

Pandemic Planning Factsheet #2:

February 2007

Project Update

This document updates stakeholders on the project's progress. If you would like to unsubscribe, or if you know someone who would like to be added to the mailing list, please contact the author.

I have visited about a third of all the Procure practices in Counties Manukau. By the first week of April, I hope to have visited them all. I will then contact other local PHOs to offer them the use of the project's templates and data, thereby promoting a co-ordinated response.

Staff at several practices have raised concerns that personal protective equipment and Tamiflu may not be provided to them by the MOH. The MOH continues to follow the line that it is the responsibility of businesses to take measures to protect their staff, including in this instance, adequate contingency plans and stockpiling of essential supplies.

I am asking practices to return plans to me. I will hold a copy on behalf of the Administration Centre. I can collate data from practice plans to pass on to strategic planners, thereby re-enforcing the concerns of practice staff with hard data. I will format plans I receive into bulleted lists – much more convenient when you need the information in a hurry.

Closing the business for several weeks during a pandemic will incur costs, that can be met either by providing staff with adequate protection, or by continuing to work, at another practice.

Update on alert level

The alert level is still white – i.e., the virus has not yet mutated into a strain capable of transferring between humans. Cases of human infection and death from H5N1 continue to occur, however, and with the increasing total viral load on the planet, the risk of the feared mutation rises accordingly.

Strategic planning

Operation Cruickshank is a test of the nation's preparedness for a pandemic, due to take place over several days in May. I will be meeting with representatives of the DHB in March to discuss the involvement of general practices.

Whatever the extent to which practices can be directly involved, it will be important to test your pandemic plan, to identify any gaps or inconsistencies. I propose to arrange for the visit of a clearly identified mock patient to a number of practices, so that those

practices can walk through the process. This will not be possible for all practices, but I will meet with the DHB before making further plans.

The MOH has set up a working group to address financial issues which have been brought to its attention; to define, for example, the precise mechanism for the payment of staff who choose to work at Key Practices.

Please contact Hoagy with any questions.



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