

28 February 2019

Tēnā koe

Tōpūtanga Tapuhi Kaitiaki o Aotearoa, New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment to the Governance and Administration select committee on the National Disaster Resilience Strategy (the Strategy).

NZNO has consulted its members and staff in the preparation of this submission, in particular members of; College of Emergency Nurses New Zealand, professional nursing and policy advisers. NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand, representing 53,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment matters. NZNO embraces te Tiriti o Waitangi and contributes to the improvements of the health status and outcomes of all people of Aotearoa New Zealand through influencing health, employment and social policy development.

Please note that we have been limited in our consultation process due to the limited timeframe for public consultation period. NZNO does wish to make an oral submission.

In general, the Strategy is very generic and idealistic with limited substance. We seek clarification on the consultation process for the development of this document, including public and key stakeholder consultation engagement and meetings and hui timelines.

Members of the College of Emergency Nurses New Zealand¹, are nursing specialists with specific emergency nursing knowledge and have provided the following feedback on the Strategy. Members support the Strategy's:

- links to international frameworks, such as Sendai;
- acknowledgement of existing barriers as well as strengths; and offers a vision that links to existing national strategies and direction.

Members have provided the following section specific comments:

1. **The Strategy aims** to explicitly link resilience to protection and growth of living standards, promote whole of society, participatory and inclusive approach which includes priorities and objectives related to a disaster. However, Figure 1 only contains the policy context. It does not provide any further detail or outline. We recommend that it includes further details to indicate linkage and direction.

Reference to '*roadmap of actions*' for detail of '*how*' this will be enacted is missing and needs to be included.

¹ College of Emergency Nurses New Zealand webpage retrieved 28/2/2019 from https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_emergency_nurses/college_of_emergency_nurses

2. **Protecting our wellbeing and prosperity: Living standards framework**

This refers to complexity of risk management in relation to the living standards but does not address health resilience needs and specific impact on the workforce in regard to disaster response. The Health and Safety at Work Act does not sufficiently cover disaster response situations. We recommend the inclusion of protections for whānau, hapū and communities during emergency response for pandemics, including expectations to be at work, support provided for families and whānau with multiple responsibilities. For example when multiple family or whānau are involved in more than one emergency occupation/ reason team, as well being responsible for family and whānau requirements.

3. **Risks to our wellbeing and prosperity**

Section 3.4 current risk:

This doesn't acknowledge response capacity risk which runs across all categories from antimicrobial resistance to health capacity. It appears that the lessons that have been learnt from the Canterbury earthquakes and from more recent events in Aotearoa New Zealand including floods and fires are not necessarily reflected in policy documents. We need to acknowledge and assess the human costs as well as economic costs and value these equally.

Section 3.5 Disaster Risk Reduction

While intangible, the importance of building disaster literacy as part of the disaster risk reduction strategy should not be underestimated.

4. Currently many areas in the **Health system** are working at the limits of capacity so there is little opportunity to incorporate resilience or 'tolerance for disruption'.

Section 4.2 Model of a resilient nation refers to a need to strengthen the effective operation of key social functions such as health but offers nothing further in terms of how this will be achieved. Clarification is sought, in terms of "*not a strategy itself, but a checklist...*". Further discussion is required to establish what 'health' in a resilient nation looks like.

Section 4.4.2 opportunities to build on young people's resilience to disasters

There is no evidence of this following current disaster experiences. There is an opportunity to develop disaster resilience that is informed by evaluations of the Christchurch youth recovery experiences.

Section 4.4.4 rural communities' isolation and potential expenses from disasters involving cruise ships

Members have provided an example of visitors to Akaroa requiring medications and access to pharmacy stocks. These costs are not recovered as there is no MOU or similar to seek any reimbursement of a significant cost born by a small community with access to fewer

health resources and services and which are not designed to meet the occasional high needs of visiting tourists.

Vision of a resilient New Zealand

The vision refers to individual level responsibilities (page 24). There is a risk of imposing individual responsibility on those unable to manage, and for whom a capacity for resilience is assumed. Equity of opportunity to develop resilience and resource response is theoretical construct but is not the reality for many.

5. Managing risks

There is no review of current losses or lessons learned. There is no organised mechanism for sharing knowledge of the lessons from the Canterbury recovery experience. We note the reference to risk information in construction, land use and insurance sectors. There is however no reference to the health sector or the human costs.

Effective response to and recovery from emergencies

While the section refers to the Canterbury Earthquake as still 'fresh in our minds', objectives 7 on page 30, only makes specific reference to those affected by the quake – *'debatable, compassion fatigue, lessons lost, people 'over' this*. However it does not make any reference to those who were responding to the emergency, including communication issues; need for international frameworks and responses and best practice base.

Appendix 2: Barriers to resilience

- health and emergency literacy;
- a willingness to engage in the conversation and take the bigger picture approach – need to accept long term benefit over short term gain; and
- failure to recognise the true extent and impact of human cost and intangibles.

Opportunities

- invest in research, education and resourcing; and
- infrastructure to support knowledge sharing and consensus understanding and processes.

In conclusion, we look forward to working together on strengthening our whānau, hapū and communities planning, preparedness and resilience to this kaupapa whakahirahira.

Nāku noa, nā



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