

This is a Living Document and will change as knowledge and circumstances change

Weekly Public Health updates are published on CMDHB.org.nz see AVIAN FLU



Planning for Pandemic Influenza

Interim information for Community Based Health Care Workers

Useful contacts

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Primary Care Medical advisers	Tom Bracken Allan Moffitt	276 0044 Ext 2512 021 986 007 021 366 684
Primary Care Nursing advisers	Denise Kivell	021 784 190 DDI 262 9584
Medical Officers of Health	Greg Simmons Public Health Office	6234600 (24 Hr)
CMDHB Communications	Lauren Young	09 378 8433 027 243 9900

An influenza pandemic occurs when a new strain of influenza virus emerges, spreading around the world and infecting many people at once.

The World Health Organization is worried that an avian influenza virus and a human influenza virus might mix, or the avian flu virus could change in another way, resulting in a new strain of influenza virus that can be easily passed from person to person.

The new influenza virus could spread rapidly around the world, infecting many people. This would be an influenza pandemic.

Summary

The Ministry of Health is co-ordinating a whole of government approach to prepare for a possible pandemic. The overall Influenza Pandemic Management Strategy and key objectives is shown below.

Stage	NZ Strategy	MoH / DHB Alert Code	Objective
1	Plan for it Nov 2005 – Nov 06	WHITE Information / advisory	Develop a plan to reduce the health social and economic impacts on NZ
		Yellow	Promote immunisation Support communication to community, Preparation, manage expectation
2	Keep it out (Border Management)	RED	Keep pandemic out of NZ
3	Stamp it out (Cluster control)	RED	Control and or eliminate any clusters that might be found in NZ
4	Manage it (pandemic management)	RED	Reduce the impact on NZ population
5	Recover from it (recovery)	GREEN	Expedite the recovery of population health

A pandemic will not be like a physical disaster. There may be two or three waves lasting between eight and twelve weeks each, with some months between waves. There will be widespread impact across the country rather than in one area. As a result it is likely that there will be a need to close public gatherings and limit movement between areas. It is likely there will be some notice if the pandemic is first noticed overseas and that it will take some days/weeks before the full impact on the New Zealand workforce is felt.

All DHBs are now planning a local response based on Ministry of Health policy and advice. Although we do not yet have all the answers, there are many things that can be done to prepare.

Some planning suggestions for Community organisations

- Appoint an influenza manager/infection control, person in your workplace who can keep everyone informed and act as a key contact and be responsible for developing the workplace pandemic plan.
- Develop plans for maintaining essential parts of your business
- Understand your obligations regarding workplace health and safety
- Incorporate *Standard Precautions* as part of everyday business

Useful Websites

Ministry of Health www.moh.govt.nz/pandemicinfluenza

Ministry of Economic Development www.med.govt.nz

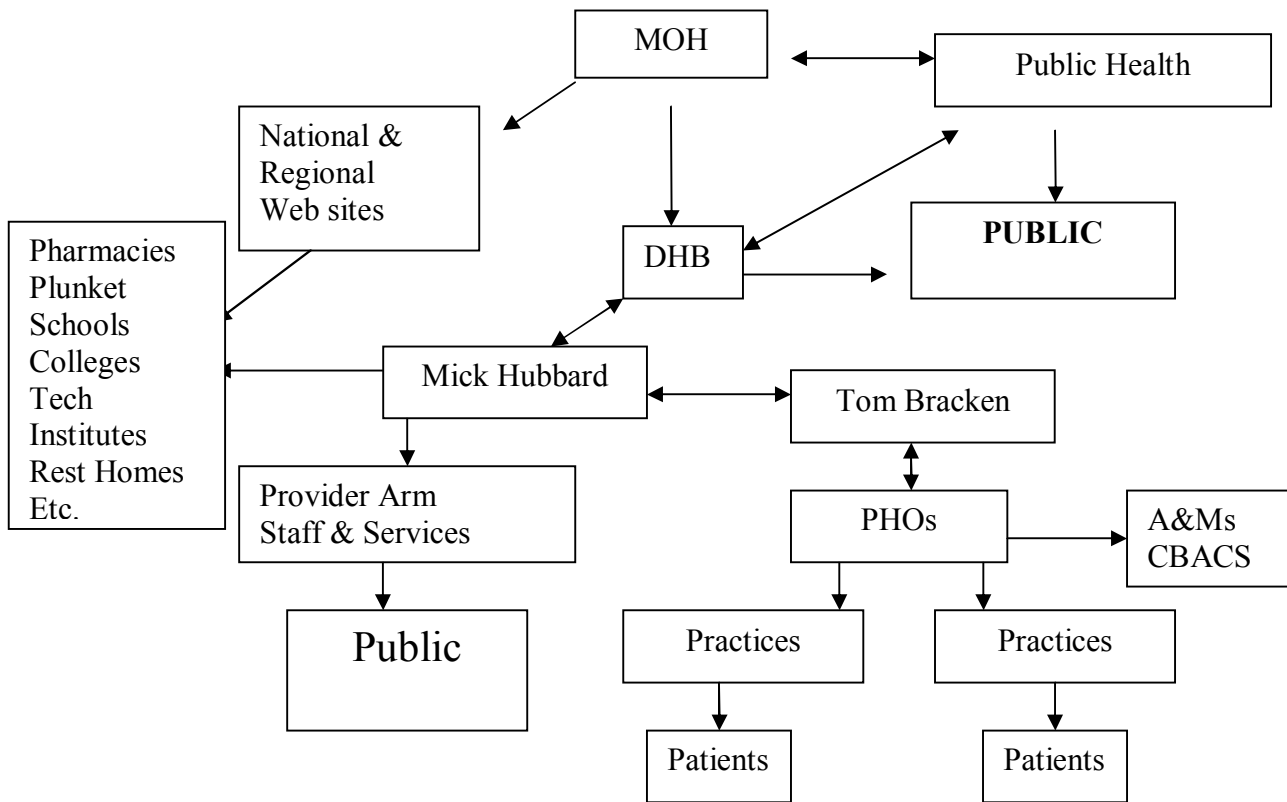
Auckland Regional Public Health Service (ARPHS)

www.arphs.govt.nz

Counties Manukau DHB

<http://www.cmdhb.org.nz/Counties/Funded-Services/General-Practice/influenza.htm>

Proposed Communication Tree for Counties Manukau DHB



All Counties Manukau Communications to go through

Lauren Young

PHOs

Primary Health Network for Manukau
Mangere Health Community Trust
East Health
Te Kupenga O Hoturoa

Ta Pasefika Health Trust,
Community Medical Centre Trust
Total Healthcare Otago

1. Media Spokespeople

Given the likely demand for media comment, it is proposed that there is one key spokesperson for Counties Manukau, who can enlist the aid of others of the group as required

All Requests for interviews/information should initially be directed to, and arranged by, Lauren Young.

Management in Primary Care

Highly Pathogenic Avian Influenza (HPAI) is a notifiable disease. Please notify the duty Medical Officer of Health of all cases of respiratory illness that meet the case definition below, (in the Code White Algorithm) or any unusual increases of severe respiratory illness. Individuals infected with Pandemic Virus are considered to be infectious starting from one day prior to the onset of symptoms up to seven days after the onset of symptoms.

The Ministry of Health divides the stages of a Pandemic into

Code White Phase	<p>Reduction of risk</p> <ul style="list-style-type: none">• Strongly promote annual vaccination programme to all people in the community• Promotion of Emergency Packs in each Home• Public education of handwashing, home care for people sick at home• Development of relationship with district Civil Defence groups• Receive weekly updates from ARPMS through the DHB which are available on the web site. <p>Readiness</p> <ul style="list-style-type: none">• Health staff awareness of the potential impact of the pandemic• Preparation: infection control protocols, PPE purchase and training to use safely• Signage: key messages in practices about covering mouth, letting someone know if they meet case definition; preparation of isolation areas for index case• Advise patients to use 0800 Healthline 0800611116 or MoH 0800• Work with patients with chronic health problems re: scripts, and getting medications during a pandemic. ? CMDHB use the front page concept.
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The algorithm below details the process to follow if there is a suspicion that a patient MAY have been in contact with H5N1 and has symptoms.

Applies: Auckland City (ADHB, CMDHB, WDHB)

**PATIENT MEETS CASE DEFINITION:
SUSPECTED CASE OF AVIAN (H5N1) INFLUENZA**

- **fever** (temperature >38 C); and
- cough; and/or
- dyspnoea (difficult or laboured breathing)

AND exposure history: ≥ 1 of the following within 8 days of the onset of symptoms:

- a. in contact with a confirmed case of influenza A (H5N1) while this case was infectious
- b. recent visit to a poultry farm, or other place where avian species are kept, in an area known to have outbreaks or to be endemic for avian influenza
- c. recent contact with birds (chickens, turkeys, geese, quail, ducks or peafowl) that were unwell or that have died of an illness
- d. recent presence in a laboratory that is processing samples from persons or animals that are suspected of infection with avian influenza

Regions affected by H5N1 influenza can be found at:

http://www.oie.int/download/AVIAN%20INFLUENZA/A_AI-Asia.htm

INFECTION CONTROL MEASURES FOR ALL SUSPECTED CASES

- Separate patient from other patients
- Observe 1m rule
- Cough hygiene
- Patient: surgical mask
- Staff: surgical mask* and gloves

*PPE to include N95 particulate respirator mask, eye protection, gown and gloves for aerosol producing procedures such as specimen collection

Yes

No, but suspicion remains

REFER FOR HOSPITAL ASSESSMENT

1. **Discuss** with Infectious Diseases service at local hospital
2. **Ensure** that ambulance staff aware that patient meets case definition for avian influenza
3. **Notify** Auckland Regional Public Health Service: phone (09) 623 4600

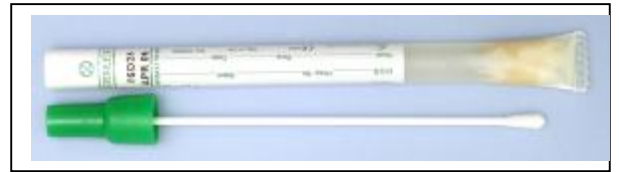
1. **Discuss with Clinical Virologist (or on-call Microbiologist) at Auckland City Hospital: phone (09) 376 0000**
2. **H5N1 specific testing required** : nasopharyngeal swab **and** throat swab sent urgently to LabPLUS, Auckland City Hospital
3. Testing of non-respiratory specimens can proceed as required
4. Send patient home with infection control and self care information
5. Review patient in 24 hours (or sooner if required) in person or by telephone
6. **Procedure for specimen collection and transport on reverse of sheet**

Specimen Collection

1. Nasopharyngeal (NP) swab and throat swab

Follow appropriate Infection Control procedure

2. Throat swab collected using **viral (green top)** swab placed into **viral swab sleeve**.



3. Nasopharyngeal swab collected using per nasal wire swab (blue top) and then placed in viral swab sleeve. Discard the green viral swab and blue transport sleeve.

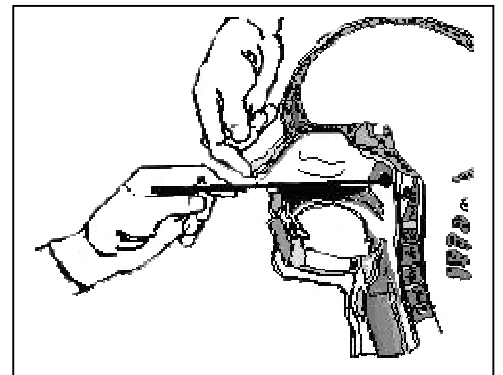


and



How to collect a nasopharyngeal swab

- Support the patient's head in a comfortable and stable position.
- Insert a thin-wire per nasal swab into the nose and gently advance it as far as possible along the floor of before reaching the posterior nasopharynx
- Rotate the swab gently, rubbing against the posterior nasopharynx. The goal is to collect epithelial cells.
Note: some coughing and tearing may occur.
- If resistance is encountered during insertion of the swab, remove it and try the other nostril. Note: keeping the swab off the floor of the cavity causes less distress.
- Remove the swab slowly and gently.



Specimen Transport

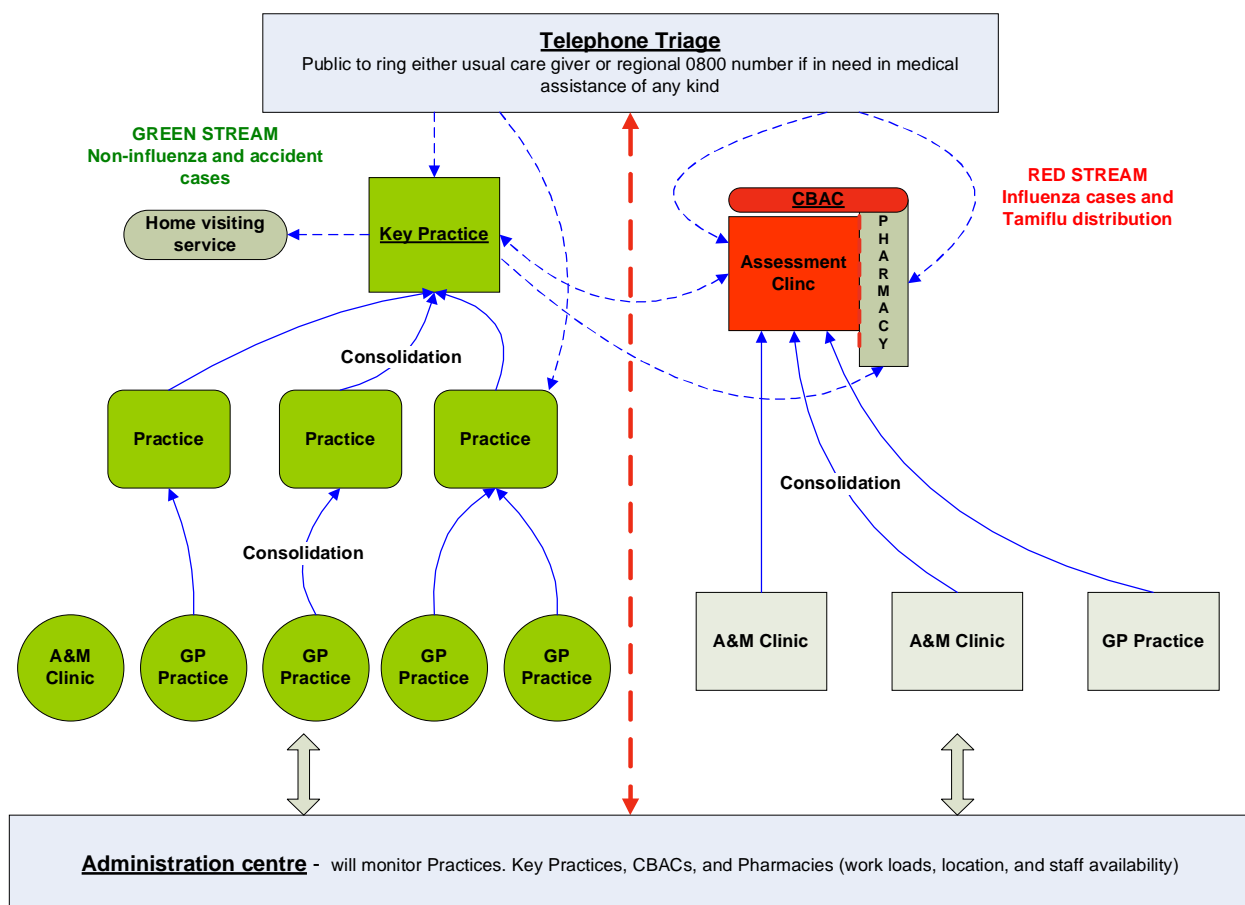
Following discussion with Virologist/Microbiologist:

- In greater Auckland Area specimen to be taken to LabPLUS, Auckland City Hospital via Co-Op taxi (09 300 3000). The driver will collect taxi chit from LabPLUS on receipt of the specimen
- For those regions covered by **Northland DHB**, refer to local guidelines. The specimen is to be sent to the usual laboratory (Northland Pathology or Northland DHB hospital-based laboratory) and then couriered to LabPLUS.

Code Yellow Phase	<p>High alert notification Human to Human Spread</p> <ul style="list-style-type: none"> • Test telephone and email alert systems with DHB to notify in a timely manner where problem exists • Assume Hyper Alert for first Index case but 'business as usual'
Code Red Cluster phase	<ul style="list-style-type: none"> • Careful Infection Control practice for all patients • Prepare for progression to Code Red. Beyond the cluster phase. DHB communicates with PHO Control Centre. PHOs communicate with Practices. Circulate public messages about Counties Manukau DHB arrangements.
Code Red Regional Spread	<ul style="list-style-type: none"> • Activate Pandemic plan in full

Code Red: Counties High Level Plan for managing a Pandemic in the Community

Proposed framework for Primary Care Pandemic Response in the Auckland Region



- patients telephone either their usual care-giver or regional 0800???? number if unwell for any reason during a Code Red pandemic management phase (Telephone triage),
- patients advised as part of telephone triage to either stay at home, or attend a Green Stream medical facility, or attend a Red Stream medical facility
- progressive consolidation (if some Practices have to close) during Code Red of GP practices into Key Practices for non influenza patients and accident cases (Green Stream) supported by home visiting services,
- establishment of CBACs (Community Based Assessment Centres) for patients needing assessment for influenza following telephone triage (Red Stream),
- CBAC's to include a Triage Area, Assessment Area, and co-located pharmacies to distribute antiviral medications to 1) those who have been assessed at CBACs, and 2) directly to those who meet the criteria via telephone triage – care will be taken to ensure that distribution to these two categories is separated without the need for any security presence within the assessment clinic itself, and
- given the likelihood that some flu patients will still present at usual general practices, and some accident cases will still present at CBACs, both facilities will need to triage patients on arrival

Four probable CBAC sites have been identified in Counties Manukau DHB area and will be based on existing A&Ms.

It is planned that there will need to be 10-14 key practice sites to cover the DHB area for non Pandemic illness/accident provision of care.

The Ministry of Health is developing plans re the financing of both the CBACs and Key Practices.

In the event of a Pandemic occurring, practices who have developed a well thought out plan, which is aligned to the district plan, will continue to function and provide care for a longer period than those who do not and as well will enjoy enhanced protection for their staff.

An essential task for each practice is therefore to appoint a staff member to the responsibility of developing the Practice Plan.

Practice Plan.

This plan should address the issues outlined in the document below.

It is important that each PHO is able to communicate quickly with all practices and that all practices have one person who is responsible for developing and maintaining the pandemic plan.

It is important that all practices have supplies of personal Protection Equipment (PPE) to last the initial 6-8 weeks of a pandemic.

National stocks will not be released for distribution in the first 6-8 weeks of a pandemic situation but be held in reserve. DHB stocks are for DHB staff only.

Suggested PPE essentials: for the first 4-6 weeks

Surgical masks: 6-10 per eight hour shift per FTE for all practice staff (Docs, nurses, reception, cleaning)

1 per patient in any way suspected of having influenza.

N95: masks 10 per practice

Gowns: 5-10 per day per Doc and Nurse

+/-Plastic Aprons: 2 per day per Doc and Nurse

Gloves: 40 pair per day per Doc and Nurse (aim for 1 pair per patient seen)

Goggles and Face shields 1 pair per FTE per week. (face shields are essential for those wearing spectacles.)

Alcohol hand gel 100mls per FTE per day

Tissues 20 boxes of 100 sheets per practice or preferably a pack of 10 per patient with respiratory symptoms.

Ordinary plastic bags for disposal of infectious material. 1 per opening hour per practice

Yellow infectious material disposal bags. 1 per day per practice

Chlorine based wiping down fluid. (Janola) 250 mls per day per practice. Or see page 21 for other choices

The lower limits suggested above are thought to be an absolute minimum.

CMDHB PRIMARY CARE PANDEMIC RESPONSE GROUP

GUIDELINES FOR GENERAL PRACTICE PANDEMIC PLANNING¹

(There are separate guidelines for CBACs and Key Practices)

¹ Please note that pandemic planning is still evolving at a national, regional and district level – some tasks required of practices may not be possible until the higher level planning is finalised eg CBAC locations

1. Introduction

The CMDHB Primary Care Pandemic Response Group has developed this Primary Care Pandemic Response Plan for the CMDHB district. The plan outlines how the primary health sector will collectively implement a response to an influenza pandemic should one occur. A key part of the Plan is ensuring GP practices undertake pandemic preparedness planning in the current Code White Phase.

It is recommended that each practice develop a written plan which is consistent with the CMDHB Primary Care Pandemic Response Plan. This template is a suggested guide to planning but is not exhaustive. Further assistance is available from the Crown's *Business Continuity Planning Guide*², or from one of the resources listed at Section 3 below.

Table one: Overview of Planning Objectives

Stage	NZ Strategy	MoH/DHB alert code	Objective	Practice Objective
1	Plan for it (planning)	White (information/ advisory)	Develop a plan to reduce the health, social and economic impacts on New Zealand	Develop a plan detailing how your practice will manage a pandemic
		Yellow (standby)	Stand by preparedness	Your practice is prepared and ready for a pandemic
2	Keep it out (border management)	Red (activation)	Keep pandemic out of New Zealand	Review practice plan
3	Stamp it out (cluster control)		Control and/or eliminate any clusters that occur in NZ	Be familiar with ARPHS advice on case management and isolation
4	Manage it (pandemic management)		Reduce the impact on New Zealand's population	Implement practice plan
5	Recover from it (recovery)	Green (stand down)	Expedite the recovery of population health	Expedite the recovery of your patients' health

² Published by the Ministry of Economic Development in October 2005 and is available on the MED web site.

2. Key Planning Tasks

1. Appoint a pandemic influenza clinical champion
2. Develop a business continuity plan
3. Undertake standard precautions to prepare for a pandemic
4. Decide clinical management approach consistent with CMDHB Primary Care Pandemic Response Plan
5. Maintain linkages with other community health providers and welfare agencies
6. Communications

2.1 Appoint a pandemic influenza clinical champion for your practice

Actions and tasks required	Responsibility	Notes
<ul style="list-style-type: none"> • Identify and appoint a clinical champion and two alternates 		
<ul style="list-style-type: none"> • Clinical champion to take responsibility for co-ordinating all pandemic preparedness actions and tasks • Advise PHO of who the champion and alternates are, and provide practice contact details for receipt of pandemic communications • Develop a timeline for completion of pandemic preparedness tasks • Ensure reporting lines and responsibilities are clear within the practice • Clinical champion to be familiar with CMDHB Primary Care Pandemic Response Plan and the command and control structure for the Health sector during a pandemic 		
<ul style="list-style-type: none"> • Be familiar with legal and ethical issues around pandemics eg staff refusing to work, and staff exposure to H5N1 		

2.2 Develop a business continuity plan

Actions and tasks required	Responsibility	Notes
<ul style="list-style-type: none"> • Survey staff availability during a pandemic, and look at back-up options if key people are unavailable • Ensure an up-to-date after hours contact list is maintained for all staff • Assess minimum staffing requirements for practice to remain open during a pandemic Code Red phase 		
<ul style="list-style-type: none"> • Assess risks to business continuity (eg essential supplies, paying wages, cleaning contracts) and where possible take steps to reduce risks to business continuity (eg stockpile of essential supplies) 		<p><i>Refer to checklist for essential supplies</i></p>
<ul style="list-style-type: none"> • Have contingency plans in place to activate if it becomes necessary to close your practice (eg arrangements for telephone calls to be diverted) 		
<ul style="list-style-type: none"> • Be familiar with likely Key Practice and Community Based Assessment Centre ("CBAC") locations and the contingency plans of other practices in the neighbourhood 		

2.3 Undertake standard precautions to prepare for a pandemic

Actions and tasks required	Responsibility	Notes
<ul style="list-style-type: none"> Allocate responsibility for infection control in the practice 		
<ul style="list-style-type: none"> Undertake an audit of infection control measures and rectify any issues identified 		
<ul style="list-style-type: none"> Prepare isolation areas and other measures which may assist patient management during a pandemic 		
<ul style="list-style-type: none"> Ensure all staff likely to have patient contact have infection control training 		
<ul style="list-style-type: none"> Purchase PPE stocks and provide protocols and training to ensure knowledge of appropriate use 		<i>Refer to checklist for essential supplies</i>
<ul style="list-style-type: none"> Ensure medical staff are familiar with regional Code White clinical algorithm for suspected avian influenza 		
<ul style="list-style-type: none"> Test telephone and email alert systems with PHO and address any problems to ensure functional flow of communications on pandemic influenza 		
<ul style="list-style-type: none"> Have contingency plans for dealing with possible suspect cases (eg isolation areas) 		
<ul style="list-style-type: none"> Promote and encourage uptake of seasonal influenza vaccinations by staff 		
<ul style="list-style-type: none"> Ensure practices have rapid access to crucial information resources 		

2.4 Decide clinical management approach consistent with CMDHB Primary Care Pandemic Response Plan

Actions and tasks required	Responsibility	Notes
<ul style="list-style-type: none"> Decide with PHO whether the practice is a potential Key Practice site Have a strategy for supporting the sector to maintain Key Practice and CBAC sites 		
<ul style="list-style-type: none"> Be prepared to participate in telephone triage during Code Red Allocate responsibility to keep PHO informed of staff availability, work load and practice plans on a daily basis during Code Red 		
<ul style="list-style-type: none"> As pandemic unfolds ensure staff have a clear understanding of case definitions, updated clinical algorithms, referral options, role and function of CBACs, case notification processes, process for distributing Tamiflu, and access to other support systems 		
<ul style="list-style-type: none"> At all times have systems and processes in place to manage suspected pandemic influenza cases if and when they present 		
<ul style="list-style-type: none"> Key Practice sites to plan for enhanced home visiting services during Code Red pandemic management phase 		
<ul style="list-style-type: none"> Key Practice sites to have capability and capacity to undertake after-hours accident work normally undertaken by A&M clinics 		

2.5 Maintain linkages with other community health providers and welfare agencies

Actions and tasks required	Responsibility	Notes
<ul style="list-style-type: none"> Establish (where possible) what Civil Defence and the Council have in place to address welfare issues in your locality during a pandemic 		<i>Your PHO may be able to assist with this</i>
<ul style="list-style-type: none"> Develop an understanding of where your practice fits in the proposed framework for an Auckland Region Primary Care Pandemic Response (Attachment one) and maintain necessary linkages to support implementation 		
<ul style="list-style-type: none"> Attend training sessions organised within the PHO/DHB district for the primary care sector to discuss pandemic preparedness 		

2.6 Communications to patients

Actions and tasks required	Responsibility	Notes
<ul style="list-style-type: none"> Display MoH/RNZCGP posters and other relevant information on pandemic influenza, infection control and case management 		
<ul style="list-style-type: none"> Promote annual seasonal vaccination programme to people in the community 		
<ul style="list-style-type: none"> Promote purchase and holding of emergency survival kits in each home 		
<ul style="list-style-type: none"> Promote hand hygiene, cough hygiene and other infection control measures 		
<ul style="list-style-type: none"> Advise patients to use 0800 286 385 (Ministry or 		

Health) or MoH website to access pandemic information		
<ul style="list-style-type: none"> • Discuss preparation for patients with chronic health problems e.g. 1) extra supplies (one month) of essential medicines and 2) provision of summary documents showing medical conditions, medications, and allergies etc. 		
<ul style="list-style-type: none"> • Promote home care for people sick at home during a pandemic 		

Key Resources

A number of resources are available to the primary care sector to assist pandemic preparedness. They include:

3.1 IMAC Pandemic influenza education programme and teaching tool

A new package commissioned by the Ministry of Health, and aimed at providing training for primary health care workers to prepare for an influenza pandemic is now available on the internet. The package explains the relationship between seasonal, avian and pandemic influenza; describes possible scenarios for the pandemic; and has a number of links to enable other reliable sources of information to be accessed. The package has been endorsed by the RNZCGP and the College of Practice Nurses and approved for CME points. The package will be continually updated and can be accessed at www.icomet.org.nz or can be downloaded in powerpoint form at: www.immune.org.nz. It can also be obtained on CD by contacting IMAC at 09 373 7599 extension 86191 or emailing imac@auckland.ac.nz

3.2 *Guidance for Infection Prevention and Control during an Influenza Pandemic* – Ministry of Health April 2006

The Ministry of Health has published general guidance to the health and disability sector, other government agencies and the general public on actions and equipment to help them to protect themselves and others during an influenza pandemic. It can be downloaded from the Ministry of Health web site: www.moh.govt

3.3 Websites

The following websites have important information and resources to assist the primary health sector with pandemic preparedness. The information on the MoH website is the most applicable

to the New Zealand situation and should supersede any conflicting information found on other websites (eg those from other countries).

Ministry of Health: www.moh.govt.nz/pandemicinfluenza

Auckland Regional Public Health Service: www.arphs.govt.nz

ProCare: www.procare.co.nz

WHO: www.who.int/csr/disease/influenza/pandemic/en/index.html

Communicable Disease Centre: www.cdc.gov/flu/professionals/infectioncontrol

CMDHB : <http://www.cmdhb.org.nz/Counties/Funded-Services/General-Practice/influenza.htm>

Infection Control - part of everyday business

- [Standard Precautions](#) protects us all. All staff, All patients, ALL WAYS
- Good health hygiene- thorough handwashing and drying, regularly cleaning surfaces, cough etiquette, appropriate use of PPE, stay home when sick with an infectious disease. Don't forget to provide PPE for those who clean your surgery.

Workplace Cleaning

During a pandemic, you will need to implement additional measures to minimise the transmission of the virus through practice environmental sources, particularly hard surfaces (e.g. sinks, handles, railings, objects and counters). Transmission from contaminated hard surfaces is unlikely but influenza viruses may live up to two days on such surfaces.

Influenza viruses are inactivated by alcohol and by chlorine. Cleaning of environmental surfaces with a neutral detergent followed by a disinfectant solution is recommended. Surfaces that are frequently touched with hands should be cleaned often, preferably daily and more often during a pandemic.

Staff should be reminded not to share cups, dishes, and cutlery and ensure they are thoroughly washed with soap and hot water after use. Remove all magazines / papers from waiting rooms and common areas (such as tea rooms, kitchens).

Toys can be a source of spread and should be removed from the waiting room during a pandemic.

When a person with suspected influenza is identified and has left the workplace, it is important that their work area / office, along with any other known places they have been, are thoroughly cleaned and disinfected.

Among other things, planning should identify the basic hygiene practices (including hand hygiene) to be followed by cleaners, protocols for the use personal protection equipment (if recommended by MoH); and methods for waste disposal

The table below suggests the appropriate Workplace Cleaning Products

Disinfectants	Recommended use	Precautions
<p>Sodium hypochlorite: 1000 parts per million of available chlorine, usually achieved by a 1 in 5 dilution of hospital grade bleach.</p>	<p>Disinfection of material contaminated with blood and body fluids.</p>	<p>Use in well-ventilated areas.</p> <p>Protective clothing required while handling and using undiluted bleach.</p> <p>Do not mix with strong acids to avoid release of chlorine gas.</p> <p>Corrosive to metals.</p>
<p>Granular chlorine: e.g. Det-Sol 5000 or Diversol, to be diluted as per manufacturer's instructions.</p>	<p>May be used in place of liquid bleach, if it is unavailable.</p>	<p>Same as above.</p>
<p>Alcohol: e.g. Isopropyl 70%, ethyl alcohol 60%.</p>	<p>Smooth metal surfaces, tabletops and other surfaces on which bleach cannot be used.</p>	<p>Flammable and toxic. Use in well-ventilated areas. Avoid inhalation.</p> <p>Keep away from heat sources, electrical equipment, flames, and hot surfaces.</p> <p>Allow it to dry completely, particularly when using diathermy, as this can cause diathermy burns.</p>

Ministry of Health Stockpiles

1) Tamiflu

Although Tamiflu is effective for treatment of influenza A and B viruses it is untested in a pandemic situation. It is most likely to be used for treatment of cases and post exposure prophylaxis in the early stage of an outbreak.

There is a global shortage of antiviral medication such as Tamiflu and no country in the world has enough to cover their entire population. The Ministry of Health has a national stockpile (most of it now on-shore) that is a crown asset for use in the event of a pandemic. The use of this restricted resource will be prioritised in the event of a pandemic depending on the epidemiology of the disease and most likely used to "protect" essential workers. No one else has a stockpile of Tamiflu.

2) Personal Protective Equipment (PPE)

The Ministry of Health requires all DHBs to hold a stock of PPE as a crown asset, for use in the event of a pandemic. The Ministry will decide how and when to allocate this stock based on the epidemiology of pandemic influenza. The DHB will distribute it. This stock will not be sufficient for everyone through the whole pandemic and will not be released at the first signs of a pandemic.

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

Activation of the National Health Emergency Plan (NHEP) begins when Ministry of Health 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 or place in the health district from any port or place which is or is supposed to be infected;
- Forbid persons to leave a place or area until they have been medically examined and found to be free from infectious disease;
- 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.