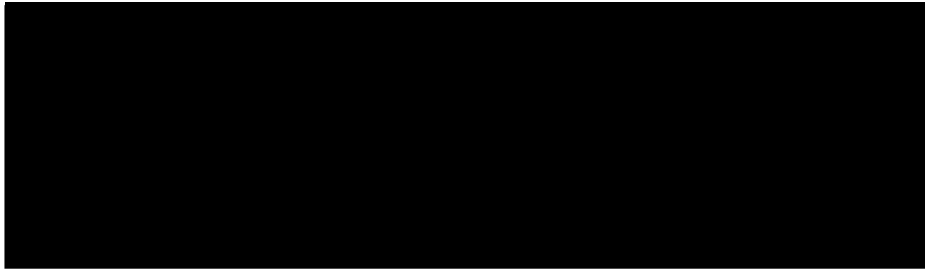


06 June 2019



Re **Official Information Request for the Emergency Preparedness and Response Manual**

I refer to your official information request 6 May 2019 for the following information:

***a complete copy of the latest ADHB Emergency Response and Preparedness Manual and all of its appendices.***

Please find attached a full copy of our Emergency Preparedness and Response Manual (EPARM). I trust this fully answers your question.

You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz) or freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Auckland DHB website.

Yours faithfully



Ailsa Claire, OBE  
**Chief Executive**

Encl. Emergency Preparedness and Response Manual (EPARM)

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# INTRODUCTION

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**Purpose of the EPARM**

The Emergency Preparedness And Response Manual (EPARM) outlines emergency preparedness and response procedures for Auckland District Health Board (Auckland DHB).

The EPARM is the operational component of the Health Emergency Plan (HEP) and aligns with the tactical response component for the Incident Management Team (IMT) set out in the Major Incident Plan (MIP). The relationship of the plans is shown at *Figure 1* on page 2. It is designed to be read in conjunction with the Emergency Response Flipchart (these should be co-located with the EPARM) and Unit Specific Emergency Plans (USEPs) – see Section 15.

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**EPARM Aim**

The aim of the EPARM is to provide general guidance for all staff to assist them in preparing for, and responding to, emergency situations.

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**Scope of the EPARM**

The EPARM is intended to be read in conjunction with the Emergency Response Flipchart and Unit Specific Emergency Plans. It provides guidance associated with the immediate response actions to an emergency situation.

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**Structure of the EPARM**

The EPARM is divided into sections; each contains the roles and responsibilities of individuals or groups during specific events. Preparedness strategies are also outlined for key areas, with particular focus on individual Unit Specific Emergency Plans (USEPs) – see Section 15.

Brief information on associated Auckland DHB plans are on page 3 of this Introduction Section.

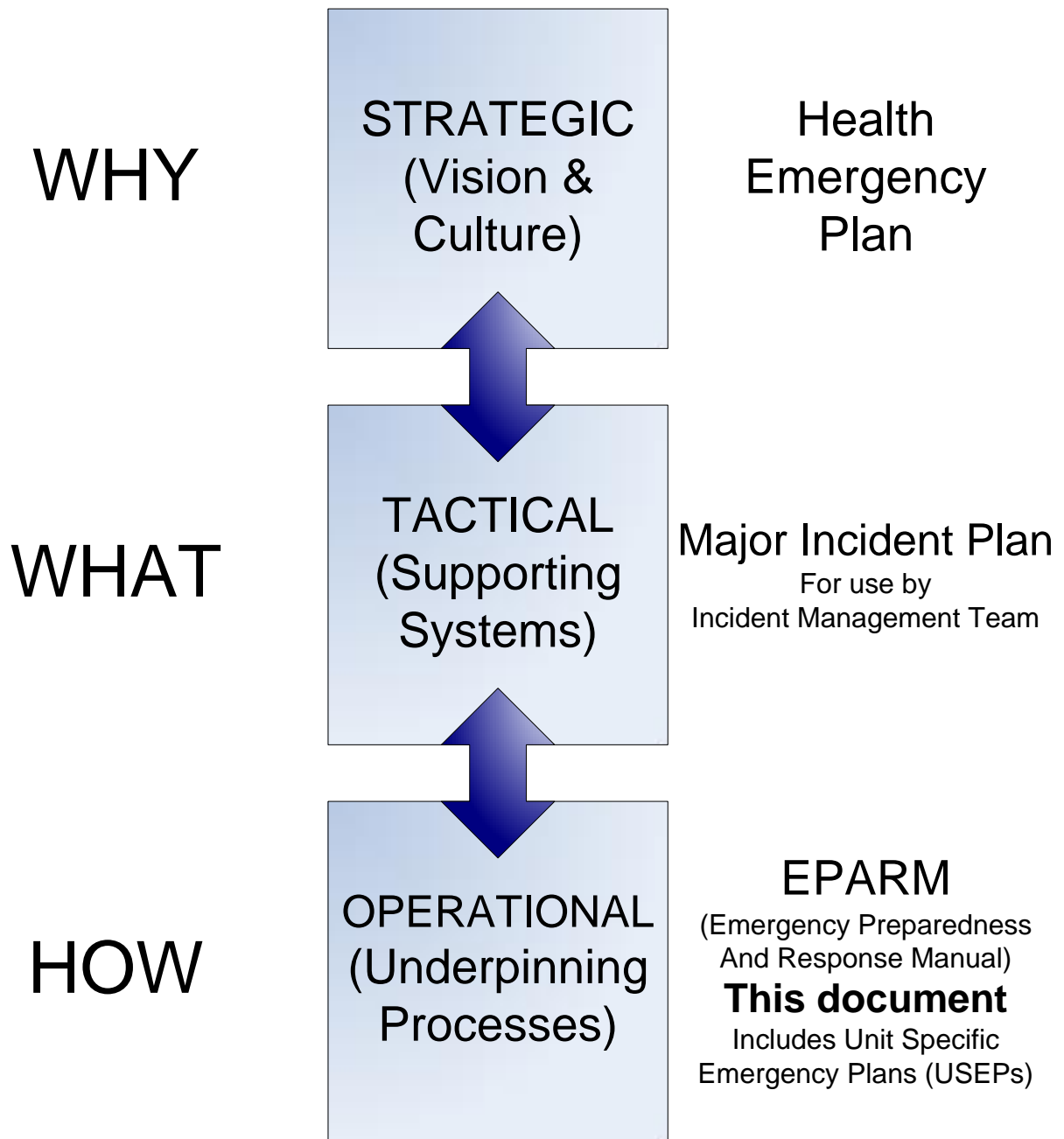
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**Auckland DHB Intranet**

The EPARM is posted on the Auckland DHB intranet Emergency Management Service webpage.

---

# INTRODUCTION



**Figure 1:** The relationship between Auckland DHB plans and their management levels

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# INTRODUCTION

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## Associated Plans

**Health Emergency Plan (HEP)**  
**Strategic Level**

The Auckland DHB Health Emergency Plan (HEP) has been developed as a requirement of the Ministry of Health Operational Policy Framework. A strategic document, it covers business continuity planning and major issues, it establishes the link with specific national, regional and local Health Emergency Plans and procedures.

### **Purpose**

The purpose of the HEP is to create a framework within which to manage a resilient and sustainable health sector during any potential or significant health or civil emergency by ensuring that all health services will continue to be delivered to the fullest possible extent.

The HEP incorporates generic Auckland DHB-wide detailed information; it does not contain service specific plans but refers to them.

The HEP is posted on the Auckland DHB intranet Emergency Management Service webpage and on the internet.

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**Major Incident Plan (MIP)**  
**Tactical Level**

The MIP provides a framework to assist the Auckland DHB Incident Management Team (IMT) in its management, coordination and control of major incidents and supplies the tactical link with the strategic level Auckland DHB HEP and the operational level Auckland DHB EPARM to provide a coordinated response across levels within Auckland DHB.

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**Unit Specific Emergency Plan (USEP)**  
**Operational Level**

Section 15 of the EPARM should hold the Unit Specific Emergency Plan (USEP) for the area in which the EPARM is located. USEPs contain operational information to assist staff in an emergency situation which is specific to a business unit for example, critical processes, services and equipment required in order for the unit to function.

Each business unit needs to produce a USEP which should be placed as Section 15 in every EPARM held in the unit. USEP production should be completed by managers and staff working in the unit who take ownership of the plan and its regular update and review for example, maintaining the currency of staff call-back lists and processes.

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# INTRODUCTION

## Definition of a Major Incident

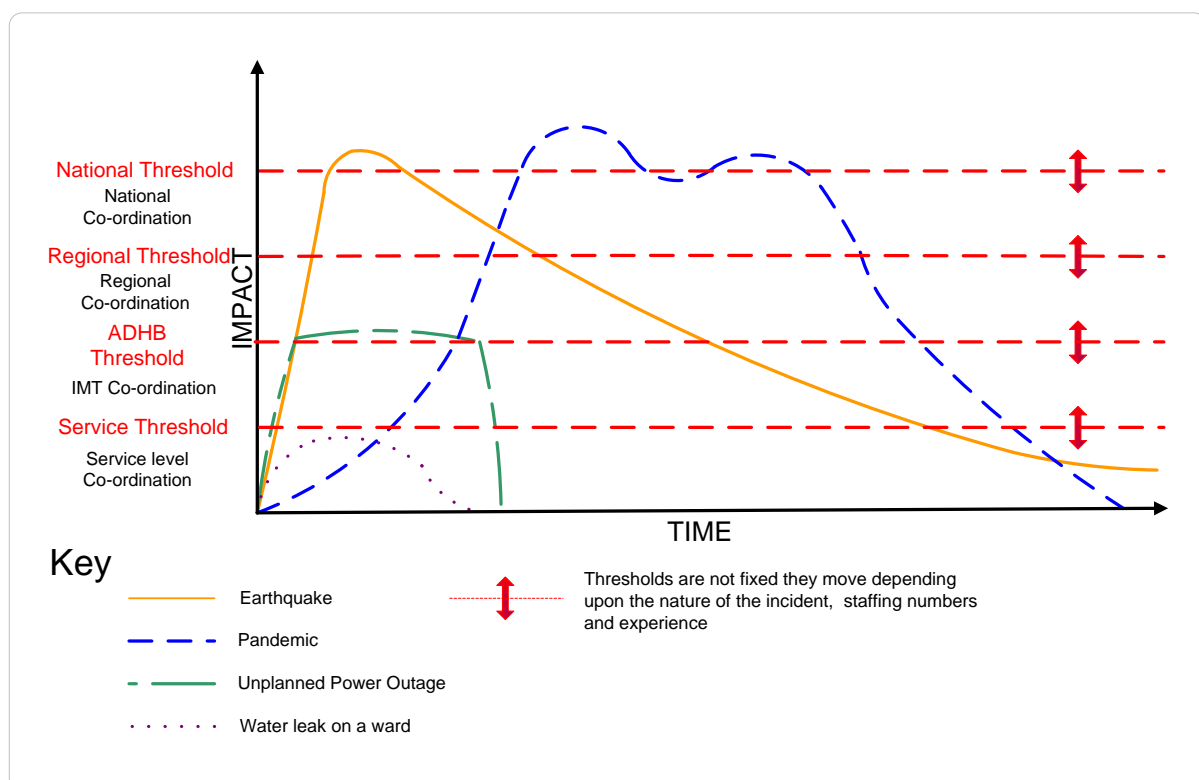
Emergencies occur continually to which health and emergency services respond accordingly. The criteria used for assessing whether an emergency is classified as a major incident is when usual resources are overwhelmed or have the potential to be overwhelmed (use of the term *emergency* is based upon Civil Defence Emergency Management Act (CDEM Act) definition, 2002, Pt 1, s4).

Using the above criteria a Major Incident for Auckland DHB is defined as:

**“Any actual or impending event that may significantly impact on hospital or Auckland DHB functions.”**

## Incident Activation Thresholds

The thresholds for activation and/or escalation will be determined by the level of impact (actual or potential) an emergency event has on Auckland DHB’s ability to meet its obligations to the community, and the length of time the organisation must sustain that level of impact.



**Figure 2:** Examples of incident activation thresholds

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## INTRODUCTION

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### **Emerging Infectious Disease Planning**

Auckland DHB Emerging Infectious Disease (EID) Plan.

The purpose of this plan is to document the core Auckland DHB preparation and response arrangements in the event of an EID pandemic. The plan incorporates generic Auckland DHB-wide detailed information. It does not contain service specific plans but refers to them.

Participation in the response to pandemic influenza A(H1N1)pdm09 at a national and regional level – the Northern Region Health Coordination Centre (NRHCC – located at Auckland City Hospital) provided Auckland DHB with a wealth of knowledge in regard to pandemic planning. Documentation and procedures relating to this are located on the Greenlane File Server N:\Groups\NRHCC

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### **Industrial Action Plan**

Auckland DHB has a contingency planning template for industrial action. The template and level of response is modified to suit the extent of industrial action as required.

The response structure contained within the template considers both short and long term strategies.

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# INTRODUCTION

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## Section 1 INITIAL ACTION

**Early Notification** An incident is to be reported immediately at the time of the occurrence.  
The early notification of an incident is critical in determining the overall outcome. Reporting via **an emergency telephone call is essential**, as is notification to your supervisor or manager.

**Emergency Call** The Hospital emergency telephone number is **777**  
From an Auckland DHB landline phone **777**  
From an Auckland DHB-issued Vodafone mobile **777**  
From a private mobile 09 307 4949, when prompted by the automated operator enter **777#**

Outside of the Hospital, the emergency telephone number is **111** this is direct to the emergency services.

### NOTE

You may have to dial 1 for an outside line **1-111**.  
If 111 is called this will not activate the internal Auckland DHB alerting process, so **777** must also be called.

### Disaster Contact List – Dedicated Landline phones

| Service Area                     | Extension                     |
|----------------------------------|-------------------------------|
| AED                              | 24269                         |
| APU                              | 24210                         |
| CED                              | 24004                         |
| AED - Duty Manager (021 943 748) | 24594                         |
| SSH - Duty Manager (021 539 525) | 23366                         |
| Radiology                        | 23589                         |
| Labs                             | 22000                         |
| Blood Bank – Issues Bay          | 24017                         |
| DCCM - Charge Nurse office       | 23396                         |
| CVICU                            | 24470                         |
| Level 4 theatres (pager 934827)  | 24447                         |
| Level 8 theatres                 | 24880                         |
| Level 9 theatres                 | 23768                         |
| Surgical Trauma Specialist       | 0800 4 TRAUMA (0800 4 872862) |
| Mortuary                         | 09 375 7013                   |
| IMT Boardroom Level 5            | 24999 DDI 09 307 4998         |
| Security 24/7                    | 25007                         |

The above landlines are connected to hard wired phones (not hands free) and will be the dedicated inter-service liaison numbers for use during an emergency event.

#### ED – Surgical Coordination Process

A surgical coordinator or lead clinician will attend ED. This will usually occur as a trauma call, to the General Surgical registrar cell phone/pager on call. They will attend until the surgical consultant arrives. The consultant will then take the general surgical registrar's cell phone so that will be used for ongoing contact with them throughout the incident. The surgeon will stay for ongoing triage in ED during the incident.



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## Section 1 INITIAL ACTION

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### Staff – Responsibilities

#### Individual response

An incident may be observed or reported to you for immediate action. The appropriateness of your response will depend on a number of factors, including your ability to:

1. Respond in a calm manner.
2. Assess the circumstances and seriousness of events.
3. Determine the type of emergency and level of assistance required.

#### Make an Emergency Telephone Call

An emergency telephone call should be made and the following information provided to the **777** Operator.

**777** Operators use the acronym **H E L P** to gain this information:

**H** = Hospital site ACH, GCC, Point Chevalier

**E** = Extension (phone number)

**L** = Location

**P** = Problem

1. Your name.
2. The phone number (or extension) you are calling from.
3. The location of the incident (be as specific as possible to avoid confusion)
  - a. Building name/number
  - b. Room number/ward
  - c. Department.
4. Your location (if different from number 3).
5. The type of emergency.
6. Number of people involved.
7. Any casualties.
8. Any other hazards.

The Operator will take charge of the call and ask questions, to provide as much detailed information as quickly as possible. See the acronym **SAD CHALET** (next page) to help you give a quick assessment of the incident.

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## Section 1 INITIAL ACTION

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### Staff – Responsibilities (cont.)

While waiting for the arrival of a person in authority, ensure that you:

1. Consider your personal safety and the safety of others.
2. Seek assistance from others present.
3. Attend to the injured.
4. Evacuate, if appropriate.
5. Isolate the area by closing doors and restricting access.

#### **SAD CHALET**

Survey

Assess

Disseminate

Casualties

Hazards

Access

Location

Emergency Svcs

Type of Incident

Use the acronym **SAD CHALET** to give a quick assessment of the incident.

#### **S = Survey**

What has happened?

eg Fire in Rm 431, Building 13, Greenlane Clinical Centre.

#### **A = Assess**

What is happening now?

eg It is not contained and people are evacuating.

#### **D = Disseminate**

Call **777** to alert the organisation and activate a response.

#### **C = Casualties**

Estimate of numbers that you can see.

#### **H = Hazards**

What are the hazards that responders need to be aware of?  
eg clinical gases, live electrical wires.

#### **A = Access**

Is the quickest/ most obvious route to the incident blocked?

Where is the nearest emergency exit?

#### **L = Location**

Where is the incident?

Where are you?

#### **E = Emergency services**

What services are required initially? Fire, police, ambulance?

#### **T = Type of Incident**

What has happened? eg fire, flood, power outage.

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## Section 1 INITIAL ACTION

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### Contact Centre – Responsibilities

**The Contact Centre must:** On receipt of 777 call take control of the conversation; prompt the caller to give relevant information quickly by asking set questions.

1. Refer to standard operating procedures (HELP). Ask for:
  - a. Name of the caller,
  - b. Auckland DHB site of the incident
  - c. The phone number they are calling from (may not be an extension) and
  - d. Location of the incident - Building, Level, Room
  - e. Type of incident
2. Are there any casualties?
3. Are there any hazards?
4. Obtain other details as relevant (the acronym **SAD CHALET** – previous page, is an aid to prompt callers for the information required).
5. Activate the appropriate group alert (Response, Service Advisory, Support and Management Advisory).
6. Update relevant contacts (eg Duty Manager) with any new information as it is received.

---

### Duty Manager – Responsibilities

#### Investigate

1. Assume the role of Incident Controller; wear appropriate identification (hi-vis jerkin).
2. Verify the information provided (obtain the facts).
3. Assess the immediate needs to resolve the situation.
4. Determine the impact on patient care.
5. Prioritise tasks from most to least important.
6. Plan a course of action; consider setting up an Incident Control Point (ICP).<sup>1</sup>
7. Notify affected areas of the ICP location and contact details.
8. Identify the requirement for further assistance.
9. Identify or obtain descriptions of personnel or property involved.
10. Liaise with the Incident Controller to assess the requirement to activate the Incident Management Team. (cont. on next page)

---

<sup>1</sup> The Incident Control Point (ICP) is the focal point for the management of operations at emergency incidents and will be (in most cases) adjacent to the incident. An ICP allows for the effective command, control and co-ordination of the operational level response activity relating to the incident.

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## Section 1 INITIAL ACTION

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### Duty Manager – Responsibilities (cont).

**Isolate**

1. Restrict access to and from the affected area, use hazard tape to isolate areas.<sup>2</sup>
2. Delegate others to control the perimeter.
3. Preserve any evidence at the scene for examination by the Emergency Services

**Communicate**

4. Ensure that you are briefed on the events.
5. Notify the 777 Operator on your arrival at the scene.
6. **Ensure that 777 Operator has activated the appropriate group alerts (Response, Service Advisory, Support and Management Advisory including notification to the Emergency Management Service).**
7. Identify yourself and maintain contact with those present.
8. Avoid confrontation.
9. Provide support and reassurance to those affected.
10. Direct others to complete tasks, eg security staff, orderlies.
11. Brief and confer with response personnel, including the Emergency Services.
12. Notify key management and clinical personnel to ensure that essential patient needs are being met.

**Evacuate**

See also: Section 13  
Evacuation.

An evacuation should only be conducted in the event of a fire (fire alarm activation) or when the safety or security of others is at risk.

The following factors should be considered:

1. Patient requirements.
  2. Location of assembly areas and evacuation routes (evacuate away from the affected area).
  3. Operational implications (relocation of essential services).
- 

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<sup>2</sup> Hazard tape is held by Security.

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## Section 1 INITIAL ACTION

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### Incident Control Point

**Incident Control Point (ICP)**

The severity of the incident may require an Incident Control Point (ICP) to be established.

The ICP is the focal point for the management of operations at emergency incidents and will be (in most cases) adjacent to the incident. An ICP allows for the effective command, control and coordination of the operational level response activity relating to the incident.

Once an ICP is established, the 777 Operator should be advised of its location.

Personnel responsible for incident management are to report to the ICP and await instructions from the Duty Manager or other person in authority.

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### Orderlies – Responsibilities

**The Orderly Supervisor (or senior person) must:**

1. Check that Radio Telephones (RTs) are available for distribution.
  2. Check that RTs are in working order.
  3. Report to the Duty Manager/Clinical Operations Manager and await instructions.
- 

### Security Staff – Responsibilities

**The Security Supervisor (or senior person) must:**

When alerted of an incident report to the Duty Manager and await instructions.

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## Section 2 EARTHQUAKE

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### Staff – Responsibilities

#### During Shaking Drop, Cover, Hold

Take cover under, or beside a solid piece of furniture or doorway. Alternatively, crouch low against an interior wall or corner. Hold on securely.

Do not run outside or try to leave the area you are in.

Move away from windows and outside walls.

Instruct patients to seek cover under their beds, or pull the covers over themselves.

If outside, seek shelter and do not attempt to go indoors until the shaking has stopped and the building is stable.

---

#### After the Shaking Stops

Staying in a building immediately after an earthquake is much safer than immediately going outside.

1. Move carefully. Beware of broken glass, live wires, structural damage and unstable objects that could fall.
2. Account for all staff and visitors. Check lift lobbies adjacent to your unit.
3. Check for injuries - staff, patients, and visitors.
4. Administer first aid as required.
5. Do not use lifts.
6. Advise visitors to remain until the situation has been assessed for safety, particularly exit routes.
7. Check for hazards - fire, gas or chemical leaks, live wires. Where practicable, contain the hazard.
8. Turn off utilities at mains source if damage to supply has occurred (gas, water, electricity).
9. Turn off and unplug all unnecessary electrical equipment.
10. Move people away from windows and outside walls.
11. Close curtains across broken windows.
12. Implement instructions governing water conservation (refer to Section 10 – Utility Failure).

**Do not** evacuate automatically. Follow evacuation procedures as described in Section 13 – Evacuation.

If evacuation is required:

1. Keep clinical records and essential drugs with patients.
2. Salvage vital records and equipment.
3. Take a blanket for each person.
4. If seeking safety outside a building, keep away from structures and power lines.

**Be aware of the potential for aftershocks.**

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## Section 2 EARTHQUAKE

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### Senior Person – Responsibilities

**The Senior Person present must:**

1. Gather information – Identify ‘at risk’ areas.
  - a. Check the safety of environment for hazards for example:
    - i. Fires
    - ii. Gas leaks
    - iii. Live wires
    - iv. Water leaks and flooding.
  - b. Check safe route to assembly area.
2. Organise those who are uninjured to carry out essential duties, eg first aid, sanitation.
3. Ensure a roll call is completed and information is supplied to Duty Manager or equivalent.
4. Refer to Unit Specific Emergency Plans.
5. Delegate roles.
6. Check that the telephones are working (refer Section 11 – Communications Failure).
7. Provide direction, control and reassurance.
8. Check that life safety systems are operating.
9. Put warning signs in dangerous areas or assign a staff member to prevent access.<sup>1</sup>
10. Coordinate personnel, including the rostering and relief of staff.
11. As soon as personal and patient safety is ensured. Report any relevant information regarding casualties (staff and patients), or interruption of services (eg water, electricity, medical gases) to the Duty Manager.
12. Remain on standby and follow the instructions of the Duty Manager or response personnel.

If you think damage is severe and life threatening initiate evacuation for your area. Do not wait for approval.

1. Plan your route carefully, use previously identified evacuation routes if safe to do so and consider the needs of patients.
2. Leave a note in your area to say where you are going and by which route.
3. Retain control of staff at the assembly area.
4. When you have reached a safe area, notify the Duty Manager or equivalent notification process (reporting structures may be disrupted) of your whereabouts.

---

<sup>1</sup> Hazard tape is held by security.

---

## Section 2 EARTHQUAKE

---

### Duty Manager – Responsibilities

**The Duty Manager must:**

1. Wear the appropriate identification (hi-vis jerkin).
2. Assess the extent of damage and impact on patient care.
3. Prioritise actions, for example, rescue and first aid, immediate treatment of casualties.
4. Assess what vital services can and cannot continue to function. Consider likelihood of multiple admissions and requirement for triage teams/area.
5. **Ensure that the 777 Operator has activated the appropriate group alerts (Response, Service Advisory, Support and Management Advisory – including notification to the Emergency Management Service).**
6. Liaise with the Incident Controller to activate the Incident Management Team (IMT) and initiate the call-out of IMT members.
7. Contact Facilities Management:  
During working hours contact the PAE (Facilities Management) Ops Manager (via the 777 Operator)  
After hours contact the Shift Engineer.
8. Nominate an Incident Control Point (ICP) and remain in the vicinity to control and direct activity.
9. Notify 777 Operator and affected areas of the ICP location and provide contact telephone and fax number(s).
10. Activate Major Incident Whiteboard.
11. Request unit status reports particularly status of delivery units, theatres, and intensive care units.
12. If required, delegate personnel to undertake ICP functions.
13. Arrange for staff call-back and the implementation of rapid discharge or multiple admission procedure.
14. Ensure Unit Specific Emergency Plans have been activated for affected areas.

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### Daily Operations Manager – Responsibilities

**The Daily Operations Manager must:**

1. Maintain close liaison with the Duty Manager.
  2. Maintain close liaison with Facilities Manager (or their delegated authority).
-



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## Section 2 EARTHQUAKE

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### Incident Management Team

**The IMT will activate the EOC:**

1. The Emergency Operations Centre (EOC) should be activated by the IMT.
2. If the designated sites for the EOC are compromised an alternative should be located.
3. Provide details of the EOC location and contact numbers via all internal and external communication channels to:
  - Auckland DHB Contact Centre
  - All responding and liaison agencies.

---

### Facilities Manager – Responsibilities

**The Facilities Manager, or persons delegated by them must:**

1. Report to the Duty Manager.
2. Activate Unit Specific Emergency Plan.
3. Make contact with key contractors.
4. Begin structural and services damage assessments. Assess the extent of damage and identify what structures and systems are intact and safe to use.
5. Complete a building check to assess if it is safe to remain in the building or evacuate.
6. Check emergency generators and backup systems.
7. Check all vital systems – medical gases, gas, power, water and sewerage.
8. Cordon off any buildings unsafe to occupy<sup>2</sup>.
9. Initiate building stabilisation.
10. Maintain contact with Duty Manager.

**Note:** *All lifts have a seismic trip device, so are unlikely to be operational.*

---

### Orderlies – Responsibilities

**The Orderly Supervisor (or Senior Person) must:**

1. Check that radio telephones (RTs) are available for distribution.
2. Check that RTs are in working order.
3. Report to the Duty Manager or Clinical Operations Coordinator and await instructions

---

<sup>2</sup> Hazard tape is held by Security.

---

## Section 2 EARTHQUAKE

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### Security Staff – Responsibilities

**The Security Supervisor (or Senior Person) must:**

Report to the Duty Manager and await instructions.

---

### Individual Services – Responsibilities

**Individual services must:**

1. Activate their Unit Specific Emergency Plans.
  2. Salvage and protect essential supplies and resources.
  3. Assess on-going capability to deliver service and report to Duty Manager or equivalent.
  4. Maintain contact with ICP and EOC.
-

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## **Section 2 EARTHQUAKE**

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## Section 3 TSUNAMI

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### What is a Tsunami?

A tsunami is created by the displacement of a large volume of water within an ocean due to an earthquake, volcanic eruption or landslide. Unlike a normal wave which breaks and recedes quickly the wavelength of a tsunami is much longer due to the force and volume of displaced water which keeps on coming ashore as it hits the coastline.

A large tsunami may feature multiple waves arriving over a period of hours, with significant time between the wave crests. The first wave to reach the shore may not have the highest run up (distance it travels inland).

---

### Tsunami risks

Due to the immense volumes of water and energy involved, tsunamis can devastate coastal regions. Casualties can be high because the fast moving waves will overtake fleeing people.

A tsunami may:

1. Disrupt utilities.
  2. Disrupt road and transport infrastructure.
  3. Cause structural damage.
  4. Delay oncoming staff.
-

---

## Section 3 TSUNAMI

---

### Staff – Responsibilities

**Staff must:****When a tsunami warning is received**

1. Comply with instructions from Supervisors and the Duty Manager.
2. Keep clinical records (incl. medication charts) and essential drugs with patients.
3. Advise visitors to leave to evacuate and secure their property.
4. Turn off and unplug all unnecessary electrical equipment.

**When the tsunami wave(s) have struck**

1. Check environment for hazards eg live wires and fires.
  2. Account for all patients and staff.
  3. Turn off utilities at mains source if damage to supply has occurred (gas, water, electricity).
  4. Advise any visitors to remain until the situation has been assessed for safety, particularly exit routes.
  5. Implement instructions governing water conservation (refer Section 10 – Utility Failure).
- 

### Senior Person – Responsibilities

**The Senior Person present must:**

**When a tsunami warning is received** comply with instructions from the Duty Manager.

1. Refer to and consider activating Unit Specific Emergency Plans.

**When the tsunami wave (s) have struck**

1. Check that telephones are working (refer Section 11 – Communications Failure).
  2. If appropriate, activate Unit Specific Emergency Plans.
  3. Organise those who are uninjured to carry out essential duties, eg first aid and sanitation issues.
  4. Gather information on injuries and damage sustained, report these to Duty Manager.
  5. Delegate roles to those in your area.
  6. Provide direction, control and reassurance.
  7. Check that life safety systems are operating.
-

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## Section 3 TSUNAMI

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### Duty Manager – Responsibilities

The  
Duty Manager  
must:

#### On receipt of tsunami Warning

1. Wear appropriate identification (hi-vis jerkin).
2. **Notify the 777 Operator ensuring that they have activated the appropriate group alerts (Response, Service Advisory, Support and Management Advisory – including notification to the Emergency Management Service).**
3. Liaise with the Incident Controller for decision to activate IMT and activate the EOC (note the Tsunami threat may require that the location of the EOC be remote from Auckland DHB).
4. Contact Facilities Management (via the 777 Operator):  
During working hours contact the PAE (Facilities Management) Ops Manager  
After hours contact the Shift Engineer.
5. Consider relocation of patients if Tsunami likely to strike.
6. Ensure that you are kept updated of the events.
7. Brief and confer with response personnel.
8. Notify key management and clinical personnel to ensure that essential patient needs can be met.
9. If required, nominate an Incident Control Point (ICP) and remain in the vicinity to control and direct activity.
10. Notify 777 Operator and affected areas of the ICP location and contact telephone/fax number(s).
11. Ensure regular internal communications are sent out.
12. Assess what vital services can and cannot continue to function. Consider likelihood of multiple admissions and requirement for triage teams/area.

#### When the tsunami wave(s) have struck

1. Activate Major Incident Whiteboard.
  2. Request unit status reports, particularly status of delivery units, theatres, and intensive care units.
  3. Assess the extent of damage and impact on patient care.
  4. Prioritise actions, for example, rescue and first aid, immediate treatment of casualties.
  5. If required, delegate personnel to undertake ICP functions.
  6. Arrange for staff call-back and the implementation of rapid discharge or multiple admission procedure.
  7. Ensure Unit Specific Emergency Plans have been activated for affected areas.
-

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## Section 3 TSUNAMI

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### Daily Operations Manager – Responsibilities

**Daily Operations  
Manager must:**

1. Maintain close liaison with the Duty Manager.
  2. Maintain close liaison with Facilities Manager (or their delegated authority).
- 

### Facilities Manager – Responsibilities

**The Facilities  
Manager, or  
persons delegated  
by them must:**

**Upon receipt of tsunami Warning**

1. Report to the Duty Manager.
2. Consider activating Unit Specific Emergency Plan.
3. Make contact with key contractors.
4. Request additional assistance, if required.

**When the tsunami wave(s) have struck**

1. Begin structural and services damage assessments.
  2. Assess the extent of damage and identify what structures and systems are intact and safe to use.
  3. Complete a building check to assess if it is safe to remain in the building or evacuate.
  4. Initiate building stabilisation.
  5. Check emergency generators and backup systems.
  6. Check all vital systems – medical gases, gas, power and water, and sewerage.
  7. Arrange to cordon off any buildings unsafe to occupy<sup>1</sup> and advise Duty Manager and 777 Operator.
  8. Maintain contact with ICP.
- 

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<sup>1</sup> Hazard tape is held by Security.

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## Section 3 TSUNAMI

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### Orderlies – Responsibilities

**The Orderly Supervisor (or Senior Person) must:**

**Upon receipt of tsunami Warning**

1. Check that radio telephones (RTs) are available for distribution.
  2. Check that RTs are in working order.
  3. Report to the Duty Manager/Clinical Operations Coordinator and await instructions.
- 

### Security Staff – Responsibilities

**The Security Supervisor (or Senior Person) must:**

**Upon receipt of tsunami Warning**

Report to the Duty Manager and await instructions.

---

### Individual Services – Responsibilities

**Individual services must:**

**Upon receipt of tsunami Warning**

1. Alert all staff and advise of actions to take.
2. Consider activating Unit Specific Emergency Plans.
3. Ensure staff are kept updated.

**When the tsunami wave(s) have struck**

1. Salvage and protect essential supplies and resources.
  2. Assess on-going capability to deliver service and report status to Duty Manager.
-



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## Section 3 TSUNAMI

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## Section 4 SEVERE WEATHER EVENT

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### Risk Evaluation

**A severe weather event may:**

- Disrupt power and communications.
- Delay oncoming staff.
- Cause localised flooding.
- Cause structural damage.

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### Staff – Responsibilities

**Staff must:**

1. Allay anxiety of patients and visitors.
2. Close windows, doors and curtains.
3. Consider taping / securing windows.
4. If wind gusts are extreme, move people away from exposed parts of the building.
5. Stay indoors.

---

### Duty Manager – Responsibilities

**The Duty Manager must:**

1. **Ensure that the 777 Operator has activated the appropriate group alerts (Response, Service Advisory, Support and Management Advisory – including notification to the Emergency Management Service).**
2. Nominate an Incident Control Point (ICP) for channelling messages and remain in the vicinity to direct and control activity.
3. Notify 777 Operator of the ICP location and contact details.
4. Liaise with Incident Controller to consider full or partial activation of the Incident Management Team.
5. Relay crucial information, eg road conditions, to on-duty staff and visitor – global emails.
6. Assess the likelihood of visitors and staff being forced to remain on site and the logistical implications, eg meals and accommodation.
7. Consult with Communications Manager to discuss the requirement to broadcast important information via radio, eg the cancellation of outpatient clinics.

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## Section 4 SEVERE WEATHER EVENT

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### Orderlies – Responsibilities

**The Orderly Supervisor (or Senior Person) must:**

1. Check that radio telephones (RTs) are available for distribution.
  2. Check that RTs are in working order.
  3. Report to the Duty Manager/Clinical Operations Coordinator and await further instructions.
- 

### Security Staff – Responsibilities

**The Security Supervisor (or Senior Person) must:**

Report to the Duty Manager and await further instructions.

---

### Facilities Management – Responsibilities

**The Facilities Manager, or persons delegated by them must:**

1. Check emergency generators and assess fuel requirements and prioritised procurement as a precaution against sustained electricity outages.
  2. Check hospital grounds and remove or secure potential obstacles.
  3. Ensure all drains are cleared.
  4. Advise the Duty Manager.
-

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## Section 5 VOLCANIC ERUPTION

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### Risk Evaluation

**A volcanic eruption may:**

- Create potential problems from ash fallout.
- Increase demand for respiratory medicine, equipment and staffing.
- Block or reduce air intake to filters on air-conditioning units and outside machinery.
- Create power surges that are likely to affect communication systems eg telephone lines and sensitive machinery.
- Block sewage systems.

---

### Staff – Responsibilities

**Staff must:**

1. Seek protection from breathing in dust or gas – these can be highly toxic (use masks, or if no other alternative improvise with whatever is available).
2. Monitor people with respiratory conditions.
3. Close all windows and outside doors.
4. Where appropriate, turn off any local air conditioning units that feed directly from outside.
5. Protect vital machinery from dust (cover where possible).
6. Salvage and conserve vital equipment and supplies.
7. Do not unnecessarily use any machinery that is directly exposed to dust, including motor vehicles (reduces dust being sucked into the engine).
8. Stand-by for further instructions.

---

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## Section 5 VOLCANIC ERUPTION

---

### Duty Manager – Responsibilities

**The Duty Manager must:**

1. Wear appropriate identification (hi-vis jerkin).
2. Assess patient safety, what vital services can and cannot continue to function. Consider likelihood of multiple admissions and requirement for triage teams and triage areas.
3. **Ensure that the 777 Operator has activated the appropriate group alerts (Response, Service Advisory, Support and Management Advisory– including notification to the Emergency Management Service).**
4. Liaise with the Incident Controller to activate the Incident Management Team.
5. Contact Facilities Management:  
During working hours contact the PAE (Facilities Management) Ops Manager (via the 777 Operator)  
After hours contact the Shift Engineer.
6. Consider diverting ambulances.
7. Nominate an Incident Control Point (ICP) for channelling messages and remain in the vicinity to direct and control activity.
8. Notify 777 Operator of the ICP location and contact details.
9. Relay crucial information to on-duty staff and visitors.
10. Assess the likelihood of visitors and staff being forced to remain on site and the logistical implications, eg meals and accommodation.
11. Consult with Auckland DHB Communications Manager to discuss requirement to broadcast important information (internal and external) eg the cancellation of outpatient clinics.
12. Liaise with IMT once activated.

---

### Daily Operations Manager – Responsibilities

**Daily Operations Manager**

1. Maintain close liaison with the Duty Manager.
  2. Maintain close liaison with Facilities Manager (or their delegated authority).
-

---

## Section 5 VOLCANIC ERUPTION

---

### Orderlies – Responsibilities

**The Orderly Supervisor (or Senior Person) must:**

1. Report to the Duty Manager/Clinical Operations Coordinator and await instructions.
  2. Check that radiotelephones (RTs) are available for distribution.
  3. Check that RTs are in working order.
- 

### Security Staff – Responsibilities

**The Security Supervisor (or Senior Person) must:**

Report to the Duty Manager and await further instructions.

---

### Facilities Manager – Responsibilities

**The Facilities Manager, or persons delegated by them must:**

1. Report to the Duty Manager.
  2. Activate Unit Specific Emergency Plan.
  3. Check emergency generators and ensure filters are clean.
  4. Request additional assistance, if required.
  5. Immediately check all external filters and daily thereafter (clean and maintain as necessary).
  6. Increase checking routine should heavy ash conditions occur.
  7. Pay particular attention to air filters into Operating Rooms.
  8. Check storm-water drains to prevent blockage by ash run-off.
  9. Check flat/glass roof buildings for ash build up.
  10. Maintain contact with ICP.
  11. Begin structural and services damage assessments.
  12. Initiate building stabilisation.
  13. Liaise with IMT once activated.
- 

### Individual Services – Responsibilities

**Individual services must:**

1. Activate their Unit Specific Emergency Plans.
  2. Salvage and protect essential supplies and resources.
  3. Assess on-going capability to deliver service and report to Duty Manager or equivalent.
  4. Maintain contact with ICP and EOC.
-

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## **Section 5 VOLCANIC ERUPTION**

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## Section 6 BOMB THREAT

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### After a bomb threat has been received:

1. **Do not** use cell phones – turn off
  2. **Do not** set off the fire alarm
  3. **Do not** use radio-telephones (RTs) – turn off
- 

### Staff – Responsibilities

#### If you receive a bomb threat by telephone:

1. Treat the call as genuine.
  2. Attract the attention of another staff member to get the 'Bomb Threat Checklist' at the end of this section – Annex A. (This has questions which aim to gain further information from the caller).
  3. Try to keep the caller talking for as long as possible. Let them finish their message before asking questions.
  4. Complete the 'Bomb Threat Checklist' at Annex A.
  5. Contact your supervisor/senior person in charge.
  6. Do not discuss the incident in the hearing of others or with those who do not have a need to know.
  7. **Call 777** on a landline (refer to Section 1 - Initial Action).
- 

### Senior Person – Responsibilities

#### The Senior Person present must:

1. Assess the circumstances and determine what actions have been taken.
  2. Ascertain the reasons and/or circumstances for believing that the threat is genuine.
  3. Initiate additional enquiries and/or actions to safeguard personnel from further risk.
  4. Confirm that the Duty Manager has been advised.
-



---

## Section 6 BOMB THREAT

---

### Duty Manager – Responsibilities

#### The Duty Manager must:

1. Wear the appropriate identification (hi-vis jerkin).
2. Call the 777 Operator and confirm the location and details of the incident.
3. **Ensure that the 777 Operator has activated the appropriate group alerts (Response, Service Advisory, Support and Management Advisory, including notification to the Emergency Management Service).**
4. Proceed directly to the area where the call was received.
5. Obtain all details from the person who took the call. Ensure that the person is available for police interview.
6. Determine the level of risk and appropriateness of actions carried out.
7. Ensure bomb threat information is documented.
8. Ascertain the reasons and/or circumstances for believing that the threat is genuine.
9. Liaise with the Incident Controller to consider activation of the IMT.
10. Liaise with senior police officer on arrival at Auckland DHB site.

#### Search

1. If a threat has been made and a specific location identified, undertake an initial search to verify that a suspicious object has been left.
  2. **Turn off/do not use** cell phones or radiotelephones (RTs) (radio signals are capable of detonating a bomb if used within 20 metres of an IED – Improvised Explosive Device).
  3. Should the entire building require searching (if not already activated) contact Incident Controller to consider activation of the IMT. Then make contact directly with the senior person of each area affected.
  4. Assemble search team(s), selecting personnel who are familiar with the area.
  5. Instruct search team(s) to carry out a visual search only **do not** touch any suspicious object found. Instruct search team(s) to maintain confidentiality.
  6. Question personnel whether they have seen anything suspicious.
  7. Assess the requirement for further action or declaration of a false alarm.
-

---

## Section 6 BOMB THREAT

---

### Duty Manager – Further action if incident is confirmed or highly likely

**The Duty Manager must:**  
(continued on next page)

#### **Incident Control Point (ICP)**

1. Establish an Incident Control Point (ICP) and remain in the vicinity.
2. Notify 777 Operator and affected areas of the ICP location and contact details.
3. If not already done - Liaise with the Incident Controller to consider full or partial activation of the IMT.

#### **Police Assistance**

1. Notify the 777 Operator and request police assistance. Ensure that the Emergency Services are advised of the whereabouts of the ICP.
2. Obtain floor plans of the building (print from intranet) of affected areas.
3. Instruct the Orderly Supervisor to have the police met and escorted to the ICP.

#### **Evacuate Immediate Area (Section 13 Evacuation)**

1. Evacuate the immediate area, instruct staff to:
  - a. leave doors and windows open
  - b. Take bags/personal items to avoid being mistaken as a suspicious object.
2. Assess the implications to essential hospital services and patient care.
3. Consider the implications of further evacuation and warn other areas likely to be affected.
4. Decide on evacuation routes and assembly points, in consultation with police.
5. Ensure evacuation routes and assembly points are advised to all units.

#### **Notification**

1. Notify of evacuation – Group Advisory Alert via 777 Operator.
2. Ensure that supervisors of the affected areas are notified.
3. Ensure that areas providing essential services activate their Unit Specific Emergency Plans.

#### **Access Control**

1. Direct security staff or others present to control access to the area, including all points of entry and exit<sup>1</sup>.

#### **Communication**

1. Liaise with Communications Manager to deal with media coverage.
2. Ensure that decisions made are clearly communicated.
3. Maintain contact with supervisory staff and confirm that patient needs are being met.
4. Notify medical specialists if patient care is likely to be compromised.

---

<sup>1</sup> Hazard tape is held by Security

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## Section 6 BOMB THREAT

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### Duty Manager – Responsibilities Continued

**The Duty Manager must:**      **Liaison**

1. Maintain ongoing liaison with the emergency services, Shift Engineer, Security and Orderly Supervisors.
  2. Assemble key personnel to be briefed by the police.
  3. Ensure Emergency Services personnel do not act in isolation and that they provide an outline of their proposed actions.
  4. Brief the Incident Controller/IMT.
- 

### Daily Operations Manager – Responsibilities

**Daily Operations Manager**

1. Maintain close liaison with the Duty Manager.
  2. Maintain close liaison with Facilities Manager (or their delegated authority).
- 

### Orderlies – Responsibilities

**The Orderly Supervisor (or Senior Person) must:**

1. Report to the Duty Manager/Clinical Operations Coordinator and await instructions.
- 

### Security Staff – Responsibilities

**The Security Supervisor (or Senior Person) must:**

1. Report to the Duty Manager.
- 

### Facilities Manager – Responsibilities

**Facilities Manager, or persons delegated by them must:**

1. Report to the Duty Manager.
  2. Consider activating Unit Specific Emergency Plan.
  3. Provide plans of buildings from intranet.
  4. Provide access to locked areas.
  5. Provide building plans for review by the Emergency Services.
  6. After notifying affected areas shut down gas and oxygen to areas on the advice of the Emergency Services.
-

## Section 6 BOMB THREAT

### Annex A – Bomb Threat Check List

| <b>Ask the caller the following questions</b> |   |
|---|---|
| 1. When is the bomb going to explode?         | <b>Callers Voice:</b> (Accent / impediment; voice - loud/soft, speech - slow/fast, clear muffled)   |
| 2. Where is the bomb?                         | Manner (calm/ emotional)<br><br>Did you recognise the voice?<br><br>If so, who do you think it was? |
| 3. What does the bomb look like?              | <b>Exact wording of threat</b>  |
| 4. What will make the bomb explode?           |   |
| 5. What is the explosive type and quantity?   |   |
| 6. Why did you place the bomb?                | <b>Threat Language:</b> (Well-spoken, incoherent, irrational, taped, message read by caller)        |
| 7. What is your name?                         |   |
| 8. Where are you?                             | <b>Background noises:</b> (street, house, aircraft, vehicle, music, voices)                         |
| 9. What is your address?                      |   |
| OTHER INFO: Male/Female:                      | Estimated age:  |
| CALL TAKEN: Date:<br>Time:                    | Duration of call:<br>Number called:   |
| RECIPIENT: Name:<br>Signature:                | Telephone:  |

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## **Section 6 BOMB THREAT**

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## Section 7 SUSPICIOUS OBJECT (includes mail)

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### A suspicious object may be any item:

- That looks out of the ordinary.
  - Where there is no reasonable explanation as to why it is there.
  - Where ownership cannot be determined.
  - Where an attempt has been made to purposefully conceal it from view.
- 

### Staff – Responsibilities

#### Suspicious Object Procedure

#### What to do if you locate a suspicious object:

1. **DO NOT TOUCH IT**
2. Assess the reasons for suspicion.
3. Remain calm and control your emotions.
4. **Call 777** (refer to Section 1 – Initial Action).
5. Contact your supervisor.
6. Remove others from the immediate vicinity.
7. Isolate the area and prevent access.
8. **Do not** activate a fire alarm call point.
9. **Do not** allow the operation of a cell phone or radio telephone in the vicinity.

#### What to do if you LOCATE a suspicious unopened letter or package

1. **DO NOT TOUCH IT**
2. **Follow steps 2 – 9 for locating a suspicious object (above)**
3. If skin has come in contact with the envelope or package then wash with soap and water.

#### What to do if a suspicious letter or package has been OPENED

Undertake the same procedures as for unopened letters and packages in addition to the following:

If contents have spilled:

1. **Do not** clean up or wipe spilt contents.
  2. If contaminated, isolate yourself and others.
  3. Isolate area (close doors and windows).
  4. If possible – switch off air conditioning.
  5. Wash all contaminated skin areas with soap and water.
-

---

## Section 7 SUSPICIOUS OBJECT (includes mail)

---

### Senior Person – Responsibilities

**The Senior Person present must:**

1. Assess the circumstances and determine what actions have been taken.
  2. Ascertain the reasons and/or circumstances for believing that the object is suspicious.
  3. Determine the level of risk and appropriateness of actions carried out.
  4. Initiate additional enquiries and/or actions to safeguard personnel from further risk.
  5. Confirm that the Duty Manager has been advised.
- 

### Duty Manager – Responsibilities

**The Duty Manager must:**

1. Wear their appropriate identification (hi-vis jerkin).
  2. Call the 777 Operator to confirm the location and details of the incident.
  3. **Ensure that the 777 Operator has activated the appropriate group alerts (Response, Service Advisory, Support and Management Advisory, including notification to the Emergency Management Service).**
  4. Proceed directly to the area where the object is located.
  5. Obtain all details from the person who found the object. If required, ensure that the person is available for police interview.
  6. Ascertain the reasons and/or circumstances for believing that the object is suspicious.
  7. Ensure that inquiries have been made in the area to establish ownership of the suspicious object.
  8. Check the area for similar objects.
  9. Ensure that information is documented.
  10. Could the suspicious object be a bomb – Improvised Explosive Device (IED)? Has a bomb threat been received? (Refer to Section 6 – Bomb Threat).
  11. Liaise with the Incident Controller to consider full or partial activation of the Incident Management Team.
  12. Assess the requirement for further action or declaration of a false alarm.
-

## Section 7 SUSPICIOUS OBJECT (includes mail)

---

### Duty Manager – Further Action

#### Further action by Duty Manager if incident confirmed

##### Incident Control Point (ICP)

1. Establish an Incident Control Point (ICP) and remain in the vicinity.
2. Notify 777 Operator and affected areas of the ICP location and contact details.

##### Police Assistance

1. Notify the 777 Operator and request police assistance. Ensure that the Emergency Services are advised of the whereabouts of the ICP.
2. Instruct the Orderly Supervisor to have police met and escorted to the ICP.

##### Evacuate Immediate Area

1. Evacuate the immediate area and assess the implications to essential hospital services and patient care.
2. Consider the implications of further evacuation and warn other areas likely to be affected.
3. Decide on evacuation routes and assembly points, in consultation with police.
4. Ensure evacuation routes and assembly points are advised to all units.

##### Notification

1. Ensure all response groups/managers are notified.
2. Ensure that supervisors of the affected areas are notified.
3. Ensure that areas providing essential services activate their Unit Specific Emergency Plans.

##### Access Control

1. Direct security staff or others present to control access to the area, including all points of entry and exit<sup>1</sup>.

##### Liaison

1. Maintain ongoing liaison with the emergency services, Shift Engineer, security and orderlies.
2. Assemble key personnel to be briefed by the police.
3. Ensure Emergency Services personnel do not act in isolation and that they provide an outline of their proposed actions.

##### Communication

1. Ensure that decisions made are clearly communicated
2. Maintain contact with supervisory staff and confirm that patient needs are being met.
3. Notify medical specialists if patient care is likely to be compromised.

**Liaise with Communications Manager to deal with media coverage.**

---

<sup>1</sup> Hazard tape is held by Security.



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## Section 7 SUSPICIOUS OBJECT (includes mail)

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### Daily Operations Manager – Responsibilities continued

**Daily Operations Manager**

1. Maintain close liaison with the Duty Manager.
  2. Maintain close liaison with Facilities Manager (or their delegated authority).
- 

### Orderlies – Responsibilities

**The Orderly Supervisor (or Senior Person) must:**

1. Report to the Duty Manager/Clinical Operations Coordinator and await instructions.
- 

### Security Staff – Responsibilities

**The Security Supervisor (or Senior Person) must:**

1. Report to the Duty Manager.
  2. Implement standard operating procedures.
  3. Control access to and from the area.
- 

### Facilities Manager – Responsibilities

**The Facilities Manager, or persons delegated by them must:**

1. Report to the Duty Manager.
  2. Consider activating Unit Specific Emergency Plan.
  3. Provide plans of buildings from intranet.
  4. Provide access to locked areas.
  5. Provide building plans for review by the Emergency Services.
  6. After notifying affected areas shut down gas and oxygen to areas on the advice of the Emergency Services.
-

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## Section 8 THREAT TO PERSONAL SAFETY (CODE ORANGE)

---

### Staff – Responsibilities

**All staff must:**

If threatening or aggressive behaviour takes place you must:

1. Seek assistance.
2. **Call 777 or direct others to do so** advise 777 Operator of a 'Code Orange' (refer to Section 1 - Initial Action).
3. Provide a description of the aggressor(s).
4. If your area has a duress alarm activate this to summon help. It is better to activate the alarm and then find you have the situation under control than to wait and see how the situation develops.
5. Remove yourself and others from immediate danger if it is safe to do so.
6. **Do as you are told** but be aware of further danger.
7. Identify the nearest safe exit.
8. De-escalate – acknowledge the problem and feelings of the aggressor(s).
9. Show empathy and understanding.
10. Use the aggressor(s) name(s) if known – a personal touch can be calming.
11. Avoid provocation by careful use of words and body language.
12. Do not argue or make light of the situation. This will only increase the levels of anxiety and anger.
13. Speak quietly, calmly, and slowly so whatever you say can be heard and easily understood.
14. Avoid staring and any sudden movements.
15. Move carefully and explain your moves as you go.
16. Record a mental description of the aggressor(s).
17. Complete the Incident Checklist at the end of this Section – Annex A.

---

### Senior Person – Responsibilities

**The Senior Person present must:**

1. Obtain details of the incident.
2. Attend to the injured.
3. Ask all witnesses to wait for the arrival of the police (if appropriate) and not to talk to each other prior to being interviewed.
4. Ensure that a staff member is at the appropriate entrance to direct the police to the scene by the quickest route.
5. Brief the Duty Manager and response team on arrival.

---

## Section 8 THREAT TO PERSONAL SAFETY (CODE ORANGE)

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### Contact Centre – Responsibilities

**The 777 Operator must:**

1. On receipt of a 'Code Orange' activate the appropriate pagers and notify responding staff as to what is known of the situation.
  2. Notify the police of the initial situation, location, and any other relevant details.
- 

### Duty Manager – Responsibilities

**The Duty Manager must**

1. Call the 777 Operator and confirm the location, details of the incident, and notification to the police (if appropriate).
  2. **Ensure that the 777 Operator has activated the appropriate group alerts (Response, Service Advisory, Support and Management Advisory, including notification to the Emergency Management Service).**
  3. If the situation warrants an ICP (eg weapons involved) – Notify 777 Operator and affected areas of the ICP location and contact details.
  4. Obtain the facts and names of persons involved.
  5. De-escalate the situation.
  6. Ensure that others are not at risk.
  7. Assess injuries and treatment.
  8. Call the 777 Operator and request further assistance if required.
  9. Await the arrival of the police, if called.
  10. Arrange a 'Hot' Debrief and on-going support for all staff involved.
- 

### Security Staff – Responsibilities

**The Security Supervisor (or Senior Person) must:**

Report to the Duty Manager and await instructions.

---

## Section 8 THREAT TO PERSONAL SAFETY (CODE ORANGE)

### Section 8 Annex A – Code Orange Checklist

Complete one form for each aggressor.

Always consider your own safety.

|  |           |         |                |                   |           |        |
|--|-----------|---------|----------------|-------------------|-----------|--------|
| Name of person completing (Print)                      |           |         |                |                   | Date/Time |        |
| What did the person/people want?                       |           |         |                |                   |           |        |
| Are they known to you?                                 |           |         |                |                   |           |        |
| Did they use a name?                                   |           |         |                |                   |           |        |
| Where did they come from?                              |           |         |                |                   |           |        |
| Where were they going?                                 |           |         |                |                   |           |        |
| Were they alone?                                       |           |         |                |                   |           |        |
| Were they armed?                                       |           |         |                |                   |           |        |
| What was their mental state? (Confused, agitated etc.) |           |         |                |                   |           |        |
| <b>Aggressor appearance/size</b>                       | Thin      | Medium  | Large          | Tall              | Short     | Stocky |
| <b>Hair</b>  | Short     | Long    | Curly          | Close cropped     | Straight  |        |
|  | Dark      | Fair    | Multi-coloured | Grey              | Untidy    |        |
| <b>Clothing &amp; Colour</b>                           | Shorts    | Jersey  | T-shirt        | Hat               | Coat      |        |
|  | Longs     | Jacket  | Open shirt     | Hospital clothing | Other     |        |
| <b>Ethnicity</b>                                       | Caucasian | Maori   | Polynesian     | Asian             | African   | Other  |
| <b>Gender</b>  | Male      |         |                | Female            |           |        |
| <b>Age group</b> (Approx)                              |           |         |                |                   |           |        |
| <b>Distinguishing marks</b> (identify body part)       | Scars     | Tattoos | Marks          | Glasses           |           |        |
| <b>Facial Hair</b>                                     | Moustache |         | Beard          |                   | Other     |        |
| <b>Direction of travel</b> (eg went out of main doors) |           |         |                |                   |           |        |

## **Section 8 THREAT TO PERSONAL SAFETY (CODE ORANGE)**

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## Section 9 ROBBERY

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### Staff – Responsibilities

**DURING a robbery the protection of life is most important. Staff must:**

1. Co-operate with instructions.
  2. Remain calm, control emotions, avoid eye contact and make no sudden movements.
  3. Avoid challenging the offender (s) or touch anything they may have handled.
  4. Under no circumstances attempt to apprehend the offender(s) when there is a threat to life or safety.
  5. Note the offender's clothing and other distinguishing features. Complete the checklist at Annex A of this Section.
- 

**AFTER a robbery, Staff must:**

1. Call **777** or direct others to do so.
  2. Notify their supervisor.
- 

### Contact Centre – Responsibilities

**Standard Operating Procedures**

The 777 Operator is to implement standard operating procedures.

---

**The 777 Operator must ask the caller:**

1. His/her name.
  2. Location of the robbery.
  3. If the robbery is in progress.
  4. If there are any injuries.
  5. The number of offenders, description, direction and means of escape.
  6. What, if any weapons were used.
  7. The Police are to be contacted (with the caller – if safe for them to remain on the line) and the following information provided:
    - a. The exact location of the robbery and number of offenders.
    - b. A description of the offenders.
    - c. Whether the crime is still in progress.
-

---

## Section 9 ROBBERY

---

### Duty Manager – Responsibilities

**The Duty Manager must:**

1. Wear appropriate identification (hi-vis jerkin).
  2. Call the 777 Operator and confirm the location, details of the incident, and notification to the police.
  3. Confirm whether the offender(s) has/have left.
  4. Arrange to evacuate the surrounding area if the robbery is still in progress.
  5. On arrival, establish an Incident Control Point (ICP) and remain in the vicinity to direct and control activity. Ensure the area is at a discrete distance from the incident.
  6. Assess injuries and arrange medical treatment.
  7. Contact the 777 Operator and request further assistance if required.
  8. Cordon off the area where the robbery took place and advise people not to touch anything at the scene.
  9. Ask all witnesses to wait for the police to arrive, or ask for their name, address and telephone number if any insist on leaving.
  10. Ensure that witnesses do not discuss the robbery until interviewed by the police.
  11. Brief Senior Management and the Communications Manager.
  12. Liaise with police on their arrival.
  13. Facilitate return to normal function.
  14. Provide 'Hot' Debrief and support for all staff involved.
- 

### Security Staff – Responsibilities

**The Security Supervisor (or Senior Person) must:**

1. Report to the Duty Manager
  2. Observe from a safe distance, remain unobtrusive and where necessary evacuate the surrounding area.
  3. Under no circumstances attempt to apprehend the offenders when there is a threat to life or safety.
  4. Keep onlookers away from the scene, including the media.
  5. Request persons involved to remain until interviewed by the police.
  6. Preserve the crime scene.
-

## Section 9 ROBBERY

### Annex A – Robbery Checklist

**Complete one form for each offender. Always consider your own safety.**

|  |           |        |                |                   |           |        |  |
|--|-----------|--------|----------------|-------------------|-----------|--------|--|
| Name of person completing (Print)                      |           |        |                |                   | Date/Time |        |  |
| What did the person/people want?                       |           |        |                |                   |           |        |  |
| Are they known to you?                                 |           |        |                |                   |           |        |  |
| Did they use a name?                                   |           |        |                |                   |           |        |  |
| Where did they come from?                              |           |        |                |                   |           |        |  |
| Where were they going?                                 |           |        |                |                   |           |        |  |
| Were they alone?                                       |           |        |                |                   |           |        |  |
| Were they armed?                                       |           |        |                |                   |           |        |  |
| What was their mental state? (confused, agitated etc.) |           |        |                |                   |           |        |  |
| <b>Aggressor appearance/size</b>                       | Thin      | Medium | Large          | Tall              | Short     | Stocky |  |
| <b>Hair</b>  | Short     | Long   | Curly          | Close cropped     | Straight  |        |  |
|  | Dark      | Fair   | Multi-coloured | Grey              | Unkempt   |        |  |
| <b>Clothing &amp; Colour</b>                           | Shorts    | Jersey | T-shirt        | Hat               | Coat      |        |  |
|  | Longs     | Jacket | Open shirt     | Hospital clothing | Other     |        |  |
| <b>Ethnicity</b>                                       | Caucasian | Maori  | Polynesian     | Asian             | African   | Other  |  |
| <b>Gender</b>  | Male      |        |                | Female            |           |        |  |
| <b>Age group</b> (Approx)                              |           |        |                |                   |           |        |  |
| <b>Distinguishing marks</b> (identify body part)       | Scars     | Marks  | Tattoos        | Glasses           |           |        |  |
| <b>Facial Hair</b>                                     | Moustache |        | Beard          |                   | Other     |        |  |
| <b>Direction of travel</b> (eg went out of main doors) |           |        |                |                   |           |        |  |



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## **Section 9 ROBBERY**

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## Section 10 UTILITY FAILURE

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This section contains generic information. Clinical procedure information in the event of utility outages must be detailed in Unit Specific Emergency Plans

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### Staff – Responsibilities

- Staff must:**
1. Report the incident to their Supervisor or Service Manager.
  2. Maintain life and safety.
  3. Remove people from immediate danger.
  4. Remain calm and provide reassurance to patients and visitors.
  5. Prevent further damage by turning off any unnecessary equipment.
- 

### Senior Person – Responsibilities

- The Senior Person must:**
1. Take control and coordinate actions in the unit.
  2. Activate the Unit Specific Emergency Plan.
  3. Consider patient safety and treatment in consultation with clinical staff.
  4. Liaise and cooperate with nearby units.
  5. Place someone by the telephone for messages.
  6. Notify the Duty Manager and await further instruction.
  7. Notify the Shift Engineer if a localised event.
-

---

## Section 10 UTILITY FAILURE

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### Duty Manager – Responsibilities

**The Duty Manager must:**

1. Wear appropriate identification (hi-vis jerkin).
2. Assess the extent and type of failure and impact on patient care.
3. Prioritise actions and access resource requirements, including personnel.
4. **Ensure that the Contact Centre has activated the appropriate group alerts (Response, Service Advisory, Support and Management Advisory, including notification to the Emergency Management Service)**
5. Notify Managers as appropriate.
6. Contact Facilities Management:  
During working hours contact the PAE (Facilities Management) Ops Manager via the 777 Operator.  
After hours contact the Shift Engineer.
7. Consider the requirements to maintain essential services, life support etc. in the affected area, eg allocation of staff.
8. If required, nominate an Incident Control Point (ICP) and remain in the vicinity to control and direct activity. Notify Contact Centre and affected areas of the ICP location and contact telephone/fax number(s).
9. Consult with key clinical personnel to ensure clinical priorities are established.
10. If a major fault, advise neighbouring hospitals and St John Ambulance for the transfer and/or diversion of patients.
11. Contact the Incident Controller – to consider full or partial activation of the Incident Management Team.

---

### Facilities Manager – Responsibilities

**The Facilities Manager, or persons delegated by them must:**

1. Report to the Duty Manager to establish priorities for repair or restoration of services.
2. Consider activating Unit Specific Emergency Plan.
3. Assess the extent and type of failure.
4. Notify the PAE Ops Manager and request additional assistance, if required.
5. Check emergency generators and backup systems.
6. Provide periodic updates to the Duty Manager, including estimated repair times.
7. Plan for the following:
  - a. Uninterrupted secondary power supply, eg generators
  - b. Uninterrupted water supply
  - c. Sewage disposal
  - d. Availability of plant equipment and supplies
  - e. Utilisation of external contractors.

---

## Section 10 UTILITY FAILURE

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### Orderlies – Responsibilities

**The Orderly Supervisor (or Senior Person) must:**

Orderly Supervisor report to the Duty Manager/Clinical Operations Coordinator and await instructions.

**Orderlies must:**

Report to the Orderly Supervisor (or Senior Person) and await instructions to assist with:

- a. Movement of patients
  - b. Accessing and delivering resources
  - c. Relaying messages.
- 

### Security Staff – Responsibilities

**The Security Supervisor (or Senior Person) must:**

Report to the Duty Manager and await instructions.

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## Section 10 UTILITY FAILURE

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### ELECTRICITY FAILURE

In the event of a total power failure, including failure of essential power via generator, all electrical services not supplied by battery will shut down.

---

#### Staff Responsibilities – Electricity Failure

**Staff must:**

1. All essential equipment should (if not already) be plugged into standby power electricity sockets (these are identified by a **black plate** or **black switch**)
  2. Know where these plugs and switches are before the event.
  3. Obtain briefing from senior person in charge.
  4. Ensure patient safety and check frequently.
  5. Check that patient call systems are functional.
  6. Discontinue patient bathing and showering.
  7. Only use telephones when absolutely necessary.
  8. Turn on essential lighting switches, only if required.
  9. Use essential power wisely and switch off unnecessary equipment, lights and electric heaters.
  10. Use battery operated equipment sparingly.
  11. Retain a torch in your area.
  12. If computers are being used, save data, shut down and switch off, consideration should be given to clinical systems which need to remain operational for as long as possible.
-

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## Section 10 UTILITY FAILURE

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### Important Considerations – Electricity Failure

Loss of electricity may result in the supply of the following services being compromised.

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#### Wall Suction

1. Use manual pumps or battery operated suction units if wall suction units do not operate in a power cut.

---

#### Medical Gases

1. If medical gas supply is affected by loss of electricity, use portable cylinders for essential cases.
2. Bottle banks (oxygen and other medical gases) are located on the ACH and GCC sites.
3. The orderly service manages a limited supply of small oxygen bottles for patient transport.

---

#### Water Supply, Heating and Steam

1. Water will be available for the first few hours following an electrical failure. However, it is vital that water rationing begins immediately if the electricity supply fails.
2. Power loss will disrupt the normal supply of hot water, steam and heating. This will affect the ability of some departments to maintain their services.
3. Use linen and other supplies sparingly.
4. Expect delays and changes to the provision of meals.
5. Temperatures in your unit may fluctuate. Request extra blankets for patients if necessary.

---

#### Refrigeration

1. All essential equipment (including refrigerators) should be plugged into an essential power socket.
2. Open fridge doors as little as possible to keep cold air from escaping.

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#### Lifts

1. Loss of electricity will mean that some lifts do not function and others will only operate at half speed.
  2. If lifts are functioning, only use them for essential services.
  3. Do not use lifts if fire alarms are ringing.
  4. Check lifts for people trapped inside and notify the Contact Centre operator via 777.
-

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## Section 10 UTILITY FAILURE

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### GENERATOR TESTING

#### All Areas

All areas must ensure that they have appropriate plans in place to cope with the loss of **Essential Power** during any Generator Testing. Items with batteries or where a brief interruption is not of concern can be left in **Essential Power** sockets, otherwise items should be transferred to non-essential Power sockets. Checks should be made to ensure that batteries are available and working for those devices that must continue to run.

If **Essential Power** does not come back on areas should check their Residual Current Devices (RCDs).

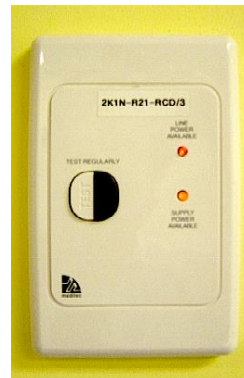
#### RCD: Residual Current Device

All general purpose power outlets in patient-occupied rooms are protected by a device called a RCD. If you have plugged in a piece of equipment and find that you have no power, check the following on the RCD panel (usually on the wall of that room, near the door):

1. Is the "**Line** Power Available" light on?
2. Is the "**Supply** Power Available" light on?

If the **Line** light is **off**, power supply to unit has failed, log problem onto BEIMS.

If the **Supply** light is **off**, simply press **Reset** (black button).



**Transferring items to UPS should only be done in conjunction with the Shift Engineer as this could result in an overload creating even greater problems.**

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## Section 10 UTILITY FAILURE

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### Generator Testing (cont.)

#### Switches and Plugs

Throughout the hospital colour coding is used to denote the different power sources available. The colours denote:

- Red – Uninterrupted Power Supply (UPS) – will continue uninterrupted through an unplanned grid outage.
- Black – Essential Power – during an unplanned outage will switch off and be replaced by generator power after a short interruption.
- White – Non-essential Power – will not be supplied during an unplanned grid outage.
- During the 90 second planned outages UPS (Red) and non-essential Power (White) sockets and switches will not be affected.
- Only items with **black switches** will be affected.

#### Lighting

Essential lighting will be interrupted during the outages; however, areas will have a mixture of lighting on **essential** and non-essential power. By turning off all lighting with **black switches** you should be able to determine the affect on your area.

#### Air Conditioning

Air conditioning will halt for the period of the interruption. It will then automatically restart indicating that essential power has been restored.

#### Call Bells

Ward annunciator panels will stop working during the outages. Call bells and call lights above patient room doors will continue to operate.

#### Computers

Computers that need to keep running during the planned power outages should be plugged into **non-essential power**. Those not required should be turned off during this time.

#### Lamson Tubes

The blowers of the Lamson tube will be interrupted but will resume normal operation with the resumption of essential power.

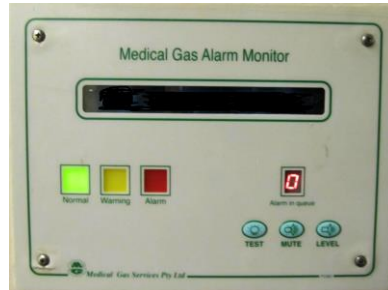


## Section 10 UTILITY FAILURE

### Generator Testing (cont.)

#### Medical Gases

Medical Gas Alarm screens will not display during interruption.



#### Fire Panels

During a generator test fire panels will switch over to battery power.

#### Examples of Visual Display Panels



#### Visual Display Panels - VDPs



#### Lifts

During generator testing, lift operation will be affected. Each lift will stop functioning for around 20 seconds; when power is restored the lift will initially return to its home floor prior to resuming normal operation.

**All lifts** will have appropriate notices placed both inside and out to warn users of the possible impacts and notify them of the alternative routes that they can take. Any lifts where patients or visitors could be stuck or trapped will be staffed to avoid incident.

---

## Section 10 UTILITY FAILURE

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### FAILURE OF WATER SUPPLY

**Staff must:**

Apply water conservation guidelines as follows:

1. **Assess ward/department water needs for the next 72 hours**
2. Drinkable (potable) water. Allow for 3 litres per person per day. Count staff and patients.
3. Non-drinkable (non-potable) water. Estimate your needs for washing, cleaning, sterilisation etc. Drinking water must not be used for these purposes.
4. Packaged water – take an inventory of any bottled water, or bottled drink available in your unit.
5. Ration your supply and notify the Duty Manager of your situation.

**Use of toilets,  
showers and sluice  
facilities**

**Do not** flush toilets

**Do not** use the sluice or shower or sanitisers

**Do not** use washing machines

**Do not** bath patients

Lock the majority of toilets, keeping one or two in use.

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## **Section 10 UTILITY FAILURE**

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## Section 11 COMMUNICATIONS FAILURE

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### PROCEDURE FOR LOCATOR/PAGER FAILURE

#### Staff – Responsibilities

- Staff must:**
1. Notify the 777 Operator that locator and or pagers are not functioning.
  2. Notify staff in the area (do not assume that they already know).
  3. Notify their Supervisor/Service Manager during business hours and Duty Manager out of hours.
- 

### PROCEDURE FOR TELEPHONE FAILURE

#### Staff – Responsibilities

- Staff must:**
1. Notify their supervisor.
  2. Check every phone in the unit (including public pay phones and fax phones).
  3. Follow instructions from the Service Manager/Duty Manager.

**If an emergency has occurred:**

1. Seek help from adjacent units.
  2. Follow instructions from the Service Manager/Duty Manager.
- 

#### Senior Person – Responsibilities

- The Supervisor or senior person present must:**
1. Notify the 777 Operator from the nearest working phone.
  2. Utilise cell phones, to telephone 777.
    - a. If operating an Auckland DHB-issued Vodafone mobile dial 777.
    - b. If using a private cell phone dial (09) 307 4949 and when prompted by the automated operator enter 777#.
  3. Check adjacent areas to ascertain if the failure is local or widespread.
  4. Notify staff in the area.
  5. Seek assistance from other Units.
  6. If practical, use the nearest working phone as the primary contact. Notify Contact Centre and key personnel of the number(s).

**If the telephone failure is widespread:**

1. Set up a runner system in consultation with the Duty Manager.
  2. Appoint a 'Runner' to take messages off the floor.
  3. Messages **must** be written, not verbal.
  4. Runners must be familiar with the building and be physically fit.
-

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## Section 11 COMMUNICATIONS FAILURE

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### Duty Manager – Responsibilities

**The Duty Manager must:**

1. Attempt to call the 777 Operator via landline and cellular networks to confirm the extent of the failure. Ensure repair services have been notified.
  2. Verify that the 777 Operator has initiated standard operating procedures, and alerted Information Systems (IS) staff.
  3. **Ensure that the 777 Operator has activated the appropriate group alerts (Response, Service Advisory, Support and Management Advisory – including notification to the Emergency Management Service).**
  4. If contact cannot be made with the 777 Operator, attempt to identify the affected areas by setting up a runner system. Suggested minimum of two runners on stand-by at all times to ensure coverage.
  5. Prioritise the distribution of radiotelephones (if available) to key areas and response personnel, including clinicians, shift engineer and security staff. Confirm what radio channel is to be used with all users and ensure spare batteries are on charge.
  6. Nominate an Incident Control Point (ICP) for channelling messages and remain in the vicinity to direct and control activity. All messages should be written (to prevent misunderstanding), prioritised (for action), and logged (messages sent and received).
  7. Notify affected areas of the ICP location and contact details.
  8. Appoint an individual to monitor radio transmissions and record all messages, note the distribution of radios and undertake periodic radio checks.
  9. Ensure that each ward or department is aware of the nearest radio to their area.
  10. Notify senior management and confer with the Incident Controller to consider activation of the Incident Management Team (IMT) if appropriate.
  11. Notify St John Ambulance Communications Centre via regional health disaster network base station radio held by 24 Hour Centre. The ambulance control room can also be accessed via base station radios located in the Adult and Children's Emergency Departments.
-

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## Section 11 COMMUNICATIONS FAILURE

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### Daily Operations Manager – Responsibilities

**The Daily Operations Manager must:**

1. Maintain close liaison with the Duty Manager.
  2. Maintain close liaison with Facilities Manager (or their delegated authority).
- 

### Use of Radio Telephones (RTs)

1. The person delivering the radio telephone will brief staff on how to operate the equipment.
  2. A radio check is to be made to the ICP confirming delivery. The following steps should be used when transmitting messages:
    - Step 1: Initiate transmission:
      - i. Example: “ICP this is Ward 12, over”.
    - Step 2: Wait for acknowledgement from ICP:
      - ii. Example: “Ward 12 this is ICP, over”.
    - Step 3: Relay message:
      - iii. Example: “Ward 12 radio received” (end transmission with “out”)
  3. Staff allocated a radiotelephone are required to keep it on their person at all times and are to brief relieving staff before handing over the equipment.
- 

### Emergency Transmissions

All emergency transmissions are to be prefixed by the words:

**“EMERGENCY MESSAGE”**

Upon hearing this transmission, all other radio telephone users are to remain silent until the transmission of the emergency message is complete.

---

### Orderlies – Responsibilities

**The Orderly Supervisor (or Senior Person) must:**

1. Report to the Duty Manager/Clinical Operations Coordinator and await instructions.
  2. Identify available and non-essential radio telephones for distribution.
  3. Distribute radio telephones as directed.
-

---

## Section 11 COMMUNICATIONS FAILURE

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### Security Staff – Responsibilities

**The Security Supervisor (or Senior Person) must:**

Report to the Duty Manager and await instructions.

---

### Contact Centre – Responsibilities

**The Contact Centre must:**

1. Activate standard operating procedures.
  2. Report fault and request urgent technical support (use cell phone if working).
  3. Notify IS staff (Technical Manager and Contact Centre Manager).
  4. Notify the Duty Manager and PAE (Facilities Management) Ops Manager – work hours; Shift Engineer – after hours (message to be relayed via radio transmission to Orderlies).
  5. Determine the extent of the failure.
  6. Notify neighbouring hospitals and the Emergency Services if a major failure (use cell phones if functioning).
  7. Identify working phones.
  8. Monitor the base set radio.
  9. Log all messages.
  10. To provide situation reports when available to the Duty Manager (via radio).
  11. Advise the Duty Manager when the system is fully operational.
- 

### Facilities Manager – Responsibilities

**The Facilities Manager, or persons delegated by them must:**

Liaise with the Duty Manager and await instructions.

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## Section 12 FIRE

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**In a fire the priority is to safely remove anyone in immediate danger.**

The acronym **RACE** highlights the main points to be considered during a fire. Remember – RACE should be used in the order that best suits the circumstances – it is often possible to carry out more than one action at a time.

- R** Remove anyone in immediate danger – if safe to do so.
  - A** Announce - get help, shout “Fire” to alert others in the area – activate a **Manual Call Point** and call **777**.
  - C** Close doors and windows to contain the heat and smoke (turn off hazardous processes, gas, oxygen, etc. only if safe to do so).
  - E** Extinguish the fire – only if safe to do so.
- 

### Staff Responsibilities

**All staff must:**

1. Alert anyone close to the fire – get help – activate the **Manual Call Point**.
  2. Notify the Contact Centre operator **777** and give your name, unit name, floor level, building number, hospital name, and site (Refer Section 1 – Initial Action, for further details).
  3. Confine fire and smoke by closing all doors and windows.
  4. Determine the exact location of the fire or smoke.
  5. If possible, identify what is burning.
  6. Ensure exits and exit routes are clear.
  7. Liaise with your supervisor/unit warden – arrange evacuation of all people from the immediate area as per Fire Action Notices.
  8. Ensure those patients who are dependent upon electrically operated equipment, oxygen or intravenous therapy equipment receive special attention.
  9. Check toilets, changing rooms, and all other rooms/storage areas/confined places to ensure no-one has been left behind.
  10. Turn off oxygen; consider the welfare of patients being administered oxygen. **Do not place your safety at risk.**
  11. Leave lights on.
  12. Take a roll-call immediately to ensure all patients and staff are accounted for. Print and use CHiPs whiteboards, if appropriate.
  13. Ensure that one staff member is at the appropriate building entrance to direct the Fire Service to the fire by the quickest route.
  14. Attempt to put the fire out only if safe to do so eg fire smaller than a waste paper bin – obtain suitable fire extinguishers and at least one person to back you up to begin fire fighting.
-



## Section 12 FIRE

---

### Unit Warden – Responsibilities

**The Unit Warden must :**

**Role undertaken by the shift coordinator or senior person present in the absence of the designated warden**

1. Ensure that **777** is called.
  2. Put on the 'UW' armband.
  3. Take command and coordinate the actions of everyone in the area.
  4. If in a staged evacuation building:
    - a. Initiate Stage 1 evacuation – consider Stage 2.
  5. Allocate duties to staff members.
  6. Account for all persons in the Unit Warden area of responsibility.
  7. Only if safe to do so, ensure that equipment, clinical records and medications, are moved with patients.
  8. Liaise with the Duty Manager and Fire Service.
- 

### Generic Staged Evacuation – Clinical and Non-clinical Buildings

**Explanation of staged process**

There are **three** stages of evacuation in place at Auckland DHB.

Most of the clinical buildings have a Stage 1 and 2 (internal evacuations process) based upon the type of building construction (fire cells) and fire protection systems in the building.

Most of the non-clinical buildings go directly to Stage 3 (complete building evacuation).

**Staged evacuation process:**

| Stage | Description  |
|-------|--|
| 1     | Move everyone away from immediate danger, behind fire doors. |
| 2     | Move everyone to the next fire cell.                         |
| 3     | Total Building Evacuation.                                   |

---

### Contact Centre – Responsibilities

**The Contact Centre must**

The 777 Operator is to implement standard operating procedures.

---

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## Section 12 FIRE

---

### Duty Manager – Responsibilities

**The Duty Manager must:**

1. Wear appropriate identification (hi-vis jerkin).
  2. Liaise with Unit Warden and obtain a situation report.
  3. Coordinate resources as required to manage the emergency.
  4. **Ensure that the Contact Centre has activated the appropriate group alerts (Response, Service Advisory, Support and Management Advisory including notification to the Emergency Management Service).**
  5. Set up an ICP at a suitable location.
  6. Liaise with group call response members and allocate duties.
  7. Liaise with external agencies.
  8. On arrival of the Fire Service, make immediate contact with the Officer in Charge.
    - a. Provide situation report
    - b. Issue a hospital radio to the Fire Service Officer in Charge
    - c. Confirm if lifts can be used for urgent patient transport
    - d. Ensure the Officer in Charge is fully informed of any clinical implications of evacuation orders.
  9. If critical care units are compromised eg theatres, arrange for alternative treatment areas and notify key Fire Service and hospital staff. This may also involve a request for assistance from other hospitals.
  10. Advise affected areas if gas and oxygen will be shut down. Ensure that sufficient warning is provided.
  11. If applicable, request St John to redirect urgent cases.
  12. Action the 'All Clear' from the Fire Service:
  13. Relay the 'All Clear' to the Contact Centre, orderlies and security staff.
  14. Any staff, visitors or patients physically affected by the event, eg smoke inhalation, must be sent to ED for treatment.
  15. Document the incident.
- 

### Daily Operations Manager – Responsibilities

**Daily Operations Manager**

1. Maintain close liaison with the Duty Manager.
  2. Maintain close liaison with Facilities Manager (or their delegated authority).
-

---

## Section 12 FIRE

---

### Orderlies – Responsibilities

**The Orderly Supervisor and Orderlies (in the area) must:**

1. Report to the Unit Warden/Duty Manager or Clinical Operations Coordinator for allocation of duties.  
At ACH take the Resource Pack with you – this contains the Site Manager hi-vis vest and two additional RTs, 1 for Duty Manager and 1 for the Shift engineer.
  2. Communicate with the hospital Orderly Base (by RT) as soon as practical to confirm contact made with Duty Manager.
  3. Assist with evacuation as directed.
- 

### Security – Responsibilities

**The Security Supervisor (or Senior Security person must):**

1. Liaise with the Duty Manager.
  2. Go to the alarm panel with keys and access codes.
  3. Meet the Fire Service, and direct them to the affected area.
  4. In consultation with the Fire Service secure the immediate fire area.
  5. Assist with evacuation as directed.
  6. Undertake traffic control.
- 

### Facilities Manager – Responsibilities

**The Facilities Manager, or persons delegated by them must:**

1. Verify the location with the Contact Centre.
  2. Isolate, protect and control services as appropriate.
  3. Where necessary, turn off air conditioning, ventilating units and fans where manually controlled, (or as directed by the Fire Service Officer In Charge).
  4. Where necessary, control electric circuitry at distribution boards (or as directed by the Fire Service Officer In-Charge and in consultation with the Duty Manager).
  5. Shut down gas and oxygen to affected areas (upon direct instructions from the Duty Manager).
  6. Advise local electricity and gas authorities where necessary.
-

## Section 13 EVACUATION

The Auckland DHB definition of the term evacuation is:

The organised, phased and supervised withdrawal, dispersal, or removal of persons from dangerous or potentially dangerous areas, to safe receiving areas<sup>1</sup>.

### Important considerations

In emergencies people are usually better off sheltering where they are (shelter in place), but evacuation must be considered when risks are too high and cannot be reduced.

Evacuation should take place only when the risk of staying in place is greater than the risk of moving. Patients should be evacuated only when absolutely necessary. If evacuation is required, the objective is to evacuate people in a timely, safe, and effective way.

The stage (see below) of evacuation is determined by the nature of the emergency and the circumstances of the staff and patients affected.

### Staged Evacuation Process

At Auckland DHB there are three stages of evacuation

#### Staged evacuation process:

| Stage | Description                           |
|-------|---------------------------------------|
| 1     | Remove everyone from immediate danger |
| 2     | Remove everyone to a safe area        |
| 3     | Total Building Evacuation             |

#### Shelter in Place (Stages 1 and 2)

Stages 1 and 2 are internal evacuations.

Closing doors and windows in wards/rooms should provide initial protection from hazards. In most incidents, the safest place for patients and staff is to remain inside the building.

#### Total Building Evacuation (Stage 3)

In the case of a complete building evacuation, everyone should leave the building.

Total evacuation of buildings with a staged evacuation process should be initiated only as a last resort. This decision requires coordination with the Duty manager, Service and managers, Incident Management Team (if operational) and emergency services (if applicable).

<sup>1</sup> This definition is used in the Auckland DHB Evacuation Plan.

## Section 13 EVACUATION

### Staff – Responsibilities

- All staff must:**
1. Be responsible for their own safety.
  2. Check for and remove anyone from immediate danger.
  3. ALL staff should take directions from the Unit Warden (or shift coordinator/senior person present).

### Unit Warden – Responsibilities

- The Unit Warden must:**
1. Role undertaken by the shift coordinator/senior person present in the absence of the designated warden.
  2. Put on the 'UW' armband.
  3. Ensure that a **777** call is made.
  4. Take command and coordinate the actions of everyone in the area.
  5. Initiate Stage 1 evacuation – consider Stage 2.
  6. Allocate duties to staff members.
  7. Liaise with the Duty Manager.
  8. Account for all persons in their area of responsibility.
  9. Only if safe to do so, ensure that equipment, clinical records and medication, are moved with patients.

### Evacuation Order

|   |          |   |
|---|----------|---|
| <b>Evacuation Order<br/>General Guideline</b> | <b>1</b> | <b>ALL patients/persons in immediate danger</b>       |
|   | <b>2</b> | <b>Ambulant patients and visitors</b>                 |
|   | <b>3</b> | <b>Patients requiring guidance or some assistance</b> |
|   | <b>4</b> | <b>Fully dependent patients</b>                       |

## GENERIC STAGED EVACUATION ASSESSMENT GUIDELINES

### Stage 2 Evacuation Assessment

- Assessment**
1. Is there anyone at risk from the hazard?
  2. Is the hazard spreading despite containment efforts (closing doors, windows etc.)?
- If yes to any of the above remove everyone to a safe place on the same floor if possible.**

---

## Section 13 EVACUATION

---

### Duty Manager – Responsibilities

**The Duty  
Manager must:**

1. Wear appropriate identification (hi-vis jerkin).
2. Liaise with unit wardens and obtain a situation report.
3. Coordinate resources as required to manage the evacuation.
4. **Ensure that the Contact Centre has activated the appropriate group alerts (Response, Service Advisory, Support and Management Advisory including notification to the Emergency Management Service)**
5. Set up an ICP at a suitable location.
6. Liaise with the Incident Controller to consider activating the Incident Management Team.
7. Liaise with group call response members and allocate duties.
8. Liaise with external agencies.
9. On arrival of the Police/Fire Service, make immediate contact with the Officer(s) in Charge.
  - a. Provide briefing
  - b. Issue a hospital radio to the Police/Fire Service Officer in Charge
  - c. Confirm if lifts can be used for urgent patient transport
  - d. Ensure the Officer(s) in Charge are fully informed of any clinical implications of evacuation orders.
10. If critical care units are compromised, eg theatres arrange for alternative treatment areas and notify key Police/Fire Service and hospital staff. This may also involve a request for assistance from other hospitals.
11. Advise affected areas if gas and oxygen is to be shut down. Ensure that sufficient warning is provided.
12. Request St John Ambulance to redirect urgent cases.
13. Document the incident.

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### Daily Operations Manager – Responsibilities

**The Daily  
Operations  
Manager must:**

1. Maintain close liaison with the Duty Manager.
  2. Maintain close liaison with Facilities Manager (or their delegated authority).
-

---

## Section 13 EVACUATION

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### Orderlies – Responsibilities

**The Orderly Supervisor (or Senior Person) must:**

1. Report to the unit warden and/or Duty Manager/Clinical Operations Coordinator for allocation of duties.
  2. Communicate with the hospital Orderly Base by RT as soon as practical to provide update.
  3. Assist with evacuation as detailed.
- 

### Security – Responsibilities

**The Security Supervisor (or Senior Person) must:**

1. Liaise with the Duty Manager.
  2. Secure the immediate area.
  3. Assist with evacuation as directed.
  4. Undertake traffic control.
- 

### Facilities Manager – Responsibilities

**The Facilities Manager, or persons delegated by them must:**

1. Confirm the location of evacuation with the Duty Manager/IMT.
  2. Isolate, protect and control services as appropriate.
  3. Where necessary and in consultation with the Duty Manager, turn off air conditioning, ventilation units and fans where manually controlled.
  4. In consultation with the Duty Manager and emergency services:
    - a. Control electric circuitry at distribution boards
    - b. Shut down gas and oxygen to affected areas.
  5. Advise local electricity and gas authorities where necessary.
- 

### General Evacuation Principles

1. Start evacuation with the room or area of hazard origin.
  2. Close doors where possible.
  3. Do not run.
  4. Do not stop to collect belongings.
  5. Do not re-enter the evacuated area until the all clear is given.
  6. At night, lights in corridors are to be turned on.
  7. Do not use lifts, unless advised by the emergency services.
  8. After an area is completely evacuated ensure all fire doors are closed.
  9. Limit the use of telephones.
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## Section 14 HAZARDOUS MATERIALS INCIDENT

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### HAZARDOUS SUBSTANCES

A hazardous substances<sup>1</sup> is any substance that has one or more of the following intrinsic hazardous properties:

- Explosiveness
  - Flammability
  - Oxidising capacity
  - Corrosiveness
  - Toxicity
  - Ecotoxicity
  - Capacity, on contact with air or water, to develop one or more of the above properties.
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#### **Hazardous material (HAZMAT) incident**

A HAZMAT incident involves the spillage or escape of a hazardous substance.

A serious HAZMAT situation exists when staff are unable to contain the situation resulting in a risk to people, buildings and services. This will require Fire Service assistance and the possible evacuation of building(s).

If staff are able to contain the spillage or escape, Fire Service assistance may be required to dispose of the material.

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#### **Levels of HAZMAT incident**

There are two classification levels of HAZMAT incident in use at Auckland DHB.

The type of hazardous material and/or the quantity spilt will determine the level of response. Refer to relevant Safety Data Sheet (SDS) for more information. Standard SDS should have 16 sections<sup>1</sup> and not be more than five years old.

##### **Level 1**

1. Safety Data Sheet (SDS) available to confirm process and appropriate spill kit is available.
2. Small spill, usually as a result of accidental spill by handler during decanting.
3. Approved Handler available who is familiar with product, associated hazards and spillage clean up requirements.
4. Able to easily contain spill.

##### **Level 2**

1. Large or continuous spill, usually resulting from equipment failure and leakage or storage drum leakage.

OR

2. No approved handler available, staff unfamiliar with substance and associated hazards.
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<sup>1</sup>Hazardous Substances and New Organisms (HSNO) Act 1996, Section 2.



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## Section 14 HAZARDOUS MATERIALS INCIDENT

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### Staff – Responsibilities

**Staff must:****Level 1**

1. Isolate area.
2. Locate spill kit and Safety Data Sheet (SDS).
3. Put on Personal Protective Equipment (PPE).
4. Clean up spillage according to SDS and spill kit instructions.
5. Dispose of spill kit as per chemical waste.
6. Check PPE used, if damage dispose as per disposal regulations
7. Complete an OH&S Occurrence Report.

If in **any doubt** follow process for **Level 2**.

**Level 2**

1. **Remove** anyone affected from immediate area.
2. **DO NOT** risk further contact with the material.
3. Dial **777** and give details to operator, including location, type of substance, level of response and any requirement for medical assistance.
4. If practical and safe to do so follow SDS guidelines on minimizing spread.
5. If you do not know the correct procedures, summon help and evacuate area.
6. If no safe route is available and evacuation is not essential to immediate survival, move to an uncontaminated room and Shelter-In-Place refer to Shelter-in-Place Procedure below.
7. Ensure the SDS is available for emergency service personnel refer to Section 11 of the SDS.

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### Shelter-in-Place Procedure

1. Move to an uncontaminated room.
  2. Seal off from the contaminated source, i.e. close doors, windows and seal draughts under doors.
  3. Follow personal protection guidelines as identified on the SDS.
  4. Attract the attention of others.
  5. Remain in the area until notified that it is safe to leave.
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## Section 14 HAZARDOUS MATERIALS INCIDENT

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### Contact Centre – Responsibilities

**The Contact Centre must:** Initiate notification procedures.

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### Duty Manager – Responsibilities

**The Duty Manager must:**

1. Wear appropriate identification (hi-vis jerkin).
2. Ensure correct level of response in progress, including notification to the Fire Service.
3. **Ensure that the Contact Centre has activated the appropriate group alerts (Response, Service Advisory, Support and Management Advisory, including notification to the Emergency Management Service).**
4. Ascertain the following information:
  - a. Action taken
  - b. Material and area involved
  - c. Anyone inside contaminated area
  - d. Anyone injured or contaminated
  - e. Location of nearest protective equipment/clothing
  - f. Hazardous material information (type, amount etc.)
  - g. Area and number of people evacuated
  - h. Whether area cordoned off/isolated.
5. Nominate an Incident Control Point (ICP) and remain in the vicinity to control and direct activity.
6. Co-ordinate and liaise with all key personnel.
7. Ensure health needs for those involved are attended to.
8. Gain telephone advice from AED or CED on the transport and management of any persons exposed to the material. The SDS must accompany personnel.
9. Do not allow contaminated persons to move through the hospital (especially patient areas). Have a safe route cleared to exit the hospital.
10. Stay out of contaminated area and await the arrival of the Fire Service. On arrival provide the substance SDS to the Fire Office in Charge.
11. Consult with the Fire Service and St John Ambulance as to how severely the hospital may be affected by exposure.

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## Section 14 HAZARDOUS MATERIALS INCIDENT

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### Daily Operations Manager – Responsibilities

#### Daily Operations Manager

1. Maintain close liaison with the Duty Manager.
  2. Maintain close liaison with Facilities Manager (or their delegated authority).
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### Hospital Shelter-in-Place Procedure

#### Hospital Shelter-in-place procedure

Should the Hospital be exposed to a HAZMAT threat requiring shelter in place, the **Duty Manager** is to:

1. Follow instructions of the Fire Service/St John Ambulance.
2. Request Fire Service/St John Ambulance to maintain close contact and to issue half-hourly progress reports.
3. Ensure that the ICP is operational and that key personnel have been advised.
4. Instruct all staff to:
  - a. Close doors and windows as required to isolate the threat.
  - b. Turn-off independent air-conditioning systems
  - c. Remain inside until further notice and advise patients and visitors to do the same
  - d. Notify medical staff if anyone becomes unwell from fumes (persons with respiratory problems may need special assistance).

If evacuation is advised, the **Duty Manager**, in consultation with senior management, is to:

1. Evaluate the consequences of evacuation against shelter-in-place.
  2. Seek advice from the Emergency Services to identify buildings most at risk.
  3. Prioritise the evacuation of specific areas.
  4. Identify factors that are likely to influence the decision to evacuate eg wind drift, availability of transportation, location and suitability of assembly area(s), on-going clinical care and staffing resources.
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### Security Staff – Responsibilities

#### The Security Supervisor (or Senior Person) must:

Report to the Duty Manager and await instructions.

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## Section 14 HAZARDOUS MATERIALS INCIDENT

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### Facilities Manager – Responsibilities

- The Facilities Manager, or persons delegated by them must:**
1. Report to the Duty Manager.
  2. Consider activating Unit Specific emergency Plan.
  3. Assess the extent of the incident and identify action required.
  4. Shutdown external air-conditioning and other ventilation systems.
  5. Notify the Duty Manager and request additional assistance, if required.
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### Emergency Department – Responsibilities

- The Emergency Department must:**
1. Prepare for the receipt of casualties and initiate internal response procedures.
  2. Activate decontamination procedures.
  3. Prior to the movement of patients, give advice about contaminated or exposed patients to the Duty Manager including:
    - a. Local decontamination processes
    - b. Movement of patients
    - c. Decontamination in the ED (and route to ED)
    - d. Medical treatment required.
- 

### HAZMAT – Follow-up

#### Level 1 Classification

1. Complete relevant reporting forms.
2. Undertake necessary investigation to prevent re-occurrence.

#### Level 2 Classification

1. Completion of designated incident forms, as soon as practicable after the event.
  2. An investigation of the incident is to be initiated by the respective Service Manager to include the OH&S area advisor and relevant Approved Handler.
  3. Follow up report to be submitted to General Manger, Emergency Management Services and OH&S.
  4. Any protective clothing or equipment, which has been contaminated, must be checked and decontaminated/or replaced.
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## **Section 14 HAZARDOUS MATERIALS INCIDENT**

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## Section 15 UNIT SPECIFIC EMERGENCY PLAN

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### UNIT SPECIFIC EMERGENCY PLANS

Intended to be read in conjunction with the Auckland DHB Emergency Preparedness and Response Manual (EPARM) and Emergency Response Flipcharts, Unit Specific Emergency Plans (USEPs) provide detailed guidance for all staff working in a service unit such as a ward or department to assist them in preparing for and responding to emergency situations.

USEPs contain the detailed information that is relevant to a particular service unit. The USEP shows the processes and resources available in the unit and which of these are critical to its continued function during any emergency event. This complements the generic Auckland DHB-wide information contained in the EPARM and Emergency Response Flip Charts.

#### USEP Template

A USEP template is available from the Emergency Management Service. The template provides information to assist with the development of a customised Unit Specific Emergency Plan (USEP).

#### USEP Production and Awareness

USEP production should involve all sections of staff in the unit. USEPs can be used to for staff training and orientation as well as being an operational document to assist response activities as they can contain task cards and staff call-back processes.

All staff members within the service unit should be aware of their USEP and its contents; it is a resource tool to assist them with their immediate response actions.

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## **Section 15 UNIT SPECIFIC EMERGENCY PLAN**

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