



WAIROA 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 WAIROA HOSPITAL

Multiple Casualties arising from localised incident

Category Red arising from civil defence emergency

Patient Classification -

Status 1 = critical injuries (unstable/receiving CPR)

Status 2 = serious injuries (unstable)

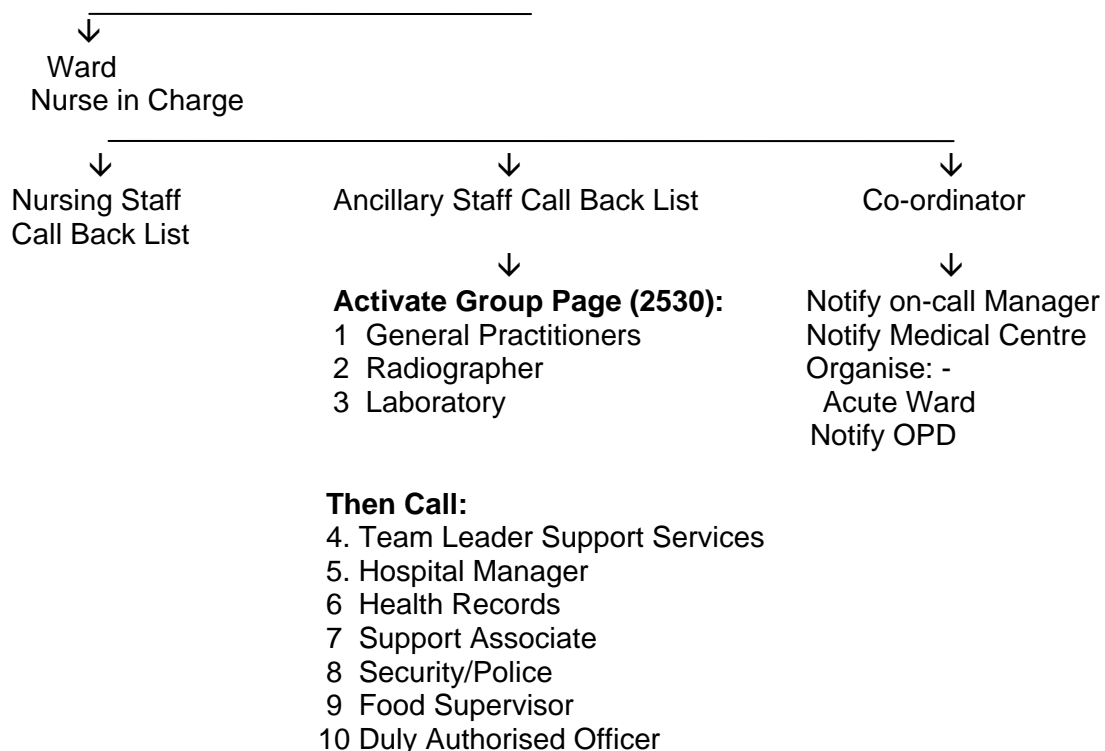
Status 3 = moderate injuries (stable)

Status 4 = minor injuries (no concern/stable)

Status 0 = fatal / NFR

COMMUNICATION

AMBULANCE CONTROL



MULTIPLE CASUALTIES

Communication

Ward

- Nurse in Charge to
- **activate** Nursing Staff Call Back List
 - **delegate** Co-ordinator
 - **activate** Ancillary Staff Call Back List
 - **delegate** communication between switchboard, ambulance R/T and triage area to a suitable staff member, situated in Ward Office, use Communication Record and Ambulance Communication Forms
 - **delegate** triage nurse, assistant to set up Triage Area and one nurse to check the treatment areas using provided checklist
 - **allocate** identification shirts to Triage Nurse, Communications Nurse, Co-ordinator
 - **allocate** staff to roles using Staff Placement Form (see Appendix 4)

Triage Area – Ambulance Bay and Adjacent Corridor

- Delegated triage nurse prepare foyer with help of assistant and transport nurses via Co-ordinator
- Equipment to be sent to area:
 - Triage/emergency trolley (in Emergency Room)
- Dedicated Person will deliver other equipment necessary
- Triage Nurse responsible for triage of patients, Red Bracelet application and documentation
- Hand set radios to be used for communication with other areas

Staff-	Triage Nurse	> from Ward: responsible for triage of patients, red bracelet system and documentation
	Nursing Staff x 2	> to transport patients status 1, 2 and 3
	Assistant to Triage	> to assist in preparation of area and where necessary
	Support Associate and Volunteers	> to transport patients and relay messages to and from ward as required to secure helicopter pad and assist with transportation from pad as necessary

Clerk x 1

- > Reception area, to document where patients are transported to

Equipment

- > extra linen (in Linen Room)
- > whiteboard
- > rubbish bags with liners
- > linen bags
- > triage / emergency trolley (in Emergency Room)
- > portable suction units
- > portable oxygen cylinders

Acute Ward**Staff**

- > Available Ward nurses
- > Two medical officers
- > One Clerk to collect patient details when available.

Equipment

- > Contact laboratory for extra supplies as required – Dedicated Person to collect.
- > Extra portable suction unit and oxygen regulators to be collected by Support Associate from Ward and PRIME bags from Health Centre

Treatment Areas

Emergency Treatment to be carried out in Ward. Nurse in Charge of Ward to allocate patients to rooms on arrival.

**Stand down of staff to be advised by Co-ordinator or
Senior Medical Officer on duty.**

Casualty Flow

- Status 1 > from triage direct to either: > Emergency Room, Rooms 1 and 2
Acute Ward
- Status 2 > from triage direct to Emergency Room, Rooms 1 and 2 in Ward
- Status 3 > from triage direct to Room 9 in Ward
- Status 4 > from triage direct to Health Centre waiting room with Care Associate
- Status 0 > direct to Mental Health Service rooms

TELEPHONISTS

On advice of an emergency from Ward Nurse in Charge, complete call out of ancillary staff :

1. General Practitioners
2. Radiographer
3. Laboratory

Then Call:

4. Team Leader Support Services
5. Clinical Nurse Manager
6. Practice Manager
7. Health Records
8. Support Associate
9. Food Supervisor
10. Mental Health Co-ordinator or D.A.O.
11. Hospital Manager

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

Call Back List

Kept in Department. Must be regularly updated.

Telephonists message

This is Wairoa Hospital
We have a Multiple Casualty Response in progress
THIS IS NOT A PRACTICE
Brief description of event as written on checklist

Record all communication following call-back of staff on Telephonist Emergency Log.

PROCEDURES AND GENERAL INFORMATION

- A. Second Telephonist to assist with staff call backs and to carry out clerical duties as required.
- B. All media calls to be referred to the Hospital Manager or, if not available, the Corporate Manager on-call.
- C. Maintain updated call back lists from all Departments. Checked 1st July and 1st February - with Head of Department
- D. Maintain essential phone numbers list.

CATEGORY RED

(30 plus 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 health centre 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 hospital of all staff **as able**

C) If hospital still habitable :

- staff with multiple casualty duties set up for response
- all other staff report at the Hospital Control Centre situated in the Front Office of the hospital

D) If hospital evacuated or uninhabitable, report to front car park.

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.

Hawkes Bay District Health Board is the prime facilitator for all health responses and resources within the Hawkes 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 situated in the Emergency Operations Centre in the Clinical Skills Laboratory at Hawkes Bay Hospital.

Liaison Officers may be sited at local Civil Defence Centres with overall liaison with Civil Defence being maintained at the Group Emergency Operations Centre. Civil Defence is responsible for logistic support of health services during a declared emergency.

In the event of the Civil Defence Emergency Management Operations Centre (EOC) becoming non functional, the EOC will be relocated to the Basement Room (purple room) at Wairoa Hospital.

RESPONSE

All off duty staff will ensure the safety of their families and properties and then report to their place of work. Those staff involved in a multiple casualty response will carry out their duties under the current health centre plan. Personnel not involved directly in the plan should report to the Hospital Coordinator and will be deployed appropriately.

CONTROL

Control of the event will be managed by the Emergency Operations Centre at Hawkes Bay Hospital using a coordinated incident management structure. The Hospital Coordinator will be responsible for managing the facility and reporting to the In-patient Unit of the Operations Section.

CIVIL DEFENCE LIAISON OFFICERS

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

If required a staff member may be transported to the local Civil Defence Emergency Management EOC to act in the role of liaison between the hospital/health centre and Civil Defence Emergency Management. Essentially this role is one of information carrier between the hospital/health centre and Civil Defence Emergency Management. Responsible for supplying information to the hospital/health centre on at least a two hourly basis.

SERVICES

All services are expected to continue to operate within their particular area of expertise, co-ordinating all efforts with their Control Centre. A Damage Assessment Form should be completed for each area and returned to the Hospital Control Centre as soon as possible after the event.

UNOCCUPIED AREAS

Any unoccupied areas in each hospital/health centre will be utilized by the Control Centre as necessary.

BED CENSUS

Each area is responsible for providing the Control 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.

BACK-UP FACILITIES

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

Napier	-	Eastern Institute of Technology (EIT)
Hastings	-	Royston Hospital
Wairoa	-	Wairoa College
Waipukurau	-	Central Hawkes 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 the hospital plan to continue to operate.

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 Hawkes Bay College

It will be the task of HBDHB, in consultation with Civil Defence Emergency Management to decide upon the most suitable premises for the temporary hospitals, dependent upon the condition of existing hospitals 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 Civil Defence Emergency Management 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.

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

SUPPORT SERVICES

Building and Engineering Service

This service will provide a complete and Organisation wide assessment and control facility along with recovery and restoration procedures which will help ensure continuity of services for essential areas.

The Facilities Manager will appoint an individual to assume the responsibilities of the Damage Assessment Co-ordinator in co-ordinating damage assessment and recovery procedures, reporting directly to the Facilities Unit in the Logistics Section at 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 5 days running time) - power supply to critical areas only.

Water Supply	D Block
Sewage	Patient Areas
Medical Gases	Emergency Room, Acute Ward (additional supplies to be obtained from BOC Gases (NZ) Ltd)
Refrigeration	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/health centre.

To ensure restoration of essential services existing personnel will be utilized where available with assistance being sought through usual channels, if necessary. The Civil Defence Emergency Management Group Controller will be informed by the Health Incident Controller 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 Civil Defence Emergency Management.

Resources will be utilized 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.

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.

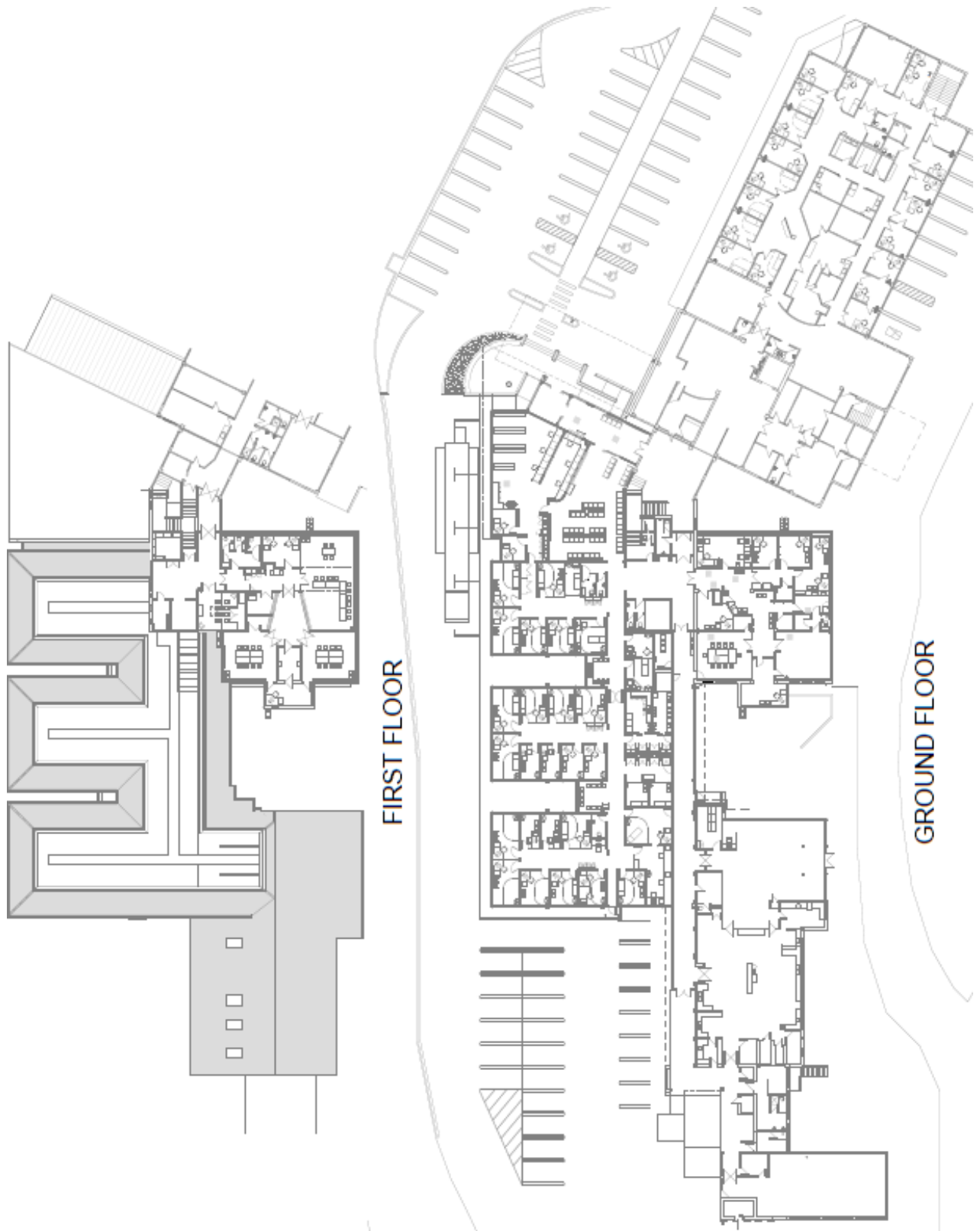
Public Health, Community Health and Mental Health Services continue to operate following individual service plans.

An Emergency Medical Unit may be set up at Glengarry Rest Home and Hospital if the situation demands. This unit will attend to all presenting casualties and refer those requiring specialist attention to public and private hospitals following liaison with Wairoa Hospital. The site will be broadcast on local radio stations.

TELEPHONE LIST OF ESSENTIAL NUMBERS

NAME	HOSPITAL EXTENSION	ALTERNATIVE NUMBER	TELEPAGER or BLEEP
Hospital Manager	4805	Cell 027-246-0168	
CNM Primary Health	4866	Cell 027-515-9133	
Practice Manager	4930		
Co-ordinator			3438
Dr Janes	*7308	(06) 838-6333	3129
Acute Ward	4820 / 4821	(06) 838-3714	
Ambulance Office	4847	(06) 838-3711	
Mr R Gordon		(06) 838-6662	
X-Ray	4831 A/Hrs *7302		3237
X-Ray Reception - M Murray	4830	(06) 838 4435	
Laboratory - M Bray	4859	(06) 838-7286	
- J Forrest	4859	(06) 838-6929	
- S Hagen	4859	(06) 838 3160	
Hospital Works Co-ordinator - J Clough	4849	(06) 838-6171 Cell 027-243-5064	
Triage Area / Radiology Office - V Crichton	4809	(06) 838 7451	
Orderly			3370
Kitchen	4846		
Maternity Office - S Miles	4841	(06) 838-3174	3135
Health Records - J Dawson	4844	(06) 838-7118	
OPD Ch/Nurse - V Manson	4819	(06) 838-6614	
Undertaker - A Pickering		(06) 838-7606 Wk (06) 838-8560 Hm	026-350-7068
Police		(06) 838-8345	
Hawkes Bay Hospital	*7318	(06) 878-8109	
Civil Defence Emergency Management		(06) 838-7309	
Mental Health Team	4875	027-457-6618	3608

SITE MAP



DISTRIBUTION LIST


Emergency Department – Hawke's Bay Hospital
Acute Ward
Acute Ward Clinical Nurse Manager
Chief Executive Officer
Civil Defence Emergency Management – Wairoa
Communications Officer
Community Health
Duty Manager Hawke's Bay Hospital
Emergency Response Advisor – Sandra Bee
Front Desk Reception
General Practitioners x 4
Kitchen
Laboratory Department – Wairoa and Hastings
Maintenance Services Manager
Maternity Ward
Infection Control Advisor – Barbara McPherson
Outpatients Department
Police
Quality and Risk Manager
Radiology Department
Regional Civil Defence Emergency Management
Service Managers
Support Associate Department
Operations Manager – St John's Ambulance (8 copies)

Distribution:

- Copies for Wairoa responsibility of Team Secretary, Wairoa Hospital
- All other copies responsibility of Emergency Response Advisor

CALL BACK CHECKLIST

Description of Event _____

(for use by Ward Nurse in Charge)


	Who Contacted	How	Call Out Time	Response Time
General Practitioners				
Radiographer				
Laboratory				
Support Services				
Hospital Manager				
CNM - Acute				
CNM - Primary				
Health Records				
Orderly				
Security (Police)				
Food Supervisor				
Mental Health Co-ordinator				

Equipment

Triage / Emergency Trolley

Sharps Box
Stethoscopes x 2
Clothing Scissors x 1
Vomit Bowls
Penlight x 1
Yankeur Suction Handles x 2
Suction Catheters x 2
Gamgee x 10
Crepe Bandages x 5
Gloves - 1 box
Adult Oxygen Masks x 2
Child Oxygen Masks x 2
Oxygen Tubing x 4
Ambu Bags single use x 6
Airways x 2 each size 1,2, 3, 4; 2 x O; 1 x OO; 1 x OOO
Thermoblankets x 2
Normal Saline x 2
Box of Red Bracelet Packs
Clipboard
Message Pad
Plastic Aprons
Res-q-vac x 2
Tissues x 1 box
Whiteboard pen

Preparation of Work Areas

Ward – (equipment that may be needed and is located on Acute Ward)

- gloves
- 6x normal saline
- 6 x gelofusine
- 12 x blood sets
- IV cannula 6 x each size
- red top blood tubes x 20
- purple top blood tubes x 15
- airways x 2 each size
- suture packs x 2
- property bags
- tetanus toxoid - from medication fridge
- burns sheets x 2
- arm splints
- blankets
- plastic bags
- gamgee and crepe bandages
- vomit bowls

Restock linen
Resuscitation trolley
Collect other equipment as required

TRIAGE RECONCILIATION FORM

Time of Arrival	Mode of Arrival	Status Code	Age/Sex of Patient	Injuries of Patient	Dest. Of Patient	Triaged By	Red Bracelet No.

Form Number ___ of ___ Date _____ Sign _____

AMBULANCE COMMUNICATION

Time of Call

ETA

Number and Status of Casualties:

Status 1 Status 2 Status 3 Status 4 Status 0

Message to Triage Area Time

Comments:

Time of Call

ETA

Number and Status of Casualties:

Status 1 Status 2 Status 3 Status 4 Status 0

Message to Triage Area Time

Comments:

Time of Call

ETA

Number and Status of Casualties:

Status 1 Status 2 Status 3 Status 4 Status 0

Message to Triage Area Time

Comments:

MEDICAL/NURSING STAFF PLACEMENT FORM
WAIROA

Medical Officers:	
Ward (2)	
Nursing Staff:	
Communications	
Triage Nurse	
Assistant Nurse	
Transport Nurses (2)	
Co-ordinator	
Palliative Care Nurse	
Receptionist	

Date: _____

Location: _____

PATIENT INFORMATION FORM

ID No.	NAME	DOB	ADDRESS	TELEPHONE	N.O.K

TELEPHONIST RECORD OF EVENTS

Date _____

Time of advice from ward _____

Category _____

No. of casualties _____ Status _____

Time of activating emergency paging group call _____

WARD NURSE IN CHARGE

Activate group pager after hours	
Activate Nursing Staff Call Back List	
Delegate Co-ordinator	
Activate Ancillary Staff Call Back List	
Delegate Triage Nurse and Communications Officer and explain roles	
Hand out action cards	
ID shirts - Triage Nurse, Communications Nurse, Co-ordinator, Nurse in Charge	
Allocate areas of responsibility to incoming staff	
Initiate inpatient transfers to Maternity Unit if necessary	
Delegate staff to prepare Ward to accept casualties	
Delegate Nurses x 2 to Emergency Room	
Delegate Care Associates to assist in status 4 area or ward as necessary	

TELEPHONIST

Notification by Ward Nurse in Charge.

Complete Ancillary Staff Call Back List	
Refer media calls to Hospital Manager or Corporate Manager on-call	
Refer patient enquiries to Community Health	

CO-ORDINATOR

Collect pager from Reception Desk and identification shirt from Ward	
Notify on-call Intensivist and request medical team	
Notify O.P.D. and Health Centre during working hours	
Utilize community volunteers where required	
Update Hospital Manager or Corporate on-call Manager every 30 minutes	
Arrange for extra linen supplies as necessary	
Assess need for domestic services once treatment areas are cleared	

WARD STAFF

Report to Nurse in Charge for briefing	
Prepare ward to receive casualties	
IV/blood trolley fully stocked	
Adequate analgesia	
Adequate linen	
Beds prepared to receive casualties	
Adequate paperwork (labels, stationery, folders)	
Prepare inpatients for transfer if necessary	
Prepare Health Centre to receive minor injuries	

DEDICATED PERSON

Clear Ward if necessary	
Collect wheelchairs and deliver to Triage Area	
Place 4 beds along corridor from Ambulance Bay towards Cafeteria	
Collect Triage Trolley from Acute Ward	
Clear car park if necessary	
Collect portable oxygen cylinders and suctions from Ward, deliver to Triage Area	
Secure helicopter pad	