

**New Zealand Health  
Emergency Medical  
Assistance Team  
(NZMAT)  
Operational Manual  
2012**

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The Ministry of Health would like to acknowledge the input and advice from individuals experienced in health disaster relief, and from many health professionals' organisations which has helped to the shape the New Zealand Medical Assistance Teams project and this first edition of this NZMAT Operational Manual.

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# Comments

The Ministry of Health welcomes comments on this NZMAT Operations Manual.

Please send comments to [Judy.Fairgray@middlemore.co.nz](mailto:Judy.Fairgray@middlemore.co.nz).

Your comments will help inform improvements to future versions of this Operational Manual.

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# Version

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# Contents

<b>Part 1: Introduction</b>	<b>1</b>
1.1 Definition	1
1.2 Mission	1
1.3 Purpose and function	1
1.4 Team philosophy	1
<b>Part 2: Advance registration and selection</b>	<b>3</b>
2.1 Selection criteria	3
2.2 Requirements for NZMAT members	4
2.3 Physical functional standards	4
2.4 Personal skills and temperament	5
2.5 Employer's acknowledgement	6
2.6 Code of conduct	6
<b>Part 3: Organisational structure</b>	<b>9</b>
3.1 Command and control on deployment	9
3.2 Team organisational structure on deployment	9
3.3 Management of NZMAT in between deployments	10
<b>Part 4: NZMAT activation</b>	<b>11</b>
<b>Part 5: Practical information for NZMAT members</b>	<b>12</b>
5.1 Travel	12
5.2 Arrival	14
5.3 Accommodation	14
5.4 Communication with home	14
5.5 Personal health	15
5.6 Team structure	15
5.7 Work environment	16
5.8 Briefings	16
5.9 Checklists	17
<b>Part 6: Rapid assessment</b>	<b>21</b>
6.1 Initial deployment	21
6.2 Initial assessment	21
6.3 Roles and responsibilities	22
6.4 RA Manager action card	23
6.5 Clinical Leader action card	24
6.6 Logistician action card	25

<b>Part 7: NZMAT deployment</b>	<b>26</b>
7.1 Decision on NZMAT deployment	26
7.2 Roles and responsibilities	26
7.4 NZMAT Team Leader action card	27
7.5 Clinical Leader action card	28
7.6 Operations Manager action card	29
7.7 Logistics Manager action card	29
7.8 Planning and Intelligence Manager action card	30
7.9 General NZMAT member responsibilities	31
<b>Part 8: Financial</b>	<b>32</b>
8.1 Team members	32
8.2 DHBs and Ministry of Health	33
<b>Part 9: Insurance, registration and indemnity</b>	<b>34</b>
9.1 Health and travel insurance	34
9.2 Accident	34
9.3 Registration	34
9.4 Indemnity	34
<b>Part 10: Health and fitness</b>	<b>36</b>
10.1 Work and living conditions	36
10.2 Health	36
10.3 Vaccinations and malaria prophylaxis	37
<b>Part 11: Safety and security</b>	<b>39</b>
11.1 General	39
11.2 Travel	39
11.3 Personal	40
11.4 On deployment	40
<b>Part 12: Media</b>	<b>41</b>
12.1 General	41
12.2 When NZMAT is deployed overseas	41
12.3 Social media	41
<b>Part 13: Repatriation</b>	<b>42</b>
13.1 Departure from affected country	42
13.2 Travel	42
13.3 Arrival in New Zealand	42
13.4 Return to home	43
13.5 Medical	43
13.6 Media	43

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# Part 1: Introduction

## 1.1 Definition

A New Zealand Medical Assistance Team (NZMAT) is a multidisciplinary team providing health specialists with necessary skills, qualifications and training to support a health emergency response in an affected area. It may include experts from a wide range of health disciplines such as emergency ambulance services, emergency medicine, surgery, paediatrics, obstetrics, primary care, public health, mental health, emergency management, allied health, logistics and communications support.

## 1.2 Mission

The mission of an NZMAT is to deploy domestically or internationally to:

- provide rapid, efficient, health support as requested by the affected area
- support, cooperate with and assist the lead DHB or affected country's health response.

## 1.3 Purpose and function

An NZMAT may be activated following a request from the affected area for assistance in order to manage exceptional surges in health service demand resulting from major emergencies.

While a key focus for activation of the team will be responses within New Zealand and its overseas dependencies, deployments elsewhere in the immediate region may be required.

Responses will be very infrequent, but the timing is unpredictable.

## 1.4 Team philosophy

The philosophical approach underpinning the team deployment is as important as the clinical and operational expertise demonstrated.

The deployment is to support to a local health response under the direction of the lead agency.

Key elements in the team philosophy of deployment include:

- respect for the roles and views of the locals, including different cultural norms
- advise and support, rather than direct and take over
- give aid regardless of the race, creed or nationality of the recipients and without adverse distinction of any kind
- be accountable both to those being assisted and those supplying resources
- respect for victims, their next of kin, and survivors as well as local staff, authorities and members of other responding organisations
- recognising disaster victims as dignified human beings, not hopeless objects in all communications
- awareness of the issues around long-term sustainability of the services provided – not implementing interventions that cannot be sustained after NZMAT departure
- empowering the local people to be part of the immediate solution as well its long-term management
- a recognition of the importance of maintaining the team's own physical and psychological health and wellbeing at all times.

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# Part 2: Advance registration and selection

The Ministry of Health is carrying out an advance registration and selection process to be prepared for disasters.

The composition of an NZMAT during a disaster will be based on the assessments of the health support required in the affected area or country.

Health professionals interested in registering for deployment to a disaster-affected area either in New Zealand or its immediate area are invited to register their interest electronically through <https://volunteerhealth.org.nz>.

## 2.1 Selection criteria

NZMAT team members will be carefully selected to ensure they meet all the requirements and have the appropriate skills, experience and temperament for the position, as outlined in the lists below.

Assessment for deployment is based on the applicant's qualifications, experience, registration, licence to practise and approval/clearance to practise at the response location.

In addition an applicant's character, reputation, trustworthiness and fitness (emotional and physical) are very important to ensure they are suited to the position and can add value to the work of the NZMAT and the overall emergency response in the affected area.

Those members not deployed into a disaster affected area at the time of an event may also provide valuable assistance by backfilling for a deployed member at his/her normal place of work within New Zealand.

Referees nominated by the applicant should be able to comment on these aspects.

## **2.2 Requirements for NZMAT members**

Those applying to become a member of NZMAT must:

- meet all specific team qualifications for the appropriate position
- be a New Zealand citizen or hold New Zealand permanent residency and be eligible for employment within New Zealand
- maintain a passport with at least six months' validity for international deployments (if intending to deploy overseas)
- be available for deployment for a minimum of 7 days for a domestic event and 14 days for a Pacific event
- obtain and maintain vaccinations as listed in Section 11: Health and fitness, at their own expense
- have in-principle approval from their employer to join NZMAT, subject to the employer's operating requirements at the time of deployment
- adhere to the code of conduct and all procedures and policies relating to the emergency response (see section 2.6)
- agree to maintain any personal gear or uniform in accordance with team specifications.

## **2.3 Physical functional standards**

Those applying for NZMAT service must meet the following physical functional standards.

- They should be physically and mentally able to safely perform the usual acts of daily living without requiring direct assistance of other individuals or elaborate mechanical devices.
- They must be capable of independently travelling safely to and from a duty station by private or public transport.
- They should not be severely limited in musculoskeletal mobility or exercise tolerance, regardless of the physical requirements of the projected assignment. Ordinary physical activity should not cause undue fatigue, shortness of breath, pronounced muscular weakness, or severe or ominous pain.
- They must not require medication or medical devices to be able to perform their duties unless the following criteria are substantially met:
  - after an adequate period of observation, the medication or device adequately controls the underlying medical problem
  - frequent medical attention is not necessary
  - the disease or disability will not require frequent or prolonged periods of absence from duties
  - failure to take the medication, the side effects of the medication, or failure of the mechanical device is not likely to create a situation that could endanger the lives of others

- they have not been hospitalised within the last 12 months for the medical condition
- they are not immunocompromised.
- Pregnancy may not necessarily exclude participation. However, airline policies regarding pregnancy will be followed for NZMAT members being flown to their assignment. Pregnancy will prevent a team member from working in a difficult environment where food sources may not always be guaranteed safe for pregnancy or the duties require heavy lifting. Pregnant team members will require a current evaluation from a physician stating expected date of delivery, that there are no current or past pregnancy complications and that there is no restriction in the types of duties or the geographic location of the assignment. A disclaimer must be signed before deployment on any mission.

## **2.4 Personal skills and temperament**

NZMAT team members need to have certain personal skills to ensure that they are able to cope with the exacting challenges of a major emergency deployment. The abilities and personality characteristics required include:

- working in adverse circumstances, possibly during long shifts, without access to the usual range of health resources available in New Zealand
- being flexible to meet the demands of the affected area
- accepting basic living conditions and potentially damaged communications and infrastructure
- ability to work in other cultural environments, adjusting to different cultural norms
- coping with exposure to a traumatised population when many needs cannot be met
- working within a command and control structure, and following directions given by the NZMAT Team Leader or her/his delegates for the health response (eg, shift hours, reporting requirements)
- being able to work with multidisciplinary and multicultural teams from different professional backgrounds
- accepting that their role is to support health services in the affected area and not take over services or work completely independently unless requested by the affected health authority and NZMAT Team Leader
- performing duties and responsibilities other than the ones initially indicated if required: adaptability
- able to take the initiative to find innovative solutions to the provision of services, taking advantage of the resources available at the time
- accepting that it may be impossible to communicate with family and their normal workplace(s) during the first days of deployment.

The Ministry of Health will liaise with relevant and interested health organisations in the selection of team members based on information provided in their registration forms. Team members therefore need to be aware that their details will be shared with these parties.

## **2.5 Employer’s acknowledgement**

Applicants need to show that their employer is willing to support their deployment in principle, subject to the employer’s normal operational requirements at the time of an event. Registrants may be required to supply an employer’s acknowledgement form at some stage in the future.

## **2.6 Code of conduct**

At registration it is important that potential NZMAT members are aware of the following requirements for conduct during deployment.

- NZMAT members are expected to act honestly and impartially and avoid situations that might reflect badly on New Zealand or the NZMAT, compromise NZMAT or their personal integrity, or jeopardise NZMAT’s relationships with other response agencies or foreign governments, whether on or off duty, in both work and social settings.
- Team members must at all times observe and work within NZMAT rules and team structures, and respect the various responsibilities of the NZMAT Team Leader, his/her delegates and other team members. Any personal issues or grievances are dealt with through the team structure to the NZMAT Team Leader, whose arbitration will be final.
- Team members must attend NZMAT or other response agency briefings whenever requested, and provide reports as required by the NZMAT Leader.
- Communications with the National Health Coordination Centre (NHCC), the New Zealand Ministry of Health, other New Zealand Government response agencies, or the Ministry of Health and government agencies of the country in which the NZMAT is operating, or non-government response agencies, will be made by and through the NZMAT Team Leader, or authorised delegates.
- While recognising that professional and technical exchanges will freely take place as appropriate and necessary, individual team members must not use personal relationships or private communications to attempt to influence the direction, nature or duration of the NZMAT response, or to shortcut or evade official communications channels.
- All NZMAT members are considered bound by confidentiality agreements as in any Ministry of Health employment relationship.

- The following behaviours are unacceptable and may lead to the team member/s concerned being dismissed from NZMAT:
  - failing to report for duty when and where agreed (unless for a legitimate reason), or allowing off-duty social activities to adversely affect the performance of duties
  - demonstrating a bias towards any particular person or group over others
  - the use of personal status as an NZMAT member to promote a political or personal agenda
  - acceptance of any bribe of money, goods or services in exchange for attention, treatment or information
  - the use of any illegal drug, or locally prohibited drug, or abuse of any prescription medicine
  - sexual, physical, or psychological harassment of any person in any form
  - inappropriate responses to, or lack of respect for local cultural standards, clothing standards, customs or practices
  - use of inappropriate or offensive language
  - consumption of alcohol or other drugs while on duty, or where locally prohibited
  - unprofessional conduct towards any person, specifically including breach of confidentiality or any individual’s privacy
  - maintenance of a grievance that in the NZMAT Team Leader’s opinion is unreasonable, and/or that impacts on NZMAT effectiveness and efficiency
  - breach of New Zealand or local laws or bylaws.
- Team members must comply with any instructions, prohibitions or restrictions that, in the opinion of the NZMAT Team Leader or delegates, are required to maintain individual and/or NZMAT security. These may include restrictions on movements or travel, a requirement to stay within a specific stated location, or restrictions on admitting visitors to a team residence or location.
- NZMAT members may not enter into contracts on behalf of the NZMAT for goods or services of any kind without the NZMAT Team Leader’s (or delegate’s) express permission.
- NZMAT members must gain the NZMAT Team Leader’s (or delegate’s) permission (which will not be unreasonably withheld) before:
  - publishing any article or personal or professional news release concerning an NZMAT deployment or team activities, including the posting of NZMAT-associated information on any social media site
  - travelling outside the duty area as defined by the NZMAT Team Leader.
- NHCC and/or the NZMAT Team Leader may authorise certain individuals to respond to media requests for comment about a deployment or other aspects of NZMAT actions or policies. Unless specifically authorised to do so, NZMAT members may not comment to the media on behalf of the New Zealand Ministry of Health or the NZMAT, or about NZMAT activities. Any media enquiries must be directed to the NZMAT Team Leader or designated representative.

- NZMAT members must observe and abide by New Zealand and local privacy laws, requirements and customs, and gain all relevant permissions before making images or recordings of any kind during a deployment, whether intended for publication or private use. This specifically includes images or recordings made in or around any medical facilities, or of any patients, injuries or treatments.
- Team members must comply with the New Zealand Privacy Act 1993, the Health Information Privacy Code and all other applicable New Zealand or local privacy rules and standards, and use appropriate professional discretion at all times when discussing individual, team or professional subjects or activities in private or public places, or via electronic media of any kind.
- Team members must comply with any dress codes or standards required by the NZMAT Team Leader. In the absence of any specified standard or code, NZMAT members are expected to maintain an appropriate professional appearance both on and off duty.

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# Part 3: Organisational structure

## 3.1 Command and control on deployment

Team structure, control and cohesiveness are essential requirements of any response. Key appointments will be made to ensure that there is a chain of command and control to provide response coordination. Team members must be aware of the team structure and their reporting lines.

While the NZMAT Team Leader directly reports to the NHCC Coordinator, s/he must also address the needs identified by the lead agency in the affected area. Within New Zealand this will be the lead DHB.

For overseas deployments the lead agency will usually be the New Zealand High Commission within the affected country, and the Ministry of Foreign Affairs and Trade (MFAT) within New Zealand.

## 3.2 Team organisational structure on deployment

The organisation structure for the team is based on the New Zealand Coordinated Incident Management System (CIMS). An example of a generic CIMS structure for an NZMAT response is on the next page (Figure 1).

CIMS is a hierarchical modular incident management framework and positions can be filled, doubled up, deleted or added to fit the needs of the response and the skills and availability of staff.

An appropriate structure to respond to the incident will be delivered by the Rapid Assessment Team, or NZMAT Team Leader if no Rapid Assessment Team is deployed (see Part 6) in consultation with the NHCC.

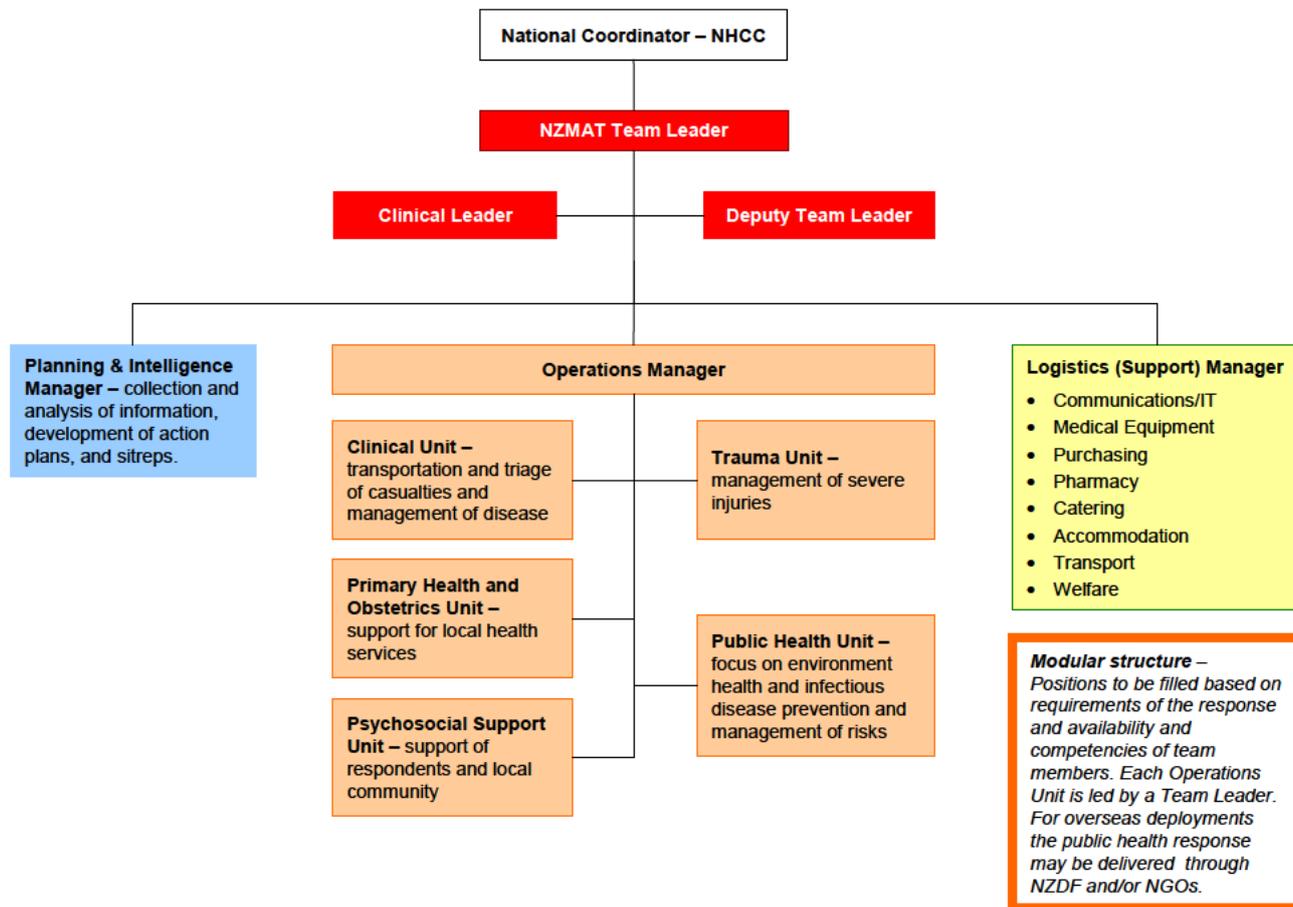
The structure of NZMAT may change over the period of the deployment in order to meet changing needs. The NZMAT Team Leader in liaison with the Clinical Leader will determine the changes that are required.

The NZMAT Team Leader and his/her section and unit leaders are expected to be familiar with CIMS before deployment.

### 3.3 Management of NZMAT in between deployments

An NZMAT Manager will be appointed by the Ministry of Health or its contractor in order to maintain readiness for deployments.

**Figure 1: New Zealand Health Emergency Medical Assistance Team indicative structure in a response**



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## Part 4: NZMAT activation

The NZMAT response will be activated by NHCC on request from the New Zealand Government following confirmation from the affected area that health support is required, or when the DHB(s) in the affected area require support.

In some situations a Rapid Response Assessment Team will be assembled from trained staff and will be deployed to the affected country or DHB as soon as practical (see Part 6). This team will provide the NHCC with an assessment of the health situation, facilities and support needed. The team will then, in coordination with MFAT and the affected country, or the affected DHB and lead agency, arrange accommodation, arrival formalities and working locations and duties for the customised NZMAT that follows.

In other circumstances health authorities or others in the affected area may have completed a health needs assessment and NZMAT personnel will be deployed based on that assessment.

On confirmation of the services and skills required, selection of NZMAT personnel will take place from those who have offered their services through the NZMAT registration process. Those registered may be needed at any time, day or night. Registrants should therefore provide 24/7 contact details.

As information concerning the emergency can change rapidly and other parties may be deployed into the affected area, last minute changes of requirements may be required. Duplication of resources must be avoided in order to reduce pressure on the affected area. NZMAT personnel must therefore be prepared to be flexible, and to wait for new instructions if required.

If the NHCC controller believes a situation may require health support from outside the affected area, an NZMAT response may be put on stand-by as a contingency in advance of any formal requests from the affected area.

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# Part 5: Practical information for NZMAT members

This section provides information for all NZMAT personnel. It explains what you need to do before you travel, information about the deployment, and some details about experiences you can expect during the deployment.

Responses by the New Zealand Government in overseas jurisdictions will usually be led by MFAT. The type of assistance provided will be directed by the affected jurisdiction. If health assistance is required, then an NZMAT may be deployed to support local health services in cooperation with other overseas response agencies and organisations.

Other New Zealand agencies such as the Ministry of Civil Defence and Emergency Management (MCDEM), the Ministry of Defence, New Zealand Police and the New Zealand Fire Services/USAR may also be part of the overall New Zealand Government support.

Members of the NZMAT must be aware that they will represent the image of New Zealand at all times, from the time they leave their base until their return.

A response to a mass casualty event caused by natural phenomena in New Zealand is likely to be led by Civil Defence. If the event is man-made then another agency such as Police is likely to lead. In both these circumstances the Ministry of Health NHCC in consultation with affected DHB(s) will decide whether NZMAT needs to be deployed into the affected area.

## 5.1 Travel

### Bookings

The NHCC or delegated agency will arrange travel and accommodation, including any stopover accommodation en route.

NZMAT members are required to maintain a current passport with over six months before expiry.

If you are not travelling on a New Zealand passport, permanent residency details need to be provided. A visa may be required for your travel and your departure may be delayed until the NHCC has confirmation that it has been or can be obtained.

New Zealand passport holders may also require a visa for some countries.

## **Check in**

For commercial airlines normal travel arrangements will apply.

You may be allocated to a military flight. These may depart from Air Movements at either Ohakea or Whenuapai Air Force Bases or from the RNZAF's Wellington facility (located in Cockrane Street immediately behind the Airport Shopping Centre off Lyall Parade, Rongotai).

Note that some military aircrafts offer a minimum of comfort and could be noisy. Warm clothes are recommended for the flight, even if being deployed to a warm area.

RNZAF requires passengers to wear safe, sensible clothing and footwear (eg, warm clothing, long trousers, no shorts, covered legs, shoes not sandals).

## **Baggage**

Team members must be prepared to carry their baggage up to 20 kg weight. It is recommended that luggage does not exceed one travel bag and one day pack.

Normal baggage limits apply unless you are advised otherwise. While commercial airlines may be generous in their support to relief efforts you can not assume that you can show up with excess baggage and have this accepted.

If you have been asked to carry equipment needed for the emergency response, the NHCC or delegated agency will liaise with the airline to upgrade your ticket.

Be aware that accommodation on arrival can be basic with limited space for personal effects.

## **Excess liquids**

It is usually not possible to carry more than the approved 100 ml of liquid per container in cabins on international flights, except if essential. Pre-approval from both Aviation Security and the airline are required. Wherever possible, liquids over a total of 100 ml per container should go as checked baggage.

If there is an operational requirement to carry excess liquids the NHCC will arrange this in accordance with protocols developed with Aviation Security and airlines.

## **Restricted drugs**

Restricted drugs require a letter from the Chief Medical Officer of your DHB and the NHCC authorising you to carry the drug. The Ministry of Health has protocols in place for this.

## **Personal drugs**

Deployed NZMAT members are responsible for their own prescription medication for existing medical conditions.

Ensure that you have enough supply before your departure for the length of the deployment along with appropriate prescriptions for Aviation Security and Customs in the affected country.

## **Hazardous and illegal goods**

All hazardous goods must be packaged and certified appropriately for air travel. Do not try to sneak hazardous items into your luggage. When found they could hamper the whole relief effort and damage NZMAT's reputation.

## **5.2 Arrival**

When possible, you will be picked up from the airport on arrival. If there is no pick-up available, you will need to arrange your own transport (such as a taxi) and report to the meeting point advised by NHCC. It is important to make sure you have the meeting point details before you leave New Zealand – contact the person who made your arrangements if you need to.

## **5.3 Accommodation**

Depending upon the circumstances, accommodation provided may range from a basic tent to a hotel or motel. Access to water (cleaning and drinking) and food may be limited as well.

All accommodation will be arranged by the NZMAT management team. You will be briefed on arrangements for accommodation and meals on your arrival.

If you are accommodated in a hotel or similar, meals, accommodation and laundry may be charged back to your room. Charges for mini bar and other alcohol and entertainment are your own responsibility.

Upon check out please ensure that a copy of the account is signed and approved by the NZMAT Team Leader or delegated person, who should receive a copy.

## **5.4 Communication with home**

Every effort will be made to allow you to contact next of kin at reasonable times when possible. Telephone calls will be restricted to a time limit determined by the NZMAT Team Leader. You will be able to use email if this is available. When communication is limited, priority must be given to the management of the response.

The NZMAT Team Leader or his/her delegate and/or NHCC will also provide regular reports to next of kin, and also to team members' employers in New Zealand, both on staff welfare and on the response.

A single point of contact for family members of those deployed will be established by the NHCC for personal emergency situations, using information provided in the registration form.

## **5.5 Personal health**

Refer to Part 10: Insurance, Part 11: Health and Fitness and Part 12: Safety and Security for more information in relation to your personal health and wellbeing.

## **5.6 Team structure**

NZMAT members report to the NZMAT Team Leader or respective section and unit leaders as illustrated in Section 3, Figure 1.

You will be assigned to a section based on your skills and the response requirements. Each section or unit with more than one staff member will have a section manager or unit leader. Unit leaders report through to their manager, and the managers, the Clinical Leader and the Deputy Team Leader report through to the NZMAT Team Leader.

Managers and unit leaders will have reporting, liaison and supervisory roles in addition to their other work.

Work days/shifts will normally start and end with planning/briefing/debriefing sessions, which all team members will be required to attend.

Section Managers and unit leaders will attend the coordination meetings and contribute to Sitreps and other reports as required.

Staff changes may occur to meet operational requirements and must be authorised by the manager or Clinical Leader and endorsed by the NZMAT Team Leader.

Note that non team members may approach you, asking how they can help with the response effort. These 'self volunteers' need to be referred to the local health authorities to offer their services. They cannot be managed as part of the NZMAT arrangements.

## 5.7 Work environment

You will often be working in a rapidly changing environment and need to be flexible. The emergency situation could result in changes to duties, locations and hours of work.

The NZMAT Team Leader and section and unit leaders will ensure that team members receive adequate downtime to prevent burnout. You also need to be aware of burnout signs and let your unit leader or manager or the NZMAT Team Leader know if you are concerned about your personal welfare or health. See Part 11: Health and Fitness.

Personal time will be allowed in accordance with operational and health needs. It is important for you to establish a routine which enables some personal time every day, even if this is only a few minutes. Try to get as much rest as possible during this time. Set aside regular time to maintain contact with family at home when communications permit. If infrastructure is badly damaged it may not be possible to communicate with family, friends or employers for some time during deployment. Be aware when you communicate that the response will be under scrutiny.

## 5.8 Briefings

When you arrive in the affected area, it will be expected that you have read this Manual and agree with the requirements of your assignment.

The pre-deployment and ongoing briefings for NZMAT members will cover topics such as:

- incident background, current situation and context analysis
- New Zealand Government structure (lead agency)
- other organisations involved/deployed (national/international)
- NZMAT role and responsibilities (including individual roles)
- NZMAT members being deployed
- NZMAT organisation structure and reporting lines
- location – team base and work sites
- likely length of deployment
- local travel arrangements
- communication methods and contact details
- safety and security
- questions.

## 5.9 Checklists

This section has some checklists which may help you prepare for deployment. Please use them carefully.

### Individual preparation checklist

This is a list of things you may need to consider before leaving home. It is not a full list of requirements as some things may change depending on the situation.

Item	Check	Remarks
<b>Work/home</b>		
Diary		
Person relieving/covering absence		
Phone – call forwarding/out of office messages		
Email – set up forwarding email/out of office messages		
Family contacts		
Insurance (see Part 9)		
<b>Mission preparation briefing materials</b>		
Maps		
Country information		
Phrase book/dictionary		
Mission instructions		
NZMAT manual and forms		
Technical handbooks		
Clinical certifications		Copies of registration, certifications and practising certificate numbers must be carried
<b>Other essentials</b>		
Passport and other travel/insurance documentation (eg, visas)		
Personal medication		
Cash (preferably that of the affected country)		

## Personal equipment

This is not a full list of what you must take or do, as requirements may alter depending on the situation.

Identification card
Vaccination card and any prophylaxis required
Anti-mosquito spray
Rain gear
Plastic bags, self sealing (10L x 10, 5L x 10)
Mess kit (knife spoon, fork, plate, cup)
Personal hygiene items
Toilet paper
Water purification tablets, portable water filter
Torch and headlamp
Batteries
Electrical/duct tape
Matches
Field rations (initial packs) – be aware of biosecurity restrictions in some countries
Bedding (sleeping bag, mosquito net)
Writing paper, notebook
Personal first aid kit (personal medication, aspirin, heat rash treatment)
Sewing kit
Water bottle
Multi tool
Sunscreen
Tissues
Hand sanitiser
Micro towel

## Personal clothing

This suggested checklist for personal clothing is for warm weather deployment.<sup>1</sup>

In different conditions you will need to adapt the list as necessary.

Check	Item	Quantity
	Belt	1
	Boots, leather, steel-capped	1 pair
	Rain jacket	1
	Long-sleeved shirts	2 or 3
	Shorts	2 pairs
	Socks, heavy duty for boots	3 pairs
	Socks, for use with theatre/ward shoes	3 pairs
	Singlets	2 or 3
	Sports shoes/theatre shoes	1 pair
	T shirts	2 or 3
	Long trousers	2 or 3 pairs
	Underwear	3 sets
	Jandals or sandals for use in shower	1 pair
	Hat or cap	1
	Sunglasses	1
	Glasses or lenses	
	Backpack	1

Remember that you must be able to carry all your gear yourself in your pack!

<sup>1</sup> Adapted from New Mexico USA DMAT 1 Personal Gear Checklist.

## NZMAT base supplies

This checklist suggests items you may need to take for use at the NZMAT base.<sup>2</sup>

	Transistor radio (wind-up or with back-up batteries)
	Plastic bags, self-sealing (for documents)
	Pens, pencils, stationery
	Waterproof markers and whiteboard pens
	Self-adhesive labels
	Communication means (satellite phone, mobile phone)
	Maps
	Stapler and staples
	Calculator
	NZMAT/MoH decals/signs if supplied in advance
	Addresses and telephone numbers of contacts in New Zealand
	Addresses and telephone numbers of contacts in affected area

<sup>2</sup> Adapted from PAHO Field Manual for Regional Disaster Response Team.

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# Part 6: Rapid assessment

## 6.1 Initial deployment

For overseas deployments, the composition and purpose of the Health Rapid Assessment Team (RA) will be agreed with MFAT prior to deployment.

In some circumstances the health authority of the affected area or another well-established health body will have carried out a needs assessment supported by the affected DHB or government of the affected country. NHCC, in liaison with the lead New Zealand response agency, may elect to deploy appropriate NZMAT personnel based on that assessment.

In other circumstances the deployment is likely to be at least a two-phase approach, with a rapid assessment team being deployed as soon as possible to the affected area. This initial assessment and the local conditions will determine if NZMAT can be deployed in this environment without creating an extra burden on the affected local capacity.

The RA may be composed of one or more of the following, taking into account local requirements and any resources dedicated by other relevant agencies:

- RA manager in charge of operations
- one clinical leader
- one public health leader
- one logistician
- one administrative assistant.

## 6.2 Initial assessment

The functions of the RA and hence its composition will depend on the nature of the disaster and the requirements of the affected jurisdiction and lead agency.

Within that context, its purpose is to:

- be prepared to travel to the affected country/area as soon as possible
- liaise with, follow directions of, and report to the New Zealand High Commission or the affected DHB and the lead agency
- provide an initial rapid assessment of the health support needs required
- cooperate and coordinate with the affected areas' health authorities and other key responding agencies in preparing the assessment

- evaluate health information and assess potential health risks for the affected population and additional NZMAT deployment
- evaluate logistics, facilities and procedures in place for reception of clinical personnel, supply, equipment and assistance
- evaluate and advise on any clinical supplies and equipment available locally or required to be brought with the response team
- evaluate and arrange communication requirements for the NZMAT
- evaluate and arrange accommodation and transport for any response team staff that follow
- prepare the initial situation report and action plan and submit to the lead agency and NHCC
- prepare an initial briefing for team members arriving as part of the response
- if required, remain in the affected country and carry out roles and responsibilities in the response.

To assist in this process, the template contained in the *NZMAT Reporting Forms Manual* must be completed and communicated to the NHCC with the Sitrep, and regularly updated with any new significant information. If the information has not been collected by a member of the RA, the source of the information will have to be specified.

The assessment should always consider the true capacity of the affected area and assistance being provided or planned by other international agencies and jurisdictions.

If the deployment of a full response team is recommended, the RA Manager and the Clinical Leader, in coordination with the NHCC, will ensure that the relevant local authorities and Ministry of Health are authorising such deployment and have given the permission for relevant New Zealand health specialities to practise.

In exceptional circumstances it may not be possible for a Rapid Assessment Team to be deployed. In such cases it will be the responsibility of the RA Manager to carry out the assessment, especially liaising through the New Zealand High Commission to ensure that local authorities are authorising such deployment and have given the permission for foreign health specialists to practise.

NZMAT personnel will not be deployed overseas unless the affected country is willing to approve local registration of those personnel on the grounds of New Zealand registration.

### **6.3 Roles and responsibilities**

The following action cards give detailed information on the roles of team members and their responsibilities while deployed in the affected area.

## 6.4 RA Manager action card

The RA Manager is responsible for directing the NZMAT assessment response in the affected area, ensuring it is well-coordinated with the local health response, with the overall New Zealand Government response, and with the response of other overseas agencies in the field. A range of actions that may be required are noted below.

The RA Manager reports to the National Coordinator NHCC, and liaises with the affected area's health authority/DHB concerning the delivery of services. Liaison with and reporting to the New Zealand High Commission is also required in overseas deployments.

- Establish regular briefings with Rapid Assessment Team members in order to direct and coordinate the response.
- Establish contact with the New Zealand High Commission and other New Zealand in-country representative(s) such as NZDF and MCDEM in overseas deployments.
- Establish contact with the affected DHB/country's health and incident response coordinators.
- Establish contact with the NHCC and its National Coordinator and Response Manager in New Zealand.
- Follow directions from the affected DHB concerning provision of services within New Zealand.
- Follow directions from the New Zealand High Commission in overseas deployments.
- Establish contact with other responding organisations, agencies, NGOs involved in the health response as required.
- Attend and report at the New Zealand High Commission or DHB response meetings, and relevant health meetings scheduled in the affected area.
- Compile, draft and submit assessment, situation and other reports to the NHCC, the New Zealand High Commission and the local health authority when overseas, or the DHB of the affected area and NHCC as required.
- Share assessment findings with national health authorities and other health responding organisations.
- Ensure that the relevant local authorities and Ministry of Health authorise the key components of an NZMAT deployment and that local health authorities have given permission for foreign health specialists to practise.
- Develop a phased exit strategy in liaison with the local health authority.
- Assess, along with the NZAID representatives, the existing health programmes that could be considered for the exit strategy and recovery phase.
- Ensure team meetings, briefings and debriefings are carried out.

- Compile a mission-end report that includes lessons learned and recommendations for future deployments.
- Ensure health programmes planned for NZMAT are compatible with health services normally provided in the affected country/DHB in order to ensure ongoing care for patients after NZMAT exits.

## 6.5 Clinical Leader action card

The Clinical Leader reports to the RA Manager and is responsible for advising the Team Manager on technical aspects of the health operation's response.

- Assist RA Manager in maintaining contact with:
  - the affected DHB, its public health unit, and the local lead agency
  - New Zealand in-country representative(s)
  - the affected country's health authority and representatives, in particular health practitioners
  - representatives of other health response organisations (eg, from other governments, NGOs).
- Identify post-incident health and disability services needs in coordination with other responding health organisations.
- Submit an NZMAT health units composition proposal to the RA Manager that will include:
  - modules required
  - the expertise and number of health professionals required
  - the estimated length of deployment
  - the equipment and supplies required to support the response.
- Review support and service needs as the event develops, and liaise with the RA Manager and logistician for the provision of those needs.
- Liaise with logistician concerning the arrival procedure for NZMAT components including staffing, equipment and clinical supplies, storage and distribution.
- Develop and maintain a response plan focused on providing a similar level of service provision as applied before the emergency, as resources during the disaster permit.
- Attend and report at inter-agency health meetings, including the relevant cluster meetings when established, as approved by the RA Manager.
- As agreed with the RA Manager, share assessment findings with national health authorities and other health responding organisations to help ensure coordinated action.
- Attend and report at team meetings, briefings and debriefings.
- Provide key reports or sections of reports as instructed by the RA Manager including a mission-end report capturing lessons learned and recommendations for future deployments.

This action card can also be adapted for the Public Health Leader role.

## 6.6 Logistician action card

The logistician reports to the RA Manager and is responsible for advising the Team Manager on the logistics aspects of the health operations response.

- Assess and arrange office and set up the communications system(s).
- Assess and arrange accommodation facilities for the team and the NZMAT deployment.
- Assess and arrange transport for the team and the subsequent NZMAT deployment.
- In close coordination with the Clinical Leader, assess the cold chain and start to develop logistics processes for the NZMAT (equipment and medicine donations, delivery/receipt, secure storage and dispatch of resources).
- In coordination with the DHB and lead agency, NHCC and/or MFAT/NZAID and the local health authority, arrange communication means for the NZMAT.
- In coordination with the DHB, NHCC and/or MFAT/NZAID, arrange financial management and tracking system.
- Draft and submit assessment reports to the RA Manager.
- Attend and report at team meetings, briefings and debriefings.
- Provide key reports or sections of reports as instructed by the RA Manager, including a mission-end report capturing lessons learned and recommendations for future deployments.

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# Part 7: NZMAT deployment

## 7.1 Decision on NZMAT deployment

The decision whether to deploy NZMAT will depend on the following factors:

- request by the affected DHB or government for assistance
- request by MFAT for assistance
- health needs in the affected area
- suitability of the environment for supporting the response
- access to the affected area
- security situation
- local capacity to respond to the emergency (government and other organisations)
- critical infrastructure to support the response
- local health services capacity: public health, primary, secondary and tertiary services
- avoiding duplication of services or resources
- magnitude and evolution of the emergency
- consistency with services normally provided in that area.

The composition of the NZMAT modules will change over the period of the deployment to meet the changing demands of the situation.

## 7.2 Roles and responsibilities

NZMAT personnel will be selected, assembled and briefed as soon as practical after receiving an assessment of the health support requirements. Key roles and responsibilities will be assigned on assembly of the team.

All transport, accommodation, welfare and necessary support resources will be coordinated by the NHCC and in place before the team's departure.

The following action cards set out the roles of NZMAT Team Leader, the section and unit leaders and team members and their responsibilities while deployed in the affected area.

## 7.4 NZMAT Team Leader action card

- Direct the NZMAT response and supervise managers, Deputy Team Leader and Clinical Leader.
- Establish contact with the RA Manager and Clinical Leader of the Rapid Assessment Team to take over responsibilities for leading the NZMAT health response. Confirm priorities for action.
- Establish and maintain contact with the affected DHB, the lead local agency, or New Zealand in-country representatives through MFAT, NZDF, MCDEM.
- Establish and maintain contact with the affected country's health and incident response coordinators.
- Establish and maintain contact with other responding organisations, agencies, NGOs involved in the health response.
- Attend and report at the New Zealand Government response meetings, and/or health meetings held by the local health authority for responding agencies.
- Maintain regular contact with the NHCC and National Coordinator/ Response Manager in New Zealand. Follow instructions they issue.
- Ensure that situation and other reports are prepared as required and forward copies to the affected DHB, the lead agency and the NHCC.
- During an overseas deployment assess (with the NZAID representatives and the local health authority) the existing health programmes that must be considered in planning the exit strategy and recovery phase.
- Compile, draft and submit to the DHB, the NHCC and the lead agency of the New Zealand Government response, the action plan, transition plan and exit plan for the NZMAT.
- Conduct team meetings, briefings and debriefings.
- Report to the New Zealand Government Incident Controller in the affected country, or the affected DHB and the NHCC National Coordinator/Response Manager.
- Compile a mission-end report, including lessons learned and recommendations for future deployments.

## 7.5 Clinical Leader action card

- Report to the NZMAT Team Leader.
- Obtain a handover briefing from the Clinical Leader of the Rapid Assessment Team.
- As instructed by the NZMAT Team Leader, maintain contact as required with the affected DHB, the lead local agency, or the New Zealand in-country representatives through MFAT, and key clinical leaders of the affected country.
- Manage and monitor the clinical components of the NZMAT response in liaison with Operations Manager and unit leaders.
- Brief other managers on relevant current and anticipated future clinical priorities.
- Identify ongoing clinical needs for the affected region in coordination with the local health authorities and other responding health organisations.
- Attend and report as required at inter-agency health meetings, including relevant cluster meetings if and when established.
- Share relevant clinical data with the affected DHB and/or national health authorities and other health responding organisations.
- Draft and submit clinical response components of the NZMAT action plan, transition plan and exit plan to the NZMAT Team Leader, as instructed.
- In close coordination with the Logistics Manager, ensure that the logistics process for the NZMAT is approved by the relevant local authorities and NHCC.
- When the various plans are approved by the New Zealand Government response lead agency and NHCC, submit the final strategy to the relevant local authorities in collaboration with the NZMAT Team Leader.
- Support activities of other sections as required, and participate in section team meetings, briefings and debriefings.
- Carry out other activities when required by the NZMAT Team Leader.
- Contribute to a mission-end report, including lessons learned and recommendations for future deployments.

## **7.6 Operations Manager action card**

- Report to the NZMAT Team Leader.
- Lead the operations component of NZMAT as instructed by the NZMAT Team Leader.
- Manage and monitor operations response unit leaders and the delivery of services from their units in close liaison with the Clinical Leader.
- Manage and monitor the unit compliance with the processes implemented in the affected area for the response.
- Identify ongoing clinical and public health needs in coordination with local counterparts and the Clinical Leader.
- Attend and report at inter-agency health meetings and relevant health clusters meeting when required by the NZMAT Team Leader.
- Provide relevant data to the NZMAT Team Leader, the Clinical Leader and other managers, including activities carried out by the operations section and anticipated future operational requirements/developments.
- Contribute to the action plan, transition plan and exit plan as required.
- Conduct section meetings, briefings and debriefings.
- Attend and report at NZMAT meetings, briefings and debriefings.
- Carry out other activities when required by the NZMAT Team Leader.

## **7.7 Logistics Manager action card**

- Report to the NZMAT Team Leader.
- In close coordination with the Clinical Leader and managers, finalise logistics priorities and processes for the NZMAT (eg, accommodation, communications, equipment and medicine supplies, delivery/receipt, secure storage and dispatch of resources).
- In coordination with the lead agency and NHCC, monitor financial management and tracking systems.
- Manage the work of logistics section staff:
  - maintaining NZMAT office and communication systems
  - arranging and maintaining field work facilities and communication systems
  - arranging rosters
  - assessing and arranging accommodation, catering, welfare and other support for staff
  - assessing and arranging transport
  - providing and purchasing supplies and equipment.
- Liaise with logisticians from other agencies and organisations in order to advance a complementary response.

- Draft and submit required reports to the NZMAT Team Leader.
- Attend and report at team meetings, briefings and debriefings.
- Carry out other activities when required by the NZMAT Team Leader.
- Compile an mission-end report, including lessons learned and recommendations for future deployments.

## **7.8 Planning and Intelligence Manager action card**

The Planning and Intelligence role will vary from one response to another. In some responses the role may be minimal and therefore could be carried out by a manager, the Clinical Leader or NZMAT Team Leader.

In other circumstances the role may be allocated to a specific Planning and Intelligence Manager based either at NHCC or in the affected area. The responsibilities will include some or all of the following.

- Report to NZMAT Team Leader.
- Collect and analyse information related to the health emergency in liaison with local health authorities, NZMAT managers, MFAT and NHCC.
- Ensure this function complements and does not duplicate that of other response agencies, and meets the needs of the lead agency.
- Provide assessments of the situation, including the likely progression of the emergency and associated requirements of NZMAT, customised to the needs of NZMAT managers, NHCC, and MFAT.
- Develop associated contingency plans.
- Plan exit and recovery strategies.
- Manage and monitor planning and intelligence section staff.
- Lead the development of reports required by the NZMAT Team Leader, incorporating information as required from other managers and the Clinical Leader. These will include situation reports, action plans, transition plan, exit plan, recovery plan and a mission-end report.
- Attend and report at inter-agency health and other meetings when required by the NZMAT Team Leader.
- Attend and report at NZMAT meetings, briefings and debriefings.
- Carry out other activities when required by the NZMAT Team Leader.

## 7.9 General NZMAT member responsibilities

NZMAT personnel must follow directions from their unit leader or manager. The potential duties and responsibilities are listed below. The role of personnel is likely to change during the response as circumstances demand.

NZMAT members are responsible for cooperating with their local counterparts and other organisations involved in the response, as instructed. This entails general planning, carrying out the response as agreed, and gathering information about the extent of the incident and early recovery activities.

The NZMAT set up is modular and various units can be required to conduct the following tasks:

- Assess disaster impact on the health sector (eg, hospitals, clinics, water and sanitation systems, waste disposal, utilities, communications and access to services), and availability of staff to implement health services.
- Identify immediate and future needs in cooperation with local counterparts and other agencies in the health sector.
- Implement the response as directed.
- Provide advice and implement agreed programmes as required by section or unit leaders, relevant to their function and expertise.
- Provide relevant advice and data to their unit or manager, and/or the Clinical Leader.
- Report on activities as required.
- Contribute as required to the action plan, transition plan and exit plan in their area of expertise.
- Attend and report at NZMAT and unit meetings, briefings and debriefings.
- Report to Unit Leader or manager or the Clinical Leader as required.
- Carry out other activities when required by Unit Leader or manager or the Clinical Leader.
- Manage workload and take regular breaks to maintain health and wellbeing, and effectiveness at work.

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# Part 8: Financial

## 8.1 Team members

Team members' salaries or wages will be paid at their usual rates by their employers.

Self-employed team members will be reimbursed at pre-agreed rates by the Ministry of Health or the lead DHB (for example based on business as usual fees for locums).

Travel, accommodation and general living expenses will be arranged by the Ministry of Health or the lead DHB, so, as a general rule, team members will not incur deployment-related expenses.

However, if team members unavoidably incur deployment-related expenses the Ministry of Health or lead DHB will reimburse these when proof of expenditure is supplied.<sup>3</sup>

Actual and reasonable expenses may include:

- travel
- deployment-related excess baggage charges
- food and accommodation
- communications.

Team members should make all reasonable efforts to gain prior approval from the NZMAT Team Leader, or NZMAT Logistics Manager before incurring any deployment-related expenses.

Individual team members are responsible for personal expenses such as gifts, personal purchases, meals away from team accommodation or catering facilities, mini-bar or in-room charges, social or sightseeing side trips, personal mobile or phone bills, or excess baggage not related to deployment needs. Such expenses will not be reimbursed.

<sup>3</sup> Formal receipts from recognised businesses or individuals, including contact numbers, the nature and volume of supplies or services provided, and the cost in local currency.

## **8.2 DHBs and Ministry of Health**

Costs of domestic deployments by DHBs and other health organisations will be met through normal health funding mechanisms for emergency responses.

The Ministry of Health will liaise with the Ministry of Foreign Affairs and Trade concerning funding support for health deployments in the south-west Pacific.

DHBs or other health agencies should maintain accurate records of all costs incurred in supporting an overseas deployment. These costs may include salaries and wages of deployed staff, backfilling of deployed staff positions, supplies, travel that is not otherwise paid for, deployment-related expenses incurred by deployed staff, and actual and reasonable costs of administration of the deployment.

Any claims should be forwarded to the Ministry of Health, which will make the appropriate arrangements with MFAT/NZAID.

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# Part 9: Insurance, registration and indemnity

## 9.1 Health and travel insurance

All travel and health insurance will be arranged and paid for by the Ministry of Health or its agent to cover all registered NZMAT members for the full period deployed and will end once they arrive back at their home locations.

The standard corporate travel insurance provided covers the normal range of issues such as medical and related expenses, property, personal injury, evacuation, and personal (but not professional) liability

All insured persons must be medically fit for travel at the time of deployment.

The full policy is available on request to NZMAT members.

## 9.2 Accident

Team members will obtain the same cover from ACC as they are entitled to in New Zealand if they are deployed overseas by the Ministry of Health or their employer.

## 9.3 Registration

Jurisdictions to which NZMAT members are deployed are responsible for ensuring their registration. The Ministry of Health is responsible for verifying that is the case, and providing any information required by that jurisdiction from its NZMAT volunteer database.

The Ministry of Health will not deploy team members to countries that will not register NZMAT members when that registration is required by that affected country.

## 9.4 Indemnity

It is the responsibility of NZMAT members to provide for and maintain their own professional indemnity insurance, giving cover for defending accusations or claims against their members related to their professional practice. NZMAT members are responsible for informing themselves concerning the terms and conditions of their indemnity insurance. The Ministry of Health cannot legally give such an indemnity.

Many New Zealand health professionals are members of organisations providing indemnity for health professionals such as the New Zealand Nurses Organisation (NZNO), and the Medical Protection Society (MPS). Such organisations may extend their indemnity insurance to their members when practising overseas (excluding Canada and the USA) for a short time.

The Ministry of Health is liaising with NZNO and MPS to identify options for expediting cover for NZMAT registrants for an overseas NZMAT deployment (for example by providing a list of health professionals being deployed to reduce the number of individual applications that need to be made).

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# Part 10: Health and fitness

## 10.1 Work and living conditions

The Ministry of Health and the NZMAT Team Leader will do their utmost to ensure team safety and comfort at all times; however, team members may experience the following conditions.

- The work may require some physical exertion such as long periods of standing; walking over rough and uneven surfaces; recurring bending, stooping, stretching and similar movements; frequent lifting of moderately heavy items or occasional lifting of heavy items (up to 23 kg). The work may require above-average agility and dexterity. The assignment may also require working long hours without rest or relief.
- The work environment may involve moderately high risks or discomfort requiring special precautions, such as the risk of exposure to infectious and vector-borne diseases, radiation or toxins, or caring for emotionally disturbed patients. Precautions are routine for nearly all situations. Team members may be required to use protective clothing or gear. The work environment may involve high risks of exposure to potentially dangerous situations where conditions cannot be controlled.
- Sleeping and living arrangements may consist of tents and canvas stretchers, or other available sleeping arrangements such as on boats, depending on the mission and effect that the disaster has on the local infrastructure. Food will be provided to the team, and may include military-style ration packs.
- It is the team member's responsibility to alert the NZMAT Team Leader or his/her delegate of food allergies and sensitivities or requirements ahead of deployment. In some circumstances team members may be refused deployment if their dietary requirements cannot be met.

## 10.2 Health

Health insurance is essential for all respondents (see Section 9).

The NZMAT Team Leader will ensure all practicable precautions are taken to protect team members' health. Nevertheless, team members must accept that they will be exposed to additional hazards in a disaster zone beyond the control of NZMAT. These may include risk of injury, disease, and trauma due to the nature of the conditions they may encounter in the affected population.

Individual team members must inform their unit or manager if they are unwell.

NZMAT will provide personnel with psychosocial support as part of the team deployment.

NZMAT personnel are responsible for ensuring:

- they are fit and able to travel and work as outlined
- they have sufficient personal medication for the deployment
- their required vaccinations are up to date for deployment into the South West Pacific
- they take any prophylactic medication advised for team members (eg, anti-malaria medication)
- they take regular breaks during deployment to enable recovery irrespective of the demand for their services
- they take breaks when instructed
- they have adequate rest and sleep
- they eat regularly, ensuring safety of food and water
- they limit alcohol intake when they are not on duty (a health as well as a safety issue)
- they seek assistance from their unit or manager if they feel unwell, overworked or abnormally stressed
- they are aware of stress/risky behaviour in themselves and others
- they are aware of climate conditions (use of sunscreen, hats)
- they are aware of local health issues and prevention methods.

Team members are responsible for their own personal hygiene. However, facilities for maintaining personal hygiene may be rudimentary and not up to the standard that members are accustomed to at home.

International experience demonstrates that personnel who take regular breaks are more productive and efficient than those who battle on.

### **10.3 Vaccinations and malaria prophylaxis**

All team members must confirm that they are up to date with these vaccinations:

- tetanus/DPT
- seasonal influenza
- typhoid
- hepatitis A
- hepatitis B.

Japanese encephalitis vaccination may be required for deployments to Papua New Guinea. Any requirement for this will be decided by a risk analysis at the time.

Rabies is present in Papua New Guinea, but pre-exposure vaccination is not necessary as vaccination can be provided after exposure.

Malaria prophylaxis will be provided for deployments to Papua New Guinea, the Solomon Islands and Vanuatu and any other relevant areas identified by WHO.

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# Part 11: Safety and security

## 11.1 General

Disaster zones are high hazard environments with safety issues such as unstable buildings, land or roads, and contaminated food and water.

In addition, there are also security issues present in all countries, such as criminal activities, civil unrest and road safety.

It is essential for the NZMAT Team Leader to liaise with other organisations, especially the lead agency, about safety and security issues.

## 11.2 Travel

NZMAT is responsible for arranging travel to and from the affected area and within the affected area when team members are on duty.

During any other travel, you are responsible for your own safety.

To reduce risks when travelling, you must:

- carry photocopies or original passports, documents and driving licence
- when not carried, keep original identification documents in a safe place
- carry communication devices
- carry only small amounts of cash
- carry road maps
- have water and food for the trip and in reserve
- if travelling outside the main base, inform your unit or section leader of your travel plan, including route, destination, and duration
- inform your unit leader or manager if travel plans change
- obey local road rules and always wear a seatbelt even if not required by local legislation
- check that the vehicle is equipped and in working order
- avoid travelling in the dark in rural areas
- not use public transport if the destination is unclear.

## 11.3 Personal

To reduce other risks, you must:

- be aware of local hazards – personal and environmental – and the changing situation
- take appropriate medication if required (eg, anti-malarials)
- use personal protective equipment as required
- be aware of local customs and traditions.
- not display money/expensive items
- not travel with valuable items (financial and/or sentimental value)
- wear appropriate clothing, taking into account weather and local customs
- lock your house, office and cars
- maintain fire awareness – know where exits and extinguishers are in house/office
- not walk around in the dark, especially alone
- not walk around with earphones in and music at high volume.

## 11.4 On deployment

NZMAT will not deploy into conflict zones. Nevertheless, civil disturbances may occur and personnel must follow the instructions provided by MFAT and the NZMAT Team Leader to maximise their security and safety at those times.

NZMAT will also not deploy into environments where accommodation and other means of support for NZMAT personnel are not available, as this would place an undue strain on the affected area as well as NZMAT personnel.

NZMAT may rapidly withdraw from the affected area or country if the security situation warrants, irrespective of local humanitarian considerations.

You must always remember that you are in an unfamiliar environment where language, food and customs can be different. Moreover, the country is experiencing a crisis, placing people under stress. You cannot assume that this is the same place that you may have visited on holiday.

To help minimise risks while overseas, you must:

- follow all instructions from your NZMAT Team Leader and section and unit leaders, who will be informed by MFAT/NZAID
- immediately alert these leaders to any safety and security risks you identify.

If you do not follow your manager's or leader's instructions, you act at your own risk.

**Any breach of these requirements is a breach of the code of conduct.**

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# Part 12: Media

## 12.1 General

Managing media interest during a response to a major incident can be a significant challenge to all agencies involved. Overseas it is the responsibility of the authorities in the affected country to provide all official media releases regarding the aftermath of an incident, including the health response.

In New Zealand, media response will be managed by the lead agency in liaison with the affected DHB and the Ministry of Health.

NZMAT members may be called upon to provide specialist advice regarding health issues to assist in any official information.

NZMAT members must not make any media releases or comments on the response, as this could undermine and contradict official releases.

## 12.2 When NZMAT is deployed overseas

All media releases regarding the New Zealand support response overseas is the responsibility of the New Zealand High Commission and MFAT.

NZMAT members may be requested by MFAT to provide information, interviews or photo opportunities to showcase the health response. Such requests must be cleared with the NZMAT Team Leader. Care must be taken to ensure patient privacy and to avoid any adverse comment regarding the affected country's response.

## 12.3 Social media

The use of social media such as Facebook, Twitter or blogs has led in some cases to the media obtaining information that is embarrassing to the writer and response organisations.

NZMAT members must take extreme care with any comments posted on social media to ensure that the affected country response, the health support provided or individuals are not criticised in any way.

**Any breach of these requirements is a breach of the code of conduct and action, such as removal from NZMAT, may be taken against those responsible.**

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# Part 13: Repatriation

## 13.1 Departure from affected country

At the end of the deployment in the affected area, NZMAT members will be allowed sufficient time to assemble and:

- debrief with NZMAT Team Leader and/or manager
- pack personal items and team equipment for journey home
- clean personal items and equipment such as footwear to meet MAF standards on return
- travel to airport and check in to airline requirements. If travelling with excess or restricted items extra time may be needed for check in.

However, if a quick departure is necessary due to a major safety or security threat, you must be prepared to leave at short notice with essential items only (eg, passport and personal medication).

## 13.2 Travel

All return travel to or within New Zealand and onwards to your home will be arranged by the NHCC or the affected DHB. You will be advised of transport arrangements and any special requirements before departure from the affected area. This will include any en-route accommodation that may be required.

Air travel may be by military aircraft or commercial airlines, depending on availability. As you are still officially part of NZMAT until arrival home, you need to dress for travel in a style that is suitable for the means of travel and demonstrates team professionalism.

If you want to alter the official travel arrangements you must first discuss this with the NHCC and you may be required to fund all or part of the travel yourself.

## 13.3 Arrival in New Zealand

You will be met by either a Ministry of Health or DHB representative on your return to New Zealand at your first point of arrival and offered any support required to complete your onward journey or local travel home.

You may also brief this representative on any concerns or problems associated with your repatriation.

## **13.4 Return to home**

Following your return to their home and work you will be contacted by a Ministry of Health representative for a more formal debrief. This debrief will cover:

- pre-deployment
- deployment
- roles and responsibilities
- lessons learnt
- recommendations for future deployments
- expenses and financial issues.
- employee support required.
- media issues.

If you want to discuss the stress of your deployment, firstly use the support services offered by your employer. If this is not available contact the Ministry Director of Emergency Management who will arrange an alternative source for support.

## **13.5 Medical**

Within 30 days of returning home from an overseas deployment, you need to arrange a health check with your GP. The cost for the health check will be reimbursed by the Ministry of Health.

## **13.6 Media**

Depending on the circumstances, a media briefing may be arranged for the team by the Public Information delegate of the lead agency or the Ministry of Health or the delegated agency on arrival.