Waikato District Health Board

WARD/UNIT/DEPARTMENT:

DEPARTMENT EMERGENCY RESPONSE PLAN

Authorised by:

_____   _____
Nurse Manager   Date

_____   _____
Clinical Director
(For Clinical Services)   Date

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Department Planning Overview

- ❖ This Department plan is intended to be a resource for all staff within and visiting your area in the event that you discover an emergency incident or are required to respond as a result of an incident in another area.

- ❖ The plan will be in a location in your area, which is easily visible to all staff and particularly to staff who may be transient in your area (e.g. Agency Nurses, Clerical Relievers).

- ❖ The plan will provide a one-stop document tailored to your area taking into consideration your specific service needs. These will be reviewed in line with similar areas to ensure that service synergies are identified and utilised when decisions are being made around relocation and co-location.

- ❖ It will also allow us to identify key equipment requirements, the types of supplies common across all areas and which utilities are essential to you in providing a safe environment to your patients, staff & others.

- ❖ In addition it will identify common links with external agencies allowing us to ensure they can gain priority access if required during an incident.

- ❖ This information will be collated into an Emergency Management database (electronic & hard copy) and will be utilised in informing decisions around stock levels, equipment requirements and planning for routine utility maintenance, upgrade and replacement. Whilst your Department Plan will not contain staff lists, Hazard & Chemical Registers and other contact information they will identify the location of this information within your area. When this information is collated it will identify areas that may require additional safety equipment, for example spill kits or Personal Protective Equipment.

- ❖ In the event that an incident occurs which requires services to be relocated it is important that we are able to ensure the relocating service does not gain increased risk as a result of relocation. It is also recognised that there are areas, which are the preferred relocation, sit for multiple services. The information you provide to us about your relocation preference will be reviewed and cross referenced to ensure that at no time will several services be vying for the one area.

- ❖ The information you provide on equipment, utilities etc will help to confirm your primary relocation preferences and will also define any other areas you may be able to relocate to.

- ❖ Department Plans will have review dates, however a plan should be reviewed at any time a change is made to your service or environment. All alterations to you plan need to be forwarded to the Emergency Management to enable the central data base to be updated.

Instructions for Department Planning Process

This plan outlines your areas preparation and actions to be taken in the event of an incident which affects the ability of the ward/unit/department or the facility as a whole to continue to provide an effective and safe service.

1. Review the Department Plan (DERP) template to get an overview of your areas requirements

2. Review all Emergency Management documentation in your area

3. Complete templates as per the instructions which are embedded in that template. All items for completion are italicised

4. Add any notes to the final page of the document

5. Contact one of the following for assistance as required

6. Any Emergency management or response training undertaken by staff in your area is to be recorded in this document

7. Following all events affecting your area the DERP is to be updated & forward to EMP as below

>   All Sites:
>   Trevor Ecclestone Manager Emergency Management Planning
>   X 23339 or 021 904542
>
>   Waikato Hospital Campus
>   Delwyne Martin
>   X94411 or 021 904468
>
>   Henry Rongomau Bennett Centre
>   Carol Clark
>   X96079 or 021 904467

Return completed or updated template by email to
Trevor.Ecclestone@waikatodhb.health.nz

Training Participation Record

All staff participating in an Emergency Management training or exercise to be recorded here. This record is required for audit (Department Flipchart discussion, Department CIMS in Health session, EM Exercise…..)			
Name	**Staff Type**	**Designation and Area**	**Signature**

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**	**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**	**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**	**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**	**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.**

Ward/Unit/Department Profile

Date Developed	*Review Date: March 2015*

Ward/Unit/Department	*Enter here the name of your ward/unit/ department as listed in the internal directory*
Service	*Describe here the type of service you provide e.g. medical typing, OPD clinic, inpatient ward*
Location	*Describe here your location – building, level, and position on campus etc*
Description of Service/Unit Core Function	*Describe here your core service or function*
Location of Essential Staff List	*Enter here the location of your essential staff list*
Location of Desk File	*Enter here the location of your Desk File/s*
Location of Chemical Register	*Enter here the location of your chemical register*
Location of Hazard Register	*Enter here the location of your Hazard register list*
Location of Personal Protective Equipment	*Enter here the location/s of your PPE & include any digital lock codes, location of keys to access or any other info relevant to accessing this equipment*

Relocation Site Preferences

Enter the two relocation preferences for your service

Two Alternative Sites if the service has to relocate:

1.
2.

Essential Electrical Equipment

List Electrical devices which are required to function continuously to maintain clinical safety (e.g. incubator) or non clinical (e.g. IS Server) infrastructural support.
Review every room for essential power points & ensure essential equipment listed below is plugged into or near an essential outlet.
These outlets connect to either an Uninterrupted Power Source (UPS battery back up) or Generator power in outage events.
Where essential electrical equipment is not assigned to or near an essential power source the area requires a management contingency plan to be defined (see Essential Equipment below)

Room	Location	Item	Comment
Room x	Outlet 1:	Incubator	
	Outlet 2:		
	Outlet 3:		
	Outlet 4:		
	Outlet 5:		
Room y	Outlet 1:		
	Outlet 2:		
	Outlet 3:		
	Outlet 4:		
	Outlet 5:		

Essential Equipment

> *List here items of equipment which are not commonly used in either of your 2 relocation preferences or equipment used only by your service*
> *Specify if this equipment is mobile or fixed, if mobile and there are specific requirements for moving please add this.*
> *Identify where this equipment is located in your area and if you have access to back up items.*
> *Identify where these are located.*
> *If the item is fixed please identify an alternative piece of equipment which could be used.*
> *Provide as much detail as required to ensure ongoing safe service delivery in a power outage or relocation event.*

Equipment Name/Description	Location	Alternative/ backup	Mobile or Fixed	Comment

Essential Supplies
[(return to main document)](return to main document)

List here supplies which are specific to your service eg paediatric medications, CAPD fluid, etc and identify the amount you would require to function for 24hrs

Item Name/Description	Amount Required

Essential Utilities

List here the utilities used by your service and identify the dependency you have on the utility to continue to deliver your service. If you already have a back up plan include this under Back Up or Contingency

0 = No dependency
1 = Low dependency - unit/department could continue without
2 = Medium dependency - unit/department could continue, using substitutes
3 = High dependency – unit/department could not function without it

Item Name/Description	Dependency Level				Back Up or Contingency Plan
	0	**1**	**2**	**3**	
Wall Gasses/air					
Portable Oxygen					
Wall Suction					
Portable Suction					
Heating					
Air Conditioning					
Water					
Sewerage					
Power					
Natural Gas					
Computers					
Telephone					
Cell Phone					
Fax					

List any other utilities specific to your service/area

Item Name/Description	Dependency Level				Back Up or Contingency Plan

Essential Inter-Service Dependencies

Enter here any departments on which you are dependant in order to provide your service and identify the level of that dependency.

0. **No dependency**
1. **No dependency for first 24 hours**
2. **Low dependency - unit/department could continue to function with some inconvenience**
3. **Moderate dependency – loss of support service or utility causes restriction in service delivery**
4. Critical – service is unable to function and therefore ceases

Unit Name	Dependency Level				
	0	1	2	3	4
Hilda Ross House					
Te Whare Taurima					
Agency					
Attendants					
Breast Care Centre					
Bryant Education Centre					
Chaplaincy					
Infection Control					
Anaesthetics					
Acute Pain Service					
Emergency Department					
Theatres					
Same Day Admission Unit					
Day of Surgery Admission Unit					
PACU					
Out Patient Clinics					
Critical Care					
Sterile Services Unit (SSU)					
Laboratory					
Blood Bank					
Radiology					
Physiotherapy					
Occupational Therapy					
Social Workers					
Pharmacy					
Media & Communications					
Voice Communications					
Community Health Services					

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Unit Name	Dependency Level				
	0	1	2	3	4
Cafeteria					
Cleaning Services					
Duty Nurse Manager					
Clinical Equipment Pool					
Property & Infrastructure					
Henry Bennett Centre					
Health and Safety					
Human Resources					
Infection Control					
Information Services					
Laundry Services					
Medical Records					
Te Puna Oranga					
Mortuary					
Medical Gas					
Medical Waste					
Medical Typing Services					
Bio Medical Services					
Medical Coders					
Mailroom					
Nutrition and Food Services					
Purchasing and Distribution Department					
IMS					
Payroll					
Parking					
Population Health Unit					
Quality and Risk Service					
RMO Co-ordination Service					

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Unit Name	Dependency Level				
	0	1	2	3	4
Other (please identify)					

External Agencies

List here any external agencies you require contact with in order to deliver your service and identify the level of dependency you have on the agency

0. No dependency
1. No dependency for first 24 hours
2. Low dependency - unit/department could continue to function with some inconvenience
3. Moderate dependency – loss of support service or utility causes restriction in service delivery
4. Critical – service is unable to function and therefore ceases

Unit Name	Dependency Level				
	0	1	2	3	4
St John Ambulance					
Undertakers					
Police					
Fire Service					
Private hospitals					
Nursing homes					
GP's					
Other Public Hospitals					
Pro Pharma					
Others (please identify)					

Area Specific Notes