

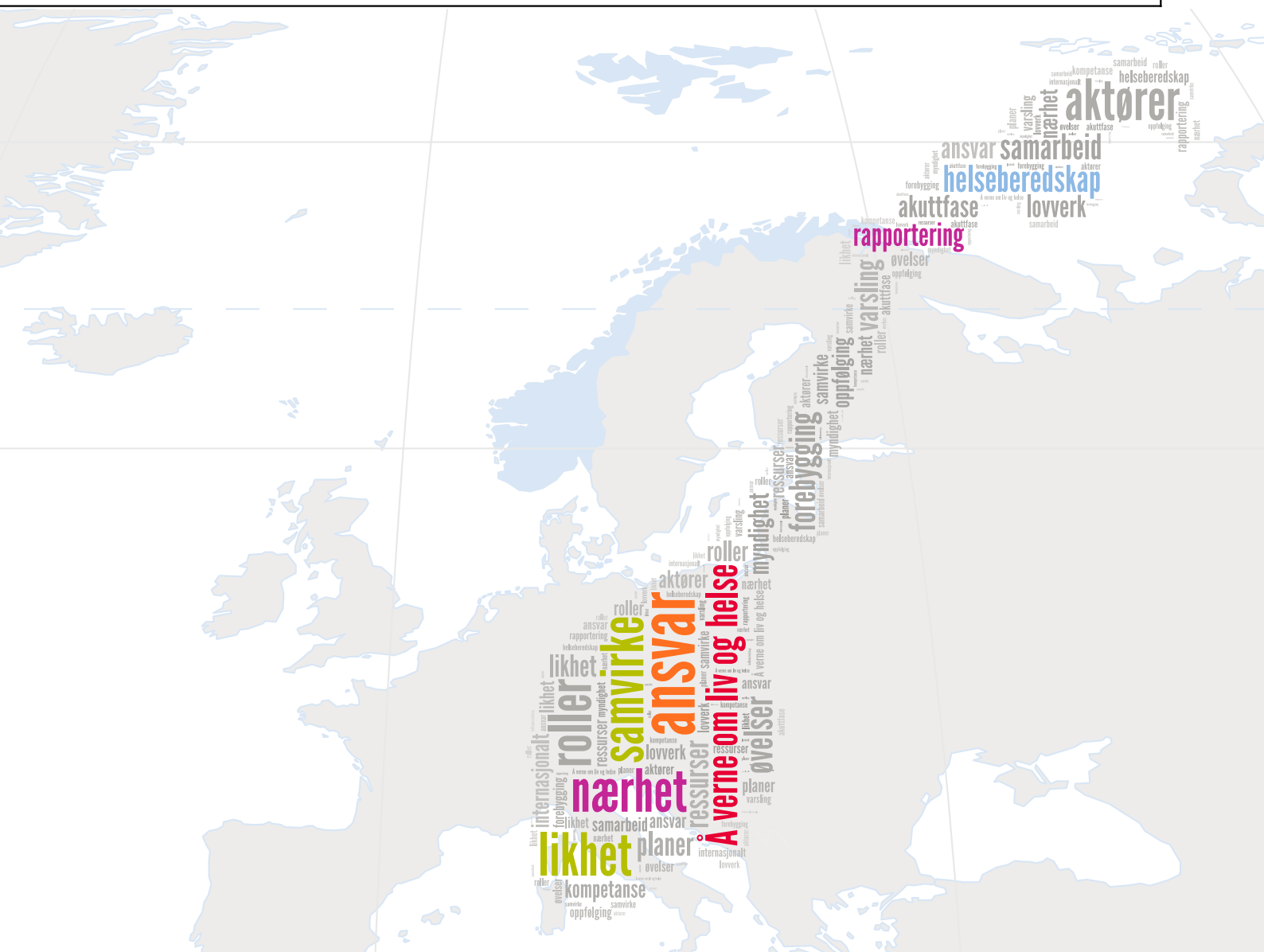


NORWEGIAN MINISTRY
OF HEALTH AND CARE SERVICES

Preparedness plan

National health preparedness plan

Version 2.0, approved 2 June 2014





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Introduction

The aim of the national health preparedness plan is to provide a comprehensive overview of the health and care sector's preparedness, including preparedness for various social services. The plan constitutes the basis for how the health sector handles all types of crises and disasters.

The national health preparedness plan is a national framework for the health sector's preparedness. The plan describes the legislative and planning basis, the entities involved in the health and care preparedness, their roles, responsibilities, tasks and resources in prevention, preparedness planning and crises and disasters.

Entities discussed in the plan must use this plan as a basis when making their own preparedness plans for crisis management. The entities must regularly evaluate and update their preparedness plans. Lessons learned from drills and incidents should be incorporated in the plans through systematic improvement work.

Clear notification and reporting routines and sound cooperation between the entities during crises are particularly important, and are therefore discussed at length in this plan.

The plan is based on the established principles for the preparedness work in Norway, including responsibility, subsidiarity, equivalency and cooperation, and does not introduce changed preconditions or responsibilities.

Experience shows that many crises and disasters are often international in scope. Good crisis management thus requires sound preparedness cooperation with other countries and international organisations. The Norwegian health authorities' cooperation with international entities is also discussed in the plan.

The Ministry of Health and Care Services adopted the first version of the Comprehensive national health and social preparedness plan on 31 January 2007, as a step in the follow-up of Storting White Paper No. 37 (2004-2005) on the tsunami disaster in Southern Asia and central crisis management.

This is the second edition of the plan, version 2.0.

What has changed in this plan:

- Fundamental principles and elements from version 1.0 are continued
- Title has been simplified to National health preparedness plan
- Discussion of regulations, organisation, plans, routines, etc. has been updated
- More extensive discussion of cooperation in planning and crisis management
- Experience from drills and incidents form the basis for the plan. This relates to the pandemic in 2009, the volcanic eruption on Iceland in 2010, the disaster in Japan in March 2011, the terrorist attack on 22 July 2011, the Dagmar hurricane in 2011 and the terrorist attack against Statoil in Algeria in January 2013.



Oslo, 2 June 2014

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1. 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.



2. National framework – regulations, plans, and guidelines

Norwegian legislation requires the health and care administration and services to have preparedness plans for ensuring prudent services during crises and war. The specialist health service (regional health authorities, health trusts/hospitals), the municipality's environmental health care and health and care service must have preparedness plans that are used as a basis for their crisis management. Preparedness requirements are also included in the by-laws for regional health authorities and the governing documents for the health and care administration and regional health authorities and are followed up in the management dialogue with these entities.

2.1. Preparedness requirements in statutes and regulations

Health Preparedness Act (Act No. 56 of 23 June 2000 relating to health and social preparedness)

The aim of this act is to protect the population's life and health and help ensure that the population can be offered necessary medical treatment and social services in wartime, and in crises and disasters during peacetime.

Entities covered by this statute must be able to continue, reorganise and expand operations during war and in the event of crises and disasters during peacetime, on the basis of the daily service, updated plans and regular drills, as stipulated in or in accordance with the act.

The act also contains provisions relating to the principle of responsibility. The entity responsible for a service is responsible for necessary preparedness preparations and for performing the service, including financing, during wartime and in the event of crises and disasters during peacetime, unless otherwise stipulated in or in accordance with the act. Correspondingly, the party responsible for supervising an entity must supervise the entity's preparedness.

Municipalities, county authorities, regional health authorities and the Norwegian state are required to draw up preparedness plans for the health and social care services they must provide or are responsible for. They must also draw up a preparedness plan for their work to protect public health. Hospitals, water plants and food authorities (Norwegian Food Safety

Authority) have an independent plan obligation. This plan obligation and a duty to coordinate one's own preparedness plan with other entities also follow from the Public Health Act, Health and Care Services Act¹ and the Specialist Health Services Act. The preparedness plan which municipalities, county authorities, regional health authorities and the Norwegian state are required to draw up, must include services that, either by law or agreement, are performed by private service providers. The Health Preparedness Act generally also applies to private health and social care service providers and personnel who work in such entities, but they have limited planning responsibility.

The Health Preparedness Act also applies to health service providers in Norwegian petroleum activities. There are special provisions in the regulations to the Petroleum Act² for these entities. The preparedness in the petroleum activities must be coordinated with the rest of the national health service.

The Health Preparedness Act contains enabling provisions (Sections 3-1, 4-1, 5-1 and 5-2, cf. Section 1-5) which give the Ministry of Health and Care Services special powers during war and when there is a threat of war. The powers also apply in the event of crises and disasters during peacetime subject to resolution by the King in Council. If necessary to protect lives and health, the Ministry can make a preliminary decision regarding application. Such a decision must be approved by the King in Council as soon as possible. The powers relate to requisitioning of private property, etc., duty to serve and orders, responsibility, task and resource allocation. Whether measures should be implemented and what the measures entail is determined by the Ministry, or the party delegated this authority by the Ministry³.

There are a number of regulations associated with the act. The most central are discussed below.

Regulation relating to requirements for preparedness planning and preparedness work (23 July 2001, No. 881).

Entities with the duty to draw up a plan pursuant to the act must have procedures to ensure the necessary provision of services in the event of:

- Internal and external events that substantially reduce the entity's capacity.

b) External events that impose an extraordinary strain on the entity and that may require a general reorganisation of ordinary operations in order to be able to increase capacity.

The entities must have preparedness plans, based on risk and vulnerability analyses, including overview of responsibility and authority, notification routines, procedures for operative management, information preparedness and coordination of plans. Personnel with assigned tasks in the preparedness plan must undergo training and possess necessary expertise and protective gear. The entity must ensure it has adequate security of supply of important materials, equipment and medicines in line with the principle of providing reliable services.

Regulation relating to requirements for emergency medical services outside hospitals (18 March 2005, No. 252). The regulation is meant to help ensure that the population receives professional emergency medical services outside hospitals when there is a need for immediate assistance. This is accomplished by specifying requirements for the professional content of the emergency medical services, for cooperation in the emergency medicine chain and for cooperation with the fire and police services and rescue coordination centres. The regulation shall help strengthen and govern the cooperation and highlight the distribution of responsibility in the various parts of the emergency medicine chain. The regulation also governs the requirements for the medical emergency call service (Norwegian Emergency Medical Alarm (AMK) centres and the accident and emergency units), the ambulance service and the municipal accident and emergency unit.

Regulation relating to internal control in the health care service (20 Dec. 2002, No. 1731). The aim of this regulation is to help provide professional health and care services and ensure that the health and care legislation is met through requirements for systematic management and continuous improvement work in the services. In the regulation, internal controls refer to systematic measures that ensure the entity's activities are planned, organised, performed and maintained in accordance with requirements stipulated in or in pursuance of the health and social care legislation.

Regulation relating to health, safety and the environ-

ment in the petroleum activities and at certain onshore facilities (2 Dec. 2010, No. 158). The regulation contains provisions relating to health preparedness and audits of health preparedness in the petroleum activities and on onshore facilities. The regulation is based e.g. on the Health Preparedness Act, Act relating to control of communicable diseases, Public Health Act and Food Safety Act.

Act relating to control of communicable diseases (Act of 5 August 1994, No. 55) This act shall protect the population from communicable diseases through preventive measures and hinder them from spreading among the population, as well as to prevent such diseases from being brought into Norway or carried out of Norway to other countries. The act shall ensure that the health authorities and other authorities implement the measures necessary to control communicable diseases and coordinate their efforts to control such diseases. The act also gives the health authorities powers to implement measures to prevent or hinder the spread of contagion, e.g. by imposing quarantines, prohibiting movement into or out of specified areas and restricting travel. Pursuant to the act, regional health authorities and the municipality shall draw up plans to control communicable diseases, including measures and services designed to prevent communicable diseases.

A number of regulations have been specified in accordance with the act. Reference is also made to the duty of health personnel to report cases and to give notification of communicable diseases, pursuant to regulations to the Personal Health Data Filing System Act and the Act relating to control of communicable diseases.

Regulation on the collection and processing of personal health data in the Reporting system for communicable diseases and in the Tuberculosis Register, and relating to notification of communicable diseases (20 June 2003, No. 740). The regulation contains provisions relating to collection and processing of personal health data and notification of communicable diseases.

Regulation relating to notification of and measures in the event of serious incidents affecting international public health (21 Dec. 2007, No. 1573). The regulation stipulates provisions that implement the World Health Organisation's International Health Regulations – IHR (2005). This relates to provisions regarding notification and follow-up of incidents significant

to international public health. The purpose of the regulation is to prevent and counteract the spread of disease across national borders and ensure internationally coordinated response. The regulation contains provisions relating to authority structures, expertise and powers and establishes the Norwegian Institute of Public Health as the national IHR contact point.

Public Health Act (Act of 24 June 2011, No. 29 relating to public health work)

The purpose of the act is to contribute to a societal development which promotes health and prevents disease. Chapter 3 of the act relating to environmental health care holds the municipality responsible for monitoring the factors in the environment that could impact health, for example biological, chemical, physical and social environmental factors. The municipality can issue orders relating to, for example, correction or cessation of a situation pursuant to specifically defined terms. The act tasks the Norwegian Institute of Public Health with assisting municipalities, county authorities, etc. in the event of chemical incidents and provides a basis for further regulation of environmental incidents or a suspected outbreak of disease related to exposure to environmental factors that are hazardous to health.

Food Safety Act (Act of 19 December 2003, No. 124 relating to food production and food safety, etc.)

The purpose of the act is to ensure that foods are safe and promote health, quality and consumer considerations throughout the production chain. The act covers all aspects of production, processing and distribution of intermediate goods and foods, including drinking water. The act covers all aspects of plant and animal health, including products, objects and organisms that could be contagious, including communicable diseases between animals and humans (zoonoses). The act gives the Norwegian Food Safety Authority the power to implement measures to prevent or stop the spread of contagion, such as imposing restrictions on animal husbandry, slaughter of animals, preventing movement in or out of defined areas and ordering product recalls from the market. The act stipulates a notification duty for everyone in the event of a suspected communicable animal disease that could cause hazardous and significant societal consequences. The act requires the entities to notify the Norwegian Food Safety Authority when there is a reason to suspect a risk of hazardous foods or intermediate goods hazardous to health or the en-

vironment. There are a number of regulations under the act.

Regulation concerning water supply and water intended for human consumption (4 Dec. 2001, No. 1372).

The purpose of the Drinking Water Regulation is to ensure supply of drinking water in satisfactory volumes and of satisfactory quality, including ensuring the drinking water does not contain harmful pollution of any kind and is otherwise safe to drink.

According to the regulation, the owner of the water plant is required to carry out necessary preparedness preparations and to draw up preparedness plans, cf. Act of 23 June 2000, No. 56 relating to health and social preparedness and Regulation of 23 July 2001, No. 881 relating to requirements for preparedness planning and preparedness work, to ensure delivery of sufficient volumes of drinking water, also during crises and disasters.

Radiation Protection Act (Act of 12 May 2000, No. 36 relating to radiation protection and use of radiation)

The act is meant to prevent harmful effects of radiation on human health and to promote protection of the environment. Among other things, the act applies to planning and emergency preparedness against mishaps, accidents and other events. Section 16 specifies that the King in Council organises preparedness against nuclear accidents and other events that may involve ionising radiation or the spread of radioactivity, in order to protect life, health, the environment or other important public interests.

Regulation relating to the mandate for and composition of the Crisis Committee for nuclear preparedness with advisors, as well as a mandate for the County Governor (23 August 2013, No. 1023). The regulation stipulates a requirement to establish a nuclear preparedness organisation to make expertise available and ensure rapid implementation of measures to protect life, health, the environment and other important public interests. The organisation consists of the Crisis Committee for nuclear preparedness, the Crisis Committee's advisors, Crisis Committee's secretariat, and the County Governor acting as the Crisis Committee's regional liaison. The Norwegian Radiation Protection Authority is the head and secretariat for the Crisis Committee.

Regulation relating to delegation of the King's authority according to Section 16(2) of the Radiation Protection

Act to the Crisis Committee for nuclear preparedness (23 August 2013, No. 1024). The regulation gives the Crisis Committee for nuclear preparedness the power to make decisions and issue orders concerning specific measures during the acute phase of a nuclear incident.

Pollution Control Act (Act of 13 March 1981, No. 6 relating to protection against pollution and relating to waste)

The act is administered by the Ministry of Climate and Modernisation and has the objective of protecting the external environment against pollution, reducing existing pollution, reducing the amount of waste and promoting improved waste management. The act ensures responsible environmental quality, so pollution and waste do not lead to harm, impact wellbeing or damage nature's ability to produce and renew.

The act and regulations contain provisions relating to prevention, preparedness, notification and management. The act affects health preparedness within, e.g. environmental health care and radiation protection. Regulations to the act include the Major Accident Regulation (17 June 2005, No. 672 relating to measures to prevent and limit the consequences of major accidents in activities where hazardous chemicals occur) and the regulation concerning notification of acute pollution or danger of acute pollution (9 July 1992, No. 1269).

Reference is otherwise made to the discussion of the relevant areas in Chapters 4.1 – 4.3.

Civil protection Act (Act of 25 June 2010, No. 45 relating to municipal preparedness duty, civil protection and the Norwegian Civil Defence)

The act administered by the Ministry of Justice and Public Security. According to the act, the municipalities must have a comprehensive risk and vulnerability analysis and general preparedness plan, which must be coordinated and integrated with other preparedness plans in the municipality, including a communicable disease control plan and health preparedness plan, etc. The plan must also be coordinated with other relevant external parties, for example power companies, hazardous industry, etc. One of the minimum requirements for the comprehensive preparedness plan is a plan for establishing the municipality's crisis management. Drills based on the plan must be carried out at least every two years, and the plan must be revised annually.

Regulation relating to the municipal preparedness duty (22 August 2011, No. 894). The regulation expands on the preparedness requirements for the municipality. It follows from the regulation that the risk and vulnerability analysis must contain an assessment of existing and future risk and vulnerability factors in the municipality, risk and vulnerability outside the municipality's geographical area which may be significant for the municipality, how different risk and vulnerability factors can impact each other, particular challenges related to critical societal functions and loss of critical infrastructure, the municipality's ability to maintain its activities after being exposed to an undesirable incident, ability to resume its activities after the incident occurs and the need to alert the population and evacuation.

A guideline was also prepared to serve as an aid for the municipalities in the implementation of the regulation.

Regulation relating to instructions for the ministries' work on civil protection and preparedness, the Ministry of Justice and Public Security's coordination role, supervision and central crisis management (15 June 2012, No. 535). The instructions provide guidelines for the civil protection and preparedness work in the civilian sector. The instructions describe principles, the ministries' responsibility, Ministry of Justice and Public Security's coordination role, supervision, the Crisis Council, Head Ministry and Crisis Support Unit's support. The instructions provide guidelines for the Ministry of Health and Care Services and the sector's work on civil protection and preparedness.

Regulation relating to instructions for the civil protection and preparedness work of the County Governor and District Governor on Svalbard (18 April 2008, No. 388)⁴. In accordance with the instructions, the County Governor must coordinate the civil protection and preparedness work in the county, and maintain a role as initiator and adviser in the civil protection and preparedness work. The County Governor will play an important role in many crises involving the entire society. The County Governor must exercise a coordination responsibility for crisis management at the regional level to ensure optimal and coordinated solutions between the parties. If the County Governor is cut off from connection with the Government, or if, due to the conditions, there is a risk associated with delay and it is essential to maintain public inter-

ests, the County Governor is given expanded power (Chapter VI). The County Governor also ensures the municipalities are fulfilling regulatory preparedness requirements. The instructions also apply to the District Governor on Svalbard insofar as this is applicable. The Ministry of Justice and Public Security determines which provisions are applicable.

*Regulation relating to instructions for the rescue service (13 Sept. 2013, No. 1102)*⁵. The instructions describe the principles and organisation for the rescue service in Norway.

Planning and Building Act (Act of 27 June 2008, No. 71 relating to planning and the processing of building applications)

The act is administered by the Ministry of Local Government and Modernisation. The purpose of the act is e.g. to prevent hazards and disadvantages related to natural events and climate changes and to promote public health. The municipalities are responsible for the civil protection in planning and building applications. This follows from Section 3-1, litera h and other provisions in the act. The municipalities must obtain an overview of relevant risk, reduce risk and vulnerability in society and assess the civil protection in relation to their development pattern. The municipality must e.g. take into consideration safety against floods, slides and other natural hazards (for example radon) in municipal plans, zoning plans and when processing building applications. When drawing up plans for development, the municipalities must ensure a risk and vulnerability analysis is carried out for the relevant plan area. The act gives the municipalities instruments to follow up civil protection in the land use planning.

There are regulations, circulars and guidelines under the act, e.g. guidelines from the Directorate for Civil Protection and Emergency Planning, Norwegian Water Resources and Energy Directorate and the Norwegian Building Authority relating to development in hazardous areas and safeguarding of civil protection in the land use planning. See www.dsb.no, www.nve.no and www.ngu.no, as well as circular T-5/97 relating to land use planning in hazardous areas prepared by the Ministry of Local Government and Regional Development and the Ministry of the Environment. The circular still applies insofar as it is applicable with current legislation. The Norwegian Water Resources and Energy Directorate has the general flood and

landslide responsibility in the country and must ensure that natural hazard maps are made. To obtain knowledge for planning in areas with a certain risk and vulnerability, it could for example be relevant to contact the Norwegian Meteorological Institute and Norwegian Radiation Protection Authority.

Trade and industry preparedness Act (Act of 16 Dec. 2011, No. 65 relating to trade and industry preparedness)

The act is administered by the Ministry of Trade, Industry and Fisheries. The act governs the relationship between public authorities and commercial companies in preparations for and implementation of cooperation routines and special measures for crises with significant consequences for the access to goods and services in Norway during war, threat of war, warlike conditions and during peacetime. The purpose of the act is to alleviate supply-related consequences of crises by strengthening the access to goods and services and ensuring necessary prioritisation and redistribution of goods and services through cooperation between public authorities and commercial parties.

Security Act (Act of 20 March 1998 relating to protective security services)

The act is administered by the Ministry of Defence and facilitates efficient prevention of threats against the nation's sovereignty and security and other vital national security interests, safeguards each person's legal protection and secures trust in and simplifies the basis for verification of protective security services. The act applies to administrative agencies. The Ministry of Health and Care Services has overall responsibility for protective security services in the health and care sector. Central regulations include: Regulation relating to personnel security (29 June 2001, No. 722). Regulation relating to security administration (29 June 2001, No. 723). Regulation concerning information security (1 July 2001, No. 744) and Regulation relating to object security (22 Oct. 2010, No. 1362).

2.2. 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

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.

2.3. 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.

2.4. 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.



3. Involved entities, roles, responsibility and cooperation

The health and care service must ensure 24/7 emergency preparedness. The emergency medical chain, from the medical emergency call service (Norwegian Emergency Medical Alarm (AMK) centres and accident and emergency units) and the accident and emergency unit service via the ambulance service to the hospitals, handles daily dispatch for emergencies.

The general knowledge and experience possessed by the emergency agencies and health personnel in handling of accidents and incidents is crucial as the basis for suitable handling of major disasters. When the handling of a crisis requires more resources than those available locally, resources are mobilised through asking other municipalities and health trusts or inquiries to a higher level authority. This takes place through the medical emergency call service – AMK - and the accident and emergency units.

The nature and scope of the crisis determines the need for establishing operative and strategic crisis management at regional and central levels. Information handling is safeguarded in the professional line, where local agencies deal with measures and observations within their own area of responsibility.

The parties must be prepared to ensure optimal cooperation when an incident occurs. All entities in the health and care sector are responsible for coordinating own preparations with relevant partners, so that all parties can safeguard their roles and responsibilities in the best possible manner in cooperation with the other parties in their own and other sectors.

All entities are responsible for ensuring their own personnel and organisation are trained.

3.1. 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”. (Storting White Paper No. 29 (2011-2012) Civil protection).

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, 19 Dec. 2012⁶

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.

3.2. County authorities

The county authorities have a duty to draw up preparedness plans for the dental health services they are responsible for in line with the health preparedness act.

3.3. Regional health authorities and health trusts

The regional health authorities (RHF) are responsible for ensuring specialist health services are provided to the population in their area. Specialist health services comprise hospitals, medical emergency call service (Norwegian Emergency Medical Alarm (AMK) centres and medical emergency number 113) and the ambulance service (air, car and boat). The services are provided through the health trusts (HF) and private entities with agreements with regional health authorities (RHF).

Health trusts are required to draw up preparedness plans for the services for which they are responsible. Regional health authorities and health trusts must coordinate their preparedness plans internally and with partners, corresponding to the discussion regarding municipalities in Section 3.1.

3.4. County Governor

The County Governor's Office is the link between the local and central level and plays the role as coordinator, adviser and initiator in the civil protection and preparedness work in the county. The County Governor must safeguard its responsibility for crisis management in the event of incidents during peacetime, crisis and war⁹. Health preparedness is one of several areas in the County Governor's coordination responsibility. The national health preparedness plan highlights the County Governor's coordination role and county preparedness council in this area.

The County Governor is an important entity in health and care preparedness in the following areas:

- Is the link between the central and municipal level with regard to implementation of measures and reporting.
- Responsible for notifying the Directorate of Health regarding major incidents in the county involving health.
- Will assist the Directorate of Health in crisis management when the Directorate has been delegated responsibility for national coordination of the health service's response. The County Governor receives orders for activity and reporting from the Directorate, as the overarching professional health authority. When the Directorate for Civil Protection and Emergency Planning implements reporting in its line, the Directorate of Health and other affected directorates must also receive the report.
- Is a regional link for the Crisis Committee for nuclear preparedness. The County Governor must coordinate measures – protection measures and communication of information to the press and general public – regionally and locally. Through facilitation and guidance, the County Governor will help regional and local agencies to establish necessary plans as part of the coordinated planning. The County Governor must report to the Norwegian Radiation Protection Authority and the Directorate of Health upon request.
- Has an advisory and support function vis-à-vis the health and care services.
- In accordance with the Act relating to control of communicable diseases, must place particular focus on communicable diseases endangering public health and keep the Directorate of Health and the

Norwegian Board of Health informed regarding the conditions in the county.

- Responsible for advising the municipalities within environmental health care which includes factors in the environment that could affect public health.
- The County Governor has the authority to appoint a chief municipal medical officer for the local rescue coordination centre¹⁰.

3.5. Central health and care administration

3.5.1. Ministry of Health and Care Services

The Ministry of Health and Care Services (HOD) has overarching responsibility for civil protection and preparedness in the health and care sector, including responsibility for ensuring coordinated preparedness in the sector. The Ministry coordinates measures and information management with other ministries.

The secretary general in HOD is a regular attendee in the Crisis Council. The five permanent members of the Crisis Council are the secretary to the government at the office of the Prime Minister, secretary general in the Ministry of Foreign Affairs and secretary generals in the Ministry of Health and Care Services, Ministry of Defence and the Ministry of Justice and Public Security. If necessary, the Council can be expanded to include all other ministries, and representatives of underlying entities and special expert communities.

In crises where the Ministry of Health and Care Services is the head ministry, the Ministry is also responsible for media surveillance, press conferences, summoning and leadership in the Government's Crisis Council, as well as preparation of joint situation reports.

3.5.2. 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.

3.5.3. 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 prepared-

ness, 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. Chapter 5.2, 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.

3.5.4. 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. Reference is made to Chapters 4 and 5.

3.5.5. 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.

3.5.6. 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.

3.5.7. 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 personnel¹⁸.

3.6. 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.

3.7. Cooperation with non-governmental organisations

There are a number of agreements between the health authorities and non-governmental organisations relating to assistance in solving required tasks within the health and care service. Examples include assistance with establishing psychosocial support services and emergency transportation off-road when the ordinary ambulance service by car, boat or helicopter cannot be used. The framework for such services is determined through agreements to improve capacity utilisation of personnel, resources and expertise which these organisations have in a crisis management context.

The Directorate of Health is the contact point for non-governmental organisations. Through agreement with the Directorate of Health, the Red Cross will facilitate the establishment and operation of new support groups for survivors and next-of-kin in the event of disasters¹⁹. The purpose is to ensure rapid establishment of support groups during crises where the expertise and experience from previous support groups is continued.

The Directorate of Health has a framework agreement relating to support services with the Norwegian Women's Public Health Association (NKS) which the municipalities can call upon.

3.8. Preparedness on Svalbard

Like chiefs of police and County Governors, the District Governor on Svalbard has an overall responsibility for civil protection and preparedness on Svalbard. The police on Svalbard are governed by the same statutes and guidelines as on the mainland. The police and prosecution work is carried out in accordance with prevailing directives and guidelines from the Norwegian Police Directorate and Office of the Public Prosecutor. The District Governor uses the police's preparedness system insofar as this is suitable. In a

rescue connection, the District Governor, as the chief of police and head of the local rescue coordination centre (LRS) Svalbard, is subject to the Joint Rescue Coordination Centre (HRS) Northern Norway.

Longyearbyen hospital is a main element in the health preparedness on Svalbard²⁰ and delivers health services to the population and others travelling on and around Svalbard. The hospital provides basic health services, preventive health services, protection against communicable diseases and pre-hospital doctor and nursing services. The hospital also provides occupational health services. The hospital is a preparedness hospital with 24/7 emergency preparedness.

The responsibility for the population's safety and security falls under the Longyearbyen local board's geographical area of responsibility. The local board is responsible for the energy plant in Longyearbyen. The preparedness duty e.g. entails making plans for establishment and operation of an evacuee and next-of-kin centre (EPS) in Longyearbyen. Establishment of EPS will be one of several measures in the handling of an incident on Svalbard. The Longyearbyen local board does not have neighbouring municipalities it can ask for help or evacuate its residents to.

The District Governor's Office has assumed²¹ that the local board, like the Longyearbyen hospital within its sector responsibility, must also have a plan for receiving people if it becomes relevant to evacuate other local communities or a large number of people from a response area somewhere else on the archipelago. A serious shipping incident is an example of an extraordinary incident that could trigger the need for mass evacuation from the response area to Longyearbyen.

3.9. International cooperation

Norway participates in international health preparedness cooperation relating to prevention, monitoring, analysis, notification and disease control. Norway is a member of the WHO, International Atomic Energy Agency (IAEA) and NATO, and also participates in the EU/EEA cooperation. Norway has also signed a Nordic health preparedness agreement which comprises mutual exchange of information and assistance in the event of crises and disasters. Norway has also

signed a number of international conventions and agreements relating to notification and cooperation.

The purpose of the cooperation is to strengthen preventive work and disease control. For example, early notification, access to information and cooperation on measures can help prevent or delay disease contamination across borders or contribute to more efficient aid efforts.

Nordic health preparedness cooperation

According to the Nordic health preparedness agreement of 2002, the Nordic countries, insofar as possible, are required to:

- provide each other with assistance in a crisis situation
- inform and consult each other regarding measures that are implemented in crisis situations
- promote cooperation by removing obstacles in national rules, etc.
- cooperate on exchange of experience and increase of expertise

The agreement allows for the countries to establish cooperation projects. The Nordic preparedness authorities have, among other things, established a close cooperation on nuclear preparedness. The Nordic health preparedness group (Svalbard group) is a permanent cooperation body for follow-up of the agreement. The leadership role rotates between the countries. Matters related to the Nordic health preparedness agreement are reported to the Nordic Council of Ministers via a committee of government officials. Agreements have also been entered into regarding mutual notification and assistance within individual areas, e.g. for radiation protection and nuclear safety, and food safety. There is also a Nordic-Baltic cooperation on challenges related to drinking water and distribution grids.

The rescue service has cooperation agreements with the Nordic countries, Russia and the UK.

EU/EEA

Health preparedness and crisis management is a national responsibility for the countries in the EU/EEA area. However, there is agreement on a need for cooperation to strengthen health preparedness. This e.g.

applies to consultations, notification and standardisation work in order to communicate and handle crises across borders. Norway participates in the cooperation:

- The Ministry of Health and Care Services participates in the Health Security Committee (HSC).
- The Ministry of Health and Care Services participates in the board and the Norwegian Institute of Public Health participates in expert networks and the advisory forum for the European Centre for Disease Prevention and Control (ECDC) in Stockholm. The ECDC assists EU/EEA countries and the EU Commission with scientific advice.
- The Norwegian Radiation Protection Authority has observer status in the EU's ECURIE preparedness network in the nuclear area.
- The health authorities participate in advisory committees in the EU's food safety authority²². The Norwegian Food Safety Authority participates in the EU's standing committee for the food chain and animal health (SCFCAH) and the EU's unit for handling crises within food/feed.

The European Parliament and Council Decision No. 1082/2013/ EU relating to serious trans-border health threats was adopted on 22 Oct. 2013. The decision entails a clarification and expansion of the current systems. This was approved in the EU and will be incorporated in the EEA agreement and Norwegian law over the course of 2014.

WHO

The cooperation in the WHO is voluntary for member countries. Norway's goal is to support the WHO's role as a global entity for disease monitoring and crisis management.

The WHO's International Health Regulations (IHR 2005) have the aim of preventing international spread of disease, as well as ensuring internationally coordinated follow-up. The goal is to implement measures in ways that prevent unnecessary disturbance of international traffic and trade. IHR establishes a notification system between the countries and the WHO, and covers all incidents, regardless of cause. The regulations are used as a basis in the event of outbreaks of communicable diseases and other health threats with international significance, including chemical inci-

dents and radioactive radiation. The regulations provide guidelines for the WHO's and individual countries' management in the event of such incidents, and requires the countries to cooperate on reporting and control measures. The regulations contain an overview of measures and instruments, including travel, trade and tourism restrictions, which the member countries have agreed can be implemented to combat disease.

IAEA

The International Atomic Energy Agency (IAEA) has drawn up a joint preparedness plan for incidents involving nuclear and radioactive material in cooperation with other international organisations. The convention relating to early notification and the convention relating to assistance are key in the IAEA's preparedness. For example, the IAEA has established an international notification system and mechanisms for assistance. The Norwegian Radiation Protection Authority is the contact point and competent authority for the two mentioned conventions.

NATO

NATO's civilian cooperation also comprises health-related cooperation through the joint civilian-military committee - Joint Health, Agriculture and Food Group (JHAFG). Mutual assistance can be requested for providing resources both for humanitarian and military operations.

3.10 Preparedness in the event of incidents abroad

When Norwegian interests abroad are threatened, the health authorities must provide professional health advice to the Ministry of Foreign Affairs and Crisis Council, and maintain coordination of necessary health response. The Directorate of Health and other agencies will send a liaison to the Ministry of Foreign Affairs upon request.

There are different routines for the health authorities' response in such situations:

Ministry of Foreign Affairs's emergency response unit:

The Ministry of Foreign Affairs has an emergency response unit, which will support the Norwegian foreign service mission in the event of extraordinary incidents in the country in question (URE). The Directorate of Health and the health service have representatives in URE, who can mobilise on short notice upon request by the Ministry of Foreign Affairs. The Ministry of Foreign Affairs can request other expertise, for example personnel from the Norwegian Radiation Protection Authority. The health services' representatives report to the Ministry of Foreign Affairs via the head of URE and report on the professional channel to the Directorate of Health. They provide professional advice to the Ministry of Foreign Affairs and the embassy on site.

The health authorities can also contribute their own health teams, transport home in cooperation with the Armed Forces and care of ill people and next-of-kin at home.

Health team in the event of crises abroad:

Routines and procedures for establishing and dispatching the health team in the event of crises abroad were stipulated by the Ministry of Health and Care Services on 4 July 2008. The routines describe preparations, establishment and dispatching of the health team in the event of crises abroad. The regional health authorities must be prepared to establish teams comprised of health personnel with various types of expertise that can be sent abroad in the event of an incident. The routines can also be used to dispatch health teams as a reinforcement resource internally in Norway in the event of a crisis.



4. Specialised plans, expertise and resources

In order to address particularly challenging incidents, there are special plans, expertise communities and resources that could be used in crises. These are:

4.1. Nuclear preparedness

The nuclear preparedness is specified in the regulation relating to the mandate for and composition of the Crisis Committee for nuclear preparedness with advisers, as well as the mandate for the County Governor (23 August 2013, No. 1023), cf. Royal Decree of 23 August 2013 and Act of 12 May 2000, No. 36 relating to radiation protection and use of radiation.

The nuclear preparedness is organised in the Crisis Committee for nuclear preparedness, the Crisis Committee's advisers, the Norwegian Radiation Protection Authority as secretariat, as well as the County Governors and District Governor on Svalbard.

The Crisis Committee for nuclear preparedness was established to achieve a coordinated, efficient and rapid handling of the emergency phase in connection with nuclear incidents, to provide advice to ministries and other authorities in the late phase of an incident, as well as in the continuous preparedness work.

The Crisis Committee for nuclear preparedness is composed of the Norwegian Radiation Protection Authority, the Directorate for Civil Protection and Emergency Planning, the Armed Forces, the Norwegian Police Directorate, Directorate of Health, the Norwegian Food Safety Authority, the Norwegian Coastal Administration and Ministry of Foreign Affairs. The Norwegian Radiation Protection Authority is the chair and secretariat of the Crisis Committee. As the secretariat, the Norwegian Radiation Protection Authority will, in the event of a nuclear incident, notify the head, members and advisers of the Crisis Committee, and potentially also information employees from other agencies, as well as County Governors, ministries and other relevant authorities or entities. The Crisis Committee for nuclear preparedness has the authority to make decisions and issue orders for specific measures in the emergency phase of an incident in line with the regulation relating to delegation of the King's authority according to Section 16 of the Radiation Protection Act, second subsection, to the Crisis Committee for nuclear preparedness (23 August 2013, No. 1024)

4.2. Preparedness against bioterror, control of communicable diseases and pandemic preparedness

The health preparedness against bioterror is based on the established communicable diseases preparedness in the health sector.

The outbreak handbook is published by the Norwegian Institute of Public Health in cooperation with the Norwegian Food Safety Authority and describes the technical methods for clarifying an outbreak of disease where foods (food and drinks, drinking water) or animals are the most likely source of contagion. The handbook also describes which authorities are responsible for handling outbreaks, and who should be notified.

The National preparedness plan for pandemic influenza facilitates the reduction of illness and death, treatment of the sick and dying at home and in hospitals, maintaining societal functions and providing necessary information to the public during a pandemic. The plan is based on sets of plans from the WHO and EU, and contains measures for the different phases of a pandemic. Entities in the health and care sector and other sectors are expected to include measures to handle a pandemic in their crisis plans in accordance with statutes and regulations, as well as the requirements in the national plan.

The Norwegian Food Safety Authority's preparedness plans describe measures if there is suspicion of or confirmed cases of food that is hazardous to health, intermediate products that are hazardous to health or the environment, pests that damage plants and diseases that affect fish and animals, including zoonoses (can contaminate from fish and animals to humans).

4.3. Preparedness against acute pollution and chemical incidents

Entities conducting activities that could result in acute pollution must ensure necessary preparedness to prevent, detect, stop, remove and limit the impact of the pollution.

Municipalities must ensure necessary preparedness against minor cases of acute pollution that could occur or cause damage inside the municipality, and that are not covered by private preparedness. The municipality

– as the public health authority – is required to have an overview of conditions in the environment that entail a health risk, and must have a preparedness plan for its tasks within environmental health care. Under this, the municipality is responsible for handling incidents locally and has the authority to issue orders relating to investigation, duty to provide information, correction and ceasing operations to entities or properties. The municipalities have a preparedness and action obligation as regards minor cases of acute pollution that are not covered by private preparedness, and where the polluter is incapable of responding or is unknown. The municipalities cooperate through 33 inter-municipal preparedness regions, headed by the Inter-Municipal Committee Against Acute Pollution (IUA). IUA covers all Norwegian municipalities.

In the event of acute pollution or a risk of acute pollution from land-based activities, the party responsible for the pollution must immediately notify the nearest police authority and fire department. The Joint Rescue Coordination Centre or nearest coastal radio must be notified in the event of acute pollution or a risk of acute pollution from a vessel. The Joint Rescue Coordination Centre and Norwegian Petroleum Directorate must be notified in the event of acute pollution or risk of acute pollution from activities on the Norwegian continental shelf. Parties other than those responsible for the pollution are also required to provide notification unless it is obviously unnecessary.

The police will coordinate the emergency agencies' handling of the emergency situation at the accident site.

At a national level, the Norwegian Institute of Public Health, in accordance with the Public Health Act, is tasked with assisting municipalities, county authorities, County Governors and other state institutions, health personnel and the population in the event of exposure to environmental factors that are hazardous to health. Through the Public Health Act, the Ministry of Health and Care Services has the authority to impose additional provisions relating to a notification duty for municipalities, health trusts and health personnel to report environmental incidents or suspicion regarding outbreak of disease related to exposure to environmental factors hazardous to health.

Other state authorities responsible for assisting the emergency agencies, polluters and municipalities with expertise and equipment in the handling of such situations include the Norwegian Coastal Administration and Norwegian Environment Agency, as well as the Norwegian Radiation Protection Authority. The Nor-

wegian Coastal Administration has a preparedness and response duty in the event of major acute pollution, which is not covered by private or municipal preparedness. If the polluter is not capable of responding, the Administration can take over the response obligation, if necessary. The Crisis Committee for nuclear preparedness has a key role in the handling of acute radioactive pollution, cf. discussion of nuclear preparedness above. The Norwegian Environment Agency is responsible for stipulating preparedness requirements against acute pollution in municipalities and the private sector, and for ensuring the requirements are met.

4.4. Information Centre for Toxic Substances

The Directorate of Health, through the Information Centre for Toxic Substances, has 24/7 service and provides advice on treatment of acute poisoning to the health service, emergency agencies and the general public.

4.5. National treatment service for CBRNe medicine

The national treatment service for people exposed to chemicals, biological agents, radioactive radiation and explosives (CBRNe injuries)²⁵[i]. The service has cutting-edge expertise in radiation injuries and radiological injuries, biological and chemical injuries. The South-Eastern Norway Regional Health Authority is responsible for the CBRNe service and is based at Oslo University Hospital (OUS). The CBRNe service is a national treatment service in CBRNe medicine that will provide services and guidance to the health services, state and municipal authorities, as necessary. The service has contact and cooperation with relevant authorities, health institutions and expert communities in the area. The service's main tasks constitute three parts: maintaining cutting-edge expertise in the discipline, advising authorities and health services, and being able to treat patients with such injuries.

The national treatment service for CBRNe medicine is based on clinical expert groups at the OUS, and has the national function for treatment. At the same time, they must safeguard advising of other hospitals in treatment and building up of expertise within CBRNe medicine:

- *C=chemical agents*: CBRNe centre/emergency medical dep. are responsible for medical treatment and exchange of expertise to other hospitals and entities in the health service.

- *B=biological agents*: CBRNe centre/communicable diseases department are responsible for medical treatment and exchange of expertise to other hospitals and entities in the health service.
- *RN=radionuclear, ionising radiation*: CBRNe centre/ Haematology department is responsible for treating people with radiation injuries and providing advice to the health authorities, Crisis Committee for nuclear preparedness, health service and other parties regarding medical measures.
- *e-injuries (explosives)*: spread of CBRN agents through explosions

4.6. National treatment service for the advanced treatment of burn injuries

The Western Norway Regional Health Authority is responsible for national treatment service for the advanced treatment of burn injuries at the Haukeland University Hospital (Bergen Health Trust). The function and tasks, including dissemination of expertise, is also safeguarded in the event of major accidents.

4.7. The Norwegian Institute of Public Health's field epidemiological group

The Norwegian Institute of Public Health has a field epidemiological group which can assist municipalities and hospitals in investigating outbreaks of communicable diseases regardless of whether they are due to mishaps, premeditated dispersal or a natural cause. The group can also provide assistance abroad in response to a request from the WHO and EU. The Institute heads the Food Contamination Committee, which is a permanent response group for the clarification of food-borne outbreaks of communicable diseases with expertise from the Norwegian Food Safety Authority, other entities and expert communities.

4.8. National preparedness laboratory

The Norwegian Institute of Public Health coordinates microbiological preparedness among medical microbiological laboratories in the country and assists the microbiological hospital laboratories with primary responsibility for patient samples. The Norwegian Institute of Public Health has national reference laboratories and a national preparedness laboratory which meets the requirements for safety when handling bacteria and viruses of contagion risk class 3. The Norwegian Institute of Public Health has an agreement with the Public Health Agency of Sweden relating to analysis of bacteria and virus in risk class 4.

The National Veterinary Institute has cutting-edge expertise in veterinary bacteriology, virology, pathol-

ogy, immunology and epidemiology, and implements monitoring and control programmes to document the status or absence of animal diseases. The Institute is equipped for the study of microorganisms that cause serious communicable animal diseases (a class 3 laboratory) and can assist with diagnostic response teams if there is suspicion of an outbreak. The Institute has tasks in connection with mapping and monitoring chemical and microbiological agents in feed and food, together with advice including risk assessments.

National Institute for Nutrition and Seafood Research (NIFES) is a national reference laboratory, responsible for mapping and monitoring of foreign matter, as well as human pathogenic and quality-impairing microorganisms and parasites in fish feed and seafood. NIFES is also responsible for advising in this area.

4.9. Norwegian Centre for Violence and Traumatic Stress Studies

The Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS) is an inter-departmental effort to strengthen research, development work, knowledge dissemination and expertise development in the violence and trauma field. The Centre cooperates with regional resource communities, as well as relevant clinical communities, research institutions and professional bodies and gives the health authorities advice and can assist in a disaster situation on assignment from the Directorate of Health, potentially in cooperation with the Ministry of Foreign Affairs.

4.10. Regional Centre for Violence and Traumatic Stress Studies

Regional resource centres for violence, traumatic stress and suicide prevention (RVTS) contribute to improved and more comprehensive services through knowledge transfer to partners in the region. The centres assist the executive service provider (child welfare services, health services, family welfare, police, etc.) with information, guidance and expertise development.

4.11. Medicines and medical equipment

The municipalities, regional health authorities and health trusts must have satisfactory security of supply of important materials and medicines to ensure reliable services in the event of crises.

The pharmacies are not required to draw up preparedness plans according to the Health Preparedness Act, but do have a delivery obligation for mandatory

products according to the Pharmacy Act. Wholesale distributors also do not have a duty to draw up preparedness plans according to the Health Preparedness Act, but are, according to the regulation relating to wholesale distributors, required to stock the selection of medicines requested in the Norwegian market, and must generally be able to deliver the medicines within 24 hours.

The Norwegian Medicines Agency administers the Medicines Act and Pharmacy Act, which regulate the activity of pharmacies, wholesale distributors and pharmaceutical companies, including terms related to security of supply. The Norwegian Medicines Agency cooperates closely with pharmaceutical companies, wholesale distributors and health personnel to find solutions in the event of shortages. The measures include information to doctors, patients and pharmacies with advice for alternative treatment, permission to sell foreign medicines without submitting an application for a special approval exemption and reimbursement of foreign medicines.

The Norwegian Institute of Public Health is responsible for the national supply of vaccines and has permission to produce, store and distribute vaccines, subject to supervision and approval by the Norwegian Medicines Agency. The Institute has a stock of vaccines for the child vaccination programme and other special vaccines.

The Directorate of Health manages – as a supplement to the health services', pharmacies' and wholesale distributors' preparedness – national preparedness medicine and medical consumables stocks for use in extraordinary situations:

- A national crisis medicine stock. As at February 2014, this is organised through an agreement with a medicine wholesale distributor which covers storage, rotation and replacement of a defined number of medicines. The stock contains, among other things, antidotes in the event of poisoning and antimicrobial substances. The Directorate makes decisions regarding use of the stock. The composition, dimensioning and organisation of the stock is continuously assessed.
- A stock of antiviral medicine and, together with affected parties, ensures logistics of antiviralia in the event of a potential pandemic.
- About 2 million potassium iodide tablets for use in the event of radioactive fallout are stored centrally and pre-distributed to the municipalities north of

the Ofot Fjord.

- A stock of 130 100/10 units, which are surgical consumables for treatment of 100 patients for 10 days. The material is rotated in connection with international disaster relief operations.
- A stock of NorHosp units (light field hospital), emergency aid camp and tents for use nationally and internationally. The material is rotated in connection with international disaster relief operations.

4.12. Other resources

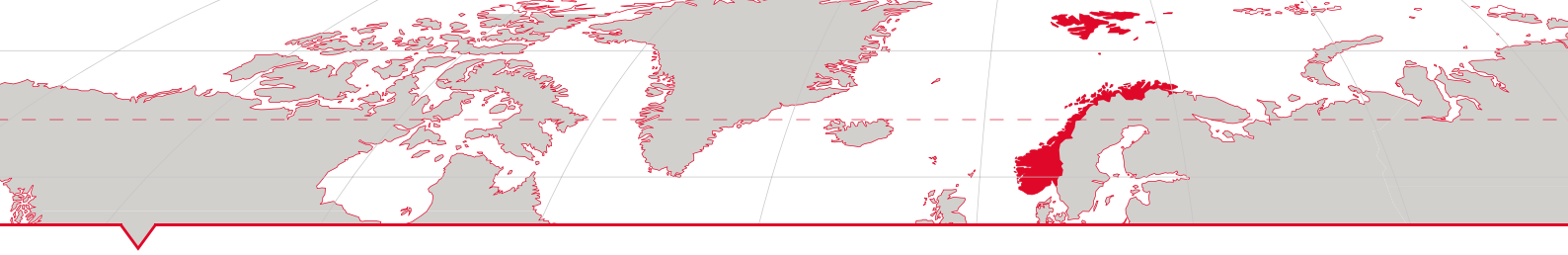
The health trusts have ambulance resources at their disposal (vehicles and boats). Preparedness is maintained both through own resources and through agreements with private entities and non-governmental organisations.

The air ambulance service (ANS) is part of the health trusts' emergency medical preparedness through agreements that have been entered into between the airplane and helicopter operations. An agreement has also been entered into between the health trusts and the Ministry of Justice and Public Security regarding the use of the rescue helicopter service in connection with the air ambulance.

The Directorate of Health can ask the Armed Forces' headquarters for assistance in line with the agreement of 7 Dec. 2011. The Armed Forces own and operate strategic air evacuation capacities. They use the Armed Force's Hercules C-130 or an SAS B 737-700 for air transport of people who require medical monitoring, treatment and care during transport. The overall capacity is called STRATEVAC. The airplanes can be used for domestic and international transport and be staffed with pre-designated uniformed health personnel. The airplanes are prepared by the airline in 24 and 36 hours and can accommodate both sitting and stretcher patients. The Ministry of Defence has entered into an agreement relating to modification of a coastal ship to a hospital ship. The agreement also governs use of other types of resources.

The Norwegian Civil Defence is a national reserve resource which can assist the health sector with tasks relating to protection of the civilian population. Examples include evacuation, radiac measurement patrols and capacity within CBRNe preparedness (chemical, biological, radioactive, nuclear and explosives).

There are a number of international agreements that govern requests for assistance during crises, cf. previous discussion of the Nordic rescue agreement and Nordic health preparedness agreement.



5. Notification, crisis management and cooperation in the event of incidents and crises

When an incident has occurred or is about to occur, the entities must use their prepared systems for early notification and communication, establishment of crisis management and preparedness organisation and situation reporting in the sector and cooperation with other sectors, the media and the general public. These systems are described in this chapter.

5.1. Notification

Notification is the first report from the affected entity to superior, equally ranking or subordinate entities that an extraordinary situation has occurred. A notification follows a predefined chain of responsibility. The notification should contain information about what happened, and how the situation is being handled, the need to establish preparedness, potentially also the need for resources. The Ministry of Health and Care Services and associated entities have established notification schemes which, on a 24-hour basis, shall ensure rapid consultation and notification internally and between the entities, when a crisis has occurred. There is a low threshold for consultations at the management level.

5.1.1. Notification from local to national level

- Norwegian Emergency Medical Alarm (AMK) and the accident and emergency units' nationwide system for notification and handling of inquiries relating to the need for emergency medical assistance and communication within the health service, health radio network and Nødnett (Norwegian Emergency Public Safety Network) constitute the health service's system for notification, re-notification and management of resources for daily incidents and crises. In the event of incidents where response from other emergency agencies is necessary, it is important to provide triple notification quickly in accordance with set procedures.
- The municipalities will notify the County Governor and health trusts (HF)/regional health authorities (RHF).
- The County Governor and regional health authority (RHF) will notify the Directorate of Health (24/7 on-call telephone), with copies to each other.

The regional health authority must also inform the Ministry of Health and Care Services through the owner channel.

- The Directorate of Health will notify the Ministry of Health and Care Services and other affected entities in its own and other sectors.
- In the event of acute pollution or the risk of acute pollution from land-based activity, the party responsible for the pollution must immediately notify the nearest police authority and fire department. The Joint Rescue Coordination Centre or nearest coastal radio must be notified in the event of acute pollution or a risk of this from a vessel. The Joint Rescue Coordination Centre and Norwegian Petroleum Directorate must be notified in the event of acute pollution or risk of acute pollution from activities on the Norwegian continental shelf. Others than the party responsible for the pollution must also provide notification unless it is obviously unnecessary.
- In the event of (a suspected) nuclear incident locally, the Norwegian Radiation Protection Authority must be notified immediately.
- In the event of (a suspected) outbreak of disease, including food-borne and water-borne diseases, doctors and laboratories must alert the Norwegian Institute of Public Health in the system for reporting communicable disease outbreaks (www.vesuv.no). Doctors and laboratories must alert the Norwegian Institute of Public Health through the Norwegian Surveillance System for Communicable Diseases (MSIS). Health personnel with a notification obligation must report this to the Norwegian Institute of Public Health.
- Entities under the Food Safety Act must notify the Norwegian Food Safety Authority and implement measures in the event of suspected hazardous foods. The Norwegian Food Safety Authority will notify the Ministry and/or affected agencies.

5.1.2. Notification from national to local level

- The Ministry of Health and Care Services will notify underlying entities in accordance with a notification list, which is updated in June and December of each year.

- The Directorate of Health notifies regional health authorities who in turn notify the health trusts and air ambulance service ANS, as well as Helsetjenestens driftsorganisasjon for Nødnett HF (HDO) and Helsetjenestens Innkjøpsservice AS (HINAS). If the health trusts' management needs to be notified quickly, the Directorate of Health will alert them in addition to Norwegian Emergency Medical Alarm (AMK) centres, and accident and emergency units, in accordance with a designated routine. The Ministry will inform the responsible management in affected regional health trusts through the owner channel.
- The Directorate of Health notifies County Governors.
- County Governors notify municipalities.
- The Directorate of Health notifies the Ministry and affected entities in the health sector and other sectors, such as the Directorate for Emergency Communication, the Police Directorate, Directorate for Civil Protection and Emergency Planning and the Armed Forces.
- In the event of a nuclear incident, the Norwegian Radiation Protection Authority will notify the Crisis Committee for nuclear preparedness, the chair, members and advisers. Information workers in other agencies, County Governors, ministries and other affected entities will also be notified, if necessary.
- In the event of an outbreak of communicable disease, the Norwegian Institute of Public Health, through Smittevernvakten, will notify affected municipalities, hospitals, the Directorate of Health and the Ministry.
- There are notification routines between the Norwegian Food Safety Authority's owner ministries, the Authority's regional and local departments, as well as their external partners.

Notification and reporting lines during crises follow from Figures 1, 2 and 3 in appendices to the plan.

5.1.3. International notification

Norwegian health authorities participate in several international notification schemes:

- The Directorate of Health is the national focal point for notification and information to Nordic countries' health authorities, cf. Nordic health preparedness agreement.
- The Norwegian Institute of Public Health is a national contact point for notification via the EU's Early Warning and Response System (EWRS) and WHO's notification system for IHR.
- The Norwegian Radiation Protection Authority is the national contact point for early notification in the event of nuclear incidents²³.
- The Norwegian Food Safety Authority is the national notification point in the EU's notification system Rapid Alert System for Food and Feed (RASFF) and WHO/FAO's notification for serious food safety incidents.
- The Norwegian Food Safety Authority participates in the EU's and World Organisation for Animal Health's (OIE's) notification system in the event of outbreak of serious communicable animal diseases, including zoonoses (could infect humans).
- The Norwegian Medicines Agency participates in the notification system in the EEA area for notifications relating to quality failure and side effects of medicines.

5.2. Establish crisis management and reporting

In any crisis, there will be a need to clarify responsibility, authority and routines for cooperation relating to implementation of measures and coordinated information to those affected, the general public, media, health and care services, other authorities and professional entities. The responsible entities must quickly fulfil their tasks and be prepared to implement reporting and information sharing to the superior authority. Correspondingly, the superior authority must ensure information relating to decisions, etc. at a central level is communicated to involved entities at regional and local levels. In crises affecting multiple entities, reporting shall generally be sent via the Directorate of Health to the Ministry of Health and Care Services.

5.2.1 Municipalities

The municipalities' crisis management must be anchored in the municipalities' management and coordinated with the specialist health service. Affected people (bereaved, survivors, next-of-kin) must be en-

sured treatment, follow-up and information from the services in the short and long term.

The municipality is responsible for asking for assistance from other municipalities and agencies if the crisis management requires more resources than those available in its own municipality. Municipalities requested to provide assistance must, if the conditions allow, provide assistance to other municipalities in the event of accidents and other acute situations. The municipality receiving the assistance must give the municipality providing help compensation for expenses incurred, unless otherwise agreed or decided²⁴. The municipality is also responsible for requesting assistance from the County Governor, health trusts and central authorities, cf. discussion of cooperation in Ch. 3.1. The Norwegian Institute of Public Health has a duty to assist the municipalities in the event of outbreak of communicable diseases and environmental incidents.

The municipalities report via the County Governor to the Directorate of Health.

5.2.2 Regional health authorities and health trusts

The crisis management in the regional health authorities and health trusts meet to coordinate the crisis management within the health region's area of responsibility. The health trusts have a duty to cooperate with other health trusts, County Governors and affected municipalities in the region, as well as health authorities in other regions (including information sharing to ensure the best possible handling of the situation for residents). If the resources in a health trust are insufficient, assistance can be requested from both own and other regions.

If conditions necessitate it, the health service for the regional health authority must provide assistance to other regions. Requests for assistance are made by the region in need of the assistance²⁶.

The regional health authority or health trust that has been delegated operative management responsibility, reports through the regional health authority (RHF) to the Directorate of Health, when the Directorate of Health has been delegated the responsibility for gen-

eral coordination of the health and care service's crisis management.

5.2.3 County Governor

The County Governor is responsible for coordinating the crisis management at a regional level, and must e.g.:

- Assist the Directorate of Health with crisis management, when the Directorate of Health has been delegated responsibility for overall coordination of the health and care service. The County Governors will then receive orders from the Directorate regarding reporting and activities.
- When the Directorate for Civil Protection and Emergency Planning has implemented situation reporting in their line, the County Governor must draw up one joint report that is sent to affected directorates – so all directorates can quickly gain access to the same information.
- In the event of a nuclear incident, coordinate and help implement coordinated measures regionally and locally, in consultation with the Crisis Committee for nuclear preparedness.
- Coordinate the crisis management regionally in accordance with given instructions, guidelines and statutes.
- Obtain overview of the situation in the county and report this to central authorities.
- Be the link between the central and municipal level with regard to implementation of measures.
- Contribute to good contact, assistance and cooperation between civilian and military authorities.
- Coordinate measures and information with chief of police, regional state administration (e.g. Norwegian Food Safety Authority), regional health authorities, health trusts, county authorities and affected municipalities.

5.2.4 Central health and care administration

The entities establish their own crisis organisation as soon as it is deemed necessary:

- If the situation so requires, the Ministry of Health and Care Services will make a decision regarding delegation of the overall coordination function to the Directorate of Health. The Directorate is then responsible for overall coordination of the health

and care sector's response, implementing necessary measures, and describing an overall report for the sector.

- If the Directorate finds that there is obviously a need to implement measures without it being possible to achieve advance contact with the Ministry, the Directorate may nevertheless establish the coordination function. Contact with the Ministry is established as soon as possible after the fact.
- The Directorate of Health must stay informed regarding the situation. The Directorate, affected health trusts and county governors have a mutual duty to establish contact, and obtain a basis for assessing whether the Directorate should enter the coordination function.
- When the coordination function is established, the Directorate implements situation reporting and sends reports to the Ministry of Health and Care and directly to entities in the health sector and other sectors.
- When the coordination function is established, the Directorate must keep regional health authorities and county governors up-to-date on the situation. Regional health authorities and county governors will receive orders regarding activity and reporting from the Directorate. As a step in the coordination, the Directorate will maintain a close dialogue and hold coordination meetings with affected parties – both entities in the health and care sector and Directorates and professional bodies in other sectors. In the event of nuclear incidents where the Directorate of Health has been delegated responsibility for coordinating the health service's response, the Directorate maintains, in understanding with the Norwegian Radiation Protection Authority, reporting on the health and care service's handling to the Crisis Committee for nuclear preparedness and Ministry of Health and Care Services.
- The Norwegian Medicines Agency fulfils its professional responsibility and supports the Directorate of Health.
- The Directorate of Health keeps the Norwegian Board of Health informed about the development. If the Directorate believes a service provider is not following up its responsibility, the situation can be reported to the Norwegian Board of Health, with a request that the Board consider issuing an order to

the responsible entity to correct the conditions.

- In the event of minor nuclear incidents, the Norwegian Radiation Protection Authority, as the secretariat for the Crisis Committee for nuclear preparedness, will handle the situation on behalf of the Crisis Committee. Locally, the police will coordinate the emergency agencies' handling at the accident site. The Norwegian Radiation Protection Authority has the necessary expertise and equipment to provide assistance in the handling of such situations. If necessary, the Crisis Committee is summoned (Norwegian Radiation Protection Authority, Directorate for Civil Protection and Emergency Planning, Armed Forces, Police Directorate, Directorate of Health, Norwegian Food Safety Authority, Norwegian Coastal Administration and Ministry of Foreign Affairs).
- In the emergency phase of a nuclear incident, the Crisis Committee for nuclear preparedness can exercise its authority if it finds this necessary to protect lives, health, the environment or other important public interests. This applies to measures such as:
 - Ensure coordinated information to central authorities and partners domestically and internationally, the County Governor, the media and the general public. In the event of nuclear incidents where the Directorate of Health has been delegated responsibility for coordinating the health service's response, the Directorate, in understanding with the Norwegian Radiation Protection Authority, handles reporting related to the health and care services' handling to the Crisis Committee for nuclear preparedness and the Ministry of Health and Care Services (Figure 2, page 35).
 - Order securing of areas that are or could become severely polluted, acute evacuation, measures and restrictions in the production of food, impose orders and provide advice relating to decontamination of polluted people, advising the general public to stay indoors, use of iodine tablets, provide nutrition advice and provide advice on other consequence-reducing measures.
 - The Crisis Committee ensures the measures are directed to and communicated through the agencies in the Crisis Committee with the legal

basis for implementation. The member agencies have a duty to assess whether the decision can be implemented without impairing life and health. In such cases, a dialogue is started with the Norwegian Radiation Protection Authority and Crisis Committee before measures are implemented.

- In the event of an outbreak of communicable diseases and incidents with a risk of health injuries from chemicals, the Norwegian Institute of Public Health will fulfil its professional responsibility and support the Directorate of Health.
- In the event of serious outbreaks of food-borne communicable disease, the Food Contamination Committee must be established to support FHI in coordinating an investigation of national outbreaks. When the Norwegian Food Safety Authority handles an incident on the behalf of the Ministry of Health and Care Services, the Norwegian Food Safety Authority coordinates reporting to their three owner departments (Figure 3, page 36). The Norwegian Food Safety Authority cooperates with public professional agencies and authorities, such as the National Veterinary Institute and National Institute of Nutrition and Seafood Research (NIFES), the Norwegian Institute of Public Health, the Police, Norwegian Customs and Excise, Norwegian Coast Guard, County Governors, municipalities and the Norwegian Civil Defence, as well as various industry and business entities.

5.2.5. Ministerial level

The Ministry of Health and Care Services must ensure the necessary notification has taken place, that entities in the health and care sector maintain their responsibility and that routines for situation reporting and information preparedness are quickly established.

The secretary general establishes contact with the other members in the Crisis Council and other affected ministries and clarifies the need for coordination and use of liaisons.

In the event of the need to strengthen overall crisis management, the following mechanisms are activated:

The Crisis Council is the highest coordination body at the administrative level. All ministries can take the initiative to call for a meeting. The council's five permanent members are, secretary to the government at the office of the Prime Minister, secretary general from the Ministry of Foreign Affairs and the secretary generals in the Ministry of Justice and Public Security, Ministry of Defence and Ministry of Health and Care Services. If necessary, the council can be expanded with other ministries, representatives of underlying entities and special expert communities.

The main functions of the Crisis Council are to:

- make strategic assessments
- assess questions relating to the head ministry
- ensure coordination of measures in different sectors
- ensure coordinated information to the general public, media and others
- ensure questions requiring political clarification are quickly presented to the ministries' political management or the Government, including clarification of powers and budget.

The head ministry is responsible for coordinating management of the crisis at a ministerial level. Designation of a head ministry does not result in changes to constitutional responsibilities and all ministries will retain responsibility and decision authority for their areas. The Ministry of Justice and Public Security is the designated head ministry in the event of civilian national crises, unless otherwise determined. The Crisis Council has authority from the Government to decide which ministry should be the head. The Council will decide whether the Ministry of Justice and Public Security or another ministry is the head ministry. In the event of uncertainty or disagreement in the Crisis Council, the head ministry is decided by the Prime Minister in consultation with affected ministers.

A head ministry must be able to:

- ensure notification of other ministries, the Prime Minister's office, underlying entities, and in the event of serious crises, the Storting (Parliament) and the Royal Palace
- take initiative to summon the Crisis Council and chair the Council's meetings

-
- draw up and distribute general situation reports, e.g. based on acquired information from other ministries, operative agencies and the media
 - draw up general situation analyses, and assess possible courses of events and developments
 - identify and assess the need for measures at a strategic level, coordinate that operative entities have the necessary powers
 - coordinate that necessary measures within own area of responsibility are implemented and carry out necessary
 - coordination with other ministries and agencies (alternatively designate an underlying body to maintain this function)
 - ensure updated information regarding the situation is distributed to the members of Government
 - if necessary, coordinate the decision basis from affected ministries for the Government
 - ensure coordinated information is provided to the media and general public and that a comprehensive information strategy is designed
 - coordinate need for international assistance
 - consider establishment of liaison schemes with other affected ministries and entities

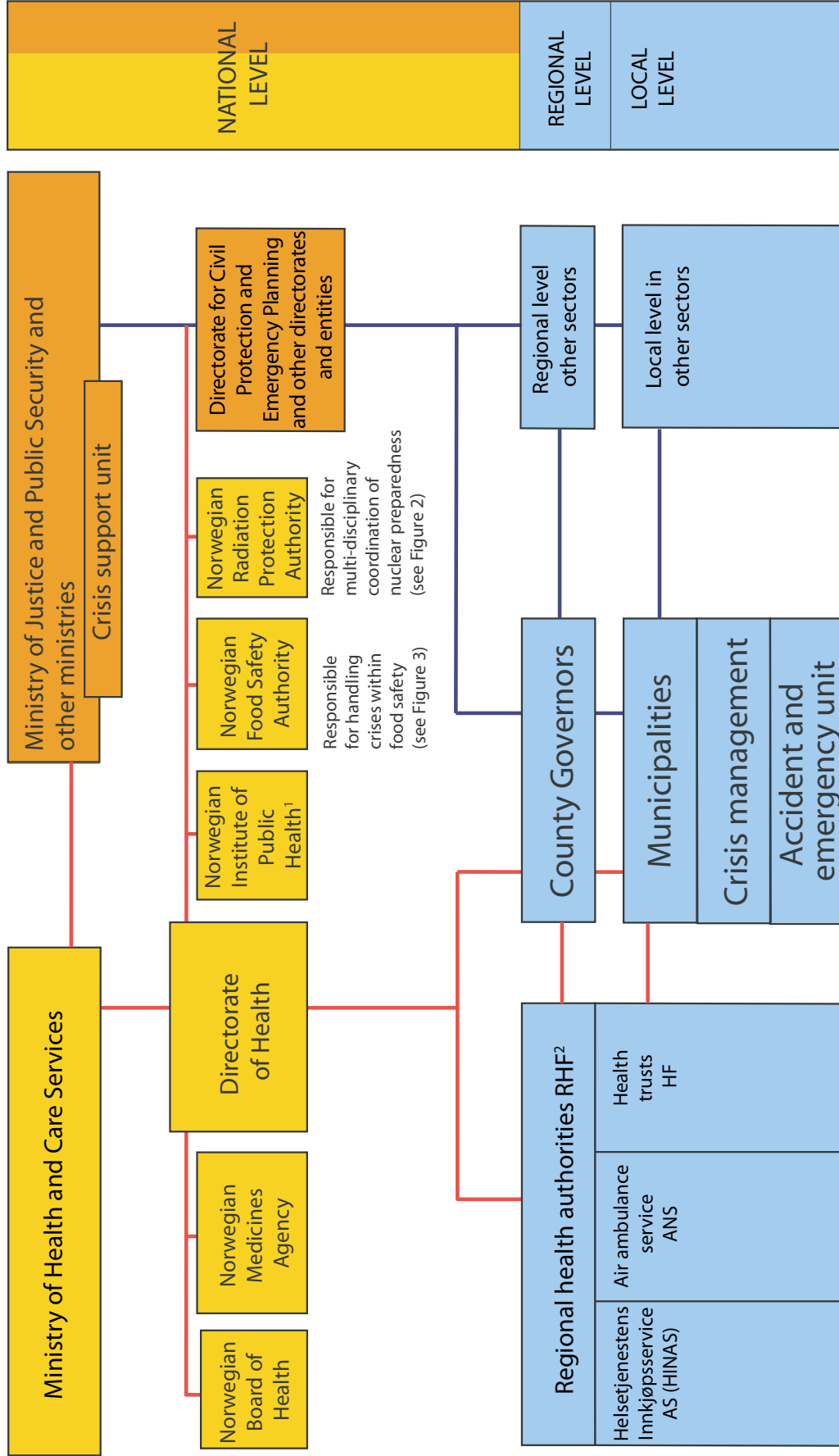
- ensure evaluation of the incident in consultation with other affected parties, and that identified learning points are followed up.

The Crisis Support Unit (KSE) is the permanent secretariat for the Crisis Council and will, if necessary, provide support to the head ministry and Crisis Council in their crisis management, including:

- • advice and assistance for the head ministry's work on coordinating and comprehensive central crisis management. This includes analyses, preparing and communicating comprehensive situation reports as a basis for the situation scenario and strategic decisions.
- support the head ministry and Crisis Council with infrastructure, premises and personnel.

Appendix

Figure 1: Notification and reporting lines in the health sector in the event of crises

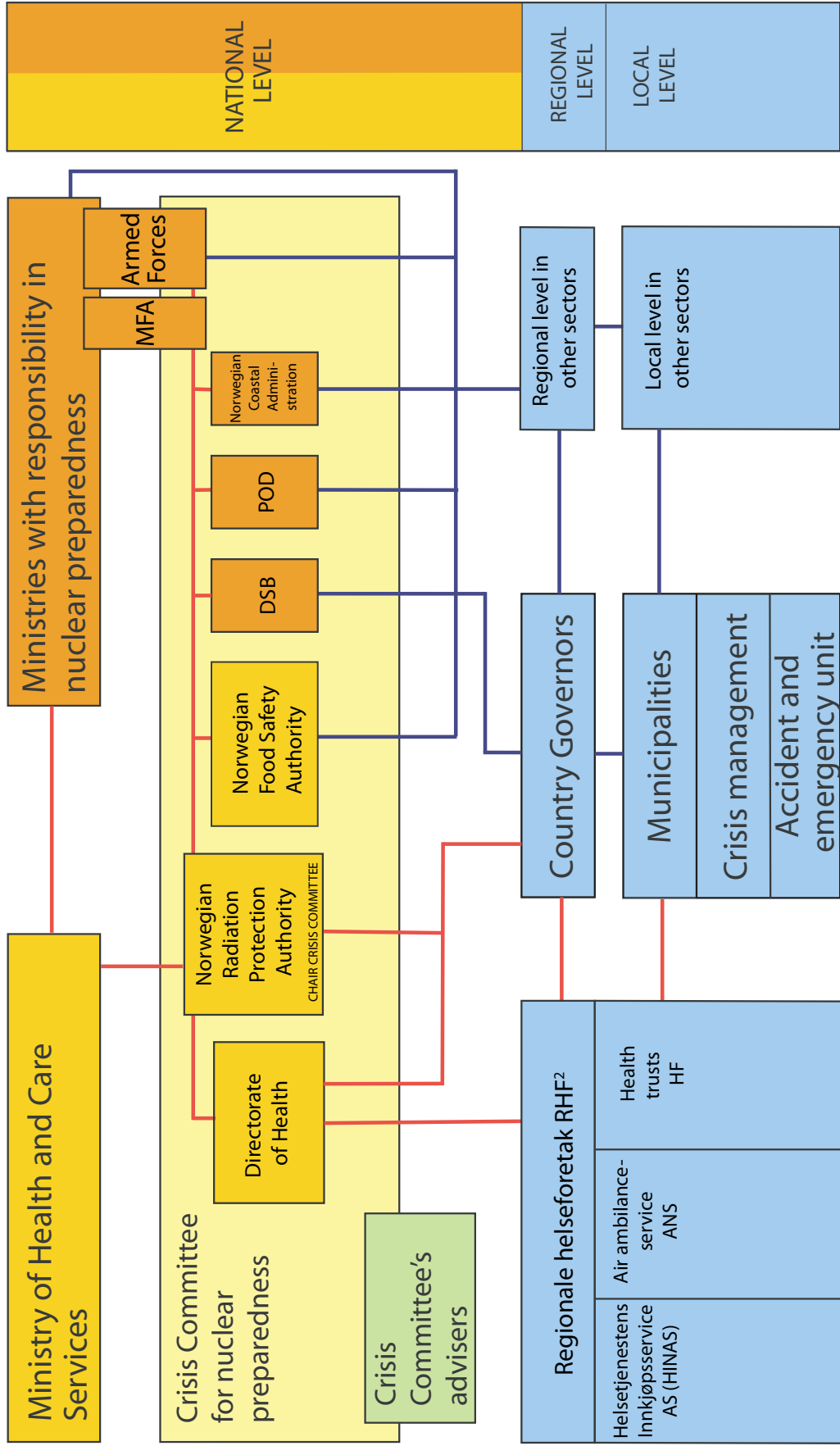


¹ The Norwegian Institute of Public Health is the national notification point for the WHO and EU. In the event of outbreak of communicable diseases, the Institute will notify the affected municipality(ies) and specialist health service.

² Does not change the RHF's delegations to the health trusts

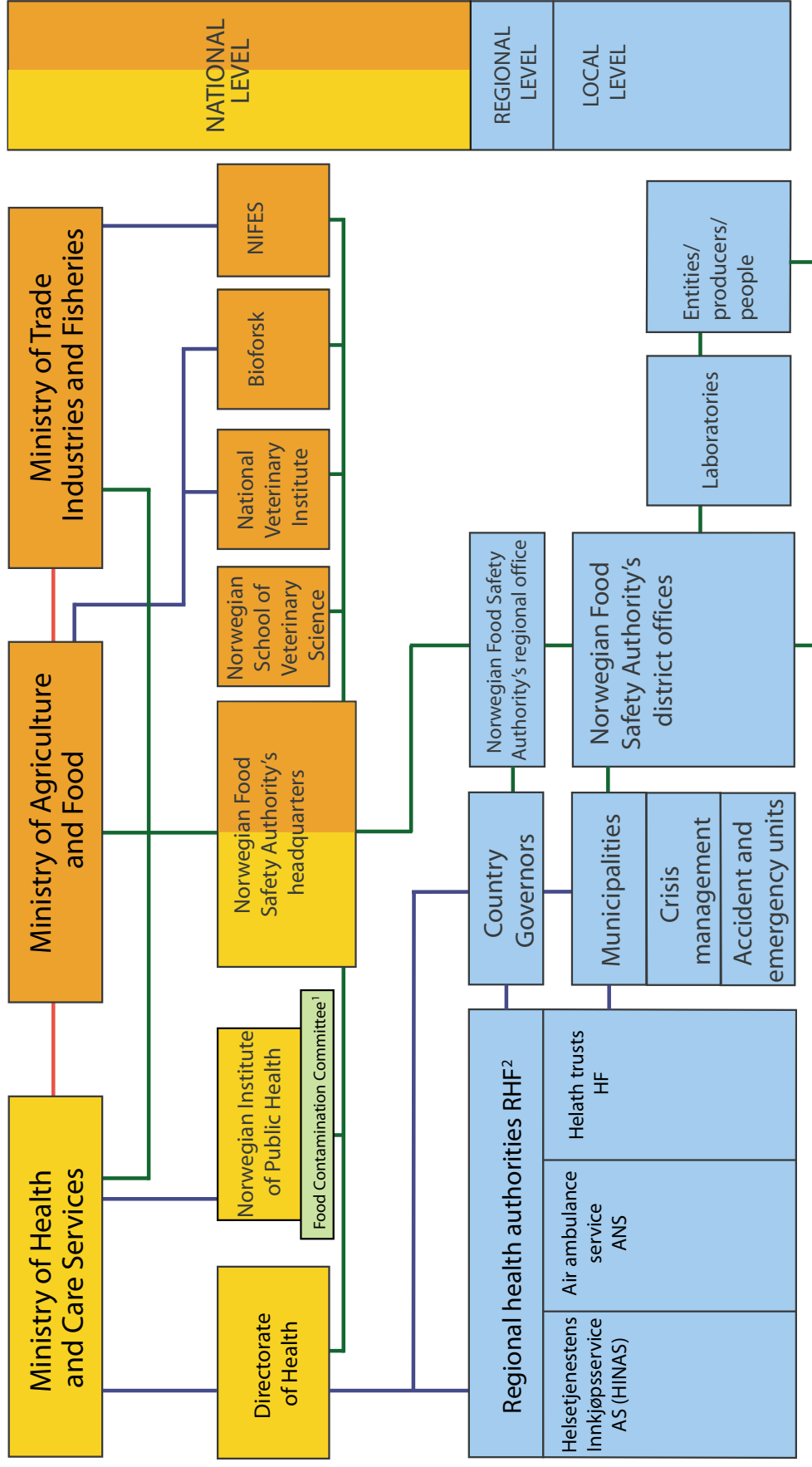
— Ministry of Health and Care Services' line — Line to other sectors

Figure 2: Notification and reporting lines in the event of nuclear incidents



— Ministry of Health and Care Service's line
 — Other ministries' sector line

Figure 3: Notification and reporting lines when the Norwegian Food Safety Authority handles an incident



Ministries' coordination channel

Ministries' sector line

Norwegian Food Safety Authority's reporting

channel Established in the event of crises

Template for and sharing of situation reports

The template for the health sector's reporting to the Directorate of Health is the one that is always saved in HelseCIM. The Directorate of Health is responsible, in consultation with HOD, for keeping this up-to-date with the needs at all relevant levels, including in consultation with the Directorate for Civil Protection and Emergency Planning. It is desirable for the County Governors to report in the Ministry of Health and Care Services' line by sharing their reports with the health service, the Directorate of Health and the Norwegian Radiation Protection Authority via DSB-CIM.

Lenke: <https://helse-cim.no>

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EU: http://europa.eu/pol/health/index_en.htm

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End notes:

- 1 Act of 24 June 2011, No. 30 relating to municipal health and care services, etc. Section 5-2.
- 2 Regulation of 29 April 2010, No. 613 relating to performing activities in the petroleum activities, Chapter III.
- 3 Odelsting Proposition No. 89 (1998-1999) Regulation relating to health and social preparedness, Chapter 13.
- 4 Currently under revision.
- 5 Instructions were specified by Royal Degree on 13 Sept. 2013. The instructions had not entered into force as at May 2014.
- 6 The duty to draw up coordinated preparedness plans is stipulated in the Act relating to health and care services, Act relating to specialist health services, Public Health Act, Act relating to social services welfare administration, as well as the requirement to coordinate plans in the Act relating to municipal preparedness duty, civil protection and the Norwegian Civil Defence. Reference is also made to: http://www.regjeringen.no/nb/dep/hod/dok/veiledning_og_brosjyrer/2011/samhandlingsreformen-lovpalagte-samarb.html?id=661886, particularly Chapter 5.11, page 24: Cooperation on coordinated preparedness plans.
- 7 The municipalities can be ordered to cooperate in accordance with Section 3-4 of the Act of 24 June 2011 relating to municipal health and care services and in accordance with the regulation relating to environmental health care. The cooperation is discussed in the comments to the regulation relating to requirements for preparedness planning and preparedness work, etc. in accordance with the Act relating to health and social preparedness.
- 8 Regulation No. 881 of 23 July 2001 relating to requirements for preparedness planning and preparedness work, etc.
- 9 Regulation No. 388 18 April 2008 Instructions for the civil protection and preparedness work of the County Governor and District Governor on Svalbard.
- 10 Section 5-5.1 of the Act relating to health and care services requires the chief municipal medical officer to participate in the local rescue coordination centre (LRS) upon request by the ministry. Cf. Act relating to specialist health services, Section 2-1d, the ministry can require the doctor to participate in LRS. The County Governor has delegated authority to appoint chief municipal medical officers who must participate in LRS.
- 11 Regulation No. 740 of 20 June 2003 relating to the collection and processing of personal health data in the Reporting system for communicable diseases and in the Tuberculosis Register and relating to notification concerning infectious diseases (MSIS and Tuberculosis Register Regulation) and Regulation No. 1573 of 21 Dec. 2007 relating to notification of and measures in the event of serious incidents significant to international public health (International Health Regulations).
- 12 International Health Regulations (IHR 2005).
- 13 The EU's reporting system for notification of outbreaks of communicable diseases (EWRS).
- 14 Public Health Act, Section 25(4).
- 15 Act relating to health and social preparedness, Section 2-1.
- 16 Act relating to the public supervision of health services, Section 5.
- 17 Act relating to social services in the work and welfare administration, Section 9.
- 18 Control of communicable diseases 13, Chapters 14.3.7 and 14.4.
- 19 Agreement between the Directorate of Health and the Red Cross.
- 20 Norwegian civil law and criminal law, and the administration of justice legislation applies to Svalbard and Jan Mayen unless otherwise determined. For other types of legislation, the basis is the opposite and the health legislation has generally to a limited extent been made applicable to Svalbard and Jan Mayen. Health conditions on Svalbard are mainly regulated by the regulation from

1928 relating to the doctor and health conditions on Svalbard (health regulation). There is no corresponding regulation for Jan Mayen. The Ministry of Health and Care Services proposed in a consultation memo in March 2013 that a number of health statutes and associated regulations be made partially or fully applicable to Svalbard, including the Act of 23 June 2000, No. 56 relating to health and social preparedness. The rules regarding which statutes and regulations should apply and further adaptations will emerge from a comprehensive set of regulations. A draft for such regulations was included in the consultation memo from 2013. The proposal was supported in the consultation and the Ministry is continuing work based on the input. The Radiation Protection Act has been made applicable on Svalbard, cf. Regulation of 9 May 2003, No. 568. Section 16 of the Radiation Protection Act governs nuclear preparedness. The Regulation of 29 October 2010, No. 1380 relating to radiation protection and use of radiation have been granted partial application for Svalbard, cf. Section 3 of this regulation.

- 21 District Governor's risk and vulnerability analysis 2013.
- 22 European Food Safety Authority (EFSA), Parma, Italy.
- 23 Convention on Early Notification of a Nuclear Accident (1986); Convention on Assistance in the Case of a Nuclear Accident or a Radiological Emergency (1986), as well as bilateral notification agreements with Sweden, Finland, Russia, Lithuania, Ukraine, Poland, Germany, the Netherlands and the UK.
- 24 Section 5-3 in the Act of 24 June 2011, No. 30 relating to municipal health and care services, etc.
- 25 Section 2-1c in the Act of 2 July 1999, No. 61 relating to the specialist health service, etc.
- 26 CBRNe is the English abbreviation for chemical, biological, radio-nuclear and explosives, used internationally.

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