



# **HAWKE'S BAY HOSPITAL**

## **EMERGENCY CONTROL PLAN**



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## **Hawke's Bay District Health Board Emergency Control Plan**

The primary function of this plan is to outline the actions required of personnel employed within the hospital in the event of a mass casualty event. This plan is also designed to work within the framework of the Major Incident Plan in the event of a declaration of a Civil Defence or Public Health Emergency.

It is the responsibility of Heads of Departments to ensure that all staff are familiar with the content of this plan and are competent to carry out the duties outlined.

The contents of this plan are to be followed as closely as possible but appropriate discretion must also be employed where no specific direction is laid down.

Signed:

\_\_\_\_\_   
 Company Secretary Hawke's Bay District Health Board

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2014

## EMERGENCY CONTROL PLAN CATEGORIES

<b>Category Green</b>	<b>5 to 10 casualties</b> (ED only)
<b>Category Yellow</b>	<b>&lt; 25 casualties</b>
<b>Category Orange</b>	<b>&gt; 25 casualties</b> arising from localised incident
<b>Category Red</b>	<b>&gt; 25 casualties</b> arising from CDEM disaster

### Patient Classification:

High Acuity	Resuscitation or Admission
Low Acuity	
Deceased	

### In the absence of a declared category of disaster:

Any department requiring additional resources/staff to cope with workload should notify the Emergency Response Advisor who will assess the need to activate the Emergency Control Plan.

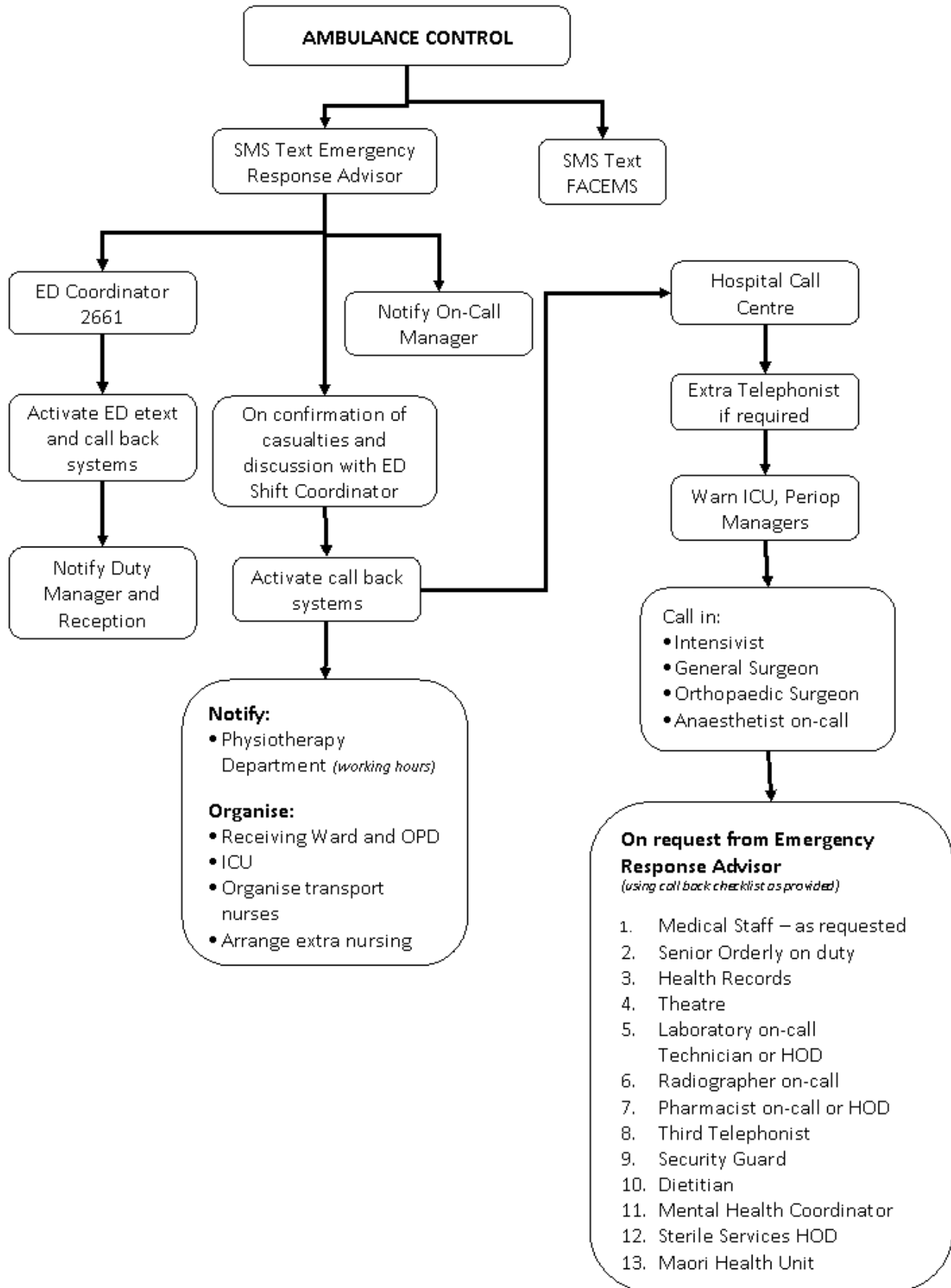
### Communication Through Call Centre:

Hotline 7699 to be used for rapid attention. **This extension to be used only on activation of Emergency Control Plan.**

Emergency extension 7777 to be used for life-threatening situations.

Be aware of the substantial increase in workload for the Call Centre. Consider whether you need to call them or whether you can call a department or individual direct.

# COMMUNICATION



## CATEGORY YELLOW and ORANGE

(< 25 casualties = Yellow)

(> 25 casualties = Orange)

### Communication

- Emergency Response Advisor to
- **notify** ED Shift Co-ordinator
  - **notify** on-call Manager
  - **activate** Control Centre if required
  - **on confirmation** of casualties and discussion with ED Co-ordinator, activate call back systems:
    - inform operator of staff required, fax Call Back Checklist to 2071
- ED Shift Co-ordinator to
- **activate** ED call back including medical officers and receptionists
  - **notify** Bed Manager/Duty Manager
  - **Notify** Reception
  - **delegate** one ED nurse to communicate between ED, Call Centre, ambulance R/T and triage area; situated in Write-up area
  - **delegate** two triage nurses, and an exit clerk; and one nurse to prepare each of the treatment areas
  - **delegate** a co-ordinator for the Resuscitation Room and one for the work area
  - **complete** nursing and medical Staff Placement Form on allocation of staff
  - **allocate** duties to staff volunteering assistance

### Triage Area - Ambulance Bay

- Delegated triage nurses to prepare triage area as per ED plan with help of transport nurses via Emergency Response Advisor.
- Equipment to be brought to the area from ED:
  - Triage emergency trolley
- Orderlies will deliver other equipment necessary.
- Triage Nurse responsible for Red Bracelet application and documentation and execution of Triage Officer's orders.
- Delegated exit clerk to be stationed between the doors to ED and ICU in the triage area. Responsible for maintaining link between triage, ED and wards/departments. Responsible for re-routing patients if proposed destination unable to accept and for dispatching priority patient lists to Operating Theatre.



## Staff

- Triage Officer** > ED FACEM
- Triage Nurses** > from ED: responsible for red bracelet system, documenting orders and casualty information handover
- Exit Clerk** > from ED: responsible for communication and patient destination
- Pharmacist** > to provide emergency medicines
- Orderlies** > deploy as per ED plan
- Care Associates x 2** > from ED: to assist triage nurses

## Equipment

- To be delivered
  - > biohazard bags
  - > linen bags
  - > electronic whiteboard from Education Centre
  - > triage / emergency trolley (resuscitation room office).
  - > portable suction units
  - > portable oxygen cylinders

## Emergency Department

- Staff**
  - > Medical Coordinator to oversee clinical management
  - > Nursing Coordinator to coordinate department
  - > Red Coordinator Resuscitation
  - > Orange Coordinator Work Area
  - > Red Procedure Officer
  - > One Intensivist to supervise resuscitation management
  - > Green Coordinator Waiting Room
  - > Available ED nurses
  - > Transport nurses x 3 via Emergency Response Advisor
  - > One General Surgeon to rank patients for access to theatre
  - > One Radiologist
  - > Six House Surgeons
  - > Three Registrars
  - > Three Orderlies
  - > Exit Clerk situated at door in Assessment Area leading into corridor to document patient details and destination
  - > Exit Clerk situated at door from carpark into waiting room to document patient details and destination
  - > Resuscitation teams to be formed as per ED plan
  - > BAU Team to provide treatment for non incident patients
- Equipment**
  - > Contact Pharmacy, Sterile Services and Laboratory for extra supplies as required - Orderly to collect
  - > Extra ambu bags, portable suction, oxygen regulators and laryngoscopes to be collected by orderly from wards other than Receiving Ward and ICU
  - > Whiteboards for Triage and ED Exit Clerk to enable casualty tracking
  - > Contact Call Centre for additional portable telephones as required

Patients presenting with minor problems who are not involved in the incident to be referred to local medical centres. Patients in ED at the time of the incident to be transferred to AAU or wards, where appropriate, in consultation with Bed Manager/Duty Manager. Ward staff to transport.

## Treatment Areas

Treatment to be carried out in ED resuscitation room and Assessment Area.

**Stand down of staff to be advised by Emergency Response Advisor or Senior Medical Officer on duty, telephonist to be notified**

*(For further information refer ED Implementation of Emergency Control Plan)*

## Casualty Flow

- High Acuity
- > from triage direct to either (Resuscitation)
    - > ED (for stabilising/holding for theatre)
    - > ICU
    - > Theatre
    - > Mortuary
  - > from ED direct to either (Admission)
    - > Receiving Ward
    - > Theatre > ICU; Receiving Ward or Mortuary
    - > ICU
- Low Acuity > from triage direct to Emergency Department waiting room with through link corridor with orderly
- Deceased > to Physical Medicine gym

## Control Centre

A Control Centre may be activated in the Education Centre where all incoming information will be collated and an overview of the incident maintained.

## Volunteers

Staff volunteering their services to assist are to report to the Security Office. Temporary identification will be issued if necessary. On gaining access to the Emergency Department, staff are to report to the ED Nursing Coordinator for duty allocation.

## **CATEGORY RED**

**(> 25 casualties from civil disaster)**

It is not possible to detail contingency plans for such an event because:

- the hospital may not be habitable
- access to the hospital may be blocked
- many staff may be unable to get away from personal responsibilities

NEVERTHELESS, initial responses should be:

- A.** Listen to local radio for special instructions.
- B.** Automatic reporting to the hospital closest to your current location of all staff **as able**.
- N.B.** For staff members living in Napier this will mean reporting to Napier's Temporary Hospital site at The Doctors, Greenmeadows.
- C.** If hospital still habitable:
- staff with Category Yellow duties set up a Category Yellow response.
  - all other staff report to the Emergency Operations Centre situated in the Clinical Skills Laboratory at Hawke's Bay Hospital.
- D.** If hospital evacuated or uninhabitable, report to carpark in front of Hospital.
- The senior person per area will be expected to take charge of the area and staff.
- E.** Alternatively; a temporary hospital may need to be established. If such is announced on the radio (or by other official channel) then proceed to this place as soon as possible.

## **CATEGORY RED**

Hawke's Bay District Health Board is the prime facilitator for all health responses and resources within the Hawke's Bay region during a state of Civil Defence or Public Health Emergency.

The Co-ordination of a Civil Defence or Public Health Emergency Declaration, regionally, will be carried out through the Health Incident Controller, or deputy, situated in the Emergency Operations Centre in the Clinical Skills Laboratory at Hawke's Bay Hospital.

Liaison Officers may be sited at local Civil Defence Centres with overall liaison with Civil Defence Emergency Management being maintained at Hawke's Bay Regional Council. Civil Defence is responsible for logistic support of health services during a declared emergency.

### **RESPONSE**

All off duty staff will ensure the safety of their families and properties and then report to the closest hospital to their current location (either Hawke's Bay Hospital or Napier's Temporary Hospital at The Doctors, Greenmeadows). Those staff involved in a Category Yellow/Orange Emergency will carry out their duties under the current hospital plan. Personnel not involved directly in the plan should report to the Emergency Operations Centre and will be deployed appropriately.

### **CONTROL CENTRE**

Control of the event will be managed by the Emergency Operations Centre at Hawke's Bay Hospital using a coordinated incident management structure. The Health Incident Controller will be responsible for managing the facility.

Representatives from the Police and Ambulance Service may also be sited in the Emergency Operations Centre at Hawke's Bay Hospital.

### **SERVICES**

All services are expected to continue to operate within their particular area of expertise, co-ordinating all efforts with the Emergency Operations Centre. A Damage Assessment Form should be completed for each area and returned to the Facilities Unit in the Logistics Section at the Emergency Operations Centre as soon as possible after the event.

### **UNOCCUPIED AREAS**

Any unoccupied areas in each hospital will be utilized by the Emergency Operations Centre as necessary.

## **BED CENSUS**

Each area is responsible for providing the In-patient Unit in the Operations Section at the Emergency Operations Centre with an updated bed census every four hours for the first 24 hours and eight hourly thereafter.

Casualties are to be reviewed every eight hours with ward placement and/or readiness for discharge being assessed.

## **MORTUARY FACILITIES**

Temporary mortuary facilities will be provided in the form of cool storage containers delivered by Halls Refrigerated Transport. This will be actioned by the Emergency Operations Centre.

## **EQUIPMENT STORAGE**

Stored in the DHB Warehouse, Omahu Road:

- Rescue Team Equipment
- Extra mattresses

## **BACK-UP FACILITIES**

In the event of the hospital/health centre facilities becoming overloaded back-up facilities for casualty overflow have been earmarked.

Napier	-	EIT
Hastings	-	Royston Hospital
Wairoa	-	Wairoa College
Waipukurau	-	Central Hawke's Bay College

## **PUBLIC RESPONSE**

All existing outside direct lines to be manned by Administration personnel. Telephone numbers to be broadcast via radio stations in liaison with the Emergency Operations Centre.

## **SECURITY**

Existing security arrangements in hospital plans to continue to operate. Keys for buildings and cars are available through on site security officers.

## **ALTERNATIVE ACCOMMODATION**

If hospitals and other buildings become untenable as the result of a major disaster such as an earthquake, it is most likely that the majority of buildings in the disaster area will also be in a similar condition. The extent of planning for alternative hospital accommodation must be made with this premise in mind. The eventual locations for temporary hospitals can only

be determined after the disaster has occurred, although possible suitable locations are as follows:

Napier	-	EIT, McLean Park
Hastings	-	Royston Hospital, HB Racecourse, Nelson Park
Wairoa	-	Wairoa College
Waipukurau	-	Central Hawke's Bay College

It will be the task of HBDHB, in consultation with CDEM to decide upon the most suitable premises for a temporary hospital, dependent upon the condition of existing facilities in the first instance and alternative accommodation in the second instance.

Evacuation procedures to be followed as for fire; relocation of patients to be carried out using HBDHB vehicles with additional resources being requested from CDEM as necessary.

## **DECONTAMINATION**

Decontamination of casualties, when necessary, is to be carried out in the car park area alongside the entrance to the Triage Area of each hospital/health centre. Casualties are to be washed down (portable showers may be obtained from the Fire Service) and contaminated clothing removed, placed in plastic bags and tagged. Until decontamination procedures have been completed contaminated casualties should be separated from non contaminated casualties.

In the event of contamination with radioactive material a Radiologist is to be contacted. He/she will take control of the decontamination effort.

The Decontamination Area should be staffed by a minimum of two registered nurses, with medical assistance being sought from the Triage Area as necessary. These staff must be trained in the use of and wear Level C PPE.

## **CONSERVATION OF ESSENTIAL RESOURCES**

Careful utilisation of existing supplies/resources is essential.

The conservation of water is particularly important. The following general rules should be followed:

- Do not use sinks, showers/bath tubs, ice machines.
- Do not flush toilets after each use.
- Use paper products where possible for the serving of food/drink.
- Use alcohol based solutions for washing hands.

## RESCUE TEAM

Each public hospital/health centre has trained staff who will search hospital/health centre property for injured casualties, provide basic first aid and evacuate casualties to medical aid where necessary. Team members will report to the Hospital/Health Centre, receive a Damage Assessment Report from the Facilities Unit and then determine priorities for their search. Rescue equipment is housed in the DHB Warehouse and each of the rural facilities.

## SUPPORT SERVICES

### *Building and Engineering Services*

Responsible for providing a complete and Organisation wide assessment of each facility along with recovery and restoration procedures which will help ensure continuity of services for essential areas.

The Facilities Unit will assume the responsibilities of the Damage Assessment Co-ordination in co-ordinating damage assessment and recovery procedures, reporting directly to the Facilities Unit in the Emergency Operations Centre. Staff will assess damage using provided checklists. Priority would be given to the restoration of the following:

Electricity Supply via emergency generators (self contained units diesel powered with eight hours running time) - power supply to critical areas only.

<b>Water Supply</b>	Central Boilers, Emergency Department, Perioperative Unit, Sterile Supply Department, Kitchen
<b>Sewage</b>	Patient Areas
<b>Steam</b>	Perioperative Unit, Sterile Supply Department, Kitchen
<b>Medical Gases</b>	Perioperative Unit, Emergency Department, Acute Wards (additional supplies to be obtained from BOC Gases (NZ) Ltd)
<b>Refrigeration</b>	Transfusion Medicine, Kitchen, Mortuary

The buildings will be checked and/or repaired to ensure safety with top priority being given to the clearance of entrances and exits and the prevention of fire and hazardous materials risks.

Building maintenance supplies/resources are housed in the services workshops in each hospital. The Hazardous Substances Register is kept in the Security Office at HBH.

To ensure restoration of essential services existing personnel will be utilized where available with assistance being sought through usual channels, if necessary. The CDEM Group Controller to be informed should additional assistance be required.

### *Transport Services*

All transport resources available shall only be used for emergency purposes and will be under the control of the Health Incident Controller. Any request for additional transport will be made via the Emergency Operations Centre to CDEM.

Resources will be utilised to:

- (a) Evacuate patients and staff from an affected area.
- (b) Deliver essential resources into an area.
- (c) Move personnel and supplies through or around a disaster area.
- (d) Move patients from EMU's to other facilities as necessary.

### *Supply Services*

Tactical arrangements have been made with Health Support Services (based in Auckland) to provide additional supplies when those supplies contained within the region have been depleted.

The Procurement and Pharmacy Departments will initially prepare supplies and medicines for transport to Napier's Temporary Hospital, Emergency Medical Units in Napier and Hastings and, if requested, to the Hawke's Bay Regional Prison. Supply inventories for each facility are housed in the Procurement and Pharmacy Departments.

### *Linen Services*

Linen is to be regarded as an essential commodity. After in-house stocks have been depleted additional resources will be obtained from local suppliers using normal purchasing systems. Requests for supplies which cannot be obtained locally will be made through the Supply Unit in the Logistics Section at the Emergency Operations Centre.

### *Domestic Services*

Cleaning and associated services are to be regarded as an essential activity and there will be a substantial increase in the workload during an emergency. Private contractors may, should the situation demand, be co-opted to assist.

### *Nutrition and Food Services*

Food and its preparation are to be regarded as an essential commodity. The first priority therefore is to provide continuity of service of its preparation and delivery. Resources should be obtained from local suppliers using normal purchasing systems.



### *Community Services*

Public Health, Community Health and Mental Health Services continue to operate following individual service plans.

Emergency Medical Units may be set up within the community if the situation demands. The initial sites will be existing surgeries with the provision for resiting as necessary. The units will attend to all presenting casualties and refer those requiring specialist attention to public and private hospitals following liaison with Hawke's Bay Hospital. The sites will be broadcast on local radio stations.

The plan for Category Red Response in Napier's Temporary Hospital is the same as above with minor adaptations due to the smaller size of the facilities.

### **CIVIL DEFENCE LIAISON OFFICERS**

Civil Defence liaison will be undertaken primarily by a member of the Incident Management Team sited at the Civil Defence Emergency Management Group ECC.

Each of the two health centres has trained staff who may act in the role of liaison between the health centre and Civil Defence Emergency Management (CDEM). These staff will report to the Health Centre and may collect equipment and be transported to the local CDEM EOC if required. Essentially this role is one of information carrier between the Health Centre and CDEM. Responsible for supplying information to the Health Centre on at least a two hourly basis.

## **DEBRIEFING**

It is envisaged that each area directly involved in the implementation of the Emergency Control Plan will hold a debriefing session as soon as possible after the event.

The outcomes of these sessions will be taken to a Head of Department session where concerns may be raised and positive points reinforced.

Alterations may be made to the Plan if necessary as a result of this debriefing.

## CONTROL CENTRE

A Control Centre will be established in the Education Centre at Hawke's Bay Hospital. This centre will be staffed by the following individuals:

- Executive Manager on-call
- Acute and Medicine and Surgical Service Directors
- Communications Co-ordinator
- Emergency Service Staff
- Clerical Staff
- IT Staff

### Key Tasks:

1. To receive information from all involved wards and departments via the Emergency Response Advisor every 30 minutes.
2. To reconcile casualties at scene with those received.
3. To assess staffing and resource levels and address shortfalls.
4. To activate the Communications Management During a Major Incident procedure EPM/020 if required.
5. To provide regular situation reports to all wards and departments via the Emergency Response Advisor.
6. To brief the Chief Executive Officer and the Chief Operating Officer, Health Services.

### Duties:

#### *Executive Manager on-call (Incident Controller)*

Responsible for briefing the COO and for activation of the communication plan if required.

Also responsible for task allocation in the Control Centre and rostering of centre staff if required.

#### *Acute and Medicine and Surgical Service Directors (Planning and Intelligence and Operations)*

Responsible for the receipt of all incoming information via the Emergency Response Advisor and the maintenance of hospital status reports on the whiteboard (see page 59).

Also responsible for the preparation of situation reports (see page 60) every 30 minutes.

Situation reports to be dispatched to all wards and departments. Whiteboard to identify key roles and the individuals undertaking them.

Responsible for the assessment of staffing and resource levels and management of same. Rostering of key staff to be considered in a prolonged event.

#### *Communications Officer*

Responsible for the preparation of media releases within the interagency response framework and briefing the designated media spokesperson.

#### *Emergency Service Staff*

Responsible for the receipt of incoming information from Emergency Services, maintenance of whiteboard data and casualty reconciliation. Also responsible for the relay of casualty information to the police sited in Harding Hall.

#### *Clerical Staff (Logistics)*

Responsible for setting up the Control Centre and support of the staff herein.

Also responsible for casualty data entry on identification.

#### *IT Staff*

Responsible for the provision of the following:

- Telephones/Fax
- Computers

in the Control Centre and notification to the Call Centre and Emergency Response Advisor of the telephone/fax extension numbers.

Also responsible for ongoing IT support in the Control Centre.

## EMERGENCY RESPONSE ADVISOR

**Working Hours:** Sandra Bee, \*73179 or Barbara McPherson, \*73266  
**After Hours:** Duty Manager, 2380

Notify On-Call Manager.

Contact Bed Manager/Duty Manager and delegate responsibilities (during working hours).

Activate Control Centre in Education Centre, after consultation with the Incident Controller and determination of level of response utilizing Education Centre staff to assist.

Facilitate the activation of the Mobile Medical Team if required (contact the ICU consultant on-call).

On confirmation of casualties and discussion with ED Co-ordinator:

1. Activate call-back systems via the Call Centre.

This activation may be delayed during working hours, with the agreement of the ED FACEM on-call, with a stand-by situation being declared if lead-in time to casualty arrival is likely to be lengthy.

2. Notify Physical Medicine during working hours.
3. Contact Receiving Ward (Day Surgery Unit), if open, or A4 to activate Receiving Ward call-back. Arrange patient evacuation, if necessary, utilise staff from ward accepting transfers to assist with evacuation, provide event description. Notify ED when Receiving Ward ready to receive casualties.
4. Organise OPD staff (out of hours initiate call back system), provide event description.
5. Organise ICU, provide event description, additional equipment to be located using Equipment Location List (copies in ICU and ED).
6. Utilise nursing staff from wards other than the Receiving Ward and one Unit Receptionist, if available, to assist in the Emergency Department while waiting for staff to respond to the Call-Back System.
7. Arrange for three transport nurses (must be R/N's), explain role. Based in ICU corridor.
8. Roster Office Clerk to be called to arrange nursing staff as required, utilise call back systems from wards not involved in event. Clerk to then look at rostering for the Emergency Department, ICU and the Receiving Ward for the next 24 hours.
9. Notify all wards in the Medical/Surgical patient block of event.
10. Check involved wards and departments throughout event and assist as necessary.

11. Responsible for providing HBH Status Reports and Triage Reconciliation Forms to the Control Centre every 30 minutes.
12. Organise call back of domestic staff when appropriate.
13. Organise relative hotline with IT staff if necessary.
14. Resource person for general information or problems.
15. Liaise with Control Centre and report resource limitations.
16. As soon as possible after the receipt of all casualties, arrange for relatives in Harding Hall to visit, utilize nursing staff provided with accurate casualty information.

## DOMESTIC SERVICES

Head of Department or deputy to be contacted by Call Centre and will arrange staff as necessary.

**Yellow:**  
**< 25 Casualties**

**4 Cleaners**

Duties:  
Supply cleaning equipment  
Cleaning work areas  
Replace bags  
Harding Hall  
Public Foyers  
Public Toilets

**Orange:**  
**> 25 Casualties**

**6 Cleaners**

Duties:  
Supply cleaning equipment  
Cleaning work areas  
Replace bags  
Harding Hall  
Public Foyers  
Public Toilets

**Red:**  
**> 25 from Civil Disaster**

As available.

### Call Back List:

- Kept in Department, must be regularly updated.
- Copy to be kept by Call Centre.

## **HARDING HALL**

Tea / Coffee to be brought from main kitchen.

Booking Offices available to the Police.

Keys for front door and telephone lines, with Security staff.

Security Guard to collect keys and open front door, activate telephone lines, hang Relatives/Police/Enquiries sign on wall outside hall and to remain on duty at front door.

Relatives to occupy hall.

Support service personnel to utilise also.



## HEALTH RECORDS

### Staff to initially report to the reception area in the Emergency Department

#### Staff to be situated at:

ED x 3	)
Triage	)
Receiving Ward and ICU	)
Enquiries/information	)

#### Staff Duties:

- |                       |   |   |
|-----------------------|---|---|
| Enquiries/information | - | To update patient records, issue an ACC45 form for each casualty, supply information to Health Records Officer. Complete Disaster Reconciliation forms for all patient enquiries. Health Records Office to be locked once staff in place. No Admittance to this office. |
| ED                    | - | Check all patients have Red Bracelets and document patient details on ED Reconciliation Form. Complete Documentation /Admit Patients as necessary. Maintain whiteboard with patient identification and disposition.   |
| Triage                | - | Check all patients have Red Bracelets and document patient details on Triage Reconciliation Form.   |
| Receiving Ward/ICU    | - | Admit patients into Ward, complete Patient Information Form.  |
| Runner                | - | Collect information from ED, Triage, Receiving Ward, ICU and the Perioperative Unit and deliver to Control Centre for data entry.   |

Once Triage Area is cleared extra clerical staff to Receiving Ward to assist.

#### Health Records Officer:

- To co-ordinate clerical staff and to complete call-backs as required.
- To place Enquiries Notices outside ED and Harding Hall, directing relatives to Harding Hall, (housed in Storage Room in ED) and to take whiteboards to Police in Harding Hall.
- Update Police in Control Centre with patient lists.

Computer up-dating to be carried out by staff in the Control Centre as soon as information becomes available.

Physiotherapy Department Receptionist available (during working hours).

#### Call Back List:

- Kept in Department, must be regularly updated.
- Copy to be kept by Call Centre.

## INTENSIVE CARE

### YELLOW:

Call in Clinical Nurse Manager and 6 registered nurses. This number will need to be constantly reviewed depending on degree of care these casualties require (i.e. if they are ventilated or unstable).

Deceased patients to be transferred to temporary mortuary in the Physical Medicine Department.

### ORANGE:

Call in Clinical Nurse Manager and 10 registered nurses

Extra supplies to be collected from Sterile Services, Pharmacy and the Perioperative Unit.

### RED:

Civil disaster.

All Staff to report to Hospital (if habitable) as able.

Listen to radio for information regarding temporary hospital or where hospital personnel should be deployed.

**In all categories, an orderly will be available specifically for the area and a clerk who will be shared with the Receiving Ward.**

PACU may need to be utilised in the event of patient overflow.

### Call Back List:

- Kept in Department, must be regularly updated.
- Copy to be kept by Call Centre.

## LABORATORY

Laboratory Technologist on site or Head of Department will be notified of category of disaster by Call Centre Operator.

Message to contain: Category \_\_\_\_\_ Disaster, respond.

It is important that information be given to the Laboratory Department as soon as the nature of the incident is known.

Technologist on call responsible for contacting Head of Department and staff to deal with the emergency,

It is anticipated that most laboratory work within the first hour or two will be cross matching. Additional supply of blood and blood products to be sourced using usual channels.

### **Call Back List:**

- Kept in Department, must be regularly updated.
- Copy to be kept by Call Centre.

## **LINEN**

When the need for additional laundry supplies is ascertained, the Emergency Response Advisor will notify the Call Centre who will notify the Linen Contractor.

The Linen Contractor will arrange staff as necessary and transportation of linen.

## MANAGER

To attend hospital at warning call via Emergency Response Advisor, to be based in the Control Centre (Education Centre).

Responsible for media communication, media to be housed in Community Health.

Notify radio stations of telephone numbers for relatives:

Radio Network	Phone 835 2079
HB Magic FM	Phone 843 7988
93 FM	Phone 876 5364
Radio Kahungunu	Phone 844 1766
The Rock	Phone 0800 762 574 663
Solid Gold 91.9 FM	Phone 0800 765 434 653
The Edge 98.3 FM	Phone 0800 843 3343
Radio Pacific	Phone 0800 309 3099

Numbers are:

878-2376	878-2942	878-3731
878-2079	878-5249	878-2835

Liaison with other agencies as required (see Resources). Royston Centre telephone number 873 1111.

Maintain contact with Chief Executive Officer, Chief Operating Officer, other DHB's, Ministry of Health and Civil Defence Emergency Management as necessary.

Casualty information will be supplied to the Control Centre by the Emergency Response Advisor.

## MEDICAL OFFICERS

On notification of disaster medical officers should report to the ED Resus write-up area where the ED Medical and Nursing Coordinators allocate areas of responsibility.

The Anaesthetic Department staff should report for deployment to the Duty or On-Call Anaesthetist in the Perioperative Unit.

### Duties:

- 6 House Surgeons to ED:  
(One of these to be House Surgeon 1st on-call for day who will also deal with urgent ward calls)
- 1 Intensivist to ED; plus 2 to ICU
- 1 Anaesthetist to Receiving Ward
- 3 Registrars to ED; plus 2 to Perioperative Unit; plus 1 to Receiving Ward
- 3 2nd Year H/S to Receiving Ward
- Physician on-call to Receiving Ward

## **MENTAL HEALTH**

Mental Health Co-ordinator on call will be contacted by the Call Centre and will activate the Mental Health Response Plan and call in staff as necessary.

To oversee response of Chaplains and Victim Support staff.

To be responsible for support of relatives in Harding Hall and Status 4 patients initially.

Services to extend to all casualties and staff once the emergency situation has been controlled.

## NUTRITION AND FOOD SERVICE

HOD or deputy will be contacted by Call Centre and will arrange for staff as necessary.

Message on pager to read: Category \_\_\_\_\_ Disaster, respond.

### **Duties:**

1. To prepare a trolley containing - tea, coffee, sugar, urns/teapots, milk, teaspoons, rubbish bags and paper cups, and will deliver trolley to Harding Hall and set up for relatives, police and public.

Supplies should be adequate for at least 100 people.

Kitchen staff to be responsible for replenishing supplies.

Within three hours of call, make available food such as biscuits, sandwiches, bread, fruit.

2. To prepare drinks and light refreshments in Cafeteria, the Emergency Department and Control Centre for staff.

### ***Refer Scenario Three of Nutrition and Food Service Plan***

### **Call Back List:**

- Kept in Department, must be regularly updated.
- Copy to be kept by Call Centre.



## ORDERLIES

The Orderly on duty to notify Head or Deputy Head Orderly.

Call back system to be activated, numbers depending on category code, orderlies to be advised of placement/reporting area.

<b>Category YELLOW</b>	<b>minimum of 8</b>
<b>Category ORANGE</b>	<b>all available</b>

Head Orderly or Deputy to contact Emergency Response Advisor to arrange assistance to clear Receiving Ward (Day Surgery Unit), if necessary (Sandra Bee \*73179 during working hours, Duty Manager extension 2380 after hours).

Orderlies to collect identification shirts from ED on arrival at hospital.

### Duties:

- A.** Five to collect wheelchairs for ED, two entonox cylinders with regulators from central store and two electronic whiteboards from the Education Centre, report to ED Nursing Coordinator at Resus Write-up area for allocation:
- Activate car clearing if necessary
  - Three to transfer patients out of ED and return equipment; these orderlies to assist with clearing of Triage Area when clear of patients
  - One to transfer Low Acuity patients to ED waiting room
- B.** Two to ED to transfer patients and collect supplies, after collecting fracture boards from Orthopaedic Ward and delivering to Receiving Ward.
- C.** One to collect portable oxygen cylinders, portable suctions and IV pumps (from areas other than ICU, Receiving Ward), deliver to FACEM corridor then report to DSU for patient transfers and collecting supplies.

Emergency oxygen if needed:

**NZIG** After Hours: Mr H. Boyd Ph. 844-9738

- D.** One to Day Surgery Unit to collect 4 beds to be placed along corridor outside ICU.

### Call Back List:

- Kept in Department, must be regularly updated.
- Copy to be kept by Call Centre.

## OUTPATIENTS DEPARTMENT

### YELLOW / ORANGE / RED CATEGORIES:

OPD staff would be required to care for Low Acuity patients (i.e. ambulatory with minor injuries). These patients will come from the triage area to the ED waiting room with red bracelets attached.

### Nursing Staff:

First responding nurse will be responsible to implement call-back list (out of working hours). A Data Entry staff member to be called to act as Receptionist in area.

Nurse to set up extra trolleys containing:

1. Linen (use trolley from Villa One)
2. Dressing trolley from Villa One plus:
  - sphygmomanometer and stethoscope
  - vomit bowls
  - penlight x 1
  - wash bowls x 6
  - oxygen cylinder from Villa Two
  - oxygen masks and connecting tubing x 2
  - gamgee dressings x 20
  - crepe bandages x 20

and transport to the ED waiting room.

Staff to assist ED staff in response.

Patients discharged from the waiting room directly to Harding Hall utilising orderly.

### Extra Staff:

- **1 Clerk**  
To check in patients and complete documentation.  
Place patient's name and red bracelet number on whiteboard in office.  
Record separate list of patient's name and next-of-kin for Police.
- **1 Orderly**  
To assist patients/carry messages/obtain extra equipment as necessary.

### Call Back List:

- Kept in Department, must be regularly updated.
- Copy to be kept by Call Centre.

## PERIOPERATIVE UNIT

### YELLOW

#### Acute Co-ordinator:

- Call in theatre team on call, including anaesthetic technician.
- Notify Perioperative Unit Manager, or senior nurse to organise a second team of nurses and technician plus two recovery nurses. This will depend on nature of emergency, i.e. bus or plane crash may require third team plus extra recovery nurses
- Once scale of emergency has been determined, Perioperative Co-ordinator (Manager or senior nurse) to assess need for Sterile Services and Orderly assistance.
- Perioperative Co-ordinator to document patient transfers to wards. Transport nurse and orderly to be called from ward concerned.

### ORANGE

- As for Yellow Code
- Perioperative Co-ordinator to assess number of teams required and or:
  - 3 - 4 Recovery Staff
  - 2 - Sterile Services
  - 2 - 3 Orderlies

#### **Call Back List:**

- Kept in Department, must be regularly updated.
- Copy to be kept by Call Centre.

## PHARMACY DEPARTMENT

### Call Back protocol:

On Call Pharmacist paged by Call Centre.

Message on pager to read: Category \_\_\_\_\_ Disaster, respond.

Respond to hospital, do not respond to Call Centre.

The on-call Pharmacist has the authority to call in extra staff if the need arises.

<b>Category YELLOW</b>	-	<b>1 Pharmacist and 1 Technician</b>
<b>Category ORANGE</b>	-	<b>2 Pharmacists and 1 Technician</b>

Pharmacist to supply medicines (as listed) to Triage Area or Ambulance Service and the Emergency Department as directed by the ED Nursing Coordinator and be available for extra supplies for Wards, Ambulance, Perioperative Unit. Based in FACEM corridor.

Medicines to be delivered:

Morphine 10mg x 50 amp  
Metoclopramide 10mg x 40 amp  
Atropine 0.6mg x 5 amp  
Lignocaine 1% 5 mL x 5 amp  
Suxamethonium 100mg x 5 amp  
Adrenaline 1:1000 x 10 amp

Pharmacist responsible for ensuring morphine administered to casualties is recorded in the Emergency Controlled Drug Register.

Technician to act as a runner taking supplies to wards and operating theatres.

When available to assist with the reconstituting of medicines in the Emergency Department.

### Call Back List:

- Kept in Department, must be regularly updated.
- Copy to be kept by Call Centre.

## PHYSICAL MEDICINE

### During Normal Working Hours:

1. The Head of Department will be notified by Call Centre.
2. Receptionist will cancel all outpatients for remainder of the day, and notify Occupational Therapy and Speech Therapy Departments.
3. Once all appointments cancelled, Receptionist to report to Admissions Office.
4. All staff in department to complete treatments within a reasonable time and ensure clients are evacuated from department.
5. All physiotherapy assistants and available physiotherapy staff then:
  - Clear treatment and gym areas.
  - Clear reception area to ensure direct access, i.e. clear of wheelchairs/ walking frames obstructing the pathway.
6. Charge/Senior therapist will ensure all requirements outlined on checklist are carried out.

### Outside Normal Working Hours:

Physical Medicine left in such a state of readiness each night that only minor shifts to equipment should be required.

Police to be housed in meeting room.

Deceased casualties to be housed in gym area.

Treatment area to be used as required.

## RADIOLOGY DEPARTMENT

### Staff Call Back arrangements:

There is always a Radiographer on-call who will be the first to be advised of any disaster. (It is important that information be given to the Radiology Department as soon as the nature of the incident is known).

Message to be sent by SMS text, to read: Category \_\_\_\_\_ Disaster, respond.

### YELLOW AND ORANGE

#### *Working Hours*

The Charge MRT or senior MRT in the department will liaise with the Nursing Coordinator in ED to determine the number and severity of casualties, and based on this information the department will be prepared accordingly.

Radiology will clear all non essential examinations from the department, and prepare to department to deal with the casualties.

#### *After Hours*

The On Call MRT will telephone the Charge MRT, and brief him/her on the nature of the incident and number of casualties.

Initially the on call PACS MRT, CT MRT, Angiographer, plus the Radiology Nurse and a Radiologist will be called in.

The Charge MRT will decide if more MRT's (or other staff) are to be needed. If so, he or she will telephone the first MRT needed, and inform how many more staff are required. That MRT will phone the second one needed (and then travel to work) and so on, until the required number of staff have been activated.

The attending Radiologist and/or nurse on-call may require additional clinical support and are responsible for calling staff as necessary.

If the incident is of a nuclear nature, the Radiologist will advise on decontamination procedure. The National Radiation Laboratory (NRL) will also be notified.

The Charge MRT will stand staff down as deemed prudent as the incident progresses.

### Call Back List:

- Kept in Department, must be regularly updated.
- Copy to be kept by Call Centre.
- Copy to be kept by all staff at home.

## RECEIVING WARD (Day Surgery Unit)

### PROCESS:

1. The Emergency Response Advisor notifies the Ward, if open, or Fourth Floor Surgical Ward. Senior nurse to initiate call-back (if casualty numbers are known a ratio of one nurse to two patients is required, if casualty numbers are unknown a minimum of eight nurses are required).
2. Ward Staff initiate transfer of any existing inpatients following Emergency Response Advisor's instructions ensuring notes accompany patients to respective areas. Notify medical officers and relatives of transfers.  
**N.B.** A list of patients transferred and their destinations to be retained on the Whiteboard at Nurses Station.
3. Ward Staff and called on Staff ensure ward fully prepared to receive casualties  
i.e.
  - Resuscitation trolley fully stocked
  - AED from reception
  - IV/blood trolley full stocked
  - Adequate linen – orderly to collect as required
  - Beds prepared to receive patients
  - Adequate IV poles, sphygmomanometers, stethoscopes
  - Adequate analgesia
  - Adequate paperwork (i.e. labels, stationery, folders prepared for clerk), clipboards for holding paperwork
  - Suture material
  - Dressings from Sterile Services
  - IV fluids from Pharmacy
  - Assess analgesia requirements
  - Urinals from wards – orderly to collect

Additional supplies from PACU.
4. Notify Emergency Response Advisor when ready to receive casualties.
5. Care Associates to be utilised within their normal roles and will also assist with health records i.e. write casualty names on whiteboards and deliver notes to DSU Unit Receptionist for compiling health records.
6. Medical Officers available to the ward will be one Anaesthetist, the Physician on-call, one Registrar and three Second Year House Surgeons.
7. One Clerk and one Orderly will be provided to ward

### Call Back List:

- Kept in Department, must be regularly updated.
- Copy to be kept by Call Centre.

## RESOURCES

### **Royston Hospital**

This facility offers three theatres, an endoscopy room and thirty two ward beds. Laboratory, Radiology and Sterile Supply facilities are located on site as is an emergency generator for use in the event of a power failure.

During a Category Yellow, Orange or Red Emergency the on-call manager may elect to use this facility if hospital resources become stretched. Contact should be made with the Senior Staff Member on duty in Royston Hospital who will, in turn, activate their call back system.

#### **The hospital may be used to:**

1. Accommodate patients requiring surgery.
2. Accommodate patients with minor injuries requiring treatment and discharge.
3. Provide staff for the public hospital.

In the event of a Category Red Emergency, if Royston Hospital becomes uninhabitable, Hawke's Bay Regional Hospital assumes responsibility for patients and staff. Contact should be made with the on-call manager to arrange transfer of patients.



## SECURITY

Message on pager to read: Category \_\_\_\_\_ Disaster, respond.

Contact senior officer who will advise off-duty staff to attend the hospital. He will be situated in the Security Centre and be responsible for co-ordinating the security response.

Guards to be stationed → ED entrance  
→ Triage Area  
→ Security Control Centre  
→ Inside patrol  
→ Harding Hall  
→ Helicopter Pad

**ED entrance guard** to ensure entrance to the hospital of authorised personnel only and to direct relatives to Harding Hall.

**Triage Area guard** to ensure safety of triage area with no unauthorised access.

**Security Control Centre guard** to co-ordinate Security Response and to issue temporary identification to staff volunteering their assistance and direct them to the Nursing Coordinator in the Emergency Department for duty allocation.

**Inside patrol guard** to lock hospital.

**Harding Hall guard** to collect keys from Security Office and unlock main doors.

To unlock telephone line box and remove wafer to activate relative phone lines (situated behind door from kitchen into stairs leading to stage). This is marked with a Security label.

Collect phones from locked cupboard in kitchen (situated on the left hand side of the kitchen just past the door leading onto the stage, inside a larger cupboard) and plug into jack points. Jack points are located in the hall and are marked with Security labels.

Collect Relatives/Police/Enquiries sign from above telephone line box and hang on the wall outside Harding Hall (hooks beside windows at front of building). The hooks are marked with a Security label.

This guard to also unlock the Community Health building in the event of media presence.

**Helicopter Pad guard** to ensure the area is secure and remains free from obstruction.

## **STERILE SERVICES**

### **Plan for Supply:**

Adequate supplies of sterile drapes will be made available to affected areas.

Following the initial call-back and re-stocking, extra supplies of sterile drapes will be available from Sterile Services.

Instruments and surgical equipment may require to be reprocessed more often than usual depending on frequency of use.

Manager will assess needs of the Perioperative Unit and Wards/Departments and meet those needs accordingly.

### **Emergency Communication After Hours:**

- Manager may be contacted at all times
- Contact Supervisor if Manager is not available
- Contact phone numbers are available at the Call Centre
- Manager will call back other staff as necessary

### **Call Back List:**

- Kept in Department, must be regularly updated.
- Copy to be kept by Call Centre.

## **TELEPHONISTS**

On advice of an emergency from the Emergency Response Advisor:

**Call extra telephonists, four required in total**

**The first caller is to advise the next and identify herself**

### **CALL:**

**ICU Staff**

**Perioperative Unit Manager**

### **CALL IN:**

**Intensivist, General Surgeon, Orthopaedic Surgeon and Anaesthetist on call.**

**Use code of 111 on pagers to indicate activation of the Emergency Control Plan.**

### **Call Back List:**

- Kept in Department
- Must be regularly updated.

## **MAIN CALL LIST**

**On notification from the Emergency Response Advisor, call out staff as requested -**

1. Medical Staff
2. Senior Orderly on duty in hospital
3. Perioperative Unit on-call team and Manager
4. Laboratory on-call Technician, or Head of Department
5. Radiology on-call Radiographer
6. Health Records Head of Department
7. Pharmacist on-call, or Head of Department
8. Extra Telephonists (see Call List)
9. Security Guard on duty
10. Dietitian on-call
11. Mental Health Co-ordinator – emergency mental health team
12. Sterile Services Head of Department
13. Physical Medicine
14. Maori Health Unit

SMS text where possible.

One telephonist to deal with medical staff, the other with departments.

### **Telephonists message:**

**This is Hawke's Bay Regional Hospital**

**We have a Category ..... Disaster in progress**

**THIS IS NOT A PRACTICE**

**Brief description of alert as written on checklist**

**Please Respond**

## **PROCEDURES AND GENERAL INFORMATION**

- A. Record all communication following call-back of staff on Telephonist Emergency Log.
- B. Supply CT2 phones, cellphones and pagers to key staff as requested by Control Centre.
- C. Third Telephonist to provide relief for the two working.
- D. Fourth Telephonist to operate direct outside lines as directed or assist with normal workload.
- E. Relatives telephoning in to be referred to Harding Hall direct lines.
- F. All media calls to be referred to Control Centre (Education Centre) extension 5877.
- G. On advice from Emergency Response Advisor call in domestic and laundry staff.
- H. On advice from Emergency Response Advisor or Senior Medical Officer on duty, inform all wards/departments of stand down.
- I. Maintain updated call-back lists from all Departments.
- J. Maintain essential phone numbers list.
- K. Strictly No Admittance sign for office door.

## **TRAINING**

Biannual communications exercises will be carried out in each hospital.

Regular full scale practices will be conducted in each hospital, along with department specific training sessions.

Following a full scale practice, a case file will be compiled at debriefing and recommendations for change may be made. These case files will be housed with the Company Secretary.

## TELEPHONE LIST OF ESSENTIAL NUMBERS EMERGENCY NUMBER - 7777

NAME	HOSPITAL NUMBER	ALTERNATIVE NUMBER
Chief Operating Officer	4544	027-220-3105
Emergency Response Advisor	*73179 or 4567	027-245-3692
Triage Area	2967	
Ambulance Control	*73103	
ED Triage Room	2623	
ED Communications Nurse	2664	
ED Reception	2620	5492
ED Clinical Nurse Manager	2653	
Intensive Care Unit	2745 or 2740	2521
Perioperative Unit	*73050 or 6564	2660
Receiving Ward (Day Surgery Unit)	6566	
OPD	6600	
Physical Medicine	2204	
Pharmacy	2568	2566
Laboratory - Department	2208	2641
- Transfusion Medicine	2645	
Radiology - Department	2500	
- CT	2513	
Sterile Supply Department	6597	
Orderlies Dispatch	2790	
Security	2655 *73081	
Control Centre	5877	
Roster Office	2823	
Kitchen Reception	6973	6978
Harding Hall	2832	
Community Health Services	5700	
Civil Defence Emergency Management		878-0500

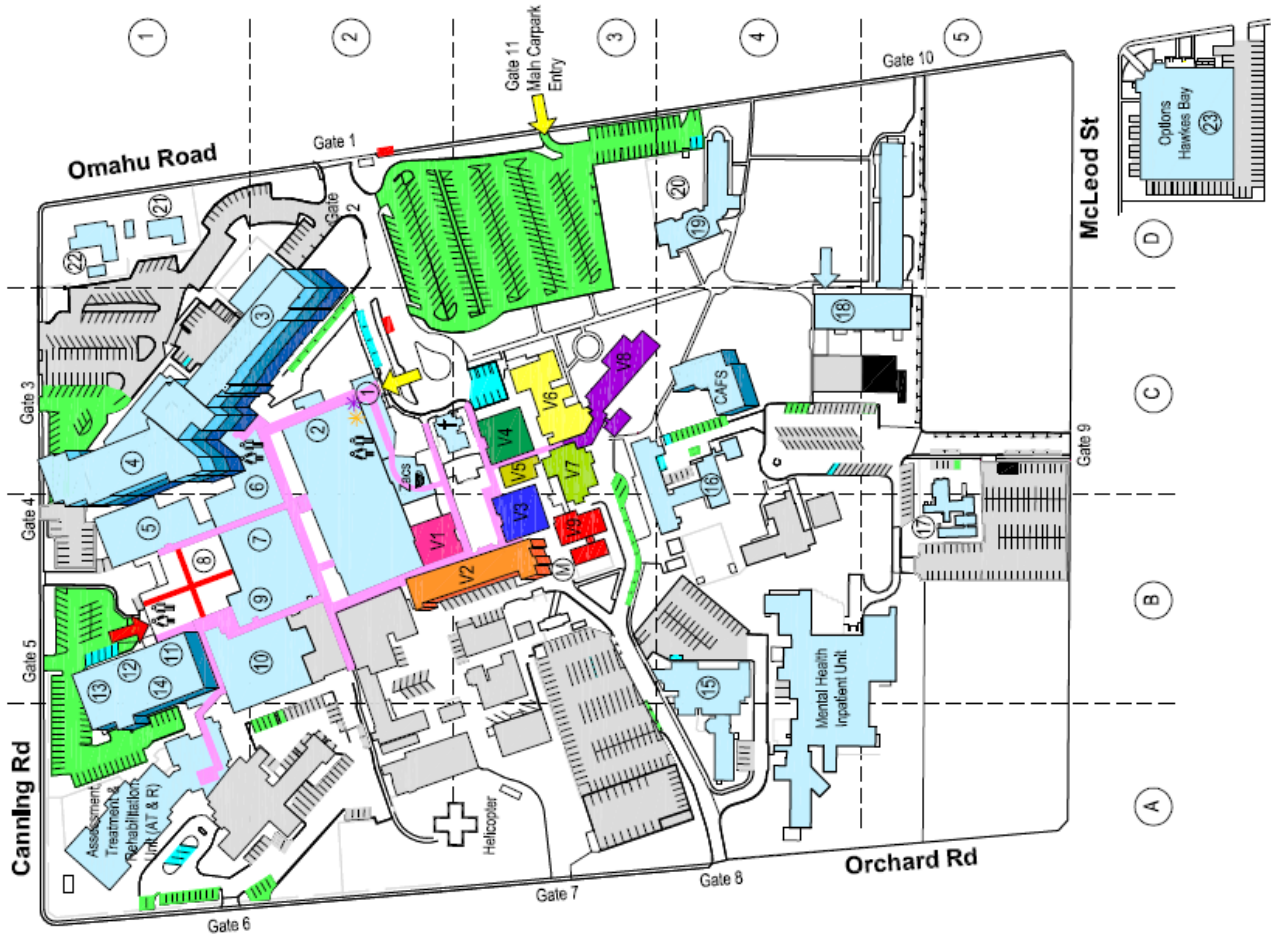
# HOSPITAL MAP

## A-Z DIRECTORY

Acute Assessment Unit (AAU)	11	B1	Mental Health Inpatient Unit	B4
Ata Rangi Maternity Ward	4	C1	Mortuary	B3
Audiology	Villa 5, C3		Neurology	Villa 6, C3
Blood Tests	Villa 6, C3		Neurophysiology	Villa 2, B2
Cafe ZACs	C2		Neurosurgery	Villa 3, B3
Cardiology	Villa 2, B2		Occupational Health - Staff	D1
Chapel	+ C2		Oncology Medical/Radiation	Villa 6, C3
Children's Clinics	Villa 7, C3		Ophthalmology	Villa 3, B3
Child Development Service (CDS)	Villa 9, B3		Orthopaedic	Villa 1, B2
Children's Ward	3	C2	Orthopaedics Ward	4
Clinical Trials Research Unit	Villa 2, B2		Orthotics	Villa 8, C3
Community Health - Wilson House	16	C4	ENT Otolaryngology	Villa 3, B3
Community Mental Health	19	C4	Pharmacy	13
Coronary Care Unit (CCU)/Medical Ward			Physiotherapy/Occupational Therapy	10
Cardiac Services (Cardiac Procedures, Pacemaker Clinic) - B1 Ward (1st floor)	4	C1	Plastic Surgery/Skin Lesions	Villa 4, C3
Corporate Office (2nd Floor)	23	D5	Radiotherapy Service	Villa 6, C3
Day Surgery Unit	2	C2	Radiology - X-Ray, CT & MRI Scans, Fluoroscopy, Nuclear Medicine, Angiography, Ultrasound	7
Dental	Villa 3, B3		Renal House	22
Dermatology	Villa 6, C3		Renal Services - Ballantyne House	15
Diabetes Service - McLeod House	17	B5	Respiratory/General Medical A1 Ward	3
Dialysis Unit 1	12	B1	Respiratory	Villa 2, B2
Dialysis Unit Ballantyne House	15	B4	Special Care Baby Unit (SCBU)	6
Education Centre	14	B1	Specialist Surgery A3 Ward - EPC	3
Emergency Department (ED)	8	B1	Te Awa Hauora Marae (Mihiroa Whare, Kahuremoana)	20
Fracture Clinic	Villa 1, B2		Te Wahanga Hauora - Maori Health	19
Gastroenterology	Villa 6, C3		Therapeutic Venesection	Villa 6, C3
General Surgery	Villa 4, C3		Urology	Villa 4, C3
General Surgery Ward	3	C2	Vascular Surgery	Villa 4, C3
Gynaecology and Colposcopy	Villa 4, C3			
Gynaecology	Villa 4, C3			
Haematology Service	Villa 6, C3			
Intensive Care Unit (ICU), High Dependency Unit (HDU)	5	B1		
Information Centre (Main Entrance)	1	C2		
Laboratory (1st floor)	9	B2		
Maxillofacial	Villa 3, B3			
Medical/Acute Stroke, Neurology Ward	4	C1		
Medical Clinics	Villa 2, B2			
Medical Day Ward	Villa 6, C3			

**LEGEND**

- Public Parking
- Staff Parking
- Accessibility Parking
- Main Access Corridors
- Bus Stop
- Main Public Entry
- Emergency Department Entry
- Equipment Loan Store
- Gift Shop
- ATM (Ground Floor)
- Public Toilets



UNDER REVIEW SUBJECT TO CHANGE

HBDHB Facilities, August 2013



**APPENDIX I DISTRIBUTION LIST**

Acute Assessment Unit  
Acute Ward - Wairoa  
Anaesthetists (c/o Dr Harty)  
Assessment Treatment & Rehabilitation Unit  
Call Centre  
Chief Executive Officer  
Chief Financial Officer  
Information Services Manager  
Chief Operating Officer  
Communications Manager  
Company Secretary  
Coronary Care Unit  
Duty Managers  
Service Director, Older Persons & Mental Health  
Service Director, Women, Children & Youth  
Emergency Department  
ED Officers  
Emergency Management Officer – Hastings and Napier  
Emergency Response Advisor – Sandra Bee  
Facilities Manager  
General Manager, Maori Health  
General Manager, Human Resources  
Health Record Services - Hastings  
Home Health - Hastings and Napier  
ICU  
Infection Control Advisor  
Kitchen  
Laboratory Department  
Learning and Development  
Medical Library  
Medical Officers (House Surgeon Quarters)  
Mental Health Inpatient Unit  
Mental Health Team - Hastings and Napier  
Orderly Department  
Outpatients Department - Hastings and Napier  
Paediatric Department  
Patient Safety and Clinical Compliance Manager  
Perioperative Unit  
Pharmacy Department  
Physical Medicine  
Police - Hastings and Napier  
Radiology Department  
Regional Emergency Management Officer  
Roster Office  
Royston Hospital  
SCBU  
Security  
Sterile Services Department  
Superintendent - St John's Ambulance (8 copies)  
Ward – First Floor (2)  
Ward – Second Floor (2)  
Ward – Third Floor (2)  
Ward – Fourth Floor  
Ward – Day Surgery Unit  
Ward – Central Hawke's Bay



## MEDICAL OFFICER NUMBERS REQUIRED

Use for calculating Medical Officer numbers:

<b>Medical Officers</b>	<b>Category Yellow</b>	<b>Category Orange</b>
ICU Specialists	3	All available
General Surgeons	3	All available
Orthopaedic Surgeons	2	All available
Anaesthetists	2	All available
ED SMO's	2	All available
Radiologists	1	2
Physicians	1	2
Registrars	4	All available
House Surgeons	6	All available

## APPENDIX III TRIAGE AREA PREPARATION

### TRIAGE AREA CHECKLIST (for use by ED Triage Nurse)

Delivered to Area:	Whiteboards
	Biohazard bags
	Linen bags
	Triage trolley
FACEM Corridor	Portable suction units and IV pumps
	Pharmacy Medicine Supply
FACEM Corridor	Portable Oxygen Cylinders and Regulators

#### **Triage / Emergency Trolley:**

Single use ambu bags x 6  
 Clothing scissors x 6  
 Vomit bowls  
 Gamgee x 10  
 Crepe bandages x 10  
 Gloves - 1 box  
 Stethoscopes x 2  
 Sphygmomanometers x 2  
 Digital thermometers x 2  
 ED Reconciliation Forms x 2 pads  
 Triage Reconciliation Forms x 2 pads  
 ID labels  
 ID vests  
 Staff cue cards  
 Torches x 3  
 Head torches x 20  
 Telephone  
 Phone list  
 Extension cord  
 Clipboards x 12  
 Whiteboard pens x 12

# **APPENDIX IV DOCUMENTATION**











## HBH STATUS REPORTS

Date \_\_\_\_\_


Time \_\_\_\_\_

**CURRENT STATUS:**

	In-patients	Available Beds	Staffing
Emergency Dept			
ICU			
AAU			
CCU			
A1			
B1			
A2			
B2			
A3			
B3			
A4			
Child Health			
Day Surgery Unit			
AT&R			

	Incident Casualties
Emergency Dept	
ICU	
Theatre	
Day Surgery Unit	
Minor Treatment	
Mortuary	

**Completion of underlined headings is mandatory – others are optional**

		<h2>SITUATION REPORT</h2>
<p><b><u>Incident:</u></b></p>		<p><b>Assessment</b> <i>(note any critical issues and assumptions made. Attach map or drawing of incident):</i></p>
<p><b><u>Report No.:</u></b></p>		
<p><b><u>Date:</u></b>     /     / <i>(DD/MM/YY)</i></p>	<p><b><u>Time:</u></b>     : <i>(24hr):</i></p>	
<p><b>Prepared by:</b> <i>(Name/Title):</i></p>		
<p><b>Incident Controller:</b></p>		
<p><b>Contact Details</b> <i>(EOC or alternative):</i></p>		
<p><b>Next Report Expected at:</b> <i>(date/time):</i></p>		
<p><b>Action Taken:</b></p>		
<p><b>Resources:</b> <i>(in place):</i></p>		<p><b>Resources:</b> <i>(that may be required):</i></p>
<p><b>Factors:</b> <i>(weather and other factors or limitations should be noted):</i></p>		
<p><b>Predicted incident development:</b> <i>(note how this situation is anticipated to evolve, including patient numbers):</i></p>		
<p><b>Planned Actions:</b> <i>(How do you plan to respond to the predicted incident development)</i></p>		



# APPENDIX V ACTION CARDS

## EMERGENCY DEPARTMENT NURSE IN CHARGE AT TIME OF EVENT

Activate ED call back	
Notify Bed Manager/Duty Manager	
Notify Reception	
Delegate Ambulance/Triage communication to suitable staff member	
Delegate Triage Nurses x 2 and Exit Clerk	
Delegate a Co-ordinator for the Resuscitation Room and one for the Work Area	
Allocate ID vests to Triage Nurse, Communications Nurse, Triage Officer and Co-ordinators	
Delegate one nurse to prepare each of the treatment areas	
Complete Nursing and Medical Staff Placement Form	
Allocate duties to any staff volunteering their assistance	

# TELEPHONIST EMERGENCY CONTROL PLAN

## ACTION SHEET 1

(For details see Information Sheet)

**(On advice of the disaster) -**

**deliver the following message**

**This is Hawke's Bay Regional Hospital  
 We have a category ..... disaster in progress  
 THIS IS NOT A PRACTICE**

**Brief description of alert as written on checklist  
 Please Respond**

(perform these duties with above message)

	Who Contacted	How	Call Out Time	Response Time
1. Call in Extra Telephonists (four required in total)				
2. Locate Emergency Response Advisor		*73179		
3. Call ICU		2745		
4. Call Perioperative Unit		050		
5. Call in Intensivist On Call				
6. Call in General Surgeon On Call				
7. Call in Orthopaedic Surgeon On Call				
8. Call in Anaesthetist On Call				

### WAIT FOR CALL BACK CHECKLIST

## TELEPHONIST INFORMATION SHEET

This is an information sheet to help Telephonists use the Emergency Control Plan. Please read and understand, but **use the Action Sheet** over the page. Please remember to record the names of the personnel that you contact, the time that you call them and the time that they respond.

### ON ADVICE FROM THE EMERGENCY RESPONSE ADVISOR REGARDING DISASTER, PERFORM THESE DUTIES:

1. CALL IN EXTRA TELEPHONISTS.

2. CALL ICU ]

3. CALL PERIOPERATIVE UNIT ]

] Ensure that you communicate with the Senior Nurse on duty in these and other Departments. Make sure you note the name of the individual and the time. Give available information.

4. CALL IN INTENSIVIST ]

5. CALL IN GENERAL SURGEON ]

6. CALL IN ORTHOPAEDIC SURGEON ]

] On Call. Give available information.

7. CALL IN ANAESTHETIST ]

### WAIT FOR CALL BACK CHECK LIST FROM THE EMERGENCY RESPONSE ADVISOR

ON RECEIPT OF CALL BACK CHECK LIST,  
FILL OUT MEDICAL CALL SHEET AND COMMENCE CALL BACK.

#### Relative Telephone Lines Harding Hall

878-2376  
878-2079  
878-2942  
878-5249  
878-3731  
878-2835



## ACTION SHEET 2

(Medical Call-Back Sheet)

- 1 -

Name	How Contacted	Call Out Time	Response Time
<b>Anaesthetists and General Surgeons</b>			
Dr R Freebairn			
Mr D H Knight			
Dr F Bennett			
Dr J Rose			
Dr L Ritchie			
Dr M Harty			
Mr G Broadhurst			
Dr M Park			
Dr R Neal			
Dr G King			
Mr J Fleischl			
Dr E P Ward			
Dr M Irwin			
Dr T Diprose			
Dr M Brooker			
Dr E Merry			
Dr R Chisholm			
Dr S Sew Hoy			
Dr J Oosthuizen			
Dr L Trent			
Mr E Bieniek			
Dr S Malcolmson			
Dr P Eccles			
Dr P Lockington			
Dr H Rorrison			

<b>Orthopaedic Surgeons</b>			
Mr S Bentall			
Mr D Lawson			
Mr S Rao			
Mr S Johnson			
Mr A Dray			
Mr A Wickham			
Mr S Andrews			
<b>Oral/Maxillofacial Surgeon</b>			
Mr D Goodison			
<b>Physicians</b>			
Dr J Gommans			
Dr T Frendin			
Dr R A Luke			
Dr R Leikis			
Dr M Williams			
Dr K Dyson			
Dr R Armstrong			
Dr J Curtis			
Dr M Arnold			
Dr M West			
Dr G Vautier			
Dr I Hosford			
Dr L Fergus			
Dr A Burns			
Dr O Schmiedel			
Dr C McCallum			
Dr D Gardner			
Dr P C H Baker			
Dr C Hutchison			
Dr C Providence			

Dr B Jones			
Dr E King			
Dr S Sawyers			
Dr P Stormer			
<b>Ophthalmologists</b>			
Dr J T L Beaumont			
Dr P MacDonald			
Dr A Buller			
Dr E Fraser			
Dr M Khalid			
<b>Otolaryngologists</b>			
Dr P Mason			
Dr A Dowley			
Dr S Toynton			
<b>Paediatricians</b>			
Dr P Moore			
Dr J Corban			
Dr R Wills			
Dr K Steinman			
Dr L Sivertsen			
Dr A Craig			
Dr S Currie			
Dr O Grupp			
Dr N Jordan			
Dr K Robertshawe			
<b>Radiologists</b>			
Dr U Pandey			
Dr J Williamson			
Dr P Clarke			
Dr A Mehta			
Dr K Haidekker			

Dr A Al Ansari			
Dr I Morle			
Dr A West			
<b>Gynaecologists</b>			
Dr K Harrison			
Dr J Meates			
Dr L Duncan			
Dr C Skidmore			
Dr L Croft			
<b>Urologists</b>			
Mr D Mason			
Mr K Broome			
Ms L Shaw			
<b>Pathologists</b>			
Dr L Joblin			



## EMERGENCY RESPONSE ADVISOR

Notify ED shift co-ordinator (ext 2661)	
Notify on-call Manager	
Contact Bed Manager/Duty Manager and delegate responsibilities (working hours)	
Activate Control Centre	
Activate Mobile Medical Team if required (contact ICU consultant on-call)	
Complete Call Back Checklist (Appendix II) and fax to telephonist (878-1691 or ext 2071)	
Notify Physical Medicine during working hours	
Organise Receiving Ward staff to prepare Ward and arrange patient evacuation if required	
Notify ED when Receiving Ward ready for casualties	
Organise OPD (out of hours initiate call back system)	
Organise ICU	
Use nursing staff from wards other than the Receiving Ward and one Unit Receptionist to assist in the Emergency Department while waiting for staff to respond to the call-back system	
Arrange for three transport nurses (R/N's) for ED, explain role required	
Call in Roster Office Staff	
Notify all wards in the Medical/Surgical patient block of event	
Provide HBH Status Reports and Triage Reconciliation Forms to the Control Centre every 30 minutes	
Organise call back of domestic staff and laundry staff when appropriate	
Organise relative hotline with IT staff if necessary	
Maintain contact with involved wards and departments	
After the receipt of all casualties, arrange for relatives to visit, utilise nursing staff provided with accurate casualty information	

**TRIAGE NURSE**

Take equipment to Triage Area	
Plug telephone into jack point between doors to ICU and the Resuscitation Room	
Prepare area to receive casualties using layout plan (on triage trolley)	

**EMERGENCY DEPARTMENT STAFF**

Report to ED Nursing Coordinator	
Assist with discharge of existing patients	
Prepare department to receive casualties:	
- IV trolleys fully stocked	
- oxygen equipment prepared	
- check adequate analgesia	
- adequate IV poles	
- adequate linen	



**ICU**

Initiate Call Back list	
Prioritise existing patients in unit for transfer out	

Prepare unit to receive casualties:

- adequate supplies	
- adequate equipment	
- adequate analgesia	
- adequate IV fluids	
- adequate linen	
- beds prepared to receive casualties	
- adequate stationery	

## OUTPATIENTS DEPARTMENT

Collect linen trolley from Villa One	
Collect dressing trolley from Villa One and add:	
- sphygmomanometer and stethoscope	
- vomit bowls	
- penlight	
- washbowls x 6	
- oxygen masks and connecting tubing x 2	
- gamgee dressings x 20	
- crepe bandages x 20	
Collect portable oxygen cylinder from Villa Two	
Transport equipment to the Treatment Area in ED waiting room	
Assist in the preparation of the area for receipt of casualties	

## RECEIVING WARD STAFF

Shift Coordinator to initiate Call Back List following notification from Emergency Response Advisor	
Initiate transfer of any inpatients following Emergency Response Advisor's instructions	
List of patients transferred on whiteboard at Nurses Station	
Prepare ward to receive casualties:	
- resuscitation trolley fully stocked	
- AED from reception	
- IV/blood trolley fully stocked	
- adequate analgesia	
- adequate IV poles, sphygmomanometers, stethoscopes	
- adequate linen	
- beds prepared to receive casualties	
- adequate stationery on clipboards	
- suture material from ED	
- dressings from Sterile Supply	
- IV fluids from Pharmacy	
- urinals from wards	
Notify Emergency Response Advisor when ready to receive casualties	
Shift Coordinator to assess preparedness of ward, contact Emergency Response Advisor for further assistance as necessary	

**ORDERLIES**

Notify Head or Deputy Head orderly	
Activate call back system	
Clear Receiving Ward, if necessary	
Collect wheelchairs for ED and report to ED Nursing Coordinator at Resus write-up area	
Collect four beds from DSU and place along corridor outside ICU	
Collect two electronic whiteboards from Education Centre and deliver to Triage Area	
Collect two entonox bottles from central store and deliver to ED FACEM corridor	
Activate car clearing from entrance to Triage Area if necessary	
Collect fracture boards from Orthopaedic Ward and deliver to Receiving Ward	
Collect portable oxygen cylinders, portable suction and IV pumps (from Wards other than ICU and Receiving Ward) and deliver to ED FACEM corridor	

## HEALTH RECORDS

### Enquiries/Information

Update patient records	
Issue ACC45 form for each casualty	
Information provision to Health Records Officer	
Complete Disaster Reconciliation Forms for patient enquiries	

### ED/Triage

Check Red Bracelet in place on each patient	
Document patient details on Triage or ED Reconciliation and Patient Information Forms	

### Receiving Ward/ICU

Admit patients into area	
Complete Patient Information Form	

### Runner

Collect patient information from all areas and deliver to Control Centre	
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**MANAGER**

Organise media in Community Health	
Notify radio stations of telephone numbers for relatives	

Radio Network	835-2079
HB Magic FM	843-7988
93 FM	876-5364
Radio Kahungunu	844-1766
Solid Gold 91.9 FM	0800-765-434-653
The Rock	0800-762-574-663
The Edge 98.3 FM	0800-843-3343
Radio Pacific	0800-309-3099

Numbers are:

878-2376	878-2942	878-3731
878-2079	878-5249	878-2835

Liaison with other agencies as required: Royston Hospital 873-1111	
Inform Chief Operating Officer, Health Services	
Inform Chief Executive Officer	

## APPENDIX VI MOBILE MEDICAL TEAM

### The Mobile Medical Team (MMT) role:

To provide expertise where a patient may need to be anaesthetised and/or resuscitated to allow a surgical procedure or transport to a significant functional surgical facility.

The MMT can be activated by either:

- The Ambulance Service
- Emergency Response Advisor
- Incident Controller (as part of a mass casualty incident or disaster)

### Actions

#### 1. Assemble staff

- Discuss requirements with Intensivist on-call at Hawke's Bay Hospital
- Brief staff on the incident
- Ensure staff are appropriately dressed:
  - Theatre scrubs with theatre jackets and fully enclosed shoes

#### 2. Assemble equipment

- Held in the Intensive Care Unit at Hawke's Bay Hospital

#### 3. Establish how the team will be getting to the scene

- Contact the Ambulance Service and establish how the MMT will be getting to the incident
- During a mass casualty incident the Incident Controller/Emergency Response Advisor will coordinate transport arrangements

### At the Scene

#### Liaise with the medical or ambulance staff caring for the patient

- At the scene liaise with the staff in charge of the patient
- Provide medical assistance as appropriate

### Post event

- Ensure equipment is restocked (anaesthetic technician responsibility)
- Organise a debrief for all staff involved in the incident
- Prepare a report of the event

## APPENDIX VII EXERCISE PROTOCOL

### Communications Exercise:

**All communication** must be completed with, "This is a Communications Exercise."

All departments need complete Call-Back Systems only, no further action is required.

### Full Scale Practice:

**All communication** must be completed with, "This is a practice."

Complete Call-Back System only, no further action required:

- Domestic Services
- Kitchen
- Laboratory
- Mental Health Team
- Radiology

Complete Call-Back System, on-call staff member to liaise over the telephone re ward requirements and to identify resource limitations:

- Pharmacy
- Sterile Services

All departments other than those named above should complete Call-Back Systems, attend the hospital and prepare to receive pseudo casualties.

**Payment for attendance** for off duty staff will be debited from individual cost centres. Please record attendance on PALS.

If **existing workload** is such that participation in the exercise would compromise patient safety please inform the Emergency Response Advisor immediately. The Emergency Response Advisor will stand down the exercise by contacting Ambulance Control and the hospital Call Centre.

A **debrief** will be held within seven days of each exercise allowing an opportunity to critique the plan and have amendments made as necessary.