Metropolitan Perth Business Continuity and Disaster Plan

September 2004

Authorisation

The Metropolitan Perth Business Continuity and Disaster Plan has been developed as a supporting document to the individual hospital emergency and disaster plans and as a subplan to Westplan-Health. This plan details contingency operating plans for critical business functions and their support services in the Metropolitan Area in response to any resource failure or external incident/disaster.

This document has been endorsed formally by the following personnel as the Standard Operating Procedure to be followed in the event of such a resource failure or external incident/disaster.

Recommended

Dr William Beresford
Areawide Medical Coordinator
Royal Perth Hospital

Dated

Approved

Dr Andrew Robertson
Director Disaster Preparedness and Management
Department of Health

Dated

Foreword

This Metropolitan Perth Business Continuity and Disaster Plan has been revised, having originally been produced as a contingency plan for Y2K. Since Y2K the plan has developed and evolved as the operational plan used to manage any failure or disaster affecting health services within the Metropolitan area.

The Metropolitan Perth Business Continuity and Disaster Plan outlines the Local, District and State response required to ensure that the health emergency management response is coordinated and local resources can be supplemented where necessary.

Activation of this plan will occur at the Metropolitan level by the Areawide Medical Coordinator in conjunction with the State Health Coordinator in response to any major failure or disaster that threatens life or health and requires resources beyond local capabilities.

This plan is supplemented by local and state level health disaster response plans. These plans all form part of a coordinated health disaster management response under the direction of the State Health Coordinator.

The plan highlights the responsibilities and obligations of local health services to provide the initial health response to failures or disasters within their areas but also the overall arrangements required to provide the health response in the event of a major failure or disaster.

It is important for all health institutions to have plans in place to meet these challenges in recognition of the emergency management principles of prevention, preparedness, response and recovery.

Dr Andrew Robertson
Director, Disaster Preparedness and Management.

August 2004

Amendment Certificate

Suggested amendments or additions to the contents of these plans are to be forwarded in writing to: the Coordinator, Clinical Services, Royal Perth Hospital.
All proposed changes to these plans will be subject to recommendation and approval as detailed on page 1 of this plan.

	Amendment		Entered	
Version No.	Number	Date	Signature	Date
1.1	Pages 8, 9 and 12	26 November 1999		26/11/1999
1.2	Pages 8, 9, 10, 13, 14, 50. 51 and 54	13 December 1999		13/12/1999
1.3	Page 10	22 December 1999		
2	Annual Update	15 August 2001		15/08/2001
3	Annual Update	18 October 2002		18/10/2002
4	Complete revision	16 September 2004		16/09/2004

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Distribution List

Organisation	Number of Copies
Department of Health	
Director General	1
Director Disaster Preparedness and Management	1
State Health Emergency Operations Centre	1
Royal Perth Hospital	
Areawide Medical Coordinator	2
Coordinator Clinical Services	1
Metropolitan Emergency Coordinator Centre	1
South Metropolitan Health Service	
State Health Emergency Director	1

The Hospital Health Coordinators and Emergency Operations Centres (however titled) at all the participating hospital's listed below:-

Organisation	Number of Copies
Public Sector Hospitals	
Armadale Health Service	2
Bentley Health Service	2
Fremantle Hospital & Health Service	2
Graylands Selby-Lemnos Health Services	2
Kalamunda Health Service	2
King Edward Memorial Hospital	2
Osborne Park Hospital	2
Perth Dental Hospital	2
Princess Margaret Hospital	2
Rockingham/Kwinana Health Service	2
Royal Perth Hospital (includes Shenton Park)	2
Sir Charles Gairdner Hospital	2
Swan Health Service	2
Private Hospitals	
Hollywood Private Hospital	2
Joondalup Health Campus	2
Mercy Hospital	2
Mount Hospital	2
Peel Health Campus	2
St John of God – Murdoch	2
St John of God – Subiaco	2
PathCentre	
Operations Manager	1

Expert Advisors whom are responsible for the maintenance of the individual contingency and disaster plans outlined in this document, as listed below:-

Blood Services	Dr Wendy Erber, PathCentre	1
	Mr John Lown, Royal Perth Hospital	1
Biological	Dr Tim Inglis, Pathcentre	1
Biomedical	Mr Ed Skull, Royal Perth Hospital	1
Catering	Ms Linda Davies, Sir Charles Gairdner Hospital	1
Chemical	Dr Frank Daly, Royal Perth Hospital	1
Communications	Mr Simon Watts, WCHS	1
Engineering	Mr John Dransfield, WCHS	1
Human Resources	Ms Patricia Tibbett, Royal Perth Hospital	1
Information Services	Mr Colin Xanthis, InfoHealth	1
	Mr Mike Mongey, InfoHealth	1
	Mr Dan Duffy, Royal Perth Hospital	1
Pathology	Mr Paul Sheehan, Royal Perth Hospital	1
Pharmaceutical	Mr Barry Jenkins, Royal Perth Hospital	1
Public Relations	Ms Virginia Ielati, Department of Health	1
Radiological	Ms Hazel Upton, Radiation Health	1
Supply Services	Mr Kevin Thair, Royal Perth Hospital	1
	Mr Craig Lippiat, Royal Perth Hospital	1
Transport Services	Ms Jo Fitzgerald, Fremantle Hospital	1

Royal Flying Doctor Service

Chief Senior Policy Officer	1
Medical Director	1

St John Ambulance Australia, WA Ambulance Service Inc

Ambulance Service Director	1

Glossary of Terms

Areawide Medical Coordinator - Means that person designated by the State Health Coordinator, or their delegate, to be the Metropolitan Areawide Medical Coordinator for the purposes of coordinating the metropolitan health response in an emergency. The Areawide Medical Coordinator has the authority to coordinate and commit all health resources within the Metropolitan Area, during activation of this Plan. This position is the point of contact from each Hospital service to the State Health Coordinator.

Area-wide Expert Adviser
For the purposes of this document, the Area-wide Expert Advisers are key people in each critical service support area who take responsibility for developing area-wide contingency or disaster response plans and who advise the Area-wide Medical Coordinator in the event of a failure or emergency situation in their particular specialty such as engineering or a biological event.

Contingency Plans
For the purposes of this document contingency plans refer to plans developed by the nominated person responsible for each of the critical function areas that include actions to be taken in the event of a resource/s failure due to any cause. These plans are developed across the metropolitan area.

Critical Operations
This term is intended to cover critical business, clinical functions and the critical support services required to maintain core services.

Disaster - An event, actual or imminent, which endangers or threatens to endanger life, property or the environment, and which is beyond the resources of a single organisation to manage or which requires the coordination of a number of significant emergency management activities.

> **NOTE**: The terms "emergency" and "disaster" are used nationally and internationally to describe events which require special arrangements to manage the situation. "Emergencies" or "disasters" are characterised by the need to deal with the hazard and its impact on the community.
> The term "emergency" is used on the understanding that it also includes any meaning of the word "disaster".

Disaster Plans - For the purposes of this document, disaster plans refer to plans developed by the nominated person responsible for maintaining up to date plans, which include actions to be taken in the event of a major failure or disaster. Every hospital and health service should have such a plan.

District Health Coordinator - Means that person designated by the State Health Coordinator, or their delegate, to be the District Health Coordinator of a designated regional health service in accordance with the operational circular distributed in April 2004, for the purposes of coordinating the regional health response in a burn emergency.

Hospital Health Coordinator – Means that person designated by the Hospital Executive to be the Hospital Health Coordinator for the purposes of coordinating the hospital response in

an emergency. Each hospital will provide, on a 24-hour per day basis, a Hospital Health Coordinator, who is responsible for:

- Being the contact position to receive/give the initial notification, from/to the Area-wide Medical Coordinator, that the hospital could be/is involved in a major incident/disaster.
- Commencing a notification process to alert other key hospital disaster position holders.
- Monitoring the overall hospital response to the situation.
- Assuming overall command and control of the hospital's general resources and management of its responses during the time the hospital disaster plan is activated, be it for an internal disaster or as a response to an external disaster.

Each hospital will have an appropriate system to enable this notification process to be conducted in a timely manner as per the Operation Circular 18 19/04.

Medical Response Team – In this plan, the medical response team is the team that is dispatched from the Metropolitan hospitals to the site of the disaster. This medical response team is responsible for providing initial triage, resuscitation measures and transfer to the closest hospital.

State Health Coordinator - The State Health Coordinator has the authority to command the coordinated use of all health resources within WA, for response to and recovery from, the impacts and effects of a major emergency or disaster situation. The State Health Coordinator is also responsible for obtaining Commonwealth assistance should it be required.

State Health Disaster Management Committee - A committee that may be convened by the State Health Coordinator, to assist in the provision of a coordinated health response to, and recovery from, the emergency. It is the operational arm of the Department of Health's disaster response and includes representation from the different health care providers whom would need to be involved in the response and recovery for the burn emergency.

Support Organisation - An organisation whose response in an emergency is either to restore essential services (e.g. Western Power, Water Corporation of WA, Main Roads WA etc) or to provide such support functions as welfare, transport, communications, engineering, etc.

PART ONE

1.0 Introduction

1.1 Background

This plan widens the previous concept of disaster management to include plans to provide for systems failure within hospitals, as well as a response to external incidents. In 1999 the Business Continuity Plan project was initiated by the Year 2000 (Y2K) project. It was accepted that significant failures may have occurred as a result of the Y2K problem, subsequently contingency plans were developed to mitigate such occurrences.

This plan details the hierarchy of command and control in the event of a major failure or external disaster, and the contingencies, which may be considered when failures escalate. It is acknowledged that not all problems can have contingencies or plans developed and that the management of any incident will be situation specific at the time it occurs.

1.2 Aim

The aim of this Metropolitan Perth Business Continuity and Disaster Plan is to provide a basis for managing and maintaining critical business functions in the event of a significant system failure(s) or a mass influx of patients due to an external disaster.

1.3 Scope

The Metropolitan Perth Business Continuity and Disaster Plan identifies the roles and responsibilities of the individual Hospital Health Coordinators, Areawide Expert Advisors, Metropolitan Perth Business Continuity and Disaster Plan Coordinator, Areawide Medical Coordinator, the State Health Emergency Director and the State Health Coordinator in the event of a major incident. As a component of the plan, standard operating procedures should be established to provide an individual hospital response. Contingency plans for areawide failures are included in this plan, which are in effect a contingency and rectification plan.

This Plan will be effected for any resource failure that cannot be managed at a the local level, or when a coordinated response is required to manage an external disaster.

1.4 Objectives

The objectives of this Metropolitan Perth Business Continuity and Disaster Plan are to:-

- ♦ Describe the Metropolitan Health Services management structure when coordinating a response.
- ♦ Provide the basis for the provision and coordination of a health emergency management response during a major failure or external disaster.
- ♦ Provide guidelines for the operating of the plan following its activation.

1.5 Basic Assumptions

The following basic assumptions have been made in the development of this plan:
- Any failure of a hospital's major critical resources (eg. power, fuel, gases, water, communications etc.) that cannot be managed at the local level will be addressed by this plan.
- All health services are responsible for ensuring that their staff are familiar with these plans.
- The contingencies developed must be cost-justified to be included.
- Only those failures that have a reasonable probability of occurring are included in this plan
- In the event of a major incident the principles of Westplan-Health will apply ie; to ensure the greatest good for the greatest number and management is gradual from local to district to state level as required.

1.6 Title

The plan shall be titled the Metropolitan Perth Business Continuity and Disaster Plan and abbreviated to the "Business Continuity and Disaster Plan".

1.7 Related Plans

Related health plans, which may be activated to support the Business Continuity and Disaster Plan, are:
- Westplan-Health.
- Western Australia Burn Disaster Subplan
- Regional / District Health Disaster Plans (however titled).
- Individual Hospital Disaster Plans.
- Overseas Mass Casualty Plan (OSMASCASPLAN).
- Medical Team Subplan.
- Australian Mass Casualty Burn Disaster Plan (AUSBURNPLAN).
- Health Facility Surge Subplan.

1.8 Authority and Planning Responsibility

The development, implementation and revision of the Business Continuity and Disaster Plan is the responsibility of the Areawide Medical Coordinator in consultation with the Director Disaster Preparedness and Management, Department of Health and the Hospital Health Coordinators SubCommittee.

PART TWO

2.0 Operational Management

2.1 Introduction

Emergency management requires a structure to coordinate all actions needed to deal with incidents or disasters. This section outlines the roles and responsibilities of those persons implementing the Business Continuity and Disaster Plan.

All utility failures or disasters will, in the first instance, be managed within the individual hospital as per the hospital disaster plans (however titled). This is in accordance with the principle of gradual escalation from local to district to state level as required at the time.

Escalation of response to the Business Continuity and Disaster Plan will occur:
- If the utility, systems failure or number of casualties is beyond the capabilities of the local hospital management
- If there are two or more hospitals disaster plans (however titled) activated at any one time
- In the development of a worsening situation
- When it is necessary to coordinate resources across hospitals
- When Westplan-Health is activated.

Escalation of response to State level will occur if the systems failure or number of casualties is deemed beyond the capabilities of the Metropolitan management effort.

2.2 Roles, Responsibilities and Authorities

2.2.1 Areawide Medical Coordinator

The Areawide Medical Coordinator has an operational role and is responsible to the State Health Coordinator (SHC) and the State Health Emergency Director (SHED) for the activation and management of the Business Continuity and Disaster Plan as appropriate.

The responsibilities of the Areawide Medical Coordinator are:-
- Planning and coordinating the operational control of all resources required to resolve resource and equipment failures detailed in the Business Continuity and Disaster Plan.
- Notifying the SHC and State Health Emergency Director (SHED) of any alert status and subsequent activation of the Business Continuity and Disaster Plan.
- Activating the Business Continuity and Disaster Plan, if required.
- Activating the Areawide Expert Advisers as appropriate.
- In consultation with the SHC, determining when normal operations may be resumed and managing the recovery phase.

- Maintenance of operational coordination with backup supplied from the State level.
- Maintenance of the Business Continuity and Disaster Plan.
- Assessment and collation of information provided by the Medical Commander and determination of appropriate hospital destinations for particular categories of injured persons.
- Advise the Hospital Health Coordinators of the disaster identifier to be used in patient records.
- Liaison with other hospitals to determine receival and treatment capacity.
- Providing the Medical Commander (Senior Health representative at the disaster site) with current information on the various hospitals' capacity to receive and treat the transported injured.
- Direct the hospital receival and treatment response.
- Providing regular update reports to the SHC and SHED.
- In the event of a major disaster, where Westplan Health is activated, the AWMC will act as the SHC's main medical adviser.
- Providing the medical overview at debriefing events.
- Liaison with the SHC, Areawide Expert Advisers, SHED and Hospital Health Coordinators.

2.2.2 State Health Coordinator

The State Health Coordinator is the Director General, Department of Health. This responsibility has been formally delegated to the Director, Disaster Preparedness and Management, who will take the role of the State Health Coordinator in a major event or disaster. He/she has the authority to command the coordinated use of all health resources within WA for response to, and recovery from, the impact and effects of a major emergency.

The responsibilities of the State Health Coordinator are to:

- Monitor the responses to a major emergency
- Chair and facilitate the activities of the State Health Disaster Management Committee.
- Represent the Department of Health at the State Emergency Management Committee (SEMC) and advise SEMC on health related issues.
- Act as a conduit for information between other agencies, departments and Department of Health staff and services.
- Direct the operations of the State Health Emergency Operations Centre during times of activation.
- Provide support to the Areawide Medical Coordinator.

2.2.3 Hospital Health Coordinator

The Hospital Health Coordinator is responsible to the Areawide Medical Coordinator for:

- Notifying the Areawide Medical Coordinator of any utility or systems failure or disaster involving multiple patients beyond the normal capabilities of the hospital, within 15 minutes of incident occurring .

- Activating the Hospital Disaster Plan (however titled) as necessary, including the dispatch of a medical response team to the site if requested by the Areawide Medical Coordinator.
- Assuming overall command and control of the Hospitals' general resources and management of its responses.
- In consultation with the Areawide Medical Coordinator determining when it is appropriate to return to normal operations within the hospital and managing the recovery phase.
- Representing the Hospital at the Hospital Health Coordinators SubCommittee meetings.
- Representing the Hospital at Local Disaster Management meetings.
- The maintenance of the Hospital Disaster Plan.
- Other duties as directed.

2.2.4 Areawide Expert Advisors

The Areawide Expert Advisors are responsible for;

- The development and maintenance of the individual Areawide Contingency or Disaster Response Plans in their area of expertise, such as catering or treatment of multiple chemical casualties.
- Providing advice and support to the Areawide Medical Coordinator in times of the Business Continuity and Disaster Plan activation.
- Representing the Metropolitan area in their area of specialty at relevant contingency or disaster meetings.
- Other duties as directed.

2.2.5 Coordinator, Metropolitan Perth Business Continuity and Disaster Plan

The Coordinator, Metropolitan Perth Business Continuity and Disaster Plan is responsible for;

- Providing support to the Areawide Medical Coordinator in the Metropolitan Emergency Coordination Centre during times of activation of the Business Continuity and Disaster Plan.
- Maintaining the Emergency Coordination Centre in a functional state.
- Providing administrative support to the Hospital Health Coordinators SubCommittee.
- Collation and updating of the Business Continuity and Disaster Plan.
- Representing the Areawide Medical Coordinator at relevant meetings.
- Other duties as directed by the Areawide Medical Coordinator.

2.3 Management Structure

2.3.1 Control, Coordination and Communication

The Department of Health is the single agency responsible for coordination of the Statewide health emergency management response. The Business Continuity and Disaster Plan will be activated by the Areawide Medical Coordinator in consultation

with the State Health Coordinator and State Health Emergency Director. Health's disaster organisational structure is outlined at **APPENDIX 1 and 2**.

Activation of the Business Continuity and Disaster Plan may involve deploying a medical response team to the scene of a disaster, coordination of the hospital beds for receival of casualties and coordination of resources as advised by the Areawide Expert Advisors to respond to a utility or systems failure. Coordination of the beds will involve decanting current hospital inpatients in order to create surge capacity for the receival of mass casualties in the Metropolitan area. This will be in accordance with the Health Facility Surge Subplan.

Individual hospitals, health services are responsible for maintaining their individual disaster plans and ensuring that they are congruent with the Business Continuity and Disaster Plan. They are also responsible for ensuring that there is a contact person i.e. a Hospital Health Coordinator, available 24hrs per day should the Areawide Medical Coordinator require their assistance.

2.3.2 Metropolitan Emergency Coordination Centre

The Metropolitan Emergency Coordination Centre is the focal point of decision making and communications between the Areawide Medical Coordinator, the Hospital

Health Coordinators, the Areawide Expert Advisors, the Medical Commander and the State Health Coordinator. The Metropolitan Emergency Coordination Centre is located at Royal Perth Hospital.

In the event that the Coordination Centre at Royal Perth Hospital is unable to be utilised the Emergency Coordination Centre at either Fremantle Hospital or Sir Charles Gairdner Hospital would be activated.

2.3.3 Hospital Health Coordinators Sub Committee

Purpose

To assist the State Health Coordinator and the State Health Disaster Management Committee in the management of the metropolitan hospitals health response to a disaster.

Accountability

The Committee is accountable to the State Health Coordinator ie, the Director, Disaster Preparedness and Management.

Responsibilities

The HHCSC shall;-

- Provide advice and recommendations to the Director Disaster Preparedness and Management (DDPM) on operational hospital emergency management arrangements for the metropolitan hospitals.

- Determine the role of the Hospital Health Coordinators, to ensure a cohesive response to disaster situations when the Plan is activated.
- In consultation with the DDPM, review issues relating to the metropolitan hospital response following a disaster.
- Provide the communication channel between the DDPM and individual hospitals regarding any change of policy or new developments in relation to disaster management.
- Provide expert advice to metropolitan health services and individual hospitals regarding the operational management of a hospital in times of disaster as required.
- Participate, where relevant, in exercises involving external agencies that will require an internal hospital response.
- Provide assistance and participate, where relevant, in major event planning with other emergency service agencies and organisers.
- Liaise with the Chairman of the Exercise, Education and Training Sub Committee regarding professional development requirements.
- Liaise with the Chairman of the Chemical, Biological, Radiological Sub Committee regarding the Metropolitan and hospital response plans required.

Membership

The Committee, as detailed in **APPENDIX 3 and 4** will consist of the designated Areawide Medical Coordinator and Hospital Health Coordinators from all the participating health services.

2.4 State Activation Procedures

The activation procedures detailed hereunder relate to the Metropolitan arrangements. The first indication that the Business Continuity and Disaster Plan may need to be activated may come from a number of sources as follows:

- One of the Hospital Health Coordinators may identify the need to activate this plan to help manage a local emergency.
- The Areawide Medical Coordinator may identify the need to activate this plan based on information provided from other sources, such as the Trauma Advice 1800 631 798 number, the State Burn Service Director, Royal Flying Doctor Service or St John Ambulance Australia, WA Ambulance Service Inc.
- The Areawide Medical Coordinator may be asked by the State Health Coordinator to activate this plan to respond to a regional, national or international emergency.

Regardless of who first identifies the need, the Areawide Medical Coordinator and the State Health Coordinator shall confer and agree that the Business Continuity and Disaster Plan should be activated. Once this decision is made, the Areawide Medical Coordinator shall activate and manage the Business Continuity and Disaster Plan accordingly.

2.4.1 STAGES OF ACTIVATION.

The Business Continuity and Disaster Plan will normally be activated in stages. In an impact event, these stages may be condensed with stages being activated concurrently.

Stage 1 – Alert (Code White). Code White, or the alert stage, is activated when advice of an impending emergency or failure is received or when, following the occurrence of an event, it is unclear as to whether a Metropolitan response is required. During this stage, the situation is monitored to determine the likelihood and nature of Health's Metropolitan response. The following actions are undertaken:

- Areawide Medical Coordinator liaises with the Hospital Health Coordinators to determine the extent of the health response required, consulting the State Health Coordinator where necessary.
- Areawide Medical Coordinator alerts participating organisations and Areawide Expert Advisors as required.
- Participating organisations alert their own personnel.
- Areawide Medical Coordinator alerts the State Health Coordinator and keeps he/she advised of the situation.

Stage 2 – Standby (Code Yellow). Code Yellow, or the standby stage, is activated when information received is sufficient to warrant preparatory activities in readiness for a response. Depending on the level of incident, the following actions may be undertaken:

- Meeting of the Hospital Health Coordinators Sub Committee and Areawide Expert Advisors to consider the situation and determine strategy.
- Additional information allowing participating organisations time to undertake response preparations is provided to the appropriate Hospital Health Coordinators or Areawide Expert Advisors. Such preparations may include checking:
    1. Medical team members availability, for site response. This may also include deploying a specialist team to the rural area should the incident have occurred outside the Metropolitan area.
    2. Medical kits.
    3. Transportation requirements.
    4. Hospital bed availability, including consideration of patients who may be discharged.
    5. Availability of additional staff for call up.
    6. Activation of the individual Areawide Expert Advisors Contingency Plans. (**SEE PART 3**)
- Metropolitan Emergency Coordination Centre is prepared for staffing.

Stage 3 – Call Out (Code Red). Code Red, or the call out stage is activated when a metropolitan health emergency response is required and resources are deployed accordingly. This should include the following actions:

- Metropolitan Emergency Coordination Centre is activated and staffed.
- The appropriate Hospital Health Coordinators and Areawide Expert Advisors are advised of the need to initiate a health response, which may involve the deployment of a medical response team(s) or physical resources.

- Hospital inpatients are decanted to other healthcare facilities or discharged to continue care in the community in order to create beds for the casualties or inpatients of the hospital which has suffered a significant failure.
- Transportation of patients to a facility where definitive care can be given.
- Resource requirements for management of the utility or systems failure are identified and obtained.
- Ongoing work force planning to provide a sustainable service.
- Ongoing management of all resource and supply items to provide an ongoing service.

Stage 4 – Stand Down (Code Green). Code Green, or the stand down stage, is activated when a Metropolitan response is no longer required and may include the following actions:

- Participating organisations are informed of "stand down" by the Areawide Medical Coordinator.
- Organisations are stood down in accordance with relevant procedures for each organisation (Emergency Site personnel are withdrawn, additional staff called in are released from duty, etc).
- Areawide Medical Coordinator to advise the State Health Coordinator when stand down has been completed.
- Arrangements for debriefings are advised.

2.4.2 Debriefing

The Areawide Medical Coordinator will ensure the debriefing of all participating agencies within a reasonable time frame, following stand down and will participate in any general debrief conducted by the Hazard Management Agency, if separate from the Department of Health.

2.4.3 Reports

The Areawide Medical Coordinator will arrange for the provision of a report relating to the utility, system failure or disaster response to the State Health Coordinator, the Hazard Management Agency, and the Hospital Health Coordinators SubCommittee.

The report is to identify any problems or shortfalls relating to the provision of health emergency management support and any amendment that may be required to the Business Continuity and Disaster Plan.

2.4.4 Contact Details

A listing of key participants and their contact details are given at **APPENDIX 3 and 4.**

2.4.5 State Coordination Procedures

The overall coordination of the WA health emergency response to a major disaster will be through the activation of Westplan HEALTH, which will be managed from the State Health Emergency Operations Centre.

2.4.6 Perth Metropolitan Area

The overall metropolitan operational management will be managed through the activation of the Business Continuity and Disaster Plan from the Metropolitan Emergency Coordination Centre situated in Royal Perth Hospital.

2.4.7 Hospital Management

Hospital Management, from an emergency management context, relates to hospitals being prepared for the impact of emergencies. Hospitals are required to plan for internal and external emergencies on an individual basis. They are also required to ensure that their local plans integrate with the Metropolitan plan in order that a cohesive response can be mounted should activation of the Business Continuity and Disaster Plan be required. These plans should make provision for:

- Contingency Plans in the event of an internal system or utility failure.
- Provision of Medical Response Teams to work at the disaster site.
- Act as a receiving hospital for casualties transferred from a disaster site.
- Receive patients transferred from other hospitals where bed space is required or when a hospital is unable to maintain their business operations.

2.4.8 Health Assistance to or from Interstate or Overseas Agencies

Assistance from Commonwealth, Interstate and Overseas Agencies.

Where the WA health emergency management services are unable to cope with the magnitude and nature of health services required, the State Health Coordinator may request, through the Executive Officer, SEMC, for Commonwealth, interstate or overseas assistance from Emergency Management Australia.

2.5 Communications

The provision of communications for the Business Continuity and Disaster Plan is based on the use of the normal communication facilities required for the day-to-day activities of participating organisations. Supplementary communication facilities such as radios and a satellite phone will be distributed as appropriate to the medical response team(s) to ensure that they can communicate with the Metropolitan Emergency Coordination Centre or Areawide Medical Coordinator.

The communication cascade from the site of the disaster or major failure will be as follows:

- Medical Response Team shall communicate via the Medical Commander or most senior staff member at the site.
- The Medical Commander or designated senior staff member at the site shall communicate via the Areawide Medical Coordinator in the Emergency Control Centre in the Metropolitan area and the Hospital Health Coordinator in the rural area.
- The Areawide Medical Coordinator shall communicate with both the Hospital Health Coordinator and the State Health Coordinator.
- The Hospital Health Coordinator shall communicate and provide situation reports to the Areawide Medical Coordinator regarding major failures and disaster responses.

For further information regarding the metropolitan communication and organisational structure see **APPENDIX 1.**

2.6 Coordination

2.6.1 Public Relations and Media Coordination

Intense media and public interest can be anticipated following the impact of an emergency. The following actions will assist with the handling of the media and public inquiries.

Overall responsibility for the preparation of Department of Health media statements and coordination of media inquiries during an emergency event lies with the Manager, Public Affairs or nominated delegate. No health personnel are to make media statements without the approval of the State Health Coordinator and the Manager, Public Affairs, Department of Health.

The State Public Information Emergency Management Support Plan can provide additional media relations support for the health emergency management functions if required. The State Health Coordinator, with advice from the Manager Public Affairs, is responsible for determining if such assistance is needed. See the Areawide Media Communications in **PART 3** for further information.

2.6.2 State Registration and Inquiry System

The State Registration and Inquiry Supplementary Plan establishes a system to enable details of victims of an emergency, including those admitted to hospitals, to be entered into the State Registration and Inquiry System (SRIS).

The State Health Coordinator will liaise with the State Welfare Coordinator to determine the status of the SRIS. When informed that the SRIS has been activated, the State Health Coordinator will advise the Areawide Medical Coordinator who will inform the Hospital Health Coordinators of the contact details. This will enable the Hospital Health Coordinators to refer callers to the SRIS system.

Health Service Units' emergency plans should incorporate procedures to register the details of persons presenting as a result of an emergency, whether they are injured or not, using the Health Service Unit's normal medical record documentation. From these records a listing of all such persons is to be forwarded to the State Health Emergency Coordination Centre by the most expedient/practical method available. This list is to include the following details:

Name of Health Service Unit
Full name of person
Address
Sex
Age or Date of Birth

In addition, local information regarding disaster victims shall be entered in the metropolitan public hospital's The Open Patient Administration System (TOPAS) disaster flag system.

2.6.3 Crisis Counselling

Mental health professionals can provide acute assessment and intervention and may need to do so alongside emergency support agencies involved in the recovery process. Mental health responsibilities with respect to the emergency site may include provision of general support and comfort to disaster affected persons; provision of psychological first aid; providing information about normal responses to disaster; triage; screening for acute stress reactions; keeping adequate records of all persons seen and interventions conducted.

Specialist referral may be necessary in some instances and should be carried out supportively. Many people present to their local primary care provider in the post disaster period, therefore mental health services and GPs should collaboratively plan and train to ensure an integrated response to mental health issues post disaster, as well as ensuring consultative processes are available.

The provision of post-disaster psychological support, counselling and welfare services is conducted by a number of services. Establishing cross linkages between fellow

professionals who have emergency responsibilities ensures that appropriate physical and psychological resources are brought to bear in a timely fashion. Mental health services as well as local GPs have a key role in this process. Further advice is available in the Mental Health Subplan.

PART THREE

3.1 Identification of Hospital Minimum Service Levels

During any major incident or disaster in which there is systems failure or mass influx of patients and the levels of service provided by a hospital are to be modified, the minimum acceptable levels for a hospital will be determined by the Hospital Health Coordinator in consultation with the Areawide Medical Coordinator.

Those agreed minimum service levels will help to identify and determine those hospitals that may require support, either from within the health system or from external agencies, in order to maintain those minimum service levels.

The Areawide Medical Coordinator, in consultation with the State Health Coordinator, will determine those hospitals to be supported, either from within the health system or from external agencies and the manner of that support.

This section of the Business Continuity and Disaster Plan contains broad-based contingency plans for critical support services.

3.2 Contingency and Disaster Response Plans for areawide resource failure or influx of mass casualties.

The following plans are broad intentions and details of each will be held by the relevant Areawide Expert Adviser responsible and the Areawide Medical coordinator.

3.2.1 Area-wide Clinical Equipment

Description:
System failure in the metropolitan hospitals may involve the failure of critical life support equipment or the need to transfer patients needing such equipment. In either case it is essential that clinical engineering staff are available to resolve potential technical problems.

Impact Rating:
- Very High

Consequences of resource failure:
- Patients on life support equipment would be put at immediate risk

Contingency strategy options:
- For equipment failure
- Immediately activate local BCP and implement manual procedures
- Seek equipment from other areas of the hospital
- Seek equipment from other hospitals
- Alternately, where the incident is such that patients must be moved
- Identify patients that will need life support equipment during transfer and/or on arrival at their destination
- Ensure that appropriate equipment and adequate supplies are available both for transport and for use in the destination hospital

How long can operations continue in contingency mode:
- As long as alternative equipment is available

Trigger event/date to invoke the MPBCDP
- At time of equipment failure

Person responsible for implementing this strategy:
- Hospital Health Coordinator initially
- Areawide Medical Coordinator
- Areawide Expert Adviser for clinical equipment

Person responsible for this contingency plan
- Mr Ed Scull

Review date of this contingency plan
- August 2004

Criteria for returning to normal operating mode:
- Repair or replacement of failed equipment

Can this strategy be tested if so how:
- Table top testing

CLINICAL EQUIPMENT CONTACT INFORMATION

- **BME**

Ken Adelsbury	**Tel: (08) 9405 4957 (H) Mobile: 0419 242 326**
Lee Cockram	Tel: (08) 9276 9345 Mobile: 0419 242 944 Tel: (08) 9346 3022 (work) Email: Stuart.Diggins@health.wa.gov.au

- **FREMANTLE**

Giovanni Sperotto	Tel: (08)9431 2094 (W) (08) 9291 7100 (H) Mobile:0404 890 094 Email: Giovanni.Sperotto@health.wa.gov.au
Albert Hansma	Tel: (08) 94312094 (W) (08) 9417 4778 (H) Mobile: 0419 923 048
Mark Boisvert	Tel: (08) 9431 6804 (H) Pager ext 2653 Mobile: 0416 153 629
Jason Blades	Tel: (08) 9431 2094 (W) (08) 9439 4348(H) Mobile: 0411177795

- **HOLLYWOOD**

Derek Lansdown	Tel: (08) 9346 6176 (W) (08) 9302 1409 (H) Or page from (08) 9346 6000 Email: lansdownd@ramsayhealth.com.au
Julian Smith	Tel: (08) 9346 6673 Mobile: 0409082830

- **JOONDALUP**

Jim Lynton	Tel: (08) 9400 9040 or (08) 9400 9043 Mob: 0419 906 470 Email: Jim.Lynton@affinityhealth.com.au
Peter Scala	Tel: Mobile: 0400880795
Mark Higgins	Tel: Mobile: 0417947438

- **MOUNT HOSPITAL**

Jim Lynton	Tel: (08) 9400 9040 or (08) 9400 9043 Email Jim.Lynton@affinityhealth.com.au
Peter Scala	Tel: Mobile: 0400880795
Mark Higgins	Tel: Mobile: 0417947438

- **PMH/KEMH**

Steve Womack	Tel: (08) 9340 7081 Mobile: 0414934006 Email: Steve.Womack@health.wa.gov.au
Rod Besden	Tel: (08) 9340 8498

- **RPH**

On call Technician	Mobile 0404 894 113 or RPH Page VIA 9224 2244
Michael Lovett	Tel: (08) 9224 2702 (W) (08) 9444 5861 (H)
David Pearn-Rowe	Tel: (08) 9224 2092 (W) (08) 9385 9766 (H) Email: david.pearn-rowe@health.wa.gov.au

- **ST JOHN OF GOD (MURDOCH)**

Rod Blockley	Tel: (08) 9366 1022 Email: rodney.blockley@sjog.org.au

- **ST JOHN OF GOD (SUBIACO)**

Steve Gaffey	Chief Engineer Tel: (08) 9382 6309
Glen Flanagan	Tel: (08) 9382 6309 Email: glen.flanagan@sjog.org.au

- **SCGH**

Zeljko Maurac	Tel: (08) 9346 4286 Mobile: 0417187478
Alan Thomas	Tel: (08) 9346 4279 Tel: (08) 9571 2904 (H) Mobile: 0417954174
On call Technician	via SCGH Switchboard Tel: (08) 9346 3333

3.2.2 Area-wide Blood Product Services

The *Areawide Blood and Blood Products Business Continuity Plan* has been developed by Dr Wendy Erber together with the Australian Red Cross Blood Service and Scientists-in-Charge of the transfusion units included in this plan. The Blood and Blood Products Business Continuity Plan is only to be invoked when there is a failure of individual site Business Continuity Plans and there is an inability to provide compatible blood.

The Blood and Blood Products Business Continuity Plan is to ensure the provision of blood and blood products for transfusion to patients. This is a critical clinical function as it has a direct impact on patient management.

Description:
- Provision of blood and blood products for transfusion

Impact Rating:
- Critical

Events that will result in triggering the Blood and Blood Products Plan are:
- Failure at any time of an individual site Business Continuity Plan
- Failure to access the Australian Red Cross Blood Service (ARCBS) (eg. communication failure; transportation problems; ARCBS site failure)
- ARCBS having insufficient stock to provide blood or blood products to laboratories.

If a site has a failure resulting in the need to activate this plan the Scientist-in-Charge of the laboratory is to notify Dr Wendy Erber, Areawide Expert Advisor on 08 9346 2554.

Dr Erber will then notify Dr Bill Beresford (Areawide Medical Coordinator) and Dr Tony Keller (Director, ARCBS-NW Region).

Consequences of resource failure:
- Inability to provide blood and blood products to patients
- Direct impact on patient management.

Contingency strategy options:

Blood Stocks
- Red Cells
  All hospitals and transfusion laboratories to regularly inform the ARCBS of stock holdings of red cells
- Platelets
  All hospitals and transfusion laboratories to regularly inform the ARCBS of stock holdings of platelets
- Fresh Frozen Plasma
  All sites to ensure full stock holdings of Fresh Frozen Plasma (FFP) at all times
  All "hub" laboratories to have access to dry ice in case of need to transport FFP
- Cryoprecipitate
  All "Hub" sites to have 8 units (1 box) of AB cryoprecipitate.

The "Hub" Laboratory Model

The "Hub" laboratories are:-

- **ARCBS,** Wellington Street, Perth and ARCBS regional centres
- **Royal Perth Hospital**, Transfusion Medicine Unit (capacity = 400 uncrossmatched units red cells)
- **PathCentre Nedlands Transfusion Unit**, Queen Elizabeth II Medical Centre, (Path Centre will be in the "hub" for other PathCentre laboratories in accordance with normal working conditions)
- **King Edward Memorial Hospital,** Haematology (capacity = 1000)
- **Fremantle Hospital**, Transfusion Unit (capacity = large capacity; walk-in cold room)

a) The "hub" laboratories are those Perth metropolitan laboratories that are centrally located, accessible by "spoke" laboratories and normally have larger stock holdings due to ongoing demand. All transfusion laboratories (public and private pathology laboratories) are informed of the model for ensuring maintenance of the blood supply.

b) If a failure occurs (eg. loss of power; fridge or freezer failure) resulting in inability perform pre-transfusion testing and/or loss of stored blood components the institution Business Continuity Plan will be activated. If a failure occurs at your site, arrangements are to be made to send blood and blood products to the ARCBS as soon as possible to prevent loss of products.

c) If blood stocks are low due too high demand for clinical use, additional blood and blood products to be requested from ARCBS for stock.

d) If blood stocks are low due to high demand and unable to contact the ARCBS, (eg communication failure), request stocks from another transfusion unit (eg. your "hub" laboratory) holding additional stocks. All laboratories have been informed of the location of their "hub" laboratory.

e) If there is a failure of essential power arrange for blood products to be sent to ARCBS (or "hub" laboratory).

Supply of Blood Eskies

All "hub" sites must have access to eskies or cold boxes and ice bricks for storage of blood products in case of emergency power failure and need to transfer blood products.

- ARCBS has provided details regarding packing and transportation of blood.
- ARCBS to provide a pro forma to be used to manually document details of blood products being transferred between laboratories.

Communication

- A "Blood Transfusion Continuity Plan Telephone List" of all transfusion laboratories and Scientists-in-Charge (out-of-hours contact number) has been provided to all Scientist-in-Charge of transfusion laboratories and is attached to this Business Continuity Plan.
- Dr Wendy Erber to communicate with the ARCBS on-call Haematologist regarding any problems with or high demand for blood services in hospitals.

Transportation of Blood

- Transportation would be required for movement of blood and blood products between ARCBS and transfusion laboratories.

- The private blood courier MEDICMAN should be used whenever possible.
- PathCentre vehicles will be available for additional transport of blood, if required.

Transplantation Surgery

- If this plan has been invoked and there are plans for organ transplantation surgery, Dr Wendy Erber to be contacted by the Inter-hospital Transplant Co-ordinator.
- Dr Erber to obtain Blood stock information from all sites including ARCBS.
- Dr Erber to communicate blood stock availability and the ability to support transplant surgery with blood products to the Inter-Hospital Transplant Co-ordinator.

Blood supply to Country WA

In the event of regional centres requiring additional stocks of blood or blood products at times of a disaster, these will be collected on-site by the ARCBS nurse or the hospital (using "walking donor panels") or delivered from ARCBS, Perth.

<u>How long can operations continue in contingency mode:</u>
- Indefinitely if necessary.
- Dependent on ARCBS collecting sufficient blood.

<u>Trigger event/date to invoke the MPBCDP:</u>
- Failure of site Business Continuity Plan and Disaster Plan.
- Inability to provide compatible blood.

<u>Person responsible for implementing this strategy:</u>
- Scientist working on-site contacts Scientist-in-Charge (on-call).
- Scientist-in-Charge (on-call) contacts their On-call Haematologist.
- On-Call Haematologist contact Dr Wendy Erber and/or ARCBS.

<u>Person responsible for this contingency plan:</u>
- Dr Wendy Erber together with ARCBS (Dr A Keller, Dr S Thomas, T Cobain), Scientists-in Charge of Transfusion Units (RPH, PC, Freo, KEMH/PMH, WDP, SJOG)

TRANSFUSION PHONE LIST

Laboratory	Scientist-on-Call
PathCentre, Nedlands	Dianne Grey
9346 2783	9447 4426
	Mobile: 0417 914 230
RPH	John Lown
9224 2044	9444 2441
	Mobile: 0418 915 979
KEMH/PMH	Bernie Ingleby
9346 2748 (KEMH)	9448 3286
9346 8497 (PMH)	
Fremantle	
9431 2350 (Laboratory)	
9432 2462 (Transfusion)	
Western Diagnostic Pathology	Sarah Owen
Myaree: 9317 0864	9384 1645
Mount Hosp: 9321 3300; M: 0419 831 587	
Joondalup: 9400 9819; M: 0412 914 971	
SJOG Murdoch (Staffed till 2400)	Fiona Thom
9366 1757	Mobile: 0412 536 711
	(Divert to Pager – Quote: 609624)
SJOG Hollywood (0800 – 2400)	Mobile: 0412 537 781
9284 8148 or 9284 8192	(Divert to Pager – Quote: 602051)
SJOG Subiaco (0700 – 2400)	Mobile: 0412 537 781
9382 6695	(Divert to Pager – Quote: 602051)
Medicman	Jim: 0419 043 177
9386 7711	
ARCBS (Caretaker)	ARCBS Haematologist:
9325 3030 (Direct)	Dr Nicole Staples
9325 3333 (Switch)	Mobile: 0402 020 714
Fax: 9421 2847	
Mobile: 0408 909 171	
CDMA Mobile: 0428 912 787	

3.2.3 Area-wide Catering Services

Description:
Provision of food for patients at metropolitan hospitals, and the provision of food for staff as required.

Impact Rating:
- Medium to high

Consequences of resource failure:
- Interruption to food resources at each site.

Contingency strategy options:
- An alternative catering support plan will be developed within 12 hours of the emergency situation and will occur in stages:
- Patients at the hospital concerned will be offered a restricted menu. This will continue for the duration of the emergency.
- Catering contact officers at each hospital/health service are detailed at pages 32 / 33. Some hospitals may have equipment that is capable of still producing food but have a supply problem. Supplies will be available from existing suppliers, detailed at pages 34 /35
- Bulk prepared food supplies will be obtained from existing suppliers, detailed at page 34/35.
- Disposable crockery/cutlery etc. will be obtained from suppliers at pages 33/34.

How long can operations continue in contingency mode:
- Several weeks

Trigger event/date to invoke the MPBCDP
- Loss of food supplies/ability to produce foods on site.

Person responsible for implementing this strategy:
- Areawide Medical Coordinator in conjunction with the Catering Services expert adviser.

Person responsible for this contingency plan
- Linda Davies in collaboration with the Metropolitan Hospitals/Health Services Patient Support Services Project Working Group.

Review date of this contingency plan Aug 2002
- May 2004

Criteria for returning to normal operating mode:
- 12 hours of continuous utility/resource supply on site.

Can this strategy be tested if so how:
Table top testing only

EQUIPMENT

1. Refrigerated Container Leasing

- Contact Alf Carter 9335 2588 Mobile 0412 490 584 Fax 9335 2554

Note: Freezer requires 3 phase power, chiller requires 1 phase power.
Dimensions of containers 6m x 2.4m x 2.3m or 12m x 2.4 x 2.3

2. Portable cooking equipment, Bain Maries, ovens, barbecues, ranges etc

- Cater-All Equipment Hire Contact Ms. Lea Gold or Diane Gold Phone: 9377 3325 business hours.
- Hendies Hire Service Phone: 9382 2088 Monday to Friday and Saturday mornings No after hours service.
- Reece's Hire Phone: 9385 1800 Monday to Friday and Saturday mornings. After hours service 0419 937 035 Chris Clerk

CONTACTS AT EACH HOSPITAL/RESOURCES REQUIRED

PUBLIC	NAME/POSITION	CONTACT ALL HOURS
Royal Perth Hospital (includes Shenton Park)	Warren Treadgold Act. Manager, Support Services	Through RPH Switchboard 9224 3033
Sir Charles Gairdner Hospital	Linda M Davies Manager, Patient Support Services	Through S.C.G.H Switchboard 9346 3333
Fremantle Hospital & Health Service (includes Woodside & Rottnest)	Joanne Fitzgerald Manager Patient Support Services	Through FH&HS Switchboard 9431 3333
King Edward Memorial Hospital Princess Margaret Hospital	Paul Steele Manager Support Services	Through Switchboard 9340 2222
Graylands Selby-Lemnos & Special Care Health Services	Helen Kristianopulos Business Manager	9347 6457
Armadale Health Service (includes Whitby Falls)	Philip Moody Manager, Infrastructure Services	9391 2000 Switch 9391 2308 Office 0407 402 638 Mob
Swan Health Service (includes Wooroloo)	James O'Reilly Contracts Manager Spotless Services Contracts Manager/Margaret Wallace	9347 5244 (Switchboard) 9347 5391 (Direct) 0416 275 633 (Mobile) 9347 5225(Direct) 0413 150 840 (Mobile)

Kalamunda Health Service	Lesley McSharry Catering Manager	Through Kalamunda switchboard 9293 2122
Bentley Health Service	Frank Valsecchi A/Contracts Manager Spotless Services Contracts Manager/Anne Noble	9334 3836 0404 826 769 (Mobile) 9334 3641-(Direct) 0403 047109 – (Mobile)
Osborne Park Hospital Hawthorn Hospital	Robert Aeschlimann A/Site Manager	9346 8000 – Switch 9346 8296 – (Direct)
Perth Dental Hospital	Has no Catering Service	
Rockingham/Kwinana Health Service	Ann Wilson	Switchboard 9592 0600
PRIVATE		
St John of God – Subiaco	Greg Sims Manager Food Services	9382 6111 (Switchboard) 9382 6335 (Direct)
St John of God – Murdoch	Joe McKenna Catering Manager	9366 1111 (Switchboard) 9366 1001 (Direct)
Hollywood Private Hospital	John Grimshaw Catering Manager Jo-Anne Byrne Catering Supervisor	9346 6000 (Switchboard) 9355 5591(Home) 9346 6127 (Direct) 9271 0492 (Home)
Mercy Hospital	Luciano Fiorucci Catering Manager	9370 9676 0419 874 806
Affinity Health Mount Hospital Joondalup Health Campus	Brettni Doyle Hotel Service Manager	Mount Hosp 9481 1822 Joondalup 9400 9679
Peel Health Campus	Duty Nurse Manager	9531 8000 pg 100

AVAILABILITY OF FOOD SUPPLIES AND DISPOSABLE ITEMS

Item	Quantity	**Lead Time**	**Supplier/Address**	**Contact Name**	**Phone/Fax**
Bulk Cook-Chill meals	4,000	24 hours	Total Catering Solutions I, Yelland Way, Bassendean 6054	Brett Carroll	(08) 9279 7633 Monday to Friday only
Sandwiches, rolls, salads, cakes, frozen individual meals	1,000-2,000	5 hours	Australian Convenience Foods 85, Marlowe Street Wembley	Danny Cunningham	(08) 9387 6200 Mobile 0419 916 059 Fax 9387 8495 E mail Danny.cuninngham@acfgroup.com.au
Bulk Cook –Chill meals	2500	12 hours	Brightwater 9 Meka Road, Malaga	Kristy Stinton	Phone (08) 9248 0300
6 sets Individual frozen breakfast and 18 main menu sets, Bulk cook freeze meals Bulk cook chill meals and soups	20,000 10,000 1,500	8 hours 8 hours 48 hours	Gourmania, 98, Beringarra Ave, Malaga	Beat Schlegel	Phone (08) 9248 8866 24 hour line Mobile: 0408 834 445 Home: 9387 6263
Frozen foods Non Perishable food items Dry goods	Various	8 hours	Sealanes, 178 Marine Terrace, Fremantle	Nick Trolio or Tonya Cambria	Phone (08) 9432 8888 24 hrs 7 days
Bulk cook freeze meals Individual frozen meals	Various 500-750	8 days	Eurest (Brisbane)	Shane Bracken - National Business Development Manager	Tel:(07) 3712 3226 Fax: (07) 3271 5069 Mobile: 0411 101 735 E-mail: shanebracken@eurest.com.au

Disposable Cutlery–fork, knife, spoon & napkin wrapped in plastic Disposable Crockery - Full range	10000 units Various	Pick up during normal business hours. 24 hours for delivery,	Food Pacakaging Australia 151 Mulgul Road, Malaga	Cassandra Drew – Sales Executive	Tel:((08) 9209 9511 Fax: (08) 9209 9500 Mobile: 0438 356 003 Cassandrad@fpaaust.com.au

3.2.4 Area-wide Chemical Contamination / Incidents

Description:
An incident involving chemicals, fuels, insecticides, pesticides, or their products of combustion. Such incidents may include industrial, agricultural or transportation accidents, or terrorist attack.

- Psychological morbidity may be greater than physical morbidity.
- Large numbers of patients may bypass scene disaster management procedures and ambulance services, and present directly to medical facilities.

Impact Rating:
High

Consequences of resource failure:
Potential to swamp existing medical resources.

Contingency strategy options:

- Utilise the chemical disaster plan, ie the Protocol for Hospital Management of Chemical (Biological) External Incidents.
- Utilise RPH, SCGH and FH as receiving hospitals (instigate ambulance diversion) for non-ambulatory ambulance cases.
- Smaller hospitals (e.g. AKMH, SDH) may be utilised to assess and manage previously decontaminated ambulatory patients.

Contingency Actions:

1. Response:
   - Hot-zone perimeter protection
   - identification of potentially contaminated patients
   - patient decontamination by HAZMAT specialists at the hot-zone perimeter.
   - patient triage in warm zone
   - transportation by ambulance of non-ambulatory cases after decontamination at the scene.
   - Triage of self-admitting casualties outside hospital emergency departments (primary triage)
   - multi-agency coordination
   - continuity of care
   - information management
2. Decontamination at receiving hospitals appropriate to type of chemical agent(s), route and extent of exposure:
   - Decontamination of self-admitting ambulatory casualties in pre-designated decontamination facilities outside hospital emergency departments.
   - Decontamination (if required) of non-ambulatory casualties during resuscitation phase of management at emergency department threshold.
3. Management in emergency departments
   - Separation of clean and contamination zones within emergency departments.
   - Coordination of drug / antidote supplies.
4. Rapid detection:
   - Liaison with HAZMAT specialists
   - environmental field tests

- information surveillance.

How long can operations continue in contingency mode:

- Dependent on severity of incident and resources available. May vary from hours to days.

Trigger event/date to invoke the MPBCDP

- Known incident involving chemicals, fuels, insecticides, pesticides, or their products of combustion.
- Mass public response to a perceived chemical or biological agent incident.
- Confirmed or suspected chemical terrorist threat.

Person responsible for implementing this strategy:

- State Health Co-ordinator
- Areawide Medical Co-ordinator
- Consultant Clinical Toxicologist; Dr Frank Daly

Person responsible for this contingency plan

- Consultant Clinical Toxicologist; Dr Frank Daly

Review date of this contingency plan

- August 2004

Criteria for returning to normal operating mode:

- State Health Co-ordinator in consultation with the Areawide Medical Co-ordinator and Consultant Clinical Toxicologist, Dr Frank Daly and directors of pre-hospital and hospital emergency services.

Can this strategy be tested if so how:

- Table top testing
- Field exercises with CBR SQN

3.2.5 Area-wide Communications Systems (Operational)

Each metropolitan hospital has a communications Business Continuity Plan (BCP) that caters for loss of communications at a local level. In most cases, these plans are also applicable if there was a metropolitan-wide disruption to communications. This document details events that would significantly affect the metropolitan area, or where centralised coordination would be necessary. It provides an understanding of the most probable events and the resources available to provide a means of continued communications between health units.

Events

a) Telephone network congestion – fixed and mobile communications
b) Wide area telephone network failure
c) Mobile network(s) failure
d) Wide area paging network(s) failure
e) Communications failure at multiple sites
f) Communications failure at one site
g) Health emergency radio network failure
h) Metropolitan hospital tie-line network failure

a) Telephone Network Congestion

Description:

Congestion of the fixed and/or mobile telephone networks to the point where reliable communications becomes unavailable over a significant area. Potential total loss of telephone communications external to hospitals for a short period of time. This event is most likely to occur during a major civil incident/accident such as a train derailment, severe storm damage etc.

Impact Rating:

- Very high. May occur simultaneously with other serious events.

Consequences of resource failure:

- Potential for loss of ability to contact off-site medical staff and emergency services. Loss of coordination between health units. Communications used for coordination of on-call medical staff, external services and inter-health unit communications as well as normal business operations.

Contingency strategy options:

- Utilise alternative methods of communications including:
- Health emergency radio network (major centres only),
- Metropolitan Health Voice Network - between major hospitals only,
- Email
- Telecommunications carriers will place priority on maintaining/restoring continuity of service to emergency services including hospitals.

How long can operations continue in contingency mode:

- Indefinitely

Trigger event/date to invoke the MPBCDP:

- Immediately that widespread congestion is noted. It may be difficult to contact telecommunications carriers to coordinate restoration of emergency services.

Person responsible for implementing this strategy:

- Local hospital communications manager should deal with the local / short term loss of services.
- The Areawide Expert Communications Advisor should be alerted for wider / long term issues.

Person responsible to develop this contingency plan

- Local / short term - local hospital communications manager
- Area wide / long term - Areawide Expert Communications Advisor

Review date of this contingency plan

- May 2004

Criteria for returning to normal operating mode:

- Restoration of stable area wide telephone services.

Can this strategy be tested if so how:

- Yes. Can be tested via regular activation of alternative methods of communications

b) Widespread Telephone Network Failure

Description:
Failure of part or all of the local telephone network on a widespread basis affecting several or all metropolitan hospitals. Potential total loss of telephone communications external to hospitals for an extended period of time. This event is most likely to occur during major damage to communications cables (eg building/road excavation) or to a telecommunications carrier exchange.

Impact Rating:
- ♦ Very high. Extreme if alternative communications means are also affected (ie paging and mobile telephone).

Consequences of resource failure:
- ♦ Potential for loss of ability to contact off-site medical staff and emergency services. Loss of coordination between health units. Communications used for coordination of on-call medical staff, external services and inter-health unit communications as well as normal business operations would be affected. Loss of telephone services would most probably cause congestion of mobile telephones services.

Contingency strategy options:
- ♦ Utilise alternative methods of communications including:
- ♦ Health emergency radio network (major centres only),
- ♦ Metropolitan Health Voice Network - between major hospitals only,
- ♦ Mobile telephones (if not congested by public)
- ♦ Email
- ♦ Telecommunications carriers will place priority on maintaining/restoring continuity of service to emergency services including hospitals.

How long can operations continue in contingency mode:
- ♦ Indefinitely

Trigger event/date to invoke the MPBCDP:
- ♦ Immediately that widespread failure is noted. It may be difficult to contact telecommunications carriers to coordinate restoration of emergency services.

Person responsible for implementing this strategy:
- ♦ Local hospital communications manager should deal with the local / short term loss of services.
- ♦ The Areawide Expert Communications Advisor should be alerted for wider / long term issues.

Person responsible for this contingency plan
- ♦ Mr Simon Watts – IT and Communications Manager WCHS

Review date of this contingency plan
- ♦ June 2004

Criteria for returning to normal operating mode:
- ♦ Restoration of stable area wide telephone services.

Can this strategy be tested if so how:

- Yes. Can be tested via regular activation of alternative methods of communications.

c) Mobile Telephone Network(s) Failure

Description:
Failure of one or more mobile telephone networks.

Impact Rating:
- Low. Very high if alternative communications means are also affected (ie paging and fixed telephony)

Consequences of resource failure:
- Potential for loss of ability to contact off-site medical staff by normal means.

Contingency strategy options:
- Utilise alternative methods of communications including:
- Normal telephone services
- Health emergency radio network (major centres only),
- Metropolitan Health Voice Network - between major hospitals only,
- Email.

How long can operations continue in contingency mode:
- Indefinitely

Trigger event/date to invoke the MPBCDP:
- Immediately that widespread failure is noted.

Person responsible for implementing this strategy:
- Local hospital communications manager should deal with the local / short term loss of mobile services.
- The Areawide Communications Advisor should be alerted for wider / long term issues.

Person responsible to develop this contingency plan
- Local / short term - local hospital communications manager
- Area wide / long term - Areawide Communications Advisor

Review date of this contingency plan
- June 2004

Criteria for returning to normal operating mode:
- Restoration of stable area wide mobile telephone services.

Can this strategy be tested if so how:
- Yes. Can be tested via regular activation of alternative methods of communications.

d) Wide-Area Paging Network(s) Failure

Description:
Failure of one or more wide-area paging networks (Orange)

Impact Rating:
- Low

Consequences of resource failure:
- Potential for loss of ability to contact on and off-site medical staff by normal means.

Contingency strategy options:
- Utilise alternative methods of communications including:
- Normal telephone services
- In-house paging system for on-site paging
- Mobile telephone

How long can operations continue in contingency mode:
- Indefinitely

Trigger event/date to invoke the MPBCDP:
- Immediately that widespread failure is noted.

Person responsible for implementing this strategy:
- Local hospital communications manager should deal with the local / short term loss of wide-area pager services.
- The Areawide Expert Communications Advisor should be alerted for wider / long term issues.

Person responsible for this contingency plan
- Mr Simon Watts, IT / Communications Manager WCHS

Review date of this contingency plan
- June 2004

Criteria for returning to normal operating mode:
- Restoration of stable area wide paging services.

Can this strategy be tested if so how:
- Yes. Can be tested via regular activation of alternative methods of communications.

e) Communications System Failure at Multiple Sites

Description:
Major failure of a communications system common across several sites, eg one model of PABX, due to unforeseen technical problems. This is an unlikely event.

Impact Rating:
- Very high.

Consequences of resource failure:
- Loss of internal and external communications at affected sites.

Contingency strategy options:
- Utilise alternative methods of communications including:
- Direct exchange lines
- Health emergency radio network (major centres only),
- Mobile telephones
- Email
- Coordinate resolution of affected equipment with service agents to restore service to priority sites first.

How long can operations continue in contingency mode:
- Indefinitely

Trigger event/date to invoke the MPBCDP:
- Immediately that the problem extends beyond one site.

Person responsible for implementing this strategy:
- Local hospital communications manager should deal with the local / short term loss.
- The Areawide Expert Communications Advisor should be alerted for wider / long term issues.

Person responsible to develop this contingency plan
- Local / short term - local hospital communications manager
- Area wide / long term - Areawide Expert Communications Advisor

Review date of this contingency plan
- June 2004

Criteria for returning to normal operating mode:
Restoration of equipment serviceability.

Can this strategy be tested if so how:
- Yes. Can be tested via regular activation of alternative methods of communications.

f) Communications System Failure at One Site

Description:
Major failure of a communications system at one site, eg PABX failure due to unforeseen technical problems, fire, water damage etc.

Impact Rating:
- High.

Consequences of resource failure:
- Loss of internal and external communications at affected site.

Contingency strategy options:
- Utilise alternative methods of internal and external communications including:
- Direct exchange lines
- Health emergency radio network (major centres only),
- Mobile telephones
- Email
- PA systems
- If necessary, provide radio transceivers from other sites

How long can operations continue in contingency mode:
- Indefinitely

Trigger event/date to invoke the MPBCDP:
- Immediately those problems become unmanageable with the resources available within the affected site.

Person responsible for implementing this strategy:
- Local hospital communications manager should deal with the local / short term loss.
- The Areawide Expert Communications Advisor should be alerted for long term issues requiring external assistance.

Person responsible for this contingency plan
- Mr Simon Watts, IT, Communications Manager, WCHS

Review date of this contingency plan
- June 2004

Criteria for returning to normal operating mode:
- Restoration of equipment serviceability.

Can this strategy be tested if so how:
- Yes. Can be tested via regular activation of alternative methods of communications.

g) Health Emergency Radio Network Failure

Description:
Widespread failure of the radio equipment that comprises the Health emergency radio network due to technical problems or severe electromagnetic interference. This is an unlikely event due to the independent nature of the network.

Impact Rating:
- Low if isolated event.

Consequences of resource failure:
- Minimal in benign situation. Failure during disaster coordination or serious loss of normal communications would severely impact on ability to communicate between hospitals.

Contingency strategy options:
- Utilise alternative methods of communications including:
- Normal telephone systems,
- Metropolitan Health Voice Network - between major hospitals only,
- Mobile telephones (if not congested by public)
- Email

How long can operations continue in contingency mode:
- Indefinitely

Trigger event/date to invoke the MPBCDP:
- Immediately that widespread failure is noted.

Person responsible for implementing this strategy:
- The Areawide Expert Communications Advisor.

Person responsible to develop this contingency plan
- Local / short term - local hospital communications manager
- Area wide / long term - Areawide Expert Communications Advisor

Review date of this contingency plan
- June 2004

Criteria for returning to normal operating mode:
- Restoration of emergency radio network.

Can this strategy be tested if so how:
- Yes. Can be tested via regular activation of alternative methods of communications.

h) Metropolitan Health Voice Network Failure

Description:
Widespread failure of the equipment that comprises the Metropolitan Health Voice Network (microwave radio based) due to technical failure or severe electromagnetic interference.

Impact Rating:
- Low if isolated event.

Consequences of resource failure:
- Minimal in benign situation. Failure during serious loss of normal communications might impact on ability to communicate between major hospitals.

Contingency strategy options:
- Utilise alternative methods of communications including:
- Normal telephone systems,
- Mobile telephones (if not congested by public)
- Email

How long can operations continue in contingency mode:
- Indefinitely

Trigger event/date to invoke the MPBCDP:
- Immediately that widespread failure is noted.

Person responsible for implementing this strategy:
- The Areawide Expert Communications Advisor.

Person responsible to develop this contingency plan
- Local / short term - local hospital communications manager
- Area wide / long term - Areawide Expert Communications Advisor

Review date of this contingency plan
- June 2004

Criteria for returning to normal operating mode:
- Restoration of network.

Can this strategy be tested if so how:
- Yes. Can be tested via regular activation of alternative methods of communications.

3.2.6 Area-wide Biological Deliberate Biohazard Release (CBR-B)

Description:
Biological weapon incident e.g. actual or perceived exposure to weaponised anthrax or smallpox

Impact Rating:
- High

Consequences of incident/outbreak:
- Potential for "swamping of health services".

Contingency strategy options:
- Utilise RPH and SCGH as receiving hospitals (instigate ambulance diversion)
- RPH, Shenton Park Campus to be used for isolation
- SCGB for confirmed biosafety level 3 or 4 agent exposure
- Utilise 'A' Block at SCGH for additional laboratory facilities (subject to commissioning as $L3^+$ laboratory)

Contingency Actions
1. Response:
   - hotzone perimeter protection
   - identification of contacts
   - specimen collection in hotzone
   - patient triage in warm zone
   - self admitting casualties
   - multi-agency coordination
   - continuity of care
   - information management
2. Biocontainment, appropriate to type of BW agent, route and extent of exposure
3. Rapid detection:
   - environmental microbiology field tests
   - advanced laboratory methods
   - information surveillance
   - secure level 3 hot lab
4. Monitoring
   - Lab-based case detection
   - Environmental microbiology

How long operations can continue in contingency mode:
- Dependent on severity of incident and resources available. Varies from days to several weeks at most.

Trigger event/date to invoke the MPBCDP:
- (most likely): mass public response to perceived biological threat
- information indicating a credible biological threat
- confirmed diagnosis of infection caused by recognised BW agent
- recognition of unusual epidemiology indicating deliberate biohazard release agent

Persons responsible for implementing this strategy:

- State Health Coordinator
- Areawide Medical Coordinator
- State Public Health Microbiologist; Dr Tim Inglis.

Person responsible for this contingency plan:

- State Public Health Microbiologist; Dr Tim Inglis.

Review date of this contingency plan:

- June 2004.

Criteria for returning to normal operating mode:

- The Director of Disease Control, in consultation with the State Health Coordinator and public health microbiologists.

Can this strategy be tested if so how:

- Table top testing
- Field exercises with CBR SQN
- Future white powder incidents

3.2.7 Area-wide Media Communications (Public Relations)

Description:
Media liaison and coordination at a statewide level –

- to provide up-to-date information to media outlets and service their inquiries
- to provide media management and communication assistance to senior staff involved in an emergency event, resource failures and/or major incident
- to coordinate community announcement and media alerts to be disseminated via West Australian media outlets
- to liaise with public relations staff across the health system
- to liaise with Government Media Office
- to liaise with media and public relations staff from other government and non-government agencies involved in any emergency event (eg Police, SES, Transport, Red Cross etc)

Impact Rating:

- High impact on public perception of ability of health services to handle a major incident and keep public informed.

Consequences of resource failure:

- Loss of confidence in health services
- Public perception that there may have been a lack of preparedness
- Political, business and social impact

Contingency strategy options:

- Maintain up-to-date list of all media names and contact numbers at senior level
- Plan media conference room or facility
- Liaise with TV, radio, print media to establish their requirements in emergency situation
- Maintain reporting procedures for approving and disseminating media messages
- Maintain contact lists with PR officers or equivalent in each hospital

How long can operations continue in contingency mode:

- Indefinitely, but continuous updating of staff may be required depending on length of emergency.

Trigger event/date to invoke the MPBCDP:

- Any major incident involving media response.

Person responsible for implementing this strategy:

- Areawide Expert Advisor – Ms Virginia Ielati, or nominated deputy, in conjunction with individual Hospital PR staff/equivalent.

Person responsible for maintaining this contingency plan

- Virginia Ielati

Review date of this contingency plan

- June 2004

Criteria for returning to normal operating mode:

- Resumption of normal services

Can this strategy be tested if so how:

- Has been tested during the State's response to the Bali Bombing event
- Table top exercise

3.2.8 Area-wide Electricity Supply

This plan has been completed on the following assumption - that the local health care unit engineering manager has taken all reasonable steps to manage the loss of service situation, and that contact with the Area-wide Engineering Adviser or team has only been necessary due to prolonged outage or a combination of circumstances that causes local problems (eg loss of normal electricity and site generator fails to start).

Only contingency actions that are engineering-based are offered - eg the full range of clinical options if the air conditioning plant fails due to lack of electricity are not listed.
The original version of this plan was checked by a select group of teaching hospital, metro public, and metro private hospital engineers, who were basically satisfied with the content.
Note that electricity may be purchased from Western Power or another provider. However, in all cases, the initial contact in case of emergency/loss of supply, should be with Western Power.

<u>Description:</u>
Failure of the supply of electricity (the 'normal' supply) from the normal network supplier (usually Western Power) on a widespread or long term basis. Health units may be without electricity for a considerable time, or experience fluctuating or low quality supplies. Failure of normal supply will be readily apparent to most hospital staff due to the immediate nature of electrical services. Failure could be due to one of many reasons - strike, storm damage to public or hospital distribution system, (storm, earthquake, bomb) damage to hospital infrastructure with consequential interruption to electricity distribution, “random” failure, etc.

<u>Impact Rating:</u>
- Very High. Extreme if backup electricity supplies fail.

<u>Consequences of resource failure:</u>
- Normal electricity is used for general power outlets (GPOs), lighting, operation of most plant (a/c, pumps, compressors), control systems, recharging battery systems, computers, etc.

<u>Contingency strategy options:</u>
- Operate essential supplies (emergency generators, battery systems, etc)
- If Western Power (or other network supplier) are switching metro suburban areas on and off to load shed and distribute the inconvenience, hospitals should request that their areas are not switched off. This should be made mandatory with Western Power if there is any problem with the hospital's essential supply - eg generator fails to operate, battery capacity (time) is exceeded, depletion of fuel for generator, etc.
- If emergency generator fails, the engineer will take all steps to get it back on line as quickly as possible. The engineer may also be required to investigate alternate sources of electricity, such as the site’s ability to connect portable generators into the electrical distribution system or to specific areas/equipment.
- Western Power’s emergency contact numbers (for priority customers such as hospitals) are 9235 1888 (north of the river) and 9235 1866 (south). The East Perth Control Centre may be contacted on 9427 4397 or 9427 4352, but it is preferable that the 9235 numbers are used. Obtain regular updates on expected restoration.

How long can operations continue in contingency mode:

- Varies from site to site. Local engineer to advise.

Trigger event/date to invoke the MPBCDP:

- Loss of 'normal' supply should be noted, but it should not necessarily invoke this MPBCDP. Unless there is an abnormal failure at each hospital, they should be able to cope for a medium term. Power outages are experienced occasionally, and hospital systems are generally designed to cope with them. Western Power should be advised of the outage, and for consideration of priority supply.
- If the loss is widespread or for a long period, or if the hospital experiences a failure of their essential supplies, this MPBCDP should be invoked.

Person responsible for implementing this strategy:

- The local hospital engineering manager should deal with the local/ short-term loss of normal power.
- The Areawide Engineering Expert Advisor should be alerted for wider/long-term issues.

Person responsible for this contingency plan

- Mr John Dransfield, WCHS

Review date of this contingency plan

- May 2004

Criteria for returning to normal operating mode:

- Restoration of stable (Western Power) 'normal' supply; or local site able to manage their contingency plan within their resources (eg stable on-site generation of electricity).

Can this strategy be tested if so how:

- Yes, hospital engineers are relatively used to loss of normal supply; and procedures will generally be in place, and concepts known.
- Hospital engineers schedule regular tests of the emergency generator(s).

3.2.9 Area-wide Medical Response to an External Disaster

Description:
A major external disaster such as a train derailment requires a coordinated response by medical teams to deal with the casualties at the scene and in the hospitals.

Impact Rating:
- High

Consequences of external incident:
- Potential mass influx of patients which would swamp the emergency departments and hospitals

Contingency strategy options:
- Cease elective surgery in all Metropolitan hospitals
- Utilise same day procedure units for overnight patients
- Utilise recovery areas for monitored / critical care type patients

Contingency Actions:
- Send medical response teams to incident site (**SEE ATTACHMENT 5**)
- Individual hospital external disaster plans and Westplan Health to be activated
- Obtain bed status of all hospitals
- Discharge patients awaiting surgery
- Discharge patients to the community under the care of Silver Chain and the GPs
- Decant patients from tertiary to secondary and private sector
- Open closed wards
- Advise patients waiting in the emergency departments to visit their GP if appropriate
- Work with the State Health Coordinator regarding management of incident

How long can operations continue in contingency mode:
- Dependent upon human resources available and number of casualties

Trigger event/date to invoke the MPBCDP
- Any external incident within the metropolitan or rural area
- At the request of the State Health Coordinator to assist a National or International response.

Person responsible to develop this contingency plan
- Hazel Harley, MPBCDP coordinator

Review date of this contingency plan
- August 2004.

Criteria for returning to normal operating mode:
- State Health Coordinator in consultation with the Areawide Medical Coordinator.

Can this strategy be tested if so how:
- Hypothetical exercises.
- Tested during the Bali response

3.2.9 Area-wide Gas Supply

This plan has been completed on the following assumption - that the local health care unit engineering manager has taken all reasonable steps to manage the loss of service situation, and that contact with the Area-wide Engineering Adviser or team has only been necessary due to prolonged outage or a combination of circumstances that causes specific local problems.

Only contingency actions that are engineering-based are offered - eg this plan does not consider the range of clinical options available if the sterilisers cannot operate through lack of steam caused by failure of the gas supply to the boilers.

The original version of this plan was checked by a select group of teaching hospital, metro public, and metro private hospital engineers, who were basically satisfied with the content.

Note that gas may be provided by AlintaGas or another provider. However, in all cases of emergency or loss of supply, AlintaGas should be contacted.

Description:
Failure of the mains gas supply on a widespread or long term basis. Health units may be without gas for a considerable time, or experience irregular supply. Failure of gas will not be immediately obvious to most hospital staff. Loss of supply could occur through remote external supply interruption (damage, plant failure) or through on-site plant failure or malpractice.

Impact Rating:
- High

Consequences of resource failure:
- Gas is used mainly in boilers (steam and hot water) and domestic hot water systems, but also for workshops, laboratories, kitchens and incineration. Boilers supply steam and hot water for ablutions, sterilising, kitchen and air conditioning. Domestic hot water systems supply hot water for ablutions. May be a delayed effect in many areas, due to storage of hot water etc.

Contingency strategy options:
- Investigate and confirm it is a gas supply failure. Determine location of failure. If downstream from the mains point of supply, local engineer to initiate repair/rectification.
- If failure is in the mains supply domain, contact AlintaGas (even if the site's contract is with another provider) to advise of loss of supply, request re-supply, and updates on progress.
- Important to advise hospital departments so they can take contingent action ASAP. Loss of gas supply will not be immediately obvious to all. Such action may include conservation of hot water and steam, use of alternate cooking methods, etc.
- Some equipment may be able to be operated from another fuel source – eg some boilers can operate from diesel fuel.
- Hot water ablutions may be obtained from electric units.
- AlintaGas' contact number is 13 13 58 or 9486 3213.

How long can operations continue in contingency mode:

- Varies from site to site. Local engineer to advise.

Trigger event/date to invoke the MPBCDP:

- Loss of gas to important equipment.

Person responsible for implementing this strategy:

- Local engineering manager; then escalate to Areawide Engineering Expert Advisor.

Person responsible for this contingency plan

- Mr John Dransfield, WCHS

Review date of this contingency plan

- August 2004

Criteria for returning to normal operating mode:

- Restoration of stable mains gas supply; or local site able to manage within their own contingency plan within their own resources.

Can this strategy be tested if so how:

- Yes but not recommended. Isolate gas at main incoming pipe, or shut down individual areas or items of plant.

3.2.11 Area-wide Human Resource Availability

Description:
- Supply of Human Resources to all hospitals

Impact Rating:
- Extreme

Consequences of resource failure:
- Inability to supply accepted standard of care to the patients

Contingency strategy options:
- Transfer clinical staff members of closed wards to other areas
- Liaise with casual/agency staff.
- Relocate clinical staff from other public and private hospitals to the areas in need
- Emergency surgery and admission only
- Implement minimal staffing ratio protocols

How long can operations continue in contingency mode:
- Dependent upon type of incident

Trigger event/date to invoke the MPBCDP:
- Major disaster/resource failure resulting in HR shortage
- Major HR shortage due to illness/resignation

Person responsible for implementing this strategy:
- Ms Patricia Tibbett, RPH in conjunction with the Areawide Medical Coordinator

Person responsible for this contingency plan
- Ms Patricia Tibbett, RPH

Review date of this contingency plan
- August 2004

Criteria for returning to normal operating mode:
- Disaster/resource failure resolved

Can this strategy be tested if so how:
- Hypothetical exercises
- Tested during Bali bombings

Problem	Impact	Contingency	Action/Task	Responsibility
Shortage of HR	Unable to maintain standard of care for the patients	Book casual/agency staff	Liaise with casual staff and agencies via Nurse West and book accordingly	Nurse (Unit) Managers
		Relocate staff from other hospitals.	Ensure other hospitals have staffing rosters and contingencies in place	Metro Human Resource Co-ordinator
			Keep up to date staffing sheets of Metro Hospitals	Metro Human Resource Co-ordinator
			Relocate staff as necessary	Metro Human Resource Co-ordinator
		Cancel all Elective Surgery	Ensure emergencies are admitted and operated on only	Hospital Health Coordinators

3.2.12 Area-wide Information Technology

Description:
The scope of the Information Technology BCDP is the core information systems and infrastructure shared by hospitals and health services within the Metropolitan Health Service (MHS).

The Y2K End to End (Y2K E2E) Verification Project identified 24 key critical business processes that were essential to support the delivery of services within the MHS. Only the technology components supporting these 24 processes are the subject of this BCDP.

Impact Rating:
- Key representatives from business areas within the MHS identified the 24 critical business processes. **These 24 critical business processes have been identified as critical to service delivery**.

Consequences of resource failure:
- Information may not be available to support service delivery.

Contingency strategy options:
- Invoke manual downtime procedures. Recovery of services to alternative 'back-up' site(s) depending on the nature of the disaster.

How long can operations continue in contingency mode:
- Patient admission processes - 48 hours
- Laboratory processes - 48 hours
- Financial and supply processes - 48 hours
- Human resource processes - 48 hours
- Pharmacy processes - 48 hours
- Radiology processes - 48 hours

Trigger event/date to invoke the MPBCDP:
- Critical business process is not available to the service provider

Person responsible for implementing this strategy:
- The decision to invoke this plan and/or any recovery options because of system failures at a particular site(s) or at the central site facility affecting multiple sites would be made in consultation with the Areawide Expert Advisor, Information Technology and Director-InfoHealth.

Person(s) responsible for this contingency plan
- Director Information Services, RPH (IT Expert Advisor) and Director – InfoHealth, WA

Review date of this contingency plan
- August 2004

<u>Criteria for returning to normal operating mode:</u>

- Critical business process is available to service provider

<u>Can this strategy be tested if so how:</u>

- Workshop to walk through key staff involved in the development of the Event Management Plan.
- Annual hypothetical exercises of the Disaster Recovery Plan.

3.2.13 Area-wide Linen Supply

Description:
Linen is supplied and used in two major areas of hospitals - general services such as wards, and specialised linen in operating rooms and other procedure areas.

Impact Rating:
- High

Consequences of resource failure:
- Inability to maintain supply of linen to hospitals (including theatres) will result in inability to maintain correct infection control standards and general standards of care to patients.

Contingency strategy options:
- Use disposable linen supplies
- Use other laundry facilities (private companies, hospitals with own laundry facilities)
- Relatives to provide linen items for patients
- Volunteers to wash essential bed linen

How long can operations continue in contingency mode:
- 5 days

Trigger event/date to invoke the MPBCDP:
- Current linen supplier/laundry inoperable or unable to meet hospital demands

Person responsible for implementing this strategy:
- Areawide Medical Coordinator in conjunction with Areawide Expert Advisor

Person responsible for this contingency plan
- Kevin Thair, Health Supply. Additional information is available in **ATTACHMENT 6**.

Review date of this contingency plan
- January 2004

Criteria for returning to normal operating mode:
- Linen provider has facility operational and meeting demand

Can this strategy be tested if so how:
- Has been tested during industrial disputes and when provider system failed.

3.2.14 Area-wide Medical Gases

Description:
Medical gases are crucial to operations within hospitals and perform a major role in life support. In most hospitals these gases are reticulated to critical areas. Back up cylinders are used in some areas.

Impact Rating:
- Extreme

Consequences of resource failure:
- Inability to maintain life support and other essential hospital functions which may result in adverse patient outcome.

Contingency strategy options:
- Bulk tank gas supply - revert to use of cylinders
- Negotiations with gas supply companies to provide cylinders

How long can operations continue in contingency mode:
- Depends on amount used at any given time. With reduced services such as operations, supply could be maintained several weeks.

Trigger event/date to invoke the MPBCDP:
- Failure of bulk supply for more than 2 hours
- Need to close down bulk gas supply piping system.

Person responsible for implementing this strategy:
- Areawide Medical Coordinator in conjunction with the Areawide Expert Advisor

Person responsible for this contingency plan
- Kevin Thair, Health Supply

Review date of this contingency plan
- August 2004

Criteria for returning to normal operating mode:
- Bulk gas supply is provided

Can this strategy be tested if so how:
- Table top testing only

3.2.15 Area-wide Pathology Services

Description:
Pathology services refer to diagnostic laboratory testing in the disciplines of Biochemistry, Blood Transfusion, Haematology, Immunology, Microbiology and Anatomical pathology. **Transfusion medicine laboratories are entirely dependent on the supply of blood and blood products for transfusion. The blood supply will be dealt with in a separate contingency plan**.

Comprehensive laboratory services are provided 'on campus' at the major teaching hospitals. Within these hospitals there is some decentralisation of testing with equipment sited in areas such as operating theatres. The non-teaching metropolitan hospitals have a combination of on site services for tests requiring rapid turnaround and specimen referral to a central (teaching hospital) site for more specialised and less critical testing. Private sector hospitals are serviced by private pathology providers with some on site services being provided by these providers for acute care units (eg SJOG and Mount Hospitals).

Medical laboratories are highly dependent on automated equipment of varying levels of sophistication and on electronic data management for the generation and delivery of essential information to clinical units. There is a wide range of testing equipment used and this is commonly interfaced to laboratory computers which in turn are interfaced to patient information systems and/or remote clients. The failure of any component of these complex systems could seriously interrupt the flow of essential data.

Impact Rating:
- High

Consequences of resource failure:
- Inability to provide essential diagnostic/prognostic information to clinicians treating patients. This would be most problematic in emergency departments and critical care units. Any protracted outage could also seriously affect control management of chemotherapy and other treatment modalities in more chronic cases.

Contingency strategy options:
- Level 1
  It is expected that all laboratories performing essential laboratory tests will have internal downtime procedures covering temporary failure of specimen transport arrangements, analysers and information management systems. This should cover those analysers in clinical areas which may or may not be under the control of the laboratory management.

- Level 2
  Specific laboratory system failures, which cannot be managed by down time procedures covered in Level 1, require access to external assistance. This would relate to failure of one or more testing platforms due to instrument specific problems. In this case only part of the testing repertoire would be unavailable and targeted assistance would be required.

- Level 3
  Failure of essential services such as power and water supply may render the complete service inoperable. In this case, all essential testing would need to be transferred to other operational centres.

The Plan

- Within the PathCentre organisation, an extensive network of referral exists between the central laboratories at QEII Medical Centre and the satellite laboratories in the metropolitan non-teaching hospitals and a rural network covering the whole state. Assuming availability of transport, communication and essential services, PathCentre is well positioned to manage failure in part of their network in that they can use the existing transfer and information management systems to ensure continuity of essential pathology services. This can be regarded as Level 1 contingency.

- Referral of pathology work between public sector laboratories and from private sector laboratories to teaching hospital laboratories is already well established and occurs on a regular basis. In general this is used for relatively low volume, specialised tests. However, in the event of a system failure at a particular site, the process could be extended to manage referral of a wider range of tests.

Scope

- In general, this plan covers those laboratories that provide services in the acute care setting where urgent referral of tests to an alternative site may be required. Non availability of testing systems in the non-acute setting could be managed by negotiation between sites as already occurs for some specialised testing.

Public Sector

- PathCentre - QEII Central Laboratories and Branch Laboratories - metro and rural
- Royal Perth Hospital
- KEMH/PMH
- Fremantle Hospital and Health Service

Private Sector (to be finalised)

- Western Diagnostic Pathology
- Clinipath
- St John of God Pathology
- General Pathology

How long can operations continue in contingency mode:

- Level 1 - this will vary from site to site but would usually be measured in hours.

- Level 2 - Most laboratories have some additional capacity in their test systems. However, the additional workload of another laboratory's urgent work in a particular category could only be sustained for a limited period. A major constraint would be the availability of compatible reagents and other expendables. In addition, the sheer volume of data could not be managed for prolonged periods in the absence of electronic data transfer. Typically this would be measured in hours.

- Level 3 - the failure of a complete service would require local decision making in regard to the components to be transferred elsewhere. Although a wider range of testing would be involved, the same limitations as noted in Level 2 would apply.

Trigger event/date to invoke the MPBCDP:

- Inability to provide essential diagnostic laboratory data to clinical users within a defined required time frame.

Person responsible for implementing this strategy:

- The decision to refer work because of system failure at a particular site(s) would be made in consultation with the Areawide Expert Adviser for Pathology services who would be responsible for monitoring the availability of services areawide, and who would also be in a position, on behalf of the Areawide Medical Coordinator, to determine the capacity of alternative (operating) sites and arrange the transfer.
- Mr Paul Sheehan, Laboratory Service Coordinator, Areawide Expert Advisor OR nominated deputy Mr John Blennerhassett.
- Operations/Business Managers of the four public sector laboratory service providers
- Managers of involved private sector laboratory service providers.

Person responsible for this contingency plan

- Mr Paul Sheehan

Review date of this contingency plan

- June 2004

Criteria for returning to normal operating mode:

- Confirmation with the Areawide Expert Adviser - Pathology of resumption of laboratory operations at affected sites and verification of results according to agreed quality control processes.

Can this strategy be tested if so how:

- The contingency plans for Level 1 and Level 2 events have been put to the test from most sites on a number of occasions, due to failure of specimen transport arrangements, analysers and information management systems. Issues arising from these have been addressed. Level 3 contingency plans, which are an extension to Level 2 plans, could only be tested as a table top exercise, without risking major disruptions to services.

BUSINESS CONTINUITY PLAN (BCP) FOR PATHOLOGY (Excluding Transfusion Medicine)

This BCP details contingency operating plans for critical business functions and their support services for Pathology services in response to any localised incident or disaster as a result of a resource failure.

Table 1: Pathology decanting alternatives for the disciplines of Biochemistry, Haematology and Microbiology – See table below.

		DECANTING OPTIONS				
Primary Site	**Service**	**RPH**	**PathCentre**	**PMH**	**KEMH**	**WDP**
RPH	Haem/Bioc/Micro		1st			2nd
PathCentre	Haem/Bioc/Micro	1st				2nd
Fremantle	Haem/Bioc/Micro	2nd	1st			
PMH	Haem/Bioc/Micro	2nd	3rd		1st	
KEMH	Haem/Bioc/Micro	2nd	3rd	1st		
WDP	Haem/Bioc/Micro	2nd	1st			
SJOG*	Haem/Bioc/Micro					

*SJOG will decant to another of their three sites in the Perth Metropolitan area.

CONTACT DETAILS FOR AREA-WIDE BCP

Table 2. Contact details for Business Continuity

	Name	**Contact details**
RPH	Contact: Duty Biochemist	9224 2422
	After Hours: Duty Biochemist	0404 894 036
PathCentre	Contact: David Taylor	9346 3169
	After Hours: David Taylor	9386 3571 or 0418 902 982
Fremantle	Contact: Greg Sheridan	9431 2683
	After Hours: Senior Shift Scientist	9431 2350.
PMH	Contact: Chief Medical Scientist (Terry Mahoney)	9340 8579
	After Hours: Medical Scientist on call	0410 450 286
KEMH	Contact: Chief Medical Scientist (Mr Stan Howarth)	9340 2750
	After Hours: After Hours Medical Scientist	9340 2751
WDP	Contact: Peter Copson	9317 0999
	After Hours Dave Daga Duty Manager	0412914971 Pager no. 94804889
SJOG	Hollywood Hospital: 9346 6000	Laboratory: 1300 367 674
	Subiaco Hospital: 9382 6111 Murdoch Hospital: 9366 1111 Mercy Hospital: 9370 9222 Midland Laboratory	Laboratory: 9382 6991 Laboratory: 9366 1755 Laboratory: 9370 2033 Laboratory: 9250 2699

3.2.16 Areawide Pharmaceutical Services

Description:
The contingency plan for area-wide pharmaceutical services seeks to ensure the continuity of pharmaceutical supplies and services for hospitals in the metropolitan area of Perth. This will essentially involve ensuring the provision of necessary drugs to maintain the functioning of a health care facility but may also include services such as preparation of sterile and cytotoxic drugs, dispensing, manufacture of special products and provision of clinical services and drug information.

Impact Rating:
- Very High. Interruption in the provision of pharmaceutical services would have major consequences to patient care. Hospitals cannot operate without pharmaceuticals and failure to supply critical, life-saving medication and in the extreme instance may result in the death of a patient(s).

Consequences of resource failure:
- The consequences of resource failure are that hospitals could fail to provide essential elements of patient care due to the lack of appropriate medications.

Contingency strategy options:
The strategies for any institution that is unable to secure necessary drug supplies or services are essentially:
1. Request assistance directly from another institution in the Perth metropolitan area via on-call pharmacists. This is a common practice currently and would be the preferred option for minor problems
2. Request assistance from local pharmaceutical wholesalers
3. Request assistance from the Area Wide Co-ordinator
4. Seek supplies from hospitals in the Eastern States of Australia
5. Seek supplies from pharmaceutical manufacturers; or
6. Seek supplies from overseas

- Options 1 and 2 are the most practical in the emergency and short term situations. Full details of appropriate contact names and numbers (metropolitan hospitals and local wholesalers of pharmaceuticals) are kept in the BCP file. A copy of this file is held at the reception desk of the Department of Pharmacy at RPH and the RPH on-call pharmacist and pharmaceutical expert adviser also hold copies.

How long can operations continue in contingency mode:
- This would depend on the scenario but realistically operations should be able to continue indefinitely in contingency mode or until supplies or services are exhausted.

Trigger event/date to invoke the MPBCDP:
- MPBCDP will be invoked on the request of the Areawide Medical Coordinator

Person responsible for implementing this strategy:
- Mr Barry Jenkins, Chief Pharmacist, Royal Perth Hospital, or nominated deputy

Person responsible for this contingency plan
- Mr Barry Jenkins, Chief Pharmacist, Royal Perth Hospital, or nominated deputy

Review date of this contingency plan

- June 2004

Criteria for returning to normal operating mode:

- Ability to acquire medications or pharmaceutical services in a normal routine manner

Can this strategy be tested if so how:

- This scenario has been tested in a "table-top" test and issues arising from this test have been addressed.

3.2.17 Area-wide Supply Services

Description:
- Supply of all goods to hospitals linked to Health Supply

Impact Rating:
- Dependent upon items required high / extreme

Consequences of resource failure:
- Unable to meet demand for goods within the wards and departments

Contingency strategy options:
- Lease a warehouse
- Use of major companies warehouses

How long can operations continue in contingency mode:
- Three months

Trigger event/date to invoke the MPBCDP:
- Supply of critical goods diminished

Person responsible for implementing this strategy:
- Areawide Medical Coordinator in conjunction with the Areawide Expert Advisor

Person responsible to develop this contingency plan
- Kevin Thair, Health Supply

Review date of this contingency plan
- August 2004

Criteria for returning to normal operating mode:
- Warehouse fully operational

Can this strategy be tested if so how:
- Could transfer operations to another site but would have major accounting and staffing implications.

3.2.18 Areawide Radiological Plan

Description:
Radiation accidents/contamination may occur when radiation sources are inappropriately controlled, sources include x-ray equipment, accelerators, radioactive materials, mining, transporting radioactive materials and nuclear weapons.

Radiation accidents/contamination are divided into two types:
- Exposure to external sources of radiation
- Radioactive contamination either on the skin, inside the body or both.

Impact Rating:
- High.

Consequences of resource failure:
- Potential.

Contingency strategy options:
- Utilise the Radiological Council's management plan.
- Inform Radiological Council of contamination/incident.

Contingency Actions:
- Response: Hotzone perimeter protection
  Identification of potentially contaminated patients
  External decontamination of patient at site
  Multi-agency coordination
  Information flow and management
  Patient triage; injuries/burns/radiation symptoms.
- Management in Emergency Departments:
  Internal/external decontamination
  Consultation within hospitals and utilisation of contingency plan.
  Administration of iodine for internal contamination. (NB. This is only to be used for exposure to I-131 and must be given shortly after arrival)

How long can operations continue in contingency mode:
- Dependent on severity of incident and resources available. May vary from hours to days.

Trigger event/date to invoke the MPBCDP
- Known incident involving radiation sources.

Person responsible for this contingency plan
- Hazel Upton, Managing Health Physicist, Radiation Health.

Review date of this contingency plan
- May 2004.

Criteria for returning to normal operating mode:
- State Health Coordinator in consultation with the Areawide Medical Coordinator and Radiation Health.

Can this strategy be tested if so how:

- Table top exercise.
- Field exercises with CBR Squadron.

3.2.19 Area-wide Transport Systems

Description:
Hospitals are dependent on transport for patient care services, product delivery, and transfer of patients. A range of transport modes is used, from fully equipped ambulances to trucks. Failure in transport may arise from major disruption of traffic, lack of personnel to drive the number of vehicles available, or lack of fuel for the vehicles.

Impact Rating:
- Medium

Consequences of resource failure:
- Inability to transport patients, supplies or services

Contingency strategy options:
- St John Ambulance Australia, WA Ambulance Service to be contacted.
- Individual hospital plans will be invoked
- Maintain a list of all vehicles available at all sites and the staff availability (refer information further in this plan)
- Negotiate with TransPerth bus services for use of their vehicles and/or staff in the event of an emergency.
- Request assistance from other agencies such as State Emergency Service, Scouting and Guide Associations and Volunteer support groups.

How long can operations continue in contingency mode:
- Indefinitely if fuel remains available. A roster system may need to be installed.
- Fuel rationing may be invoked and priority given to ambulance services.

Trigger event/date to invoke the MPBCDP:
- Failure of transport systems unable to be handled at local level.

Person responsible for implementing this strategy:
- Jo Fitzgerald or nominated deputy in consultation with the Areawide Medical Coordinator.

Person responsible for this contingency plan
- Jo Fitzgerald A/ Manager Patient Support Services, Fremantle Hospital

Review date of this contingency plan
- August 2004

Criteria for returning to normal operating mode:
- On confirmation that transport systems are restabilised locally

Can this strategy be tested if so how:
- Table top testing only

COOPERATING HOSPITALS AND AVAILABLE TRANSPORT

Public Hospitals

Sir Charles Gairdner Hospital
Contact Tony Van Kastel 08 9346 4518 or 09 9346 2655 Wk
08 9527 2730 Hm
9 commodore wagons x 4 passengers
2 Mercedes Sprinters 4 / 2 wheelchairs
1 Mercedes Sprinters 4 / 3 wheelchairs
48 car pool vehicles Contact Sam Grech 9346 3877 Wk

Royal Perth Hospital
Contact Hans Schut 08 9224 2003 Wk
3 Commuter Buses take 6 stretcher vehicles/O2 & suction available
Toyota Hiace Van
2 station wagons

Contact Kaye Crosswell 08 9224 2360 Wk
10 volunteer Holden sedans
56 Car pool vehicles
2 Ute
1 Small Truck

PMH/KEMH
Contact Graeme Holder 08 9340 8520 Wk
0410 699 304 Mobile
08 9344 4878 Hm
1 Ambulance, 1 x stretcher, 4 x passengers
1 Toyota commuter bus, 7 x passengers, 1 x wheel chair
2 Mitsubishi star wagons, 1 x 7 passengers, 1 x 2 passengers
1 Magna wagon, 4 x passengers
4 drivers, no volunteers.

Fremantle Hospital
Contact Gordon Stotten 08 9431 2805 Wk
0407 941 476 Mobile
08 9414 7673 Hm
1 Toyota coaster buses, 2 x 3 wheel chairs, 9 x passengers
1 Mercedes Sprinters 4 / 2 wheelchairs
75 car pool vehicles

Stan Riley Lodge 08 9432 9881
Transit bus 1 x 15 passengers & a wheelchair hoist

Fremantle City Council Dial a Ride
Contact 08 9432 9865
Transit bus 1 x 12 passengers & a wheelchair hoist
Transit bus 1 x 12 passengers & a wheelchair hoist
Transit bus 1 x 15 passengers

Osborne Park Hospital 9346 8000 (96007)
No available vehicles

Swan District Hospital 9347 5244 (96012)
No available vehicles

Bentley Hospital 9334 3666 (96021)
No available vehicles

Armadale Hospital 9391 2000 (96020)
28 Sedan pool vehicles
3 Station wagon pool vehicles
3 Vans
1 Falcon Ute
1 Nissan 4WD Ute
1 Toyota Commuter Bus – 8 seats
1, 6 * 4 Trailer
1 Cherry Picker

Kalamunda Hospital 9293 2122 (96037)
No available vehicles

Rockingham/Kwinana Hospital
Contact Garry England General Manager 9592 0600 (96053)
1 x 5 seatercommuter bus with wheelchair access

Graylands Selby-Lemnos & Special Care Health Service
Contact Zig Zalewski (W) 93476718 or
A/H through switchboard 9347 6600
42 seater bus (Leyland Panther) x 1
22 seater Toyota Coaster buses x 2
15 seater Toyota Hiace x 1
12 seater Toyota Hiace x 7
8 seater Star Wagon x 1
Pool motor vehicles (sedans) x 10

Private Hospitals

Hollywood Hospital
Contact Conrad Alter 041 7918 355 Mo
08 9272 8738
3 Transit Ambulances, 3x2 stretcher, 3 x1 passenger

Mount Hospital
Contact 08 9481 1822
No available vehicles

Joondalup Health Campus
Contact 08 9400 9400
No available vehicles

Mercy Hospital
Contact 08 9370 9222
No available vehicles

St John of God - Subiaco
Contact 08 9382 6111
No available vehicles

St John of God -- Murdoch
Contact 08 9366 1111
No available vehicles

Peel Health Campus
Contact 08 9531 8000
Some fleet cars available

OTHER AVAILABLE TRANSPORT

St Johns Ambulance

Contact	Manager Ambulance Operations	08 9334 1234 available 24/7
	Bill Thompson, Operations Manager	08 9334 1455 Mon-Fri / business hours

TransPerth

Contact	Swan Transit (eastern regions)	9274 7400
	Path Transit (northern regions)	9246 9866
	South Coast Transit (south)	9314 6625
	Connex	9475 0066

These contact numbers are available 24/7

TransPerth Office
Contact Mr Barry Pantall, Contract Administration Officer - 9326 2322 wk

Advanced Life Ambulance 08 9527 1000

Swan Taxis 131388

Costal Cabs 132227

Budget vehicle rentals 08 9362 3177
08 9247 2415 A/H

SUPPORTING VOLUNTEER SERVICES

State Emergency Services
Contact Mr Keith Halloway 9277 0555 wk
9277 0555 all hours

Scouts Australia
Contract General Manager, Mr Peter Jones 08 9321 2814
Volunteer drivers

Volunteer Task Force
Contact Mr Barry Clarke 08 9336 2888
4 cars
1 x 11 passenger bus

Melville Carers
Contact Mr Laurie Lyon 08 9319 1144 wk
A/H 0411 666 780
Cars, 1 x12 commuter bus, 2 x8 transit bus, 1 x10 Mercedes.
Melville City Council vehicles – 2x18 seater buses.

Rockingham Home Support
Contact Mr Sam Cutting 08 9528 2777
4 x cars

Kwinana Home Support
Contact Ms Deborah Furnell 08 9439 3747
Volunteer Drivers

3.2.20 Area-wide Water Services (Including Sewage)

This plan has been completed on the following assumption - that the local health care unit engineering manager has taken all reasonable steps to manage the loss of service situation, and that contact with the Area-wide Engineering Adviser or team has only been necessary due to prolonged outage or a combination of circumstances that causes local problems (eg loss of water supplies to site and minimal site storage).

Only contingency actions that are engineering-based are offered - eg the full range of clinical options for patients ablutions in case of water restrictions are not listed.

The original version of this plan was checked by a select group of teaching hospital, metro public, and metro private hospital engineers, who were basically satisfied with the content.

Description:
Failure of supply of water to the health unit, or failure of sewage service (back up of sewage, or spill to open ground). These failures will not be immediately obvious to most hospital staff. These situations may occur through external factors (eg, burst water main, loss of electricity to sewage pumping station) or internal factors (eg, burst hospital supply pipe, failure of sump pump)

Impact Rating:
- High

Consequences of resource failure:
- Water - health units may be without mains water for a considerable time, or experience irregular supply. This may not be immediately obvious at all locations at all sites, due to the effect of on-site storage tanks (usually at the top of buildings). Loss of water to building tanks, taps, toilets, plant.
- Sewage – Health units should not normally be affected by Water Corp not being able to pump from local pumping station. However, other types of failure may occur. This may not be immediately obvious at all locations at all sites. It is very improbable that raw sewage will be evident at the health unit, but some hospitals are reliant on pumps to pump out sewage pits.

Contingency strategy options**:**
- Water - Check if water is available at the meter(s) - if yes, deal with local site problem. If no, alert WaterCorp.
  Advise hospital departments so they can take contingent action ASAP. (loss of water supply will not be immediately obvious to all). Commence water conservation.
  Draw from on-site tanks - water may turn brown - check quality.
  Use bottled water or alternate sources
- Sewage - Check if problem is unique to site or part thereof. If no, alert WaterCorp.
  Advise hospital departments so they can invoke their contingent action ASAP. (Loss of sewage service will not be immediately obvious to all).
  Minimise outflow waste generation.
  Call sewage contractors, alert Health Dept, and divert non-toxic drains to surface spill etc (eg discharge from cooling towers)

Water Corporation’s contact number is 13 13 75.

How long can operations continue in contingency mode:
- Varies from site to site. Local engineer to advise.

Trigger event/date to invoke the MPBCDP:
- Loss of mains water to site
- Back-up of sewage.

Person responsible for implementing this strategy:
- Local engineering manager
- Areawide Engineering Expert Advisor if area-wide or prolonged.

Person responsible for this contingency plan
- Areawide Engineering Expert Advisor - Mr John Dransfield

Review date of this contingency plan
- June 2004

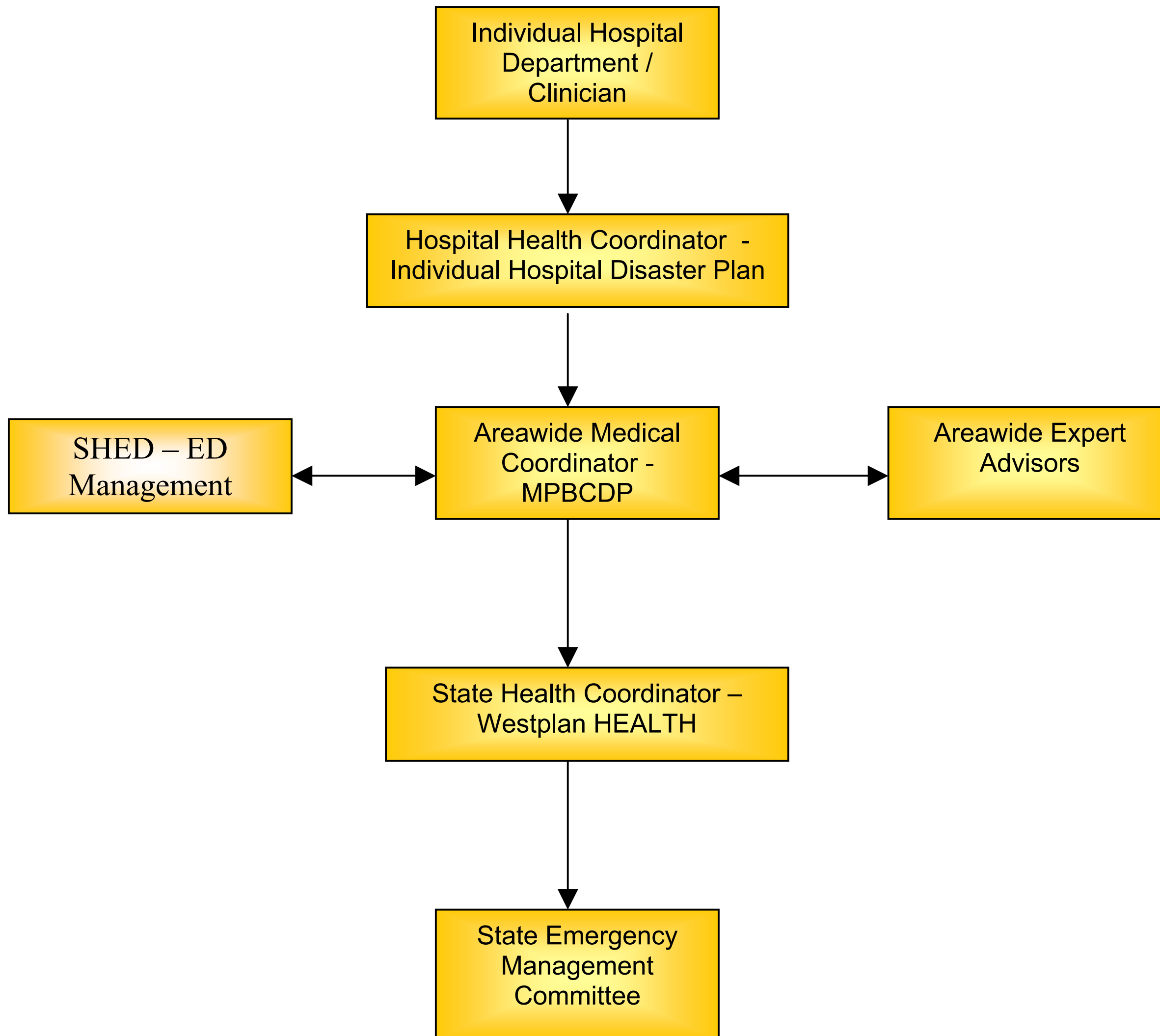
Criteria for returning to normal operating mode:
- Restoration of stable water supply to site and restoration of sewage service.

Can this strategy be tested if so how:
- Water - yes, but not recommended. Isolate at water meter. Isolate water to individual areas within the buildings or items of plant. Water may turn brown, inconvenience.
- Sewage - No.

PART FOUR

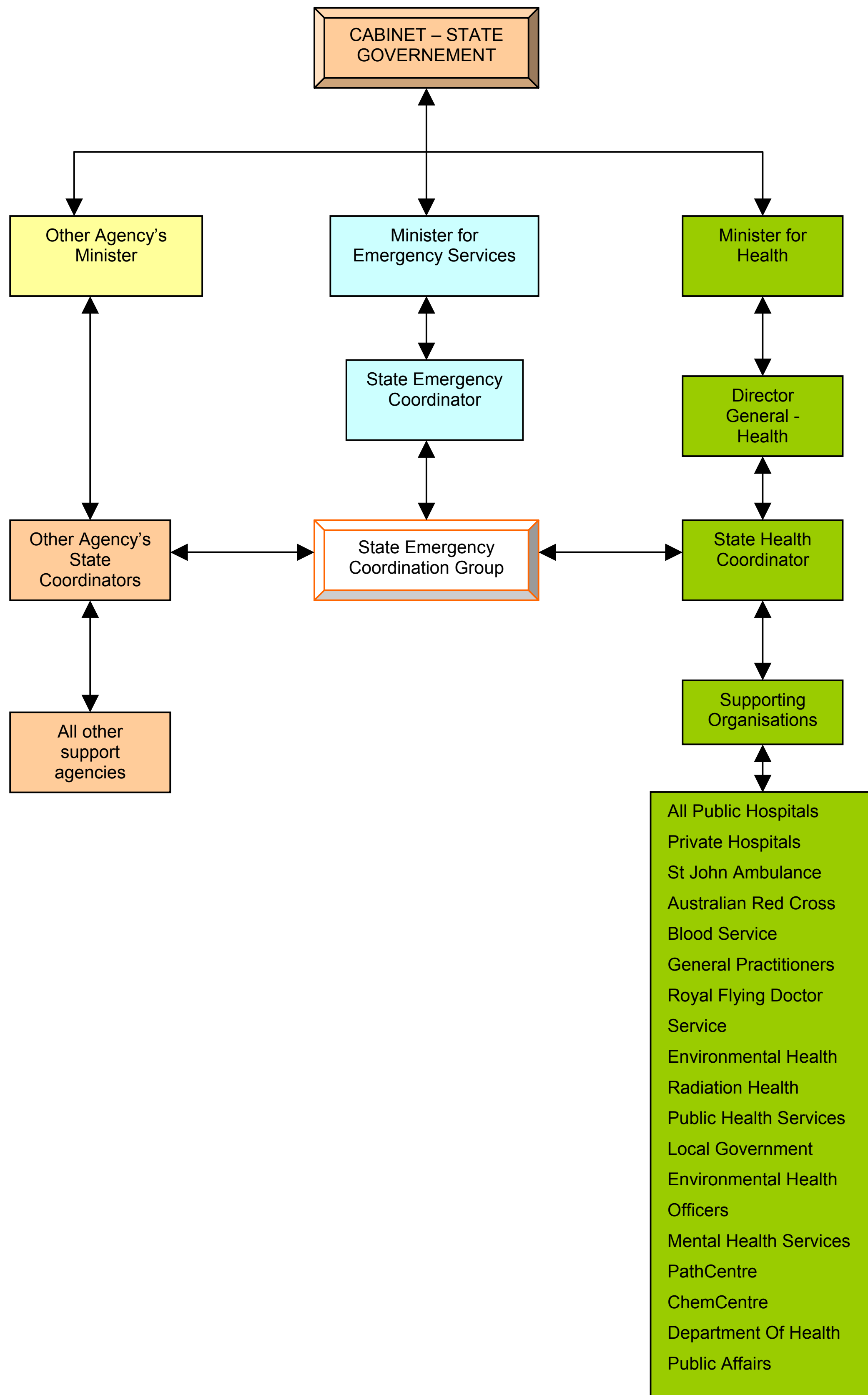
Appendix 1

Metropolitan Disaster Response Organisational Chart



Appendix 2

State Emergencies – Organisational Structure



Appendix 3

Metropolitan Coordination Group Contact Details

The contact details for strategic position holders throughout the Metropolitan Health Services are listed below.

Position	24 Hour Emergency Contact Details	HHCSC representative	HHCSC representative contact details
State Health Coordinator	☎08 9328 0553 - Duty Officer	Dr Andrew Robertson	☎ 08 9328 0556
State Health Emergency Director	☎0894313333 – ask for SHED	Dr Shane Kelly	☎ 0894312000
Areawide Medical Coordinator	☎0892242244 – ask for the oncall medical administrator Metropolitan Emergency Coordination Centre (ECC) ☎WSC – 08 9224 2000 ☎08 9325 7724 ☎08 9325 7444 ☎08 9325 7934 WSC – 9224 3001 Fax **In the event of PABX Failure** ☎08 9325 8102	Dr William Beresford Dr Philip Montgomery	☎ 0892242280 ☎ 0404894000 ☎ 0892242282 ☎ 0404894211
Coordinator – MPBCDP		Ms Hazel Harley Ms Muriel Leclercq	☎ 0892241389

Appendix 4

Contact details for the Hospital Health Coordinators

Hospital	24 Hours Emergency Contact Details	HHCSC representative	HHCSC representative contact details
Armadale Hospital	☎08 9391 2000 – ask for the Hospital Nurse Manager (Mobile 0414 276425)	Mr Chris Bone Director of Nursing	☎0893912070 Work ☎0419960019 Mobile
Bentley Hospital	☎08 9334 3666 – ask for Nurse Manager A Block	Ms Maree Thomter A/Director of Nursing	☎08 9334 3610 Work ☎0404 826 829 Mobile ☎08 9271 8031 Home 08 9334 3711 Fax
Fremantle Hospital	☎08 9431 3333 – ask for Hospital Health Coordinator	Ms Ruth Letts Executive Director of Nursing	☎08 9431 2651 Work ☎0404 890 088 Mobile
Graylands Hospital	☎08 9347 6600 – ask for Area Operations Manager – in hours Duty Nurse Manager – after hours	Mr Gary Wallace Manager, Corporate Services	☎08 9347 6644 Work ☎08 9310 4999 Home ☎0404 052 634 Mobile 08 9385 2701 Fax
Hollywood Private Hospital	☎08 9346 6000 – ask for Director Clinical Services	Ms Nola Cruickshank Director Clinical Services	☎08 9346 6149 Work ☎040 744 9049 Mobile 08 9389 8470 Fax
Joondalup Health Campus	☎08 9400 9400 – ask for After Hours Manager (9400 9621 Office / roving number)	Mr Stephen Nation Risk Manager Ms Liz Prime Director of Nursing	☎08 9400 9461 Work ☎0412 231 324 Mobile ☎08 9400 9418 Work ☎0412 821 530 Mobile
Kalamunda Hospital	☎08 9293 2122 – ask for the Clinical Nurse Manager	Ms Jo Halliday A/Coordinator of Nursing	☎08 9293 2122 Work ☎0417940004 Mobile 08 9293 2488 Fax

Hospital	24 Hour Emergency Contact Details	HHCSC representative	HHCSC representative contact details
King Edward Memorial Hospital	☎08 9340 2222 - ask for the Executive member on call. Emergency Coordination Centre (ECC ☎089340 2400 In the event of PABX failure ☎08 9381 3635	Dr Geoff Masters Executive Director Medical Services Dr D Russell-Weisz Deputy Director Medical Services Ms Anne Bourke Executive Director Nursing Services	☎08 9340 8245 Work ☎0414 934 991 Mobile ☎08 9474 5751 Home
Mercy Hospital Mount Lawley	☎08 9370 9222 – ask for the Clinical Nurse Manager after hours	Ms Anne Rutherford Director of Nursing Ms Pat Owens Chief Executive Officer	☎08 9370 9290 Work ☎0409 310 326 Mobile ☎08 9370 9294 Work ☎0409 702 924 Mobile
Mount Hospital	☎08 9481 1822 – ask for Disaster Coordinator (Risk Manager/DON – in hours, After Hours Manager)	Mr Brad Sebbes Chief Executive Officer	☎ 08 9481 1822 Switch 📠 08 9321 2839 Fax ☎ Mobile
Osborne Park Hospital	☎08 9346 8000 – ask for Co-Directors in hours or the After Hours Manager	Ms Heather Gluyas Nurse Co-Director Dr Mark Salmon Medical Co-Director	☎08 9346 8001 Work ☎0417181318 Mobile 📠08 9346 8431 Fax ☎08 9346 8001 Work ☎0412614038 Mobile

Hospital	24 Hour Emergency Contact Details	HHCSC representative	HHCSC representative contact details
PathCentre	☎08 9346 3000 - ask for the Operations Manager	Mr David Taylor Operations Manager	☎08 9346 2552 Work ☎0418 902 982 Mobile
Peel Health Campus	☎08 9531 8000 - ask for the Director of Nursing or the CEO	Ms Catherine McKinley Director of Nursing Mr Kevin Williams Building and Engineering Manager	☎08 9531 8576 Work ☎0408 903 256 Mobile ☎08 9531 8512 Work (page 156) ☎0407 449 929 Mobile
Dental Health Services	☎08 9220 5777 – No 24 hr service – contact manager all hours	Mr Claude Minuta Manager	☎08 9313 0505 Work ☎08 93102737 Home ☎0408 958 734 Mobile
Princess Margaret Hospital	☎08 9340 8222 - ask for the Executive member on call. Emergency Coordination Centre (ECC ☎089340 2400 In the event of PABX failure ☎08 9381 3635	Dr Geoff Masters Executive Director Medical Services Dr D Russell-Weisz Deputy Director Medical Services Ms Anne Bourke Executive Director Nursing Services	☎08 9340 8245 Work ☎0414 934 991 Mobile ☎08 9474 5751 Home
Rockingham Kwinana Hospital	☎08 9592 0600 - ask for Hospital Nurse Manager	Ms Geraldine Carlton Director, Nursing and Acute Services	☎08 9592 0605 Work ☎08 93681972 Home ☎0414930481 Mobile
Royal Perth Hospital	☎08 9224 2244 – ask for on-call Nursing Director (SPC Command Post – 08 9382 7434)	Ms Patricia Tibbett Executive Director of Nursing Ms Annette Sweetman Nurse Director Bed Management	☎08 9224 2320 ☎0404894012 ☎ 08 9224 2854 ☎ 0404894017

Hospital	24 Hour Emergency Contact Details	HHCSC representative	HHCSC representative contact details
SJOG Subiaco	☎08 9382 6111 – ask for Duty Nurse Manager	Ms Gail Sillery Ms Sue Terry Director Clinical Services	☎08 9382 6734 Work ☎0422 001 254 Mobile ☎08 9382 6000 Work ☎0411 071 659 Mobile
SJOG Murdoch	☎08 9366 1111 – ask for Emergency Controller	Ms Ann Gardner Nurse Manager Emergency Dept	☎08 9366 1276 Work
Sir Charles Gairdner Hospital	☎08 9346 3333 – ask for the Hospital Health Coordinator **Emergency Control Room** ☎08 9346 2155 Direct line 📠 08 9346 3701 Fax	Mr Andrew Marshall Nurse Co-Director Central Services Clinical Service Unit	☎08 9346 4447 Work ☎0418 905 478 Mobile
Swan Hospital	☎08 9347 5244 – ask for Duty Nurse Manager	Ms Yvonne Burns Coordinator of Nursing	☎08 9347 5253 Work ☎ 0418 945 934 Mobile 📠 08 9347 5410 Fax

Expert Advisers to the Areawide Health Coordinator

EXPERT AREA	24 HOUR EMERGENCY CONTACT DETAILS	EXPERT ADVISER PLANNING REPRESENTATIVE	EXPERT ADVISER CONTACT NUMBERS
Public Relations	☎08 92224333 On call media coordinations, DOH	Ms Virginia Ielati Department of Health	☎08 9222 4333 Work ☎0407 471 796 Mob
Electricity, Gas, Water	☎08 9340 8222 Manager Physical Resources Dept - WCHS	Mr John Dransfield WCHS - 0893408222	☎08 9340 1336 Work ☎ 0414 930 469 Mob 📠 08 93401236 Fax
Catering	☎08 9346 3333 On call patient support services on emergency control group.	Ms Linda Davies SCGH - 0893463333	☎08 9346 3492 Work ☎0404 890 979 Mob
Supply, linen, medical gas	☎ 0404 894 137 On call supply officer	Mr Kevin Thair RPH - 0892242244	☎08 9224 2023 Work ☎ 0404 894 127 Mob 📠08 9221 1480 Fax
Pathology	☎ 08 9224 2422 Ask for Pathology Coordinator	Mr Paul Sheehan RPH - 0892242244	☎08 9224 3003 Work 📠08 9224 3466 Fax
Blood Services	☎ 0404 894 105 On call Scientist	Ms Nicole Staples RPH / Redcross Mr John Lown RPH - 0892242244	☎08 94212301 Work ☎ 0402 020 714 Mob ☎ 089 224 2044 Wk ☎ 0418 915 979 Mob ☎ 089 444 2441 Hm 📠08 9224 2480 Fax
Information Services	☎ 1300 302 536 Information will be passed onto the director on call	Mr Dan Duffy RPH - 0892242244 Mr Colin Xanthis InfoHealth Mr Mike Mongey InfoHealth	☎08 9224 2230 Work 📠08 9224 2990 Fax ☎ 0417 946 137 Mob ☎ 08 9318 6104 Work ☎ 0408925595 Mobile ☎ 08 9318 6103 Work ☎ 0416254487 Mobile
Pharmaceutical	☎ 08 9224 2244 Ask for on call pharmacist	Mr Barry Jenkins RPH - 0892242244	☎ 08 9224 8733 Work ☎ 0892988026 Home ☎ 0417095651 Mobile 📠 08 9224 2939 Fax
Communications	☎ 089 340 8222 Ask for the Communications Expert Advisor	Mr Simon Watts WCHS - 0893408222	☎08 9340 8923 Work ☎0414916 739 Mobile 📠08 9340 8973 Fax
Human Resources	☎ 089 224 2244 Ask for oncall Nurse Director	Ms Pat Tibbett RPH - 0892242244	☎08 9224 2320 Work 📠08 9224 2765 Fax

EXPERT AREA	24 HOUR EMERGENCY CONTACT DETAILS	EXPERT ADVISER PLANNING REPRESENTATIVE	EXPERT ADVISER CONTACT NUMBERS
Biomedical	☎ 089 224 2244 Ask for Medical Physics emergency on call roster	Mr Ed Scull RPH - 0892242244	☎08 9224 2080 Work 08 9224 1138 Fax
Transport	☎ 0404 890 195 A/Manager Patient Support Services	Ms Jo Fitzgerald SMHS - 08 9431 3333	☎08 9431 2857 Work ☎0404 890195 Mobile
Chemical	☎ 131126 Ask for on-call Clinical Toxicologist. (this number may be answered via the Eastern States between 2200-0800hrs, so for on-site management ☎ 0419 947 824)	Dr Frank Daly RPH - 0892242244	☎08 9224 2662 Work ☎0419 947 824 Mob
Biological	☎ 08 9346 3333 Ask for on call clinical microbiologist	Dr Tim Inglis Pathcentre	☎08 9346 3461 Work ☎0407 994 631 Mob 08 9381 7139 Fax
Radiological	☎ 0893463333 Ask for on-call physicist	Ms Hazel Upton Radiation Health	☎08 9346 2261 Work

Appendix 5

Medical Emergency Site Management

Emergency Site Management relates to the medical/health structure established at the site of an emergency and embraces the provision of triage, resuscitation, patient treatment and the loading and transportation of casualties. It is generally established when mass casualties have occurred.

This responsibility is generally undertaken, in the first instance, by St John Ambulance, WA Ambulance Service Inc. and/or the RFDS who are usually first on site. Depending on the magnitude of the emergency, they will be supplemented by a Site Medical Team(s) and a Medical Commander.

1. INTRODUCTION

Dependent upon the size of the emergency and geographic location, the availability of rapid medical response and the initial level of special services, may vary considerably.
The following is a general description of the medical emergency management and site organisation for a mass casualty situation within the Perth Metropolitan Area. Outside the Perth Metropolitan Area, and especially in remote areas of the State, the response will be modified consistent with available medical resources.

2. SITE ORGANISATION

The emergency site organisation is based on the following:

- **Forward Command Post** – the Hazard Management Agency for the emergency shall determine the safe location for its Forward Command Post at the emergency site. Both the Medical Commander and the Ambulance Commander are located within the Forward Command Post.

- **Primary Triage Area -** the area in which casualties are initially assembled and triaged. This facility may be in one of two locations:

  a) within the incident site; or

  b) if rescue services are extracting casualties from a hazardous area:
  - as near as possible to the incident site to alleviate long distance stretcher carrying, - -
  - and in an area safe for personnel to perform their duties.

- **Casualty Clearing Post** (CCP) – the area established for triage and treatment of casualties. The CCP should be:

  a) as near as possible to the Primary Triage Area to alleviate long distance stretcher carrying;
  b) large enough to accommodate the casualties and staff, with ease of access and egress, ideally in an area protected from the elements, and

c) in an area safe from the effects of the event.

- **Safe Holding Area** – the area established for the initial holding of non injured victims and those with minor injuries (delayed patients) pending registration and non ambulance evacuation from the site. The safe holding area should be:

  a) within reasonable proximity but not immediately adjacent to the CCP,
  b) in an area safe from the effects of the event, and
  c) have easy access with good egress.

- **Ambulance Loading Point** – the area where patients are loaded and the patient identity and destination recorded, which should be:

  a) as near as possible to the CCP,
  b) large enough to accept more than one vehicle with easy access and egress, ideally with movement in one direction only, and
  c) located in a safe area, particularly in relation to other traffic.

- **Ambulance Assembly Point** – the area where vehicles are marshalled if the Ambulance Loading Point is unable to accommodate them and should be:

  a) as near as practicable to the Ambulance Loading Point, but not to cause traffic congestion,
  b) easily accessible with good egress,
  c) large enough to accommodate all responding ambulances, and
  d) in an area with proven communications with the Ambulance Loading Point.

3. OFF-SITE ORGANISATION

The off-site organisation is based on the following:

- **Ambulance Emergency Operation Centre** – located at the St John Ambulance, WA Ambulance Service Inc. facility at the State Office, Belmont;
- **Incident Coordination Group (ICG)** – the group of ambulance personnel located at St John Ambulance State Office, who are responsible for providing strategic support to the ambulance field operations. This group of people includes the Incident Commander, Ambulance (EOC) Manager, ICG Operations Officer, ICG Planning Officer, ICG Logistics Officer and Volunteer First Aid Service On-Call Officer
- **Emergency Coordination Centre** – the Emergency Coordination Centre is located at Royal Perth Hospital from which the off site Hospital response for the Perth Metropolitan Area is coordinated by the Areawide Medical Coordinator.
- **State Health Emergency Operations Centre** – the location from which the coordination of the overall State level health response takes place.

4. SITE - KEY HEALTH PERSONNEL AND THEIR FUNCTIONS

The key personnel and their functions are as follows:

4a. Medical Commander (Designated medical administrator or nursing practitioner nominated by the Areawide Medical Coordinator)

Location

Based at the Hazard Management Agency's Forward Command Post.

Functions

- Liaise continuously with Ambulance Commander (at Forward Command Post)
- Liaise with other liaison officers and other agency Commanders at the Forward Command Post.
- Provide communication link between the Senior Doctor (at CCP) and the Areawide Medical Coordinator at the Emergency Coordination Centre and the agencies within the Forward Command Post.
- Provide assistance and information to the Senior Doctor as required.

4b. Senior Doctor (Designated ED physician)

Location

Casualty Clearing Post (CCP).

Function

- Together with the Senior Nurse and the SJA Casualty Clearing Officer, responsible for the triage, assessment, patient management and coordination of the CCP and Medical Teams

4c. Senior Nurse (Designated senior ED nurse)

Location

Casualty Clearing Post (CCP).

Function

- Together with the Senior Doctor and the SJA Casualty Clearing Officer, responsible for triage, assessment, patient management and the coordination of CCP and Medical Teams

4d. Communications Officer

Location

CCP

Function

- Provides administrative and communications support to the Senior Doctor in the CCP.

4e. Triage Nurse (Most senior triage nurse)

Location

CCP

Function

- Perform Secondary Triage Assessment (TRIAGE SORT) / re-triage RED, ORANGE and GREEN priority patients as they arrive at the CCP.

4f. Transport Coordinator (Nurse with radio communication skills)

Location

CCP

Function

- Communication with the Areawide Medical Coordinator at the Emergency Coordination Centre to determine the destination of the patient.

4g. Transport Nurse

Location

CCP

Function

Management of casualties waiting for hospital transport.

4h. Red/Orange Area Nurse

Location

CCP

Functions

- ♦ With allocated Doctor and Ambulance Paramedics, systematically perform a secondary survey of casualties, including observations and after treatment, re-prioritise patients as required.
- ♦ Inform Senior Nurse of patients requiring urgent transfer to the trestle area where definitive management will occur.

4i. Red/Orange Area Doctor

Location

CCP

Functions

- ♦ With allocated Nurse and Ambulance Paramedics, systematically perform a secondary survey of casualties, including observations and after treatment, re-prioritise patients as required.
- ♦ Inform Senior Nurse of patients requiring urgent transfer to the trestle area where definitive management will occur.
- ♦ Begin basic medical management, i.e. Oxygen, IVC / IVT

4j Treatment Nurse (Nurse with advanced life support skills)

Location

CCP

Function

- ♦ Team up with a treatment doctor, and treat / stabilise casualties. Trestle tables may be utilised.

4k. Treatment Doctor

Location

CCP

Function

- Team up with a treatment nurse, and treat / stabilise casualties. Trestle tables may be utilised.

4l. Delayed Priority Nurse

Location

CCP

Function

- Together with the SJA Delayed Priority Officer, assess and manage walking wounded / delayed priority patients.

Attachment 6

Linen Facilities

Schedule of activities in preparedness of the activation of the Business Continuity Plan for Linen provision

Set out below are key activities which should occur in preparedness of the activation of the BCDP for linen provision to Metropolitan Hospitals.

It is anticipated that Metropolitan Hospitals will receive a two-week notice of the possible implementation of the BCDP. The key activities are based on two weeks of lead up. The list of activities should act as a guide only and be used as a checklist of activities to be completed prior to the implementation of the BCDP.

Notification of the possible introduction of the Business Continuity and Disaster Plan.

Arrange meetings with key personnel and Hospital representatives.
- Determine the stock contingency levels currently within the hospitals.
- Complete template of probable linen requirements for each hospital.
- Discuss and determine warehouse requirements for the storage of foul linen.
- Verify contact details are up to date.

Supply chains disposable items procurement.
- Determine the demand for disposable items from hospitals.
- Notify suppliers of possible demand for disposable items.
- From the suppliers determine the procurement requirements including lead up times for supply.
- Purchase disposable items if required.

Hospital Site preparation
- Determine disposable stock levels, advise Supply chains of demand and increase as required.
- Start education program for staff on the wards to sort linen.
- Start linen minimisation strategies.

Advise and plan for the potential employment of staff for the production of linen.
- Notify staff of pending action and seek assistance from volunteers.
- Notify agencies of possible resource requirements.
- Develop rosters for work requirements.
- Organise basic training of staff if required.

Prepare satellite linen production units in the Country Hospitals.
- Notify satellite units of the impending laundry requirements.
- Investigate and arrange accommodation requirements for staff who are asked to work outside of the metropolitan area.

Preparation transport schedules.

- Determine and arrange transport requirements for the movement of linen and staff to and from country hospitals.
- Organise transport roster through the Areawide Transport Expert Advisor.

Activate Business Continuity Plan.

<u>Procedure for Informing Linen Managers of any expected shortages and anticipated availability dates:</u>

- Spotless Linen to e-mail Rob Bycroft, the Contracts Consultant, HealthSupply WA (Nedlands) by 8.30am daily with a list of shortfall items or communicate that all items are currently available;

- The Contracts Consultant will maintain a database of any shortfall items, and send an e-mail before 9.00am to all linen managers with Spotless Linen contracts, a list of shortfall items, or confirmation that shortfalls should not occur during that day.

- If shortfalls do occur outside this advice managers are to contact the Spotless Linen Customer Service Officer (Julian Bird 9312 0353, mobile 0413 739 223, or Margaret Pulumbo, 9312 0323, mobile 0411 748 050) in the first instance . If unable to contact the Customer Service Officer call Julian Henderson on his mobile number 0413 150 613. Managers should then inform the Contract Consultant, HealthSupply WA (Nedlands) of any shortfall so that an accurate database can be maintained.

CONTACTS FOR SUPPLY/LINEN/CSSD

ARMADALE HEALTH SERVICES   Switch: 9391 2000

AREA	NAME	POSITION	WORK		PAGER	MOBILE	HOME
			Phone	Fax			
SUPPLY	Pauline Wright	Customer Liaison Officer	9391 2050	9391 2059			9399 5560
	See also RPH Supply Services Staff						
LINEN	Spotless Linen Service Debbie Flynn		9391 2024	9391 2024	A/H number 9485 7276		
CSSD	Linda Macey		9391 2185	9391 2189			9495 4218

BENTLEY HEALTH SERVICE Switch: 9334 3666

AREA	NAME	POSITION	WORK		PAGER	MOBILE	HOME
			Phone	Fax			
	Neil Robinson	Customer Liaison Officer	9334 3636	9334 3636			9377 5323
SUPPLY	Robert Mayne	Storeperson	9334 3637	9334 3636			9457 9212
	See also RPH Supply Services Staff						
LINEN	Godfrey Alam	Porter	9334 3676	9334 3676		0429 959 943	9332 6543
	Cathy Anderson	Customer Service Manager	9312 0312	9310 5002		0403 047 413	N/A (use mobile)
CSSD	Rosemarie Maple	CSSD Assistant	9334 3635			0418 806 579	9459 3368

FREMANTLE HOSPITAL

AREA	NAME	POSITION	WORK		PAGER	MOBILE	HOME
			Phone	Fax			
SUPPLY	Chris O'Donnell	Manager	9431 2167	9431 2384		0404 890 222	9524 1556
LINEN	Jo Fitzgerald	A/Manager	9431 2857	9431 2465		0404 890 195	9339 1625
CSSD	Margaret Griffith	Manager	9431 2517		2517		

GRAYLANDS HOSPITAL Switch: 9347 6666

AREA	NAME	POSITION	WORK		PAGER	MOBILE	HOME
			Phone	Fax			
SUPPLY	Rick Kaszanski	Customer Liaison Officer	9347 6760	9384 6972			9382 1048
	See also RPH Supply Services Staff						
LINEN	Z Zalewski	Domestic Supervisor	9347 6718	9347 6747	9347 6666 416		9319 2404
	J Goddard	Assistant Supervisor	9347 6719	9347 6747			
CSSD	Z Zalewski	Domestic Supervisor	9347 6718	9347 6747	9347 6666 416		9319 2404
	B Heynes	CSSD Assistant	9347 6715	9347 6747			

JOONDALUP HOSPITAL Switch: 9347 6666

AREA	NAME	POSITION	WORK		PAGER	MOBILE	HOME
			Phone	Fax			
SUPPLY	Michael Ryan	Purchasing Manager	9400 9044		146		
LINEN	George Perera	Regional Services Manager	9400 9675			040 1993 052	9300 2185
CSSD	Chris Whellum	Theatre Manager	9400 9700		225		9409 4234
OR	Lesley Grasby	Theatre Co-ordinator	9400 9700				

KING EDWARD MEMORIAL HOSPITAL FOR WOMEN/PRINCESS MARGARET HOSPITAL Switch: 9340 2222

AREA	NAME	POSITION	WORK		PAGER	MOBILE	HOME
			Phone	Fax			
SUPPLY PMH	Trevor Virgin	Customer Liaison Officer	9340 8468	9340 8119			9457 5853
KEMH	Michael Wallace	Customer Liaison Officer	9340 1415	9340 2729		0414 376 030	9444 0067
	See also RPH Supply Services Staff						
LINEN							
KEMH	Pauline Leighton	Coordinator, Housekeeping Support Services	9340 1488	9340 1113	9340 2222 3354		9305 3207
KEMH/ PMH	Paul Steele	Manager, Support Services.	9340 8779	9340 8611	9340 2222 1082	0414 932 564	9330 3486
PMH	Freda Dyson	Coordinator Housekeeping	9340 8372	9340 8611	9340 8222 2002		9402 1415
CSSD							
KEMH	Adelaide Boltman	Area Manager	9340 2696	9340 2696			9454 3601
PMH	Peter Yung	Clinical Nurse	9340 7017	9340 7017			9459 3098

ROYAL PERTH HOSPITAL WELLINGTON STREET CAMPUS   Switch: 9224 2244

AREA	NAME	POSITION	WORK		PAGER	MOBILE	HOME
			Phone	Fax			
SUPPLY	Kevin Thair	Manager, Supply Services	9224 2023	9221 1480	9224 2244	0404 894 127	9276 1924
	Craig Lippiatt	Systems & Accounts Manager	9224 2926	9221 1480		0404 894 137	9275 3137
	Louie Antonelli	Purchasing Manager	9224 2419	9221 1480			9246 2615
	Steve Kelly	Warehouse & Distribution Manager	9224 3520	9224 3520	9224 2244		9401 2836
	Brian Farmer	Contracts Manager	9224 1311	9224 8075			9454 3167
LINEN	Steve Kelly	Warehouse and Distribution Manager	9224 3520	9224 3520	9224 2244 p 2354		9401 2836
	Colleen Elphick	Linen Services Officer	9224 2687	9221 1480			9277 5813
CSSD	Jim Rausch	Manager, CSSD/TSSU	9224 2678	9221 1480			9443 7473
	Denise Sokolowski	Deputy Manager	9224 1024				9440 1024
	Richard Korszenieki	Supervisor	9224 1024				Silent number
	Christine Pasco	Supervisor	9224 2374				9453 1542
	Sharon Seiku	Supervisor	9224 2374				9249 3562

ROYAL PERTH HOSPITAL SHENTON PARK CAMPUS   Switch: 9382 1717

AREA	NAME	POSITION	WORK		PAGER	MOBILE	HOME
			Phone	Fax			
SUPPLY	Clive Roscoe	Customer Liaison Officer	9382 7183	9382 7604			9275 3992
	See also RPH Supply Services Staff						
LINEN	Clive Roscoe	Customer Liaison Officer	9382 7183	9382 7604			9275 3992
	Colleen Elphick	Linen Services Officer	9224 2687	9221 1480			9277 5813
CSSD	Clive Roscoe	Customer Liaison Officer	9382 7183	9382 7604			9275 3992
	Jim Rausch	Manager, CSSD/TSSU	9224 2678	9221 1480			9443 7473

OSBORNE PARK HOSPITAL Switch: 9346 8000

AREA	NAME	POSITION	WORK		PAGER	MOBILE	HOME
			Phone	Fax			
SUPPLY	Rick Marsigalia	Customer Liaison Officer	9346 8037	9346 8234			9307 2281
	See also RPH Supply Services Staff						
LINEN	Margaret Beresford		9346 8095		9346 8000 143		
CSSD	Wendy Lawson		9346 8210		9346 8000 301		

SWAN HEALTH SERVICE **Switch: 9347 5244**

AREA	NAME	POSITION	WORK		PAGER	MOBILE	HOME
			Phone	Fax			
	Joanne Boyd	Customer Liaison Officer	9347 5220	9347 5230	890		9271 1597
SUPPLY	Charlie Little	Storeperson	9347 5220	9347 5230	890		9444 2222
	See also RPH Supply Services Staff						
LINEN	James O Reilly	Contracts Manager	9347 5391	9347 5410		A/H 0416 275 633	9275 6331
	Diane Smith	SSL Customer Service	9332 7011	93102490		0413 150752	
CSSD	Michael Bernath	SSL Operations Manager	9332 7011	9310 2490		0413 150747	
	Wendy Walter	Clinical Nurse Manager	9347 5368		857		
	Lesley Martin	CSSD Coordinator	9347 5630				

KALAMUNDA HEALTH SERVICE Switch: 9293 2122

AREA	NAME	POSITION	WORK		PAGER	MOBILE	HOME
			Phone	Fax			
SUPPLY	Jeff Ball	Customer Liaison Officer	9293 2122	9393 4951			9295 4661
	See also RPH Supply Services Staff						
LINEN	Pat Carey		9293 2122	9293 4951			9453 1439
CSSD	Joyce Spicer		9293 2122	9257 2071			9293 4782

ROCKINGHAM KWINANA DISTRICT HOSPITAL

AREA	NAME	POSITION	WORK		PAGER	MOBILE	HOME
			Phone	Fax			
SUPPLY	Geoff Ames	Customer Liaison Officer	9592 0600	9592 4549	402		9592 4062
	AH Nurse Manager	Nurse Manager	9592 0600	9592 1621	130		
	See also RPH Supply Services Staff						
LINEN	Anne Wilson	Manager, PCA Programme	9592 0675	9592 1621	444		
	Janette Buchan	Leading Hand PCA	9592 0676	9592 4759	108		
	Ah Nurse Manager	Nurse Manager	9592 0600	9592 1621	130		
CSSD	Bea Daniel	Nurse Manager Surgical	9592 0704	9592 1621	273		
	Ah Nurse Manager	Nurse Manager	9592 0600	9592 1621	130		

SIR CHARLES GAIRDNER HOSPITAL

AREA	NAME	POSITION	WORK		PAGER	MOBILE	HOME
			Phone	Fax			
SUPPLY	Sam Castiglione	Site Coordinator Supply Chain 2	9346 2000				
	See also Supply Chain Two staff						
LINEN	Linda Davies	Manager Patient Support Services	9346 3492	9346 1622	4418	0404 890 979	
	Tony Agate	Linen Officer	9346 3681		4030		
CSSD	Mary Stainton	Manager CSSD	9346 2136		4545		

HOLLYWOOD PRIVATE HOSPITAL

AREA	NAME	POSITION	WORK		PAGER	MOBILE	HOME
			Phone	Fax			
SUPPLY	Robin Archer	Manager – Supply	9346 6369	9346 6594		0438 872 728	9387 2728
	Gus Fischer	Inventory Controller	9346 6459	9346 6594		0410 541 076	9450 3702
	David Titmuss	Purchasing Officer	9346 6334	9346 6594			9304 8927
	James D'Oliveriro	Purchasing Officer	9346 6348	9346 6594		0416 178 921	9472 7107
LINEN	Wayne Williams	Manager, Hotel and Property Services	9346 6702	9346 6519		0417 936 523	9388 0027
CSSD	Andrea Hunter	Coordinator Operating Suite/SSD	9346 6483	9346 6709		0417185462	9498 6028
	Margaret Jones	Supervisor, CSSD	9346 6306	9346 6709			9454 8080

MERCY HOSPITAL

AREA	NAME	POSITION	WORK		PAGER	MOBILE	HOME
			Phone	Fax			
SUPPLY	Ian Higgins	Manager	9370 9611	9272 1229	9370 9222 pg 0611		
	Wayne Balaam	Supply Officer	9370 9232	9272 1229	9370 9222		
LINEN	Ian Higgins	Manager	9370 9611	9272 1229	9370 9222 pg 0611		
	Penny Gomez	Laundry Coordinator	9370 9285	9272 1229	9370 9222 pg 0285		
CSSD	Robyn Lawson	A/DON Theatre	9370 9531	9370 9344	9370 9222 pg 0531		
	Di McGregor	CNM CSSD	9370 9619	9370 9344	9370 9222 pg 0619		

ST JOHN OF GOD HEALTH CARE – MURDOCH

AREA	NAME	POSITION	WORK		PAGER	MOBILE	HOME
			Phone	Fax			
SUPPLY	} }						
	} All requests for assistance }						
LINEN	} must be channelled through }						
	} the designated controller }						
	} who can be contacted by }						
	} telephoning 08 9366 1111 }						
CSSD	} }						

NB: St John of God Murdoch does not have its own laundry facility. This service is provided by sister hospital, St John of God Subiaco

ST JOHN OF GOD HEALTH CARE – SUBIACO

AREA	NAME	POSITION	WORK		PAGER	MOBILE	HOME
			Phone	Fax			
SUPPLY	John Warren	National Supply Manager	08 9213 3669	08 9213 3668	-	0413 735 947	08 9377 2189
LINEN	Shirley Phillips	Director Corporate Services	08 9382 6322	08 9382 6037 0r 08 9381 7180	-	0411 244 113	08 9380 4004
CSSD	David Nash RN	SSD Manager	08 9382 6875	08 9382 6115 or 9381 7180	08 9382 6111 Page 739	-	08 9246 1307

CSSD

Suppliers of Sterile Drapes and Procedure Packs

- Johnson & Johnson
- Baxter Healthcare
- 3M Australia
- OPSM
- Surgicare
- Kimberly Clark
- Promedica Pty Ltd
- Surgical Dynamics/Multigate
- Alcon
- Designs for Vision.

PRODUCTION CAPABILITIES OF SATELLITE LAUNDRY PRODUCTION FACILITIES.

Production requirements

Listed are the daily linen production requirements for the Metropolitan Hospitals during contingency action. The list focuses on the linen production of towels and cellular blankets.

Hospital	**Occupied Bed days**	**Daily towel requirement**	**Daily cellular blanket requirement**
RPH	784	784	258
SCGH	544	544	179
KEMH/PMH*	412	412	135
FHHS	429	429	141
GHS	307	307	101
NHMS	106	106	34
RKHS	71	71	23
SWAN	125	125	41
KHS	43	43	14
AH	130	130	43
BH	168	168	55
total		**2,718**	**1024**

**KEMH/PMH can operate self sufficiently in linen production during contingency conditions.*
*Towel and blanket requirements are a guide only. Towel requirements are based on one towel per OBD. Blanket requirements are based on one third of the OBD.

LINEN PRODUCTION CAPABILITIES OF THE SATELLITE

Set out below are the production capabilities of each of the satellite units identified as a facility which could undertake linen production for the metropolitan Hospital during contingency action.

Northam Hospital

Machines Available
2* 40kg washing machines
2* 20kg washing machines

1 large drying machine
6 small drying machines

TOWEL PRODUCTION

- (2* 40kg washing machines)* 80 towels an hour* 24 hour production=**3,840 towels in 24 hours**
- (2* 20kg washing machines)*40 towels an hour*24 hours production=**1,920 towels in 24 hours**

total washing capacity = 5,760 towels

- (1 large Drying machine) * 60 towels an hour* 24 hour production = **1,440 towels in 24 hours**
- (6 small drying machines)* 30 towels an hour* 24 hours production = **4,320 towels in 24 hours**

total for drying capacity = 5,760 towels

Estimated total towel production for towels is 5,760

CELLULAR BLANKET PRODUCTION

Cellular blanket production is calculated at one third of towel production therefore production is **1,900 in 24 hours**.

Staffing requirements
Estimated staffing requirements are:
- Sorting **1** Staff
- Washing **1** Staff
- Drying **1** Staff
- Folding **1** Staff
- Transport **1** Staff

At 8-hour shifts over 24 hours will require 12 staff minus transport requirements.

Pinjarra

Machines available

- 1* 80kg washing machine
- 1* 40kg washing machine

- 6* dryers

TOWEL PRODUCTION

- (1* 80kg washing machines)* 80 towels an hour* 24 hour production=**3,840 towels in 24 hours**
- (1* 40kg washing machines)*40 towels an hour*24 hours production=**1,920 towels in 24 hours**
- total washing capacity = 5,760 towels
- (6 small drying machines)* 30 towels an hour* 24 hours production = **4,320 towels in 24 hours**

total drying capacity = 4,230 towels

Estimated total towel production for towels is 4,230

CELLULAR BLANKET PRODUCTION

Cellular blanket production is calculated at one third of towel production therefore production is **1,900 in 24 hours**.

Staffing requirements

Estimated staffing requirements are:

- Sorting **1** Staff
- Washing **1** Staff
- Drying **1** Staff
- Folding **1** Staff

- Transport **1** Staff

At 8-hour shifts over 24 hours will require 12 staff minus transport requirements.

Mercy Hospital

Mercy Hospital operates 5 days a week Monday to Friday form 0600 hrs to 1730 hrs.
It is unable to operate outside these hours due to local noise restrictions.

Machines in operation

- 6 * 230 kg per hour washing machines

- * 224 kg per hour drying machines

The Mercy could accommodate the production of approximately 2 to 3 trolleys of towels, which equates to approximately 210 to 310 towels.

Possible Laundries (Private Organisations)

Brightwater Care Group 9248 0300
9 Meka Street
MALAGA WA 6062

Fremantle Steam Laundry 9335 5744
Robb Biotec Park
7 Emplacement Crescent
HAMILTON HILL WA 6163

Spotless Linen 9312 0312
Murdoch Drive
MURDOCH WA 6450

Prime Laundry and Drycleaning 9277 8233
41 Robinson Avenue
BELMONT WA 6104

Private Hospitals

Attadale Hospital
21 Hislop Road — Phone 9330 1000
Attadale 6156 — Fax 9330 2368

Attadale Hospital 21 Hislop Road Attadale 6156	Phone 9330 1000 Fax 9330 2368
Bethesda Hospital Inc 25 Queenslea Drive Claremont 6010	Phone 9340 6379 Fax 9340 6399
Fremantle Kaleeya Hospital Cnr Station Wolsely Road East Fremantle 6158	Phone 9339 1655 Fax 9319 1958
Glengarry Hospital 53 Arnisdale Road Duncraig 6023	Phone 9447 0111 Fax 9448 2660
Galliers Private Hospital 3056 Albany Highway Armadale 6112	Phone 9391 1000 Fax 9391 1100
Hollywood Private Hospital Monash Avenue Nedlands 6009	Phone 9346 6000 Fax 9387 8470
Joondalup Health Campus Shenton Avenue Joondalup 6919	Phone 9400 9999 Fax 9400 9055
Mercy Hospital Ellesmere Road Mount Lawley 6050	Phone 9370 9222 Fax 9272 1229
Mount Hospital 150 Mounts Bay Road West Perth 6005	Phone 9481 1822 Fax 9321 2208
Mr Lawley Private Hospital 14 Alvan Street Mount Lawley 6050	Phone 9370 2500 Fax 9271 8355
Peel Health Campus 110 Lakes Road Mandurah 6210	Phone 9531 8000 Fax 9531 8399
Rockingham Family Hospital Crn Willmott and Gnangara Drive Rockingham 6168	Phone 9527 2222 Fax 9592 4187

South Perth Community Hospital Inc — Phone 9367 7966
South Terrace — Fax 9474 2541
Como 6152

St John of God Health Care — Phone 9366 1111
100 Murdoch Drive — Fax 9366 1133
Murdoch 6150

St John of God Health Care — Phone 9382 6111
175 Cambridge Street — Fax 9381 7180
Subiaco 6008

Woodvale Private Hospital for Women — Phone 9309 3222
231 Timberlane Drive
Woodvale 6026

LINEN – DISPOSABLE ITEMS AVAILABLE FROM HEALTHSUPPLY WA

Stock No.	Code No.	Brand/Description	HealthSupply Site
2134K	**4260**	**Kimberly-Clark** **Bedsheet Rolls, 56.5cm x 80m**	**Perth, Fremantle**
18529L	**16102**	**Johnson & Johnson** **All-purpose Towel 34cm x 60cm. Box of 100**	**Perth**
13131D	**TWM50**	**Trugrade** **Multi-purpose Cleaning Wipes 32cm x 32cm. Box of 100**	**Perth**
13355D	**4465**	**Kimberly-Clark** **Multi-purpose Cleaning Wipes 32cm x 32cm. Box of 75**	**Perth, Fremantle**
126066J	**29-382**	**Surgical Dynamics** **Gown, Operating – Isolation**	**Perth, Fremantle**

POSSIBLE LAUNDRIES (PRIVATE ORGANISATIONS)

Brightwater Care Group 9248 0300
9 Meka Street
MALAGA WA 6062

Fremantle Steam Laundry 9335 5744
Robb Biotec Park
7 Emplacement Crescent
HAMILTON HILL WA 6163

Spotless Linen 9312 0312
Murdoch Drive
MURDOCH WA 6450

Prime Laundry and Drycleaning 9277 8233
41 Robinson Avenue
BELMONT WA 6104

POSSIBLE LAUNDRIES (HOSPITALS)

Mercy Hospital 9370 9222 (Switch)
Thirlmere Road
MOUNT LAWLEY WA 6050

King Edward Memorial Hospital 9340 2222 (Switch)
Bagot Road
SUBIACO WA 6008

Graylands Hospital 9347 6600 (Switch)
Brockway Road
MOUNT CLAREMONT WA 6010

Rural Hospitals.