



Te Hau Ora O Ngāpuhi

**Pandemic and Infectious
Disease Outbreak Plan**

March 2020

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Introduction

This plan has been implemented as a guide for Te Hau Ora O Ngāpuhi to manage a pandemic disruption to business as a result of the 2019 Coronavirus. It is to be used as reference for all future virus outbreaks and or pandemics and the ability to provide effective and safe services.

Te Hau Ora O Ngāpuhi pandemic/infectious disease outbreak plan aligns with the Ministry of Health (MoH) pandemic/infectious disease documents.

The planning assumptions and planning principles are covered in pandemic planning documents on the following websites:

Ministry of Health

<https://www.health.govt.nz/our-work/emergency-management/pandemics>

Northland District Health Board:

www.northlanddhb.org.nz

The layout is designed to provide a document that can be tailored to the service, taking into consideration the specific needs.

The plan is intended to be a resource for, and should be available to, all staff within and visiting Te Hau Ora O Ngāpuhi, including temporary or locum staff, visitors and contractors. It should have a review date of every two years, but should be reviewed:

- when a change is made to the service or environment, or
- following an activation of the plan.

The Planning Process

1. Review this template to get an overview of the requirements;
2. Review all the emergency management documentation that the organisation already has. (Emergency Response & Business Continuity Plan)
3. Complete the template by adding information specific to the service and delete what isn't relevant.
4. Add any notes to the final page of the document.

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Use resources available on appropriate websites

- World Health Organisation
- Ministry of Health website incl:
 - <https://www.health.govt.nz/your-health/healthy-living/emergency-management/pandemic-planning-and-response/workplace-pandemic-influenza-guidance>
 - <https://www.health.govt.nz/your-health/healthy-living/emergency-management/pandemic-planning-and-response/health-sector-pandemic-influenza-guidance-0>
- Public Health Units
- Employment Law Planning
- <https://ssc.govt.nz/resources/workforce-pandemic-planning-guidance/>
- NZ Public Health and Disability Act 2000
- Health and Safety at Work Act 2015, and
- National and Local Civil Defence emergency plans, which stipulates the following in relation to health services:

What you need to plan for

- How you will maintain your essential services or activities with high numbers of staff absence over an extended period?
- What essential goods and services do you rely on and how will you manage any disruptions to supply?
- How can you implement alternative work practices in your workplace?
- What services will need additional support to meet surge in demand? (for example IT support)
- How can you protect your workers, clients and visitors and reduce the risk of spread of the virus in your workplace?

Person Responsible for the Coordination of the Response

Using the information in your Emergency Response & Business Continuity Plan, identify who will be responsible for coordinating the response and assign to other roles as appropriate your organisation.

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General Overview

Pandemics

A pandemic is an epidemic of an infectious disease that spreads through human populations across a large region, for example multiple continents or even worldwide. Pandemics by their nature are unpredictable. While we know there will be another pandemic, we don't know when. We also won't know how severe it will be, or who will be most affected, until it happens.

An emerging infectious disease / pandemic occur when a new strain of a virus emerges, spreading around the world and infecting many people at once. A virus capable of causing a pandemic is one that people have no natural immunity to, can easily spread from person to person, and is capable of causing severe disease.

There were four influenza pandemics last century: in 1918, 1957/58, 1968/69 and 2009.

Potential Scale of a Pandemic - Nationally

Assumptions

- There will be very little warning. Most experts believe that we will have between one and six months between the time that a novel influenza strain is identified and the time that outbreaks begin to occur in New Zealand.
- Outbreaks are expected to occur simultaneously throughout much of New Zealand, preventing shifts in human and material resources that normally occur with other natural disasters.
- The effect of the outbreak on individual communities will be relatively prolonged - weeks to months, when compared to minutes-to-hours observed in most other natural disasters.

The impact of the next pandemic/infectious disease outbreak could have a devastating effect on the health and well being of the New Zealand public. The Ministry of Health (the Ministry) has taken a 'maximum credible event' approach to pandemic planning. Using the November 1918 pandemic influenza wave in New Zealand as a basis, the Ministry has developed a standard planning model to provide planners with an indicative pandemic wave scope, scale and duration.

The New Zealand standard planning model assumes a pandemic wave in which 40% of the NZ population become ill over an 8-week period. The model indicates that over 1.6M people could become ill over this time. The peak incidence is over weeks 3 – 5, when about 1.3M people, around a third of New Zealand's population, would be ill, convalescent, or only just recovered.

The model assumes a total case fatality rate of 2%, which would see about 33,000 deaths over the 8 week period, peaking at about 10,000 in week 4.

It is important to note that this is not a prediction or a forecast of what will happen should a pandemic occur – it is not possible to make any such forecast before a pandemic develops. A 21st century pandemic may not reflect the course, incidence, or fatality rates of the 1918 pandemic.

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Impact on Society

- A pandemic/Infectious disease outbreak will likely be characterised by a high level of absenteeism in the workforce as people fall ill or stay at home to care for sick relatives or be quarantined to limit the spread.
- Essential services such as police, fire, transportation, communications and emergency management services need to be maintained during a pandemic.
- Other services and supplies – including food, water, gas, electricity supplies, educational facilities, postal services and sanitation – are also likely to be affected.
- It is right to assume that normal business activities, regardless of their nature, will suffer during a pandemic.

Care in the Community

- Due to the high rates of infection possible during a pandemic/infectious disease, all except the seriously ill may need to be cared for at home.
- Public and private hospitals will need to prioritise admissions, rationalise services and review staff rosters.
- DHBs will need to consider additional supplies of medication and equipment (e.g. ventilators, oxygen supplies and syringes). It may be necessary to utilise other facilities (e.g. community centres or hotels) if extra space is required, particularly for outpatients or patients post discharge. In general, emphasis should be given to out of hospital care
- Out of hospital care and saving hospital beds for only the most severe cases. DHBs will need to liaise with local councils, their civil defence emergency management groups and voluntary groups so that they can assist in providing community care.

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Response Phases, Risks and Actions Required

Develop a summary of risks identified for your organisation and the actions required to mitigate them using the examples given below

Staffing		
Phase	Risks	Actions Required
Reduction	<ul style="list-style-type: none"> Staff may not take planning seriously 	<ul style="list-style-type: none"> It is recommended that all staff be vaccinated each year against seasonal influenza. While this may not protect against a infectious disease/pandemic, it will maintain the general wellness of your environment. Create an expectation that sick staff should stay at home and consider organisational policies to encourage the sick to stay at home Promote rigorous, frequent hand washing, (wash in warm water with soap, or use an antiseptic hand gel, dry hands with paper towels)
Readiness <i>Planning</i> <i>Stand By</i>		<ul style="list-style-type: none"> Plan for up to 40% staff absences for approximate 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 staff requirement needs, and ensure essential positions are backed-up by an alternative staff member Check staff emergency call back list is current Ensure that all staff are adequately trained in infection control practice. Identify needs for Personal Protective Equipment (PPE) and cleaning equipment and train staff in the correct use Discuss/confirm with staff in the event of – will they be coming to work Review staff annual leave and sick leave in preparation for and during a pandemic Promote rigorous, frequent hand washing, (wash in warm water with soap, or use an antiseptic hand gel, dry hands with paper towels) Communicate with staff to promote confidence in the workplace.
Respond <i>Stage 2</i> <i>Keep it out</i> <i>Stage 3</i> <i>Stamp it out</i>	<ul style="list-style-type: none"> No staff may mean the business may have to close. Reduction in workforce may lead to loss of business. Staff who are left may suffer burnout. Loss of staff members due to illness or death 	<ul style="list-style-type: none"> Identify essential services Promote and provide for strict standard precautions for infection control Promote rigorous, frequent hand washing, (wash in warm water with soap, or use an antiseptic hand gel, dry hands with paper towels) Re-deploying staff from non-essential services to support essential services Ensure adequate ventilation and control access to buildings Consider a designated area for staff – wanting to stay over etc Do not congregate in tearooms or other areas where staff socialize. Staggered meal breaks so staff are not in the lunch areas together

<p><i>Stage 4</i> <i>Manage it</i></p>	<ul style="list-style-type: none"> ▪ Communicate with staff to promote confidence in the workplace. <p>Precautions for staff</p> <ul style="list-style-type: none"> ▪ Designated staff only to care for suspected resident/s, (other staff keep a distance of one metre away) ▪ Wearing of Personal protective equipment (PPE) <ul style="list-style-type: none"> ○ Recommendations for personal protective equipment (PPE) use, PPE includes masks, goggles, eye/face shields, gloves, gowns and aprons.- refer to MOH guidelines) ▪ Promote rigorous, frequent hand washing, (wash in warm water with soap, or use an antiseptic hand gel, dry hands with paper towels) ▪ Wearing of street clothes to and from work and work clothes at work 	
<p>Recovery</p> <ul style="list-style-type: none"> ▪ Loss of morale ▪ Reduced staffing 	<ul style="list-style-type: none"> ▪ Activate process for recovered/well staff members to return to work. ▪ Consider the need for grief counselling and part time work for staff who have been affected 	
<h2>Facility</h2>		
<p>Phase</p>	<p>Risks</p>	<p>Actions Required</p>
<p>Reduction</p>	<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪ Identify ways to minimise illness amongst staff and residents and consider how essential messages (e.g. basic hygiene) can be communicated
<p>Readiness <i>Planning</i> <i>Stand by</i></p>	<ul style="list-style-type: none"> ▪ Staff may be at risk if they do not have sufficient information to protect themselves 	<ul style="list-style-type: none"> ▪ Identify needs for personal protective equipment (PPE) and cleaning equipment. ▪ Suppliers may have sold out of equipment for last minute purchasing and you may not be able to procure essential equipment to maintain business continuity. ▪ Purchase additional contingency supplies. ▪ Communication to all staff/visitors
<p>Respond</p>	<ul style="list-style-type: none"> ▪ If borders are closed supplies and staff may not reach the organisation 	<ul style="list-style-type: none"> ▪ Fully activate the pandemic plan ▪ Communication to all staff/residents/visitors

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Fully activate the pandemic plan

*Stage 2
Keep it out*

*Stage 3
Stamp it out*

*Stage 4
Manage it*

- Without adequate information staff may not go to work because due to fear of catching the virus.
- Staff shortages from staff or their families being unwell
- Staff may be required to go into self isolation
- Suppliers may not be able to deliver supplies resulting in shortage of food and essential supplies.
- Organisations may run out of PPE cleaning equipment
- Security of the organisation may be at risk if people are short of food /equipment /medication.

Financial

Financial implications of an influenza pandemic will include;

- Impact on cash flow due to late or non payment of fees or other accounts
- Changes to work environment
- Procurement /storage costs for equipment and supplies
- Costs of training and increased use of supplies
- Increased telecommunications costs if staff work remotely
- Loss of revenue through staff illness or secondment.

- **Prevent** any sick/unknown person from entering the facility (signs at entrance), no “respiratory unwell” persons to enter facility
- Minimise contacts
 - Avoid meeting people face –face – use telephone/email
 - Avoid unnecessary travel or group education
 - Avoid shaking hands or hugging

Environment

- Ventilation (keep windows open if possible).
- Ensure tissues are available
- Ensure supply of soap/antiseptic hand gel and paper towels are available for drying
- All resident equipment/linen handled with care, (Note: Resident/s will be unable to leave their rooms hence use of the hand basin for daily washing and thoroughly cleaning afterwards)

Cleaning

- Frequency increased - additional may be required particularly bathrooms, taps door handles, hand rails, bedroom furniture, commode and shower chairs. Clean all horizontal surfaces and all surfaces that are touched by resident/s and staff.
- Rooms of well residents cleaned first
- Cleaning staff **must wear** personal protective equipment (PPE)

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Recover	<ul style="list-style-type: none"> ▪ Slow recovery period due to severe illness ▪ Loss of clients due to illness or death ▪ Loss of staff members due to illness or death ▪ Loss of morale 	<ul style="list-style-type: none"> ▪ Establish criteria for agreeing to return to business as usual. ▪ Communicate internally with staff and externally related agencies. ▪ Manage return to business as usual ▪ Conduct full debrief processes ▪ Review and update Emergency Response and Business Continuity Plan with lessons learnt as appropriate.
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Whanau/Clients

Phase	Risks	Actions Required
Reduction	▪	▪
Readiness <i>Planning</i> <i>Stand by</i>		<ul style="list-style-type: none"> ▪ Continue business as usual ▪ Communication/update to all patients/staff/residents/visitors ▪ Ensure there is detailed information about all residents ▪ Check stock supplies (medical/cleaning/nutritional. Note: Stock supply should be adequate for a two week period as per number of residents in facility and staff).
Response <i>Stage 2</i> <i>Keep it out</i> <i>Stage 3</i> <i>Stamp it out</i> <i>Stage 4</i>	<ul style="list-style-type: none"> ▪ Overwhelming number of sick whanau ▪ Looking after acutely unwell residents who cannot be admitted to Hospital ▪ Reduced staffing levels ▪ Relatives concerned, unwell and unable to support relative 	<ul style="list-style-type: none"> ▪ Communication to all whanau/visitors Activities to be deferred <ul style="list-style-type: none"> ▪ Communal events ▪ Meetings by ZOOM only ▪ Day-care/respice ▪ All Visitors to sanitise and keep a 2-metre distance Isolation <ul style="list-style-type: none"> ▪ No home visits ▪ All services to provide phone call, zoom only ▪ All buildings to be closed

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Manage it

- Resident educated to cough/sneeze into a tissue/shoulder and to dispose of the tissue afterwards, then wash hands in warm water with soap or use an antiseptic hand gel and dry hands thoroughly afterwards

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General Information

Infection Prevention and Control/Transmission

Ensuring basic hygiene measures are implemented in the workplace, to prevent infections occurring. The Ministry of Health has advised that the Coronavirus can be transmitted from person to person and is spread through droplets. This means when an infected person coughs, sneezes or talks, they may generate droplets containing the virus. Touching surfaces an infectious person has touched, then touching your own nose, mouth or eyes, can also transmit the virus.

Key elements for staff in controlling virus:

- hand hygiene before and after entering the premises
- use of appropriate personal protective equipment (PPE)
- regular cleaning
- increased cleaning of shared equipment
- infected resident placement - isolation and cohorting

The spread of respiratory viruses can be reduced by hygiene measures (hand hygiene, cleaning), barriers to transmission (masks, gloves, eye protection, gowns), and isolation (social distancing).

Transmission-based precautions are “good” work practices

Depending upon the extent of the outbreak and the physical layout of the building, a restriction on people entering the facility might be applied.

Social Distancing

- All kaimahi to stay within their designated buildings
- Call the office or kaimahi
- All kaimahi work spaces are stationed 2-metres apart from each other
- Each building is responsible for vehicles and keys
- A manager is placed and designated to that building
- Stop the practice of hongī, harīru me kīhi as a form of greeting.
- Karakia and meetings done via zoom
- All external meetings via zoom or phone call only
- All kaimahi to update personal info – Contact number
 - Next of kin
 - Address

Buildings should have tissues and hand-sanitisers readily accessible and have frequented communal areas cleaned regularly. THOON has implemented displaying information on hand and respiratory hygiene, and safe food practices around the workplace.

Personal Hygiene

- Sanitiser and handwash/soap available within the workplace and vehicles.
- Advisable not to handshake, hongī or kīhi within the workplace
- Daily sanitization of common areas
- Kaimahi to sanitise their workspace

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- Unwell staff to stay home and ring the office before considering come in.
- Refer to Coronavirus Staff Welfare Policy

Community restriction and signage

During an outbreak, preferably, minimize the movement of visitors into and within the facility. If recommended by the Emergency Response team:

- Postpone visits from non-essential external providers
- Inform whanau of the outbreak and request they call or only undertake essential visits; discourage unnecessary visitors
- Ask those who do visit, to:
 - Enter and leave directly without spending time in communal areas
 - Use an alcohol based hand rub or wash their hands before and after visiting
 - If giving direct care, use personal protective equipment (PPE) as directed by staff
 - Initiate passive screening for respiratory symptoms using “Attention Visitors” signage (**resources**) and reminding visitors not to visit if unwell

Isolation

Monitoring the outbreak

Management should update listing with new information daily, by midday (or another agreed time), or more frequently if major changes occur, and communicate this to the stakeholders each day (as arranged, by email (preferred), fax or telephone).

Ongoing resident surveillance should include the following

- Monitoring residents for symptoms
- Addition of all new cases added to resident list
- Updating the status of ill residents: hospitalised, recovered, deceased
- Recording the use of antiviral prophylactic medication and any adverse reactions to or cessation of any prescribed antiviral medication.
- When influenza is apparent, influenza can be spread within the facility by unvaccinated staff, who should work only if well and wearing a mask

Ongoing staff surveillance should include all the following:

- Addition of all new staff cases to the staff list
- Identification of staff who have recovered, and confirmation of their return to work date

Transmission-based precautions are “good” work practices

- Use of PPE, maintain a 1 metre distance between the infected resident and others
- Staff must change their personal protective equipment (PPE) after every contact with an ill resident, when moving from one room to another or from one resident care area to another
- All staff must perform:
 - hand hygiene after every contact with an ill resident

- after being in contact with contaminated surfaces
- whether or not gloves are worn - when visibly soiled with body fluids and/or substances, use water and liquid soap for hand washing
- Single-use surgical face masks should be worn by staff when exposure to respiratory droplets is likely, that is, when within 2m of an affected or ill person:
 - The mask should be put on when entering the room
 - Remove the mask after leaving the room, handling only by the tapes, and place in a clinical waste bin
 - Perform hand hygiene after disposing of the mask
 - Never re-use masks
 - When undertaking activities that require an infected resident to leave their room, the resident should wear a mask if tolerated
- Encourage good cough etiquette
- Eye protection includes the use of safety glasses, goggles or face shields but does not include personal eye glasses.
 - Goggles or other protective eyewear must be disposed of, or where approved for re-use, cleaned after use
 - Eyes should be protected where there is potential for splattering or spraying of blood, body fluids, secretions or excretions, including coughing

Hand Hygiene

A most important key to prevention and further spread of infection is good hand hygiene.

- Hand hygiene means washing them with liquid soap and water and drying with a single-use towel OR rubbing hands with an alcohol based hand rub

Hand hygiene will NOT be effective if any of the following are present:

- Skin with cracks, cuts or dermatitis – cover all cuts or abrasions
- Hand and arm jewellery
- Nails longer than 3-4mm, or with chipped or worn nail polish, or artificial nails, or nail enhancements.

Hand hygiene must be performed in all situations regardless of whether gloves are used. NB: staff must perform hand hygiene before applying gloves and after removing gloves as the removal process can cause contamination resulting in further infections.

PPE is an important element of standard precautions

- Explain to residents that personal protective equipment (PPE) is used for everybody's safety!
- Personal protective equipment (PPE) for resident care staff during an influenza outbreak includes the following:
 - Gown
 - Gloves (Gloves are single-use items)
 - Single-use surgical facemask with or without face shield

- Eye protection (if there is potential for mucous membranes to come into contact with body fluids, for example a coughing person)

Another important sequence is the removal of personal protective equipment (PPE) before leaving the resident-care area, i.e. at the door, and to place the PPE in an appropriate waste receptacle.

The use of personal protective equipment (PPE) alone is not enough— YOU MUST perform hand hygiene before putting on and after removing the protective item.

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Workplace Cleaning

Step 1: Cleaning

- Use warm water with a neutral detergent
- Rinse and dry
- Note: Some chlorine/detergent products with 1000ppm sodium hypochlorite can be used as a one-step cleaning/disinfection process
- Cleaning staff must wear PPE
- Cleaning cloths should be disposed of in a biohazard bag

Step 2: Disinfect

- A general recommendation is to use either a neutral detergent followed by 1000ppm sodium hypochlorite, *or*
- A one-step product with 1000ppm sodium hypochlorite (more practical)
- Disinfection is an additional step to cleaning and does not replace cleaning
- Use either chlorine disinfectant or alternatively, alcohol
- Disinfect all:
 - Horizontal surfaces
 - Table
 - Chairs
 - Commodes
 - Doorknobs
 - Toilet flushers
 - Taps
 - Handrails
 - Basins
 - Note: Floors require cleaning with warm water and neutral detergent

Step 3: Chlorine solutions

- If using chlorine solution, leave on for 10 minutes then rinse off with hot or cold water and dry
- Preparing chlorine solutions at concentrations required for disinfection
 - Chlorine solutions must be freshly made up and used within 24 hours, as chlorine deteriorates over time.
 - A general recommendation for the use of a sodium hypochlorite solution is a concentration of 1000ppm, 100mL in 1L of water (1:10 solution)
 - At this strength, in a one-step product, it is not necessary to rinse off
 - Follow the manufacturer's instructions for use of this product

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- Important safety notes when using chlorine as disinfectant
 - Follow safety and handling instructions on all chlorine containers
 - It is safer to add chlorine to the water - do not add water to chlorine
 - Always use cold or warm (tepid) water to make up chlorine solutions
 - Use gloves when preparing and handling chlorine solutions
 - Use chlorine carefully as it may irritate the skin, nose and lungs and it bleaches fabrics
 - Do not dispense chlorine solutions from a spray bottle
 - Chlorine is corrosive to metals
 - Rinse off
 - Use in well ventilated areas
 - Do not mix with strong acids to avoid release of chlorine gas

Step 4: Alcohol disinfectant

- Use on surfaces not suitable for chlorine disinfectants
- Do not dilute
- Do not rinse off
- Not particularly practical for large areas
- Flammable, toxic, avoid inhalation, use in well ventilated area, keep away from heat sources, flames, electrical equipment and hot surfaces

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Summary of the Te Hau Ora Ngapuhi Actions

Responsibilities:

Employers are required under the Health and Safety at Work Act 2015 to minimise and eliminate risks to health and safety in the workplace, so far as is reasonably practicable. In the context of an infectious disease, this means implementing policies and procedures to ensure individuals who are sick, or who may have been exposed to the risk of the virus are not attending the workplace.

Pandemics by their nature are unpredictable in terms of timing, severity and the population groups that are most affected. To assist the development of the THOON Pandemic plan we have referenced the current version of the New Zealand Influenza Pandemic Plan, as it establishes a framework for action that can readily be adopted and applied to any pandemic, irrespective of the nature of the virus and its severity.

The New Zealand Influenza Pandemic Plan: A framework for action (NZIPAP) is based on an established strategy to deal with outbreaks of infectious disease, and forms part of the National Health Emergency Plan.

The NZIPAP provides an overarching framework for possible actions during a pandemic. The actions that are implemented in any pandemic will depend on a range of factors (for example, severity).

Te Hau Ora O Ngāpuhi has referred to (NZIPAP) to develop this guide.

Working From Home Preparations

The following is based on recommendations from health providers and current practises in place. These have been adapted to suit our location and the type of work we do.

We recommend that a stocktake be undertaken and include;

1. All kaimahi must be able to access the network and be able to communicate through mobile phone, texting, emails and facebook.
2. All kaimahi should review their workplaces at home to ensure they can connect to the network. If required assistance should be given to the kaimahi to ensure they can connect and that their workplace has the necessary resources to support them when working from home. E.g. good internet, suitable workstation etc.
3. An assessment of our internet providers include evidence of their Business Continuity Plan (BCP) to ensure that they align with our plans.
4. All kaimahi review their personal emergency response plans and recommend stocking the pantry with excess food.
5. THOON will provide hand sanitiser, tissues and soap, however THOON kaimahi need to also make their own preparations at home.

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6. The GM is to review the Critical actions in the Business Continuity Plan (BCP).

THOON Pandemic Guideline

The following is a guide for the board of THOON to review and is based on Kaimahi being able to work from home using internet capabilities.

The following chart has been developed from the NZ Influenza Epidemic Plan and is to use as a guide to activate different levels within our organisation.

Key Factor	Category
No human cases in New Zealand	Code White (information/ advisory)
First case identified in New Zealand	Code Yellow, depending on district or region and the exact situation
Clusters of cases in New Zealand	Code Orange, depending on district or region and the exact situation
Increased and substantial transmission in the general population	Code Red, depending on district/region and the exact situation
Wave decreasing; possibility of a resurgence or new wave	Code Orange, depending on district or region and the exact situation
Pandemic over and/or population protected by vaccine	Code Green

Disaster response

When the THOON pandemic plan is activated the Emergency Response Team (ERT) will take the lead of the Business Continuity Plan (BCP).

During a response, the ERT will:

1. Detect and determine a disaster condition
2. Notify persons responsible for recovery
3. Initiate Te Hau Ora O Ngāpuhi Business Continuity Plan
4. Activate the backup site or facility
5. Disseminate Public Information
6. Initiate services to aid recovery

On the Business Continuity Plan the Emergency Response Team (ERT) is shown and includes kaimahi from every area within the organisation.

We note that the GM leads the ERT and can amend the ERT to ensure that the right personnel are put in place to manage the plan. However, we note the current ERT.

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	Staff role	Person as at March 2020	Phone	Email
1	Operations Manager	Ebony Prime	022 657 7862	Ebony.prime@ngapuhi.org
2	Business Manager	Nardea Mio	022 657 9439	nardea.mio@ngapuhi.org
3	Practice Lead	Georgina Tuhiwai	022 403 5434	georgina.tuhiwai@ngapuhi.org
4	Innovation Lead	Ben Hammond	027 836 7468	ben.hammond@ngapuhi.org
5	H & S Rep	Dale Loveridge	021 0249 3604	dale.loveridge@ngapuhi.org

To ensure THOON kaimahi align with (NZIPAP) and NZ COVID19 we have created the following chart outlining actions that will be implemented at different stages of a Pandemic.

We note that should the Ministry of Health impose their legal powers THOON will close the office and all Kaimahi will work from home where possible.

The following chart shows the different risk levels 0-4. The actions highlighted are guidelines and gives opportunity for the ERT to discuss the best options before activating.

It's important to note that as levels increase that THOON kaimahi are kept informed of the change in levels.

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Level	Key Factor	Risk Rating	Action	Authorised by
0	Cases confirmed overseas with fatalities	Low - Moderate	<ul style="list-style-type: none"> Promulgate Plan and Advise level 0 Monitor NZ Ministry of Health notifications Review BCP and prepare for next level Review adequacy of existing Polices Vigilance when interacting with suspected or unwell customer or visitors following recent travel overseas All international business travel (excluding Trans -Tasman) restricted to only essential business and require GM approval In the case of personal travel, implement “Coronavirus Staff Welfare Policy” for employees returning from China and other high- risk countries* as evaluated by the Pandemic Risk Team or anyone unwell following overseas travel or those in contact with suspected cases Restrict attendance at group conferences/forums with high number of attendees from high risk countries* Prepare for next level 	ERT
1	First case identified in New Zealand - PREPARE - Disease is contained	Low - Moderate	<ul style="list-style-type: none"> Advise level 1 Monitor NZ Ministry of Health notifications Review BCP and prepare for next level Inform all kaimahi on Coronavirus symptoms and procedures Instruct managers to send kaimahi home if there is any suspicion of symptoms and follow Ministry of Health guidelines. Travel restrictions as per code white Implement “stay at home” policy for vulnerable employees and 	ERT

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			<p>those unwell.</p> <ul style="list-style-type: none"> • If a kaimahi does not want to go into work due to concerns around catching coronavirus, then employers should listen to their concerns and offer reassurance. • Tikanga protocols to be reviewed. 	
2	<p>Random cases confirmed in New Zealand – Disease is contained but risks of community transmission growing</p>	<p>Moderate - High</p>	<ul style="list-style-type: none"> • Advise level 2 • Monitor NZ Ministry of Health notifications • Update all kaimahi on Coronavirus symptoms and procedures • We don't expect our kaimahi to visit any site that hasn't introduced similar safety policies; all situations to be escalated to the applicable manager • Implement "Coronavirus Staff Welfare Policy" procedure for vulnerable kaimahi and those unwell. If symptoms arise refer to Ministry of Health guidelines. • If a kaimahi does not want to go into work due to concerns around catching coronavirus, then GM should listen to their concerns and offer reassurance. • Tikanga protocols to be reviewed. • Instruct managers to send kaimahi home if there is any suspicion of symptoms • Distribute information to all kaimahi on good health and hygiene practices, offer of support to kaimahi. • Review and ensure upgrade remote connectivity is widely available if needed • Implement hygiene policies and action • Monitor and report on any known cases involving staff or customers known to have contracted virus • Encourage using zoom (or similar) for meetings and restrict physical attendance at group conference/forums 	<p>ERT</p>

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			<ul style="list-style-type: none"> • Provision supplies of masks, gloves, and antiseptic cleaners • Deploy additional cleaning of office premises and work- spaces • All meetings to be Zoom • For kaimahi with whanau showing symptoms implement “Coronavirus Staff Welfare Policy” procedure and follow ministry of health guidelines • All international business travel (excluding Trans -Tasman) restricted to only essential business and require GM approval • In the case of personal travel, implement “Coronavirus Staff Welfare Policy” procedure for kaimahi returning from China and other high- risk countries* as evaluated by the Pandemic Risk Team or anyone unwell following overseas travel or those in contact with suspected cases • Prepare for next level 	
3	Number of confirmed cases on the increase. Heightened risk that disease is not contained	High	<ul style="list-style-type: none"> • Advise level 3 • Monitor NZ Ministry of Health notifications • All kaimahi to avoid group meetings, using, Zoom (or similar) for all internal and external hui. • If Ministry of Health impose restrictions close office, otherwise implement “Coronavirus Staff Welfare Policy” procedure for vulnerable employees and those unwell. If symptoms arise refer to Ministry of Health guidelines. • Restricted access to office and to be determined by GM. • If an employee does not want to go into work due to concerns around catching coronavirus, then employers should listen to their concerns and offer reassurance. • Tikanga protocols to be reviewed. • Restricted business travel • All events postponed 	ERT

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			<ul style="list-style-type: none"> • Update and prepare all necessary BCP initiatives • All international business travel (excluding Trans -Tasman) restricted to only essential business and require GM approval • In the case of personal travel, implement “stay at home” policy for employees returning from China and other high- risk countries* as evaluated by the Pandemic Risk Team or anyone unwell following overseas travel or those in contact with suspected cases • Prepare for next level 	
4	Rampant spreading of often fatal infection - Likely that disease is not contained	Extreme	<ul style="list-style-type: none"> • Advise level 4 • Monitor NZ Ministry of Health notifications • Office Closed • All events cancelled • Mandatory masks in presence of others • All kaimahi that can work from home without disruption must do so • No travel without the permission of the GM • Managers to make daily contact with staff to check on well -being and report back to GM • Review process daily • GM to establish a daily zoom update • All BCP initiatives operational 	ERT

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Communications

The Emergency Response Team will be responsible for providing regular updates to the THOON kaimahi and stakeholders. The information retrieved will be factual and align with official sources: Ministry of Health, World Health Organisation, Northland DHB, Ministry of Social Development. Some of the information is accessible through the following websites and updated regularly:

<https://covid19.govt.nz/>

<https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus>

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

Te Hau Ora O Ngāpuhi are also working closely with parent company Te Runanga A Iwi O Ngāpuhi to ensure that key messaging is communicated to the community via:

- Website
- Facebook
- Email
- Phone

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Redeployment

At any given time during the Pandemic kaimahi may be redeployed, at the discretion of the General Manager, to assist with other services and needs of the organisation and community.

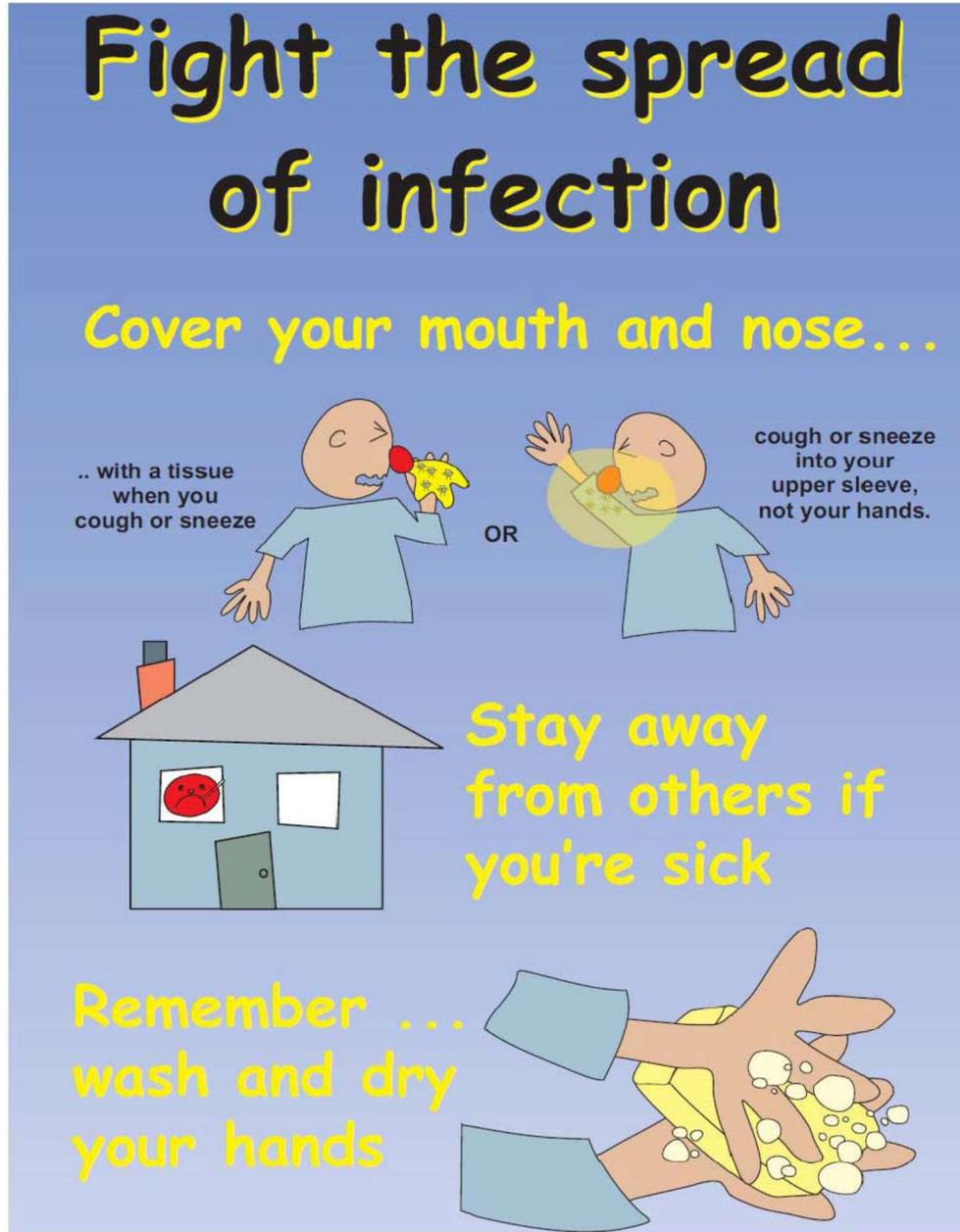
Associated Documents

- Ministry of Health
- EMA
- ACAS (Advisory, Conciliation and Arbitration Service)
- World Health Organisation
- <https://www.health.govt.nz/your-health/healthy-living/emergency-management/pandemic-planning-and-response/prepare-yourself-influenza-pandemic>

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Resources

Fight the Spread of Infection



National Health
Emergency Plan

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How to Hand Wash

HOW TO HAND WASH

Wash hands when visibly soiled, after contact with patients who have diarrhoea or vomiting, or when advised to do so. Alcohol-based hand rub can be used at all other times.

1 Wet hands with water and apply enough soap to cover all hand surfaces

2 Rub hands palm to palm, up to and including wrists

3 Right palm over back of left with linked fingers and vice versa

4 Palm to palm with fingers linked

5 Backs of fingers to opposing palms with fingers interlocked

6 Rotational rubbing of left thumb held in right palm and vice versa

7 Rotational rubbing firmly, with closed fingers of right hand in left palm and vice versa

8 Rinse your hands with water

9 Dry hands thoroughly with a paper towel

IMPORTANT TIPS:

Procedure lasts
40-60
SECONDS

- Remove all wrist and hand jewellery other than a wedding band.
- Use hand lotion regularly to prevent dry, cracked hands, ie, before and after work and before breaks.
- Cover minor cuts and abrasions on hands and arms with a waterproof dressing before starting work.
- Contact occupational health and safety if you have any dermatitis, skin allergies or infected lesions on your arms or hands.

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How to Hand Rub



<p>1</p>  <p>Apply one squirt of hand rub to a cupped hand</p>	<p>2</p>  <p>Rub hands palm to palm, up to and including wrists</p>	<p>3</p>  <p>Right palm over back of left with linked fingers and vice versa</p>
<p>4</p>  <p>Palm to palm with fingers linked</p>	<p>5</p>  <p>Backs of fingers to opposing palms with fingers interlocked</p>	<p>6</p>  <p>Rotational rubbing of left thumb held in right palm and vice versa</p>
<p>7</p>  <p>Rotational rubbing firmly, with closed fingers of right hand in left palm and vice versa</p>	<p>8</p>  <p>Once dry, your hands are safe</p>	

IMPORTANT TIPS:

Procedure lasts
20-30
SECONDS

- Remove all wrist and hand jewellery other than a wedding band.
- Use hand lotion regularly to prevent dry, cracked hands, ie, before and after work and before breaks.
- Cover minor cuts and abrasions on hands and arms with a waterproof dressing before starting work.
- Contact occupational health and safety if you have any dermatitis, skin allergies or infected lesions on your arms or hands.

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