

DEPARTMENT PLAN

GENERIC

EMERGENCY MANAGEMENT INFORMATION

During an Emergency Incident Response

- **Expect normal routine to be disrupted for the duration of the emergency**
- **If on duty, stay on duty until ALL CLEAR given or otherwise instructed**
- **Restrict telephone use to essential communication only**

TABLE OF CONTENTS

Generic Emergency Response Information.....	3
Incident Response Overview	4
Co-ordinated Incident Management System (CIMS)	5
Waikato Hospital Occupancy Escalation Levels.....	6
Emergency Management 'Code' Alert.....	6
Emergency Response Guidelines.....	7
Information for Staff on Duty or Called Back.....	8
Staff on Duty.....	8
Called Back Staff	8
Process for Staff Volunteering to Return to Work during an Incident Response.....	9
Recovery Planning	10
General Contingency Plans	11
Internal / External Telephone Failure	12
Patient Call System Failure.....	14
Loss of Sewerage Service.....	15
Loss of Water	16
Piped Oxygen not available	17
Wall Suction not available	18
Computer Failure	19
Lighting Failure.....	20
Electricity Failure	21
Lift Failure	23
INFORMATION TO CONSIDER IN A HOSTAGE SITUATION	25
Templates for use during an Incident Response	26
Action Checklist for Person in Charge of an Area	27
Incident Status Report	29
Ward/Unit/Department Staffing Register.....	30
Critical Supplies Request	31
Abbreviations Used in the Document	32
Black Start Generator Testing	34
GENERIC RISK ASSESSMENT	36
AREA SPECIFIC RISK ASSESSMENT	38
Notes	39

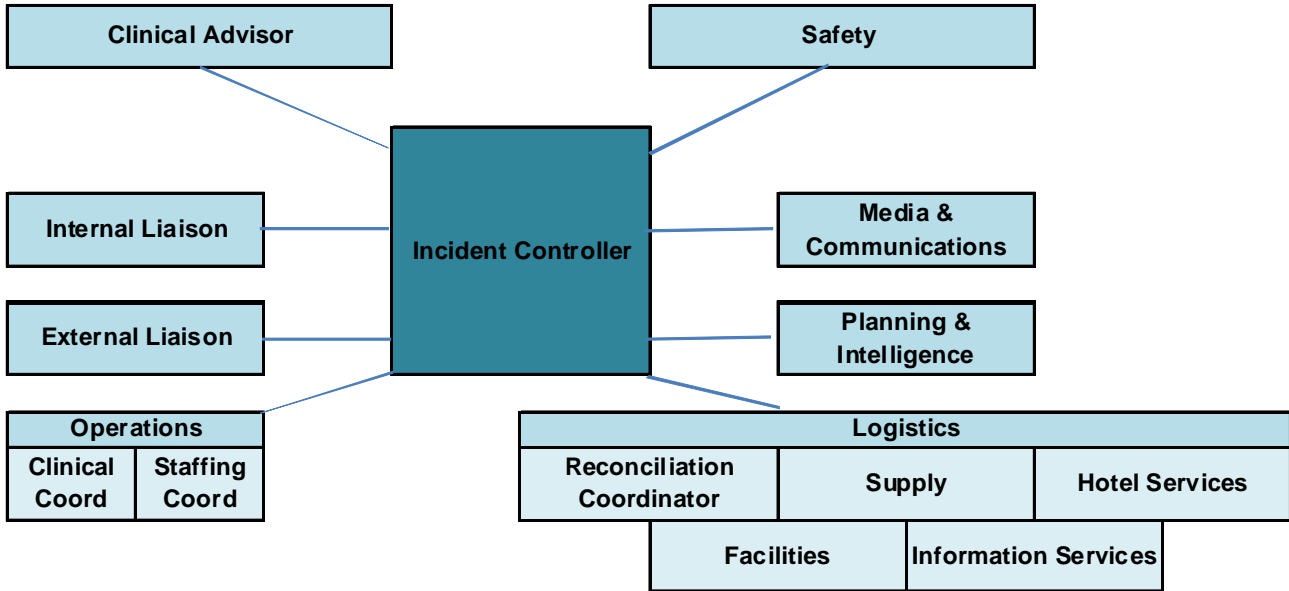
Generic Emergency Response Information

- ❖ This section provides generic information for reference in an emergency response affecting your area. This should be used as an appendix to your unit specific Department Emergency Response Plan (DERP)
- ❖ Information contained in this section is transferable across all WH services/areas.
- ❖ Templates included in this section can be copied and used in any emergency response. Following use we appreciate feed back on how these worked for you and any suggestions for improving them for future use.
- ❖ The generic portion of your Department Plan outlines the preparations for and actions which may be taken in the event of an incident or event which affects the ability of the ward/unit/department or the facility as a whole to continue to provide an effective and safe service.
- ❖ The Generic response processes contained in this section, are defined in line with Health Waikato routine emergency responses These are initiated by the Flip Chats and utilisation of the 99777 call. These segments must be reviewed in line with your service but are not to be altered.
- ❖ Add any notes to the final page of the document. These may include additions to you Unit Profile and Department Plan for inclusion in your next update.
- ❖ If you require assistance on any aspect of Emergency Management Planning for your area contact details are available in your unit telephone directory or via the intranet under Emergency Management Planning.

Incident Response Overview

INITIATING AN EMERGENCY RESPONSE		
	INTERNAL (FIRST RESPONSE INCIDENT - MAY ESCALATE TO MAJOR INCIDENT)	EXTERNAL (MAJOR INCIDENT)
NOTIFICATION	Staff member calls 99777 or runner goes to Voice Communications	
		NOTIFICATION ? Mass Casualty - St John notifies ED?ED informs DNM?DNM escalates response via Voice Communications ? Public Health Incident - Medical Officer of Health or Health Protection Officer inform ED or CEO/COO or GM?DNM
ACTIVATION	CLINICAL EMERGENCY	NON CLINICAL EMERGENCY
	Clinical Response team attend	
	Out of hours the Duty Nurse Manager & Clinical Resource Nurse will attend	
	Clinical management as per protocol	First Response Team attend (DNM/Security/Attendant/Snr Nurse)
OPERATION	Response Team SABC	
	? SAFETY - identify hazards, remove people, establish perimeter	
	? ASSESS situation - identify response scope and assistance requirement	
	? BROADCAST/BACK UP - establish response/escalate as required/document incident in Situation Report	
? CAMPAIGN - progress response to full incident response structure/process as assessment requires		
ONCE REQUIRED RESPONSE LEVEL IS IDENTIFIED		
?Escalate to full Incident response (see over page). ?Establish CIMS structure & emergency operations centre ?Develop initial Situation Report ?Establish initial communications plan ? Initial recovery plans to return to BAU		

Co-ordinated Incident Management System (CIMS)



Safety	Clinical Advisor	Internal Liaison		
Health & Safety	Chief Medical Advisor	Out Patient Services		
Infection Control	Medical Officer of Health	Mental Health Services		
Human Resource Consultant	GP Liaison	Theatre Services		
Occupational Health & Safety	Other as indicated by incident	Radiology		
Other as indicated by incident	External Liaison	Laboratory		
Planning & Intelligence	St John Ambulance	NZ Blood Services		
Response Administration	St John National Response Team	Pharmacy		
Media & Communications	Civil Defence	Emergency Department		
	A&E & GP Services	Procedure Rooms		
	Private Hospitals	Other as indicated by incident		
	Birthing Centres			
	Other as indicated by incident			
Operations				
Clinical Coordinator		Staffing Co-ordinators		
Rapid Discharge Coordinator		Nursing Staff		
Ward/Unit Liaison		Medical Staff		
Decant Coordinator		Administrative Staff		
Allied Health Coordinator		Allied Health		
Block Coordinators		Other as defined by incident		
Other as indicated by incident				
Logistics				
Reconciliation	Supply	Hotel Services	Facilities	Information
Social Work	CSU	Nutrition & Food	Mortuary	Clinical Records
Chaplaincy	Purchasing & Distributn	Cleaning	Property & Infrastructure	Patient Labels
Maori Health	Emergency Stores/CEP	Laundry	Security	Voice Comms
Hilda Ross House	External Supply	Accommodation	Parking	Information Svc [IT]
Other as required	Burns Packs		Fleet	Clinical Coding
	Pandemic Supplies			
Other as defined by incident				

Waikato Hospital Occupancy Escalation Levels

To identify the hospital and cluster escalation levels, review CapPlan Live via the Intranet.

ESCALATION LEVEL 1
Projected occupancy is within the current bed plan with some excess capacity identified
ESCALATION LEVEL 2
Projected occupancy equals the bed plan with consistent breach above plan
ESCALATION LEVEL 3
Projected or actual hospital or cluster occupancy exceeds 98%
LEVEL 4 DESCRIPTION
1] Projected or actual occupancy exceeds 105% and/or total bed availability
2] Mass casualty escalation with numbers projected to exceed current resourced capacity
3] Emergency incident response in place

Emergency Management 'Code' Alert

This is generally a MoH notified event which may be national (e.g. Christchurch earthquake, or International e.g. emerging pandemic)

Alert Level	Communications
Code White Information phase	<ul style="list-style-type: none"> • Notification of a developing situation via Ministry of Health, Medical Officer of Health , other • WH Duty Nurse Manger receive notification as WDHB SPOC (single point of contact) • Notification disseminated via Group Managers
Code Yellow Standby phase	<ul style="list-style-type: none"> • Site or WDHB CIMS structure established & placed on standby • Communication plan initiated to inform services • WDHB & site response preparations initiated incl review of Department Emergency Response Plans to support hospital & department response activity
Code Red Activation stage	<ul style="list-style-type: none"> • Incident Controller mobilises CIMS structure & directs activation utilising Emergency Incident Response documents e.g WDHB, site or national plans • Communication plan initiated at service & executive levels
Code Green Stand down phase	<ul style="list-style-type: none"> • Incident Controller advised of response 'stand down' & facilitates this in line with services/hospitals ability to return to business as usual. CIMS structure disestablished, debrief and event review processes initiated. Event report completed & plans updated.

Emergency Response Guidelines

Person in Charge of Area
Pre Event
Attend CIMS in Hospital presentation to understand and work within the standard incident responses
Ensure all staff are aware of site incident response guidelines
Ensure all staff are familiar with department response guidelines (Flip Charts, Department Plans, Site Plan)
Ensure review of areas DERP is included in orientation guidelines for all new staff including staff returning to your area
Ensure staff participate in a minimum of 1 emergency management exercise per year (table top, trial evacuation, review of actual event)
Discuss & document required outcomes & improvements and plan to achieve these
Review DERP regularly and update as required ensuring all staff are aware of changes
During & Following an Event
Utilise DERP in order to define & manage your areas critical and ongoing needs
Allocate key roles and establish communication with CIMS response team
Ensure safety of staff, visitors & patients & request assistance via CIMS process
Provide ongoing patient care in clinical areas
Respond to requests for information promptly
Undertake rapid patient assessment to identify ability to decant, discharge or place patients on leave as requested
Ensure post discharge care is ordered promptly incl discharge letters, scripts etc
Review staffing requirements &/or provide staff lists to the CIMS Staffing Co-ordinator or undertake staff call back as instructed
Liaise with Staffing Coordinator & identify where staff should report to when they come in
Undertake (horizontal) and other evacuations as instructed
Ensure staff achieve regular breaks
Review status of critical supplies and request replacement via normal or defined request process
If required to relocate work with Incident Operations Manager to facilitate this process incl review of essential items
Keep staff informed and facilitate their contact with family/Whanau in community or national events
Work with senior to plan return to business as usual, repatriation impact etc
Complete Situation & other reports as requested by Incident Operations Manager
Monitor all staff and ensure they aware of/access EAP and participate in the Event Review process

Information for Staff on Duty or Called Back

Staff on Duty
Follow instructions from the person in charge of your area – these may vary to normal area processes
You may phone home, keep calls short.
Personal cell phones should be switched off and checked on breaks as per WDHB Policy. If power is affected conserve you battery
If evacuation is planned/takes place: <ul style="list-style-type: none">• Store patients notes as directed by person in charge of the area• Collect drugs/equipment/fluids/supplies for your allocated patients (refer Essential Supplies, Essential Equipment and Utilities in this document)
Do not take any equipment without informing the person in charge of the area
Inform the person in charge of the area if you have to leave the area
Called Back Staff
Report to <ul style="list-style-type: none">• The area identified by person calling you back OR• The Call Back Staff Reporting Area
Identify and take instruction from the senior staff member on duty. <ul style="list-style-type: none">• If you are issued with equipment (e.g. a hand-held radio), ensure you know how to use the equipment or request instruction on its use
NOTE: <ul style="list-style-type: none">• You may be asked to work in an alternative area• May be issued with or cell phone if communications are affected
DO NOT FEEL COMPELLED TO WORK OUTSIDE YOUR SCOPE OF PRACTICE

Process for Staff Volunteering to Return to Work during an Incident Response

When a hospital campus or community event has occurred prompting a health service response staff may wish to volunteer to return to work outside of their normal or rostered work hours. It is expected that all staff will have ensured their family/Whanau are safe and taken care of prior to returning to the workplace.

All areas hold Essential Staff lists with the location of these identified in the Unit Specific DERP.

1. When a planned event is taking place, for example a prolonged Information Services outage, staff lists will be utilised in the event of further escalation. Staff contact will be made by the Staffing Co-ordinator
2. In an unplanned event, for example a Mass Casualty, a call tree is in place to call back the key clinical teams to manage the clinical response. An Incident Management team is established including a Staffing Coordinator who assesses staffing requirements against the incident response and the business as usual requirements of current patients & establishes appropriate rosters across all staff groups.

In emergency events many employed staff volunteer to return to work via a phone call or by attending at the hospital to assist. There may be a notification that staff are required via

- Individual staff contact process (normal process)
- Mass txt
- Web site
- Radio/TV
- Social Media
- Other

All employed volunteer's details and available work hours will be listed centrally & this information will be utilised to build rosters to support the response.

In an emergency event employed staff may contact the hospital to volunteer via their services normal process, or as specified by media requests for staff;

- Agency or other Sick Phone notification process
- Contact the IOC
- Contact home ward/area of work
- Switchboard (Voice Communications) use local hospital number
- Identified 0800 or other number
- Txt response
- Other – defined at time of incident

ENSURE YOU BRING YOUR IDENTIFICATION/FOB ACCESS CARD WHEN RETURNING TO WORK IN AN EMERGENCY

Recovery Planning

Recovery Planning is the process undertaken to restore business as usual during and following an event. This includes the provision of equipment and supplies etc as defined in your department plan as well as the support and follow up process required to ensure your staff are able to continue to provide their service.

Recovery processes are integral in the planning for the management of an incident. Recovery may be managed either internally or by external personnel, for example Red Cross, who may be utilised depending on the size or nature of the incident.

The staff managing the incident from the Incident Control point will direct recovery procedures. This team will begin considering recovery requirements from the first incident management meeting based on the information from your Department Plan. A recovery plan will be developed in consultation with the senior staff managing your area.

The key points for staff to be aware of in relation to Recovery are

- Update documentation regarding what you need to continue to provide your service.
- Use the templates provided in your Department Plan.
- Ensure any alterations to your Department Plan are forwarded to the Emergency Management Planning Co-ordinator
- During an incident communicate with the incident management team regarding your using the templates provided in your Department Plan.
- The Incident Management team will have access to your Department Plan in order to anticipate your needs and respond to your requests.
- The Incident Control Team will identify when an incident response is complete and at this time will issue the **ALL CLEAR**. The Incident Controller will only issue this message when all parties involved in the management of the incident response agree that the incident is resolved and all risks around it have been mitigated.

Recovery also includes immediate incident debrief sessions, event review, staff debriefing either in groups or individually as required, media liaison, access to EAP and other support services. An event report will be written and assessment of the Site Emergency Management Response Plan against the actual event and subsequent modification of this will be completed as required. Financial impacts will be tracked.

The key points for staff to be aware of in relation to this part of the Recovery process are:

- Participation in debrief sessions and event reviews are voluntary, however it is recommended that all staff who participated in a response access these sessions
- Staff involved in a response may not recognise the impact the incident has had on them and should be aware that these effects may emerge at any time during or following an event
 - Senior personnel will actively follow up with involved staff who will be encouraged to utilise the follow up support processes available within the organisation. These include the EAP referral process and Health & Safety or Human Resource consultation.

General Contingency Plans

Health Waikato Department/Ward Emergency Response Plan

Internal / External Telephone Failure		
Contingency	Action/How/Notes	
Use a Runner	Identify appropriate person to act as runner.	
	Assess communication requirements	
	Ensure runner has communication equipment	
	Send runner to Integrated Operations Centre or Voice Communications to notify of requirements	
PA Announcement	A general announcement may be made over the EWIS PA System. Areas without EWIS will receive communication via block warden, intranet, runner, flyer or other	
	Instructions/requests for specific teams/actions may be made over the PA System	
	DNM/Voice Communications will initiate communication strategy to ensure area without EWIS are informed (e.g. group txt/runner)	
Cell Phones	Will be distributed by the Duty Nurse Manager if required	
R/ Ts	Will be utilised by the Duty Nurse Manager and other relevant staff if required	
Planned Communication Rounds	DNM/CIMS team will identify liaison person/s to visit areas with routine information bulletins	
	Duty Nurse Manager/CIMS team will broadcast information over EWIS as appropriate	
Critical areas staffed by Senior staff while outage continues	Contact Duty Nurse Manager who will ensure staff available	
Establish emergency call process	Ward staff Identify appropriate person to act as runner.	
	Ensure runner has communication equipment	

Health Waikato Department/Ward Emergency Response Plan

Operators initiate manual paging process	Staff wanting to make a pager call contact the operator notifying <ul style="list-style-type: none">➤ name of the person to be paged➤ pager number of that person name of person requesting pager➤ telephone number for return call➤ Receiver of page call contacts Operator to get details of call	
--	--	--

Health Waikato Department/Ward Emergency Response Plan

Patient Call System Failure		
Contingency	Action/How/Notes	
Use hand bells	Send staff to access hand bells from other wards	
	Contact Duty Nurse Manager to access emergency hand bells	
Move appropriate vulnerable patients close to Nursing station	Notify Duty Nurse Manager if additional resource required	
Increase nursing vigilance	Contact DNM or Agency to access additional staff	
Utilise visitors/relatives to contact staff as required	Ward staff explain situation to visitors and request them to stay in ward to act as the patients messenger	
	Inform these people of communication requirements, ward layout, routine etc	

Health Waikato Department/Ward Emergency Response Plan

Loss of Sewerage Service		
Contingency	Action/Tasks/Notes	
Utilise Alternate Toilet Facilities	Ward staff Out of Order notices	
	Ward staff or Duty Nurse Manager negotiate use of neighbouring area facilities	
Utilise Alternate Sluice Facilities	Ward staff place Out of Order notices	
	Ward staff or Duty Nurse Manager negotiate use of neighbouring area facilities	
Utilise Bedpans and Urinals	Contact Duty Nurse Managers or Attendants to access additional bedpan and urinal equipment requirements	
	Ward staff advise patients re alternative toileting options	
Relocate Service	Contact the Duty Nurse Manager to Identify location patient's/ward can be relocated to	
	Liaise with Duty Nurse Manager and Attendants for resource required to facilitate relocation	
	Identify essential equipment requirements for relocation	

Health Waikato Department/Ward Emergency Response Plan

Loss of Water		
Contingency	Action/Tasks/Notes	
Assess water requirements for area	Communicate with Duty Nurse Manager via telephone or runner	
Identify Alternative Hygiene options	Ward staff establish alternative wash stations	
	Contact Duty Manager to access hand washing Gel from Infection Control/ Stores if available	
	Ward staff post notices identifying water conservation strategies	
Identify alternative oral fluid options	Deploy staff to access fluids from a neighbouring ward/unit	
	Ward staff contact Food and Nutrition Services to deliver additional fluids	
	Contact DNM to access bottled water externally	
	Assess and notify DNM of any additional resource required to distribute fluids	

Health Waikato Department/Ward Emergency Response Plan

Piped Oxygen not available		
Contingency	Action/Tasks/Notes	
Utilise cylinder oxygen	Notify DNM, Medical Gas or Attendants of Oxygen cylinder requirements	
	Ward staff MUST NOT utilise portable Oxygen cylinder on resuscitation trolley for routine administration if avoidable	
	Order refill of emergency portable oxygen cylinders as a priority once piped oxygen is available	
	Medical Gas ensure sufficient back up Oxygen cylinders on site	
	Medical Gas ensure sufficient back up Oxygen cylinders with suppliers	

Health Waikato Department/Ward Emergency Response Plan

Wall Suction not available		
Contingency	Action/Tasks/Notes	
Utilise Portable Suction Equipment	Ward/unit staff assess need for portable suction units	
	Ward staff contact Attendants, Clinical Equipment Pool or DNM's to access equipment requirements	
	Ward staff liaise with medical staff re alternate Drainage suction with manual vacuum	
Relocate patients to an area with suction available	Assess relocation requirements and notify DNM of resource required	

Health Waikato Department/Ward Emergency Response Plan

Computer Failure		
Contingency	Action/Tasks/Notes	
Utilise IS Contingency Plan	Follow instructions of Duty Nurse Manager or Incident Controller	
Utilise Manual Back up Procedures	Ward staff utilise documented contingency plans	
	Ward staff utilise desk file as procedure reference	
	Ward staff utilise manual documentation to track patient movements	
	Ward staff ensure back load processes completed	
Laboratory requests and results	Ward staff access ward Laboratory Handbook for supporting information	
	Ward staff initiate manual lab test request system	

Health Waikato Department/Ward Emergency Response Plan

Lighting Failure		
Contingency	Action/Tasks/Comment	
Utilise alternate light source	Relocate to work close to windows where possible	
	Ward staff ensure egress, corridors etc are clear to prevent accidents/ injury to patients and staff	
	Utilise torches or other light sources as available	
	Contact Duty Nurse managers for additional light sources as required	
	Duty Nurse Managers notify Engineers if lack of generator back up	
	Assess relocation and notify DNM's of resources required to facilitate relocation	
	Ward staff ensure back up batteries and bulbs available in wards at all times	

Health Waikato Department/Ward Emergency Response Plan

Electricity Failure		
Contingency	Action/Tasks/Comments	
Utilises alternate power sources	Ward staff ensure all essential equipment is plugged into generator back up power source point (review Essential Electrical Equipment list)	
	Ward/unit/dept staff ensure equipment on an Uninterrupted Power Supply (UPS) power source have a maintenance and residual power test completed on a regular plan in conjunction with E&P	
	Ward/unit/dept staff ensure all non essential equipment is switched off both on the item and at the power source	
	Ward/unit/dept staff notify Duty Manager of additional electricity requirements	
	Contact Duty Manager to supply staff to areas where hand pumping or other activity is required to maintain equipment function	
	Ward/unit/dept staff assesses fridge and freezer storage to ensure these are on essential power supply. If not notify Duty Nurse Manager who will arrange <ul style="list-style-type: none"> • Extension cords 	

Health Waikato Department/Ward Emergency Response Plan

	<ul style="list-style-type: none"> • Movement of products to alternate area • Movement of fridge or freezer to alternate area 	
	Provision of chilli bins for storage	
	Ward staff unplug electric beds or utilise battery back up & manual override	
	Ward staff utilise alternate sanitary equipment cleaning methods – refer Duty Nurse Manager or Infection control team	
	Ward/unit/dept staff assess relocation requirements and notify Duty Nurse Manager	

Health Waikato Department/Ward Emergency Response Plan

Lift Failure		
Contingency	Action/Tasks/Comments	
Utilise alternate routes to access lifts and/or utilise stairwells	Check lifts for trapped passengers	
	Ward staff assess alternate routes	
	Ward staff assess need for movement out of the area	
	Ward staff assess need for relocation and notify DM	
	Assess additional resource requirements for movement	
	Duty Manager notifies Communications who in turn will notify the emergency response teams (777)	
	Escalate clinical impact where patient transfer for investigation/procedure requires lift movement	

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 can not 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

Templates for use during an Incident Response

Action Checklist for Person in Charge of an Area

Ward/Unit/Dept

NOTE: At times some of these actions maybe undertaken by CIMS team. You will be notified if this is the case. Please note this on the template below.

Activity/Role	Person/Role Responsible	Action Complete Comment	Sign and Time
Assess area and response status			
Assess staff requirements			
Undertake Staff Call Back			
Commence staff register			
Commence Incident Log			
Check supplies status			
Initiate Status Reports			
Notifications Duty Nurse Manager On Call Nurse Manager On Call Hospital Manager Clinical Director/ Group Managers Media& Comms Manager	Person in charge of area Duty Nurse Manager NM/Duty Nurse Manager Incident Controller Incident Controller		
Initiate Rapid Discharge Assessment			
Implement rapid discharge			

Complete and forward Status Report at the times requested			
If practical /safe collect patient notes and essential supplies if evacuation likely			
All patients clearly identified			
Identify resource required for relocation			
Brief/ Update staff as information comes available from the EOC			
Ensure your areas Business Continuity Plan (BCP) actions are being met in consultation with the EOC			
Monitor and record equipment and supplies status and requests further items as required			
Rest and rotate staff			
When advised by EOC that incident is being de-escalated begin planning for the recovery stage (refer Incident Response page 5 of this document)			
Undertake review of your area and identify your staff, equipment, supply, cleaning and other service requirements			
<i>Add any issues Specific to your area</i>			

Incident Status Report

<p>Incident:</p> <p>Report no.:</p> <p>Date:</p> <p>Prepared by:</p> <p>Name and Location:</p> <p>Time:</p> <p>Contact details:</p> <p>Valid until:</p>	<p style="text-align: center;">Situation Report</p> <p>Assessment (Note any critical issues and assumptions made. Attach map or drawing of incident):</p>
<p>Action taken:</p>	
<p>Resources (in place):</p>	<p>Resources (That may be required)::</p>
<p>Factors (Weather and other factors or limitations should be noted):</p>	
<p>Predicted incident development (Note how this situation is anticipated to evolve):</p>	
<p>Options:</p>	

Ward/Unit/Department Staffing Register

Date:	Incident Shift	AM	PM	N	OTHER	Shift Time:
STAFF REGISTER	STAFF NAME	SHIFT/HOURS AVAILABLE	CONTACT DETAILS		COMMENT/INFORMATION	

Abbreviations Used in the Document	
DNM	Duty Nurse Manager
NM	Nurse Manager
FRT	First Response Team
BCP	Business Continuity Plan
BEC	Bryant Education Centre
CDEM	Civil Defence Emergency Management
CD	Civil Defence
CEO	Chief Executive Officer
CIMS	Co-ordinated Incident Management System
CISD	Critical Incident Stress Debriefing
CNM	Clinical Nurse Manager
COO	Chief Operating Officer
DHB	District Health Board
DNM	Duty Nurse Manager
DON	Director of Nursing
EAP	Employee Assistance Program
ED	Emergency Department
EOC	Emergency Operations Centre
E&I	Estate & Infrastructure
EWIS	Building Fire Control Monitoring & Management System
EWIS PA SYSTEM	Public announcement system attached to EWIS system
FRT	First Response Team
HRBC	Henry Rongomau Bennett Centre
MIP	Major Incident Plan
MH	Mental Health
MOoH	Medical Officer of Health
MSDS	Material Safety Data Sheet
NZFS	New Zealand Fire Service
IOC	Integrated Operations Centre
RACE	Remove, Activate, Contain, Evacuate
RC	Responsibility Centre
R/T's	Radio - Telephones
SABC	Safety/Assess/Broadcast, Back up/ Campaign plan
UPS	Uninterrupted Power System
WH/HRBC	Waikato Hospital/ Henry Rongomau Bennett Centre
GM	Group Manager
ECG	Electrocardiogram
CSU	Central Sterilising Unit
CCU	Cardiac Care Unit
ICU	Intensive Care Unit
NICU	Neonatal Intensive Care Unit (also referred to as NBU)
CPR	Cardio Pulmonary Resuscitation
PACU	Post Anaesthetic Care Unit

Waikato District Health Board GUIDELINE: Black Start Testing Guideline				
Authorised: [Authoriser's initials]	Issued: April 2013	Review Date: April 2016	Version: 1	Page: 32 of 2

IMS	Inventory Management System
RMO	Registered Medical Officer

Waikato District Health Board GUIDELINE: Black Start Testing Guideline				
Authorised: [Authoriser's initials]	Issued: April 2013	Review Date: April 2016	Version: 1	Page: 33 of 2



Guideline:

Black Start Generator Testing

Facilitator: Delwyne Martin, Bed Capacity Manager	Authorised by: Deborah Labuschagne, NM Operations	Classification: Area Department Emergency Response Plans (DERPS)
--	--	---

© Waikato DHB (Month and Year)

Purpose of guideline

To provide an outline of department activities to be undertaken in preparation for Generator testing on Waikato Hospital/HRBC campus

Equipment needed

Area Department Emergency Response Plan (DERP)

WDHB Generis DERP

Risk Assessment Template

Method

Action	Rationale
Review essential electrical equipment requirements listed in DERP within area	To identify if equipment will be required during planned outage
Review/identify essential electricity outlets listed in DERP are clearly identifiable for all staff	To raise staff awareness
Ensure all equipment identified in 1) above is located near or plugged into 2) above	To ensure continuity of electricity supply where equipment requires continuous supply or to access emergency supply during outage if required
Review area essential equipment list from DERP	To ensure all equipment required during outage is identified as essential and managed as per 3) above
Review battery life of all uninterrupted power supply battery sources (UPS). Contact P&I if required	To ensure UPS battery output will last the length of the planned outage
Review Generic DERP for electricity outage.	To provide general guidelines for staff on management of generic equipment throughout outage
Note any risks where generic response will be inadequate on Risk Assessment (see Risk Assessment Template)	To ensure all risks are noted and mitigation strategies aligned
Complete Risk Assessment for area. Escalate identified risks which are not able to be managed within area to line manager. Forward full risk assessment to incident nominated person	To ensure specific risks for each area are identified and have a mitigation strategy assigned. To allow central collation of campus risks to be available in final planned outage go

Waikato District Health Board GUIDELINE: Black Start Testing Guideline

Authorised: [Authoriser's initials]	Issued: April 2013	Review Date: April 2016	Version: 1	Page: 34 of 2
---	------------------------------	-----------------------------------	----------------------	-------------------------

	ahead decision
Post Planned Outage/Black Start Testing	
Request P&I review UPS back up life	To ensure batteries supply will meet needs in next outage (planned & unplanned)
Update DERP in line with 1-4 above	To ensure DERP is aligned to changing ward/department equipment requirements

References (required where best practice can be referenced)

Associated documents (required) - to include only documents which must be used in association with the guideline e.g. forms.

Area Department Emergency Response Plan (DERP)

Generis Department Emergency Response Plan (Generic DERP)

Risk Assessment Template

Authorisation (required)

(Name and title of authorising person)

Date

(Guidelines must be authorised by:

Professional Advisor / Clinical Unit Leader / Clinical Director where and as appropriate

Level of Manager above staff required to implement

More than one person may need to sign off e.g. Clinical Director for service specific guideline and

Director of Nursing for service specific guideline that applies to nurses.

Sign-off must be for:

Adequacy (e.g. clinical safety / best practice), and

Responsibility for implementation).

Disclaimer: This document has been developed by Waikato District Health Board (Waikato DHB) specifically for its own use. Use of this document and any reliance on the information contained therein by any third party is at their own risk and Waikato DHB assumes no responsibility whatsoever.

Waikato District Health Board GUIDELINE: Black Start Testing Guideline				
Authorised: [Authoriser's initials]	Issued: April 2013	Review Date: April 2016	Version: 1	Page: 35 of 2

GENERIC RISK ASSESSMENT

Issue	Risk Identified	Management Options	
Patients/Clinical			
No Call Bell System for periods of time. No awareness when/where this will occur	Inability for patients to contact staff Inability for staff to activate Cardiac Arrest notification	Increase Patient supervision Identify call processes with staff, patients and visitors Utilise hand bells Move at risk patients	
Suction	Unavailable	Utilise essential power outlet	
Negative Pressure Rooms	No power to maintain negative pressure No power to outlets, lights etc	Review alternative clinical management of patient with Infection Control Utilise Hepa -filter in another powered room Utilise ED Negative pressure unit (last resort)	
Crash Trolley's	No power at current or required location	Utilise essential power outlet	
Air Mattresses	No power to maintain	Utilise essential power outlet.	
Beds	No power	Ensure all batteries backed up	
Sanitizers	No power to sluice rooms	Ensure all equipment is sanitised prior to outage to maximise availability.	
Drug Fridges	No power	Restrict usage Keep closed Temperature monitoring	
Lamson tube unavailable or samples remain in tube following outage	Not available	Order Attendant collection via Portal	
No Radiology	Unavailable for periods throughout outage. No lift availability		
No Laboratory	Unavailable for periods throughout outage		

Waikato District Health Board GUIDELINE: Black Start Testing Guideline

Authorised: [Authoriser's initials]	Issued: April 2013	Review Date: April 2016	Version: 1	Page: 36 of 2
---	-------------------------------------	-----------------------------------	-----------------------------	-------------------------

Information/Communication			
Computers & monitoring stations ED, IOC, CWS & LIM	Not available	Print Ward Audit Report at prior to outage Update One-staff rosters & workload prior to outage Log out & Turn off all computers by Call Laboratory for specimen results Call Radiology as required Instigate manual medical record tracking Instigate Manual iPM back up procedures as per desk file	
Printers	Unavailable	Complete essential printing prior to outage. Schedule other printing for post outage. Turn off all printers	
Fax	Unavailable	Ensure all Ambufaxes are sent prior to outage time RRC	
Health & Safety			
Emergency Lighting	Not Affected		
Food storage fridges	No Power	Restrict usage Keep closed (IOC) monitor temperature	
Limited Lifts available	No disabled transport in high rise buildings. Potential for people to be trapped in lifts	Each building will have a lift available for essential use	
Limited lighting in stairwells	Falls/tripping	Utilise light sticks to enhance lighting if required (DNM's)	
General Lighting	Emergency lighting only	Torches/light sticks, minimise at risk patient movement	
Security			
Door/Fob access		Extra security staff on site – no issues anticipated	
Campus perimeter/barrier arms		Will be lifted	

Waikato District Health Board GUIDELINE: Black Start Testing Guideline				
Authorised: [Authoriser's initials]	Issued: April 2013	Review Date: April 2016	Version: 1	Page: 37 of 2

Notes

Waikato District Health Board GUIDELINE: Black Start Testing Guideline				
Authorised: [Authoriser's initials]	Issued: April 2013	Review Date: April 2016	Version: 1	Page: 39 of 2