking first aid courses and assisting in the establishment of effective community welfare facilities. 	Completed	In progress	Not	No
				started	information supplied
	 insure advice is given to sinesses / institutions. On the risks of pandemic and likely impacts to the local economy. On public health measures that may affect businesses, including: The rationale for closures and quarantine Travel restrictions On methods to continue operations during a pandemic: Identify essential functions Separate staff from public Hold "safe meetings" Maintain operations with loss of 25 to 50% of staff and supplies Cross-training of staff Alternate sources of suppliers Set aside a contingency fund, or have access to credit Check insurance provision 		PCC MDC CDC SWDC GROUP		WEMO HCC KCDC
-	measures. nform stakeholders about nmunity risks. Convey risk information to stakeholders and community leaders.		PCC MDC CDC GROUP	SWDC	WEMO HCC KCDC

5.5 Readiness for Communities

Task	Completed	In progress	Not started	No information supplied
1. Identify community facilities to support health efforts.		PCC MDC		WEMO HCC
 Identify and prioritise essential services Review and confirm availability of community facilities for health measures including, where deemed necessary, assessment or treatment centres, and welfare (accommodation and/or catering) centres for displaced people. 		CDC SWDC GROUP		KCDC
2. Work with volunteer organisations.		PCC MDC		WEMO HCC
Meet community volunteer organisation leaders to identify potential roles and resources.		CDC SWDC		KCDC
Train emergency welfare volunteers in roles likely to be required during pandemic response, such as monitoring homeward-bound residents, staffing welfare centres etc.		GROUP		
 Meet with DHB or local health providers to confirm arrangements for co-ordination of local health and community responses. 				
3. Recruit and train response personnel.		PCC MDC		WEMO HCC
Determine options for EOC configuration and operation for a pandemic.		CDC SWDC		KCDC
Train EOC/ECC staff for required response to Pandemic Influenza.		GROUP		
Exercise EOC/ECC with partners, i.e. regional/local health providers, emergency services, welfare organisations.				

Task	Completed	In progress	Not started	No information supplied
4. Communicate with general		PCC		WEMO
public.		MDC		HCC
Describe what the local authority		CDC		KCDC
is doing to prepare for pandemic influenza.		SWDC		
• Communicate a likely scenario and the value of health interventions, such as infection control at work, closure of public facilities.		GROUP		
Advise public to stockpile groceries, water and medications.				
Ensure health agency information strategy includes local authorities and CDEM Group EMOs.				
5. Help businesses.		PCC	SWDC	WEMO
 Meet with Chamber of Commerce and business leaders regarding the need for mutual support among businesses. 		MDC CDC	GROUP	HCC KCDC
Inform and support vulnerable private facilities.				
 Meet with private sector providers of essential services, including grocery retail and wholesale, fuel and transport providers. 				
6. Plans to Supplement FMCG		PCC	SWDC	WEMO
Supplies.		MDC		HCC
Work with FMCG sector, Welfare according and volunteer		CDC		KCDC
agencies, and volunteer organisations on grocery and fuel continuity plans.		GROUP		

6. Recommendation

It is recommended that the CDEM Group:

- 1. **Receive** the report; and
- 2. *Note* the contents.

Report prepared by:

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