Waikato District Health Board
HEALTH WAIKATO DIVISION

Waiora Waikato Campus

Incident Response Guidelines

For use in conjunction with 99777 Emergency Procedures Flip Chart, First Response Team Guidelines, Department Emergency Response Plans [DERPS], Site Health Emergency Plan

Incident Response Guideline to be used with Waiora Waikato Health Emergency Response Plan Final Document March 2016. Trevor Ecclestone/Delwyne Martin

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Incident Response Guideline to be used with Waiora Waikato Health Emergency Response Plan Final Document March 2016. Trevor Ecclestone/Delwyne Martin

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ABBREVIATIONS USED IN THIS DOCUMENT

A&E	Accident & Emergency Centre	IAP	Incident Action Plan
AGM	Assistant Group Manager	IC	Incident Controller
AWOL	Absent without Leave (Missing Patient)	ICU	Intensive Care Unit
BAU	Business as usual	IL4	Importance Level 4 (earthquake protection)
BCP	Business Continuity Plan	IM	Incident Management
BEC	Bryant Education Centre	IMT	Incident Management Team
CA	Clinical Advisor	IOC	Integrated Operations Centre
CBR	Chemical Biological Radiological (Hazard)	IT/IS	Information Technology/Information Services
CD	Civil Defence	MOoH	Medical Officer of Health
CDEM	Civil Defence Emergency Management	MOH	Ministry of Health
CEO	Chief Executive Officer	MH	Mental Health
CIMS	Co-ordinated Incident Management System	MSDS	Material Safety Data Sheet
CISD	Critical Incident Stress Debriefing	Mtg	Meeting
CNM	Clinical Nurse Manager	MDCU	Medical Day Care Unit
COO	Chief Operating Officer	MCC	Meade Clincial Centre
COP	Clinical Operations Plan	METHANE	Acronym used by St John to assess major incident response
CSU	Central Sterilising Unit	MIP	Major Incident Plan
CYFS	Child, Youth & Family Services	MCI's	Mass Casualty Incidents
DERP	Department Emergency Response Plan	NGO's	Non Government Organisations
DHB Svcs	District Health Board Services	NICU/NBU	Neonatal New Born Unit
DHB	District Health Board	NM	Nurse Manager
DNM	Duty Nurse Manager (Interchangeable with FC)	NZFS	New Zealand Fire Service
DON	Director of Nursing	OPR	Older Persons & Rehabilitation
DOSA	Day of Surgery Admission Unit	OR/OT	Operating Theatre
EAP	Employee Assistance Program	PACU	Past Anaesthetic Recovery Unit
ED	Emergency Department	PHU	Public Health Unit
EM Manager	Emergency Management Manager	P&I	Property and Infrastructure
EM Plan	Emergency Management Plan	P&I	Planning & Intelligence
EOC	Emergency Operations Centre	PPE	Personal Protective Equipment
EWIS	Building Fire Control Monitoring & Mgmt System	RACE	**R**emove, **A**ctivate, **C**ontain, **E**vacuate
EWIS PA SYSTEM	Public announcement system attached to EWIS	RC	Responsibility Centre
FC	Facilities Coordinator (interchangeable with DNM)	RRC	Regional Referral Centre
FRT	First Response Team	R/T's	Radio - Telephones
GM	Group Manager	SABC	Safety/Assess/Broadcast, Back up/ Campaign plan
GP's	General Practitioners	SDAU	Same Day Admission Unit
HDU	High Dependancy Unit	SPOC	Single Point of Contact
HM	Hospital Manager	SR/Sit Rep	Situation Report
HPO	Health Protection Officer	TXT	Text message
HR	Human Resources	UPS	Uninterrupted Power System/Supply
HRBC	Henry Rongomau Bennett Centre	VC	Voice Communications (switchboard)
HRH	Hilda Ross House	WDHB	Waikato District Health Board
H&S	Health & Safety	WH	Waikato Hospital
HW	Health Waikato	WH/HRBC	Waikato Hospital/ Henry Rongomau Bennett Centre

Incident Response Guideline to be used with Waiora Waikato Health Emergency Response Plan Final Document March 2016. Trevor Ecclestone/Delwyne Martin

OVERVIEW

This document provides activity guidelines associated with specified events and links response activity with the 99777 Emergency Flip Chart, Department Emergency Response Plans (DERPS) and the Waiora Campus Health Emergency Plan.

In all responses to an emergency incident or major planned event a Coordinated Incident Management System (CIMS) will be established based on the standard hospital management on call structure. CIMS role work sheets are included in the Waiora Campus Health Emergency Plan. This provides coordinated management activity supporting the many aspects of the response through to the All Clear/Stand down including debrief event review and identified follow up activities.
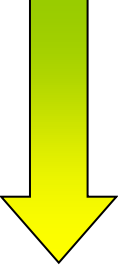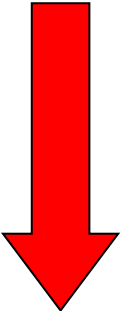
All departments on the Waiora Waikato Campus will have their own Department Emergency Response Plan which defines those departments' specific requirements in an emergency response or planned major event and return to business as usual. The DERP also contains a generic section providing response guidelines for reference in common events. It is the responsibility of every staff member to be familiar with the Waiora Campus Emergency Flip Charts and their department's emergency response plan.

Every emergency incident and major planned event response undergoes a review process which provides feedback opportunity for all staff. One of the outcomes of this process may be revision of the content of the Waiora Waikato Campus Health Emergency Plan and/or the Incident Response Guidelines', therefore utilising the electronic version is recommended as printed versions may become outdated without the readers knowledge. Version control is provided on the documents. In the event the DERPS require updating outside of the predefined review date a communication process will be initiated to ensure all staff are aware and have opportunity to participate in their departments review and update.

Incident Response Guideline to be used with Waiora Waikato Health Emergency Response Plan Final Document March 2016. Trevor Ecclestone/Delwyne Martin

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MANAGING EMERGENCIES

Responding to an Emergency Incident					
Internal			**External**		
Notification # 1					
99777 as per HW Emergency Flip Chart	Direct Observation or reported	Planned Event requiring Emergency Response framework	Mass Casualty notification via ED & St John. St John Emergency Services Coordination Centre (ESCC) will issue a Txt message with contact details for the initial response teleconference	Public Health Incident notified via Medical Officer of Health/Health Protection Officer	Regional or National event via SPOC to DNM (email/txt)
Notification # 2					
First Response Team notified		CIMS team established	DNM initiates Mass Casualty Call Tree	ED notifies DNM & appropriate call tree initiated	DNM initiates notification of on call Asstistant Group & Nurse Manager
Activation					
Clinical Incident	**Non Clinical Incident**				
Clinical Response team attend	First Response & affected Infrastructural teams attend	Planning and back out processes established	Incident management (CIMS) Structure and clinical response teams established		CIMS & Clinical response teams established including regional & national liaison teams
Operation					
Clinical management & SABC protocol applied	Incident managed, SABC applied & recovery plan established	Planned event proceeds	Clinical and support response requirements assessed and initiated, SABC applied		Clinical & support response requirements assessed & initiated, SABC applied
All Clear					
Senior clinical responder terminates response	Incident Controller announces all clear and response closed down	Planned event completed or back out declared	Incident Controller announces all clear and response closed down	Incident Controller in conjunction with Medical Officer of Health announce all clear & response closed down	Incident Controller announces stand down/all clear in conjunction with regional or national Incident Control

ACTIVATION/ESCALATION OF EMERGENCY RESPONSE PLAN		
Level		**Who may be involved**
Level 1 Preparedness /Readiness	There is an internal or external incident or anticipated conditions that may: • affect services and the public in or adjacent to the hospital or • Result in pressure on the hospital or health service. • Require the participation of the hospital or utilisation of resources and/or equipment in the response to the alert. **Examples:** Fire alarm, Airport alert, a number of patients beginning to present with similar symptoms, threat of industrial action, etc.	**24hrs:** • Duty Nurse Manager • Senior clinical staff • Senior non-clinical support staff • Emergency Department • Public Health (HPO or MOoH) • Group Managers **Response:** A Situation report and Action plan is developed to ensure preparedness to meet possible incoming demands.
Level 2	A major incident has been notified, occurred or is imminent and co-ordination of the hospital or health service emergency response is immediately required. Affected services activate appropriate response plans. **Examples:** major transport crash, fire, public health emergency, industrial action, utility or building failure, supply failure, etc.	**24hrs:** • Duty Nurse Manager • Senior clinical staff • Senior non-clinical support staff • Group Managers • Emergency Department • Public Health (HPO or MOOH) • WH on call team mobilised • Manager-Emergency Management Planning • Media – Communications on call • Fire • Police • Civil Defence **Response:** An EOC is established. Coordinated Incident Management System (CIMS) structure established. Initial situation report and incident action plan drafted.
Level 3 **Critical**	The situation is escalating and the capability of the hospital or health service to cope is becoming overwhelmed. More resources and/or equipment or support are required. **Examples:** Civil Defence declaration, national pandemic/regional public health emergency, major mass casualty incident, building failure, etc.	**As above, plus:** • Ministry of Health • Group Manager(s) • Fire, Police, St John • Hamilton City / Regional Civil Defence / National Civil Defence • Other agencies/utilities, e.g. Telecom, Meridian Energy, etc. • Neighbouring Hospital/Health Services (DHB and non-DHB)

		• Ministry of Health **Response:** • The CIMS Incident management Team identifies resources and equipment required • Defined assistance and advice is requested from other healthcare providers • Assistance and advice is requested from external agencies • The Ministry of Health is updated

WAIKATO HOSPITAL IOC EMERGENCY RESPONSE EQUIPMENT

Main Office
White Emergency Trolley
Co-ordinated Incident Management Team packs
CIMS Templates
Clip boards
Stationery
Mobile Phones
Radio Telephones
Electronic Whiteboard
[2] Evacuation chairs
Hard hats
Protective high viz Jackets (First Response team)

Corridor Cupboards
Electrical extension cords
Light sticks
Torches
Batteries
Protective Gloves
Hazardous Drug Spill Kit
Parkas
Fluid shield masks
Evacuation sheets
Buckets (household)
Buckets (Cytotoxic waste)
Sign bases
Spill Kit Large
Spill Kit Small
Manual Call Bells

1.1 ESTABLISHING & DISESTABLISHING AN EMERGENCY OPERATIONS CENTRE

ESTABLISHING/DISESTABLISHING AN EMERGENCY OPERATIONS CENTRE

Notification may be via
> ➢ Emergency Department
> ➢ Switchboard
> ➢ First Response Team escalation
> ➢ Security team escalation
> ➢ Other

Activation

Incident Activity Log commenced immediately by DNM/HRBC Shift Coordinator or IC (available on DNM/HRBC Shift Coordinator desk folder)

Initiate/ensure appropriate Call Tree activation via Voice Communications

Incident Controller allocates CIMS roles as per on call roster

Incident Controller requests additional senior staff to fill CIMS roles

CIMS packs accessed (IOC emergency response trolley)

CIMS team contact details recorded on emergency trolley whiteboard

Signage put in place

Electronic Whiteboard prepared

Mobilise other equipment as required (stored in Integrated Operations Centre)
> ➢ Radio telephones
> ➢ Mobile Phones Torches
> ➢ Light Sticks
> ➢ Extension Cords
> ➢ Evacuation Sheets
> ➢ Evacuation Chair
> ➢ Scene Protection Tape

Major incident response RC # is 1199

Operation

Incident Activity Log handed over to & maintained by Planning & Intelligence

Initial Situation Report drafted from Activity Log

Initial Incident Action Plan published

Initial CIMS meeting conducted and meeting schedule established

Duty Nurse Manager/Facilities Coordinator undertakes business as usual activity unless instructed otherwise and reports to Operations

Bed Manager undertakes business as usual activity unless instructed otherwise and reports to Operations

Inter-hospital Transfer Coordinator undertakes business as usual activity unless instructed otherwise and reports to Operations

All Clear/Stand Down

Incident Controller or designate will issue the all clear/stand down instruction based on assessment of all service/s capability to return to normal activity

All Clear/stand down message will be broadcast to all areas, services (internal and external) via all available communication modalities

Incident management team repack CIMS packs & associated response equipment returning EOC to IOC status.

All documentation related to the response to be kept and handed to Planning & Intelligence or delegate

Recovery & Reconciliation

EOC or EOC activity may be required to remain in place for some time following stand-down in order to provide ongoing support. This decision will be made by the Recovery Manager or Incident Controller where a Recovery Manager is not appointed

All incident response documentation to be collated and stored for use in event documentation and review processes

Immediate (hot) debrief scheduled for involved staff
Event Review process initiated including initial draft report to COO within three weeks
Staff monitoring & reminder of EAP self-referral if required
All equipment activated or utilised in the response will be checked in as per instruction, recharged, replacements ordered, cleaned and stored.

1.2 Minor Security Incident

Minor security incidents are routinely managed by the security team and do not require first response team involvement, however at any time when a staff member is unsure of how to proceed they should initiate a 99777 call stating the location and type of incident.

Minor Security Incident
Threat to personal safety
CYFS Pick up
Suspicious letter/package
Protest
Telephone threat
Missing/AWOL Patient (as per Missing Patient Policy)
Other

Notification
The Security team will be the primary responders to minor security incidents, however they may take the decision to escalate to a Major Security Incident which will prompt a First Response Team notification

Notify Security team via 0212220027 or 99777

WH/HRBC Security team respond

WH First Response Team on standby

AT ALL TIMES IF A PERSON IS IN DOUBT THEY SHOULD ESCALATE VIA 99777

Activation

Senior Security Officer takes lead

Request non security support (First Response Team) via further 99777 call

Request NZ Police via further 99777 call

Request clinical support via 99777 if required

Request St John attendance via 99777 if required

Operation

Immediate scene assessment

Establish perimeter, consider any evacuation requirements

Remove injured or disabled person/s from area

Initiate de-escalation processes

Request assistance/escalation to NZ Police response

Preserve scene for NZ Police investigation if required

Refer media enquiries to Media & Communications team via switchboard

Notify/update Duty Nurse Manager/Facility Coordinator of incident status

All Clear/Stand Down

All clear initiated by Security Officer in charge

All clear notified to all participant, media & communications, area staff, voice communications

Recovery & Reconciliation

Documentation as per service requirement – Security Report/DNM Shift Report

Complete Incident Form

Complete Trespass documentation if process initiated

Review all participants

Offer EAP to all [staff] participants

Arrange debrief within 12 hrs. if relevant

Arrange Event Review if relevant

1.3 Major Security Incident

Major Security Incident	
Fall/threat to fall from Building	Hostage
Bomb/Arson Threat	Armed Hold Up
Infant Abduction	Abduction
Intruder	Other
AWOL/Missing Patient Escalation	

Notification

99777 call to First Response Team initiated
First Response team activated
Major Security Incident team notification & activation
NZ Police notified
NZ Police requested to mobilise armed offenders squad
External Accident response activated if required
Hospital Manager on call notified
NZ Fire Service notified to stand by or attend
Parking notified to secure campus perimeter
Media & Communications notified

Activation

Senior Security Officer become Incident Controller until NZ Police on site when the senior officer becomes the Incident Controller
Request clinical support via 99777 if required
Request St John attendance via 99777 if required
External Accident response activated if required

Operation

Immediate scene assessment
Establish perimeter, consider any evacuation requirements
Establish 50 metre cell phone, pager, radio telephone, electronic equipment cordon until NZ Police Incident Controller advise stand down
Remove injured or disabled person/s from area
Initiate de-escalation processes
Respond to NZ Police requests
Preserve scene for NZ Police investigation if required
Refer media enquiries to Media & Communications team via switchboard

All Clear/Stand Down

All clear initiated by NZ Police Officer or Security Officer in charge of the incident
All clear notified to all participant, media & communications, area staff, voice communications

Recovery & Reconciliation

Documentation as per service requirement – Security Report/DNM Shift Report
Complete Incident Form
Complete Trespass documentation if process initiated
Review all participants & initiate immediate (hot) debrief
Offer EAP to all [staff] participants
Arrange debrief within 12 hrs. if relevant
Arrange Event Review

Major Security Incident
1.4 Information in a Hostage Situation

INFORMATION TO CONSIDER IN A HOSTAGE SITUATION
If possible advise hostage/s to consider/behave in line with the following points

Try to be patient, time is on your side
Attempt to establish rapport with Captor
Avoid drastic action, stay calm
The initial 40 minutes are the most critical
Always follow instructions – be alert – stay alive
Scan area for hazards that could endanger you, if possible move to a safe environment or safer area within environment
Only speak when spoken to or when necessary
Always speak to the captor/s on the same level, adult to adult & do not physically stand higher than them
If required negotiate calmly & quietly with captor/s. DO NOT argue with them
Endeavour to maintain eye contact with captor at all times, but DO NOT STARE
Always treat the captor with respect
Try to rest
Agree only to things you know can be delivered. Never make promises that cannot be filled
Comply with instructions as best you can & be honest
Expect the unexpected
Be observant & aware of the total environment, keep mental notes
You may be released or able to escape so consider safe routes
The personal safety of others may depend on your memory
Be prepared to talk to Police by phone if required
Be patient. WAIT. The more time that elapses the better the chance of a successful outcome
If medications/first aid or rest room privileges are required by anyone, say so
REMEMBER the captor will most likely not harm anyone if he/she feels in control

1.5 Clinical Incident

Clinical Incident	
Fall/threat to fall from Building (also refer to Major Security Incident)	External Campus Accident
Cardiac Arrest	Other

Notification may be via
99777 notification
General public notification

Activation
Cardiac Arrest call tree activated
Clinical team attend location DO WE NEED A TRAUMA CALL TREE [D/W Kevin]
First Response Team attends location
FRT notifies Voice Communications to request St John attend if required
FRT notifies Voice Communications to request Police attend if required
FRT notifies Voice Communications to request NZ Fire Service to attend if required

Operation
Clinical response initiated
Onlookers removed from area
Family/friends of affected person moved to another area and staff member assigned to them
Perimeter/privacy established
FRT access additional medication, personnel and equipment as requested
FRT notify Emergency Department of incoming patient if required
Security (parking)ensure traffic (internal/external) flow is uninterrupted or redirected
FRT arrange external site clean-up as required

All Clear/Stand Down
Senior clinician will determine outcome/stand down from clinical event
Duty Nurse Manager or Facilities coordinator issue stand-down in external accident event
Hot debrief staff involved – record debrief follow up actions

Recovery & Reconciliation
Incident documentation in DNM Shift Report
Incident form completed for External Accident
FRT responsible to ensure external accident scene is clean & clear

1.6 Mass Casualty – Clinical Operations Response

Mass Admission Incident Clinical Operations Response
Mass Casualty
Mass Admissions for medical event
Other

Also refer to the WH Emergency Department Mass Casualty Plan

Notification
99777 notification
Population Health notification
MoH Notification
St John ESCC Notification txt
General public notification
Other

Activation
Mass Casualty Response Team Call tree initiated to stand by or full response
CIMS Team roles assigned
IM Team meetings scheduled
Staff call back assembly areas identified/commandeered (IC &/or Staff Coordinator)
St John ESCC & responder Teleconference – DNM / IC, ED / Trauma consultants

Operation
Clinical response initiated
Staff allocation to clinical roles
Hospital/ward/unit impact assessment completed
Staff call back initiated (all staff groups) & assembly point identified
Consider;
      Bryant Auditorium
      MCC Atrium [L1]
      Hockin Café
      Property & Infrastructure Tea Room
      Human Resources
      Distribution Centre (MCC Basement)
      Scout Hall
      Any of the buildings on the west side of Pembroke St
Reconciliation response area/process activated
Additional ward/bed capacity mobilised
Rapid decant/discharge activated
Media & Communications response initiated
Recovery options identified and process initiated

All Clear/Stand Down
Incident Controller will determine outcome/stand down from mass casualty clinical operations response event in liaison with all clinical & CIMS team leaders
Incident Controller or designate will issue the all clear/stand down instruction based on assessment of the whole hospitals ability to return to business as usual
All clear notified to all response participants, media & communications, hospital staff, voice communications, internal and external agencies involved or previously notified of incident
N.B.The reconciliation team/response may continue beyond the response stand down

Recovery & Reconciliation

Initial Incident documentation in DNM Shift Report
All IM team worksheets to be collated and stored for use in the event review process
Review all participants & initiate immediate (hot) debrief
Offer EAP to all [staff] participants
Arrange debrief within 12 hrs. if relevant
Arrange Event Review
Compile event report for CEO/COO/other

1.7 Electricity Incident

Electricity Incident

Notification

99777 or other notification to Voice Communications
Lack of utility noted & reported to P&I or IOC

Activation

First Response Team notification
On Call engineer notified
Facility Coordinator/Duty Nurse Manager assesses situation and request
escalation to Major Essential Utility Failure response via Voice Communications
- ➢ Nurse Manager on call
- ➢ Hospital Manager on call
- ➢ Property & Infrastructure Manager on call

CIMS Incident Response structure established (refer Establish EOC Duty Card)
Utility provider notified by engineer
Media & communication on call notified
Parking notified by Security
Lift Service providers notified by engineer

Operation

Establish EOC and initiate CIMS response as per the EOC Duty Card
Facility Coordinator/DNM initiate department status calls & request urgent staff
deployment as required (refer critical area list below)
Distribute emergency mobile phones if required
Staff deployed to assess lifts & prioritise lift access and support trapped persons
Light sticks issued to be placed in stairwells
Extension cords issued if required
Assign senior staff to building liaison positions
Deploy staff to assist in critical areas as required
Assess patient relocation requirements
- ➢ Number
- ➢ Clinical requirements including consumables specific to patient groups
- ➢ Impact on incoming numbers
- ➢ Requirement to open closed areas
- ➢ Staffing impact
- ➢ Ongoing service impact/s

ELECTRICITY OUTAGE AREA REVIEW SEQUENCE

ICU
High Dependency Unit
NICU
Theatres & Interventional Suites
Emergency Department
Delivery Suite/WAU
Cardiac Care Unit 1/2/3
M14/ERU
Dialysis (ambulatory)
Dialysis (acute M03)
Lomas Oncology
Cardiac Catheterisation Unit
All Lifts
All inpatient & day case occupied areas
Pharmacy
Laboratory Radiology
Mortuary
Henry Bennett Rongomau Centre

Mothercraft
Nutrition & Food Services
Other as identified

Integrated Operations Centre (EOC)

Incident Controller will issue the all clear/stand down on the advice of the Manager Property & Infrastructure

The All Clear may be issued prior to the Stand Down dependant on ward/unit repatriation requirements/timing

Recovery & Reconciliation

All affected areas complete Incident Form/s

Ensure all affected staff have access to EAP

Arrange debrief within 12 hrs. if relevant

Arrange Event Review in collaboration with Estate & Property

Ensure Health & Safety follow up is in place where required

1.8 Sewage Incident

Sewage Incident

Notification

99777 or other notification to Voice Communications
Lack of utility noted & reported to P&I or IOC

Activation

First Response Team notification
On Call engineer notified
Facility Coordinator/Duty Nurse Manager assesses situation and requests
escalation to Major Essential Utility Failure response via Voice Communications
  ➢ Nurse Manager on call
  ➢ Hospital Manager on call
  ➢ Property & Infrastructure Manager on call
CIMS Incident Response structure established (refer Establish EOC Duty Card)
Utility provider notified by engineer
Media & communication on call notified

Operation

Establish EOC and initiate CIMS response as per Establish the EOC Duty Card
Identify extent of the incident
Notify Cleaning Contract holder
  ➢ Assess scope of clean up requirement
  ➢ Assign cleaners as a priority
  ➢ Access equipment to dry carpets etc.
Notify staff who have office ownership
Provide storage for confidential records etc. if rooms to be unlocked
Notify Infection Control service
Access Personal Protective Equipment (PPE)where required
Notify Laundry Contract holder
  ➢ Increase in contaminated laundry
  ➢ Increased Laundry bag requirements
  ➢ Replacement of linen supplies
  ➢ Rapid turnaround of curtains and screens required
Assess patient relocation requirements
  ➢ Number
  ➢ Clinical requirements including consumables specific to patient groups
  ➢ Impact on incoming numbers
  ➢ Requirement to open closed areas
  ➢ Staffing impact
  ➢ Ongoing service impact/s
Ensure any staff in direct contact with effluent are followed up by Health & Safety

All Clear/Stand Down

Incident Controller will issue the all clear/stand down on the advice of the Manager
Property & Infrastructure
The All Clear may be issued prior to the Stand Down dependant on ward/unit
repatriation requirements/timing

Recovery & Reconciliation

All affected areas complete Incident Form/s
Ensure all affected staff have access to EAP
Arrange debrief within 12 hrs. if relevant
Arrange Event Review in collaboration with Estate & Property
Ensure Health & Safety follow up is in place where required

1.9 Water Incident

Water Incident

no water, no hot water, contaminated water, flood

Notification

99777 or other notification to Voice Communications

Lack of utility noted & reported to P&I or IOC

Activation

First Response Team notification

On Call engineer notified

Facility Coordinator/Duty Nurse Manager assesses situation and requests escalation to Major Essential Utility Failure response via Voice Communications

- ➢ Nurse Manager on call
- ➢ Hospital Manager on call
- ➢ Property & Infrastructure Manager on call

CIMS Incident Response structure established (refer Establish EOC Duty Card)

Utility provider notified by engineer

Media & communication on call notified

Operation

Establish EOC and initiate CIMS response as per Establish the EOC Duty Card

Assess extent of the incident

- ➢ Wards
- ➢ ICU/HDU/NICU/ED
- ➢ Theatres
- ➢ Delivery Suite
- ➢ Dialysis
- ➢ Central Sterilising Unit
- ➢ Laboratory
- ➢ Nutrition & Food Services
- ➢ Laundry
- ➢ Heating
- ➢ Other

Define management plan based on P&I advice

Advise staff of restriction management options/guidelines

Notify Infection Control service

Assess patient relocation requirements

- ➢ Number
- ➢ Clinical requirements including consumables specific to patient groups
- ➢ Impact on incoming numbers
- ➢ Requirement to open closed areas
- ➢ Staffing impact
- ➢ Ongoing service impact/s

All Clear/Stand Down

Incident Controller will issue the all clear/stand down on the advice of the Manager Property & Infrastructure

The All Clear may be issued prior to the Stand Down dependant on ward/unit repatriation requirements/timing

Recovery & Reconciliation

All affected areas complete Incident Form/s

Ensure all affected staff have access to EAP

Arrange debrief within 12 hrs. if relevant

Arrange Event Review in collaboration with Estate & Property

Ensure Health & Safety follow up is in place where required

1.10 Steam Incident

Steam Incident
may be associated with water supply or electrical incident

Notification

99777 or other notification to Voice Communications
Lack of utility noted & reported to P&I or IOC

Activation

First Response Team notification
On Call engineer notified
Facility Coordinator/Duty Nurse Manager assesses situation and requests
escalation to Major Essential Utility Failure response via Voice Communications
- ➢ Nurse Manager on call
- ➢ Hospital Manager on call
- ➢ Property & Infrastructure Manager on call

CIMS Incident Response structure established (refer Establish EOC Duty Card)
Utility provider notified by engineer
Media & communication on call notified

Operation

Establish EOC and initiate CIMS response as per Establish the EOC Duty Card
Assess extent of the incident
- ➢ Central Sterilising Unit
- ➢ Nutrition & Food Services
- ➢ Laundry
- ➢ Heating
- ➢ Other

Define management plan based on P&I advice
Advise staff of restriction management options/guidelines
Notify Infection Control service
Assess patient relocation requirements
- ➢ Revised theatre schedule due to equipment constraint
- ➢ Number
- ➢ Clinical requirements including consumables specific to patient groups
- ➢ Impact on incoming numbers
- ➢ Requirement to open closed areas
- ➢ Staffing impact
- ➢ Ongoing service impact/s

All Clear/Stand Down

Incident Controller will issue the all clear/stand down on the advice of the Manager
Property & Infrastructure
The All Clear may be issued prior to the Stand Down dependant on ward/unit
repatriation requirements/timing

Recovery & Reconciliation

All affected areas complete Incident Form/s
Ensure all affected staff have access to EAP
Arrange debrief within 12 hrs. if relevant
Arrange Event Review in collaboration with Estate & Property
Ensure Health & Safety follow up is in place where required

1.11 Reticulated Gas Incident

Gas Incident
supply, interruption, leak

Notification

99777 or other notification to Voice Communications
Lack of utility noted & reported to P&I or IOC

Activation

First Response Team notification
On Call engineer notified
Facility Coordinator/Duty Nurse Manager assesses situation and requests
escalation to Major Essential Utility Failure response via Voice Communications
- ➢ Nurse Manager on call
- ➢ Hospital Manager on call
- ➢ Property & Infrastructure Manager on call

CIMS Incident Response structure established (refer Establish EOC Duty Card)
Utility provider notified by engineer
Media & communication on call notified

Operation

Establish EOC and initiate CIMS response as per Establish the EOC Duty Card
Assess extent of the incident
- ➢ Wards
- ➢ ICU/HDU/NICU/ED
- ➢ Theatres
- ➢ Delivery Suite
- ➢ Dialysis
- ➢ Central Sterilising Unit
- ➢ Laboratory
- ➢ Nutrition & Food Services
- ➢ Laundry
- ➢ Heating
- ➢ Other

Define management plan based on P&I advice
Advise staff of restriction management options/guidelines
Assess patient relocation requirements
- ➢ Number
- ➢ Clinical requirements including consumables specific to patient groups
- ➢ Impact on incoming numbers
- ➢ Requirement to open closed areas
- ➢ Staffing impact
- ➢ Ongoing service impact/s

All Clear/Stand Down

Incident Controller will issue the all clear/stand down on the advice of the Manager
Property & Infrastructure
The All Clear may be issued prior to the Stand Down dependant on ward/unit
repatriation requirements/timing

Recovery & Reconciliation

All affected areas complete Incident Form/s
Ensure all affected staff have access to EAP
Arrange debrief within 12 hrs. if relevant
Arrange Event Review in collaboration with Estate & Property
Ensure Health & Safety follow up is in place where required

1.12 Hazardous Material, Chemical, Biological or Radiological Incident

HAZARDOUS MATERIAL SPILL, CHEMICAL, RADIOLOGICAL INCIDENT

Hazardous Substance Spill
Unidentified Substance Spill
Radiation Incident

Notification

99777 notification to Voice Communications
First Response Team notification
Emergency services, Public Health Unit or Member of Public
VC will request the following information
  - Location
  - Substance
  - Spill size
  - Contact details of department and/or staff member inside contaminated area
  - Material Safety Data Sheet
  - Other relevant information
Radiation Incident – Voice Communications notify Radiation Safety officer
VC Notify NZ Fire Service
VC notify Emergency Department of spill
  - ED establish standby response
  - Awareness of potential road closures around campus (ambulance)
VC notifies St John of incident location
VC notifies
  - Medical Officer of Health (MOoH)
  - Health Protection Officer (HPO)
  - Infection Control
  - Health and Safety

Activation

First Response Team speak to contact person
  - **FRT WILL NOT ENTER AREA OF SPILL**
  - Identify if any contact with spill N.B. It should be assumed the person who has identified the spill is contaminated and should immediately be advised to isolate and refrain from contact with other staff until HazMat unit advises it is OK to
  - Any side effects requiring clinical intervention
  - Ability to contain / isolate
  - Advise self-isolation within agreed perimeter
  - request Material Safety Data Sheet (MSDS) or description from Department Hazard Register
  - Identify Group/Building at risk. Liaise with ED, Medical Officer of Health, NZ Fire
  - Radiation Incident – Provide resource as requested by the Radiation Safety officer
Security establish perimeter
  - Cordon
  - Identify alternative route to maintain public and patient flow
  - Identify required road closure requirements
  - Evacuate/redirect uncontaminated people in adjacent areas to a safe

distance

Operation (Protect Yourself others and the environment)

FRT collect spill kit from IOC & proceed to their safe forward point
- ➤ **DO NOT PASS THROUGH CORDON**
- ➤ establish response location
- ➤ Ensure area is cordoned off – restrict access / egress
- ➤ Identify uncontaminated route to NZFS
- ➤ Establish phone contact with area
- ➤ Gain ongoing assessment of spill – Strength / Sensitivity
- ➤

Ensure spill area is isolated within cordon

Review any contamination and clinical response requirements
- ➤ Prioritise clinical intervention requirement with NZFS/ MOoH
- ➤ Document names of those exposed
- ➤ Length of exposure
- ➤ Decontamination process

Assess if spill manageable
- ➤ If yes appropriately protected staff to send in spill kit
- ➤ Consider Air Circulation – Control Air Conditioner systems via Ops Engineer

If unmanageable call 99777 for support from NZ Fire Service / MOoH / Infection Control / H&S

Wait for further NZ Fire Hazmat team instruction

Notify building occupants (use EWIS if appropriate / available)

Develop appropriate Incident Management Plan

Develop appropriate Clinical Management Plan

Patient placements

Transport arrangements

Supplies

Staff deployments

Cleaning and area decontamination

All Clear/Stand Down

The Fire Service Senior will issue the all clear

Notify building / area (via EWIS if available)

Notify people outside building

Notify Voice communications 99777

Ensure documentation is completed by staff involved

Radiation Incident – All clear will be given by the Radiation safety officer

Recovery & Reconciliation

Reestablishment of affected areas

Establish staff / patient / family monitoring process

Arrange EAP

Establish recovery planning

Arrange hot debrief

Arrange event review meeting

Arrange staff communication

Complete Event Review report

1.13 Body Fluid/Specimen/Biological Waste/ Unidentified Biological Substance Spills

Body Fluid/Specimen/Biological Waste/ Unidentified Biological Substance Spills

N.B Day to day patient body fluid spills should be managed in the normal manner using Infection Controls "Blood and Body Fluid" protocol.

This guideline should be implemented in the event of large infectious or unknown biological substance spills.

Known Infectious Body Fluid Spill
Unidentified (at risk) Biological Substance Spill

Notification

99777 notification to Voice Communications
First Response Team notification
Emergency services, Public Health Unit or Member of Public
VC will request the following information
  ➢ Location
  ➢ Substance
  ➢ Spill size
  ➢ Contact details of department and/or staff member inside contaminated area
  ➢ Other relevant information
VC notifies
  • Medical Officer of Health (MOoH)
  • Health Protection Officer (HPO)
  • Infectious Diseases Clinician on call/Infection Control
  • Health and Safety
  • ED Coordinator

Activation

N.B A member of the FRT will collect spill kit from IOC & proceed to the safe forward point
    First Response Team complete initial spill assessment
    DNM/NM escalates to CIMS response if spill assessment indicates impact on ability to provide business as usual.

    Security arrange safe perimeter to be set up
        o Identify alternative route to maintain public and patient flow
        o Identify required road closure requirements
        o Evacuate/redirect uncontaminated people in adjacent areas to a safe distance
    Engineers advised to terminate air conditioning/air flow in affected area/building/pod & to cconsider/assess potential fluid run off to other areas (floor/ducting etc.)

Operation (Protect Yourself others and the environment)

N.B No staff to pass through codon until all clear is given, or appropriate PPE is utilised
  ➢ Establish incident control point (consider using Fire Control Rooms where that building is involved)
  ➢ Security ensure area is cordoned off – restrict access / egress
  ➢ Establish phone contact with area

- use WIP phones if Fire Control room being use
- use radio telephones (from IOC) if no other option
- Gain ongoing assessment of spill – Strength / Sensitivity
- Liaise with Medical Officer of Health re ongoing management options.
- It should be assumed the person who has identified the spill is contaminated and should immediately be advised to isolate and refrain from contact with other staff
- Standard Infection Control precaution implemented including use of PPE

Review any contamination and clinical response requirements
- Prioritise clinical intervention requirement with MOoH & Infectious Disease clinician
- Document names of those exposed
- Length of exposure
- Decontamination process undertaken

Assess if spill manageable
If manageable appropriately protected staff to utilise spill kit
If unmanageable take advice from Medical Officer of Health

Notify building occupants (use EWIS if appropriate / available)
CIMS team to develop appropriate Incident Management Plan including
- Clinical Management Plan
- Patient placements
- Transport arrangements
- Supplies
- Staff deployments
- Cleaning and area decontamination
- Personnel decontamination to be advised by Infection Control/Infections Diseases Clinician or MOoH (Decontamination procedure to be developed by IC team)

All Clear/Stand Down

The Medical Officer of Health or Incident Controller will issue the All Clear/Stand Down
Notify building / area (via EWIS if available)
Notify people outside building
Notify Voice communications 99777
Notify Emergency Department Co-ordinator
Ensure documentation is completed by staff involved

Recovery & Reconciliation

Reestablishment of affected areas
Establish staff / patient / family monitoring process
Arrange EAP
Establish recovery planning
Arrange hot debrief
Arrange event review meeting
Arrange staff communication
Complete Event Review report

1.14 Communications Incident

COMMUNICATION OUTAGE

IS Network (computers etc)
Telephones (desk phone)
Paging System
Mobile Network
Fax failure
Patient Call Bell Failure

Notification

99777 call to Voice Communications or runner attends Voice Communications or notifies Duty Nurse Manager
Notified planned outage
Identified lack of network or switchboard coverage

Activation

Facility Coordinator/Duty Nurse Manager notified
Facility Coordinator/Duty Nurse Manager assesses situation in conjunction with service representative/s and requests escalation to Major Communications Failure (identify type) response via Voice Communications
  ➢ Nurse Manager on call
  ➢ Hospital Manager on call
  ➢ Manager Voice Communications (or delegate) notified
  ➢ Information Services On Call notified
  ➢ Manager Information Services notified
  ➢ Chief Information Officer (or delegate) notified
  ➢ Media & Communications' on call notified
CIMS Incident Response structure established (refer Establish EOC Duty Card)
insert hyperlink

Operation

IS Network (computers etc.)

Assess extent and duration of outage
Advise all staff to initiated manual data tracking processes
DNM update latest Inpatient by Ward reports with ED admissions since time of print
Distribute Inpatient lists as required (maintain a master copy)
Copy & distribute patient tracking templates as required
Initiate centralised data tracking process
Send patient updates to Enquiries
Initiate Dietary reporting/ordering process
Assess clerical support requirement for ED and redeploy clerical relievers as required
Assess staffing impact of data back load requirement & plan rosters

Telephones (desk phone)

Assess extent and duration of outage
Advise staff to utilise mobile phones
Distribute emergency mobile phones

Paging System

Assess extent and duration of outage
Notify staff of outage
Voice Communications will distribute instructions
Distribute emergency mobile phones if required

Mobile Network

Assess extent and duration of outage
Media & Communications notify staff of outage via intranet, flyer, runner

Voice Communications will distribute instructions
Staff advised to utilise landlines
Pager staff notified via pager message
Radio telephones utilised for internal coordination communications
On call staff notifications where pagers are not utilised to be undertaken via landline

Fax failure

Assess extent and duration of outage
Notify staff of outage
Voice Communications will distribute instructions on alternate fax numbers
Areas initiate business continuity strategies identified in DERP

All Clear/Stand Down

Incident Controller will issue the all clear in conjunction with the service representative
In an event when data backload is required the stand down may be delayed beyond the all clear to support the workload impact

Recovery & Reconciliation

All affected areas complete Incident Form/s
Ensure all affected staff have access to EAP
Arrange debrief within 12 hrs. if relevant
Arrange Event Review in collaboration with service provider

1.15 Fire Escalation

FIRE ESCALATION
For use where the First Response Team identify the need to escalate a routine fire response to an evacuation or area shut down

Notification

First response team escalate evacuation requirement via 99777 to VC
VC notify Nurse & Hospital Manager on call
Media & Communications on call notified

Activation

CIMS structure established
Situation report gained and evacuation planning commenced
NZ Fire Service become the Incident Controller for the fire response with a hospital Incident Controller assigned to manage the hospital response
Facilities Coordinator/Duty Nurse Manager remain at fire control panel
IC allocates FC/DNM support/liaison person at fire control panel
Security and/or Attendants directed to monitor all exits & entrances for area/building

Operation

Identify relocation area for evacuees
Arrange patient decant, additional beds in evacuation area/s
Allocate clinical resource required to provide clinical safety in transport and end point
Arrange transport staff and vehicles
Request assistance from St John if assessment shows a requirement
Arrange waiting areas for non-inpatient ambulatory persons
Distribute Evacuation sheets as required (require minimum 6 persons per sheet)
Distribute Evacuation Chair with certificated operator (1) and assistant
Establish liaison with Lift Service Contractor

All Clear/Stand Down

All clear issued by the NZ Fire Service Incident Controller via FC/DNM in charge of fire control panel
FC/DNM broadcasts fire response all clear to areas
The fire response All Clear closes the fire response, however the CIMS response will continue until the relocation and repatriation response continues therefore Stand Down may occur sometime later

Recovery & Reconciliation

FC/DNM complete Fire Report
Incident Form/s completed
Debrief processes initiated
Ensure all staff are monitored post event and access EAP as required/directed
Event review process commenced

1.16 Earthquake/Building Damage

EARTHQUAKE/BUILDING DAMAGE

Notification

Voice Communications Notify First Response Team

Activation

Have the First Response Team assemble in a safe area.
Incident Management team established
Request clinical and non-clinical areas for a situation report re:
  ➢ Injuries
  ➢ Damage
  ➢ Status of patients and staff
  ➢ Ability to continue to provide all or part service
  ➢
Request Operations Engineer situation report re:
  ➢ Structural damage
  ➢ Utility damage/availability.
  ➢ Report to Emergency Operations Centre
NB: If damage is severe and shocks are ongoing, Engineers may / will turn off main supplies of water, electricity, gas, steam and heating.

Liaise with and receive briefings from the most senior staff members available

Operation

Security to establish safe campus perimeter
Security secure unsafe areas & manage access as per instruction from IC or Senior Security Officer
Organise a staff member to meet external responders and bring to a safe area close to the incident.
If situation is not safe consider the need to evacuate nearby areas (refer evacuation job card)
Initiate Mass Casualty response if necessary
Hospital Manager or designate to inform COO
Refer all media enquiries to Media Co-ordinator.

All Clear/Stand Down

All Clear decided by the Emergency Response team in liaison with external responders
Incident Controller remains or delegates a recovery manager to remain in the area until staff is able to resume functions and immediate support needs have been met.
Inform All Clear to all staff:
Involved in the incident
Placed on stand-by

Recovery & Reconciliation

Arrange debrief for staff involved.
Arrange EAP/ counselling for people as necessary.
Ensure all staff involved is monitored for next six to eight weeks.
Document incident, including all actions and rationales for actions.
Arrange event review meeting with all key internal/external players.
Ensure someone is designated to provide COO with full report on incident within three weeks.

1.17 Waiora Waikato Campus Clinical Area Evacuation

Waiora Waikato CLINICAL AREA EVACUATION

The campus buildings have 2 levels of evacuation

<u>Stage 1</u> is undertaken in the event of a staged movement to the next safe fire cell. This is most likely to occur as a result of a utility failure or fire.

<u>Stage 2</u> involves total evacuation of part or a whole building. This is most likely to occur as a result of building or infrastructural failure.

Each clinical ward/unit has a Department Emergency Response Plan (DERP) which identifies optimal relocation preferences' in the event of an evacuation.

Refer to Appendix 3.1

However the Incident Controller will have the final say of where services will relocate

Notification

The WH/HRBC first response team will identify the requirement for evacuation and escalate this via Voice Communication 99777 call.

It is the role of the Waiora Waikato Campus Incident management Team to direct and support the Services teams to effect safe and secure evacuation

Activation

Duty Nurse & Hospital Manager Building Evacuation Call Tree activated

Waiora Waikato Campus Incident Management team activate to standby or full response

Designated Incident Controller identifies level of evacuation and the approach to be taken. This may include:

> ➢ Rapid Discharge
> ➢ Respite Care
> ➢ Relocation within the campus
> ➢ Relocation external to the campus

Internal & external liaison roles assigned

Identify & facilitate transport requirements for safe patient & associated equipment movement

Liaise with relevant personnel

    Senior staff members

    Engineering and Property

External support services e.g. Fire Service

Utilise the relevant 'Relocation' guidelines as a reference to decide the level of evacuation decided and the approach to be taken.

Utilise Evacuation/relocation calculator to assess receiving areas capacity

Operation

Assist staff to,

    Identify resource requirements

    Clarify the plan

    Designate responsibilities

    If on-site relocation sites are required,

    Identify key requirements of area/s being relocated

    Calculate capacity needed and movements required to achieve this (Relocation Matrix/Calculator)

    Liaise with managers/senior staff in alternative locations

    Keep staff informed at all times using IS solutions and the EWIS PA system to communicate where available. process (Central EWIS PA System in Duty Managers Office)

Once resource requirements are clarified, work with the Incident management Team CIMS position managers to activate any on-site responses, or arrange the support required taking people off-site.

    This may include:

- ➢ Security
- ➢ Food & Nutrition
- ➢ Laundry & Linen supplies
- ➢ Operators & Enquiries
- ➢ Attendants
- ➢ Fleet and driver requirements
- ➢ Pharmacy
- ➢ Medical Gas
- ➢ Clerical staff to manage patient tracking
- ➢ IS staff re Information Services issues
- ➢ Agency Administration
- ➢ Clinical staff/transport nurse requirements
- ➢ St John Ambulance Service
- ➢ other

The Incident Management Team and relevant staff and managers shall develop a management plan for next 24/48 hours.

This may include:

Repatriation of patients, staff and equipment back into usual accommodation or into permanent short-term or long-term accommodation. Plan to include:
- ➢ Prioritisation, timing and order of movement of clients
- ➢ Identification of staff requirements
- ➢ Identification of resource requirements (see 3 above)
- ➢ Liaison with clean-up or engineering teams to ensure timing agreed

Assessment of ability to continue to provide a full service and appropriate notifications if services are to be curtailed or cease (in the short or long term)

All Clear/Stand Down

Once the initial incident is over and all clients and staff are safe, the All Clear is decided by the Incident Controller/s

Ensure that all staff who have been,
- ➢ Involved in the incident, or
- ➢ Placed on stand-by are informed

Ensure that a 'hot debrief' is held ideally prior to shifts going home or within 12 hours of the event. Record issues / learning's that are discussed.

Assist with the documentation of the incident.

Ensure that the Media Communications team have informed the media

Ensure Insurers informed.

Recovery & Reconciliation

Ensure that an event review meeting with all key internal/external players is organised within two weeks of the incident stand down.

Ensure someone designated to provide COO with full report on incident within three weeks.

1.18 WAIKATO HOSPITAL WARD/UNIT RELOCATION MATRIX

Destination Ward (columns) — **Evacuating Ward** (rows)

Evacuating ↓ / Destination →	M08	M07	M17	M04	M02	M12	M06	M16	M05	CCU	M14	M03	A2	A3	A4	AMU	51	52	WAU/DS	53	E07	NBU	OPR2	OPR3	OPR4	OPR1	HDUSS	ICU	Theatre	PACU	MCC L1	MCC L2	Cath Lab	MediH	WOPD	Braemar	SX	Other	Transit
M08														√																									
M07													√																										
M17													√																										
M04																√																							
M02													√																										
M12														√																									
M06																									√														
M16																									√														
M05										√																													
CCU														√		√																	√						
M14														√		√														√			√						
M03														√																									
A2																							√			√												√	
A3																								√															
A4																							√																
AMU																							√	√									√						
51																							√																
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WAU D/S																												√	√									√	
53																									√														
E07																									√														
NBU																						√			√					√	√								
ORP2													√																										
OPR3		√											√																										
OPR4							√	√																															
OPR1																																							
HDUSS																												√		√						√	√		
ICU																													√	√						√	√		
Theatre		√																	√																	√	√		
PACU		√																	√																	√	√		
MCC L1																																			√			√	
MCCL2																																			√			√	
Cath Lab																																							
MediH																																							√
WOPD																														√	√								
Braemar																																							
SX																																							
Other																																							
Transit																																							