VERSION CONTROL

Proposals for amendment or addition to the contents of the CHSEMP are to be forwarded to:

Hospital Emergency Management Coordinator

Canberra Health Services

ACT Health

Version	Approval Date	Version Issue Date	Detail
1		December 2018	New document

1 PART ONE: OVERVIEW

1.1 Purpose

The Canberra Health Services (CHS) Emergency Management Plan (the Plan) has been developed to provide an overarching guide for the effective and efficient mobilisation and control of Canberra Health Services (CHS) resources in response to a disaster, major emergency or other incident occurring within the CHS or as part of a larger response required to support broader the Health Sector.

This Plan should be read in conjunction with the:

- ACT Emergency Plan
- ACT Health Emergency Plan
- CHS Hospital Emergency Operations Centre Procedure
- CHS Site Based Emergency Response Procedures

The Plan is to ensure:

- Maximisation of the response capability to an emergency
- Co-ordination of resources
- Minimisation of disruption to normal services
- Accountability for responses is clear
- Management of the recovery phase is seamless

1.2 Objectives

The CHSEMP ensures a safe, effective and coordinated response to incidents at CHS by:

a. describing emergency governance and administrative arrangements
b. describing command, control and coordination management arrangements
c. defining triggers to activate the Hospital Emergency Operations Centre (HEOC)
d. defining the hospital Incident Management Team (IMT) structure and functions
e. describing escalation mechanisms both internally, whole of health sector
f. describing staff skill acquisition, maintenance and training requirements
g. allocating roles to staff and describing other emergency based vocational roles

1.3 Scope

The Plan describes CHS emergency management responsibilities using the Prevention, Preparedness, Response and Recovery (PPRR) principles for the management and response to:

- internal emergencies and disasters
- external emergencies and disasters
- disasters for which specific sub-plans have been developed, such as mass casualties

The Plan applies to all CHS staff involved in PPRR.

1.4 Context

The arrangements outlined in this Plan are based on the following core principles:

a. health services are provided in a timely, ethical, equitable and flexible manner
b. continuity of critical non-incident related essential medical services is an operational imperative
c. control and coordination of an incident response will be at the lowest effective management level
d. management arrangements recognise that the recovery phase may be a complex, dynamic and protracted process
e. the provision of health services in an emergency may involve an adjustment to normal priorities to ensure the greatest good for the greatest number
f. training programs and exercises support the effective response of ACT health sector personnel

1.5 Incident definition and classification – AIIMS

The Australasian Inter-Service Incident Management System (AIIMS) is an integral part of emergency management doctrine for fire and emergency services industry within Australia.

The Hospital Commander (HComm) and those in charge of leading an emergency response should receive AIIMS training.

AIIMS defines an incident as an event, occurrence or set of circumstances that:

- has a definite spatial extent
- has a definite duration
- calls for human intervention
- has a set of concluding conditions that can be defined
- is or will be under the control of an individual who has the authority to make decisions about the means by which it will be brought to a resolution

AIIMS concepts follows five principals of management:

1. Flexibility – incident management scalability
2. Management by Objectives – A common incident management plan across all agencies and personnel involved in the response.
3. Functional Management – clearly defined management structure, roles and responsibilities, information flows and scalability
4. Span of control – relates to the number of groups or individuals that can be successfully supervised by one person. Ideally, the span of control should not be more than 1:7.
5. Unity of Command – Integration of agency responses with clearly defined roles, responsibilities and information flow.

CHS Emergency Management Plan

AIIMS classifies incidents into three levels as shown in the following table:

Incident Classification	Description
Level 1	Level 1 incidents are generally characterized by being able to be resolved through the use of local or initial response resources only
Level 2	Level 2 incidents may be more complex due to size, resources, risk or consequence. They are characterized by the need for: • Deployment of resources beyond initial response or • Sectorisation of the incident or • The establishment of functional sections due to the levels of complexity or • A combination of the above
Level 3	Level 3 incidents are characterized by degrees of complexity and consequence that may require the establishment of significant resources and structure for the effective management of the situation. These incidents will usually involve delegation of all functions

2 PART TWO: GOVERNANCE

2.1 Canberra Health Service emergency management arrangements

2.1.1 Hospital Commander (HComm) and Incident Management Team (IMT)

The Deputy Director General (DDG) CHS, the CHS Chief Executive Officer (CEO) or delegate may assume the role of HComm during an incident that requires the management of hospital resources and an escalation of command. The HComm establishes the Incident Management Team (IMT) and arranges the setup of the CHS Hospital Emergency Operations Centre (HEOC) if required. The hospital IMT shall consist of:

- Hospital Commander
- Planning Officer
- Logistics Officer
- Operations Officer
- Hospital Emergency Management Coordinator
- Media/Public Information Officer

Role cards for the HComm and IMT members and the IMT structure are set out in the CHS HEOC Procedure.

The HComm is notified in the event of any Code Plan activation and monitors the situation. Where the incident is of sufficient duration, scale or complexity (e.g. requiring an evacuation, has significant clinical impact or Level 2 incident or greater), the HComm shall establish the IMT to manage the incident.

For Level 3 incidents, the HComm maintains control of operations of CHS and incident control is escalated to the ACT Health Controller via the ACT Health Emergency Management Unit who will manage resources across all The ACT Health Sector.

The HComm shall act as the key liaison between CHS and the ACT Health Controller to ensure CHS has appropriate resources to manage the incident.

2.1.2 Health Sector Emergency Management Committee (HSEMC)

The Chief Health Officer chairs the Health Sector Emergency Management Committee. The CHS DDG and Emergency Management Coordinator sit on this committee, along with representatives of other external Emergency Agencies. A representative from this committee also sits on the CHSEMC (see 2.1.3 below). The role of the HSEMC is to assist the Chief Health Officer in developing the ACT Health Emergency Plan and coordinate government and private health sector support and resources during emergency planning, response and recovery operations.

2.1.3 Canberra Health Services Emergency Management Committee (CHSEMC)

Australian Standard 4083-2010 Planning for emergencies – Health Care facilities, states that facilities "shall have plans to respond to emergencies and that these facilities shall have an emergency planning committee to oversee emergency prevention, preparedness, response and recovery, relevant to its size and function".

The CHSEMC provides governance of emergency management program activities, ensuring systems, procedures and resources are in place to prevent or manage emergencies that could impact CHS. This committee monitors emergency management related risk across CHS as well as staff training and exercises.

All emergency management related plans and procedures require endorsement of the CHSEMC.

2.1.4 Hospital Emergency Management Coordinator

Under the authority of the DDG CHS, the Emergency Management Coordinator is responsible for all preparedness and response activities, including CHS Emergency Response Plans and Procedures. The Emergency Management Coordinator provides overall facilitation of emergency management programming.

2.1.5 Chief Warden, Deputy Chief Warden, Building Chief Wardens, Wardens

The Chief Warden is responsible for facilitating emergency response arrangements at all ACT Health facilities and facilitates the Fire and Emergency related training and exercise program of Wardens.

The Deputy Chief Wardens are responsible for leading the response to incidents in the absence of the Chief Warden, unless under the control of emergency services or the HComm.

Building Chief Wardens coordinate emergency response within each building at CHS sites.

Wardens form part of the grass roots level of Emergency Code Procedure activation across CHS sites.
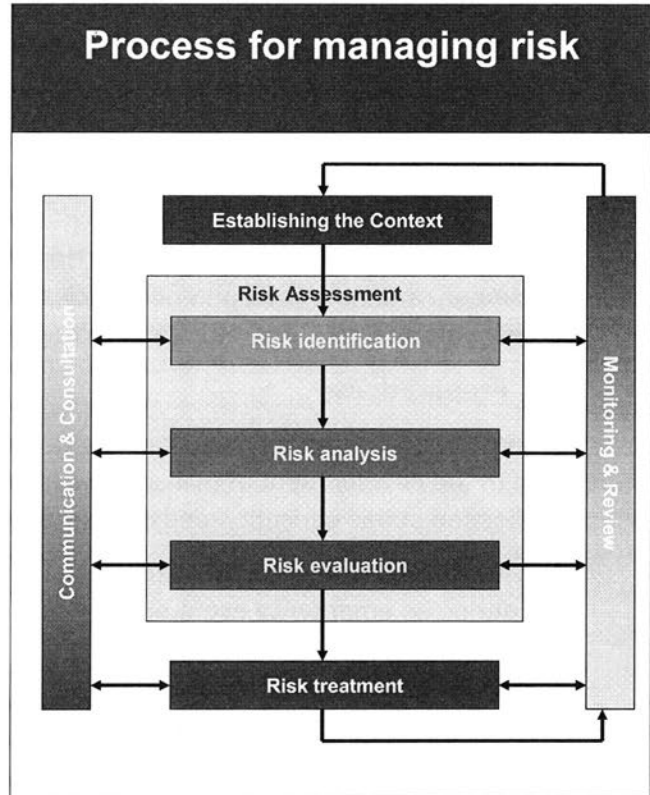
3 PART THREE: RISK MANAGEMENT

3.1 Risk Management

This Plan has been developed based on the principles and generic guidelines on risk management as per the International Standard ISO 31000:2009. This standard has been adopted by many organisations (particularly emergency services organisations) as the basis for their approach to risk management.

Risk Management in the context of this Plan is the systematic method used for identifying, analysing, evaluating and treating emergency risks.

The diagram (right) demonstrates the risk management process and the links between the various stages of that process, as identified in the standard.

Process for managing risk

Establishing the Context

Risk Assessment

Risk identification

Risk analysis

Risk evaluation

Risk treatment

Communication & Consultation

Monitoring & Review

ISO31000:2009 Risk Management – Principles and Guidelines

4 PART FOUR: PREVENTION AND PREPAREDNESS

4.1 Prevention

Prevention can be described as activities that eliminate or reduce the probability of occurrence of a specific hazard, and/or reduce the degree of damage likely to be incurred.

Examples include good building design, routine maintenance to buildings and grounds to mitigate and protect against fire, provision of back-up systems and safety monitoring. Many of these larger scale activities are undertaken by the Infrastructure Management and Maintenance Branch, coupled with good on-site building and services maintenance programs.

CHS works collaboratively with the ACT Health Emergency Management Unit and other key government and non-government agencies to identify risks, undertake comprehensive site risk assessments and develop mitigation strategies.

4.2 Preparedness

Preparedness incorporates activities that focus on essential emergency response capabilities through the development of plans, procedures, organisation and management of resources, training and public education and collaboration with emergency services.

To assist with the effective management of an incident and to protect patients, visitors and staff during an emergency event or large scale incident there is a need to be prepared.

Examples include:

- Network wide and site-based exercises
- Education and training
- Staff immunisations

4.2.1 Education, Training, Exercises

All staff are required to receive annual emergency management refresher training that includes information and instruction regarding emergency preparedness and response procedures e.g. fire and evacuation training. This training may be delivered either face-to-face or online.

Information regarding fire, evacuation and emergency codes e.g. Code Red, Blue, Black etc. are incorporated into the site specific emergency response procedures. These are also incorporated into the sites orientation/induction program.

4.2.2 Training for Specific Roles

The CHS Emergency Management Coordinator manages the coordination of specialist IMT training to enable HComm and members of the IMT to manage and coordinate emergency incidents. This includes a variety of emergency training exercises including multi-agency exercises.

The HComm and key IMT roles are required to undertake Australasian Inter-Service Incident Management System (AIIMS) training. This training provides a common incident management framework that can be applied to any size incident.

Staff that have roles at incident sites and as part of medical assistance teams are required to undertake Major Incident Medical Management and Support (MIMMS) training can be considered for deployment in Australian Medical Assistance Teams (AUSMAT). Key clinical staff

at CHS may also benefit from Hospital MIMMS (HMIMMS) training which provides training concentrating on hospital triage and bed management.

Emergency Control Organisation (ECO) training and exercises are given to all Wardens across the network to enable them to manage appropriate Emergency Code responses and know when to escalate to management when necessary.

The general scope of training, exercise and testing activities relating to CHS skills acquisition and maintenance incorporates:

- emergency management competency and general awareness training
- simulated role-played emergency management exercises
- desktop (discussion style) exercises
- emergency Code Plan testing, training
- trial horizontal and vertical evacuation exercising
- Emergency Control Organisation AS3745-2010 warden competency training
- fire extinguisher training
- field-based (multi-agency) emergency management exercises (facilitated by emergency service organisations)

4.2.3   Emergency Response Procedures

Hospital Emergency Operations Centre (HEOC) Procedure

The HEOC describes the emergency management command and control processes which will be used by CHS executive and IMT when responding to a range of incidents. This Procedure is usually activated for all Level 2 and 3 incidents. This procedure, whole or part, will be exercised at least once every year.

Site Based Emergency Response Procedures

These are intended to form the basis of initial emergency response to incidents.

The objective of the Site Based Emergency Response Procedures is for CHS staff, at short notice, to be able to mobilise resources in a co-ordinated response to extraordinary circumstances to achieve:

- rapid and appropriate response activation
- clearly understand command and control structures
- clearly understand communication mechanisms
- clearly defined roles for all staff
- rapid and structured advanced assessment and treatment of clients, visitors and staff
- rapid and structured approaches to de-escalating threatening behaviours
- rapid and structured evacuation of clients and staff from affected areas
- access to clinical staff with advanced life support skills and equipment
- transition back to normal business with minimal disruption

CHS facilities will comply with Australian Standard 4083-2010 'Planning for Emergencies in Health Care Facilities' and where appropriate Australian Standard 3745-2010 'Planning for Emergencies in Facilities'

CHS Emergency Management Plan

Floor evacuation diagrams provide information to enable safe exit from a building in the event of an emergency. Floor evacuation diagrams must meet the requirements of AS 3745 – 2010 and are to be appropriately displayed.

Fire and Safety Systems installed at all CHS sites include:

- Fire Indicator Panels
- Fire Alarms and Emergency Warning Intercommunication System (EWIS)
- Warden Intercommunication Phones (WIP)
- Detection Systems
- Suppression Systems
- Fire Safety Systems such as fire doors and lighting are installed at CHS sites.

The table below sets out the Emergency Code colours used at CHS. Detailed response to these colour codes can be found in the site based Emergency Response Procedures.

EMERGENCY CODES		
CODE BLUE Medical Emergency	**CODE RED** Fire / Smoke	**CODE ORANGE** Evacuation
CODE PURPLE Bomb Threat	**CODE YELLOW** Internal Disaster	**CODE BLACK** Personal Threat
	CODE BROWN External Disaster	
CODE H Helicopter Coordination		

4.2.4 Surge Capacity and Capability

ACT public hospitals must develop and maintain detailed facility surge capacity plans that incorporate both outpatient and inpatient surge capacity for the triage, treatment, and tracking of patients at the facility or in alternative sites of care during mass casualty incidents, infectious disease outbreaks or hazardous materials exposures.

4.2.5 Business Continuity Management

CHS Business Continuity Management consists of a suite of plans based on hospital business functions and are administered by responsible business units. CHS Emergency Code Yellow Procedure also details key contingency considerations during business disruptive events. Business Continuity Plans (BCP) are to be activated if the Business Units Maximum Acceptable Outage is exceeded. BCP's may be activated concurrently with the activation of a Code Yellow.

CHS Emergency Management Plan

5 PART FIVE: RESPONSE AND RECOVERY

5.1 Activation – In and Out of Hours

The decision to escalate an emergency incident is made with consideration given to the complexity and consequences of an incident. During normal business hours, the Hospital Emergency Management Coordinator shall confer with the HComm if an incident appears to require escalation and the set-up of the HEOC. After hours, it may be the After-hours Hospital Manager who makes the decision to escalate to the Executive On-call on the basis of advice provided by senior management, business units, emergency management personnel, and external emergency services. If it is a Level 2 or 3 incident, the Executive On-call shall activate the HEOC, notify the designated Hospital Commander and begin establishing the IMT as per the HEOC procedure.

5.2 Hospital Emergency Operations Centre (HEOC)

5.2.1 HEOC Function

The primary function of the HEOC is to support the HComm and IMT in strategic and operational emergency management response activities. The HEOC can be activated by the HComm at any time to support internal or external events.

The common functions performed and terminology utilised in the HEOC include:

Escalation	The ACT Health Emergency Management Unit may activate the Health Emergency Control Centre (HECC) if the incident requires coordination and response of the larger health sector including public and private hospitals, liaison with Ambulance Controller, aged care facilities, Australian Red Cross, Australian Defence Force etc. The HEOC shall ensure regular situation reports are given to the HECC, if it is activated.
Control	The overall control of CHS response.
Command	The direction of operational activities of the CHS response.
Coordination	Ensuring individuals, agencies and networks are working together and aware of each other's roles and responsibilities.
Records Management	The necessity for the HEOC to maintain accurate records and collect, interpret and disseminate information.
Operational Management	Actions undertaken to meet demands created by the emergency.
Public Information	Participate in the development of public information via the HEOC, HECC, Public Information Coordination Centre (PICC) (if activated).

Other tasks to consider include: briefings, fatigue management, timings for situation reports, handovers etc. Further information is available in the HEOC Procedure.

CHS Emergency Management Plan

5.3 IMT roles and responsibilities overview

5.3.1 Incident Controller

The Incident Controller (IC) is the person 'on the ground' who is in charge of the incident, in the absence of the emergency services, is usually the Chief Warden or delegate or After-hours Hospital Manager. The HComm will assume the role of IC if the incident requires escalation. In the event the emergency services or police are on site, the IC may not be a Health employee depending on the scale and type of incident. The HComm shall still maintain command of hospital operations.

5.3.2 Planning Officer

The Planning Officer is the person responsible for coordinating the Planning function of the IMT. The Planning Officer is responsible for the ongoing forecasting of incident response and management operations and Incident Communications at CHS. The Planning Officer reports to the HComm.

5.3.3 Operations Officer

The Operations Officer is the person responsible for the Operations function of the IMT. This person coordinates the people who are the "doers" in the IMT and are responsible for implementing the outcomes of the Incident Action Plan and providing feedback on the situation on the ground.
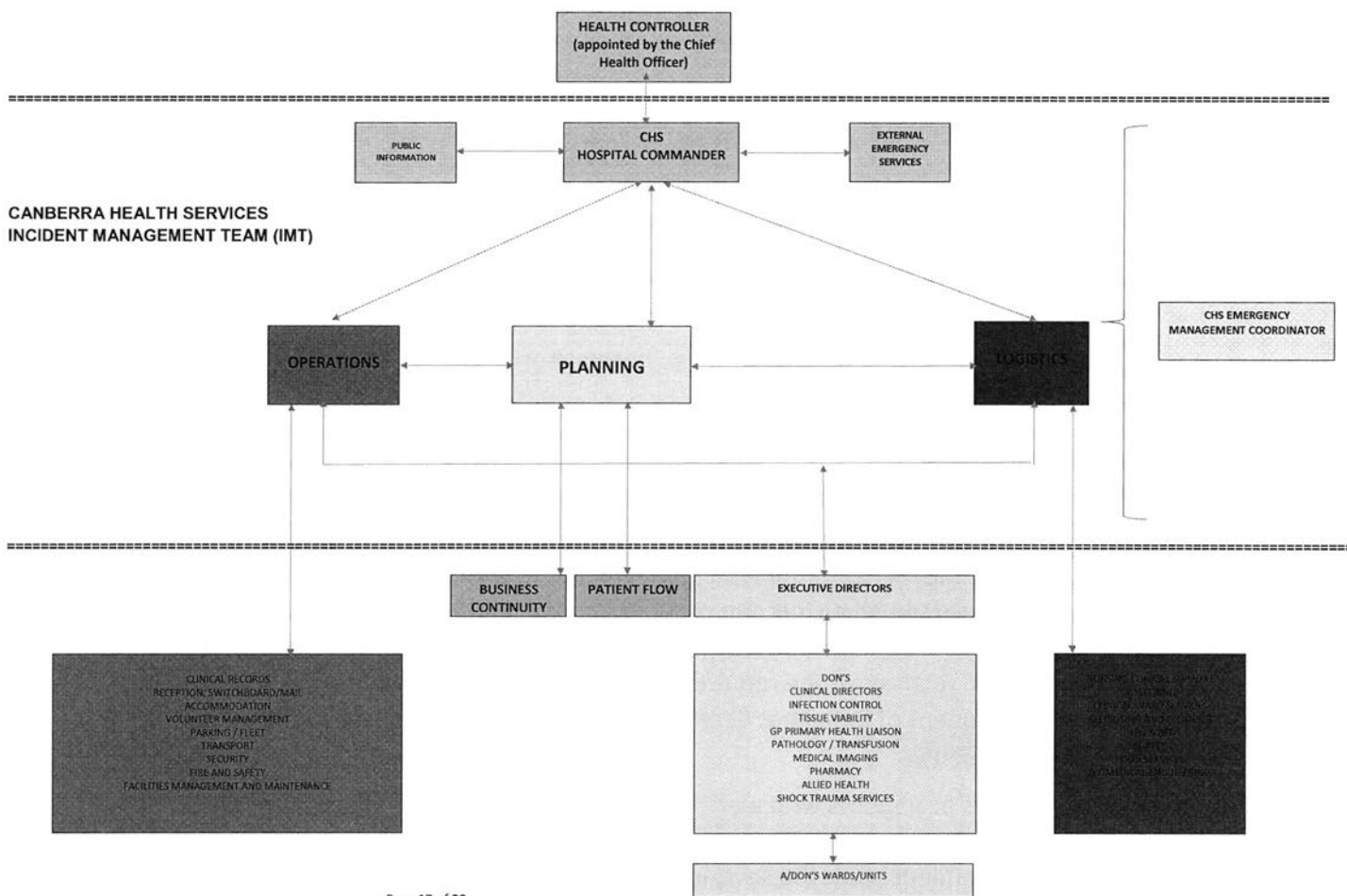
5.3.4 Public Information Officer

The Public Information Officer is the voice of the IMT. This person is responsible for all external communications from the IMT. Responsible to the HComm, the Public Information Officer prepares all material to external stakeholders. The Public Information Officer must liaise with ACT Health Public Information personnel when necessary.

5.3.5 Logistics Officer

The Logistics Officer coordinates the fixers and finders of the IMT. The Logistics Officer is responsible for resourcing of the incident response, including providing of people, equipment, facilities and food.

For more detail regarding the HEOC and IMT, see the HEOC procedure including action cards for all roles.

CHS Emergency Management Plan

HEALTH CONTROLLER
(appointed by the Chief
Health Officer)

PUBLIC
INFORMATION

CHS
HOSPITAL COMMANDER

EXTERNAL
EMERGENCY
SERVICES

**CANBERRA HEALTH SERVICES
INCIDENT MANAGEMENT TEAM (IMT)**

OPERATIONS

PLANNING

LOGISTICS

CHS EMERGENCY
MANAGEMENT COORDINATOR

BUSINESS
CONTINUITY

PATIENT FLOW

EXECUTIVE DIRECTORS

CLINICAL RECORDS
RECEPTION/SWITCHBOARD/MAIL
ACCOMMODATION
VOLUNTEER MANAGEMENT
PARKING / FLEET
TRANSPORT
SECURITY
FIRE AND SAFETY
FACILITIES MANAGEMENT AND MAINTENANCE

DON'S
CLINICAL DIRECTORS
INFECTION CONTROL
TISSUE VIABILITY
GP PRIMARY HEALTH LIAISON
PATHOLOGY / TRANSFUSION
MEDICAL IMAGING
PHARMACY
ALLIED HEALTH
SHOCK TRAUMA SERVICES

A/DON'S WARDS/UNITS

5.4 RECOVERY PROCESSES

Described as the conduct of human, economic and environmental measures necessary to re-establish the normal pattern of life of individuals, families and communities affected by an emergency.

The HComm will ensure that recovery matters relating to the normal operations of the organisation are adequately planned for with particular attention to the return to normal business, relevant notifications to authorities, debriefs and post incident support.

There may also be a requirement for CHS to provide recovery assistance into a local community as a result of a disaster or emergency. The initial assessment is the responsibility of the HComm before handing over to the relevant Executive.

5.4.1 Return to Normal Business

It is essential that in developing a plan for a return to normal business the following is considered:

- determine the scope of recovery measures
- ensure Business Continuity Plans are activated at the site
- ensure financial costs and any performance issues arising from the incident are addressed
- notification to patients families and next of kin should it be required
- communication strategy for the return to normal business
- tasks and responsibilities for participating and supporting organisations

5.4.2 Post Incident Support

People react in different ways to events that are extreme. Emergencies may have adverse short and long-term psychological effects on personnel and the individuals directly and indirectly involved. Provision for the identification and management of adverse psychological effects for responding personnel should be an integral part of planning. Early intervention strategies such as Psychological First Aid may minimise the psychosocial effects that may be associated with an emergency or disaster. Analysis of the requirement for psychological support must be considered as a component of initial hot debriefs following deactivation and reviewed again during follow up debriefing.

For all staff, volunteers or patients who were directly involved in and/or affected by an incident, group counselling may be offered by CHS. Such support will take into account local needs and will be dependent upon the severity or complexity of the incident and its impact on individuals.

Managers are to remind staff of how to access the Employee Assistance Program (EAP).

Site Managers may also authorise one to one counselling for staff or volunteers who are severely affected by the incident and for whom this course of action will provide some benefit.

CHS Emergency Management Plan

5.4.3 Operational Debriefing

Debriefs are an effective method of maximising the learning to be gained from an event or operation. Debriefs are about improving performance and should not be used as a method of apportioning blame for any failings identified.

The debriefing process is designed to be entirely flexible and should be tailored to the situation and the officers involved. For this reason careful consideration needs to be given to the timing of the debrief, its location and those who are invited to attend. The overriding consideration should be given to maximising the benefit gained through the debrief and capturing the opportunity for individuals and CHS to learn from the experience.

Every debrief should have a written outcome. This should record any learning points that arise along with recommendations for improvement.

The HComm will determine who will conduct the debrief and the timing of this.

A report will be provided at the conclusion of the debrief, identifying lessons learned and recommendations for changes to the Emergency Management Plan and related documents including Business Continuity Plans. Any recommendations will be tabled at an extraordinary CHS Emergency Management Committee meeting for consideration prior to any amendments to specific procedures.

Within 30 days of the incident IMT members and Executive Directors will, where necessary:

- ensure that there is a Work Health and Safety debrief re staff safety issues
- direct the conduct of hospital/directorate debriefs
- attend CHS debrief if required
- attend multi-agency debrief as required
-

5.4.4 Hot Debrief

A hot (or immediate post-incident) debrief is held immediately after the incident response and allows those involved to rapidly offload any arising issues or concerns. This shall occur within 48 hrs of the stand down.

The HComm will conduct or delegate the conduct of a hot debrief where it may be required. This information will then be used to help guide and inform some of the direction of the formal debrief.

CHS Emergency Management Plan

6 ABBREVIATIONS

AIIMS	Australasian Inter-Services Incident Management System
CEO	Chief Executive Officer
CHS	Canberra Health Service
CHSEMC	Canberra Health Services Emergency Management Committee
DDG	Deputy Director General
EAP	Employee Assistance Program
ECO	Emergency Control Organisation
EWIS	Emergency Warning and Intercommunication System
HComm	Hospital Commander
HECC	Health Emergency Control Centre
HEOC	Hospital Emergency Operations Centre
HSEMC	Health Sector Emergency Management Committee
HEP	Health Emergency Plan
HMIMMS	Hospital Major Incident Medical Management and Support
IAP	Incident Action Plan
IC	Incident Controller
IMT	Incident Management Team
MCI	Mass Casualty Incident
MIMMS	Major Incident Medical Management and Support
PICC	Public Information Control Centre
PPRR	Prevention, Preparedness, Response, Recovery
SitRep	Situation Report
WIP	Warden Intercommunication Point

ACT
Government
Health

CANBERRA HOSPITAL
AND HEALTH SERVICES

Canberra Hospital and Health Services
Procedure
Emergency Response Plans – Code Yellow Internal Disaster

Purpose

The objective of this plan is for the Canberra Hospital, at short notice, to be able to mobilise resources in a co-ordinated response to extraordinary circumstances to achieve:
- Rapid and appropriate response activation
- Clearly understood command and control structures
- Clearly understood communication mechanisms
- Clearly defined roles for all staff
- Optimal situational care for all pre-incident in-patients
- Transition back to normal business with minimal disruption
- Debriefing of individuals, departments and the organisation
- A formalised reporting mechanism to ACT Health and ACT Government

The Canberra Hospital Code Yellow Emergency Management Plan aligns with the Australian Capital Territory Health Emergency Plan (HEP) and uses Australian Standard AS4083-2010 *Planning for emergencies-Health care facilities* as its foundation.

The Canberra Hospital Code Yellow Emergency Management Plan describes the Canberra Hospital processes regarding notification, response and activation for Infrastructure and Other Internal Emergencies.

Scope

It is the responsibility of each staff member to make themselves familiar with the evacuation plans and assembly points for the area in which they work. Local information is provided on all evacuation plans displayed throughout your building.

Which area in ACT Health can I contact for more information?

For further information please contact Fire Safety and Transport, Client Services, Security and Emergency on 6244 2114

How can I access the document?

Doc Number	Version	Issued	Review Date	Area Responsible	Page
DGD16-014	1	12/07/2016	01/07/2019	BSS	1 of 2

ACT Government Health | CANBERRA HOSPITAL AND HEALTH SERVICES

Copies of all code documents pertaining to ACT Health Facilities, CHHS Health Directorate Non Acute Sites and Health Centres can be found on the HealthHub:
https://healthhub.act.gov.au/emergency-safety/emergency-plans

Search Terms

Code Yellow, Disaster Management, Emergency Management, Internal Disaster

Date Amended	Section Amended	Approved By
Eg: 17 August 2014	*Section 1*	*ED/CHHSPC Chair*

CODE YELLOW

CANBERRA HOSPITAL
AND HEALTH SERVICES

INTERNAL DISASTER

This Plan is to be activated in the event that infrastructure and other internal emergencies affect service delivery standards of the Canberra Hospital Campus both internal or external to buildings.

Internal disruptive events can be caused by: partial or full loss of electricity supply, water services, oxygen, air, telecommunications and ICT systems; natural hazard threats such as storms, flooding, bush fire, pandemics and earthquakes; proximal threats such as dangerous substance release; and, dependency threats such as loss of supply chain or key staff. Such incidents may affect staff, patients, infrastructure or core hospital operations potentially triggering the requirement for evacuations and activation of hospital contingency planning arrangements. The Code Yellow plan is to be used in conjunction with the Code Orange plan, Hospital Emergency Operations Plan (HEOP) and relevant business continuity plans.

Authority to Activate:	Any Staff Member
Activation Method:	Dial 2222 TCH Switchboard
Incident Escalation:	Supervisors, Switchboard, Wardens, Building Chief Warden, ACT Health Chief Warden, Deputy ACT Health Chief Warden, Executive On Call, Hospital Commander, After Hours Hospital Manager and Hospital Emergency Management Coordinator
Site Control:	Warden structure
Hospital Command:	Hospital Commander
Authority to Stand Down	ACT Health Chief Warden/Deputy ACT Health Chief Warden, on call Executive, Hospital Commander or After Hours Hospital Manager

February 2018

This document has been approved by:

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Chris Bone
Deputy Director-General
Canberra Hospital and Health Services

Canberra Hospital

CODE YELLOW

Emergency Response Actions

All Staff

Staff members shall alert immediate supervisors to any of the following internal emergencies:

- Loss of core services such as electricity supply, water or wastewater services; suction; oxygen, air or other critical gas or utility service.
- Loss of telecommunications or core ICT applications.
- Hazardous and dangerous substances release incidents
- Flooding internal or external to buildings.
- Damage to buildings or other hospital infrastructure.
- Proximity threats impacting hospital operations.
- Disruption to a core hospital business function
- Burning smells or unfamiliar odours.

If the event of the above occurring:

- Notify Switchboard – Dial 2222 – Call CODE YELLOW
- Comply with all building evacuation system alert tones and evacuation requirements.
- Support the emergency response if requested.
- Consult procedures specific to the emergency.

ACT Health Chief Warden/Deputy ACT Health Chief Warden, Building Chief Warden or After Hours Hospital Manager

- Assess the situation and determine level of activation of TCH emergency arrangements
- Notify Executive on call, Hospital Commander, Hospital Emergency Management Coordinator, HEMU and others.
- Operate the building Emergency Warning Indicator System if required.
- Respond to directions of the Hospital Commander.
- Respond to the directions of Emergency Services.
- Support the affected responsible business unit.
- Determine potential Code Orange response requirements.
- Record all actions taken.
- Notify Security as necessary.

Supervisors/Responsible Business Units

- Investigate the level of disruption from the context of maximum acceptable outage and immediate emergency response requirements.
- Determine whether to activate contingency or continuity plans to the Business Unit Executive and Hospital Commander.

Hospital Commander

Assess the situation and determine level of activation of TCH emergency arrangements

- Activate HEOC.
- Coordinate the overall response to the emergency.
- Authorise building evacuations.

Stand Down Process

- Authority to call stand down rests with the Responsible Business Unit, Deputy Chief Warden, Building Chief Warden, On call Executive, Hospital Commander, After Hours Hospital Manager.
- Notify Switchboard of Stand Down.

Document Control

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