

SCH pandemic plan

The Southern Cross Healthcare Pandemic Plan is based on an established strategy developed by Ministry of Health (MoH) to deal with outbreaks of infectious disease, and forms part of the [Health Emergency Plan \(HEP\)](#).

New Zealand pandemic planning is based around a six-phase strategy:

1. Plan for it (planning and preparedness)
2. Keep it out (border management)
3. Stamp it out (cluster control)
4. Manage it (pandemic management)
5. Manage it: Post-Peak
6. Recover from it (recovery)

Considering the scenario of responding to local outbreaks and as MoH and District Health Boards (DHBs) plan their pandemic response, it may be that some SCHs receive requests to provide assistance. DHBs' Health Emergency Plans include private hospitals in their emergency response strategy and this is also reflected in the SCH Health Emergency Plan.

Communication and information sources

Read the [SCH Health Emergency Plan \(HEP\) - Communication and Information Management](#).

When the pandemic plan is activated, the only communication authorities and internal information sources are:

- SCH national network communication by the CEO. The following requires CEO authorisation:
 - confirming which pandemic phase is current, (this may be locality specific)
 - reduction in services and closure
 - re-opening the business following closure
- National IMT Liaison Manager (Pandemic Coordinator), who is the National Infection Prevention and Control Lead
- Local Hospital communication is by the General Manager (supported by the COO).

The primary source of current and relevant information is as follows:

- Internal information sources
- NZ Ministry of Health website; and/or local Civil Defence authority during code red phase. It is important to recognise that different districts may be at different response phases at any given time.

It is therefore important to ensure national information is adapted and disseminated by local agencies (such as DHBs) to meet local circumstances.

Incident Management Team

Refer to the Pandemic network flowchart below:



Pandemic network flowchart

97KB docx

Refer: Incident Management Team (IMT) Activation Kits (site specific) for the Coordinated Incident Management System (CIMS) general roles, responsibilities, process and resources (refer to your local HEP plans for locations).

If the CIMS is activated, pandemic specific requirements are:

1. National Incident Management Team

National Liaison Manager (Pandemic Coordinator) role is performed by the National Infection Prevention and Control Lead. This includes liaison with the Medical Officer of Health and MoH for high level advice, direction and recommendations from national authorities. This role is the official source of network communications and official communications are retained.

A **National Pandemic Response Group** is established and likely to include:

Role	Responsibilities
CEO (or delegated Executive team member)	<i>Control</i> - coordinates and controls the response
Chief Quality and Risk	<i>Planning</i> - leads planning for response activities and resource needs Clinical governance and patient safety advice
National IPC Lead	<i>Operations</i> – co-ordination and liaison Infection prevention and control advice
Director of Nursing	<i>Intelligence</i> – professional nursing advice
Chair NIPCC – Clinical Microbiologist	<i>Intelligence</i> - expert medical and microbiology advice
Chief People and Culture	<i>Welfare</i> – people and capability advice
National HSW Lead	<i>Safety</i> - health and safety advice
Supply Chain and Procurement Manager	<i>Logistics</i> - procurement advice
Chief Communications and Brand Officer	<i>Public Information Management (PIMS)</i> - communications and media advice

Role	Responsibilities
National Marketing Manager	<i>Public Information Management (PIMS)</i> - internal communications advice

2. Hospital Pandemic Response Group

The Hospital Pandemic Response Group is established and likely to include:

Role	Responsibilities
General Manager	<i>Control</i> - Coordinates and controls the response
HS Co-ordinator	Health and safety advice
Infection Prevention and Control Nurse	Expert infection control advice – nursing and medical
Local Clinical Microbiologist (if applicable)	Expert microbiology advice
Quality Manager	To be determined by GM
Department Managers	To be determined by GM
Educator	To be determined by GM
HSW Facilitators	To be determined by GM

Phases of action

Refer to the Pandemic Action Plan:



Readiness

Have this Pandemic procedure available for information and guidance to ensure the response is managed smoothly and all parties understand roles and responsibilities as they are required.

Refer:

- **Code White** – Inter-pandemic Period
- **Code Yellow** – Keep it Out

Response

Refer:

- **Code Yellow** – Keep it Out
- **Code Red** – Stamp it Out
- **Code Red** – Manage it

- **Code White, Yellow or Red** – Manage it Post Peak

Notification: Notices at all entry points, in patient admission packs, distributed to medical practitioners, suppliers, contractors and communicated to patients visitors. Refer to the:



Pandemic Infectious Disease Notification Template

35KB docx

Screening: Establish screening process as applicable. If an inpatient, refer for review of symptoms by medical specialist and document in the patient clinical records. Refer to the Pandemic Infectious Screening Flowchart for Detection and Management of Suspected Pandemic Infectious Disease Cases below:



Flowchart for detection and management of suspected pandemic infectious disease cases

75KB docx

PPE: Have available and distribute as required pandemic personal protective equipment (PPE) and supplies within the Hospital. Refer to the:



PPE Supplies

21KB docx

Travel: Travel restrictions may be put in place.

Environmental considerations: Turn off air conditioning in isolation areas with shared air conditioning units, refer [Transmission Based \(Isolation\) Precautions](#). Terminal clean/disinfection of rooms will be required.

Health practitioner considerations

- Relevant Codes of Ethics, Codes of Conduct and or Codes of Practice should guide registered health practitioners in situations where patients may require care and this poses a professional dilemma with a personal need or desire to decline service
- Additionally where registered health practitioners are providing services in more than one facility, there may be dilemmas where they may have to limit themselves to one location only to mitigate the risk of cross-infection
- Where the health practitioner is 'at risk' and / or has worked in a high risk situation/s, there are obligations to report any contacts to the General Manager.

Reporting and documentation

- Complete *Event Report Form* in [SafeHub](#) to document confirmed or suspected cases of pandemic infectious diseases. Include details of others potentially exposed to the affected person to allow for tracking and implemented controls.

- Notify the Medical Officer of Health using the *Notification Form* available from the Regional Public Health Service (the person's GP may do this).
- Notify internal personnel
- Decision-making regarding who needs to be informed if a person reports symptoms, will be influenced by the situation, but the following should be informed: General Manager, patient's medical specialists, COO and hospital senior management, CEO, National Liaison Manager (Pandemic Coordinator)

Recovery

Refer: **Code Green** – Recover from it

Continuity Planning: (Refer Business Continuity Plans – living documents in progress).

Ensure business continuity re-opening is managed appropriately and safely.

Environmental cleaning including plant and equipment and the associated safety testing will be managed based on 'best practice' and advice current to the situation (also refer [Environment Cleaning Guidelines](#)) as a pre requisite to recommencing business.

References

Southern Cross Healthcare:

- [Safe Staffing Policy and Guidelines](#)
- [Clinical Safety, Quality and Risk Management System Policy](#)
- [Adverse event management: policy and procedures](#)

External:

- Ministry of Health: [Emergency Management](#)
- Ministry of Health, New Zealand Influenza pandemic Plan: [A framework for action](#)
- Ministry of Health: [Pandemic Influenza](#)
- WHO: [Pandemic preparedness](#)
- Ministry of Civil Defence and Emergency Management
- Civil Defence: [Get Ready, Get Through](#)
- Ministry of Foreign Affairs & Trade

Additional recommended Internet sites:

- [NZ Infection Control](#)
- [Association for Professionals in Infection Control and Epidemiology \(APIC\)](#)
- [Centers for Disease Control and Prevention](#)
- [World Health Organization](#)

Further reading

- Centers for Disease Control and Prevention: Guidelines for Environmental Infection Control in Healthcare Facilities, 2003
- Epidemic Preparedness Act 2006
- Health Act 1956
- New Zealand Public Health and Disability Act 2000

- Employment Relations Act 2000
- Holidays Act 2003 (sick, bereavement and annual leave, and public holidays); and
- Wages Protection Act 1983
- Health and Safety at Work Act 2015
- [Civil Defense Emergency Management Act 2002](#)
- [Civil Defense Act 1983](#)
- Human Rights Act 1993

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2005	New Zealand Private Surgical Hospitals Association members. Approved by CEO
2009	Canterbury DHB by COO Southern Region. Approved by CCSQO
2009	Joint Venture businesses
2013	Joint Venture Businesses, NZPSHA

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Published Date: **18 Aug 2022**

Version: **2**

Site: **Network**

Content Owner: **Victoria Aliprantis**

Authorised By: **Chief of Quality & Risk**



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