

Emergency Management Plan

**PLEASE NOTE:
ALL STAFF ARE REQUIRED TO BE FAMILIAR WITH
SECTIONS 1, 2 AND 3 OF THIS PLAN**

**ALL EXECUTIVE AND SENIOR STAFF ARE ALSO REQUIRED
TO BE FAMILIAR WITH CIMS (SECTION 4)**

ALL STAFF MUST KNOW THE FOLLOWING

CIMSERT is the process used in a major emergency at Mercy Hospital.

CIMS is the system we use when we are coordinating a response in conjunction with the SDHB

CIMSERT Emergency resources are in CIMSERT boxes which are located:

- Building CIMSERT box is kept in the Patients' Waiting Room opposite reception in the stores cupboard by water cooler
- LGF - Staff Canteen
- Ground Floor - ICU (curtained cupboard opposite toilet);
- 1st Floor - Flower Room/Bag storage Room;
- 2nd Floor - Administration in the alcove in a grey cupboard
- Manaaki - TO BE CONFIRMED

Emergency phone tree is accessed via SharePoint. Staff are required to print off a copy for their area every two months commencing 1 February

Emergency procedures are outlined in laminated posters beside telephones throughout Mercy Hospital and Manaaki

Paper copies of all policies are kept in folders in a cupboard in the Reception mailroom

A paper copy of the Emergency Management Plan and CIMS paperwork is kept in a red box in a labelled cupboard in the Reception mailroom-

In a major emergency affecting both Manaaki and the Hospital – Manaaki will discharge all patients when it's safe to do so, lock doors and report to the Hospital – Manaaki CIMSERT may be activated as a triage area if it is unsafe to do so within the hospital

Emergency Management Plan

Address: 72 Newington Avenue Dunedin
Phone: 03 464 0107
Fax: 03 464 0111
Contact: Chief Executive Officer, Mercy Hospital

This is the emergency response & recovery plan which makes up part of the business continuity plan for Mercy Hospital Dunedin. Its purpose is to provide a plan of action and guide for responding to any event which disrupts the normal operation of the hospital, to enable us to support the SDHB where required and to assist us to, prepare for, and recover from the effects of both natural and man-made hazards.

The plan comprises 4 sections:

SECTION ONE CIMSERT and phone tree

SECTION TWO Response Plans

SECTION THREE Appendices – refer separate documents

Appendix 1	Mercy Hospital's Disaster and Emergency Organisational Chart
Appendix 2	Ward manual worksheets for charting consumables
Appendix 3	Alarm bells/ plant and equipment alarm station (PEAS)
Appendix 4	Victim/witness memory enhancement form – male and female
Appendix 5	Emergency transport for staff
Appendix 6	Influenza pandemic plan
Appendix 7	Recovery Plan
Appendix 8	NZ Police – Bomb Threat Check List Questions to Ask
Appendix 9	Key Contacts List (highlighted in Red in the Emergency Box)
Appendix 10	Contents of CIMSERT boxes

SECTION FOUR CIMS

SECTION ONE - CIMSERT & PHONE TREE

For Specific Incident Management Plans see section 2.

CIMSERT

CIMSERT is a manual task allocation system and an emergency management tool for non-emergency personnel. CIMS stands for Critical Incident Management System and ERT for Emergency Response Toolkit.

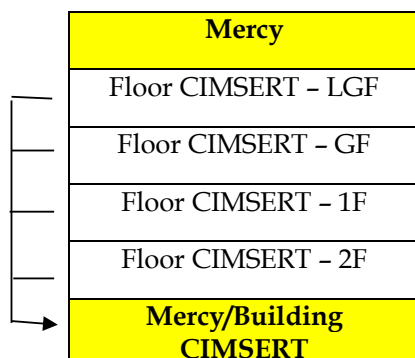
CIMSERT comes in a kit similar to a Civil Defence Kit. It is a manual system which any staff member can use to manage a response to an emergency. It comprises a series of pre-prepared task cards, pictures and task instructions.

CIMSERT was originally developed for hospitals during an earthquake event. CIMSERT can be scaled up or down depending on the degree of emergency management required. *It is a toolkit for how Mercy will respond to an incident* and covers the following areas:

CIMSERT						
Reduction	Readiness	Response				Recovery
Risk Reduction	Pre-planning/training	SERP	ECP	IMP	CMP	BRP
Before		During				After

Legend – see following table for more detail			
SERP	Site Emergency Response Plan	CMP	Crisis Management Plan
ECP	Emergency Continuity Plan	BRP	Business Recovery Plan
IMP	Incident Management Plan		

CIMSERT Overview (Manaaki Kit will be available from July 2018)



How does CIMSERT work?

©CIMSERT is a series of colour coded pre-prepared task and personnel cards contained in a simple roll up plastic card holder that allows a staff member to co-ordinate the emergency response from within the building or outside in the car park if necessary.

©CIMSERT provides a pre-planned structure on what, when and how to carry out initial critical tasks and also who can undertake them. It has simple instructions, diagrams, pictures and maps that enable those tasks to be achieved. Tasks are tracked so the person in charge can see immediately what has been done, what needs to be done and the personnel and resources available.

©CIMSERT is adaptable and scaleable as tasks can be added, removed or have their priority changed as the situation demands. The system requires no electrical power supply or computer skills and can be activated by any staff member.

At Mercy we have site specific task cards and task instructions. Tasks are categorised into three priorities.

Priority 1 cards deal with people, building and critical infrastructure.

Priority 2 resources are for managing people or extended stay in the hospital.

Priority 3 is for managing walk-in patients.

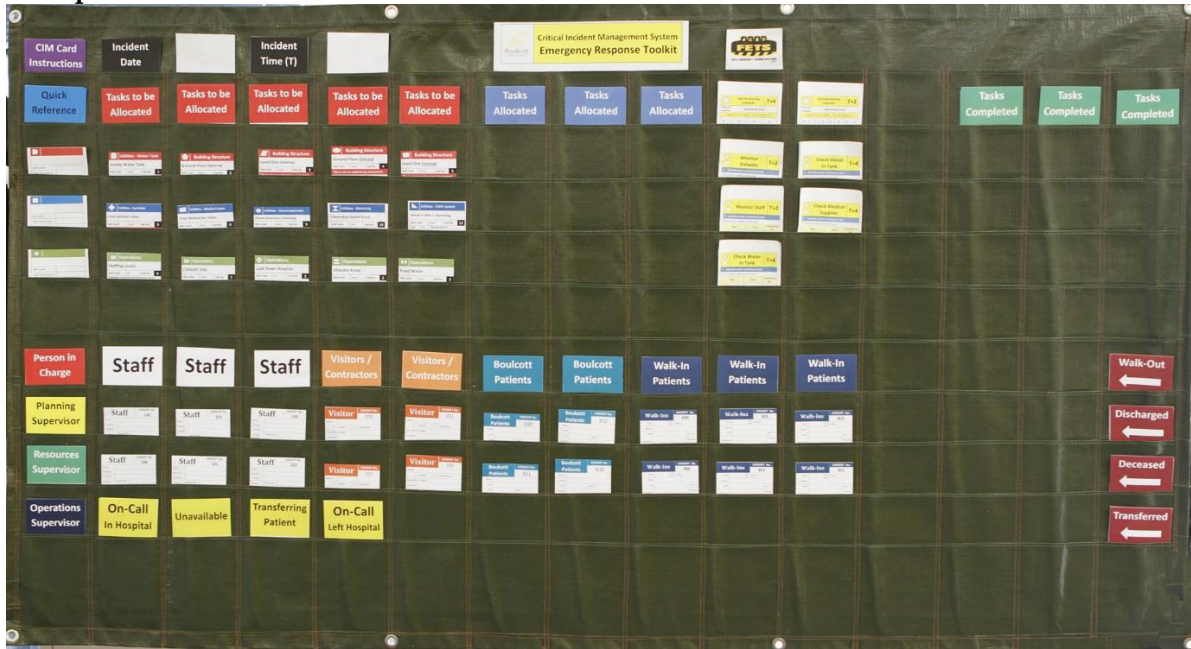
Each task card is matched to a task instruction which contains plans, keys, pictures and steps necessary to complete that task. Task cards, which show the person and time the task was allocated are moved along the card holder. At a quick glance the status of that task can be identified; "To be Allocated", "Allocated" or "Completed". Feedback from the tasks will determine whether the next set of priority tasks need to be allocated.

Information from task instructions returned to the CIMSERT Floor or Building Kit provides real time data (situation reports) for a person in charge to make their decisions.

All the resources are in the CIMSERT Building and Floor Kits, a CIMSERT Emergency Toilet Starter Kit and a Triage Walk-in Patient Kit.

There are Monitoring Cards which prompt the CIMSERT Controller to monitor people and resources such as water, food and medical supplies.

Example of a CIMSERT Task Card Holder



Example of a CIMSERT kit



Accessing the Instruction Manual

Instructions relating to task cards are in loose leaf form in a ring binder in each CIMSERT box. The instruction sheet should be taken by the person allocated the task and returned afterwards.

Example of a CIMSERT Priority Task Card

				Utilities - Sprinkler	
Shut-off Sprinkler					
Who	Open	Task Instruction			Y
Date		Time			
Name					
IMPORTANT Issue only if sprinklers/broken pipes causing major flooding <u>and</u> no fire in entire hospital. Once shut off sprinkler cannot operate if there is a fire unless valve turned back on. Notify all Floor CIMSERTs that sprinklers no longer function. Immediate evacuation if fire starts. Issue this card first then issue separate Task Card for LGF Sprinkler Shut-off if sprinklers running on Lower Ground Floor					
TASK Briefing 1. Take Master Key and Task Instructions 2. Go to main hospital entrance 3. Outside main doors is the sprinkler house 4. Close main valve, open drain valve 5. Close and lock doors 6. Report back to Building CIMSERT					
© CIMSERT LTD 2012					

Example of a CIMSERT Task Instruction

 Sprinkler		MERCY HOSPITAL CIMSERT TASK INSTRUCTION		
Instructions		Shut-off Sprinkler		
1. Take Master Key and Task Instructions 2. Go to main hospital entrance 3. Outside main doors is the sprinkler house 4. Close main valve, open drain valve 5. Close and lock doors 6. Report back to Building CIMSERT				
		1. Exit by main entrance (if locked use ambulance bay). Head out main door.	2. Directly outside is a small cupboard. Open by pushing in the door as the key is turned	3. High on your right is a key with a yellow tag.
				
		4. Use this key to unlock padlock on valve labelled "DRAIN VALVE".	5. To the right and down is a yellow wheel labelled "MAIN STOP VALVE". Turn clockwise.	6. Go back to "DRAIN VALVE". Turn anti-clockwise. Lock Cupboard.

© CIMSERT LTD 2012

Use of CIMSERT

CIMSERT Kits are located in the following places:

- Building and Triage CIMSERT – Patient Waiting Area (cupboard by water cooler) opposite Reception , Ground Floor
- LGF CIMSERT - Staff Canteen
- Ground floor CIMSERT - ICU (curtained cupboard opposite toilet)
- 1st floor CIMSERT - Flower room
- 2nd floor CIMSERT – Admin area
- Manaaki - TBC

In an emergency such as those outlined in our response plans CIMSERT can be activated by anyone.

Initial activation can be as simple as:

- Opening the Building CIMSERT kit in an appropriate area
- Hanging CIMSERT Task Card Holder
- Opening the instruction Manual; and
- Commencing the allocation of high priority tasks.

Checking CIMSERT Kits

Each CIMSERT Kit is sealed with a tag.

- Tags will be checked monthly to ensure they are not broken, and their status reported at each HODs meeting
- If the tag is broken the Kit will be checked immediately and the Exec member on call notified
- If the tag remains unbroken, Kits will be opened and checked annually during the Christmas Closedown period.
- Emergency Toilet starter kits are available in each box

Responsibility for checking the Kits is as follows:

- Building & Triage CIMSERT Hospital & Manaaki – Facilities Team Leader
- Lower Ground Floor CIMSERT – Conferences & Housekeeping Team Leader
- Ground Floor CIMSERT – Reception Team Leader
- First Floor CIMSERT – McAuley Coordinator
- Second Floor CIMSERT – Finance Team Leader
- Manaaki – Manaaki Coordinator

PHONE TREE

The phone tree is an important communication method in the event of an emergency. All staff are required to print off a new copy of their department phone tree from SharePoint (found on the front page of the My Mercy section) on a 2 monthly basis. This copy needs to be kept in an accessible place.

In the event of an emergency the first person on the list will be contacted and asked to ring the next four numbers. You keep going down the list until you reach four people. The fourth person contacted will ring the next four and so on. Casual staff should be called last

In the event of an emergency please bring your phone lists into work with you so we can have a record of those staff who have been contacted.

- Staff to print off phone lists to go into the newsletter every 2 months commencing February 1st.
- HSIC representatives remind staff about printing of phone lists at their service area staff meetings
- Nurse on call/ Exec on call to ensure all phone lists updated in folders every 2 months
- Orientation checklist to include phone tree information

SECTION TWO - Incident Management Plans

The following response plans may require activation of CIMSERT if category 2 or 3

1. Telecommunications failure
2. Gas leak /explosion
3. Building/water/power failure
4. Waste Management plan
5. Sudden increase in patient numbers
6. Bomb threats/ Hold up
7. Provision of assistance to a local or regional emergency

EMERGENCY MANAGEMENT PLAN

Reviewed: November 2017

1. TELECOMMUNICATIONS FAILURE	
Definition	May include: Category 1: Temporary loss with minimal impact; can be remedied quickly. Category 2: Loss of systems for an unknown length of time. Disruption is major with significant ramifications. Category 3: Widespread loss of systems with serious immediate or long-term consequences, with remedies not easily forthcoming. For Categories 2 and 3, consider using CIMSERT.
Key affected equipment/people	- Computers - Phones - Pay global payroll - Faxes - IT systems - Any computer-reliant equipment
Risk Reduction	- Generator back up fully functional for a minimum of 8 hours - Hospital PABX is on a UPS will continue to operate for internal calls as long as the generator is operational. - Emergency desk phones will automatically work on the virtualised standby system - Emergency phones are identified with emergency sticker. - Diesel requirements- please see key contact list for supplier - Computer files backed-up daily; 5 Lap-tops available IT will identify. Batteries charged at all times; - Theatre 6 power to booms is on UPS supply run time dependent on generator. Hospital -all light, all 3 pin plugs, all computers; Reception and, Administration computers are on a UPS supply run time dependent on generator and criticality of service. - Mobile phones and spare batteries available. Senior nurse on call has a mobile phone as do hospital Executive staff Spare mobile phone kept in McAuley, and Reception (4 phones). - Mercy Hospital Business Continuity Plan. - Emergency plan documented, CIMSERT practised, and known by staff. - Plant and equipment alarm(PEAS) system in McAuley
INCIDENT OCCURS	
Make decision as to category and follow appropriate process.	
Initial Assessment	May include: - Immediate safety of patients and staff - Which systems are actually affected (i.e. land-lines, mobile network, both), and impact on critical functions - Immediate and long-term consequences
	- Immediate and long-term requirements - Services which can continue to be provided - Services which cannot be provided - Need for external support - Need to set up CIMSERT

EMERGENCY MANAGEMENT PLAN

Reviewed: November 2017

1. TELECOMMUNICATIONS FAILURE		
Possible Action	• Contact Sietec – land lines • Use of stand-alone PCs, laptops and back-up files; laptops will be identified by the IT dept. • Emergency Phone system activated • Use of mobiles • Use of runners who report back to command area - use of hospital message	• Use of Civil Defence radio link situated in McAuley ward nurses office • Channel 17 is usual CD channel. • Channel 1- St Johns ambulance • Establishment of communications processes • Relocation to other premises
Recovery	Key points to remember: (ref. Recovery Management Plan) • Both land-lines and the mobile networks may be affected • A review of telecommunications requirements should be undertaken following the incident • IT recovery plan implemented. • Emergency plans/CIMSERT task cards should be reviewed and updated following the event. • The Hospital should take part in any event reviews or debriefs which take place in the community.	

2. GAS LEAK/EXPLOSION	
Definition	May include: Category 1: Temporary loss with minimal impact; can be remedied quickly. Category 2: Loss of a critical facility or system for an unknown length of time. Disruption is major with significant ramifications. Category 3: Widespread loss of facilities or systems with serious immediate or long-term consequences. Remedies not easily forthcoming. For Categories 2 and 3, consider using CIMSERT.
Key affected equipment/people	Equipment that relies on gas 1. Laundry 4 dryers and large rotating ironing board 2. Kitchen 1 range, fryer, wok and salamander 3. Boilers for heating, hot water and steam (Autoclaves) 4. Clinical gas only affected if there is a disruption to the integrity of the building
Risk Reduction	• Maintenance staff primary responsibility water, lighting, heating and gas. Out of hours, Exec on call. • Know where main gas shut off is situated in lower ground floor plant room 5 on mains board. See CIMSERT card • Alternative premises sought • Emergency plan documented, CIMSERT practised, and known by staff. • Plant and equipment alarm system in McAuley • Exec on call phone notified by text when alarm activated on PEAS system
Initial Assessment	May include • Immediate safety of patients and staff • Impact on critical functions • Short, medium and long-term Impact on patients • Services which can continue to be provided • Services which cannot be provided • Need for external support • Need to vacate premises • Need to set up CIMSERT

INCIDENT OCCURS	
Make decision as to category and follow appropriate process.	
2. GAS LEAK/EXPLOSION	
Possible Action	In the event of a gas smell being identified: • Contact the fire service • Ventilate the area NB areas above or in close proximity to the affected area may need to close windows • Leave immediately • Close off area Do not touch or turn off any electrical appliances as this could cause ignition through sparking. Do not use telephone in immediate area of gas smell. Notify maintenance who will in turn notify Nova LPG Notify reception Out of normal working hours as above as well as notifying Executive member on call who will notify Nova LPG First aid Eyes- flush with water for at least 15 minutes and call a doctor Skin- immerse burnt area in cool water, if burn significant call a doctor Inhalation- remove person to fresh air, keep warm quiet, administer oxygen as long as it is safe to do so and call a doctor as required. Emergency oxygen available on crash trolley
Recovery	Key points to remember: • Area must remain closed off • Staff may not move back into the area until the most senior Mercy Hospital staff member available or Nova LPG personnel give "all clear". • Activate Staff Support Programme Emergency plans/CIMSERT task cards should be reviewed and updated.

3. BUILDING, WATER OR POWER FAILURE				
Definition May include: Category 1: Temporary loss with minimal impact; can be remedied quickly. Category 2: Loss of a critical facility or system for an unknown length of time. Disruption is major with significant ramifications. Category 3: Widespread loss of facilities or systems with serious immediate or long-term consequences. Remedies not easily forthcoming. For Categories 2 and 3, consider using CIMSERT.				
Key affected equipment/people	- IT equipment/systems - Patient records – paper - Fire curtains	- Drug fridge(s) - Air conditioning - Feeder tanks for steam boilers	- Alarm/security systems - Lighting - Heating - Manaaki fire door (stairway)	- Sewerage - Drinking/washing water
Risk Reduction	- Maintenance staff primary responsibility water, lighting, heating and gas. Out of hours, call Exec on call. - Know where mains switches are; LG floor Marinoto Clinic & LG floor hospital plant room 5 – see CIMSERT cards Know where water main is – tap in plant room 5 – see CIMSERT cards - Computer files backed-up daily; - Lap-tops available through IT dept. - Mobile phones available throughout the hospital - Surge-protectors on power sources; - Back-up generator 810KVA lasts 4-5 days requires 1000L fuel to fill; takes 12-15 seconds to start up. - Generators tested online monthly			
	- Switch off as much as is practical to maintain a safe environment: - Lights; - Computers; - Laundry equipment; - Kitchen equipment; - TVs; - Heat pumps; - Cleaning equipment; - Autoclaves; - Washers/Flash Sterilisers - Swipe tag has battery back-up (2 hours more), then security/access not guaranteed that is the building may be unlocked - Exec on call phone notified by text when alarm activated on PEAS system			

EMERGENCY MANAGEMENT PLAN

Reviewed: November 2017

3. BUILDING, WATER OR POWER FAILURE	
- Power – all electrical appliances will run from the emergency generator. - The following appliances are also battery/UPS supplied – dependent on emergency generator ability/ as well as battery supply: - Theatre booms - Theatre lights - PABX (Phone System)see telecommunications plan - IT system - Emergency lighting throughout the hospital. - All non-essential plant should be switched off immediately to extend the generator's running time. Emergency generator back up changed to disconnect Marinoto clinic if necessary to increase supply to the hospital.	- LGF external door outside store room has key access - Head torches are kept by all first-aid kits - Alternative refrigeration for waste identified and agreed; - Pre-organised arrangements with security personnel; - Alternative premises identified and agreed; - With care Mercy would have 24hrs of water available - Emergency plan documented, practised, and known by staff. - Plant and equipment alarm system in McAuley - Ward manual worksheets (to enable tracking of patient consumables – Appendix 2).
INCIDENT OCCURS	
Make decision as to category and follow appropriate process.	
Initial Assessment May include - Immediate safety of patients and staff - Impact on SDHB - Impact on critical functions - Immediate and long-term consequences - Immediate and long-term requirements - Impact on staff (they may need to phone or go home)	- Short, medium and long-term Impact on patients - Services which can continue to be provided - Services which cannot be provided - Need for more staff - Need for external support - Need to vacate premises - Need to activate CIMCERT

3. BUILDING, WATER OR POWER FAILURE	
Possible Action	Turn off mains water or power as necessary. See CIMSERT task cards. Category 1: Automatic switch to emergency generator and assess the situation. Response will depend upon the incident; evacuation of a section of the building may be required; Categories 2&3: Surgical procedures in progress will be completed if possible with no new procedures commenced until the all clear is given by the most senior Mercy Hospital staff member available. Relocation to other premises e.g. Dunedin hospital, Marinoto House; use of back-up computer files and laptops; transfer of drugs requiring refrigeration to other facilities (e.g. vaccines packed safely, labelled, and taken for storage to another facility); use of security personnel to guard premises, use of alternative lighting and heating sources, provision of information to patients, Use of CIMSERT communication cards.
Recovery	Key points to remember (refer Business Continuity Plan: Appendix 14 of this Policy) • The Hospital may not move back into the building until it is declared safe by a building inspector. • IT recovery plan implemented • Activate Staff Support Programme • Emergency plans/CIMSERT task cards should be reviewed and updated.

4. WASTE MANAGEMENT PLAN Guidelines in the event of a waste emergency involving Mercy Hospital	
1) Road Accident:	Hazardous Waste A tracking system is in place identifying Mercy Hospital as the generator of the hazardous waste – i.e., bags are identified by department, noted and dated and bins tagged. The Dangerous Goods Declaration form also assists with identifying the waste from Mercy Hospital. This ensures Mercy is notified and is able to assist with any infection control requirements, but contractor will coordinate clean-up management. Controlled Waste The external contractor's internal procedures state that Mercy Hospital would be notified of the spillage and recovery of waste would be undertaken by the external contractor.
2) Disruption to Transport and Disposal Arrangement (Industrial action etc. of external contractors' staff):	Hazardous Waste Procedure/agreement in place where the management of the contracted company would undertake the required procedures. General Waste, Controlled Waste and Recycled Waste Would only be an issue if compactor is full. Management of contracted company would undertake the required procedures/liaise for a suitable arrangement. Alternate storage would be coordinated by Conferences & Housekeeping Team Leader and Support Services Manager ensuring security, fire, pest and vermin etc. are all taken into account (i.e. container).
3) Disruption to Internal Waste Handling Services (through industrial action)	The Waste Officer would coordinate the collection of internal waste and continue to follow mandatory procedures through correct waste streams to avoid disruption for normal collection.
4) Failure of Refrigerated or other	Freezer storage area in main kitchen has alarm system advising of failure. Freezer storage available with suppliers in such an event for transfer of goods. Cleaning programme coordinated by Food Services Team Leader.

4. WASTE MANAGEMENT PLAN	
Guidelines in the event of a waste emergency involving Mercy Hospital	
Dedicated Storage Areas	Refrigerated containers sourced if needed. Bags - One month's supply of bags in storage. Wheelie bins - this would be managed by using a double bag procedure allowing for stronger containment of waste during storage. The external contractor would increase service to meet requirement to alleviate congestion of waste. Sharps containers - would be managed by Health and Safety, Infection Control and Housekeeping Supervisor by utilising alternative procedures and containers.
5) Non-availability of Waste Containers	All waste would be treated as hazardous.
6) Contamination of general or controlled waste by more hazardous waste	Service Agreement in place to accommodate any increase in volume. Hospital emergency plan would be coordinated using CIMSERT system if needed.
7) Incidents which could significantly increase the volume of waste generated on-site, particularly hazardous.	Spill kits contain safety goggles, rubber gloves, absorbent material to soak up spill, dust pan and brush, 2X plastic bags, information on clean up procedures. Spill kits kept in the Chemical store, Hazardous storage room, Laundry, MCC, Theatre, McAuley, DSU (small kits) There is also a bag of multi absorbent granules in Plant Room 5 used for oil spills.
8) Spill Kits	

5. SUDDEN INCREASE IN PATIENT NUMBERS	
Definition	An increase in patients due to a local or regional emergency. • Patients may be transferred from Dunedin Hospital to increase their bed availability; • Dunedin Hospital may be out of action; • People may require treatment. • Use CIMSERT to respond internally & CIMS if working in collaboration with the SDHB.
Key issues	• Number of referrals may increase as SDHB hospitals discharge early to make way for casualties; • People may be directed to Mercy as part of an overall patient management strategy; • People who are unknown to Mercy Hospital may have no records or history available; • Potential urgent need for more supplies; • May need to find more staff in order to manage numbers; • Anxiety and distress of patients may increase need for security management. • Availability of credentialed specialists • Availability of Mercy hospital staff
Risk Reduction	• Ensure Mercy Hospital is involved in local Civil Defence/emergency management planning and exercises; • Identify sources of extra supplies. Mercy keeps an average of two weeks stock less towards the end of the month; • Maintain up to date staff contact lists; • Alternative premises – Manaaki, Marinoto House for patients and/or staff and families. • Identify and maintain lines of communication with the SDHB; • Pre-organised arrangements with security personnel; • Influenza information (see Appendix 10); • CIMSERT/Emergency plan documented, practised, and known by staff.

INCIDENT OCCURS		
Follow appropriate CIMSERT process		
5. SUDDEN INCREASE IN PATIENT NUMBERS		
Initial Assessment	May include: • Immediate safety of patients and staff • Staff resource requirements • Need for extra supplies and equipment	• Need for external support/assistance • Need to change usual work-flow/ patterns, e.g. setting up a triage area. • Need to activate CIMSERT

EMERGENCY MANAGEMENT PLAN

Reviewed: November 2017

Action	• Set up CIMSERT if required in most appropriate area. May need to be signposted • Departments to activate phone tree; Ring first person on the list and ask them to ring the next four and so on; bring list into hospital on arrival so that we are able to track staff contacted • There will need to be a runner appointed to this area to assist with communication • Commandeer trolleys to put basic supplies in patient receiving areas- as per CIMSERT card; • Access CIMSERT triage kit • Set up triage site • Activate Triage kits from CIMSERT .Whereabouts of all patients to be tracked via CIMSERT. Person designated solely to this job – this person situated in triage area. • Emergency paperwork kept in CIMSERT boxes • Set up other priority areas • Appoint a triage officer – a senior nurse, leaving any doctors present free for assessment and treatment; • Normal ambulance entrance entry point for all patients (pt registration to occur here if possible) • Set up triage areas Classify patients according to CIMSERT cards; • Receiving areas will be dependent on patient numbers • ICU will be used as an urgent waiting area if urgent casualties <4 in number, DSU for non-urgent. If urgent casualties are greater than 4 DSU will be the waiting area for urgent casualties and non-urgent will be sited in ICU/Marinoto café/Manaaki as appropriate	• ICU; facility only available if it can be staffed • Cease operating in Theatres ASAP; • Discharge as many patients as it is safe to do so; • Co locate all patients into McAuley ward/DSU as appropriate- night duty staffing levels; • Ensure that all staff reporting to the hospital are registered via CIMSERT • Ensure all relatives are kept in one area. Staff member to be assigned to this area. Will need to appoint a way finder for all relatives • Short term morgue if required would be sited in the Chapel.
Recovery	Key points (ref. Business Continuity plan) • Activate Staff Support Programme • Emergency plans/CIMSERT task cards & kits will be reviewed and updated following the event. • Mercy would take part in any event reviews or debriefs which take place in the community.	

6. BOMB THREATS/HOLD UP		
Definition	May include: Category 1: Temporary loss with minimal impact; can be remedied quickly. Category 2: Loss of a critical facility or system for an unknown length of time. Disruption is major with significant ramifications. Category 3: Widespread loss of facilities or systems with serious immediate or long-term consequences. Remedies not easily forthcoming. For categories 2&3 activate CIMSERT.	
Key affected equipment/people	• Staff • Patients • Visitors • Contractors	
Risk Reduction	Emergency plan documented, practised, and known by staff. Be aware of all emergency exits Know the assembly points in case of evacuation	
INCIDENT OCCURS		
The CEO or designate informs appropriate staff and, if necessary, asks them to return to the Hospital. The CEO/ member of Executive coordinates the response to the emergency using a CIMSERT structure.		
Initial Assessment as per CIMSERT priorities and task cards (Situation Report)	May include • Immediate safety of patients and staff • Impact on critical functions	• Short term Impact on patients/staff/contractors/visitors • Services which can continue to be provided • Services which cannot be provided • Need for external support • Need to vacate premises

6. BOMB THREATS/HOLD UP	
Possible Action	Bomb threat • Remain as calm as possible • If threat over the phone get as much detail as possible • During normal working hours - contact the police • Out of hours - notify the police then the Executive member on call who will call the Senior Nurse on call for assistance. • Evacuation will be so that movement is away from suspected device and will be at the discretion of the police or the most senior Mercy Hospital staff member available as appropriate Hold up • Remain as calm as possible • Do not argue • Do as asked • Consider all firearms loaded • Observe description of the offender, height, weight, skin colour, hair colour, any identifying marks Following the hold up • Telephone the police • Contact Executive member on call • Observe method, direction and mode of travel (license plate) if it is safe to do so. • Keep witnesses to hold up in an area away from the scene • Secure the area and restrict access • Preserve evidence <i>Use Appendix 4 to record information as soon as possible</i>
Recovery	Key points to remember: • Area must remain closed off • Staff may not move back into the area until cleared to do so by the police • When appropriate Activate Staff Support Programme • Emergency plans should be reviewed and updated.



Exceptional care that makes a difference

EMERGENCY MANAGEMENT PLAN

Reviewed: November 2017

7. PROVISION OF ASSISTANCE TO A LOCAL OR REGIONAL EMERGENCY	
Definition	May include: • In general this would require activation of a CIMS structure • Public Health outbreak e.g. pandemic or Emerging Infectious Diseases (EID's) Local health providers/hospitals overwhelmed
Risk Reduction	• Annual staff influenza vaccination programme • Ventilation of internal spaces • Pandemic stock supply of personal protective equipment (PPE). • Patient and visitor sickness restriction guidance signage at entrances • Staff Communicable Diseases Management Policy • Outbreak Management Policy Hand hygiene Provision of hand gel at all entrance and exits to the facility Public and staff hygiene notices Hand hygiene education Respiratory hygiene/cough etiquette signage • Immediately dispose of used tissues in the nearest waste receptacle • Following disposal immediately wash and dry hands. Pandemic Influenza Plan resource available to managers and staff – refer Appendix 6

EMERGENCY MANAGEMENT PLAN

Reviewed: November 2017

7. PROVISION OF ASSISTANCE TO A LOCAL OR REGIONAL EMERGENCY INCIDENT OCCURS	
The CEO or designate informs appropriate staff and, if necessary, asks them to return to the Hospital. The CEO/member of Executive coordinates the response to the emergency using a CIMS structure.	
Initial Assessment	• If request is for staff to go off-site is the Hospital able to spare staff? • What equipment and supplies are required, and are they available? • How long will the assistance be required? Will arrangements need to be made for medium- to long-term assistance?
Possible Action	• Dependent on what is required of Mercy. May need to activate CIMSERT or CIMS or both. • If a pandemic ensure sufficiency of personal protective equipment. Personal protective equipment available in Lower Ground Floor Storeroom 1, N95 masks, shields, goggles, gloves, impervious gowns, biohazard bags • Access Staff Communicable Diseases Management Policy, Outbreak Management Policy and Pandemic Resource Booklet • May require to restrict access to hospital • May be a need for ensuring PPE equipment available on entrance to the hospital • Ensure social distancing available at reception area • Ensure hand hygiene notices displayed prominently • Ensure respiratory protection notices displayed • Co locate patients as required • Set up isolation area as required • Information added to Healthemis site to assist in coordination with the SDHB
Recovery	• Assess cost of materials and equipment used. • Activate Staff Support Programme • Take part in community debrief; • Update response plans/ CIMSERT task cards

EMERGENCY MANAGEMENT PLAN

Reviewed: November 2017

RELOCATION OF ALL OR PARTS OF MERCY HOSPITAL The CEO or designate informs appropriate staff and, if necessary, asks them to return to the Hospital. The CEO/member of Executive coordinates the response to the emergency using a CIMSERT/CIMS structure. (CIMS structure for dealing with an external incident & SDHB). Assess capacity for Manaaki to assist

Risk and Impact:	Contingency	Requirements	Relocation options	Tasks:
Problem: Unable to care for patients safely in current environment. May be due to: • Electrical failure • Biohazard • Structural damage • Lack of staff Impact: • Inability to provide optimal level of service; • May be an unsafe environment for patients and staff.	May include: • Calling in staff; use of phone tree • Pre-arranged relocation agreements;- Dunedin Hospital if appropriate • Relocation within Mercy campus as able. • Pre-arranged transport arrangements; • Van available • Identification of key equipment, supplies and facilities required at an alternative location • Calling in contractors as available	Pre planning: • Identification of key equipment and supplies requirements for each area. Keep list handy and check/update regularly. Crash trolleys, Pandemic supply trolley. Emergency paperwork • Establishment of staff phone trees. • Ensure staff aware of emergency plans. • Mutual Aid • Operating Protocols with other providers Dunedin Hospital are sent both Exec and Senior Nurse on call rosters. Information added to Healthemis site to assist in coordination with the SDHB		- Incident Controller will coordinate the response. - Ensure staff/ patients, visitors, etc. are kept informed about what is going on; - Ensure staff are able to ring their family/whanau if necessary/able; - Members of the IMT decide the appropriate response; - Receive a situation report - Develop an ICP. Resources may include; 1. Supplies, dressings, tape, bandages, urinary catheters plus bags, drains, syringes, needles, antiseptic solution IV cannula, IV fluids including colloids 2. Pharmaceuticals including narcotics and IV fluid 3. Transport ,assistance with lifting/carrying, wheelchairs 4. Cleaning staff plus equipment and cleaning products, rubbish and biohazard bags 5. Food and fluid for both staff and patients 6. Linen, sheets, blankets, towels, face cloths, gowns, pillows. linen bags for disposal 7. Emergency equipment ,portable monitors, drugs, ambu-bags and masks, portable oxygen, ETT , laryngoscope handle and blades, variety of introducers, portable suction, sucker plus catheters, tape, AED's and pads 8. PPE equipment, gloves, masks , gowns kept in Extra security, 9. - Ensure event debrief/ review is carried out. - Activate Staff Support Programme

SECTION THREE: Detailed appendices

Appendix 1	Mercy Hospital's Disaster and Emergency Organisational Chart
Appendix 2	Ward manual worksheets for charting consumables
Appendix 3	Alarm bells/plant and equipment alarm station (PEAS)
Appendix 4	Victim/witness memory enhancement form – male and female
Appendix 5	Adverse weather
Appendix 6	Influenza pandemic plan
Appendix 7	Manual transfer of PABX to emergency mode
Appendix 8	Business Continuity Planning
Appendix 9	NZ Police – Bomb Threat Check List Questions to Ask
Appendix 10	Key Contacts List (highlighted in Red in the Emergency Box)
Appendix 11	Contents of CIMSERT boxes

SECTION FOUR: CIMS

CIMS - Coordinated Incident Management System

Our CIMS structure will sit under that of the Southern District Health Board (SDHB) or Civil defence (CD) and in this case the Incident Controller would manage communication through the Liaison role.

Mercy Hospital has a designated Medical Liaison person (see key contacts). Contact numbers are also on the Credentialed Specialist list at Reception and in Clinical areas

Relationship with the SDHB

Members of Executive and senior members of staff undertake CIMS training with the SDHB. Where appropriate members of the Executive and senior members of staff will be involved in the CIMS exercises undertaken by the SDHB

Where requested, Mercy Hospital will work with or be included in the SDHB emergency response. **As a single point of contact** both the Nurse on call and Executive on call rosters are sent to the Emergency coordinator of the SDHB at time of the roster being published.

Executive staff have been trained in and are able to access the Health Emergency Management Information System (Healthemis) to assist in coordinating a response in the event of an emergency. See Key contact list for Healthemis contact. The two areas that require information to be entered are the **facility status** and **bed status** (on Healthemis) to allow the SDHB to have on-line access to this information.

Mercy Hospital has a folder in the SDHB section of Healthemis. This folder holds a copy of Mercy Hospital's Emergency plan, Fire Plan and Key contacts.

A copy of Mercy Hospital's Health Emergency Plan is also held by the SDHB Emergency Coordinator

The CEO/member of Executive coordinates the response to the emergency using a CIMS structure if a major external incident

	EXTERNAL INCIDENT
N O T I F I C A T I O N	MAY INCLUDE MASS CASUALTY, FLOOD, EARTHQUAKE, MAJOR UTILITY FAILURE, ETC. The Hospital may be informed of the emergency from the following sources: - Ambulance - Medical Officer of Health - SDHB - Police - Fire - CD - Ministry of Health NB. AVAILABILITY TO ASSIST SHOULD BE COMMUNICATED by a member of the Executive THROUGH CIMS STRUCTURE OR ANY OF THE 111 SERVICES NAMED ABOVE. Information added to Healthemis site to assist in coordination with the SDHB. Mercy's ability to cope with any influx of patients is contingent upon the amount of support that can be provided by credentialed specialists. Those credentialed specialists that work at Mercy who are employed by the Southern District Health Board (SDHB) will most likely be utilised by the SDHB either at Mercy or in Dunedin hospital. Those credentialed specialists who work solely at Mercy Hospital may support Mercy in the event of a disaster, but this cannot be assumed. 1. Receive request for assistance (may be from any of the agencies named above) 2. Notify Executive on call who will activate CIMS/CIMSERT 3. Establish a team who will then assess capacity to provide the support requested, whilst still maintaining critical services; this will need to be done in conjunction with available medical staff and the most Senior Nurse present 4. Consider: • Equipment and supply needs; • Identify personnel • Clarify what is required • Designate a single spokesperson to liaise with other responding agencies generally this will be the Incident Controller

O P E R A T I O N A L	Once level of response decided referencing CIMS: • Initiate and establish communication and liaison with Dunedin Hospital. Information added to Healthemis site to assist in coordination with the SDHB - Initiate and establish communication and liaison with Public Health. - Initiate and establish communication and liaison with Civil Defence - Set up an Incident Control Point (ICP) - administration area - Initiate staff call back;- through use of a phone tree - Provide a team to work at another location where appropriate - Manage own identified risk - existing patients - Discharge patients as able - Co locate all remaining patients - Set up receiving areas with essential stores - Complete all surgical procedures - Cancel remaining lists
--	--

CIMS PROCESSES AND PAPERWORK ARE IN THE EMERGENCY BOX KEPT IN THE RECEPTION MAILROOM TO BE USED FOR SDHB/MERCY HOSPITAL COMBINED RESPONSES AND WILL ONLY BE ACTIVATED BY A SENIOR MANAGER. The Southern District Health Plan 2014- 2017 and City of Dunedin Medical Response Plan can also be found in the Emergency box