



TE RŪNANGA
O WHAINGAROA

PANDEMIC ACTION PLAN



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BACKGROUND

“I never thought it likely they could be so fine a race of people as I now found them. They generally, rose above the middle stature, some were even six feet and upwards, and all their limbs were remarkable for perfect symmetry and great muscular strength. Their countenances ... were pleasing and intelligent ...”

“Neither soap nor oil was known, but the body was cleansed every evening before the dances started...The Māori diet was so healthy that the teeth needed very little cleaning”

“So simple a diet accompanied with moderation must be productive of good health, which indeed, these people are blessed within a very high degree...I do not remember a single instance of a person distempered in any degree that came under my inspection and among the numbers of them that I have seen naked. I have never seen any eruption on the skin or any signs of one by sores or otherwise. Such health drawn from such sound principles must make physicians almost useless...” (John Liddiard, 1814)¹.

These early impressions of Māori provide us with a picture of a race that was generally healthy; life expectancy was on a par (if not better) than most other European countries. Māori had well developed economies and systems of trade. Their health protocols (public health systems) were progressive and culturally based. In the early 1800's the Māori population was estimated at 150,000 people.

By the turn of the 19th Century (1896) the Māori population numbers were at their lowest with an estimate of just 42,000 people. Introduction of new diseases alongside tribal and land wars contributed to the decline of the Māori population. When the 1918 influenza pandemic (Spanish flu) hit Aotearoa it proved to be very severe and claimed Māori lives at a death rate of 42.3 deaths per 1000 compared to 5.8 deaths per 1000 for Europeans. During this time there were outstanding efforts by Māori leaders such as Maui Pomare and Peter Buck who, with the help of community leaders and funded wholly by the Māori communities concerned, worked to improve the condition of Māori housing, sanitation and health status of whānau.

Te Puea Herangi, of Tainui, implemented a pandemic plan when her Māori community suffered a smallpox epidemic (1913-1914) and many refused to go to Pākehā hospitals. In response to this Te Puea set up a small settlement of nikau huts devoted to nursing the sick and inflicted back to health. Not a single person died and the isolation of the village largely prevented spread of disease. During the 1918 influenza pandemic Te Puea took under her wing some 100 orphans who were the founding members of the community of Tūrangawaewae at Ngaruawāhia. She was also instrumental in establishing marae-based health clinics.

Like the Spanish flu, the ill effects of subsequent novel influenza viruses have already claimed lives in Aotearoa. If little or no action is taken, there is a risk of 80% of whānau and communities becoming infected. Therefore, building on the examples of past Māori leaders, Hauora Māori providers and Māori communities must be vigilant and proactive in averting risk to uphold and ensure healthy communities.

1 Liddiard, John Nicholas. (1814). Narrative of a voyage to New Zealand: Performed in the years 1814 and 1815 in company with the Rev. Samuel Marsden

OVERVIEW

Influenza pandemics have the potential to cause widespread illness, death and disruption in New Zealand. While it is not possible to predict when the next influenza pandemic will occur, advance planning can assist in reducing the impact of future events.

This Pandemic Action Plan provides a framework for preparation and response by Te Rūnanga o Whaingaroa. Planning for a pandemic has been undertaken by the New Zealand Ministry of Health in order to facilitate a co-ordinated and effective national response. As a key provider of services in Taitokerau it is vital that Te Rūnanga o Whaingaroa also has contingency arrangements in place to ensure that services & essential business functions are maintained and that the organisation can continue to provide services to the Taitokerau Region.

EXPECTED LIFE OF THE PLAN

This Action Plan is an evolving document and remains in effect up to and for the duration of a pandemic. The Plan will be regularly evaluated and updated during the pre- and post-pandemic phase to reflect conditions experienced during the pandemic and to incorporate new knowledge.

INFLUENZA

Seasonal Influenza

Influenza is a highly contagious viral disease of the respiratory tract. It continues to be a major threat to public health worldwide because of its ability to spread rapidly through populations. Epidemics of influenza typically occur in New Zealand during the winter months, often affecting all age groups and causing serious complications, such as viral or bacterial pneumonia.

The disease is characterised by rapid onset of respiratory and generalised signs and symptoms including fever, chills, sore throat, stuffy or runny nose, headache, dry cough, and fatigue and aching. Influenza is easily spread through droplets from an infected person (suspended in the air through coughing or sneezing) being inhaled by another person, through direct contact such as shaking hands and indirect contact with objects contaminated with secretions, e.g., touching door and tap handles, shared crockery and other objects. The incubation period can range from one to seven days but is commonly one to three days. Adults are contagious for one to two days before symptoms start until about day five of the illness. Children may remain infectious for up to seven days.

Pandemic Influenza

Influenza pandemics are characterised by the spread of a novel type of influenza virus to all parts of the world, causing unusually high morbidity and death for two to three years. Most people are immunologically naive to the novel virus and therefore more susceptible to influenza infection. To date, only influenza A viruses have been known to cause pandemics.

Factors that need to be present for a pandemic to occur include:

- the emergence of a new viral subtype
- the capacity for the virus to spread efficiently from person to person
- being virulent enough to cause disease.

It is not possible to predict when the next pandemic will occur or how long it will last. The last true pandemic was in 1968. It is essential during the inter-pandemic period for Te Rūnanga o Whaingaroa to be prepared and in a state of readiness should a pandemic occur to minimise morbidity and business disruption.

This document provides direction for contingency arrangements to be undertaken for the next pandemic in order to facilitate a coordinated organization response to a pandemic.

See Appendix A for further information

NEW ZEALAND GOVERNMENT PREPARATIONS

The New Zealand Ministry of Health (MoH) is continuously updating its pandemic plan and is leading government-wide work to prepare for a possible pandemic in New Zealand.

The table below outlines the five stages of MoH's pandemic management strategy as well as the "alert codes" that will signal a shift from one stage to the next.

How is the New Zealand Government preparing for an Influenza Pandemic?

New Zealand has been planning for an influenza pandemic for some time. MoH is working with the health sector and a wide range of other government agencies to ensure New Zealand is as prepared as possible for a potential pandemic.

The MoH has set up government wide Intersectoral Pandemic Group (IPG). A number of work streams have been formed under the IPG to plan for and minimise the impact of associated risks (see Appendix B for further information).

Changes in alert codes will be widely publicised. Apart from alerting government agencies to action, the alert codes will provide businesses with triggers to activate their own pandemic plans. The actions taken by Te Rūnanga o Whaingaroa during a pandemic will be closely aligned to the national response.



NEW ZEALAND MINISTRY OF HEALTH STRATEGY FOR PANDEMIC MANAGEMENT

| STAGE | NEW ZEALAND STRATEGY | MoH/DHB ALERT CODE | ACTIONS |
|-------|---------------------------------|------------------------------|---|
| 1 | Plan for it (Planning) | WHITE (Information/advisory) | Review business continuity plans: <ul style="list-style-type: none"> ➤ Identify essential services (including contractors), facilities/plants, other production inputs ➤ Plan for up to 50% staff absences for periods of 2-3 weeks at the height of the pandemic, and lower levels of staff absences for a few weeks on either side of the pandemic ➤ Assess core staff and skill requirement needs, and ensure essential positions are backed-up by an alternative staff member ➤ Identify ways to increase “social distancing” in the workplace, reduce movement etc. ➤ Consider organisational policies to encourage the sick to stay at home; and enable staff to work from home ➤ Identify ways to minimise illness amongst staff and customers, and consider how essential messages (e.g. basic hygiene) can be communicated to staff ➤ Identify needs for PPE¹² and cleaning equipment, and check air conditioning. Purchase additional contingency |
| | | YELLOW (Standby) | |
| 2 | Keep it out (Border Management) | RED (Activation) | Alert staff to change in pandemic status <ul style="list-style-type: none"> ➤ Activate staff overseas travel restrictions ➤ Review/test essential business continuity measures |
| 3 | Stamp it out (Cluster Control) | | Alert staff to change in pandemic status <ul style="list-style-type: none"> ➤ Activate essential business continuity measures ➤ Activate measures to minimise introduction and/or spread of influenza in work place (post notices; social distancing, managing ill staff members, workplace cleaning, etc.) ➤ Communicate with staff to promote confidence in the workplace ➤ Activate contact tracing where staff become ill at work during Cluster Control phase ➤ Activate process for recovered / well staff members to return to work |
| 4 | Manage it (Pandemic Management) | | |
| 5 | Recover from it (Recovery) | GREEN (Stand down) | Manage return to business as normal |



Current 4-level COVID-19 Alert System

- These alert levels specify the public health and social measures to be taken.
- The measures may be updated on the basis of (i) new scientific knowledge about COVID-19 and (ii) information about the effectiveness of intervention measures in New Zealand and elsewhere.

- The alert levels may be applied at a town, city, territorial local authority, regional or national level.
- Different parts of the country may be at different alert levels. We can move up and down alert levels.
- In general, the alert levels are cumulative, e.g. Level 1 is a base-level response.

- At all levels, health services, emergency services, utilities and goods transport, and other essential services, operations and staff, are expected to remain up and running. Employers in those sectors must continue to meet their health and safety obligations.

| Level | Risk Assessment | RANGE OF MEASURES (can be applied locally or nationally) |
|--|---|--|
| LEVEL 4 - Eliminate Likely that disease is not contained | <ul style="list-style-type: none"> • Sustained and intensive transmission • Widespread outbreaks | <ul style="list-style-type: none"> • People instructed to stay at home • Educational facilities closed • Businesses closed except for essential services (e.g. supermarkets, pharmacies, clinics) and lifeline utilities • Rationing of supplies and requisitioning of facilities • Travel severely limited • Major reprioritisation of healthcare services |
| LEVEL 3 - Restrict Heightened risk that disease is not contained | <ul style="list-style-type: none"> • Community transmission occurring OR • Multiple clusters break out | <ul style="list-style-type: none"> • Travel in areas with clusters or community transmission limited • Affected educational facilities closed • Mass gatherings cancelled • Public venues closed (e.g. libraries, museums, cinemas, food courts, gyms, pools, amusement parks) • Alternative ways of working required, and some non-essential businesses should close • Non face-to-face primary care consultations • Non acute (elective) services and procedures in hospitals deferred and healthcare staff reprioritised |
| LEVEL 2 - Reduce Disease is contained, but risks of community transmission growing | <ul style="list-style-type: none"> • High risk of importing COVID-19 OR • Increase in imported cases OR • Increase in household transmission OR • Single or isolated cluster outbreak | <ul style="list-style-type: none"> • Entry border measures maximised • Further restrictions on mass gatherings • Physical distancing on public transport (e.g. leave the seat next to you empty if you can) • Limit non-essential travel around New Zealand • Employers start alternative ways of working if possible (e.g. remote working, shift-based working, physical distancing within the workplace, staggering meal breaks, flexible leave arrangements) • Business continuity plans activated • High-risk people advised to remain at home (e.g. those over 70 or those with other existing medical conditions) |
| LEVEL 1 - Prepare Disease is contained | <ul style="list-style-type: none"> • Heightened risk of importing COVID-19 OR • Sporadic imported cases OR • Isolated household transmission associated with imported cases | <ul style="list-style-type: none"> • Border entry measures to minimise risk of importing COVID-19 cases applied • Contact tracing • Stringent self-isolation and quarantine • Intensive testing for COVID-19 • Physical distancing encouraged • Mass gatherings over 500 cancelled • Stay home if you're sick, report flu-like symptoms • Wash and dry hands, cough into elbow, don't touch your face |

TE RŪNANGA O WHAINGAROA PANDEMIC PREPAREDNESS

Need for a Te Rūnanga o Whaingaroa pandemic plan

Te Rūnanga o Whaingaroa staff absences can be expected for many reasons:

- ▶ Illness / incapacity (suspected / actual / post-infectious);
- ▶ Some employees may need to stay at home to care for the ill;
- ▶ People may feel safer at home (e.g. out of crowded places such as public transport);
- ▶ Some people may be fulfilling other voluntary roles in the community; and
- ▶ Others may need to stay at home to look after school-aged children (as schools are likely to be closed).

A pandemic may have other impacts on the Trusts businesses:

- ▶ Supplies of materials needed for ongoing activity may be disrupted, e.g. if they are imported as air freight;
- ▶ Similarly, availability of services from sub-contractors may be impacted (this may affect maintenance of key equipment, and is an area that merits close planning attention); and
- ▶ Demand for services may be impacted – demand for some services may increase (clinical services); while demand for others may fall (e.g. certain types of travel activity may reduce).

Aims and objectives of the plan

The plan aims to manage the impact of an influenza pandemic on employees and the business by:

- ▶ Ensuring timely and co-ordinated action is taken, including dissemination current and authoritative information for all employees at all stages.
- ▶ reducing employee morbidity from influenza illness.
- ▶ Ensuring that essential services are maintained.
- ▶ Minimising the business disruption and economic losses that may be associated with an influenza pandemic.

Outline of the plan

This plan will provide guidance on the following:

Key roles and responsibilities

- Te Rūnanga o Whaingaroa Outbreak Management Team
- Responsibilities of the Chief Executive and Executive Management Team as Influenza Managers
- Pandemic Lead
- Clinical Governance/Medical Advisor

- Individual employee responsibilities

Plan triggers and the actions required

- Ministry of Health codes and WHO pandemic phases

Communication

- To Te Rūnanga o Whaingaroa from internal or external sources
- Within the organisation
- To employees

Containment activities

- Reduction of the risk of infected persons entering the premises
- Social distancing
- Hygiene and cleaning
- Managing fears and concerns
- Management of contacts and cases at work

For travelling employees

- Travel advice

Treatment

- Availability of vaccination

Maintenance of essential business activities

- Essential products to be distributed
- Core business functions, people and skills
- Work-related risk groups
- Use of medical and non-medical resources
- Planning for absences
- Knowledge management
- Financial reporting
- Key supplier and distributors

Business Recovery

KEY ROLES AND RESPONSIBILITIES

Te Rūnanga o Whaingaroa Outbreak Management Team

The Outbreak Management Team (OMT) will be made up of the Chief Executive, and Service Managers. The Outbreak Management Team will be responsible for activation of the actions outlined in this plan

Chief Executive (CE)

Responsible for leading the Te Rūnanga o Whaingaroa Outbreak Management Team.

WO Mohiotanga/Whanau Ora Manager

Will act as the Pandemic Co-ordinator responsible for coordinating activities involved in this plan and ensuring that the OMT are kept fully informed of the pandemic status.

Influenza Managers

Upon activation of the plan each Service Manager will act as an Influenza Manager and will be responsible for their staff within their Service Area.

Some of the tasks the “Influenza Managers” may perform include:

- Setting up a system to monitor staff who are ill or suspected to be ill in the event of a pandemic, including contacting staff who are unexpectedly absent from work – has their GP been notified of their illness? Have “contact” issues been addressed? Is someone able to care for them?
- Setting up a process to facilitate / encourage the return of staff to work once they are better or at the end of a quarantine period; and
- Ensuring that their area of the workplace has adequate supplies of tissues, hand hygiene products, cleaning supplies and masks for people who become ill at work.

Should any of the influenza managers be absent or unable to attend work due to illness then another Service General Manager will perform this function, or a suitable replacement will be nominated from the **essential staff list identified in Appendix 6** if required.

Medical Advice

Te Rūnanga o Whaingaroa will be guided by the MoH, NDHB and local health professionals for any medical advice and guidance

Individual employee responsibilities

Each employee is personally responsible for ensuring that their risk of exposure to a pandemic influenza is minimised. This plan provides guidance on this and each employee must read and be familiar with the overall purpose of the plan

SUMMARY OF TRIGGERS AND ACTIONS

Ministry of Health Code White (WHO Phase 3)

This is the first phase of the pandemic alert period.

| Description | Responsibility |
|--|----------------|
| ☐ Prepare a pandemic plan for the Site | OMT |
| Prepare arrangements to test the plan e.g. a desk top walk through | OMT |

Ministry of Health Code White-**Yellow** (WHO Phase 4)

When the Ministry of Health raises the alert code to White-Yellow and this is publicly communicated, the following actions are critical.

| Description | Responsibility |
|-------------|----------------|
|-------------|----------------|



| | |
|---|-----------------------|
| If necessary, liaise with local Government and local authorities | CE |
| Invoke the pandemic plan for this Phase, review the checklist of key actions with members of the OMT and implement them | WO Mohiotanga Manager |
| Brief employees on the pandemic plan including plans for ongoing communications to employees | Influenza Managers |
| Distribute personal protective equipment | Influenza Managers |
| Review overseas travel plans and consider recalling employees from “at risk” areas if necessary. | CE |
| Monitor closely developments in affected areas | WO Mohiotanga Manager |
| Educate about and implement more stringent hygiene measures | Influenza Managers |

Ministry of Health Code **Yellow-Red** (WHO Phase 5)

When the Ministry of Health raises the alert code to Yellow-Red and this is publicly communicated, the following actions are critical.

| Description | Responsibility |
|--|---|
| If necessary, liaise with local Government and local authorities | CE |
| Invoke the pandemic plan for this Phase, review the checklist of key actions with members of the OMT and implement them | WO Mohiotanga Manager |
| Brief employees on the pandemic plan including: <ul style="list-style-type: none"> 1) updated plans for ongoing communications to employees 2) sources of support information 3) hygienic measures that can be undertaken to reduce infection/transmission 4) Reinforce key messages on appropriate treatment or post-exposure prophylaxis with anti-viral medicine. | Influenza Managers |
| Clean and disinfect common areas more frequently | All employees responsible and Influenza Managers to ensure. |
| Distribute personal protective equipment for essential workers | Influenza Managers |
| Encourage staff to stay at home if unwell and monitor status in affected areas | Influenza Managers |

Ministry of Health Code **Red** (WHO Phase 6)

When a pandemic is declared, the following actions are critical.

| Description | Responsibility |
|---|-----------------------|
| If necessary, liaise with local Government and local authorities | CE |
| Invoke the pandemic plan for this Phase, review the checklist of key actions with members of the OMT and implement them | WO Mohiotanga Manager |
| Brief employees on the pandemic plan including: | Influenza Manager |



| | |
|--|----------------------------|
| <p>1) plan for communications to employees updated plans for ongoing communications to employees</p> <p>5) sources of support information</p> <p>6) hygienic measures that can be undertaken to reduce infection/transmission</p> <p>7) Reinforce key messages on appropriate treatment or post-exposure prophylaxis with anti-viral medicine.</p> | |
| <p>Communicate to employees' arrangements for social distancing and /or closing non-essential functions:</p> <ul style="list-style-type: none"> - essential pandemic phase worker who work on site and who work at home and related responsibilities - Non-essential employees who remain at home, stay at home and when. | Influenza Manager |
| Inform external parties of restriction on visits to premises | Influenza Manager |
| Activate alternative delivery arrangements with suppliers | Corporate Services Manager |
| Monitor/maintain contact with suppliers and customers through remote access | Influenza Manager |
| Provide regular updates to staff & stakeholders of actions taken to install confidence | Influenza Manager |



COMMUNICATION

Te Rūnanga o Whaingaroa from external or internal sources

Communications from external sources

- ▶ The designation of global phases is made by the Director General of the World Health Organization (WHO).
- ▶ The Ministry of Health (MoH) leads the New Zealand government's planning and response to pandemic influenza and will align their response with that of the WHO.
- ▶ A health technical advisory group will provide advice to the Ministry of Health.
- ▶ Communication of the New Zealand situation with regard to a pandemic and the response will be via a variety of sources:
 - **Website www.moh.govt.nz** (Ministry of Health) for current status, fact sheets and FAQ, general information on vaccines, medication and treatment guidelines.
 - **Healthline** – 0800 358 5453
 - **Travel advice** - MFAT (Ministry of Foreign Affairs and Trade) will provide travel advice on its website www.mfat.govt.nz. Those returning to NZ may be required to undergo additional screening and quarantine, and maybe also be subject to exit screening at their point of departure.
- ▶ The Official's Committee for Domestic and External Security Co-ordination (ODESC) will advise government on appropriate responses, including:
 - Exercise of powers under the Health Act 1956 and the Civil Defence Emergency Management Act 2002, and;
 - Communication strategy.
- ▶ The New Zealand Government response will be coordinated through the CIMS structure (Coordinated Incident Management System) and the District Health Board major incident and emergency plans and regional incident co-ordination plans.
- ▶ Steps for escalations of the pandemic plan will originate with the MoH. The MoH will advise the Intersectoral Pandemic Group and at the same time put the notification on their website and into their media contacts.

Within lines of business in Te Rūnanga o Whaingaroa and to all employees

- ▶ The Business approach to the influenza threat is to align with Ministry of Health recommendations and to avoid causing unnecessary panic. Notification of change in Alert Code (escalation of pandemic) will come from MoH on its website and through their media contacts.
- ▶ When this occurs the issue should be escalated to the Chief Executive (CE) or his delegate for a decision regarding activation of the Te Rūnanga o Whaingaroa pandemic plan.



▶ The Outbreak Management Team will be informed of the situation by the CE and will meet to make a decision as to whether the Te Rūnanga o Whaingaroa pandemic plan should be activated.

▶ Once the plan is activated the Service General Managers or their delegate will take on the roles of Influenza Managers, responsible for ensuring procedures to be undertaken within their individual business units (responsibility outlined above).

▶ Communications to all Te Rūnanga o Whaingaroa employees to be decided by the CE.

▶ Communications to employees will be managed by the CE through the Influenza Managers.

Each Influenza Manager is responsible for ensuring that their staff are fully informed of the organisations actions.

▶ Communication and Information updates will be via email, internet, Social Media, telephone, SMS or postal services and links to relevant business or external sites will be included (e.g. NZ Ministry of Health, WHO, etc) and instructions regarding information numbers to call, and the centre for reporting problems or concerns will be provided.

CONTAINMENT ACTIVITIES

Reducing the risk of infected persons entering the organisations premises

▶ The Influenza Managers will manage all local health related activities.

▶ The Pandemic Co-ordinator will ensure the following:

- The set up of prominent notices at all entry points to facility, advising staff and visitors not to enter if they have symptoms of influenza;
- The set up of infection control (basic hygiene and hand hygiene, see Appendix E) notices around workplace (including entrances, notice boards, meeting rooms and toilets); and
- Ensure all sites have adequate supplies of tissues, medical and hand hygiene products, and cleaning supplies.

▶ Meeting with outside agencies that are not business critical are to be cancelled. Any meeting that is to proceed as planned must be approved by the relevant Influenza Manager.

▶ All courier services will be informed of the drop-off and pick-up points for parcels and deliveries to and from Te Rūnanga o Whaingaroa premises. These will be determined by the OMT and communicated to the applicable Te Rūnanga o Whaingaroa staff.

Social distancing

▶ Social distancing refers to strategies to reduce the frequency of contact between people. Staff will be informed on social distancing via email and notices by the Pandemic Co-ordinator

▶ Where operationally allowed, teams will be encouraged to split into different work locations to build up back up and avoid cross infection.

▶ If possible, employees are to work from home or work flexible hours to avoid crowding at the workplace if required.



- ▶ Social distancing strategies that should be communicated to employees include:
 - Avoiding meeting people face to face – use of the telephone, video conferencing and the Internet to conduct business as much as possible – no visiting of other employees' offices unless necessary;
 - Avoidance of any unnecessary travel and cancellation of non-essential meetings / gatherings / workshops / training sessions;
 - Bring lunch to work from home and eat lunch at their desk or away from others - staggered lunchtimes may be undertaken so numbers of people in the lunch room are reduced;
 - Congregating in tearooms or other areas where people socialise will be discouraged and time in common areas minimised;
 - If face-to-face meetings are unavoidable, the meeting time should be minimised, a large meeting room chosen and employees requested to sit at least one metre away from each other if possible, avoiding shaking hands or hugging.

- ▶ Employees will be encouraged to avoid recreational or other leisure classes/meetings etc. where they might come into contact with infectious people.

Hygiene and cleaning

Personal hygiene

- ▶ Basic personal hygiene measures will be reinforced, and people will be encouraged to practice them to minimise potential influenza transmission by:
 - Covering nose and mouth when sneezing and coughing (preferably with a disposable single use tissue);
 - Immediately disposing of used tissues;
 - Adopting good hand washing/hand hygiene practices, particularly after coughing, sneezing or using tissues; and
 - Keeping hands away from the mucous membranes of the eyes, mouth, and nose.

- ▶ Hand and personal hygiene information will be communicated to visitors.

- ▶ Hygiene notices will be posted in all workplace entrances, washrooms, hand washing stations and public areas.

Examples of notices can be found in Appendix E.

Office cleaning

- ▶ Influenza viruses are inactivated by alcohol and by chlorine. Surfaces that are frequently touched with hands (i.e. telephones, keyboards etc.) should be cleaned often, preferably daily.

- ▶ Staff will be supplied with appropriate cleaning supplies for the purposes of cleaning their own office/workspace surfaces

- ▶ Staff are not to share cups, dishes and cutlery and ensure these are thoroughly washed with detergent and hot water after use.

- ▶ All magazines/papers will be removed from waiting rooms and common areas (such as tea rooms, kitchens). Staff who take such items to common areas must take these with them when they leave.



▶ When a person with suspected influenza is identified and has left the workplace, their work area/office, along with any other known places they have been, should be thoroughly cleaned and disinfected. The Influenza Managers will be responsible for ensuring this is done.

▶ Basic hygiene practices (including hand hygiene) is to be followed by those persons cleaning, along with the protocols for the use personal protection equipment (if recommended by MoH); and methods for waste disposal.

Managing fear

▶ There will be anxiety regarding the pandemic situation, and this is likely to contribute to increased work absence and/or increased distress to staff

▶ This will be managed by:

- Communication of the possibility of a pandemic and Te Rūnanga o Whaingaroa preparedness plan to manage it very early to staff.
- Provision of clear, timely and proactive communications to staff when things are changing.
- Provision of clear communications on how the organisation is handling the situation if the pandemic does occur.
- Provision of back up assistance for counselling staff through an external counselling provider

▶ The content and timing of communications to Te Rūnanga o Whaingaroa staff will be determined by the CE and OMT

Contact management

Contact definition

▶ The MoH currently defines pandemic influenza contacts as people who have had close physical (less than one metre) or confined airspace contact with an infected person, within four days of that person developing symptoms.

▶ These are likely to include family members and/or other living companions, workmates (if in close contact situations or confined airspace environments), and some recreational companions.

▶ People, who have not been in close proximity nor have shared a confined airspace with a sick person within four days of that person developing symptoms, are not considered to be a contact.

Epidemiological evidence from a developing pandemic may change the definition of a “contact”. The Pandemic Co-ordinator will check the MoH website for updated definitions and advice should a pandemic occur.

Management of individual contacts

▶ The Pandemic Co-ordinator will access latest MoH advice regarding managing staff that become ill, contact definition and contact management from their website and in consultation with the medical professional modify the process outlined below as appropriate.



▶ The Comms Manager in consultation with the Pandemic Manager and CE will send out emails to all staff regarding what to do if people get sick at work including the key message: if you feel unwell, don't come to work. They will also send out information regarding the difference between influenza and a common cold.

(See Appendix A for checklist).

▶ If a staff member feels ill, or if someone observes that another person is exhibiting symptoms of influenza at work, they are to contact their Influenza Manager by telephone if at all possible.

▶ Using the screening flowchart, the Influenza Manager should:

- Avoid visiting this person if possible – manage the process over the phone.
- Check if the employee has any of the symptoms outlined in the first section of the flowchart. (See Appendix F)
- If the employee does not have any symptoms like those listed, it is very unlikely they have influenza and should be reassured but advised to call the Influenza Manager again later or to contact their GP if they are still concerned.

▶ If the employee does have symptoms that match any of those listed:

- They are to be treated as a “suspect case.”
- The Influenza Manager should complete the staff influenza notification form, including details of any staff and/or visitors the person has been in contact with.

▶ People with respiratory infection symptoms should use a disposable surgical mask to help prevent exposing others to their respiratory secretions. The employee/suspect case should be informed where they can find a surgical mask and instructed to wear it immediately.

▶ Any mask must be disposed of as soon as it becomes moist of after any cough or sneeze, in an appropriate waste receptacle, and hands must be thoroughly washed and dried after the used mask has been discarded.

▶ The suspect case should leave work immediately and be advised to contact their GP by telephone for a review.

▶ The manager of the suspect case should be informed that they have left work.

▶ The Influenza Manager will then proceed to:

- Identify contacts (once an employee is suspected to be infected);
- Advise contacts in person that they have been in contact with a person suspected of having influenza; and
- Ask contacts to go home and stay at home until advised otherwise.

▶ The suspect case's workstation should be cleaned and disinfected, as indicated in the section on office cleaning.

▶ Staff are to have confirmation from GP that they are well prior to their return to work.

Employee travel

Once a pandemic is recognised, the New Zealand border may immediately be closed to all incoming passengers and aircrew, possibly for several days.



It is likely that quarantine measures will be instituted before passenger movements resume. All incoming people will be required by the Ministry of Health to complete at least 14 days self-isolation

Government travel advice

- ▶ The Ministry of Foreign Affairs and Trade, in conjunction with MoH, will publish appropriate travel advisories for New Zealanders travelling to other countries infected by the pandemic (www.mfat.govt.nz).
- ▶ This advice will be communicated to employees by the Influenza Managers.

Preventing travel to infected areas

- ▶ The Influenza manager will identify those staff, who may be already booked and due to travel to infected areas and advise them that travel will be cancelled.

Managing those already in infected areas

- ▶ The Influenza Manager will contact those staff that are currently in infected areas. Advice regarding infection control precautions and potential for travel home will be provided to those staff already in infected areas.
- ▶ The Influenza Manager will have a list of staff recently returned from infected areas.

Advice will be given regarding the need to be vigilant regarding self-checking for symptoms and to seek medical advice by phone immediately if symptoms occur. The staff member should report their travel history to the treating doctor or nurse.

Managing those returned from infected areas

- ▶ Only on declaration of a pandemic, if any staff has recently travelled to area's known to be affected by the disease, then:
 - The employee is not to report for work for the duration specified by MoH for the disease. Their Influenza Manager will ask them to follow instructions on MoH's website for self-checking for influenza symptoms, which may include asking them to telephone (rather than visit) their medical centre to seek advice immediately if symptoms occur.
 - Their Influenza Manager will request they report their travel history to the treating doctor and to document all the people they have been in contact with since returning to New Zealand.
 - The Influenza Manager will check on the staff member during his/her absence from work; and set up a process for ensuring that the employee has completed the required duration of absence from work and is healthy before allowing them to return to work.

Influenza vaccine

- ▶ Vaccines are universally regarded as the most important medical intervention for preventing influenza and reducing its health consequences. In the past, however, vaccines have never been available early enough and in sufficient quantities to have an impact on morbidity and mortality during a pandemic, as it takes 6-12 months to develop a vaccine effective against the pandemic virus.
- ▶ Countries with domestic manufacturing capacity will be the first to receive vaccines and limitation of export of vaccines should be expected in a pandemic, at least until domestic natural requirements are satisfied.



- ▶ New Zealand does not have the capacity to manufacture vaccines. The government has a formal arrangement with CSL in Australia, the only vaccine manufacturer in the Southern Hemisphere, for a supply of influenza pandemic vaccine once it is developed.
- ▶ A vaccine that will definitely cover against a future influenza pandemic cannot be developed until the pandemic has emerged.

MAINTENANCE OF ESSENTIAL BUSINESS ACTIVITIES

ESSENTIAL SERVICES

- ▶ During a pandemic the organization will need to ensure that essential services/products continue to be distributed.

The following services are considered to be essential:

- Payroll*
- Accounts*
- Communications*
- Transitional Housing*
- Operational Management*

Identification of core people and core skills

- ▶ When a decision is taken to activate Te Rūnanga o Whaingaroa Influenza Action Plan the CE will decide the appropriate level of staffing required balancing the infection risk with the business need.
- ▶ During the most acute phase of an influenza pandemic the most crucial Te Rūnanga o Whaingaroa functions will be the above
- ▶ Those people employed in other functions maybe redeployed to support packing/distribution of whanau/marae packs, checking in on our most vulnerable i.e. Kaumatua & Kuia.



Staff in these functions may work from home where their business function is required.

Core business functions

| Business Function / Process | Essential / Non | Total # of Employees | # Essential Pandemic Phase Workers (minimum # required) | | | Skill Level (H/M/L) | Risk Level (H/M/L) |
|---|-----------------|--|--|--------|--------------|------------------------|-----------------------|
| | | | Total | Onsite | Work at Home | | |
| Payroll | Essential | 1 – Viv | 1 | yes | yes | H | H |
| Accounts | Essential | 2 – Viv /April | 2 | yes | yes | H | H |
| Transitional Housing - accommodation <ul style="list-style-type: none"> • Te Nohoanga • He Whare Awhina | Essential | 2 – Reecy/Tom | 1 | yes | | M | H |
| Transitional Housing – social support <ul style="list-style-type: none"> • Te Nohoanga • He Whare Awhina | Essential | 2 – Dom/Susan | 1 | | yes | H | M |
| Community – Social support | Essential | 2 – Dom/Susan | 1 | | yes | H | L |
| Operational Management <ul style="list-style-type: none"> • CE Office • Comms • Logistics • Marae | Essential | 7 – Toa/Marlene/April Tina/Meno/Bree/Debs | 7 | yes | yes | H | M |

Each Essential employee should have a nominated back-up who performs that person’s role in their absence as part of planning normal staff absences. All employees should know the person/role that provides the back up to their role as discussed with their manager.

Essential employees that can work at the organisations premises as required

| Name | Function | Telephone extension | Mobile | Backup | Laptop | Internet | Remote | Printer required |
|------|----------|---------------------|--------|--------|--------|----------|--------|------------------|
|------|----------|---------------------|--------|--------|--------|----------|--------|------------------|



| | | | | | | connection @home | connection @home | @home |
|---------------------|----------------------------------|-----|-------------|----------------|-----|------------------|------------------|-------------|
| Toa Faneva | Chief Executive OMT | 709 | 021 2802841 | OMT | YES | YES | ? | Yes - Multi |
| April Hetaraka | Corporate Services Manager OMT | 707 | 0211857830 | OMT | YES | YES | Yes | |
| Tina Ruwhiu | Logistics/Planning Wellbeing OMT | 701 | 021 2232325 | OMT | YES | YES | ? | Yes - Basic |
| Debbie Jepson | Comms Manager OMT | 714 | 021 709968 | OMT | YES | YES | ? | |
| Mariameno Kapa King | Logistics/Planning Marae OMT | | 0272555239 | OMT | YES | YES | ? | |
| Bree Davis | Logistics/Planning Marae OMT | | | OMT | YES | YES | ? | |
| Vivian Taka | Payroll/Accounts | 710 | 021 1240297 | April Hetaraka | YES | YES | ? | |
| Marece Fleming | Tenancy Adviser | 720 | 021 443682 | April Hetaraka | YES | YES | ? | |

Essential employees who can work from home (including back ups) all of the above PLUS

| Name | Function | Mobile | Backup | Laptop | Internet connection @home | Remote connection @home | TASKS |
|----------------|----------------|------------|----------------|--------|---------------------------|-------------------------|---|
| Dominique Belz | Social Support | 021855621 | Susan Apiata | Yes | Yes | ? | Monitor vulnerable whanau in transitional/emergency housing and community |
| Susan Apiata | Social Support | 0211657296 | Dominique Belz | Yes | Yes | ? | Monitor vulnerable whanau in transitional/emergency housing and community |

Other employees who are able to work from home (business as usual)



| Name | Function | Mobile | Laptop | Internet connection @home | Remote connection @home | TASKS |
|------------------|------------------------|---------------|---------------|----------------------------------|--------------------------------|---|
| Paul Coldron | Systems Innovator | 021852779 | Yes | Yes | | Innovation and support online workshops/campaigns |
| Phillip Grimshaw | Lead Systems Innovator | 021933359 | Yes | Yes | | Innovation and support online workshops/campaigns |
| John Wikitera | Systems Innovator | 021544569 | Yes | Yes | | Innovation and support online workshops/campaigns |
| Raewyn Nafatalli | Lead Systems Innovator | 0212235920 | Yes | Yes | | Innovation and support online workshops/campaigns |
| Moana Mitchell | Evaluator | 0210491126 | Yes | Yes | | Evaluation and prep of case studies. Support and guide innovators in evaluation |



Work-related risk groups

| Risk group | Measures to be taken to reduce risk of infection |
|---|--|
| High risk Employees that are over 70 or have low immunity and/or other underlying health conditions i.e. asthma, diabetes, heart conditions, cancer | <ul style="list-style-type: none"> • Stay at home • Reduce physical contact with others • Maintain good hygiene practices |
| Medium risk Employees with a high rate of social contacts (close face-to-face-contact <1 m) | <ul style="list-style-type: none"> • Reduce social contact (use phone, e-mail; barriers, screens) • Face masks • Basic hygiene |
| Low risk All other staff | <ul style="list-style-type: none"> • Social distancing • Basic hygiene • When in contact with others, face mask or respirator can be considered |

RESOURCES

- ▶ In order to facilitate business continuity during a pandemic event, resources will be acquired
- ▶ The timing and logistics of the distribution of these resources will be determined by OMT, the Influenza Managers will be responsible for distributing these to staff as required.
- ▶ These resources will be stored at the TRoW office.

See Appendix G for further details of resources and distribution plans

Planning for staff absences

- ▶ Absence rates can be significant (15-50% predicted peaks) and the pandemic may last for 6 months and occur in several waves.
- ▶ Staff absence may occur for a number of reasons including fear of infection, employee illness, and childcare requirements due to school/day-care closures and caring for sick family members.
- ▶ All essential roles will have a designated back-up person who is able to perform the functions of that role in that employee's absence.

Knowledge management

- ▶ Knowledge required for maintenance of essential business activities will be stored in easily accessible shared locations.
- ▶ Back up persons are to be made aware of the necessary files and folders to perform the role and allowed access to these.
- ▶ The integrity and security of confidential business information will be maintained by the employees responsible for it at all times during an influenza pandemic and will not be accessed other than by those authorised to do so.



FINANCIAL REPORTING

The following arrangements have been established for financial tracking and reporting:

- A special budget code has been assigned for response to pandemic influenza emergency. This code will be used to capture all costs incurred by TROW for manpower, supplies, etc. and any other related costs.
- Requests for supplies will follow the existing TROW purchasing policies and procedures, and will be charged to the established budget code. Where adherence to TROW policies and procedures may jeopardize the response to the emergency, supplies may be purchased directly from local suppliers, however, these purchases must be approved by the Corporate Manager prior to the purchase.
- The Corporate Manager will report to the CE, the additional costs associated with TROW's pandemic influenza emergency response.
- The Corporate Manager will maintain adequate documentation to support pandemic influenza emergency response costs for:
 - Audit; and
 - monitoring cash position and reporting it to the CE and Board as required.



BUSINESS RECOVERY

- ▶ Decision to return to business as normal will be made by CE
- ▶ Return to business as normal will occur once the Ministry of Health has announced that New Zealand is in Code Green (WHO post pandemic period)
- ▶ Upon return to business as normal the Out-Break Management Team (OMT) will meet for debrief and assessment of the pandemic/business continuity plan
- ▶ Communication to employees that they are to return to work to be made by Influenza Managers
- ▶ Debrief of employees to be given by CE and or Influenza Managers
- ▶ Employees who may have lost family or friends will have access to support and counselling
- ▶ Pandemic Co-ordinator will update business continuity plan according to the outcome of OMT debrief

APPENDIX A. FURTHER INFORMATION

What is an “Influenza Pandemic”?

Influenza pandemics are characterised by the spread of a novel type of influenza virus to many parts of the world, causing unusually high morbidity (illness) and mortality for perhaps two to three years. Most people do not have immunity to the virus and therefore are susceptible to influenza infection.

A pandemic can overwhelm the resources of a society due to the exceptional number of those affected. A pandemic may occur as a result of the emergence of a new viral sub-type with the capacity to spread efficiently from human to human.

What does an Influenza Pandemic look like?

Past pandemics over the centuries have swept quickly through populations and left considerable damage in their wake. Recovery was impeded by the tendency of pandemics to recur in second and third waves. Age groups and geographical areas not affected initially may prove vulnerable during subsequent waves.

Current national planning aims to keep influenza out of New Zealand or substantially delay its entry, and if it arrives, control clusters within New Zealand until a vaccination campaign could be run. Vaccination will protect the general population against pandemic influenza. However, given the time lapse (several months at least) between virus recognition and production of a vaccine, planning must take into account the possibility that the pandemic may reach New Zealand, and that there may be more than one “wave” of illnesses.

What are the Symptoms of Influenza?

Influenza is a highly contagious viral disease of the respiratory tract. Influenza is characterised by rapid onset of respiratory and generalised signs and symptoms including: a high fever, headache, muscle aches and pains, fatigue, cough, sore throat, or a runny nose.

What Is the Difference between Influenza and a Common Cold?

| Symptom | Influenza | Common Cold |
|------------------------------------|--|---------------------------------|
| <i>Fever</i> | Usual, sudden onset 38°C-40°C and lasts 3-4 days | Rare |
| <i>Headache</i> | Usual and can be severe | Rare |
| <i>Aches and pains</i> | Usual and can be severe | Rare |
| <i>Fatigue and weakness</i> | Usual and can last 2-3 weeks or more after the acute illness | Sometimes, but mild |
| <i>Debilitating fatigue</i> | Usual, early onset can be severe | Rare |
| <i>Nausea, vomiting, diarrhoea</i> | In children <5 years old | Rare |
| <i>Watering of the eyes</i> | Rare | Usual |
| <i>Runny, stuffy nose</i> | Rare | Usual |
| <i>Sneezing</i> | Rare in early stages | Usual |
| <i>Sore throat</i> | Usual | Usual |
| <i>Chest discomfort</i> | Usual and can be severe | Sometimes, but mild to moderate |
| <i>Complications</i> | <ul style="list-style-type: none">• Respiratory failure• Can worsen a current chronic condition• Can be life threatening | Congestion or earache |
| <i>Fatalities</i> | Well recognised | Not reported |



What Is the Difference between Influenza and a Common Cold?

| Symptom | Influenza | Common Cold |
|------------|---|--|
| Prevention | <ul style="list-style-type: none"> • Influenza vaccine • Frequent handwashing • Cover your cough | <ul style="list-style-type: none"> • Frequent handwashing • Cover your cough |

How is Influenza Spread?

Influenza is spread from person to person in the respiratory droplets generated by coughs and sneezes. It can also be spread when a person comes into contact with the respiratory droplets of another person by touching items on which droplets are present, and then touches their own eyes, mouth or nose before washing their hands.

The virus may enter through the eyes or more commonly through the nose or mouth, and into the throat and lungs where it begins to multiply. The time from first exposure to when symptoms begin is one to four days. The disease damages the linings of the respiratory tract. Secondary bacterial infections, such as pneumonia, meningitis, sinus and ear infections can then take hold.

How long is the Influenza Virus Infectious?

It is not known for certain, if people with influenza are infectious before developing symptoms. An adult with influenza is infectious once they show symptoms, and for some days after. Children have been shown to remain infectious for up to 21 days, long after symptoms have disappeared. Some individuals may become infected but never show symptoms.

Influenza viruses may be able to live for up to two days on hard surfaces such as doorknobs, handrails, toys, cups, utensils, telephones. Although it can live on these surfaces it is not as infectious as these surfaces are usually dry.

Government Response

MoH advises that the potential impacts of an influenza pandemic in New Zealand include:

- Morbidity and mortality are unknown, but may be very high;
- Full community mobilisation needed
- All government and many community agencies are likely to be involved in whole-of-society response;
- Health services may be unable to provide direct care (the orientation of health care may be to co-ordinate and support community mobilisation); and
- Very high staff absence rates may be likely, for some periods during the pandemic.

What are the Strategic Aims of New Zealand's Pandemic Plan?

Once the epidemiology of the pandemic strain virus is known, MoH will customise policies and programmes in its strategy to address the particular virus. As at October 2005, the MoH's five-stage strategy is:

Overall Influenza Pandemic Management and Associated Actions

| STAGE | NEW ZEALAND STRATEGY | MoH/DHB ALERT CODE | OBJECTIVE AND ACTION |
|-------|------------------------|---------------------------------|---|
| 1 | Plan for it (Planning) | WHITE (Information/advisory) | ➤ Objective: devise a plan to reduce the health, social and economic impact of a pandemic on New Zealand |



| | | | |
|----------|---|---------------------------|--|
| | | | <ul style="list-style-type: none"> ➤ Full engagement of whole of government ➤ Consultation with and input from many agencies. |
| | | YELLOW (Standby) | <ul style="list-style-type: none"> ➤ Prepare to implement pandemic response action plans |
| 2 | Keep it out (Border Management) | RED (Activation) | <ul style="list-style-type: none"> ➤ Objective: keep pandemic out of New Zealand ➤ Wide range of border management options, up to: <ul style="list-style-type: none"> ➤ Closure of New Zealand's border to all non-nationals ➤ Quarantine of all returning New Zealand citizens ➤ Enhance internal disease surveillance and notification ➤ Investigate and follow up any suspect cases |
| 3 | Stamp it out (Cluster Control) | | <ul style="list-style-type: none"> ➤ Objective: control and/or eliminate any clusters that might be found in New Zealand ➤ Isolate and treat patients and households ➤ Contact trace and treat all contacts ➤ Restrict movement into/out of affected area (s) ➤ Close schools and other places where people congregate, and prohibit mass gatherings ➤ Maintain border management |
| 4 | Manage it (Pandemic Management) | | <ul style="list-style-type: none"> ➤ Objective: to reduce the impact of pandemic influenza on New Zealand's population ➤ Health service reconfiguration to support community response in affected areas ➤ Social distancing measures ➤ Support for people cared for at home, and their families |
| 5 | Recover from it (Recovery) | GREEN (Stand down) | <ul style="list-style-type: none"> ➤ Objective: expedite the recovery of population health where impacted by pandemic, pandemic management measures, or disruption to normal services ➤ Phase starts when the population is protected by vaccination, or the pandemic abates in New Zealand |

Moves from Code White to Yellow, and Yellow to Red (i.e. the escalation steps), and subsequently from Red to Green, will originate with MoH. MoH will put the notification on their website and notify their media contacts.



What is the Medical Officer of Health's Powers in a Pandemic Emergency?

Activation of the NHEP begins when MoH learns of a potential national health-related emergency, such as an influenza pandemic.

Once special powers available in the Health Act 1956 are unlocked by the Minister of Health, local Medical Officers of Health have wide ranging powers designed to prevent the outbreak or spread of any infectious disease. These powers include the ability to:

- Require people to submit themselves for medical examination'
- Require people, places, buildings, ships, animals and things to be isolated, quarantined, or disinfected;
- Forbid persons, ships, animals, or things to be brought to any (air or sea) port of place in the health district from any port or place which is or is supposed to be infected;
- Require theatres and other places of public amusement (such as racecourses and recreation grounds), bars, billiard rooms, churches, reading rooms, and public halls, and all other premises where people are accustomed to assemble for any purpose within the district, to be closed for admission to the public;
- Prohibit the attendance of children under the age of 16 years in schools, Sunday schools, theatres, or places of public amusement within the district; and
- Have infected animals destroyed.

Why prevent Public Gatherings and Close Schools?

During the 1957-1958 pandemic, a WHO expert panel found that spread of the pandemic influenza within some countries followed public gatherings, such as conferences and festivals. This panel also observed that in many countries, the pandemic broke out first in camps, army units and schools.

Closure of schools may be particularly effective in an influenza pandemic because of the role children play in spreading influenza. Also, during the first wave of the Asian influenza pandemic of 1957-1958, the highest attack rates were in school-aged children. A recently published study found that during an influenza outbreak, school closures were associated with significant decreases in the incidence of viral respiratory diseases and health care utilisation among children aged 6-12 years.

Pandemic Characteristics and Impact

A pandemic will not be like a physical disaster. A pandemic has unique characteristics when compared with a more "typical" disaster. For example:

- ▶ ***Widespread impact:*** The impact of a pandemic would likely be widespread, even nation-wide, not localised to a single area; therefore there may be little outside assistance.
- ▶ ***Not a physical disaster:*** A pandemic is not a physical disaster. It has some unique characteristics that require implementation of activities to limit contact such as restriction of movement, quarantine, and closure of public gatherings.



- ▶ **Duration:** A pandemic would not be a short, sharp event leading immediately to commencement of a recovery phase.
- ▶ **Notice:** It is quite likely that there will be some advance warning from the development of the pandemic overseas, but it is always possible that any warning period may be very short.
- ▶ **Primary effect is on staffing levels:** Unlike natural disasters, where any disruption to business service provision is likely to be hardware-related, disruption to business operation in the vent of a pandemic is anticipated to be mainly human-resource oriented.

APPENDIX B. LEGISLATION RELEVANT TO PLAN

Any Risks to Employees and Others must be Reasonable

Any employer or other person who controls the workplace has responsibility for the health and safety of employees and others there, and to ensure that employees' actions and inactions do not cause harm to others.

Independent contractors and volunteer workers have the right to withdraw their labour or services at any time, including when they feel the work environment presents an unsatisfactory level of risk.

Health and Safety at Work Act 2015

Continuity planning should include obligations under the Health and Safety at Work Act 2015

Employers must take all practicable steps to mitigate the risk and protect employees, especially those at high risk, such as health care personnel, support staff and first responders (fire / police / ambulance / other emergency workers) from pandemic influenza. Employers need to actively plan to cover their risks to their workers and the public.

The most relevant sections of the Health and Safety at Work Act 2015 are:

Section 6: "All practicable steps"

"Every employer shall take all practicable steps to ensure the safety of employees while at work; and in particular shall take all practicable steps to:

- provide and maintain for employees a safe working environment;
- provide and maintain for employees while they are at work facilities for their safety and health..."

Sections 7-10 describe a hierarchy of action for the management of hazards

Where a significant hazard, including the likelihood of pandemic influenza, is identified, the Act sets out the steps an employer must take:

Where practicable, the significant hazard must be eliminated (section 8);

- This may involve removing the hazard or hazardous work practice from the workplace.

If elimination is not practicable, the significant hazard must be isolated (section 9);

- This may involve isolating or separating the hazard or hazardous work practice from people not involved in the work or the general work areas. It could mean reducing the potential for contamination through changing work practices to achieve a greater degree of social distancing or installing screens or barriers.

If it is impracticable to eliminate or isolate the hazard completely, then the employer must minimize the likelihood that the hazard will harm employees (section 10). In addition, the employer must, where appropriate:

Provide, make available to, and ensure the use of suitable clothing and equipment to protect the employees from any harm arising from the hazard;

- Monitor employees' exposure to the hazard;
- Seek the consent of employees to monitor their health; and
- With their informed consent, monitor employees' health.



This includes introducing work practices that reduce the risk. It could limit the amount of time a person is exposed to the potential hazard, or the use of protective clothing and/or equipment. Employers should refer to MoH's website for detailed guidance on appropriate personal protective equipment (PPE) for workplaces, especially where work must continue for humane reasons or the maintenance of civil order.

Section 28A: Employees may refuse to perform work likely to cause serious harm

Employees have the right to refuse to perform work if they believe it is likely to lead to their suffering serious harm. However, their belief must be on reasonable grounds, and they must have attempted to resolve the matter with their employer before they can continue to refuse. The right to refuse unsafe work does not apply unless the understood risks of the work have materially increased. The right of an ambulance worker or nurse to refuse is therefore different to that of, say, a carpenter. It is also different to that of a sworn staff-member of the police, fire service or armed forces.

Note that independent contractors and volunteer workers have the right to withdraw their labour or services at any time, including when they feel the work environment presents an unsatisfactory level of risk.

Other Human Resource Legislation

The following employment relations legislation will continue to apply.

1. Employment Relations Act 2000;
2. Holidays Act 2003 (sick, bereavement and annual leave, and public holidays);
3. Wages Protection Act 1983.

Other Pandemic influenza Legislation:

- Epidemic Preparedness Act 2006
- Health Act 1956 – part 3 (amended 2006)
- Health Amendment Act 2006

Other Epidemic Amendment Acts

- Immigration Amendment Act (No 2) 2006
- Parole Amendment Act 2006
- Sentencing Amendment Act (No 2) 2006
- Social Security Amendment Act 2006
- Summary Proceedings Amendment Act (No 2) 2006

Contact Management Mandated by Law

Under the Health Act 1956, both highly pathogenic avian influenza (HPAI) and influenza are classed as infectious diseases. Additionally, HPAI is also a notifiable disease, meaning that some *additional* provisions of the Health Act apply to it, over and above the provisions that apply to influenza.

In order to reduce the risk of further infection, contacts will be expected to stay at home and avoid contact with others for a recommended period. This period will be determined by health officials, and is not at the discretion of the employer (the material in this section is, however, in the interests of employers and employees, as well as the community at large).

The role of contact tracing may vary according to the phase of the pandemic. At an early phase, when efforts are directed at keeping the pandemic out or in managing small clusters, contact tracing and associated quarantine of cases



and contacts will be vigorous. However, if the pandemic affects larger numbers of people across the country, it will not be effective as a strategy to contain the pandemic and may therefore be dropped.

In any circumstances, employers should urge sick staff members with influenza-like symptoms to return home immediately and contact a health professional in the manner advised by MoH on its website at that time. This may involve phoning the person's normal doctor or nurse, or a specially designated centre to seek further advice, rather than the patient calling in without prior notification. If the health professional identifies the patient as being a suspect or confirmed case, then the health professional will commence contact tracing in accordance with the protocols set by MoH at that time. This is likely to involve making contact with the patient's workplace.

APPENDIX C. HYGIENE NOTICE EXAMPLES

Stop the spread of flu germs



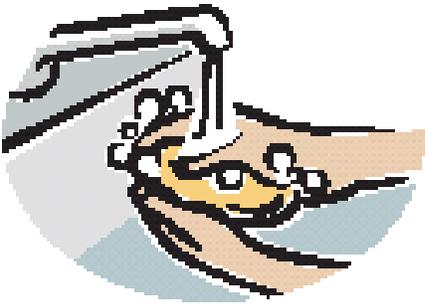
Cover your mouth and nose with a tissue when you cough or sneeze



Put your used tissue in the rubbish bin or in a plastic bag



Wash and dry your hands often, especially after coughing or sneezing – use soap



Stay away from others if you're sick



Protect your family/whanau from inFLUenza

| <h2>Hand Hygiene with Soap and Water</h2> | | |
|---|---|---|
| <p>1. Remove jewelry. Wet hands with warm water</p>  | <p>2. Add soap to palms</p>  | <p>3. Rub hands together to create a lather</p>  |
| <p>4. Cover all surfaces of the hands and fingers</p>  | <p>5. Clean knuckles, back of hands and fingers</p>  | <p>6. Clean the space between the thumb and index finger</p>  |
| <p>7. Work the finger tips into the palms to clean under the nails</p>  | <p>8. Rinse well under warm running water</p>  | <p>9. Dry with a single-use towel and then use towel to turn off the tap</p>  |
| <p>Minimum wash time 10-20 seconds.</p> | | |



ALL STAFF

Influenza notification

Influenza (flu) is a contagious disease. Currently, the number of people in New Zealand with influenza is increasing.

To prevent influenza spreading in this workplace, please:

USE THE HAND GEL PROVIDED WHEN
ENTERING AND LEAVING

Do not come to work if you have:

- chills, shivering and a fever (temperature above 38°C)
- sore throat
- muscle aches and pains
- dry cough
- trouble breathing
- sneezing
- stuffy or runny nose
- unusual tiredness.

If you start to feel ill at work or have any of the above symptoms,
please **do not** leave your work area.

Contact your Influenza Manager immediately





Office closed

Due to the influenza pandemic, this office is closed until further notice.

Do not enter

For urgent enquiries, please contact



ALL

Staff and Visitors

Influenza notification

Influenza (flu) is a contagious disease. Currently, the number of people in New Zealand with influenza is increasing.

To prevent influenza spreading in this workplace, please:

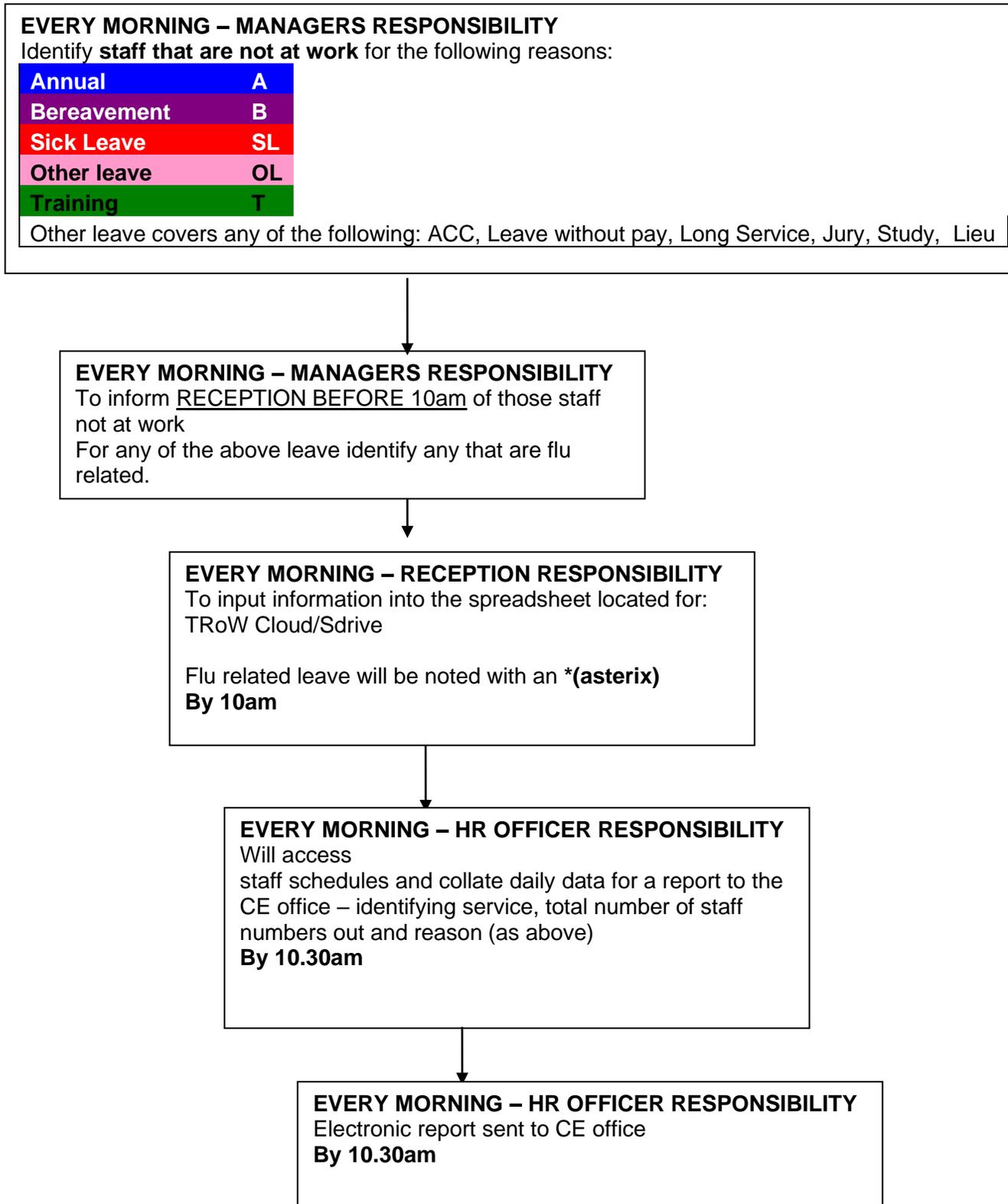
USE THE HAND GEL PROVIDED WHEN

ENTERING AND LEAVING

Appendix D. PROCEDURE

Flow Chart

Daily process for staff monitoring during the "Manage it" phase of a pandemic



Note: Only the Receptionist, HR officer and Pandemic Co-ordinator have access to the schedule
 The flowchart below outlines the screening process for the detection and management of suspected influenza cases.

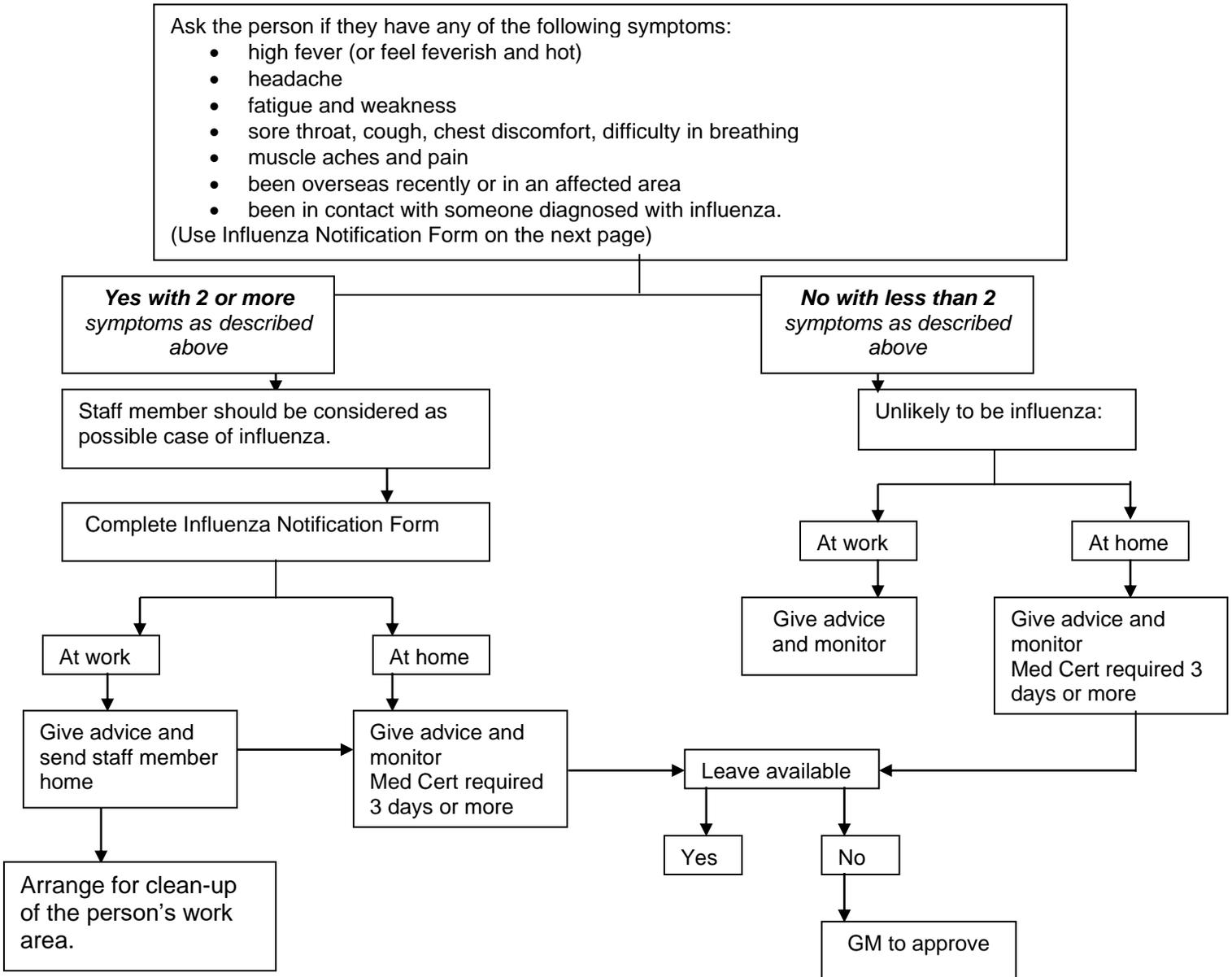
Process

The Influenza manager is notified that a staff member is presenting with flu like symptoms either in the workplace or has phoned in.

Do not visit the person if this can be avoided – manage the process over the telephone or maintain a level of separation of at least one metre

Follow the flowchart below for a suspected influenza case

Note – symptoms may change, so refer to the [Ministry of Health](#) website.



Influenza Questionnaire

| | | | | |
|--|------------|-----------|--|--------------------|
| Staff member: | Yes | No | | |
| <input type="checkbox"/> Presenting at work | | | | |
| <input type="checkbox"/> Phoning in | | | | |
| Ask the person if they have any of the following | | | Symptoms | |
| | | | Flu | Cold |
| <input type="checkbox"/> High fever (or feel feverish and hot) | | | Usual, sudden onset 38°C-40°C and lasts 3-4 days | Rare |
| <input type="checkbox"/> Headache | | | Usual and can be severe | Rare |
| <input type="checkbox"/> Fatigue and weakness | | | Usual and can last 2-3 weeks or more after the acute illness | Sometimes but mild |
| <input type="checkbox"/> Sore throat, cough, chest discomfort, difficulty in breathing | | | Usual and can be severe | Sometimes But mild |
| <input type="checkbox"/> Muscle aches and pains | | | Usual and can be severe | Rare |
| <input type="checkbox"/> Been overseas recently or in an area affected by influenza | | | | |
| <input type="checkbox"/> Been in contact with someone diagnosed with influenza | | | | |
| 2> or more flu symptoms | | | If YES send staff member home | |
| | | | If NO then unlikely to have the Flu - MONITOR | |

Details of Staff Member

| | | | |
|---|---|-----------------|-------|
| Name: | Site: | Date: | Time: |
| Title: | Monitor: <input type="checkbox"/> yes <input type="checkbox"/> no | Time rechecked: | |
| Contact details: | | | |
| Telephone no: _____ (W) _____ (H) _____ (M) | | | |

Symptoms identified:

Fever Body aches COMMENTS:

Headache Fatigue

Dry cough Cold

Travel history over the past eight days:

Area visited:

OUTCOME: 1. Monitor at work

2. Sent home

3. Stay home

Advise: Reassure

- 1mtr distance
- Hand washing
- Cover cough
- Contact manager immediately if condition worsens.

Advise:

- Rest
- Fluids
- If condition worsens seek medical advice
- Med Cert required 3 days or more

Advise:

- Rest
- Fluids
- If condition worsens seek medical advice
- Med Cert required 3 days or more

4. Return to work

- Monitor at work advice
- 3 days or more Med Cert received

Details of Reporter

| | | |
|-------|--------|------------|
| Name: | Title: | Signature: |
|-------|--------|------------|



Appendix E. MARAE/KAUMATUA/KUIA COVID-19 ENGAGEMENT PROCESS FOR WHANGAROA

| Action | Who | Due |
|---|--|-------------|
| <p><u>Marae Scan</u></p> <p>Initial scan of all marae in Whangaroa to check the resources marae have</p> <ul style="list-style-type: none"> Do they have COVID19 plans and could we have a copy? Could a marae be a community kitchen to send kai from for vulnerable whanau? <p>Identify how many marae are in the rohe for marae pack distribution</p> <ul style="list-style-type: none"> Managers identify team members to mobilize for the distribution <p>Identify clear communication lines with Marae.</p> <ul style="list-style-type: none"> Who is the best to communicate with and put them on notice of the ongoing contact during this time? Chairs or Delegates? <p>Compile into a working document with contacts and resources of marae</p> | <p>HFFN/As per zoom hui this afternoon</p> <p>As per Marae zoom this afternoon</p> <p>As per Marae zoom this afternoon</p> <p>Bree/Marlene</p> | <p>ASAP</p> |
| <p><u>Kaumatua/Kuia</u></p> <p>How many kaumatua/kuia in Whangaroa area</p> <ul style="list-style-type: none"> Can each marae identify kaumatua/kuia? Proximity to the marae? Do they have moko living with them? Level of vulnerability – access, transport, water, power, existing health issues? <p>Messaging <i>for</i> kaumatua/kuia/marae</p> <ul style="list-style-type: none"> Develop resources/pamphlets Video kaumatua/kuia reiterating COVID19 messages Potentially adopt resource from Geneva <p>Distribution of kaumatua/kuia packs</p> <ul style="list-style-type: none"> Mobilize identified staff Is anyone already doing these in the area? | <p>As per Marae zoom this afternoon</p> <p>Management Team Debbie as lead</p> <p>Identified staff as per managers</p> | |
| <p><u>Communication Hub/Storage</u></p> <p>Create the online/hub to store communication templates/resources</p> | <p>Debbie</p> | |



APPENDIX F. CURRENT 4-LEVEL COVID-19 ALERT SYSTEM - TE RŪNANGA O WHAINGAROA RESPONSE/ACTIONS

- These alert levels specify the public health and social measures to be taken.
- The measures may be updated on the basis of (i) new scientific knowledge about COVID-19 and (ii) information about the effectiveness of intervention measures in New Zealand and elsewhere.

- The alert levels may be applied at a town, city, territorial local authority, regional or national level.
- Different parts of the country may be at different alert levels. We can move up and down alert levels.
- In general, the alert levels are cumulative, e.g. Level 1 is a base-level response. Always prepare for the next level.

- At all levels, health services, emergency services, utilities and goods transport, and other essential services, operations and staff, are expected to remain up and running. Employers in those sectors must continue to meet their health and safety obligations.

| Level | Risk Assessment | Organisation Response |
|--|---|--|
| LEVEL 4 - Eliminate Likely that disease is not contained | <ul style="list-style-type: none"> • Sustained and intensive transmission • Widespread outbreaks | <ul style="list-style-type: none"> ✓ Businesses closed except for essential services – Accounts/Payroll/COVID-19 planning that can work remotely ✓ Staff instructed to stay at home ✓ Rationing of supplies and requisitioning of facilities ✓ Travel severely limited ✓ Major reprioritisation of services |
| LEVEL 3 - Restrict Heightened risk that disease is not contained | <ul style="list-style-type: none"> • Community transmission occurring OR • Multiple clusters break out | <ul style="list-style-type: none"> ✓ Limit travel in areas with clusters or community transmission ✓ Non-FTF meetings and contact with whanau ✓ Alternative ways of working required, non-essential services cease ✓ Non-essential staff redeployed to support community engagement plans |
| LEVEL 2 - Reduce Disease is contained, but risks of community transmission growing | <ul style="list-style-type: none"> • High risk of importing COVID-19 OR • Increase in imported cases OR • Increase in household transmission OR • Single or isolated cluster outbreak | <ul style="list-style-type: none"> ✓ Engage with Marae on preparedness <ul style="list-style-type: none"> ○ Key contacts ○ Pandemic response plan – adjusting tikanga/kawa ○ Marae profile ○ Resources – marae packs ✓ Engage with Most Vulnerable on preparedness <ul style="list-style-type: none"> ○ Identify – age over 70, chronic health conditions, low immunity ○ Whanau response plan – support i.e. shopping, medication, mental wellbeing ○ Resources – whanau packs ✓ Business continuity plan activated ✓ All non-essential domestic travel limited ✓ High-risk staff advised to remain at home (e.g. those over 60 or those with other existing medical conditions) ✓ Essential Staff resourced appropriately to work from home when required ✓ Other staff redeployed to support community engagement plans |
| LEVEL 1 - Prepare Disease is contained | <ul style="list-style-type: none"> • Heightened risk of importing COVID-19 OR • Sporadic imported cases OR • Isolated household transmission associated with imported cases | <ul style="list-style-type: none"> ✓ Pandemic plan reviewed ✓ Outbreak Management Team identified and immobilised ✓ Policies being updated ✓ Review meeting protocols i.e. necessity to meet, utilising technology ✓ Consistent key messages to staff and whanau ✓ Physical distancing encouraged ✓ Stay home if you're sick, report flu-like symptoms ✓ Wash and dry hands, cough into elbow, don't touch your face |



NOTES:

