ORGANIZATION
OF
MEDICAL PROVISION IN CRISES
IN THE KINGDOM OF NORWAY

Този документ е изготвен по програма BG-07 „ Инициативи за обществено здраве“ финансиран от „Фонд за двустранни отношения на национално ниво по фм на еип и нфм 2009-2014“

Goals and principles for the preparedness work

The objective of Norwegian health preparedness is to protect life and health and help ensure that the population can be offered necessary medical treatment, nursing and care in crises and disasters in peacetime and in war.
Health preparedness is the administration's and health and care service's preparations to prevent and handle health-related consequences of incidents – accidents, crises and disasters.

Fundamental principles for health preparedness:

Responsibility: The entity that is responsible for a discipline or service in a normal situation is also responsible for necessary emergency preparations and the handling of extraordinary events. The responsibility also applies to information within your own discipline.

Subsidiarity: A crisis shall be handled at the lowest possible level.

Equivalency: The organisation established during crises must be as equivalent as possible to the organisation with which you normally operate, cf. principle of responsibility.

Cooperation: All entities have an independent responsibility to ensure the best possible cooperation with relevant parties in the work on prevention, preparedness and crisis management.

National plans and plan basis

The national preparedness system consists of the civilian preparedness system (SBS) and the preparedness system for the defence sector (BFF). The plan is based on the same structure as the "NATO Crisis Response System". The national preparedness system functions as the planning basis for underlying preparedness plans and as an implementation system
15
and crisis management system in the event of serious crises during peacetime, security policy crises and armed conflicts. The measures in the systems are based on current statutes and plans. The national health preparedness plan thus constitutes the national planning basis for the health sector's measures in the system.
The national risk scenario is published annually by the Directorate for Civil Protection and Emergency Planning (DSB). The national risk picture describes scenarios that could provide a basis for topics in risk and vulnerability analyses, preparedness planning and drills at all levels.
The national threat assessment is an annual threat assessment conducted by the Norwegian Police Security Service based on information from the Norwegian Intelligence Service and the Norwegian National Security Authority.

National guidelines National guideline for mass casualty triage (Directorate of Health, 2013) describes a national model for how health personnel and other responsible personnel can triage, i.e. sort and prioritise patients in the event of accidents and mass casualty situations.

Guideline for psychosocial measures in the event of crises, accidents and disasters (Directorate of Health, 2011) provides advice regarding good practice for psychosocial follow-up in the event of crises, accidents and disasters.

Guideline for health and social preparedness in the municipalities (Directorate of Health, 2009) provides advice to municipalities for how to draw up preparedness plans. An abbreviated version of the guideline also contains a designated template for the preparedness planning.

Guideline in continuity planning (Directorate for Civil Protection and Emergency Planning, 2009) provides advice on how the entities, in and outside the health sector, can plan to maintain their most important functions even when a significant percentage of personnel are not at work.

Guideline for host nation support (Directorate for Civil Protection and Emergency Planning, 2014) describes facilitation for and receiving international assistance in the event of crises and disasters in Norway. Together with the sectors' preparedness plans, the guideline makes receiving assistance from abroad as smooth and efficient as possible, so incoming resources during a crisis can be put into operative service as part of the national crisis management as soon as possible. The intention behind the guideline is to provide information before, during and after a crisis situation.

Systematic improvement and drills Good anchoring in the management, distribution of responsibility, tasks and authority, overview of risk areas, nonconformity systematics, as

well as systematic review and monitoring of the work to ensure the system functions, and promotes good preparedness and safety.

Scenario-based drills, based on risk analyses, also help ensure personnel with preparedness responsibility have the necessary preconditions to be able to solve their tasks, while also enabling the organisation to test that the preparedness plans function as intended. The most common types of drills are tabletop drills, where participants discuss various issues related to their own preparedness, small staff drills where you train your own procedures for e.g. notification and reporting, minor role play drills in the field, as well as full-scale drills where parts of or the entire preparedness organisation trains and tests the quality of the plans. A drill is not complete until it has been evaluated and lessons have been incorporated in systems and serves as the basis for future drills and training services.

All entities in the health and care sector are responsible for ensuring their own personnel and organisation are instructed and trained. The Directorate of Health is responsible for assessing the need for and, if necessary, taking the initiative for, major drills within the sector, potentially taking the initiative for drills also including the central level.

The Ministry of Health and Care Services has delegated the task of planning and implementing an annual national health drill to the Directorate of Health. A national health drill assumes a scenario which provides training benefits to the Ministry of Health and Care Services, the Directorate of Health, other underlying agencies, regional health authorities, health trusts, municipalities and cooperating entities.

Municipalities

The municipalities have a comprehensive responsibility for civil protection and preparedness, and play a key role in the prevention, preparedness planning and crisis management.

"The municipalities are one of the pillars in the Norwegian civil protection and preparedness work. Any undesirable incident poses challenges for affected local communities, and a number of tasks are assigned to the municipalities to ensure a good overview of risk and vulnerability, sound preventive work and necessary preparedness and capability. The municipalities must implement measures to protect the population, and to maintain important societal functions during crises and disasters. Good municipal preparedness is a fundamental precondition for good national preparedness".

According to the Act relating to health and care services, municipalities must ensure necessary health and care services for everyone in the municipality. This applies to health services in municipal institutions or in home care services, for example community nursing and personal assistance. The municipality is also responsible for services in line with the Act relating to social services in the labour and welfare administration. The municipality is responsible for protecting the population's health and preventing illness and injury, including providing protection against communicable diseases, environmental health care, food safety, drinking water and radiation protection in accordance with the Public Health Act, Act relating to control of communicable diseases, Food Safety Act and Radiation Protection Act.

The municipalities must coordinate their preparedness plans internally and with their partners, such as health trusts, county authorities, county governors, the Norwegian Food Safety Authority, the Norwegian Armed Forces, the police, the Norwegian Civil Defence, local rescue coordination centre, joint rescue coordination centre, religious communities, non-governmental organisations and private entities. Health preparedness must be covered in collaboration agreements between the municipalities and regional health authorities, health trusts, cf. National framework agreement relating to cooperation within the health and care area between the Ministry of Health and Care Services and KS Oslo.

Through inter-municipal cooperation, municipalities can secure access to expertise in a larger geographical area. In some cases, such cooperation is entirely essential in order for the municipalities to be able to adequately solve a task. In some areas it is required by law7.

The preparedness plans must be based on risk and vulnerability analyses adapted to the nature and scope of the municipality. The analysis must cover the municipality, its area of responsibility and local factors that influence the municipality's vulnerability8. The duty to provide services comprises activity at international border crossings, harbours and airports, e.g. when receiving passengers and patients and other challenges associated with pandemics or other incidents. With this as a point of departure, and as part of implementation of the International Health Regulations, Oslo, Bergen, Tromsø and Ullensaker municipalities have been chosen as "Point of Entry" (PoE) municipalities.

Directorate of Health

The Directorate of Health is the technical agency and public authority under the Ministry of Health and Care Services that performs its assignment with a basis in the roles as technical adviser, implementer of approved policy and administrator of statutes and regulations within the health sector.

In all preparedness activities vis-à-vis the health and

care and social care service and administration, the Directorate of Health must help ensure that cooperation is safeguarded in preparedness planning and during crises. The Directorate provides guidelines, advice and guidance to the municipality as the public health authority and to the health service, through the County Governor, and facilitates drills and expertise measures.

Following delegation by the Ministry, the Directorate of Health will be in charge of overall coordination of the health and care sector's efforts and implement necessary measures when a crisis situation is imminent or has occurred. If the Directorate finds that there is an obvious need for implementing measures without it having been possible to establish contact with the Ministry in advance to obtain delegation, the Directorate can still establish the coordination function. Contact with the Ministry is established as soon as possible. Reference is made to Chapter 5.

The Directorate of Health heads the Pandemic Committee, while the Norwegian Institute of Public Health holds the secretariat. The Pandemic Committee is an advisory body for the Directorate of Health and the Norwegian Institute of Public Health. The Committee will provide advice before, during and after outbreaks of pandemic influenza. The objective is to have broad-based access to professional input, comments and advice for handling of a pandemic, as well as to ensure good cooperation between the entities. The Committee's advice shall contribute to the best possible coordination of measures implemented during a pandemic. The Pandemic Committee's working panel must annually assess the necessity of revising the National preparedness plan for pandemic influenza.

The Directorate of Health is the head of the Health Preparedness Council. The purpose of the council is to enable the civilian and military sectors to solve important health tasks related to civilian military planning and cooperation during crises in peacetime and war, and to ensure efficient utilisation of the health preparedness resources in close cooperation between the Armed Forces and health service. The council is advisory, without an operative function. In addition to the Directorate of Health, the head of the Armed Forces' medical service (next-in-command), directors in the Norwegian Institute of Public Health and the Norwegian Radiation Protection Authority, heads of the Armed Forces' logistics organisation (FLO) and the Armed Forces' operative headquarters (FOH)

and a representative from the Directorate for Civil Protection and Emergency Planning participate. Other entities can be called upon if needed.

The Directorate of Health is responsible for coordinating the work on security of supply of medicines in cooperation with responsible parties, such as the Norwegian Medicines Agency, Norwegian Institute of Public Health, the regional health authorities and municipalities (via the County Governor). The Directorate must draw up a national prioritisation list of medicines important for preparedness, publish national guidelines for the sector's security of supply of medicines and assess the preparedness in the area.

The Directorate of Health and the Armed Forces, through the Armed Forces' operative headquarters, have entered into an agreement relating to mutual assistance, dated 7 Dec. 2011. The agreement stipulates guidelines relating to the Armed Forces' request for assistance from the health service and the reverse, including guidelines for notification, sending and deciding to provide assistance, description of responsibility, roles and authority, communication and standardisation. The agreement contains provisions relating to preparedness plans, training and drills, reporting, documentation and exchange of information, media handling and cost sharing.

Norwegian Institute of Public Health

The Norwegian Institute of Public Health is the national expertise institution within infectious disease control, environmental medicine, epidemiology, mental health, forensic medicine and drug research.

Role and responsibility within infectious disease control

The Norwegian Institute of Public Health is the Norwegian state's institute for infectious disease control with responsibility for monitoring, receiving notifications and reports, contact tracing, vaccine preparedness, advising, information and research. The Norwegian

Institute of Public Health is responsible for the Notification system for communicable diseases (MSIS)11 and is the national contact point for the World Health Organisation (WHO12) and the EU13 as regards infectious disease control. The Norwegian Institute of Public Health shall provide assistance, advice, guidance and information to municipal, county authority and state institutions, health personnel and the population relating to communicable diseases and infectious disease control measures.

Preparedness against bioterror, infectious disease control and pandemic preparedness discusses the Norwegian Institute of Public Health's expertise and resources in more detail. The Institute is the secretariat for the Pandemic Committee, see discussion of Pandemic Committee above.

Role and responsibility within environmental medicine In connection with exposure to environmental factors that are hazardous to health, the Norwegian Institute of Public Health will assist municipalities, county authorities, County Governors and other public institutions, health personnel and the population to ensure protection of public health14. The Norwegian Institute for Public Health has expertise in analysis of chemical substances in human biological material.

Norwegian Radiation Protection Authority The Norwegian Radiation Protection Authority is the national professional body for radiation protection and nuclear safety and has a technical and coordinating responsibility for nuclear preparedness in Norway. The Norwegian Radiation Protection Authority chairs and holds the secretariat for the Crisis Committee for nuclear preparedness. The Crisis Committee for nuclear preparedness helps affected entities to coordinate their preparations within nuclear preparedness and can implement measures in the acute phase when a crisis situation looms or has occurred.

Norwegian Board of Health The Norwegian Board of Health is the central supervisory authority for social services in NAV (Norwegian Labour and Welfare Service), child welfare services and health and care services. The County Governors are the supervisory authority for social services in NAV, child welfare services and health and care services in the counties. The Norwegian Board of Health conducts audits to ensure regulatory requirements are followed and included in the internal control system which all service providers must have15. If health services are provided in a manner which could have harmful consequences for the service recipient, or is in another way unfortunate or irresponsible, the Norwegian Board of Health can issue an order to correct the conditions16. The County Governor has a corresponding authority in relation to providing social services17.

Norwegian Medicines Agency The Norwegian Medicines Agency is responsible for administrating the Act relating to medicines, and Act concerning the operation of pharmacies, etc. (pharmacies, wholesale distributors and pharmaceutical companies). The Norwegian Medicines Agency is responsible for evaluating and approving new medicines, including vaccines. The Norwegian Medicines Agency monitors the medicines in the market with regard to technical quality and side effects and can, if necessary, implement measures to remove medicines. The Norwegian Medicines Agency grants permits to and audits the parties involved in supplying medicines. The Norwegian Medicines Agency assists the health service and authorities with its knowledge regarding use, safety and effect of medicines, processing, distribution and delivery of medicines in Norway with regard to preparedness.

Norwegian Food Safety Authority The Norwegian Food Safety Authority has directorate and supervisory tasks that cover the value chain from sea, fjord and land to consumer. The technical responsibility for the Norwegian Food Safety Authority is divided between the Ministry of Agriculture and Food, Ministry of Trade, Industry and Fisheries and the

Ministry of Health and Care Services. The Ministry of Agriculture and Food has administrative responsibility for the Norwegian Food Safety Authority.

The Norwegian Food Safety Authority is responsible for handling a wide range of incidents, such as

outbreak of a serious communicable disease in the population from food, drinking water or animals. The responsibility also applies when foreign matter is identified in the food chain which must be recalled from the market and the source must be traced (e.g. discovery of radioactive substances in food or drinking water, discovery of melamine in milk powder and discoveries of high values of cadmium in livestock feed). The Norwegian Food Safety Authority also combats outbreaks of plant pests, fish diseases and incidents in the feed chain that do not always threaten people's health, but which could have societal costs. The Norwegian Food Safety Authority coordinates the response to communicable animal diseases, including those that could infect people (zoonoses).

The Norwegian Food Safety Authority audits water plants' preparedness plans in accordance with the drinking water regulation, and also supervises plant and fish health and ethically responsible farming of fish and animals. The Norwegian Food Safety Authority also has tasks in relation to cosmetics and audits of medicines outside pharmacies, as well as animal health personnel.

Norwegian Rescue Service The health service participates as one of multiple entities in the publically organised rescue service in Norway. The Norwegian Rescue Service is organised according to the cooperation principle, which means that all public agencies are required to participate in rescue operations with suitable and available resources. Furthermore, all public agencies participating in rescue actions must cover the expenses over their own normal budgets. Private and non-governmental resources that are suitable for emergency response to save lives can also be mobilised for response in the public

rescue service. The Ministry of Justice and Public Security has overall administrative coordination responsibility for the land, sea and air rescue service. The rescue service is operationally organised through the Joint Rescue Coordination Centres, located in Bodø and at Sola, and 27 local rescue coordination centres located in the police districts. The District Governor on Svalbard is the local rescue coordination centre within this public district. The Joint Rescue Coordination Centre has overall operative responsibility for the rescue service and heads all sea and air rescue directly. Land rescue is normally left to the local rescue coordination centres (LRS). LRS will immediately notify the Joint Rescue Coordination Centre in all rescue cases.

Bjorn Johannesen