Attachment 2 - Canberra Hospital Capacity Escalation Procedure between 1700-0800 hours weekdays, weekends and public holidays

Alert	Trigger	Response
		1700-0800
Capacity Alert LEVEL 1	**Two or more of the following:** • Hospital 90-94% occupancy across all divisions • 5 or below bed booked patients in the ED • ICU at capacity (funded beds) • EMU backing up – EMU full & 2 or more EMU bed booked patients awaiting admission	Patient Flow Manager/ After Hours CNC / After Hours Clinical Manager & After Hours Hospital Manager • PFM & AH CNC/AHCM prioritise patient discharges with ward Team Leaders and After Hours Hospital Manager • After Hours Hospital Manager informs Surgical Registrar, Admitting Registrar for Medicine (ARM) & Paediatric Reg of capacity issues • AH CNC works with the ARM and Surgical Reg and AH CM works with the Paediatric Reg to assist patient flow. Medical Leaders • ARM, Surgical, Psych & Paediatric Reg's in conjunction with JMO's review EDDs for further potential discharges before 8pm Critical Care • ICU Consultant to contact Calvary Hospital ICU Consultant to discuss capacity issues & patients appropriate for transfer Ward areas • Ward Team Leaders review EDDs and prepare at least one patient with an EDD for the following day for discharge by 9am Support services • Pathology to process collections marked "Discharge Priority" without delay • Pharmacy to process discharge medications marked "Discharge Priority" without delay • Radiology notified of capacity issue & redistribute resources to meet hospital demand • Wardspersons supervisor notified via page of capacity issue
		Weekends & Public Holidays 0800-1700
		Patient Flow Manager/ After Hours Hospital Manager • PFM prioritises patient discharges with ward Team Leaders and After Hours Hospital Manager • After Hours Hospital Manager informs Surgical Registrar, ARM and Paediatric Reg of capacity issues Medical Leaders • Medical staff to conduct a round as soon as possible & review EDDs for further potential discharges and expedite discharges Critical Care • ICU Consultant to contact Calvary Hospital ICU Consultant to discuss capacity issues & patients appropriate for transfer

		<u>Ward areas</u> • Discharge **1 patient within 2 hours** <u>Support services</u> • Pathology to process collections marked "Discharge Priority" without delay • Pharmacy to process discharge medications marked "Discharge Priority" without delay Radiology notified of capacity issue & redistribute resources to meet hospital demand

Alert	Trigger	1700-0800
Capacity Alert LEVEL 2	**Two or more of the following:** • Hospital 95-99% occupancy across all divisions • Between 6 or 10 bed booked patients in the ED • ED Resuscitation room full • ICU over capacity (funded beds) • Isolation beds unavailable • Ambulance offloads in ED corridor	Patient Flow Manager/ After Hours CNC / After Hours Clinical Manager & After Hours Hospital Manager • PFM & AHCNC/AHCM prioritise patient discharges with ward Team Leaders and After Hours Hospital Manager • AH CNC works with the ARM and Surgical Reg and AH CM works with the Paediatric Reg to assist patient flow • After Hours Hospital Manager informs Surgical, ARM and Paediatric Reg's of capacity issues & need to expedite discharges • After Hours Hospital Manager contacts Exec-Oncall +/- MH Exec On-Call to notify them of hospital status • D/C patients to other hospitals including private as appropriate • Cohort patients as appropriate • Surge beds used as approved by Exec On-call or delegate • AH CNC/CMC reassess situation hourly and communicate de-escalation or escalation to After Hours Hospital Manager Medical Leaders • ARM, Surgical, Psych and Paediatric Reg's inform JMOs of capacity issues & request review of EDDs for further potential discharges before 8pm • ARM, Surgical, Psych and Paediatric Reg's consider risk stratification for patients identified for early discharge (before EDD) Critical Care • ICU Consultant to contact Calvary Hospital ICU Consultant to discuss capacity issues & patients appropriate for transfer Ward areas • Ward Team Leaders review EDDs and prepare at least one patient with an EDD for the following day for discharge by 9am Support services • Pathology to process collections marked "Discharge Priority" without delay • Pharmacy to process discharge medications marked "Discharge Priority" without delay • Radiology notified of capacity issue & redistribute resources to meet hospital demand • Cleaners notified of capacity issue & to prioritise terminal cleans, redistribute resources to meet hospital demand • Wardspersons supervisor notified via page of capacity issue

Alert	Trigger	Weekends & Public Holidays 0800-1700
		<u>Patient Flow Manager/ After Hours CNC / After Hours Clinical Manager & After Hours Hospital Manager</u> • PFM prioritises patient discharges with ward Team Leaders and After Hours Hospital Manager • After Hours Hospital manager informs Surgical, ARM and Paediatric Reg's of capacity issues & need to expedite discharges • After Hours Hospital Manager considers opening the Discharge Lounge to assist with patient flow • Patient Flow Manager escalates patient transfers to outlying hospitals where transfer delays have occurred • D/C patients to other hospitals including private as appropriate • Cohort patients as appropriate • Surge beds used as approved by Exec On-call or delegate • AH CNC/PFM reassess situation hourly and communicate de-escalation or escalation with ARM and Surgical Registrar • Decision to review the continuation of surgery <u>Medical Leaders</u> • ARM, Surgical, Psych and Paediatric Reg's inform JMOs of capacity issues & request review of EDDs for further potential discharges and expedite discharges • ARM, Surgical, Psych and Paediatric Reg consider risk stratification for patients identified for early discharge (before EDD) <u>Critical Care</u> • ICU Consultant to contact Calvary Hospital ICU Consultant to discuss capacity issues & patients appropriate for transfer <u>Ward areas</u> • Discharge **2 patients within 2 hours** • Ward Team Leaders contacted by Patient Flow Manager advising of capacity issue & request that they review patients and identify patients suitable for D/C, including to other hospitals if appropriate (private & NSW) <u>Support services</u> • Pathology to process collections marked "Discharge Priority" without delay • Pharmacy to process discharge medications marked "Discharge Priority" without delay • Radiology notified of capacity issue & redistribute resources to meet hospital demand • Cleaners notified of capacity issue & to prioritise terminal cleans, redistribute resources to meet hospital demand • Wardspersons supervisor notified via page of capacity issue

Alert	Trigger	1700-0800
	Two or more of the following: • Hospital ≥ 100% occupancy • More than 10 bed booked patients in ED • All surge beds open • Unable to decant resuscitation room • Unable to admit patients from other hospitals • Isolation beds unavailable & cohorting unable to be implemented	<u>Patient Flow Manager/ After Hours CNC / After Hours Clinical Manager & After Hours Hospital Manager</u> • PFM & AHCNC/AHCM prioritises patient discharges with ward Team Leaders and After Hours Hospital Manager • After Hours Hospital Manager informs Surgical Registrar, ARM and Paediatric Reg of capacity issues & need to expedite discharges • D/C patients to other hospitals including private as appropriate • After Hours Hospital Manager contacts Exec-Oncall+/- MH Exec On-Call & conducts teleconference including Patient Flow Manager/ AHCNC/AHCM to develop short term strategies to reach target of <95% capacity within 4 hours <u>Executive On-call</u> • Decision whether to request beds at private hospitals • Decision to review the continuation of surgery <u>Medical Leaders</u> • ARM, Surgical, Psych and Paediatric Reg's in conjunction with JMOs review EDDs for further potential discharges before 8pm • ARM, Surgical, Psych and Paediatric Reg's consider risk stratification for patients identified for early discharge (before EDD) <u>Critical Care</u> • ICU Consultant to contact Calvary Hospital ICU Consultant to discuss capacity issues & patients appropriate for transfer <u>Ward areas</u> • Ward Team Leaders review EDDs and prepare at least two patient with an EDD for the following day for discharge by 9am • AH CNC/CMC notify ward Team Leaders of capacity issue & request that they review patients and identify patients suitable for D/C, including to other hospitals (private & NSW) • Non-clinical staff redirected to assist with staffing surge beds

Alert	Trigger	Weekends & Public Holidays 0800-1700
		<u>Support services</u> • Pathology to process collections marked "Discharge Priority" without delay • Pharmacy to process discharge medications marked "Discharge Priority" without delay • Radiology notified of capacity issue & redistribute resources to meet hospital demand as a priority • Wardspersons supervisor notified via page of capacity issue • Cleaners notified of capacity issue & redistribute resources to meet hospital demand as a priority • Discharge Lounge operational hours extended to 7pm to facilitate more discharges Increase PTV availability to increase transfers out of hospital subject to availability <u>Patient Flow Manager/ After Hours CNC / After Hours Clinical Manager & After Hours Hospital Manager</u> • PFM prioritises patient discharges with ward Team Leaders and After Hours Hospital Manager • AH Hospital Manager consider opening D/C Lounge to facilitate patient flow • After Hours Hospital Manager informs Surgical Registrar and ARM of capacity issues & need to expedite discharges • AH Hospital Manager activates message sent via pager "Capacity Alert Level 3" to all registrars & RMOs for immediate review of EDDs for next 24 hours & risk stratification for early discharge • D/C patients to other hospitals including private as appropriate • After Hours Hospital Manager contacts Exec-Oncall & conducts teleconference including PFM/ AHCNC/AHCMC to develop short term strategies to reach target of <95% capacity within 4 hours • AH CNC/CMC/PFM reassess situation hourly and communicate de-escalation or escalation with ARM, Surgical & Paediatric Reg's <u>Executive On-call</u> • Decision whether to request beds at private hospitals • Decision to review the continuation of surgery <u>Medical Leaders</u> • ARM, Surgical & Paediatric Reg's review EDDs for further potential discharges and expedite discharges • ARM and Surgical Reg consider risk stratification for patients identified for early discharge (before EDD) • Conducts ward rounds as a priority

Alert	Trigger	Weekends & Public Holidays 0800-1700
		<u>Critical Care</u> • ICU Consultant to contact Calvary Hospital ICU Consultant to discuss capacity issues & patients appropriate for transfer <u>Ward areas</u> • Discharge **2 patients within 1.5 hours** • PFM/AH CNC/CMC informs ward Team Leaders of capacity issue & request that they review patients and identify patients suitable for D/C, including to other hospitals (private & NSW) • Non-clinical staff redirected to assist with staffing surge beds <u>Support services</u> • Pathology to process collections marked "Discharge Priority" without delay • Pharmacy to process discharge medications marked "Discharge Priority" without delay • Radiology notified of capacity issue & redistribute resources to meet hospital demand as a priority • Wardspersons supervisor notified via page of capacity issue • Cleaners notified of capacity issue & redistribute resources to meet hospital demand as a priority • Discharge Lounge operational hours extended to 7pm to facilitate more discharges • Increase PTV availability to increase transfers out of hospital subject to availability

ACT Government Health | CANBERRA HOSPITAL AND HEALTH SERVICES

Attachment 3 – Centenary Hospital for Women & Children Department of Neonatology [Neonatal Intensive care Unit (NICU) and Special Care Unit (SCN)] Capacity Escalation Procedure

Level	Triggers	Response	Responsibility
Normal Activity/ No Access Block	• Ability to admit to NICU due to funded bed availability/full staffing/skill mix • No access block from NICU to SCN • Ability to admit babies from within local NSW/ACT network area. (ACT: Calvary Bruce, Calvary John James, NSW: Queanbeyan, Batemans Bay, Bega, Bombala, Cooma, Cootamundra, Goulburn, Moruya, Pambula, Temora, Tumut, Wagga Wagga, Young, Yass) and other areas • If unit is over capacity ability to delay transfers when necessary. Transfers should continue to be planned according to usual flow pathways within business hours if beds available. • NETS Bed state GREEN	• Attendance at Flow Huddle 3x per day and multidisciplinary handover meeting daily by nursing and medical staff to identify all imminent or potential NICU admissions (from Birthing, Antenatal or external) • Post Huddle 'Huddle' in NICU at 0830 with Consultant +/- Fellow, Assistant Director of Nursing (ADON), NICU and SCN Clinical Nurse Consultants (CNC), SCN Career Medical Officer/Fellow, Registrars. • Ongoing discharge planning/preparation to facilitate timely discharge of chronic patients (by 10am where appropriate). • Regular NICU CNC and Birthing Clinical Midwife Consultant (CMC) liaison • Identify patients suitable for internal transfer (NICU, SCN, Postnatal ward (PNW), Paediatrics) • Identification of patient health insurance status on daily list. • Daily phone contact with Calvary Bruce SCN and Calvary John James SCN (when appropriate) and transfer of any local area patients when beds available. • NICU and SCN CNC's to update ADON re activity and admission requiring changes to staffing/skill mix. • Fortnightly meetings with Paediatrics for planned patient transfers. **After Hours** • Post Huddle 'Huddle' in NICU at 1600 hrs with Consultant +/- Fellow, ADON, NICU and SCN CNC's. SCN CMO/Fellow, Registrars. • Continue back-transfers to local area hospitals on weekends/public holidays, utilising rostered staff with Retrieval experience	All staff
Level 1 Increasing Activity	• One to two funded beds available in NICU/SCN • And/or patient acuity high with staffing availability/skills for only 1 NICU admission within rostered allocation • Ability to accept patients from local NSW/ACT network area; but limited	**Extra Actions (within Hours)** • Identify and prioritise planned and potential early discharges/transfers at the 0830am Neonatal Huddle • ADON to facilitate transfers to PNW/antenatal ward (ANW)/Paediatrics if bed block. • ADON to escalate to Calvary Bruce and Calvary John James Bed Management if receiving SCN unable to accept.	CNC - NICU, SCN Consultants on Service – Neonatology Fellow / Registrars ADON **After Hours include:** Team Leaders After Hours Hospital Manager (CHHS)

Do not refer to a paper based copy of this policy document. The most current version can be found on the ACT Health Policy Register

Level	Triggers	Response	Responsibility
	capacity to accept outside the network • Limited ability to transfer patients to local SCN's in next 24 hours due to their capacity • NETS Bed state AMBER	• All phone calls from external hospitals requesting transfer of a potential NICU admission to be discussed between Obstetric and Neonatal Consultant. Refer potential admissions (including from Calvary hospital or private obstetricians) to on-service obstetric consultant for prioritisation. **Extra Actions (After Hours)** • Attend after hours Women Youth & Children (WY&C) Huddles to discuss potential transfers/ admissions within WY&C if bed block. • All phone calls from external hospitals requesting transfer of a potential NICU admission to be discussed between Obstetric and Neonatal Consultant.	
Level 2 At Capacity	• No funded beds available in NICU/SCN • Or high patient acuity with no staffing availability/skills • Intensive Care / High Dependency funded beds occupied with no ability to transfer patients to SCN • Minimal planned discharges within the next 24 hours • Calvary Bruce SCN (any patient) and Calvary John James SCN not accepting admissions in the next 24 hours • No ability to transfer patients to regional Level 2 SCN using conventional transport in the next 24 hours • NETS Bed state RED	**Extra Actions (Within Hours)** • Alert on service obstetric team to identify patients at risk of delivery on ANW and Birthing for additional review and possible transfer out. • When considered safe request obstetric patients requiring a NICU bed to be transferred to another facility. • All phone calls requesting in-utero admission or transfer out to be discussed between Neonatal and Obstetric Consultants, with Perinatal Advice Line (PAL) involvement when necessary. • In conjunction with CD and ADON consider back transfer of patients to regional Level 2 SCN's utilising ACT NETS (if a backup team can be arranged). • If a patient is identified for transfer to any level 2 and transfer refused by parents for social or financial reasons and can't be resolved at a clinical level, to be escalated to ADON, Clinical Director. **Extra Actions (After Hours)** • As above	Consultants on Service – Neonatology and Obstetrics Fellow / Registrars CNC - NICU, SCN, Paediatrics CMC - Birthing, PNW, ANW ADON, ADON/M Clinical Director **After Hours include:** Team Leaders After Hours Hospital Manager (CHHS)
Level 3 Over Capacity Maximum bed capacity 34	• Over funded beds in NICU/SCN • If lower patient acuity; > 3 over funded beds with limited/no ability for extra staff • Or high patient acuity with limited/no extra staffing available/skills for current patients for > 8 hours or admissions • Intensive Care / High Dependency funded	**Extra Actions** **Actively work to get back to Level 2 ASAP** • Written /text notification of overcapacity status to WYC Executive Director, WYC Director of Nursing and Midwifery (DONM), Departmental Leads, and Access Unit by ADON • Over capacity alert via wifi phones • Discuss every patient for possible early discharges / transfers at Neonatal 'Huddle' including ADON and Consultant.	Executive Director WYC Clinical Directors – all Departments Consultants on Service – Neonatology and Obstetrics WYC DONM ADON, ADON/M CNC - NICU, SCN,Paediatrics CMC - Birthing, PNW, ANW

Level	Triggers	Response	Responsibility
	beds occupied with no ability to transfer patients to SCN • No forecast discharges within the next 24 hours • No ability to transfer patients to local or regional Level 2 SCN using conventional transport in the next 24 hours • NETS Bedstate RED	• Further Huddles 1200 and 1600hrs until de-escalation • Utilise non-clinical neonatal staff to provide patient care where appropriate • ADON and Clinical Director in conjunction with Executive Director will consider other options to facilitate transfers/discharges i.e purchasing beds for public patients to be transferred to Calvary John James Hospital. • Notify Perinatal Services Network of no capacity **Extra Actions (After Hours)** • Transfer patients to local and regional hosptials out of hours. (ADON required to approve if retrieval nurse called in) • Consider ex-utero transfer of NICU patients • Decison to review and cancel elective procedures and admissions	**After Hours include:** Team Leaders After Hours Hospital Manager (CHHS) Access Unit Execuitve Director On call (after hours)

Alert
As per NSW Critical Care Tertiary Referral Network (perinatal) advice and emergency treatment needs to be given by the referral hospital (Centenary Hospital for Women and Children) to all the local NSW/ACT network area irrespective of bed state.

The Canberra Hospital Emergency Code Plans Reference Guide

This booklet is a supporting reference to the Canberra Hospital Emergency Code Plans to provide additional information relating to each Code Plan. Information contained in this document is intended to support the Code Plan activation but not replace the content of the Code Plans.

The Code Plans are more action orientated and focus very specifically on actions leading to activation and the actions following activation until staff, patients and visitors are safe.

The booklet is designed for use by Wardens, Building Chief Wardens, Deputy Chief Wardens and staff who take a role in emergency code activations.

February 2018

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		

1 Table of Contents

1 Table of Contents 2
2 Introduction 3
2.1 Emergency Codes 3
2.2 Incident Escalation 3
3 Warden Structure 6
4 Code Red Guide 9
5 Code Orange Guide 12
6 Code Black Guide 15
7 Code Brown Guide 17
8 Code Purple Guide 20
9 Code Yellow Guide 23
10 Abbreviations 25

2 Introduction

2.1 Emergency Codes

AS4083 - Planning for emergencies-Health care facilities prescribes seven specific colour coded emergency categories. There are currently eight codes in place covering specific incidents at TCH.

TCH emergency codes have been developed for the use of all staff, especially clinical staff and frontline services staff. The table below sets out the emergency colour codes used at TCH:

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		

2.2 Incident Escalation

Recognition and timely escalation are the keys to minimising the impact of any incident. Escalation to the Hospital Incident Management Team (HIMT) should occur when the situation requires a coordinated response from a number of areas or agencies or the incident cannot be resolved in a timely fashion by the ERT. Further escalation to an ACT Health Directorate response will be made by the HIMT if required. The DDG CHHS can decide to form a HIMT at any time.

The table below summarises incident control, command and escalation requirements in relation to emergency codes.

Escalate incidents with major, serious or potentially unknown consequences to the Chief Warden, Emergency Coordinator, On Call Executive, After Hours Hospital Commander and Hospital Commander.

Business Hours

During business hours, escalation to the HIMT will be made by the ERT lead contacting the Hospital Commander (DDGCHHS) and recommending activation of the HIMT. The Hospital Commander will progress an assessment of the specific incident and decide upon the extent, capacity and location that the HIMT is set up to manage the particular incident.

After Hours

After hours, escalation to the HIMT will be made by the ERT lead (usually the AHHM) contacting the Executive on Call and requesting activation of the HIMT. The Executive on Call will progress an assessment of the specific incident and decide upon the extent, capacity and location that the HIMT required to be set up to manage a particular incident. At any time the Executive on Call can decide to form a HIMT.

TCH EMERGENCY CODE INCIDENT ESCALATION REFERENCE TABLE

Code Colour / Descriptor	Description of Emergency and Control	Authority to Activate	Actions	Code Notification Initial Escalation	Level 1 Incident Triggers Notify HCom	Level 2 (Major) Incident Triggers HEOC Activation	Level 3 Incident HECC Activation
RED Fire / Smoke	Fire or smoke emergency **Incident Control: ACT Fire & Rescue when on site**	Any staff member	Refer to Code Red Plan and Code Orange evacuation plans.	Dial 8 TCH Switchboard or use duress system Wardens Building Chief Wardens Deputy Chief Warden On Call Executive After Hours Hospital Manager	Any Code Red Activation Any fire alarm system activation including false activations	A facility fire or clinical service consequence arising from fire, such as planning for an evacuation Fire and / or smoke incident impacting a facility within the TCH Campus that overwhelms or disrupts clinical and non-clinical services	Medical evacuation Facility fire with severe impact on clinical services Control a broader health sector response
BLUE Medical Emergency	Medical emergency e.g. cardiac arrest **Incident Control: ACT Health Medical Emergency Team (MET)**	Any staff member	Refer to Code Blue Medical Emergency Policies and Procedures		N/A	**Not required – medical incident management only**	N/A
PURPLE Bomb Threat	Bomb threat, suspicious object or suspicious mail **Incident Control: AFP-ACT Policing when on site**	Any staff member	Refer to Code Purple Plan and related plans	Dial 8 TCH Switchboard Security Officer Wardens Building Chief Wardens Deputy Chief Warden On Call Executive After Hours Hospital Manager	Any Code Purple Activation Telephone threats, unattended objects or parcels or the receipt of incoming mail requiring suspect object analysis (e.g. HOTUP analysis) or further assessment	AFP-ACT Policing Bomb Squad on facility Any credible written or orally communicated threat or confirmed suspicious mail or object	A confirmed device that has an impact on services on the TCH campus Establish Control of the health sector if services at the facility become significantly compromised
BROWN External Disaster	External emergency affecting TCH, e.g. • Mass Casualty Incident • Other ACT healthcare facility internal emergency (e.g Code Orange) • Activation of ACT Healthcare Facility Medivac Coordination Plan **Facility Incident Control: HCom**	Health Controller, HCom	Refer to Code Brown Plan, HEP	See Actions	Demand for core clinical or support services at the hospital is exceeded due to an external disaster or incident, which is managed using CH&HS resources and no external support	Activation of the ACT Mass Casualty Incident Plan Arrival of a large number of self-presentations to the Emergency Department	HECC will be activated in the event of a Code Brown Level 2

Code Colour / Descriptor	Description of Emergency and Control	Authority to Activate	Actions	Code Notification Initial Escalation	Level 1 Incident Triggers Notify HCom	Level 2 (Major) Incident Triggers HEOC Activation	Level 3 Incident HECC Activation
BLACK **Personal Threat**	Person threatening or attempting to harm self or others. **Incident Control:** **AFP-ACT Policing when on site**	Any staff member	Refer to Code Black Plan	Dial 8 TCH Switchboard or use Code Black duress Security Officer Wardens Building Chief Warden Deputy Chief Warden On Call Executive After Hours Hospital Manager	Any Code Black Activation Incident of violence or aggression General threats Trespass Minor vandalism	Facility lockdown, active siege, active shooter Credible threats (likely or possible) Staff or public assaulted Kidnap, Murder, Active Shooter Hijack or extortion of assets Major vandalism impacting services	Activate for major incident only Establish Control of the health sector if services at the facility become significantly compromised due to prolonged security event
YELLOW **Internal Disaster**	Infrastructure and other internal emergencies affecting service delivery standards, e.g. • Utility supply disruption • IT disruption • Structural damage • Natural threats e.g. storm, flooding, bush fire, earthquake • Ongoing, uncompensated disruption to clinical service **Facility Incident Control: HCom if no emergency services on site**	Any staff member	Refer to Code Yellow Plan and business continuity plans	Dial 8 TCH Switchboard Responsible business unit e.g. Facilities Management Wardens and Security as required Building Chief Warden Deputy Chief Warden On Call Executive After Hours Hospital Manager	Any Code Yellow Activation Flooding causing minor asset damage or storm damage. Disruption to utility services to TCH Building Disruption to critical business function Localised damage to infrastructure with effective workarounds Short term (more than 1 hour) loss of critical ICT application	Hazardous substance release and exposure, or facility wide sustained loss of utility or technology affecting services for greater than MAO Loss of electricity, water services, suction, O_2 to TCH Building 1, Women and Children, D & T Storm, or flooding causing damage to multiple assets Widespread and extended disruption to critical utility services Extended disruption to, or inability to perform, a critical business function MAO exceeded for critical ICT application	Activate for major incident only Establish Control of the health sector if services at the facility become significantly compromised
ORANGE **Evacuation**	Requirement to evacuate patients, staff and visitors to a designated assembly area due to an emergency, e.g. • Fire • Bomb Threat • Structural Damage **Incident Control: HCom if no emergency services on site**	Warden(s). Most senior staff member present HCom	Refer to Code Plan. Follow warden instructions. Each clinical area will have a management plan in place for ongoing treatment management for patients who cannot be discharged or relocated	Wardens Building Chief Warden Deputy Chief Warden On Call Executive After Hours Hospital Manager	Any Code Orange Activation Forced evacuation non-critical building or short-term loss of part of critical building	Vertical evacuation of facility in-patients requiring long term relocation off facility Any evacuation or Activation of Health Medivac Plan - Streams 1 & 2 and Stream 3 Planning	Activation of Health Medivac Plan - Streams 1 & 2 and Stream 3

3 Warden Structure

Each area has designated Wardens of varying levels of authority. During times of Code Red or Code Orange, the Wardens will assume control of the designated area and act as the liaison between the work area and the HIMT.

The Wardens will direct staff to commence the evacuation process. The Wardens will also confirm that the area is clear and conduct a patient staff and visitor census to confirm that all people are accounted for and report all missing persons to the HIMT. The Wardens will also ensure that nobody re-enters the area that has been evacuated.

In event of the electronic emergency warning system (EWIS and WIP) failing, communication between areas and the Deputy Chief Warden or Hospital Commander will be communicating via messengers or runners.

There are three levels of wardens at Canberra Hospital

3.1 Building Chief Warden /Deputy Chief Warden /Chief Warden

WHITE Helmet

Takes the role of Incident Controller and liaises with Incident Commander in an emergency situation until the arrival of ACT Fire & Rescue. Liaises with the Hospital Commander and other external emergency services agencies. In the Canberra Hospital, the Building Chief Warden fulfils the role in the absence of the ACT Health Chief Warden (e.g., after normal business hours). The After Hours Hospital Manager and After Hours CNC are trained as Building Chief Wardens and take on the Chief Warden outside of business hours.

3.2 Floor Warden

YELLOW Helmet

Is responsible for the safety activities of a floor of a building. The Floor Warden reports to the Building Chief Warden / Deputy Chief Warden

3.3 Emergency Warden

RED Helmet

Assists the Floor Warden to carry out safety activities. Reports to the Warden. The Emergency Warden is responsible for a zone, level or floor.

3.4 The Emergency Response Team (ERT)

Business hours:
The ERT consists of the Deputy Chief Warden, Building Chief Warden (or their delegate), emergency response officers from the Client Services, Security and Emergency (CSSE) branch, emergency response officers from the Property, Management & Maintenance (PM&M) branch, ACT Health uniformed security officers and other ACT Health staff. The lead for the ERT is the Deputy Chief Warden and this position maintains command and control of the incident until the incident is either resolved, or escalated to the IMT or legislated response agency. Other members of the ERT are required to take direction from the Chief Warden until such time as their services are not required for the management of the incident. During business hours the role of the Chief Warden is undertaken by the Fire Safety & Transport Manager. The Chief Warden may delegate the role of ERT lead to another ERT respondent if it is deemed appropriate to do so. In the absence of the Fire Safety and Transport Manager, a Deputy Chief Warden is required to progress the function of ERT lead. Deputy Chief Wardens are individuals who have undertaken an accredited Fire Safety Manager

training course or who have been deemed to have appropriate experience and training to operate as a Deputy Chief Warden.

After Hours:
The ERT consists of the After Hours Hospital Manager (AHHM), contract security personnel, ward services personnel and may also include other ACT Health staff. Please note that after hours the responsibilities of the Chief Warden for the Canberra Hospital Facility is undertaken by the After Hours Hospital Manager who maintains the lead for the ERT after hours. The AHHM may engage the services of B&I managers to assist with the response to the incident. The AHHM may delegate the role of ERT lead to another ERT officer if it is deemed appropriate to do so. Other members of the ERT are required to take direction from the After Hours Hospital Manager (AHHM) (or their delegate) until such time as their services are not required for the management of the incident.

EMERGENCY RESPONDER TEAM SAFETY
Prior to responding to an incident, the welfare of emergency responders must be considered. Prior to emergency responders entering an area of the incident, an assessment of potential risks must be undertaken. The emergency responders must ensure that the environment is safe and only access the area if safe to do so.

The ERT lead after considering the nature, risks and facts of the emergency may decide on an appropriate congregation point for ERT members to report to, before progressing to assess the incident. This location will be conveyed to ERT members via two-way radio. Two-way radios are used as a means of communication by ERT members during assessment and management of incidents that require a Code Plan activation. It is therefore important for ERT members to carry a two-way radio on their person when responding to a Code Yellow incident.

When responding to an incident, the emergency responder must undertake a risk assessment. This risk assessment should be based on the evidence available. The conclusions of the risk assessment should be documented.

If the risk assessment identifies an area as being unsafe to enter, the emergency responders should consider the following possible actions:

- Escalate to a lead agency, e.g. ACT Fire and Rescue
- Contact staff/wardens within the building via other means, e.g. telephone, EWIS, two way radio, pager or SMS
- Secure entry points, establish an exclusion zone and allocate resources to prevent entry
- If safe to do so, consider evacuating the building by other communication means, e.g. Manual Call Point or EWIS etc.

In fire related incidents, the building's automatic fire detection and notification system will automatically advise occupants to evacuate the building.

3.5 EVACUATION TONES

3.5.1 ALERT TONE

This tone can be described as a long "BEEP, BEEP, BEEP" sound and is used to alert all occupants on the floor that an alarm has been activated. It is important that a member of the warden structure is notified as soon as possible.

The alert tone does not require an evacuation. It is signalling for personnel to begin investigation procedures and all other occupants to be prepared in case an evacuation is required and to stand by for further information.

The alert tone will be accompanied by automatically generated voice over announcements and the flashing "FIRE ALARM" lights.

3.5.2 EVACUATE TONE

This tone is a long "WHOOP, WHOOP, WHOOP". On hearing this tone all occupants are to follow instructions from the wardens and move horizontally to the next fire compartment or evacuate the building via the nearest designated, safe fire exit and proceed to the external Assembly Area.

When the EVACUATE tone sounds or if ordered to evacuate, occupants are to:

- Secure their offices / work areas as if it were the close of business;
- Assemble at the closest evacuation point and follow the instructions of the Wardens.

The Evacuate tone will be accompanied by automatically generated voice over announcements.

4 Code Red Guide

4.1 DISCOVERY OF FIRE / SMOKE

After recognising a specific risk which will affect or compromise the safety of patients, staff and visitors, staff members should determine if immediate local evacuation of the area is required. The RACE process should be applied. RACE stands for:

Respond - and Remove anyone in immediate danger to an area of safety (behind fire doors)

Alert - the organization

- Ring Switchboard by **"DIAL 8"**
- locate and activate *"Red break glass alarm"* by breaking the glass using a solid object (not hand or fist etc)
- inform the Building Chief Warden or supervisor of what you have observed and what actions you have taken

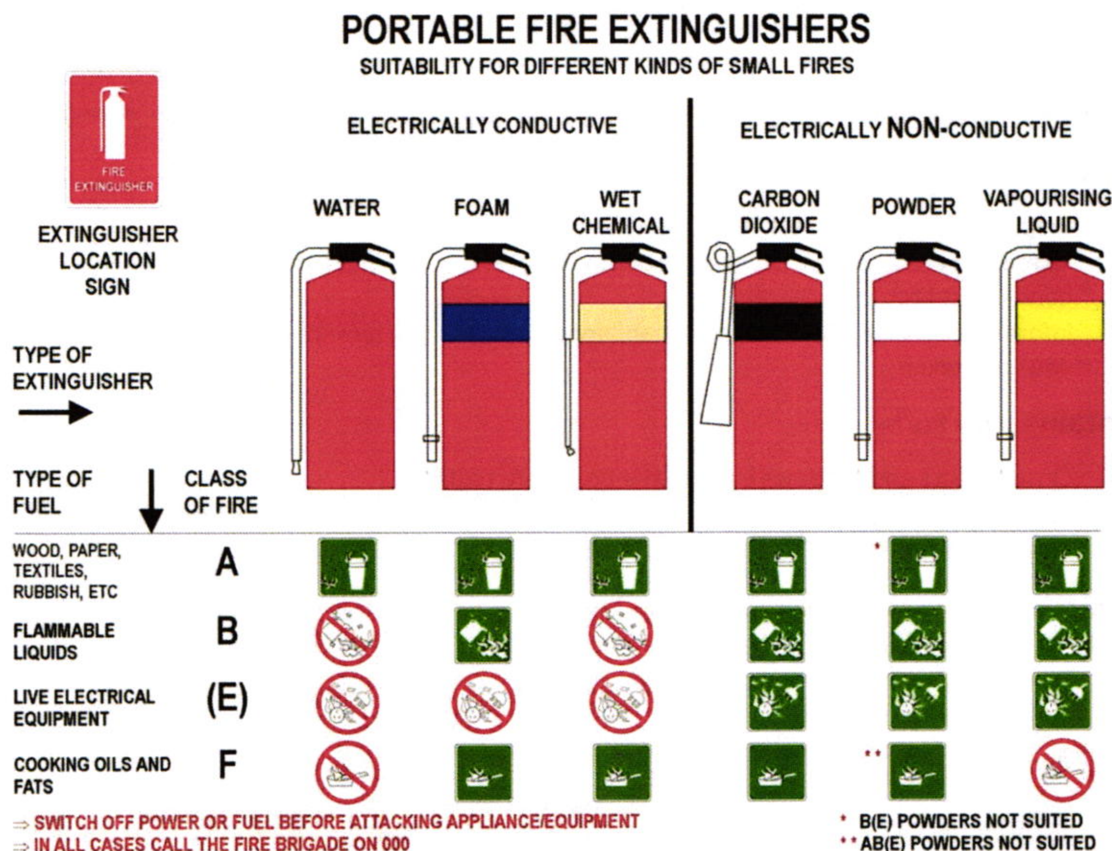
Contain - the fire by:

- Closing doors and windows close to the fire if safe to do so
- attempt to extinguish the fire with an appropriate fire extinguisher, fire hose or fire blanket
- removing any potential fuel sources if safe to do so

Evacuate - if in immediate danger to an area of safety (behind at least one set of fire doors or into the fire escape stairwell)

4.2 FIRE EXTINGUISHERS

Each work area has fire extinguishers for use in the advent of a fire. The extinguishers are area specific and therefore may change in type from area to area. The method for using a fire extinguisher on a fire does not change even though different types of extinguishers may be used.



4.2.1 USE OF FIRE EXTINGUISHERS

The PASS mnemonic gives direction of how to efficiently use an extinguisher and is explained below.

Pull the Pin

At the top of the extinguisher. The pin releases a locking mechanism and will allow you to discharge the extinguisher

Aim at the base of the fire

Not the flames. In order to put out the fire, you must extinguish the fuel.

Squeeze the lever slowly

This will release the extinguishing agent in the extinguisher. If the handle is released, the discharge will stop.

Sweep from side to side

Using a sweeping motion, move the fire extinguisher back and forth until the fire is completely out.

Operate the extinguisher from a safe distance, one metre or more away, and then move towards the fire once it starts to diminish. Read the instructions on your fire extinguisher - different fire extinguishers recommend operating them from different distances. Remember: **Aim at the base of the fire, not at the flames**

4.2.2 HOSE REELS

There are fire hose reels located throughout the Canberra Hospital buildings and grounds. The hose reels are for use on fires such as paper, wood and other flammable substances. It is not appropriate for use on any electrical, oil or flammable liquid or gas fire. The method for using the fire hose reel is to turn the hose tap on full, unroll the hose to the required length and slowly twist the hose nozzle so that the water comes out as required. The hose should be pointed at the base of the fire as described in the P-A-S-S aide memoir above. Hose Reels should only be used by appropriately trained personnel.

4.2.3 FIRE BLANKETS

Fire blankets are located in kitchen and Pathology areas at the hospital. Fire blankets are made of fibreglass or Kevlar and are used to smother fires.

4.2.4 SAFETY

Fire extinguishers, hose reels and fire blankets require staff to be in close proximity of a fire to be effective. Staff should always maintain their own safety as a priority when using the above equipment.

5 Code Orange Guide

5.1 RESPONSE TO A CODE ORANGE INCIDENT

Evacuation of patients, visitors and staff will occur concurrent with other emergency codes. This may be a fire, bomb threat, damage to key internal infrastructure (such as power failure, loss of medical gas or suction, flooding etc.) of potential terrorist or hostage situations. Risk evaluations prompting the consideration for evacuation are the key to maintaining staff and patient safety. Considerations include:

1. How relevant the threat is to the safety of the people in the immediate area
2. whether the process of evacuation puts staff and patients at greater risk
3. the nature of the hazard and the possibility of further escalation of the hazard
4. whether the evacuation process will subject staff to unnecessary exposure to the cause of the emergency
5. the impact on patients who may receive minimal care during and after the evacuation process

5.2 EVACUATION

Evacuation of an area is the movement of people to a place of safety, either by evacuating horizontally or vertically. In some cases, vertical evacuation may be the only safe option.

If local evacuation is required the Switchboard should be notified by dialling 8 and the nature of the cause of the local evacuation relayed as Code Orange. As part of the notification process the Hospital Incident Management Team (HIMT) will be notified and emergency management processes will be established.

Evacuation should be conducted in three distinct stages according to the severity of the emergency, as follows:

Immediate Area

The decision to conduct an evacuation of a floor can be made by the Building Chief Warden or person in charge facing that particular emergency.

However, this decision should always be communicated to the ACT Health Chief Warden and Hospital Commander and where appropriate with ACT Fire & Rescue or AFP. Designation of specific patients for immediate evacuation should be made by the nurse-in-charge at the time. If the nurse-in-charge is performing the role of Floor Warden, then the role of triaging shall be delegated to another senior nurse(s) or medical officer.

Removal to a Safer Area / Partial Evacuation

a) **HORIZONTAL** - to an adjoining compartment protected by fire and smoke doors on the same level

b) **VERTICAL** - to a level above or below the affected area (preferably lower)

A partial evacuation can be authorised by the Building Chief Warden, Chief/Deputy Chief Warden or Hospital Commander.

A partial evacuation can involve the continuation of critical services and evacuation of all those involved in non-critical activity which minimizes the overall risk (i.e. evacuating ambulant patients, visitors and non-essential personnel).

CODE ORANGE

Building Evacuation

Should the emergency necessitate evacuation of the entire building, the resources of all available staff will be required to assist in the movement of patients and visitors to a safe place. Ambulant patients and visitors should be evacuated first.

> The authority to order a **clinical building evacuation** shall rest with the Hospital Commander or under direction from ACT Fire & Rescue or ACT Policing.
>
> The authority to order a **total evacuation** of the hospital campus shall rest with the Hospital Commander or under direction from ACT Fire & Rescue or ACT Policing.

Advice may be provided by staff such as medical officers, nursing staff, engineering, department heads or their senior representative, if present, or from the ACT Fire & Rescue or ACT Policing.

CLINICAL BUILDING EVACUATION (WITH COMPARTMENTALISATION)

Stage One RACE

Stage Two Horizontally to safety behind next fire door

Stage Three Complete evacuation

NON- CLINICAL BUILDING OR CLINICAL BUILDING WITH NO COMPARTMENTALISATION

Stage One RACE

Stage Two Complete evacuation

CONSIDERATIONS FOR EVACUATION IN THE EVENT OF A BOMB THREAT

In the event of an evacuation for a bomb threat, the egress route and assembly points should be investigated for further devices. If any suspicious activity or package is present at the evacuation point an alternate evacuation point should be utilised.

It has been common practice for devices to be placed in assembly areas as well as in facilities which, if detonated, could cause a high volume of casualties. The assembly area should be thoroughly searched PRIOR to evacuating staff to that area. In the event of evacuation for bomb threat, doors and windows should be left open to dissipate any venting from an explosion.

CLINICAL DECISION MAKING

In the event of evacuation some clinical areas will have patients that are unable to be evacuated or, in the case of intra operative theatre patients, cannot be evacuated due to their clinical circumstance.

Areas with patients requiring advanced and specialised care such as Intensive Care, Operating Theatre, Neonatal Intensive Care and Paediatric and Neurosurgical High Dependency Units may require decisions regarding leaving patients unattended as staff are evacuated. These decisions are difficult and should be made by the clinical leader of each area after all avenues of fire safety and evacuation have been exhausted.

Evacuation of patients requires careful planning of the priority in which patients are moved.

CODE ORANGE

Wherever possible, staff should evacuate patients in the following order:

1. Ambulant patients
2. Semi ambulant Patients
3. Non-ambulant Patients including ventilator dependant patients

Non-ambulant patients may include those that are ventilated (invasive and non-invasive), sedated, bariatric or in traction. Decisions regarding leaving patients in the area that is being evacuated should include the difficulties in physically moving the patient, the requirement of highly skilled nursing care and the resources required to care for the patient (e.g. medical gases, electricity supply, multiple drug infusions). A large majority of patients in ICU would require a well considered decision making process regarding the capacity of the area to move them and the consequences for the patient inherent in removing them from the ICU environment in the event of a large scale evacuation.

Vertical evacuation of non-ambulant patients requires several staff and involves a high degree of manual handling. Patients may need to be moved down multiple flights of fire stairs. This places them and staff members at high risk of injuries. Subsequent movement may also be difficult once the descent has been completed due to a lack of equipment and staff.

Prior to any evacuation occurring, it is necessary to identify building occupants that require support in evacuating. Documenting which patients are ambulant, semi ambulant or non-ambulant, as well as which other building occupants require support will provide assistance in undertaking an evacuation.

ACT Fire & Rescue personnel may assist with the evacuation of non-ambulant patients in coordination with clinical staff. Each area of the hospital has a designated evacuation point. These evacuation points are listed in the Code Orange Plan.

The ability to care for patients will be severely altered during and after the evacuation process. Patient care during a Code Orange will be challenging and may require extraordinary efforts from all staff until patients can be returned to a ward or other health facility. You may be required to assist in providing care in alternate or short term settings as requested by the emergency management team.

EXCLUSION FLOORS

Following the evacuation of a building or external area, a safe exclusion zone must be established.

The wardens or the **lead emergency response agency** will determine a safe exclusion distance based an assessment of the incident.

Other resources including, security guards, wardens and other identified staff can be utilised to maintain the exclusion zone.

TOTAL EVACUATION OF CANBERRA HOSPITAL CAMPUS

Total evacuation would be caused by interruption to the integrity or safety of the whole Canberra Hospital facility and is considered a rare possibility. If this were to occur patients and staff would be required to be transported across to Yamba Drive carpark and the Philip Oval complex. Total evacuation of the Canberra Hospital facility will require management of the incident by a **lead response agency**.

6 Code Black Guide

6.1 Unarmed Confrontation

If unarmed confrontation (i.e. person behaving violently, threateningly or attempting self-harm):

- Remain calm, quiet and be polite
- move other people away from potential danger and wait for assistance
- Staff with specialist conflict management or mental health skills shall take lead roles where possible to try to diffuse the situation.

6.2 Armed Confrontation

If armed confrontation:

- Do not place yourself or others in further jeopardy
- obey offender's instructions; doing only what is requested and nothing more
- do not volunteer information;
- take measures to ensure that Police are immediately notified (i.e. 0-000)
- escalate to Supervisor, Deputy Chief Warden and Hospital Commander when safe to do so
- stay away from the situation if not directly involved
- leave the building or area if possible
- raise the alarm if not already done so
- if safe to do so, observe and record the details of:
  - The number of offender(s)
  - the offender(s) description such as appearance, speech, mannerisms, clothing, facial features such as scars and tattooing (use the form in the Reference Guide)
  - any vehicle used by the offender(s) (e.g. make, model, registration, colour).

6.3 Illegal Occupation

If an area/department is subjected to illegal occupancy (trespass):

- Take measures to ensure that supervisors, wardens and security are notified;
- Initiate security management operating procedures.
- Notify Police immediately should the situation require their involvement;
- If safe to do so, try to restrict the individual(s) to the affected area/department;
- Restrict the movement of staff, patients and visitors to the affected area;

Report all security related incidents (e.g. suspicious activity, petty theft, trespass, vandalism, general threats).

PERSONAL DESCRIPTION FORM OF OFFENDER

NOTES FOR COMPILATION:

A separate form required for each person. To be compiled immediately after incident by each staff member, also bystanders if possible.

Place tick as applicable.

If answer is unknown write ŪUK□against heading.

Do not consult others during compilation.

Senior officer to collect forms and hand to police.

NAME OR NICKNAMES USED ....

APPROXIMATE AGE ....

HEIGHT ....

COMPLEXION	fair	dark	pale	
	fresh	ruddy	suntanned	
	pimply			
ACCENT				
POSTURE	erect	stooped	slouched	
WALK	quick	springy	slow	
	limp	pigeon-toed		
HAIR	colour			
	straight	wavy	bald	
	curly	thick	long	crewcut
EYES	colour			
	size S, M, L, Other:........			
	intense stare		squint	
EARS	size S, M, L, Other:........			
	shape			
NOSE	size S, M, L, Other:........			
	shape			
LIPS	size S, M, L, Other:........			
	shape			
TEETH	good	uneven	spaced	missing
	bad	protruding		

SEX male female

ETHNIC ORIGIN ....

WEIGHT ....

BUILD	thin	stout
	medium	nuggety
VOICE	clear	loud
	thick	slangy
SPECTACLES	colour	
	shape	
	thick glass	tinted
MOUSTACHE-BEARD		type ....
DISGUISE		
....		
HANDS	size S, M, L, Other:.....	
	calloused	soft
	hairy	
	nails/missing or deformed fingers	
GLOVES	type	
	colour	
JEWELLERY	describe	
SCARS OR MARKS	tattoos, scars, discolourations, describe location fully	
	....	
	....	

CLOTHING including hat, tie, shirt, coat, trousers, dress, skirt, sweater and shoes.

....

....

METHOD OF OPERATION: What did offender do, say, touch, carry, etc.

....

....

SIGNATURE ....

ADDRESS ....

....

WEAPON TYPE ....

METHOD AND DIRECTION OF ESCAPE ....

....

....

Make of car ....

Model of car ....

Registration ....

Colour ....

Number of vehicles used ....

....

7 Code Brown Guide

7.1 Definition of a Major Incident

A major incident is any occurrence which presents a serious threat to the health of the community, disruption to service, or causes (or is likely to cause) such numbers or types of casualties as to require special arrangements to be implemented by hospitals, ambulance services or health authorities. In a major incident, it is likely that ACT Ambulance Service (ACTAS) paramedics will be the first health professionals at a scene.

If a major incident were to occur locally, the arrival of large numbers of self-presentations to the Emergency Department may be the first indication of the need to activate a Code Brown. In this case the ED Admitting Officer, ED Registrar or Nurse Coordinator should first notify the DDG Canberra Hospital and Health Services.

CHHS needs to be prepared to assist the response with supplies and equipment, and by providing treatment to large numbers of casualties ranging from seriously injured to moderate and minor injuries, or psychological trauma.

7.2 The Notification Process

How we may know something has happened?

- ACTAS normal notification process
- other Emergency Services / Agencies
- AFP ACT Policing
- ACTHD
- self-presenting victims
- self-presenters reporting their experiences
- media reports
- social media; and
- on-duty or off-duty staff may hear of event and call it in.

An event that is assessed as a risk to TCH's, ACT Health's or the ACT health sector's ability to manage the incident as part of normal business operations is the trigger to escalate the response and consider activating this plan (See the Escalation Matrix for details)

7.3 Request for Supplies and Equipment

CHHS may be requested to provide supplies and/or equipment to the scene of a mass casualty incident or forward medical centre. The request may come via the ACTAS, HECC or another source. The request must be made directly to the Hospital Commander or Executive on Call who will authorise the release of supplies.

Process for issuing supplies and equipment:

1. Supplies should be taken initially from ED disaster store, then from wherever available within CHHS
2. pharmaceuticals are supplied from the Canberra Hospital Pharmacy. If opioid analgesics are required, the ED Nurse Coordinator and the transporting ambulance paramedic may sign them out from the Disaster Store in the ED
3. the ED should maintain adequate stock levels
4. all stock taken from CHHS must be recorded in the Disaster Store log book.
5. ACTAS will collect supplies at the ED entrance.

7.4 Request for Medical Assistance at an Incident Site

A request for medical assistance will be made by ACTAS and will be managed using established processes.

7.5 Incident Documentation

A full record of events and decisions made during the incident is essential for effective management of the incident, handover between teams during an incident, debriefing and enquiries. This can be documented using the *Canberra Hospital Incident Log* document

These reports may be required for:

- The next level of control in the chain of command;
- External participating agencies;
- Relevant stakeholders; and
- Communication between Portfolios.

It is a legal requirement to document and preserve all records of actions, requests and decisions made during an incident response. There should be contingency plans in the event of computer and/or power failure - including subsequent retrospective data entry once power/IT service is restored (this should be linked to Business Continuity Plans).

7.6 Notification

In the event of activation of Code Brown, the following notification process will occur:

1. Code Brown page sent to all Canberra Hospital pagers indicating level of alert;
2. Notification of HIMT members by SMS to proceed to Hospital Emergency Operations Centre (HEOC) and request to contact switchboard to verify receipt of notification;
3. If no verification after 15 minutes, switchboard will ring individual HIMT members mobile phone to inform person of Code Brown alert level and to present to the HEOC;
4. If no answer to mobile phone, switchboard will ring HIMT members home phone to inform person of Code Brown alert level and to present to the HEOC; and
5. If IMT member is not contactable the alternate team member for that portfolio will be promoted to portfolio lead and contacted using this process.

After notification the HIMT should assemble immediately and commence functioning within one hour.

For CBRN Incidents the HIMT may need to:

1. Arrange for a total hospital lockdown
2. arrange for all visitors and non-inpatients to leave the campus
3. arrange for specialist Infectious Disease, Public Health or Radiation support.

7.6.1 Patient Tracking and Registration

The ability to identify and track patients through the treatment process and identify patient movement through the hospital system is of high priority. The process is designed to be simple and efficient.

ON ARRIVAL

1. Every casualty will be allocated an Unknown Patient Pack and allocated an Unknown Patient MRN from the Disaster store. These numbers are pre-registered and are gender specific. The hard copies of the Unknown Patient records are stored in the disaster cupboard in the emergency department;
2. Patients will receive an identification band with their unknown patient medical record number; the patient will also receive a triage code which will be attached to the patient;
3. The patient's medical record will remain with the patient;
4. The emergency department clerical staff will log the movement of patients using the Unknown Patient UR numbers in an action log;
5. Patients who have deteriorated in transit to the hospital and require high level life saving treatments will receive priority for unknown patient medical record number allocation;
6. Walking wounded patients will be directed to the Outpatients Department for treatment after being allocated an unknown patient medical record number and a triage code;
7. CHHS staff will assist the Red Cross in providing patient information for registration onto the Register. Find. Reunite system. This aids in tracking casualties who have been registered through the system and allows Red Cross to be to contact point for relatives and friends of patients;
8. After formal identification of the patient has taken place, the Unknown Patient UR identification band is to remain on the patient until discharge; and
9. In the event of patient death, an Unknown Patient UR number will be allocated to the patient, if not already allocated. All medical devices at the time of death will remain insitu for forensic purposes.

PATIENT INFORMATION CENTRE

The HIMT will be responsible for establishing a Patient Information Centre and delegating a Consumer Liaison Officer. The Consumer Liaison will be responsible for:

1. Liaising with the Planning Lead for clerical staff to staff the Patient Information Centre
2. arranging for security in the Patient Information Centre
3. diverting all incoming enquiries from the family and friends of disaster casualties to the Patient Information Centre

8 Code Purple Guide

8.1 THREATS

Bomb threats may include but are not limited to the following forms:

Written threat

If a bomb threat is received in writing it should be kept (including any envelope, container or stamps). Once the document is identified as a bomb threat further unnecessary handling should be avoided and the item should be secured. This may prove useful in identifying evidence for prosecution such as fingerprints and DNA. Written threats may also come in the form of email or SMS text message. If this occurs the email or message should be left open.

Telephone threat

Bomb threats against staff can be very distressing. Staff members can provide important information if they receive a bomb threat on which to base decisions and recommendations, actions and subsequent investigations. The person receiving the bomb threat by telephone should not disconnect the call and as soon as possible complete the Canberra Hospital Bomb Threat Checklist.

All staff shall keep a Canberra Hospital Bomb Threat Checklist by their telephone and wherever possible record in writing the exact information given by the caller. A copy of the Bomb Threat Checklist is included in this document.

Suspect object

Suspect objects may be encountered by any facility. A suspect object is any object found on the campus that is deemed a possible threat by virtue of its characteristics, location or circumstance. The following questions provide a means of assessing if an object should be considered suspect:

- Is the object unidentified?
- Is the object unusual or foreign to its environment?
- Is the object obviously a bomb?
- Have attempts been made to hide or conceal the object?
- Has there been unauthorised access to the area?

On locating a suspect object staff should not touch or move it. The location shall be conspicuously marked, e.g. a paper trail to the nearest exit is suitable. After ensuring there are no other suspicious objects in the vicinity the area shall be evacuated and isolated. This should be conducted using the Canberra Hospital Code Orange (Evacuation) plan. A search of other areas shall continue to ensure that there are no other suspect objects.

CODE PURPLE

BOMB THREAT CHECKLIST

Place this card under your telephone

REMEMBER DON'T HANG UP AFTER CALL

BOMB THREAT CHECK LIST QUESTIONS TO ASK

1. When is the bomb going to explode? ______
2. Where did you put the bomb? ______
3. When did you put it there? ______
4. What does the bomb look like? ______
5. What kind of bomb is it? ______
6. What will make the bomb explode? ______
7. Did you place the bomb? ______
8. Why did you place the bomb? ______
9. What is your name? ______
10. Where are you? ______
11. What is your address? ______

REMEMBER KEEP CALM—DON'T HANG UP

EXACT WORDING OF THREAT: ______

ACTION

Report call immediately to: ______

Phone number: ______

CALLER'S VOICE

Accent (specify): ______
Any impediment (specify): ______
Voice (e.g. loud, soft): ______
Speech (e.g. fast, slow): ______
Diction (clear, muffled): ______
Manner (e.g. calm, emotional): ______
Did you recognise the voice? ______
If so, who do you think it was? ______
Was the caller familiar with the area? ______

THREAT LANGUAGE

Well spoken: ______
Incoherent: ______
Irrational: ______
Taped: ______
Message read by caller: ______
Abusive: ______
Other: ______

BACKGROUND NOISES

Street noises: ______ House noises: ______
Aircraft: ______
Voices: ______ Local call: ______
Music: ______ Long distance: ______
Machinery: ______ STD: ______
Other: ______

OTHER

Sex of caller: ______
Estimated age: ______

CALL TAKEN

Date: . . . / . . . . / . . . . Time: ______
Duration of call: ______
Number called: ______

RECIPIENT

Name (print): ______
Telephone number: ______
Signature: ______

REMEMBER KEEP CALM—DON'T HANG UP

BOMB THREAT

8.2 BOMB SEARCH PLAN

The Chief Warden, Security Operations Manager, Warden or Nursing Shift Coordinator shall initiate the Bomb Search Plan with the assistance of another staff member in accordance with the Bomb Search Plan Action Card. No staff member will be asked to search if this places them in danger. It would be expected however that staff members look for anything in their area that is out of the ordinary or has no place there. This should be reported immediately to the Hospital Commander and HIMT members. Staff allocated to more detailed searches should work systematically making sure to look in all areas of their work place. Utilise floor plans that will be provided by the Chief Warden and check off cleared areas.

If a suspicious item is located, report its existence immediately. Do not touch it. An explosive device can take many and varied shapes and forms, be aware of this and think clearly. Never use electronic devices such as mobile phones, radios or pagers near the suspicious item. Never place yourself or others at risk. If there is any suspicion of danger the bomb search should be abandoned and the area evacuated. On arrival AFP will assume command and advise on further actions.

GENERAL SEARCH GUIDELINES

- Wherever possible the search team shall comprise a male and a female staff member
- Searchers should be staff members that are familiar with the search area
- Searchers must follow the directed search pattern, e.g. Team A shall search in a clockwise direction from 1 metre above the floor to the ceiling. Team B shall search in a clockwise direction from 1 metre above the floor downwards

Due to workplace familiarity searches will generally be undertaken by hospital staff under the direction of the Chief Warden, Security Guarding Services, Warden or Nursing Shift Coordinator.

CODE YELLOW

9 Code Yellow Guide

Code Yellow is an emergency response code to deal with any internal incident that threatens to overwhelm or disrupt TCH service delivery standards.

9.1 Types of Incidents

An internal incident is defined as one that originates inside the Canberra Hospital facility and is concerned with managing incidents that may interrupt support services or clinical activities due to failure of key infrastructure, utilities or other internal processes. The causes for activating the Code Yellow plan can be broken into four distinct groups:

1. **Communications**:
   The loss of key communications systems such as computer system and networks, pager system, telephone system, EWIS/WIP system, security access control system
2. **Utilities**
   The loss of power, water, sewerage and gas supply, failure of medical gas and suction, air-conditioning and lifts, external impact or structural damage to a building, flooding and loss of kitchen serviceability
3. **Clinical**
   Significant failure of diagnostic equipment, CT scanners and MRI, uncompensated disruption to the provision of clinical services or ongoing interruption to mandatory staff training or orientation services
4. **Contaminants**
   Chemical, Biological and Radiological (CBR)

The plans relating to the four groups mentioned above are focussed on business continuity for hospital wide clinical functions. Specific business continuity plans can be found in areas considered as high risk in the case of major infrastructure failure such as Intensive Care, Operating Theatre, Neonatal Intensive Care, Delivery Suite and the Emergency Department.

Some Code Yellow incidents such as an external impact or structural damage to a building, chemical, biological or radiological incidents, flooding or malfunction of the sewerage system may require evacuation using the Code Orange Emergency Plan.

9.2 Response

Staff in the immediate area should respond to the situation while the Emergency Response Team (ERT) makes its way to the location. Senior staff in the area will take control and ensure the safety of other staff and health consumers as the priority. A Warden Structure is in place within all TCH buildings which will manage the response to an incident that requires a Code Yellow emergency plan. Response actions may involve moving patients and staff away from affected areas, restricting access to an affected area or equipment, or taking measures to restrict damage to equipment or infrastructure. RACE procedures used to respond to a fire can be adapted for use in the immediate response to incidents that require a Code Yellow emergency plan.

Upon activation of the Code Yellow Emergency Plan, the ERT will attend the incident location to conduct an assessment of the emergency and manage a response to the incident. The ERT may conduct an assessment of the incident and of the resources and time required to mitigate the incident and perform one of the three following actions:

1. **Stand down**
   The emergency response as the incident was not deemed to be an incident that requires the engagement of a Code Yellow Emergency Plan
2. **Maintain**

The current status of the Code Yellow Emergency until such time that the assessment phase is completed and the response can be de-escalated or escalated.

3. **Escalate**

   The incident to the attention of the HIMT should the time and resources required to mitigate the emergency require the management of multiple risks, complex solutions or additional resources.

10 Abbreviations

AIIMS	Australasian Inter-services Incident Management System
BCP	Business Continuity or Contingency Plan
CHO	ACT Chief Health Officer
DSEMP	Dangerous Substances Emergency Management Plan
ECC	Emergency Coordination Centre
EOC	Emergency Operations Centre
HC	Health Controller
HCom	Hospital Commander
HAZCHEM	Hazardous Chemical Storage Facility
HECC	Health Emergency Control Centre
HEOC	Hospital Emergency Operations Centre
HEOP	Hospital Emergency Operations Plan
HEP	ACT Health Emergency Plan
HIMT	Hospital Incident Management Team
IAP	Incident Action Plan
SOP	Standard Operating Procedure
TCH	The Canberra Hospital

Canberra Health Services

Emergency Management Plan

An overarching Plan providing guidance for managing emergencies at Canberra Health Services sites, to be read in conjunction with Site Based Emergency Response Procedures and relevant Business Continuity Plans.

A supporting plan of the ACT Health Emergency Plan

Version	1
Date of release	December 2018
Date for review	December 2021
Contact	Hospital Emergency Management Coordinator Canberra Health Services

Table of Contents

TABLE OF CONTENTS 2

1 PART ONE: OVERVIEW 6

1.1 PURPOSE 6

1.2 OBJECTIVES 6

1.3 SCOPE 6

1.4 CONTEXT 7

1.5 INCIDENT DEFINITION AND CLASSIFICATION – AIIMS 7

2 PART TWO: GOVERNANCE 9

2.1 CANBERRA HEALTH SERVICE EMERGENCY MANAGEMENT ARRANGEMENTS 9

2.1.1 Hospital Commander (HComm) and Incident Management Team (IMT) 9

2.1.2 Health Sector Emergency Management Committee (HSEMC) 9

2.1.3 Canberra Health Services Emergency Management Committee (CHSEMC) 9

2.1.4 Hospital Emergency Management Coordinator 10

2.1.5 Chief Warden, Deputy Chief Warden, Building Chief Wardens, Wardens 10

3 PART THREE: RISK MANAGEMENT 11

3.1 RISK MANAGEMENT 11

4 PART FOUR: PREVENTION AND PREPAREDNESS 12

4.1 PREVENTION 12

4.2 PREPAREDNESS 12

4.2.1 Education, Training, Exercises 12

4.2.2 Training for Specific Roles 12

4.2.3 Emergency Response Procedures 13

4.2.4 Surge Capacity and Capability 14

4.2.5 Business Continuity Management 14

5 PART FIVE: RESPONSE AND RECOVERY 15

5.1 ACTIVATION – IN AND OUT OF HOURS 15

5.2 HOSPITAL EMERGENCY OPERATIONS CENTRE (HEOC) 15

5.2.1 HEOC Function 15

5.3 IMT ROLES AND RESPONSIBILITIES OVERVIEW 16

5.3.1 Incident Controller 16

5.3.2 Planning Officer 16

5.3.3 Operations Officer 16

5.3.4 Public Information Officer 16

5.3.5 Logistics Officer 16

5.4 RECOVERY PROCESSES 18

5.4.1 Return to Normal Business *18*

5.4.2 Post Incident Support *18*

5.4.3 Operational Debriefing *19*

5.4.4 Hot Debrief *19*

6 ABBREVIATIONS **20**

AUTHORITY

The Canberra Health Services Emergency Management Plan (CHSEMP) has been prepared in accordance with ACT Health Emergency Plan and is authorised by the Deputy Director General Canberra Health Services. The CHS Hospital Emergency Management Coordinator is responsible for developing, reviewing and maintaining this plan.

Approved ______________________________

Chris Bone

Deputy Director General
Canberra Health Services

____

Date