

Mackay Hospital and Health Service

Business Continuity Plan

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Introduction

The aim of the Mackay Hospital and Health Service (MHHS) Business Continuity Plan (BCP) is to promote continuity and rapid recovery of critical services or functions required to support the core business of the Health Service. It is a continuous improvement process of establishing and maintaining Business Continuity Plans and other measures in order to respond to and recover from disruptions that threaten key resources, locations and functions. Major disruptions can arise from both dramatic crises and from the escalation of routine management and business failures within an organisation, and poor decision making.

In this plan, business continuity is an all embracing term which addresses organisational recovery following a disaster. It assumes that prevention arrangements have failed and that an incident has occurred which has interrupted normal business to the extent that corrective action is required. It aims to provide the availability of processes and resources in order to ensure the continued achievement of critical objectives.

Purpose

The plan will outline the arrangement guidelines for Business Continuity within the MHHS in accordance with Government Agency Preparedness for Government for Queensland Government Departments. It will detail the key people, the responses and actions needed to enable the MHHS to continue essential functions in the event of a disaster.

Individual areas within the MHHS will be required to have a Business Continuity Plan that clearly identifies the following;

- Processes carried out within the section
- Impact of possible events
- Contingency plan
- Tasks and allocated responsibilities
- Approximate time frame they can survive without the service

The Emergency Planning committee (EPC) is responsible for establishing and implementing emergency plans and procedures that include prevention, preparedness, response and recovery strategies.

The EPC for the MHHS is a sub group of the Safe practice & Environment Committee (SP&E) and is convened as necessary with members being coopted for an advisory capacity. This committee is responsible for the identification of internal and external stakeholders obtaining input from local emergency services to ensure a coordinated response.

Support / Interface with other plans

This plan has been developed in accordance with the Qld Health Disaster Plan 2008 and supports / interfaces with:

- Queensland Health Policy Statement 28028 *Emergency Preparedness & Continuity Management*, September 2006
- Occupational Health & Safety Management and Emergency Preparedness and Continuity Management: Implementation Standard 1-28#21
- MHHS Emergency Manual, NC-WPI161 - V1.0 July 2009
- Standards Australia and New Zealand - HB292:2006 & HB293:2006 Business Continuity Management
- Standards Australia and New Zealand AS/NZS4360:2004 Risk Management

Geographical Area

This plan has been developed to cover the Mackay Hospital and Health Service which encompasses the following shires Mackay, Whitsunday and Isaac Region with total population 163,060. Health facilities include:

The Mackay Hospital and Health Service

- Bowen Hospital
 - 27 beds
- Clermont Multipurpose Centre
 - 10 beds
 - 6 aged care
 - Monash Lodge
 - 16 Aged Care
- Collinsville Hospital
 - 8 beds
 - 7 aged care
 - Population (2007) 13,370
(Includes Bowen & Collinsville)
- Dysart Hospital
 - 7 beds
- Mackay Base Hospital
 - 162 beds
- Mackay Community Health Centre
- Moranbah Hospital
 - 12 beds
 - Population (2012) 12,000
- Proserpine Hospital & Whitsunday Community Health Centre
 - 33 beds
 - Population (2007) 18,610
- Sarina Hospital & Primary Health Care Centre
 - 16 beds
 - Population (2007) 11,440

Population data extracted from

http://qheps.health.qld.gov.au/hic/infobank/POPPROJ/proj_lga_medium2006v.xls

Types of Hazards

A disaster, event or hazard will cause stress and extra load for the MHHS health care facilities. Hazards are often associated with injuries and death. The aftermath of a hazard may lead to an increase or a perception that there will be an increase in disease, placing stress on the MHHS to maintain continuity in health care provision and recovery.

Far North Queensland's diverse climate conditions give rise to a number of hazards. During the Wet Season, flooding can occur over large areas of the MHHS cutting communication, causing landslides and damaging infrastructure. Cyclonic conditions from November to April further compound this hazard with the risk of storm surge.

Hazards and associated risks include:

- earthquakes—deaths and injuries, mainly due to building collapse;
- flooding—drowning and injuries;
- storms and cyclones—deaths and injuries due to debris impact or building collapse, drowning;
- fire—deaths and injuries due to burns, smoke-inhalation or respiratory failure in vulnerable people; explosions—deaths and injuries due to building collapse, burns;
- chemical spills or leaks may cause a range of injuries from burns to respiratory problems;
- the perceived risk of epidemics will place significant extra load on health-care facilities;
- primary health-care services must be maintained while the stress levels associated with an emergency or disaster may actually increase normal rates of heart attacks, strokes, childbirths (as hyperbaric pressure decreases during cyclones), psychological effects and availability of medication; eg. Methadone etc. immediately after the event; and
- lack of power may increase loads on health systems by:
 - the general public using naked flames for heating or lighting, with increased fire risk and respiratory problems;
 - use of generators with inadequate ventilation may cause suffocation or respiratory problems. Handling generator fuel may cause fire risks;
 - eating contaminated foods or out-of-date foods may lead to gastric disorders;
 - Injuries to persons trying to navigate flooded areas and
 - lack of power for in-home care of disabled or ill people may lead to these people seeking in-hospital care.

As well as increased loading on the MHHS, the hazard itself may impact on Queensland Health's ability to provide a health care service. This could be due to the following:

- damage to health infrastructure housing the facilities that may make them unsafe for continuing service;
- water damage (mould), cladding damage or smoke damage that may make the facility unserviceable.

Equipment may have been damaged, records lost or cleanliness compromised;

- Some facilities within the MHHS; such as Community Health and Victoria Street facilities may not have emergency power or their premises may be inundated or damaged and may be unable to provide services.
- Staff shortages may occur following hazards, as casualties elsewhere in the community, damage to transportation and general community disruption may mean that staff rostered on cannot come to work.
- Some equipment may have been affected by the hazard itself. Mobile or portable equipment is vulnerable to damage in cyclones & earthquakes. Equipment that makes use of gas or gases (critical services in particular) may be compromised by leaks in pipes or damage to reticulation system or lack of supply, and gas storage areas could be compromised.
- Many of the above effects have the added complication that the staff and patients of these facilities may need to be evacuated, placing extra load on surrounding facilities, and also risking the safety of people who require continuous care or specialised equipment.

Pandemic Influenza

The MHHS must work with other health related agencies to determine how best to assist in responding to the health and wellbeing needs of the community during a pandemic, as well as minimising the impact of a pandemic on the service.

In order to reduce the impact of a pandemic on core business and maintain business continuity, absenteeism needs to be effectively managed. Items to be considered are:

Reducing the likelihood of staff becoming exposed to the virus

Education can reduce fear through understanding and help protect through knowledge. Basic information that staff should be made aware of includes:

- What is pandemic influenza and how is it spread?
- What are the signs & symptoms?
- When are people considered infectious?
- What can be done to reduce the risk?

Note: Under the Workplace Health and Safety Act 1995 the obligations that an organisation has under this Act continue to apply in the event of pandemic influenza. An organisation must continue to manage everyday risks to the workplace health and safety of workers and others, as well as manage risks unique to pandemic influenza.

Management of illness and absenteeism

Well developed workplace policies are integral to the protection of the workforce and the organisation's operations during a pandemic. Policies that can be considered include, but are not limited to the following topics:

- Hygiene and cleaning practices
- Social distancing strategies incorporating - working from home, using company vehicles, restricting access to the workplace, change to working rosters / hours of operation
- Work related restrictions on travel to affected areas

Maintaining service/business delivery with specific reference to the maintenance of essential services

A Pandemic may create the need for staff members to remain at home to care for their dependants, and may reduce the numbers of staff that attend work due to fear of the disease, or as an unwillingness to place themselves at a risk of infection.

Key tasks to be undertaken are:

- Identify the core people required to keep the essential functions of the business running
- Identify opportunities for cross training/multi skilling of staff where appropriate with the intent of creating a larger internal resource base from which to draw on
- Identify retired staff that may be employed for knowledge as opposed to physicality
- Identify critical resources and projected quantities (required to maintain functioning of key areas) over the peak period of the pandemic. This can be used to assess the feasibility of bulk purchases/stockpiling
- Discuss preparedness planning with key suppliers/contractors.
- Identify all suppliers of the required resources beyond current contractual arrangements.

- Identify temporary alternatives and suppliers
- Identify the Critical Breaking Point.

Staffing

The effects of a pandemic on staffing numbers can only be estimated before the actual occurrence. It is not unreasonable to assume that at various times during a Pandemic the MHHS will experience significant levels of absenteeism whether directly related to influenza infection, family care responsibilities or fear and fatigue. This may be as high as 30 - 40% absenteeism at the height of an outbreak.

It is important to note that an influenza pandemic will not be 'business as usual' for health services in Australia. Staff will be required to work flexibly to meet increased demands; usual clinical and infection control practices may need to be altered to accommodate the exceptional circumstances.

Depending on the epidemiology and virulence of the virus the MHHS may have to rationalise certain services in order to maintain the ability to provide services directly related to a Pandemic Influenza outbreak.

Historically Pandemics have come in waves of between 6-12 weeks; changes to service provision will be necessary but temporary.

Staff should be discouraged from presenting to work with flu like symptoms, especially in the early stages where prevention of spread will be paramount to the governments' containment strategies. As the stages of a Pandemic wave progress the staff who have recovered will have immunity and be able to work in the front line of the response with little risk of further infection from pandemic influenza.

Staff accommodation

During some stages of a critical incident or pandemic there may be a need for staff accommodation within or close to the Hospital. The reasons include:

- Reduced staff available, increasing the need for overtime and extra shifts
- Staff wishing to remain at hospital rather than risk transmission to family.

If the Hospital staffing is hit hard then it may be that many staff will be required to work extended hours and extra shifts, all possible measures should be taken to ensure safe practice and to keep fatigue to a minimum.

For more information see:

- MHHS Pandemic Influenza Plan, C-WPI242 – V2.0 May 2009

General Operations

Strategies that may be required to be utilized

(These will vary depending upon the type and severity of the Incident)

- Temporary Cessation of all elective admissions and procedures at Mackay Base Hospital
- Temporary closure of Medical and Surgical Clinics,
- Deployment of staff to areas of greater need and to cover absenteeism will be common,
- Some staff will be required to perform their roles in new environments
- Multiskilling in areas of the same job stream but different roles

All wards and departments within the MHHS should develop an area specific contingency plan that gives consideration to how they may function in any given incident that may arise. Work requirements should be prioritised.

Consideration should be given to:

- Patient Flows patients to and from units
- Succession planning,
- Multiskilling where appropriate
- Changes to work practices that may occur
- Preparation for "knock-on" effects from other departments that may affect your departments functionality

Some departments within the Mackay Health Service will have to maintain elements of their core business, possibly at a reduced level because their service may not be able to be completely absorbed by other hospitals in

the MHHS. These may include Emergency Department, Intensive Care Unit, Coronary Care Unit, Theatres, Maternity, Renal, & Mental Health.

Communications

Locally, where an incident threatens to disrupt normal operations, immediate decisions are required to minimise the impact of the incident and to resolve issues where possible.

In the event of a crisis, the delegated Health Incident Controller will initiate the Emergency Operation Centre to manage immediate response activities—for example, authorising and releasing communications with staff and stakeholders, authorising the activation of business continuity and information disaster recovery arrangements, standing down staff, declaring the crisis over.

The Emergency Operation Centre would normally include relevant senior and functional managers, or their delegates, who can provide leadership and who understand agency operations. Sub-groups can also be identified to support the crisis management team.

The State Disaster Management Group meet and manage disaster arrangements. Queensland's Disaster Management arrangements are managed by the Department of Emergency Services (see www.disaster.qld.gov.au).

Activation and Relocation

The MHHS will be activated and deployed in an appropriate authorised manner according to procedures set out in the MHHS Emergency Manual

Risk Management

Possible Types of Exposure and the Risk Assessment:

(According to the Queensland Health Risk Management Matrix (Integrated Risk Management Implementation Standard 3)

It is assumed that any major loss of hospital/facility global essential resources (eg. Power, fuel, gases, water, communications etc) will be addressed and co-ordinated through the MHHS Disaster Coordination Centre.

Risk Description	Likelihood	Consequence	Risk Rating
Earthquake (deaths & injuries due to building collapse)	Rare	Extreme	High 15
Storms & Cyclones	Rare	Extreme	High 15
Flooding (drowning & injuries)	Unlikely	Major	High 14
Fire (deaths & injuries due to burns, smoke inhalation or respiratory failure in vulnerable people)	Rare	Major	Medium 11
Fire Alarm Failure	Rare	Extreme	High 15
Water Failure	Rare	Extreme	High 15
Electricity Failure (public or staff may use a naked flame for heating or lighting with an increased fire & respiratory problems)	Possible	Moderate	High 13
Gas Supply failure	Rare	Moderate	Low 5
Medical Gas Failure	Rare	Extreme	High 15
Damage to Infrastructure (following an event – impact upon ability to provide health service)	Rare	Extreme	High 15
Water Damage making the facility unserviceable	Unlikely	Major	High 14
Capacity of the Hospital is exceeded	Likely	Major	Very High 20
Industrial Disputes	Possible	Major	Very High 19
Epidemic/Pandemic	Possible	Major	Very High 19
Computer system failure – greater than 1 day	Possible	Moderate	High 13
Bomb or Explosions (deaths & injuries due to building collapse & burns)	Rare	Extreme	High 15
Chemical Spills & Leaks (range of injuries from burns to respiratory problems)	Rare	Major	Medium 11
Biological Incident – escape, spillage or contamination	Rare	Major	Medium 11
Radiological incident	Rare	Major	Medium 11
Adverse Public interest	Possible	Major	Very High 19

- **Major engineering failures** -burst water mains, electrical sub-station failure, generator failure etc.
- **Impact upon buildings** - helicopter or aircraft
- **Chemical spill in vicinity of hospital** - road tanker
- **Communication Systems failure**
- **Medical Gas Reticulated Systems failure** - oxygen, suction

Integrated Risk Management Analysis Matrix

The use of integrated Risk Management Analysis Matrix is mandatory when communicating risks (risk Ratings) to Executive and Senior Management throughout the Department.

The Integrated Risk Management Analysis Matrix is used to assess Consequence(s) should the risk occur and Likelihood (Probability) of the Risk occurring. Together, the Likelihood and Consequences(s) determines an overall Risk Rating or Level of risk.

CONSEQUENCE TABLE (Consequence Table for types of consequences and degrees of severity)

		Degree of Severity				
Type of Consequence	Code	NEGLIGIBLE	MINOR	MODERATE	MAJOR	EXTREME
Adverse Clinical Event	C	No injury or harm caused, minor adjustment to operational routine	Minimal harm caused, minor interruption to routine	Loss of function, major harm caused	Permanent loss of function or disability	A loss of life
Outrage/Damage to Reputation	O	Minimal adverse local publicity	Significant adverse local publicity	Significant adverse Statewide publicity	Significant and sustained Statewide adverse publicity	Sustained national adverse publicity, Queensland Health's reputation significantly damaged
Litigation	L	Potential exposure to Queensland Health	Minor exposure to Queensland Health	Exposure will result in a single claim	Claims greater than \$500,000 or multiple claims resulting from single exposure	Claims greater than \$1M or multiple claims resulting from multiple similar exposures
Disruption to Established Routines/Operational Delivery	D	No interruption to service	Some disruption manageable by altered operational routine	Disruption to a number of areas within a location or MHHS, possible flow on to other locations	All operational areas of a location or MHHS compromised, other locations or MHHSs are affected	Total system dysfunction and/or total shutdown of operations
Staff Morale (may include absenteeism, establishment)	SM	Staff dissatisfaction within local unit. No effect on services or programs	Alteration to routine practice required in local area or MHHS	Disruption spreads across services or programs	Disruption spreads to routine practice Statewide	Statewide cessation of service or programs
Workplace Health & Safety	H	No injury/illness – no time lost, minor adjustment to operational routine	No lost time injury First aid or medical treatment required	Lost time injury involving a temporary loss of function or a notifiable event	Permanent loss of function or disability	A loss of life
Security (may include fraud/theft. Unauthorised access and areas of suspected official misconduct)	S	Event noted by local staff/management, no change to routine operations	Monitored by local staff, some effect on routine operations	A security event that may threaten a program /service. An event requiring internal investigation	Major event that threatens a program /service across the wider organisation. Events requiring referral to Police / CMC	Extreme event affecting a program / service areas ability to continue its operation resulting in total shutdown
Environmental Impact (may include discharge of hazardous or dangerous substances, carbon footprint etc)	E	No lasting detrimental effect on the environment	Local detrimental effect on the environment	Short term local detrimental effect contained with outside assistance (i.e.QFRS, EPA)	Long term detrimental effect contained with outside assistance (i.e.QFRS, EPA)	Having a long lasting effect on the environment
Workforce Issues (may include recruitment and retention, capability)	W	No effect on services or programs	Some effect on specific service or program – alterations to routine practice required	Restrictions to service/program availability within a location or MHHS, with possible flow on to other locations	Cessation of service/program of a location or MHHS, which could impact other locations or MHHSs	Statewide cessation of a program or multiple programs
Operational Management	OM	No impact on local operations	Minor impact on local operations	Moderate to long term impact on wider operations	Major impact on operations across other areas of organisation	Cessation of some operations
Corporate Management	M	Local management review	Local management review on a broader basis	Senior Management review or intervention	Directorate/MHHS/ Health Service Executive Management review or intervention	Statewide management review or intervention by EMT / D-G
Financial (anything that has a financial impact)	F	~ 1% of monthly / cost centre budget	~ 2% of monthly / cost centre budget	~ 5% of monthly / cost centre budget	~ 10% of monthly / cost centre budget	~ 15% of monthly / cost centre budget

Please note that the severity for each consequence type is to be considered separately and not relative to each other

Likelihood (probability) Table

This table defines the likelihood or probability of the risk occurring, based on the information available at the time of assessment.

Rare	May occur in exceptional circumstances only / May occur at least once in a period of 5 years or more
Unlikely	Might occur sometime but not expected / Might occur at least once during a period of five years or less
Possible	Could occur, capable of happening, foreseeable / Could occur at least once in 12 months
Likely	Is expected to occur occasionally / Is expected occur at least once per month
Almost Certain	Is expected to occur frequently, in most circumstances / Is expected occur at least once per week

Integrated Risk Management Analysis Matrix

Likelihood ↓	← Consequences →				
	<i>Negligible</i>	<i>Minor</i>	<i>Moderate</i>	<i>Major</i>	<i>Extreme</i>
<i>Rare</i>	Low (1)	Low (4)	Low (5)	Medium (11)	High (15)
<i>Unlikely</i>	Low (2)	Medium (8)	Medium (10)	High (14)	Very High (21)
<i>Possible</i>	Low (3)	Medium (9)	High (13)	Very High (19)	Very High (22)
<i>Likely</i>	Medium (6)	High (12)	Very High (17)	Very High (20)	Extreme (24)
<i>Almost Certain</i>	Medium (7)	Very High (16)	Very High (18)	Extreme (23)	Extreme (25)

Legend

Low risk (1-5)	Manage by routine procedures, unlikely to need specific application of resources
Medium Risk (6-11)	Manage by specific monitoring or response procedures locally
High Risk (12-15)	Management attention needed and management responsibility specified to control the risk
Very high risk (16-22)	Detailed research and management planning required at a senior management / executive level
Extreme risk (23-25)	Immediate action and involvement required at a senior management / executive level to control the risk

Actions required in response to the level of risk:

Risks with a residual risk rating of Very High (16-22) and Extreme (23-25) must be reported.

The management must consider the need for legal advice or guidance. If legal advice or guidance is required it must be reported to Corporate Counsel (or delegate)

All notifiable events (as per the local policy or procedure) must be reported as directed.

All incidents including near misses must be reported.

The risk assessment process is applicable to all processes and levels within the Department.

Source

Integrated Risk Management Implementation standard 3 – Risk Analysis Matrix:
http://qheps.health.qld.gov.au/audit/RM_Stream/RM_Policy/31237_08_2.0.pdf
 (September 08)

Business Restoration

Following the activation of business recovery arrangements to re-establish all core services, arrangements will be initiated to restore normal operations to pre-crisis capacity.

The extent and duration of business restoration planning will depend on the impact and nature of the crisis. Business restoration might require, for example, sourcing new accommodation and equipment, re-establishing non-core or strategic processes or projects, transitioning temporary service delivery arrangements established under business recovery to a permanent status or relocating staff and resources to new permanent accommodation.

Pre-planning for business restoration is difficult due to its circumstantial nature and the inherent number of unknowns.

In the event of a major incident, Queensland's disaster management arrangements would be activated to coordinate recovery activities across the affected area and this may impact on the Mackay Health Service business restoration planning.

Conclusion

Business continuity arrangements are the MHHS's last line of defence in risk management arrangements. They address the immediate crisis, re-establishment of the delivery of core services and essential business operations, and the restoration of the facilities to normal operations following a major interruption.

Business continuity thinking will commence as soon as an abnormal incident occurs even if not considered a major incident, as this could herald the impending need to activate business continuity arrangements.

Contingency Plans For the Mackay Hospital and Health Service

1. Contingency Plans for the Mackay Hospital and Health Service

- Air Conditioning Failure
- Boilers
- Building Management System
- Gas Supply
- Human Resource management
- Mains Electrical Power (*See Emergency Manual*)
- Medical Gases, Air and Suction
- Occupational Health & Safety services
- Safety and Security
- Sewerage
- Telecommunications (*See Emergency Manual*)
- Vehicles and Transport (including fuel supply)
- Water Supply

2. Contingency Plans for Hospital Clinical Services

- General Surgical Unit/Medical Ward/Rehabilitation Ward
- Emergency Department
- Operating Theatre
- Intensive Care Unit
- Coronary Care Unit
- Womens Health Unit
 - Special Care/Neonatal Care Nursery
 - Ward & Clinic
 - Birth Centre
- Child & Adolescent Unit
- Renal Dialysis Unit
- Specialist Outpatients
- Mental Health
- Community Mental Health

- Alcohol & Other Drug Service
- Early Discharge Day Surgery Unit

3. Contingency Plans for Hospital Support Services

- Breastscreen
- Catering
- Central Sterile Supply Department
- Cleaning
- Health Information Records
- Information Department
- Linen
- Medical Imaging
- Mortuary
- Pharmacy
- Pathology
- Stores/Supplies

4. Contingency Plans for Rural facilities

- Bowen Hospital General & Clinical
- Bowen Utilities
- Clermont hospital
- Collinsville Hospital General & Clinical
- Collinsville Utilities
- Dysart Hospital
- Moranbah Hospital
- Proserpine Hospital
- Sarina Hospital General & Clinical
- Sarina Utilities

Business Continuity Planning

Occupational Health and Safety Unit

The Unit has ten (10) staff, including AO5 OHS Unit Manager (Hinterland) and is based at 73 Victoria Street, Mackay.

Note: The Action Cards, Pandemic Influenza Plan 2009, for corporate services and all Managers are to be used in conjunction with the specific procedures detailed below.

Key contact: Wendy Macfarlane, MHHS OHS Manager

Delegated as necessary in the following order: Gail Cameron, Susie Maddox, Wayne Vidler

OCCUPATIONAL HEALTH AND SAFETY UNIT					A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?	
Insufficient staff	Unable to provide prompt or timely response for risk assessment, advice, records management or W/Comp case management	Prioritize to address highest risk/s first	Undertake Executive Members directions / negotiate alternatives	MHHS OHS Mgr	Indefinitely, but with a limited service	
			Identify tasks to be postponed until disaster subsides; cancel all unnecessary commitments away from base			
			Assign tasks to existing staff, monitor progress / wellbeing throughout day			
			Determine staff availability if shifts needed in addition to 8:00-17:00 Mon-Fri. Availability may change daily.			
		Engage admin support from MHHS units		An unlikely option - other units will be experiencing insufficient staffing also		
		Engage expertise from other Health Services and/or corporate	Arrange travel to Mackay if necessary			
			Coordinate scheduled daily briefing time / place			
			Confirm primary and secondary contact details whether in Mackay or other location			

OCCUPATIONAL HEALTH AND SAFETY UNIT					A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?	
		Staff working from home if practicable	Provide laptops and mobile phones / chargers			
			Determine infection control, task assignment and schedule am/pm briefing to Mgr			
			Liaise with agencies for extra critical care staff			
			Call staff in when possible			
Pool Vehicles unavailable	Delay in attending to issues needing face-to-face away from Victoria St campus; delay transporting ill staff to their residences	Use taxi service, if available, or private vehicles	Identify which staff accept to use their private vehicles			
			Equip each staff spray disinfectant and tissues for vehicle			
			Ensure mobile phones are charged and taken on all transfers; ensure Mackay street maps for all cars			

Business Continuity Planning

Medical & Surgical Wards

The following Standard Operating Procedures have been generated for application across clinical units where common processes exist and are grouped thus to avoid replication of tasks for contingency planning for individual wards.

MEDICAL AND SURGICAL WARDS					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE
Computer failure	Unable to generate ID Labels	Record patient details manually	<ul style="list-style-type: none"> Ensure supply of HBISCUS downtime forms Pre print labels on existing patients Hand write on blank labels for new admissions 	Administrative and nursing staff	B B B
	Unable to track patient location and bed status	Revert to the manual process	<ul style="list-style-type: none"> Update patient location and bed status at regular intervals Notify after hours manager of all patient movements Develop a process for disseminating patient updates as part of the facility communication plan 	Administrative and nursing staff Nursing staff Nursing Staff Team Leader	B B B
	Unable to provide patient dietary requirements	Revert to manual process	<ul style="list-style-type: none"> Update patient diet lists and have available for collection by catering services 	NUM and Team Leader	B
	Unable to record information relating to patient nurse dependency	Revert to manual process	<ul style="list-style-type: none"> Ensure supply of downtime forms available to record information 	Administrative Staff	B
	Unable to access computerised pathology/radiology results	Revert to manual process Use portable phones if working	<ul style="list-style-type: none"> Ensure supply of Medical Imaging & pathology result forms Develop means for notification of Medical Imaging & laboratory test results Manual ordering of tests 	Administrative staff NUM, Medical Imaging & Laboratory Staff	B B B

MEDICAL AND SURGICAL WARDS					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE
		Enter data when system is fixed	<ul style="list-style-type: none"> Ensure retrospective data entry when computer services resume Backup any non centralised data or ward specific computer programs 	Medical & Nursing Staff Unit Manager, Medical Imaging & Laboratory staff Administrative Staff	B B
Power Failure	Mains power not available	Refer to mains power failure plan	<ul style="list-style-type: none"> Inform and Educate staff 	NUM & Nurse Educator	Depends upon the generator
Lighting Failure	Difficulties in patient observation & care Increased risk for patients and staff	Utilise the emergency lighting Maximise natural lighting Utilise alternate lighting Maintain WH&S precautions Refer to facility wide power failure plan	<ul style="list-style-type: none"> Identify provision for emergency lighting Relocate immobile patients to the best lit areas Ensure there are NO mobile patients because of increased risk of injury if they move about in poorly lit areas Clean & maintain windows & fittings Ensure blinds & curtains are open Ensure adequate supply of torches & Battery operated lights & batteries Clear patient areas, work areas & corridors of all hazards Inform and Educate staff 	Engineering staff Nursing Staff Nursing Staff Cleaning Staff All staff NUM NUM & All staff Educator	B B B B B B B
Air Conditioning Failure	Unable to regulate the temperature & environment	Use alternate cooling devices eg Electrical or manual fan Refer to facility wide failure plan	<ul style="list-style-type: none"> Position fans for maximum benefit Identify patients requiring cooling Inform & Educate staff 	Nursing Staff Nursing Staff Educator	Depends upon the weather season in Mackay
Telephone Failure	No internal or external telephone communications	Refer to facility wide telecommunications failure plan	<ul style="list-style-type: none"> Inform & Educate staff 	NUM Team Leader Educator	A
Wall Oxygen supply failure	Wall oxygen not available	Use Oxygen cylinder	<ul style="list-style-type: none"> Identify anticipated requirements of cylinder oxygen for ward patients 	NUM	A – B

MEDICAL AND SURGICAL WARDS					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE
		Provide emergency oxygen /suction	<ul style="list-style-type: none"> Order required cylinders from central storage area Ensure all oxygen cylinders are full Ensure a corresponding number of oxygen fittings available at ward level Consider co-locating high oxygen users (run on the same bi-connectors) Ensure small oxygen cylinder with twin-o-vac suction on resuscitation trolley Educate staff on use of alternate devices 	NUM Wards person Wards person Nursing & Medical staff Nursing Staff NUM Educator	A – B A – B A – B A – B A – B A – B
Digital Scales fail	Unable to record weight	Use alternative scales	<ul style="list-style-type: none"> Purchase bathroom scales Use weighted scales if available 	NUM NUM	C C
Failure of Tympanic Thermometer	Potential for inaccuracy of temperature readings		<ul style="list-style-type: none"> 	NUM	
Failure of non-invasive Blood Pressure monitors	Unable to electronically measure blood pressure readings	Use manual sphygmomanometer	<ul style="list-style-type: none"> Ensure adequate number of sphygmomanometers 	NUM	A

MEDICAL AND SURGICAL WARDS					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE
Patient call buttons	summon assistance				
Failure of infusion Pumps/Syringe Drivers	Staff unable to titrate medications and fluids accurately	Use battery power if available Use burettes Consider alternate administration routes	<ul style="list-style-type: none"> Charge on generator power if able Charge batteries fully Ensure adequate stock of burettes Protocols for alternative administration Manually titrate drip rate if necessary 	All Staff Nursing Staff Nursing Staff NUM Medical staff	A A B B
Failure of Enteral feed pumps	Difficulty in maintaining patient nutrition	Use alternate feeding methods	<ul style="list-style-type: none"> Develop a procedure for bolus/gravity feeding Ensure adequate supply of tubes and feeds Manually titrate drip rate if necessary Inform and educate staff 	NUM Educator/Nursing staff NUM Educator	B
Failure of Sequential Compression Devices	Potential increased risk of DVT/Embolus	Use alternate methods of deterring thromboembolus	<ul style="list-style-type: none"> Identify at risk patients Consider compression stockings/drug therapy Develop Policy Ensure adequate supplies of stockings 	NUM Medical staff NUM/Educator Medical Staff NUM/Educator Medical Staff Nursing staff	C
Refrigeration	Drugs and medical supplies requiring refrigeration may become unusable	Place drugs in refrigerators which are connected to emergency power supply Use eskies and ice	<ul style="list-style-type: none"> Review emergency power outlets Monitor refrigerator temperature with thermometer Consider purchase of eskies and supply of ice Inform and Educate Staff Consult with Pharmacy 	NUM Engineering Staff Nursing staff Infection Control Staff NUM/Educator	A - B
Failure of	Difficulties with lifting	Identify alternate lifting devices	<ul style="list-style-type: none"> Use hydraulic lifting devices if available 		C

MEDICAL AND SURGICAL WARDS					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE
Lifting Devices	heavy patients – manual handling injuries		<ul style="list-style-type: none"> Mobile power pack Use of ski sheets, bed sheets etc Ensure staff trained in manual handling 	All Staff	
Pan Room Hopper	Unable to clean bed pans/urinals correctly		<ul style="list-style-type: none"> Rinse with 'grey/waste' water and disinfect with chemical solution Reinforce Infection Control Policy 	All Staff Infection Control CNC Educator	B B
Lift Failure	Unable to transport patients to different levels within the facility	<p>Ensure one lift operates on emergency power</p> <p>Utilise alternate methods of transporting patients</p> <p>Consider utilising ground floor facilities</p> <p>Minimise patient transfers</p>	<ul style="list-style-type: none"> Review existing supply of emergency power Walk patients Consider scoop stretchers, fire blankets, stair walkers, cardboard stretchers Develop facility plan for locating new admissions Critical transfers only Ensure all staff aware of facility Fire/Evacuation plan 	Engineering Staff Disaster Committee Wardsperson Nursing staff MHHS Executive MHHS Executive Medical Staff NUM	A A A A A A
Failure of Video & TV	Negative Impact on patient education/enjoyment	<p>Verbal education</p> <p>Alternative recreational activities</p>	<ul style="list-style-type: none"> Develop alternate packages for patients Prepare mobile library Consider hand held games for children 	NUM Educator Volunteers MHHS Executive NUM	C
Failure of Fax	Unable to receive or send patient information	Utilise alternate lines of communication Scan and email	<ul style="list-style-type: none"> Send patient information via courier or runner Delay the transfer of information until services have resumed 	NUM Medical Staff Administration staff	B B
Failure of copier	Unable to copy documents	Utilise alternate lines of communication	<ul style="list-style-type: none"> Telephone information Send the original documents with the patient and document in the chart 	Nursing staff Medical staff	

MEDICAL AND SURGICAL WARDS					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE
			Delay the transfer of information until services have resumed		
Staffing	Increased manual tasks may increase the workload	Roster extra staff on duty Place staff on call	<ul style="list-style-type: none"> Estimate staffing numbers for 24 hour period Prepare rosters Liaise with agencies for extra staff Call in staff if possible 	All Managers	
Equipment Function	Unable to guarantee equipment accuracy	Check all equipment for functionality as soon as possible after disruption of power	<ul style="list-style-type: none"> Identify all equipment to be checked Inform and Educate staff 	NUM All Staff Educator	

Business Continuity Planning

Rehabilitation Unit

The Unit is connected to the emergency generator

REHABILITATION UNIT					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Failure of inpatient electric beds mechanics	Unable to adjust height of beds for safe exit/entry by patient	Utilise emergency generator power within 10 seconds of power failure Identify alternative battery power pack to operate bed mechanics	Identify emergency power outlets Confer with engineering re availability of portable battery back-up equipment	All Nursing & Unit Operational staff NUM	D
Failure of Vital Signs Monitors & pulse oximetry	Nursing staff can utilise manual equipment – minimal impact on nursing resources/time	Utilise emergency generator power within 10 seconds of power failure Utilise battery back up Ensure that nursing and medical staff have access to manual vital signs equipment Ensure solid stock of alkaline batteries for portable pulse oximetry unit	Identify emergency power outlets Ensure batteries are fully charged Equipment nurse to ensure that there is a sufficient supply of correct sized batteries for equipment in unit storage.	All Nursing & Unit Operational staff	C *NB- Battery life of Monitor is 30 mins to 2 hours
Computer System	Unable to access patient information systems and Rehab Unit documentation if system fails				D
Paging System	Unable to contact treating medical officer Teams if system fails- patient care mix at risk				D

REHABILITATION UNIT					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Failure of Defibrillator	Unable to defibrillate patients	Utilise emergency generator power within 10 seconds of power failure Utilise battery back up Utilise other available Defibrillators	Identify emergency power outlets Ensure batteries are fully charged Identify location of alternate devices	All Nursing and Medical staff	Utilise battery back up Utilise other available Defibrillators
Internal phone system	Unable to communicate with others internally and externally	Utilise personal mobile phones or ? available MBH mobile phone			
Nurse Call Alarm System	Patients unable to buzz for assistance Unable to raise alarm for emergency and life threatening situations	Supply of hand bells Use of phones if main phone system operational	Equipment nurse to ensure supply and storage Use 222	Equipment Nurse & NUM	
Staffing Resources	Unable to provide safe level of care in the event of reduced nursing resources 24/7	Use Unit base staffing model where possible. Seek support of the volunteer services to assist with tasks such as bed-making Consider "outlieing" patients to other departments if not effected or transfer to other facilities/hospitals	Calculate individual patient staffing requirements Identify care staff able to be on call and redeployed in the facility Estimate staffing numbers required for 24 hour period Identify nursing staff able to be on call and redeployed in the facility Estimate staffing numbers required for 24 hour period Estimate staffing numbers required for 24 hour period Liaise with other	Nurse Unit Manager Nurse Manager Nursing Director Nurse Unit Manager Nurse Manager Nursing Director	Indefiantly but with a limited service

REHABILITATION UNIT					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
			facilities/units for extra care staff Liaise with agencies for extra staff Call staff in when required		
Essential equipment i.e. Hoists Dressings and store supplies	Unable to maintain continuity of care management	Ensure adequate supply in stores Access from other departments		Equipment Nurse & NUM	A
Linen Supplies	Unable to maintain adequate linen management if Laundry effected - potential infection control risk				B
Food Supplies	Unable to maintain adequate dietary requirements of individual patients if kitchen area effected	Outsource food supplies and catering Transfer patients to other wards/units			A
Oxygen delivery system	Would have to rely on cylinder supply	Maintain adequate supply of cylinder O2 and delivery devices	Confer with engineering re availability of additional supply in emergency event	NUM Equipment Nurse Engineering Rep	B
Inadequate Waste Collection & Disposal	Build up of clinical and general waste products in unit Infection Control Issue				

Business Continuity Plan

Operating Theatre Services

Continuity Plan based on having Emergency generator power to the unit. If no power at all operating would cease and cases would have to be transferred.
Emergency phone Number if no power 6392

OPERATING THEATRE SERVICES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Failure of computerised booking system	Unable to schedule /cancel patients for surgery	Revert to manual process	Utilise downtime forms Consider use of Theatre log book.	Administration staff	C
Failure of anaesthetic machines & ventilators	Loss of power to machine Inaccurate delivery of anaesthetic gases Unable to ventilate patients	Run on emergency generator power . Run on gases if no power Oxygen driven) for 90 minutes only. Monitor pt for 40 minutes on battery from PACU monitors Use backup cylinder supplies of oxygen, nitrous oxide & air Hand ventilate	Check access to emergency power outlets. Manually ventilate. Manually physically assess Ensure supplies of cylinder gasses available Ensure adequate supply of hand operated ventilation equipment - Disposable manual resuscitator Locate and provide air / oxygen driven ventilator (oxylog) Cancel elective surgery	Nurse Unit Manager Anaesthetic staff Unit Manager Wards person Unit Manager Anaesthetic staff Director of Anaesthetics Director of Surgery Nurse Unit Manager ESC & DMS/DON/ND/EDMS	A
Failure of Monitors – cardiac oximetry, end tidal CO2	Unable to identify arrhythmias / oxygen saturation and problems with ventilation	Run on emergency generator power Battey power 40 minutes- One UPS will operate for 5 hrs	Check access to emergency power outlets Identify & ensure adequate medical & nursing staff coverage	Unit Manager Anaesthetic staff Director of Anaesthetics CNC	A

OPERATING THEATRE SERVICES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Defibrillator does not function	Unable to defibrillate patients	Use on emergency generator power or battery power. Use battery back up if available	Check access to emergency power outlets Have batteries fully charged	Unit Manager All staff	A
Failure of laparoscopic camera / light lead	Unable to perform laparoscopic surgery (may be done if generator on emergency power).	Revert to non laparoscopic methods Postpone all non urgent surgery	Notify surgeons, medical, nursing and booking office Contact non urgent patients and inform re need to reschedule at later date ensure list of procedures unable to be under taken available at theatre front desk	Unit Manager Bookings/OR Manager Unit Manager Medical staff	A
Failure of diathermy machine	Unable to perform electrical coagulation (may be done if generator on emergency power).	Revert to ties/sutures	Ensure adequate supply of ties and sutures	Unit Manager	A
Failure of operating table.	Unable to position patient	Revert to manual processes	Adjust bed to optimal height prior to critical dates Purchase manual override for table. Deleted all electric bed	Nursing staff Nursing staff Wards persons	A
Failure of Sterilising equipment for scopes (ON EMERGENCY POWER).	Unable to sterilise endoscopic / laparoscopic and orthoscopic equipment	Consider open procedures where clinically indicated	Notify surgeons, medical, nursing and booking office Identify suitable patients Contact non urgent patients and inform re need to reschedule at later date Staff education – availability of types of cases able to be done List of procedures unable to be under taken available at theatre desk	Unit Manager Medical staff Bookings/OR Manager Unit Manager OR Educator Unit Manager Medical staff	A

OPERATING THEATRE SERVICES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Failure of Turbine tool outlets	Unable to use orthopaedic power equipment:, Drills, Saw, Phaco Machine, Tourniquet	Use Tool air cylinders Use battery tools.	Ensure three full cylinders available Ensure CSSD recharge batteries. In theatre power outlets	Wards person NUM	B
Failure of patient warming devices	Unable to maintain patient thermal regulation	Revert to manual processes	• Ensure supply of space blankets, warming boots/gloves etc.	Nursing staff	B
Failure of transport monitors	Unable to monitor critically ill or unstable patients	Aim to have at least one compliant transport monitor	PACU Monitors portable & have battery power Charge batteries	Biomedical staff Unit Manager Duty staff	B
Failure of lift	Unable to transport patient to/from theatre	Ensure one lift operates on emergency power	Review existing supply of emergency power	Manager Engineering	A
		Relocate services	Consider relocating one theatre on ground floor (eg) in ED	MHHS Executive	A
			Consider locating all surgical patients on same level as Operating Theatre.	MHHS Executive Director of Surgery	
Staffing	Unable to provide safe level of care in the event of equipment failure	Centralise surgical services at one site in MHHS over critical periods Roster additional staff	Develop a staffing plan for MHHS. Calculate individual unit staffing requirements Identify need to maintain staff on site as opposed to on call. Identify human resources able to be on call and redeployed in the facility Assess competence of on call staff	Unit Manager Director of Surgery Unit Manager Director of Surgery Unit Manager Nurse manager Unit Manager	A
Equipment Function	Unable to guarantee equipment accuracy	Check all equipment for functionality as soon as possible after disruption of power	Identify all equipment to checked Inform and educate staff	Unit Manager All staff	A
Recovery	Monitoring equipment not on power.	Monitors have battery power		Nurse Unit Manager	A

OPERATING THEATRE SERVICES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Staff unable to come to work.	No available Staff to perform lists.	Disaster Plan has all available phone numbers up to date.	NUM to ensure Disaster Plan is current	Nurse Unit Manager	A
No lights in change rooms	Staff are unable to change to scrubs Staff may not feel safe.	Torches are available in the unit. Security to inspect all areas before staff enter.	Ensure batteries are in unit. Arrange security inspection.	NUM	C
Computer failure	Unable to generate ID labels Unable to track patient location and bed status Unable to access computerised pathology/radiology results	Revert to manual process Enter data when system fixed	Ensure supply of HBCIS downtime forms Pre –print labels on existing patients Hand write on blank labels for new admissions Update patient location and bed status at regular intervals Notify after-hours manager of all patient movements Develop a process for disseminating patient updates as part of the facility communication plan Ensure supply of pathology result forms Develop means for notification of lab & test results Manual ordering tests Ensure retrospective data entry when computer services resume Backup any non centralised data or ward specific computer programs	Administrative and nursing staff Nursing staff Nursing Staff Team Leader Medical & nursing staff Unit Manager & Lab staff Administrative staff	
Power failure	Mains power not available	Refer to mains power failure plan	Inform and educate staff	Unit Manager /Nurse Educator	
Lighting failure	Difficulties in patient observation and care.	Utilise emergency lighting . Torches in all anaesthetic machines.	Identify provision for emergency lighting	Engineering staff Nurse Unit Manager	

OPERATING THEATRE SERVICES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
	Increased risk for patients and staff	<p>Maximise natural lighting</p> <p>Utilise alternate lighting</p> <p>Maintain WH&S precautions Refer to Facility wide power failure plan</p>	<p>Relocate immobile patients to best lit areas</p> <p>Clean and maintain windows and fittings</p> <p>Ensure blinds/curtains open</p> <p>Ensure adequate supply torches / battery operated lights and batteries</p> <p>Clear patient areas, work areas and corridors of all hazards</p> <p>Educate staff</p>	<p>Nursing staff</p> <p>Cleaning staff</p> <p>Unit Manager</p>	
Air conditioning failure	<p>Unable to regulate temperature and environment</p> <p>Unable to perform surgery due to risk of infection</p> <p>Possible loss of sterile stock due to high temps.</p>	<p>Open Windows where possible.</p> <p>Electrical or manual fan</p> <p>Refer to facility wide plan</p>	<p>Position fans for maximum benefit</p> <p>Identify patients requiring cooling</p> <p>Inform and educate staff</p>	Nursing staff	
Telephone failure	No internal / external telephone communications.	Refer to facility wide telecommunications plan	Inform and educate staff	Unit Manager Shift Team Leader /Educator	
Wall oxygen supply failure.	Wall oxygen not available	Use cylinder oxygen	<p>Identify anticipated requirements of cylinder oxygen for ward patients</p> <p>Order required cylinders from central storage area</p> <p>Ensure corresponding number of oxygen fittings available at ward level.</p> <p>Ensure all staff educated in cylinder changeover</p> <p>Consider co-locating high oxygen users</p>	<p>Unit Manager</p> <p>Wards person</p> <p>Wards person Unit Manager /Educator Nursing staff Medical Staff</p>	

OPERATING THEATRE SERVICES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Wall suction failure	Wall suction not available	Use alternate suction devices Provide emergency oxygen/suction	Assess need for and number of portable suction units required (There is two portable suction unit in the theatre). Consider co-locating suction dependent patients Ensure adequate supply alternate drainage systems Replace drain suction with manual vacuum or drainage bottles Ensure small oxygen cylinder with twin-o-vac suction on resuscitation trolley Educate staff on use of alternate devices Use weighted scales if available	Unit Manager Nursing staff Nursing staff Unit Manager Educator Unit Manager	
Failure of Tympanic thermometer	Potential for inaccuracy of temperature readings	Use digital thermometer	Ensure stock digital thermometers	Unit Manager	
Failure of non-invasive blood pressure (NIBP) monitors	Unable to electronically measure blood pressure recordings	Use manual sphygmomanometer	Ensure adequate number of manual sphygmomanometers	Unit Manager	
Failure of Glucometer	Potential for decreased accuracy in blood glucose readings	Visual readings Formal laboratory blood glucose analysis for abnormal results	Ensure adequate stock of batteries. Inform and educate staff Develop policy for formal laboratory test	Nursing staff Unit Manager Educator Medical staff	
Failure of 12 lead ECG machine	Unable to diagnose potential life-threatening conditions	Ensure access to emergency power Use on battery power	Identify access to emergency power outlet Keep batteries fully charged on emergency power Identify location of alternative ECG machines Inform and educate staff	Unit Manager Engineering staff Nursing Staff Educator	

OPERATING THEATRE SERVICES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Failure of Pulse oximeters	Unable to determine oxygen saturation	Increase nursing observation	Educate staff re basic physical assessment of patient	Unit Manager Educator	
Failure of Lamson System	Unable to transport specimens	Revert to manual process	Inform and educate staff	Unit Manager Educator	
Failure of Emergency Alarms	Unable to provide safe and secure environment	Increased staff vigilance	Schedule regular patient rounds Direct notification via phone to switch or runner to Communication Centre to contact fire services, security, police	Nursing staff	
		Refer to safety and security plan.	Inform and educate Staff	Unit Manager	
Failure of Patient call buttons	Patients unable to summon assistance	Refer to safety and security plan.	Inform and educate staff	Unit Manager	
Failure of Infusion Pumps/Syringe Drivers	Staff unable to titrate medications and fluids accurately	Use on battery power if available Use burettes Consider alternate administration routes	Charge on generator power if able Charge batteries fully Ensure adequate stock burettes Protocols for alternative administration	All staff Nursing staff Medical staff	A
Failure of Enteral feed pumps	Difficulty in maintaining patient nutrition	Use alternate enteral feeding methods.	Develop procedure for bolus / gravity feeding Ensure adequate supply tubes & bags & feeds Inform and educate staff	Unit Manager Educator Nursing Staff	
Failure of Sequential Compression Devices	Potential increased risk of DVT /Embolus	Use alternative methods of deterring thrombo-embolus	Identify at risk patients Consider compression stockings/ drug therapy Develop policy Ensure adequate supplies of stockings	Unit Manager Medical staff Educator	

OPERATING THEATRE SERVICES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Refrigeration (Connected to Emergency power). Alert staff if no emergency power to make plans for refrigerated drugs.	Drugs and medical supplies requiring refrigeration may become unusable	Place drugs in refrigerators which are connected to emergency power supply Use Eskies and ice	Review emergency power outlets Monitor refrigerator temperature with thermometer Consider purchase of eskies and supply of ice Consider purchase of eskies and supply of ice Inform and educate staff Consult with Pharmacy	Unit Manager Engineering staff Nursing staff Infection Control Staff	
Failure of lifting devices	Difficulties with lifting heavy patients – manual handling injuries	Identify alternate lifting devices	Use hydraulic lifting devices if available Use of ski sheets, bed sheets, etc. Ensure staff trained in manual handling	All staff Unit Manager Educator	
Pan room hopper	Unable to clean bed pans / urinals adequately	Single patient use bedpans/ urinals	Purchase sufficient for immobile patients Rinse with “grey/waste” water and disinfect with chemical solution Rinse with “grey/waste” water and disinfect with chemical solution Inform staff of Infection Control policy	Unit Manager All staff Unit Manager Infection Control CNC	
Lift failure	Unable to transport patients to different levels within facility	Ensure one lift operates on emergency power Utilise alternate methods of transporting patients Consider utilising ground floor facilities Minimise patient transfers	Review existing supply of emergency power Walk patients Consider scoop stretchers, fire blankets, stair walkers, cardboard stretchers Develop facility plan for locating new admissions Critical transfers only Ensure all staff aware of facility Fire / Evacuation plan	Engineering staff Disaster Committee Wards person MHHS Executive Medical staff Unit Manager	

OPERATING THEATRE SERVICES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Failure of Fax	Unable to receive or send patient information	Utilise alternate lines of communication	Send patient information by runner/courier Delay transfer of information until services resumed.	Unit Manager Medical staff Admin. staff	
Failure of Copier	Unable to copy documents	Utilise alternate lines of communication	Telephone information Send original documents with patient and document in chart Delay transfer of information until services resumed	Nursing staff Medical staff	
Staffing	Increased manual tasks may influence workload	Roster extra staff on duty Place staff "on call"	Estimate staffing numbers required for 24 hour period Prepare rosters Liaise with agencies for extra staff Call in staff	All managers Duty managers	
Equipment Function	Unable to guarantee equipment accuracy	Check all equipment for functionality as soon as possible after disruption of power	Identify all equipment to be checked Inform and educate staff	Unit Manager All staff DMHHS Executive Unit Manager /Educator	

Business Continuity Planning

Intensive Care Unit

The Unit is connected to the emergency generator

Note: The Standard Operating Procedures for the general wards and the MHHS Essential Services are to be used in conjunction with the specific procedures detailed below.

INTENSIVE CARE UNIT					A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?	
Failure of Central Monitoring System	Unable to closely monitor patients from central station	Utilise emergency generator power within 10 seconds of power failure	Identify emergency power outlets	All Nursing and Medical staff		
		Use bedside monitors	Ensure alarms functional and turned "on" on all monitors	Nursing staff		
			Initiate close observation of patients	All Nursing and Medical staff		
	Unable to provide Telemetry to general wards	Assess need for ward patients to be on Telemetry	Use portable monitoring devices on the wards	Director ICU, Medical Consultants and Nurse Unit Mangers		
			Transfer at risk patients to ICU/CCU	Medical Staff, NUM and team Leader		
Failure of Monitors including cardiac & oximetry	Unable to identify arrhythmia's / oxygen saturation	Utilise emergency generator power within 10 seconds of power failure	Identify emergency power outlets	All Nursing and Medical staff		
		Utilise battery back up	Ensure batteries are fully charged	Nursing staff	Battery life of Monitor is 30 mins to 2 hours	
		Locate functioning portable monitors	Prioritise patients for monitoring	Director of ICU and ICU Consultants		

INTENSIVE CARE UNIT					A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?	
		Increased nursing & medical observation	Inform staff	All Nursing and Medical staff		
			Increased rostered staffing numbers	NUM	Depening on staff availability	
		Utilise emergency supply of poratble SpO2 monitors	Purchase portable emergency SpO2 monitors for each ICU/CCU bed	NUM		
Note: Monitors work on emergency power. There are three portable Lifepacks and two transport monitor in the unit if emergency power does not work.						
Failure of Transport monitors	Unable to monitor critically ill or unstable patients	Utilise battery power	Ensure batteriesare fully charged and operational	Nursing staff	Battery life of Monitor is 30 mins to 2 hours	
		Limit any movement of these patients to essential tests only	Liaise with Medical Officer regarding need for patient transfer	All Nursing and medical staff		
		Utilise emergency supply of poratble SpO2 monitors	Identify location of emergency supply	All Nursing and Medical staff		
Failure of Defibrillator	Unable to defibrillate patients	Utilise emergency generator power within 10 seconds of power failure	Identify emergency power outlets	All Nursing and Medical staff		
		Utilise battery back up	Ensure batteries are fully charged	All nursing and Medical staff		
		Utilise other available	Identify location of alternate	All nursing and Medical staff		

INTENSIVE CARE UNIT					A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?	
		Defibrillators	devices			
Insufficient staff	Unable to provide safe level of care in the event of equipment failure	Use Unit base staffing model where possible.	Calculate individual patient staffing requirements	Director of ICU, ICU Consultants, NUM and Team Leader	Indefiantly but with a limited service	
			Identify critical care staff able to be on call and redeployed in the facility	NUM and Team Leader		
			Estimate staffing numbers required for 24 hour period	NUM and Team Leader		
			Liaise with other facilities for extra critical care staff	NUM		
			Liaise with agencies for extra critical care staff	NUM		
			Call staff in when required	NUM, Nurse Manager and Team Leader		
			Transfer patients to other facilities	NUM and Clinical Director		

Business Continuity Planning

Coronary Care Unit

The Unit is connected to the emergency generator

Note: The Standard Operating Procedures for the general wards and the MHHS Essential Services are to be used in conjunction with the specific procedures detailed below.

CORONARY CARE UNIT					A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?	
Failure of Central Monitoring System	Unable to closely monitor patients from central station	Utilise emergency generator power within 10 seconds of power failure	Identify emergency power outlets	All Nursing and Medical staff		
		Use bedside monitors	Ensure alarms functional and turned "on" on all monitors	Nursing staff		
			Initiate close observation of patients	All Nursing and Medical staff		
	Unable to provide Telemetry to general wards	Assess need for ward patients to be on Telemetry	Use portable monitoring devices on the wards	Director ICU, Medical Consultants and Nurse Unit Mangers		
			Transfer at risk patients to ICU/CCU	Medical Staff, NUM and team Leader		
Failure of Monitors including cardiac & oximetry	Unable to identify arrhythmia's / oxygen saturation	Utilise emergency generator power within 10 seconds of power failure	Identify emergency power outlets	All Nursing and Medical staff		
		Utilise battery back up	Ensure batteries are fully charged	Nursing staff	Battery life of Monitor is 30 mins to 2 hours	
		Locate functioning portable monitors	Prioritise patients for monitoring	Director of ICU and ICU Consultants		

CORONARY CARE UNIT					A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?	
		Increased nursing & medical observation	Inform staff	All Nursing and Medical staff		
			Increased rostered staffing numbers	NUM	Depening on staff availability	
		Utilise emergency supply of poratble SpO2 monitors	Purchase portable emergency SpO2 monitors for each ICU/CCU bed	NUM		
Note: Monitors work on emergency power. There are three portable Lifepacks and two transport monitor in the unit if emergency power does not work.						
Failure of Transport monitors	Unable to monitor critically ill or unstable patients	Utilise battery power	Ensure batteries are fully charged and operational	Nursing staff	Battery life of Monitor is 30 mins to 2 hours	
		Limit any movement of these patients to essential tests only	Liaise with Medical Officer regarding need for patient transfer	All Nursing and medical staff		
		Utilise emergency supply of portable SpO2 monitors	Identify location of emergency supply	All Nursing and Medical staff		
Failure of Defibrillator	Unable to defibrillate patients	Utilise emergency generator power within 10 seconds of power failure	Identify emergency power outlets	All Nursing and Medical staff		
		Utilise battery back up	Ensure batteries are fully charged	All nursing and Medical staff		
		Utilise other available Defibrillators	Identify location of alternate devices	All nursing and Medical staff		

CORONARY CARE UNIT					A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?	
Insufficient staff	Unable to provide safe level of care in the event of equipment failure	Use Unit base staffing model where possible.	Calculate individual patient staffing requirements	Director of ICU, ICU Consultants, NUM and Team Leader	Indefinite but with a limited service	
			Identify critical care staff able to be on call and redeployed in the facility	NUM and Team Leader		
			Estimate staffing numbers required for 24 hour period	NUM and Team Leader		
			Liaise with other facilities for extra critical care staff	NUM		
			Liaise with agencies for extra critical care staff	NUM		
			Call staff in when required	NUM, Nurse Manager and Team Leader		

Business Continuity Plan

Women's Health

The Birth Suites are connected to the Emergency Generator

WOMENS HEALTH UNIT					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Failure of Infant resuscitation trolleys	Suction and oxygen not immediately available Unable to maintain infant warming	Use portable gases Use emergency generator power Ensure alternate warming devices available Fill Blanket warmer with blankets and linen and plugged into generator Dry babies well. Wrap & dress warmly Place baby in bed with mother	Ensure twin-o-vac available Ensure oxygen and ir cylinders on resus cots are full and additional bottles are available Ensure trolleys are plugged into red emergency power points. Ensure supply of linen, blankets and bubble wrap Consider bubbie wrap, space blankets, gladwrap	Clinicians Unit Manager Clinicians Unit Manager Wardsperson Nursing staff Nursing staff	A
Failure of electric delivery beds	Positioning for an assisted birth more difficult	Use emergency generator power Revert to manual positioning Inform staff & patients	Ensure trolleys are plugged into red emergency power points. Adjust bed to optimal height prior to critical dates	Clinicians Nursing staff Wardspersons	C
Failure of Cardiotocograph (CTG) /pH scalp monitoring	Unable to perform continuous foetal heart monitoring on high risk women	Use emergency generator power Use battery-powered ultrasound doppler. Use Pinard stethoscope	Ensure trolleys are plugged into red emergency power points. Identify at risk patients & instigate intermittent monitoring Ensure adequate supply of battery operated dopplers and gel. Ensure access to Pinard	Clinicians Unit Manager Medical staff Unit Manager	C D

WOMENS HEALTH UNIT					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
			stethoscope Educate staff in use	Medical staff	
Failure of Monitors including cardiac & oximetry	Unable to identify arrhythmias / oxygen saturation	Utilise emergency generator power Utilise battery back up Locate functioning monitors Increased nursing & medical observation	Identify emergency power outlets Ensure batteries fully charged Prioritise patients for monitoring Inform and educate staff & patients	Unit Manager Engineering staff Nursing staff Medical staff Nursing staff	A
Potential for complicated delivery	Unable to provide appropriate level of care in the intrapartum period	Transfer to other centres Discuss options with patient. Transfer patient before critical period	Early assessment and identification of at risk clients	Medical staff Medical staff Nursing staff	D
Staffing	Unable to provide safe level of care.	Utilise staff available within the facility Plan staffing availability	Calculate individual unit staffing requirements Identify pool of appropriately skilled staff to be on call and/or redeployed in the facility	Unit Manager Medical Director Unit Manager Medical Director	D
Lift failure	Unable to transport patient to theatre or labour ward	Ensure one lift operates on emergency power Consider alternate area for Caesarean section	Review existing supply of emergency power. Designate an area Develop unit policies for procedure, personnel, and equipment Inform and educate staff & patients	MHHS Executive Engineering staff MHHS Executive Medical staff Nursing staff Unit Manager Medical Director Educator	A A
Equipment Function	Unable to guarantee equipment accuracy	Check all equipment for functionality as soon as possible after disruption of power	Identify all equipment to be checked Inform and educate staff	Unit Manager MHHS Executive Medical staff Nursing staff	A DEPENDS ON EQUIPMENT

Business Continuity Plan Special Care Neonatal Intensive Care Nursery

Special Care Nursery is connected to Emergency Power
Risk Management regular checks of emergency equipment and processes

SPECIAL CARE – NEONATAL INTENSIVE CARE NURSERY					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Failure of ventilators	Deterioration / possible death of critically ill ventilated neonates	Run ventilators on emergency power Run ventilators on battery back up (limited backup life) Use alternative respiratory support methods eg Bubble CPAP Hand bagging	Check emergency power outlets Ensure batteries are charged at all times. Discuss with paediatrician re review of critically ill patients and ventilation options the need to transfer at risk babies where possible. In-service all staff on operation of respiratory support Yearly competency. Ensure rostered staff are competent	Unit Manager Engineering staff Clinical Staff Medical Staff Unit Manager Medical Director Educator	A
Failure of Humidicrib	Difficulty in regulating neonate's environment	Use emergency generator power Review of ambient temperature Use warm blankets and/or jump suits Use bubble wrap Use water bed if emergency power	Ensure cribs are plugged into red emergency power points. Adjust bedding and clothing to meet neonatal needs Ensure adequate supply of blankets/jump suits Ensure supply of bubble wrap Clinician to plan best option relative to clinical needs of baby. Inform and educate staff	All Clinicians Unit Manager Educator	A A
Failure of phototherapy unit	Unable to correct jaundice	Utilise emergency power Monitor Bilirubin levels	Ensure access to emergency power Transfer to another centre if clinical care requires	Unit Manager Engineering staff Nursing Staff Medical staff	A as long as contingency available

SPECIAL CARE – NEONATAL INTENSIVE CARE NURSERY					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
		Exchange transfusion	intervention Transfer to another centre if clinical care requires intervention that cannot be safely performed in the SCN at the time.	Nursing Staff Medical staff	
Failure of Monitors including cardiac & oximetry	Unable to identify arrhythmias / oxygen saturation	Utilise emergency generator power Utilise battery back up Locate functioning monitors Increased nursing & medical observation	Identify emergency power outlets Ensure batteries fully charged Prioritise patients for monitoring Inform and educate staff	Unit Manager Engineering staff Nursing staff Medical staff	A
Staffing	Unable to provide safe level of care in the event of critical event	Utilise staff available within the facility Plan staffing availability	Calculate individual unit staffing requirements Identify pool of appropriately skilled staff to be on call and/or redeployed in the facility	Unit Manager Medical Director	D
Equipment Function	Unable to guarantee equipment accuracy	Check all equipment for functionality as soon as possible after disruption of power	Identify all equipment to be checked Inform and educate staff	Unit Manager	A
Failure of Infusion Pumps/Syringe Drivers	Staff unable to titrate medications and fluids accurately	Use emergency generator power Use on battery power if available Use burettes Consider alternate administration routes.	Ensure pumps are plugged into red emergency power points. Charge on generator power if able Charge batteries fully Ensure adequate stock burettes Protocols for alternative administration	All staff Nursing staff Nursing staff Medical staff	C
Failure of Breast Pump (Minimal significance)	Unable to express breast milk	Use emergency generator power Express by hand or manual pumps	Ensure pumps are plugged into red emergency power points. Adequate supplies of manual breast pumps	Nursing staff Unit Manager	C

SPECIAL CARE – NEONATAL INTENSIVE CARE NURSERY					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
			Inform and educate staff Inform and educate patients	Unit Manager Educator	
Refrigeration of formula & expressed breast milk (EBM)	EBM & formula may become contaminated	Use emergency generator power Use fresh EBM Use frozen EBM Ensure date and time of defrosting is marked on any EBM Use of formula instead of frozen EBM as a last resort only. Use pre packed formula that does not require refrigeration	.Ensure fridge is plugged into emergency supply Obtain EBM as close to feed as possible Discard any defrosted EBM after 24hrs. Discard unused EBM after 24hrs Discuss options with mother Ensure adequate stocks of bottled sterile water and formula (powder & prepared) Formula made and used as required Discard unused formula Develop unit policy and educate staff Consult with Pharmacy	Nursing staff Nursing staff Mothers Nursing staff Infection Control Staff Unit Manager Educator	C

Business Continuity Plan Womens Health Unit – Ward & Clinics

WOMENS HEALTH UNIT - WARD & CLINICS					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Computer failure	Unable to generate ID labels	Record patient details manually	Ensure supply of HBCIS downtime forms Pre –print labels on existing patients Hand write on blank labels for new admissions	Administrative Staff Nursing Staff	A
	Unable to track patient location and bed status	Revert to manual process	Update patient location and bed status at regular intervals Notify after-hours manager of all patient movements Develop a process for disseminating patient updates as part of the facility communication plan	Nursing Staff Team Leader	A
	Unable to provide patient dietary requirements	Revert to manual process	Update patient diet lists and have available for collection by catering services	Unit Manager	
	Unable to record information relating to patient nurse dependency	Revert to manual process	Ensure supply of downtime forms available to record information	Administrative staff	A
	Unable to access computerised pathology/radiology results	Revert to manual process	Ensure supply of pathology result forms	Administrative staff	
			Develop means for notification of lab & test results	Unit Manager & Lab staff	
			Manual ordering tests	Medical & nursing staff	
		Enter data when system fixed	Ensure retrospective data entry when computer services resume Backup any non centralised data or ward specific	Unit Manager & Lab staff Administrative staff	A

WOMENS HEALTH UNIT - WARD & CLINICS					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
			computer programs		
Power failure	Mains power not available	Refer to mains power failure plan	Inform and educate staff	Unit Manager /Nurse Educator	A
Lighting failure	Difficulties in patient observation and care Increased risk for patients and staff	Utilise emergency lighting Maximise natural lighting Ensure blinds/curtains open Utilise alternate lighting Maintain WH&S precautions Refer to Facility wide power failure plan	Identify provision for emergency lighting Relocate immobile patients to best lit areas Clean and maintain windows and fittings Ensure adequate supply torches / battery operated lights and batteries Clear patient areas, work areas and corridors of all hazards Educate staff	Engineering staff Nursing staff Cleaning staff All staff Unit Manager	D
Air conditioning failure	Unable to regulate temperature and environment	Use alternate cooling devices (eg.) Electrical or manual fan Refer to facility wide plan	Position fans for maximum benefit Identify patients requiring cooling Inform and educate staff	Nursing staff	A
Telephone failure	No internal / external telephone communications	Refer to facility wide telecommunications plan	Inform and educate staff	Unit Manager Shift Team Leader Educator	A
Wall oxygen supply failure	Wall oxygen not available	Use cylinder oxygen	Identify anticipated requirements of cylinder oxygen for ward patients Order required cylinders from central storage area. Ensure all oxygen cylinders full Ensure corresponding number of oxygen fittings available at ward level. Ensure all staff educated in cylinder changeover.	Unit Manager Wardsperson Wardsperson Unit Manager Educator	A

WOMENS HEALTH UNIT - WARD & CLINICS					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
			Consider co-locating high oxygen users		
Wall suction failure	Wall suction not available	Use alternate suction devices Provide emergency oxygen/suction	Assess need for and number of portable suction units required Consider co-locating suction dependent patients Ensure adequate supply alternate drainage systems Replace drain suction with manual vacuum or drainage bottles Ensure small oxygen cylinder with twin-o-vac suction on resuscitation trolley Educate staff on use of alternate devices Use weighted scales if available	Nursing staff Medical Staff Unit Manager Educator	A
Failure of non-invasive blood pressure (NIBP) monitors	Unable to electronically measure blood pressure recordings	Run on emergency power if loads permit. Use manual sphygmomanometer	Check emergency power outlets Ensure adequate number of manual sphygmomanometers	Unit Manager Engineering staff Unit Manager	C
Failure of Pulse oximeters	Unable to determine oxygen saturation	Increase nursing observation	Educate staff re basic physical assessment of patient	Educator	A
Failure of Lamson System	Unable to transport specimens	Revert to manual process	Inform and educate staff	Unit Manager Educator	C
Failure of Emergency Alarms	Unable to provide safe and secure environment Refer to safety and	Increased staff vigilance	Schedule regular patient rounds Direct notification via phone to switch or runner to Communication Centre to contact fire services, security, police Inform and educate Staff	Nursing staff All staff	D

WOMENS HEALTH UNIT - WARD & CLINICS					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
	security plan.				
Failure of Patient call buttons	Patients unable to summon assistance	Refer to safety and security plan	Inform and educate staff	Unit Manager	A
	Staff unable to titrate medications and fluids accurately	Use on battery power if available Use burettes Consider alternate administration routes	Charge on generator power if able Charge batteries fully Ensure adequate stock burettes Protocols for alternative administration	All staff Nursing staff Nursing Staff Nursing staff Medical staff	C
Refrigeration	Drugs and medical supplies requiring refrigeration may become unusable	Place drugs in refrigerators which are connected to emergency power supply Use Eskies and ice	Review emergency power outlets Monitor refrigerator temperature with thermometer as per Infection Control Guidelines. Consider purchase of eskies and supply of ice Inform and educate staff Consult with Pharmacy	Unit Manager Engineering staff Nursing staff Infection Control Consultant Unit Manager Unit Manager Educator	A
Pan room hopper	Unable to clean bed pans / urinals adequately	Single patient use bedpans/urinals	Purchase sufficient for immobile patients Rinse with "grey/waste" water and disinfect with chemical solution Inform staff of Infection Control policy	Unit Manager Infection Control CNC	C
Lift failure	Unable to transport patients to different levels within facility	Ensure one lift operates on emergency power Utilise alternate methods of transporting patients	Review existing supply of emergency power Walk patients Consider scoop stretchers, fire blankets, stair walkers, cardboard stretchers	Engineering staff Disaster Committee Wardsperson MHHS Executive	D

WOMENS HEALTH UNIT - WARD & CLINICS					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
		Consider utilising ground floor facilities Minimise patient transfers	Develop facility plan for locating new admissions Critical transfers only Ensure all staff aware of facility Fire / Evacuation plan	MHHS Executive Medical staff Unit Manager	
Failure of Fax	Unable to receive or send patient information	Utilise alternate lines of communication	Send patient information by runner/courier Delay transfer of information until services resumed	Unit Manager Medical staff Administration staff	B
Failure of Copier	Unable to copy documents	Utilise alternate lines of communication	Telephone information Send original documents with patient and document in chart Delay transfer of information until services resumed	Nursing staff Medical staff Nursing staff Medical staff	B B
Staffing	Increased manual tasks may influence workload	Roster extra staff on duty Place staff "on call"	Estimate staffing numbers required for 24 hour period Prepare rosters Liaise with agencies for extra staff Call in staff	All managers Duty managers	D
Equipment Function	Unable to guarantee equipment accuracy	Check all equipment for functionality as soon as possible after disruption of power	Identify all equipment to be checked Inform and educate staff	Unit Manager All staff MHHS Executive Unit Manager Educator	A DEPENDS ON EQUIPMENT

Business Continuity Plan Birth Centre

The Birth Centre has no emergency power connected.
The lighting is not suitable for operation without power

BIRTH CENTRE					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
No emergency power	No electrical or emergency equipment will work. Poor lighting Unable to provide infant warming	Transfer all women to the Women's health Unit Transfer all women to the Women's Health Unit Transfer all women to the Women's Health Unit	Arrange transfer of all women who require ongoing care. Arrange transfer of all women who require ongoing care. Arrange transfer of all women who require ongoing care.	Unit Manager Birth Centre Midwives	D
Isolation and Safety of building	Unable to maintain communication or safety of staff	Transfer program to WHU	Send P/N women home. Transfer to WHU B/C Midwives to provide care for BC women where possible. Inform all women that the service is being conducted from the WHU for the duration of the disaster. Inform switch Inform After Hours Coordinators	Unit Manager Birth Centre Midwives	D
Outside furniture and toys	Flying objects	Refer to cyclone preparation policy	Ensure all flying objects are secure	Wards persons	

Business Continuity Planning

Child & Adolescent Health Unit

The following Standard Operating Procedures have been generated for application across clinical units where common processes exist and are grouped thus to avoid replication of tasks for contingency planning for individual wards.

CHILD & ADOLESCENT HEALTH UNIT				A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE?
Computer failure	Unable to generate ID labels	Record patient details manually	Ensure supply of HBCIS downtime forms	Administrative and nursing staff	C Can function but very time consuming
			Pre –print labels on existing patients	Administrative and nursing staff	C Can function but very time consuming
			Hand write on blank labels for new admissions	Administrative and nursing staff	C Can function but very time consuming
	Unable to track patient location and bed status	Revert to manual process	Update patient location and bed status at regular intervals	Administrative and nursing staff	C Can function
			Notify after-hours manager of all patient movements	Nursing staff	C Can function
			Develop a process for disseminating patient updates as part of the facility communication plan	Nursing Staff Team Leader	C Can function
	Unable to provide patient dietary requirements	Revert to manual process	Update patient diet lists and have available for collection by catering services	Unit Manager	C Can function but very time consuming

CHILD & ADOLESCENT HEALTH UNIT				A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE?
	Unable to record information relating to patient nurse dependency	Revert to manual process	Ensure supply of downtime forms available to record information Nursing staff to feedback to NUM/Bed Manager	Administrative and nursing staff	C Can function but very time consuming
	Unable to access computerised pathology/radiology results	Revert to manual process	Ensure supply of pathology result forms	Administrative staff	C Can function but very time consuming
			Develop means for notification of lab & test results	Unit Manager & Lab staff	C Can function but very time consuming
			Manual ordering tests	Medical & nursing staff	C MO Currently write out pathology forms
		Enter data when system fixed	Ensure retrospective data entry when computer services resume	Unit Manager & Lab staff	C Will be very time consuming
			Backup any non centralised data or ward specific computer programs	Administrative staff	C Will be very time consuming
Power failure	Mains power not available	Refer to mains power failure plan	Inform and educate staff	Unit Manager /Nurse Educator	B Can function in most areas, dependent on patient acuity
Lighting failure	Difficulties in patient observation and care.	Utilise emergency lighting	Identify provision for emergency lighting	Engineering staff	B Can function in most areas.
			Relocate immobile patients to best lit areas	Nursing staff	B Can function in most areas.
		Maximise natural lighting	Clean and maintain windows and fittings	Cleaning staff	B Can function in most areas.
			Ensure blinds/curtains open	All staff	B Can function in most

CHILD & ADOLESCENT HEALTH UNIT				A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE?
					areas.
		Utilise alternate lighting	Ensure adequate supply torches / battery operated lights and batteries	Unit Manager	B Can function in most areas.
	Increased risk for patients and staff	Maintain WH&S precautions	Clear patient areas, work areas and corridors of all hazards	Unit Manager /All staff	B Can function in most areas.
		Refer to Facility wide power failure plan	Educate staff	Educator	B Can function in most areas.
Air conditioning failure	Unable to regulate temperature and environment	Use alternate cooling devices (eg.)	Position fans for maximum benefit	Nursing staff	A Especially in summer Limited where no window
		Electrical or manual fan			A Especially in summer Limited where no window.
			Identify patients requiring cooling	Nursing staff	A Especially in summer Limited where no window.
		Refer to facility wide plan	Inform and educate staff	<input type="checkbox"/> Unit Manager	A Especially in summer Limited where no window.
Telephone failure	No internal / external telephone communications .	Refer to facility wide telecommunications plan	Inform and educate staff	Unit Manager /Shift Team Leader /Educator	A Only for a limited time. Major impact on emergency communication from/to CAU in current position
Wall oxygen supply failure.	Wall oxygen not available	Use cylinder oxygen	Identify anticipated requirements of cylinder oxygen for ward patients	Unit Manager	B Need to increase to four cylinders

CHILD & ADOLESCENT HEALTH UNIT				A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE?
			Order required cylinders from central storage area.	Unit Manager	B
			Ensure all oxygen cylinders full	Wards person	B
			Ensure corresponding number of oxygen fittings available at ward level.	Wards person	B
			Ensure all staff educated in cylinder changeover.	Wards person/Unit Manager /Educator	B
			Consider co-locating high oxygen users	Nursing staff /medical Staff	B Paediatric patients need to stay where there are paediatric nurses
Wall suction failure	Wall suction not available	Use alternate suction devices	Assess need for and number of portable suction units required	Unit Manager	B Not safe for high risk patients. Area only has one manual suction. Post operative patients not able to be cared for safely.
			Consider co-locating suction dependent patients	Nursing staff	B Paediatric patients need to stay where there are paediatric nurses
			Ensure adequate supply alternate drainage systems	Nursing staff	B Limited supply in hospital
			Replace drain suction with manual vacuum or drainage bottles	Nursing staff Medical staff	B Limited supply in hospital

CHILD & ADOLESCENT HEALTH UNIT				A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE?
		Provide emergency oxygen/suction	Ensure small oxygen cylinder with twin-o-vac suction on resuscitation trolley	Nursing staff	B Limited supply in hospital Only one in CAU. 3x twin-o-vacs in CAU
			Educate staff on use of alternate devices	Unit Manager Educator	
Digital scales fail	Unable to record weight	Use alternative scales	Purchase bathroom scales	Unit Manager	C
			Use weighted scales if available	Unit Manager	C
Failure of Welsh Allen thermometer	Potential for inaccuracy of temperature readings	Use digital thermometer	Ensure stock digital thermometers	Unit Manager	C
Failure of non-invasive blood pressure (NIBP) monitors	Unable to electronically measure blood pressure recordings	Use manual sphygmomanometer	Ensure adequate number of manual sphygmomanometers	Unit Manager	C
Failure of Glucometer	Potential for decreased accuracy in blood glucose readings	Change battery in Glucometer.	Ensure adequate supply of batteries and test strips.	Nursing staff /Unit Manager	C
			Inform and educate staff	Unit Manager Educator	C
		Formal laboratory blood glucose analysis for abnormal results	Develop policy for formal laboratory test	Medical staff Nursing staff	A. A potential treatment problem.
Failure of 12 lead ECG machine	Unable to diagnose potential life-threatening conditions	Ensure access to emergency power	Identify access to emergency power outlet	Unit Manager Engineering staff	A No problem if emergency power point kept for use.
		Use on battery power	Keep batteries fully charged on emergency power	Unit Manager /Nursing Staff	A limited battery life

CHILD & ADOLESCENT HEALTH UNIT				A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE?
			Identify location of alternative ECG machines	Nursing staff	
			Inform and educate staff	Unit Manager /Educator	
Failure of Pulse oximeters	Unable to determine oxygen saturation	Increase nursing observation	Educate staff re basic physical assessment of patient	Educator	C Staff trained in physical assessment
Failure of Lamson System	Unable to transport specimens	Revert to manual process	Inform and educate staff	Unit Manager /Educator	C Can function but very time consuming
Failure of Emergency Alarms	Unable to provide safe and secure environment	Increased staff vigilance	Schedule regular patient rounds	Nursing staff	B Can function but time consuming and can lead to decreased patient safety.
			Direct notification via phone to switch or runner to Communication Centre to contact fire services, security, police	All staff	B Can function.
		Refer to safety and security plan.	Inform and educate Staff	Unit Manager	B Can function.
Failure of Patient call buttons	Patients unable to summon assistance	Refer to safety and security plan.	Inform and educate staff	Unit Manager	C Can function
Failure of Infusion Pumps/Syringe Drivers	Staff unable to titrate medications and fluids accurately	Use on battery power if available	Charge on generator power if able Charge batteries fully	All staff Nursing staff	A Batteries can last up to 12 hours.
		Use burettes	Ensure adequate stock burettes	Nursing Staff	A Extra staff will be required.
		Consider alternate administration routes.	Protocols for alternative administration	Nursing staff Medical staff	
Failure of Enteral feed pumps	Difficulty in maintaining patient nutrition	Use alternate enteral feeding methods.	Develop procedure for bolus / gravity feeding	Unit Manager/Educator Nursing Staff	C Extra staff required.

CHILD & ADOLESCENT HEALTH UNIT				A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE?
			Ensure adequate supply tubes & bags & feeds	Unit Manager	
			Inform and educate staff	Educator	
Failure of Sequential Compression Devices	Potential increased risk of DVT /Embolus	Use alternative methods of deterring thrombo-embolus	Identify at risk patients	Unit Manager Medical staff	C Not common in paediatrics
			Consider compression stockings/ drug therapy	Unit Manager /Educator /Medical Staff	C Not common in paediatrics
			Develop policy	Unit Manager /Educator /Medical Staff	C Not common in paediatrics
			Ensure adequate supplies of stockings	Nursing staff	C Not common in paediatrics
Refrigeration	Drugs and medical supplies requiring refrigeration may become unusable	Place drugs in refrigerators which are connected to emergency power supply	Review emergency power outlets Consult with Pharmacy	Unit Manager Engineering staff Infection Control staff	A
			Monitor refrigerator temperature with thermometer	Nursing staff	B Areas will need to purchase monitors.
		Use Eskies and ice	Consider purchase of eskies and supply of ice	Unit Manager	A with eskies.
			Inform and educate staff	Unit Manager Educator	
Failure of lifting devices	Difficulties with lifting heavy patients – manual handling injuries	Identify alternate lifting devices	Use hydraulic lifting devices if available	All staff	B
			Use of ski sheets, bed sheets, etc.	All staff	C
			Ensure staff trained in manual handling	Unit Manager Educator	C

CHILD & ADOLESCENT HEALTH UNIT				A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE?
Pan room hopper	Unable to clean bed pans / urinals adequately	Single patient use bedpans/ urinals	Purchase sufficient for immobile patients	Unit Manager	B
			Rinse with "grey/waste" water and disinfect with chemical solution	All staff	B
			Inform staff of Infection Control policy	Unit Manager Infection Control CNC Educator	
Lift failure	Unable to transport patients to different levels within facility	Ensure one lift operates on emergency power	Review existing supply of emergency power	Engineering staff Disaster Committee	
			Utilise alternate methods of transporting patients	Walk patients	Wards person
			Consider scoop stretchers, fire blankets, stair walkers, cardboard stretchers	MHHS Executive	A Need increased staff.
		Consider utilising ground floor facilities	Develop facility plan for locating new admissions	MHHS Executive	A
		Minimise patient transfers	Critical transfers only	Medical staff	A
			<input type="checkbox"/> Ensure all staff aware of facility Fire / Evacuation plan	Unit Manager	A
Failure of Video/TV	Negative impact on patient education enjoyment	Verbal education	Develop alternate education packages for patients	Unit Manager Educator	C Can still operate.
				Medical Staff.	C Can still operate.
		Alternative recreational facilities	Prepare mobile library	Volunteers	C Can still operate.

CHILD & ADOLESCENT HEALTH UNIT				A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE?
			Consider hand held computer games for children	MHHS Executive Unit Manager	C Can still operate.
Failure of Fax	Unable to receive or send patient information	Utilise alternate lines of communication	Send patient information by runner/courier	Unit Manager	A Can still operate but time consuming.
			Delay transfer of information until services resumed.	Medical staff Admin. staff	A Can still operate but time consuming.
Failure of Copier	Unable to copy documents	Utilise alternate lines of communication	Telephone information	Nursing staff Medical staff	C Will be very time consuming
			Send original documents with patient and document in chart	Nursing staff Medical staff	C Will be very time consuming
			Delay transfer of information until services resumed	Medical staff Admin. staff	B
Staffing	Increased manual tasks may influence workload	Roster extra staff on duty	Estimate staffing numbers required for 24 hour period	All managers	B
		Place staff "on call"	Prepare rosters	All managers	B
			Liaise with agencies for extra staff	All managers	C
			Call in staff	Duty managers	B
Equipment Function	Unable to guarantee equipment accuracy	Check all equipment for functionality as soon as possible after disruption of power	Identify all equipment to be checked	Unit Manager □ All staff	B
			Inform and educate staff	MHHS Executive Unit Manager Educator	

Business Continuity Planning

Specialist Outpatients

SPECIALIST OUTPATIENTS					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Computer failure	Unable to generate ID labels	Record patient details manually	Ensure supply of HBCIS downtime forms	Administrative Staff Nursing staff	C Can function but very time consuming Information may not be accurate
	Unable to track patient location and bed status	Revert to manual process	Pre –print labels on existing patients Hand write on blank labels for new admissions Update patient location and bed status at regular intervals Notify after-hours manager of all patient movements Develop a process for disseminating patient updates as part of the facility communication plan		C
	Unable to access computerised pathology/radiology results	Revert to manual process	Ensure supply of pathology result forms Develop means for notification of lab & test results Manual ordering tests	Administrative staff Unit Manager Laboratory staff	B
			Enter data when system fixed	Ensure retrospective data entry when computer services resume Backup any non centralised data or ward specific computer programs	Medical Staff Nursing staff Unit Manager Laboratory staff Administrative staff
Power failure	Mains power not available	Refer to mains power failure plan	Inform and educate staff	Unit Manager Nurse Educator	D unable to function due to darkness of area and

SPECIALIST OUTPATIENTS					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
					unavailability of Pathology results etc.
Lighting failure	Difficulties in patient observation and care. Increased risk for patients and staff	Utilise emergency lighting Utilise alternate lighting Maintain WH&S precautions Refer to Facility wide power failure plan	Identify provision for emergency lighting Relocate immobile patients to best lit areas Clean and maintain windows and fittings Ensure blinds/curtains open Ensure adequate supply torches / battery operated lights and batteries Clear patient areas, work areas and corridors of all hazards Educate staff	Engineering staff Nursing staff Cleaning staff Unit Manager	D unable to function due to darkness of area and unavailability of Pathology results etc. C
Air conditioning failure	Unable to regulate temperature and environment	Use alternate cooling devices (eg.) Electrical or manual fan Refer to facility wide plan	Position fans for maximum benefit and open doors and windows Identify patients requiring cooling Inform and educate staff	Nursing staff Unit Manager	C
Telephone failure	No internal / external telephone communications .	Refer to facility wide telecommunications plan	Inform and educate staff	Unit Manager	
Wall oxygen supply failure.	Wall oxygen not available	Use cylinder oxygen	Identify anticipated requirements of cylinder oxygen for ward patients Order required cylinders from central storage area Ensure all oxygen cylinders full Ensure corresponding number of oxygen fittings available at ward level. Ensure all staff educated in cylinder changeover Consider co-locating high	Unit Manager Wards person	C C

SPECIALIST OUTPATIENTS					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
			oxygen users		
Digital scales fail	Unable to record weight	Use alternative scales	Purchase bathroom scales Use weighted scales if available	Unit Manager	C
Failure of Welsh Allen thermometer	Potential for inaccuracy of temperature readings	Use digital thermometer	Ensure stock mercury thermometers	Unit Manager	C
Failure of non-invasive blood pressure (NIBP) monitors	Unable to electronically measure blood pressure recordings	Use manual sphygmomanometer	Ensure adequate number of manual sphygmomanometers	Unit Manager	C
Failure of Glucometer	Potential for decreased accuracy in blood glucose readings	battery change Formal laboratory blood glucose analysis for abnormal results	Ensure adequate stock of blood glucose sticks Inform and educate staff Develop policy for formal laboratory test	Nursing staff Unit Manager Medical staff Nursing staff	C
Failure of 12 lead ECG machine	Unable to diagnose potential life-threatening conditions	Ensure access to emergency power Use on battery power	Identify access to emergency power outlet Keep batteries fully charged on emergency power Identify location of alternative ECG machines	Nursing staff Unit Manager	B required for medical clinics
Failure of Pulse oximeters	Unable to determine oxygen saturation	Use battery operated oximeter.	Educate staff re basic physical assessment of patient	Educator	C
Failure of Emergency Alarms	Unable to provide safe and secure environment	Increased staff vigilance Refer to safety and security plan.	Schedule regular patient rounds Direct notification via phone to switch or runner to Communication Centre to contact fire services, security, police	Nursing staff All staff	C
Refrigeration	Drugs and medical supplies requiring refrigeration may	Place drugs in refrigerators which are connected to emergency power supply	Review emergency power outlets	Unit Manager Engineering staff Infection Control Staff	A Drugs kept in fridge

SPECIALIST OUTPATIENTS					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
	become unusable	Use Eskies and ice	Monitor refrigerator temperature with thermometer Consider purchase of eskies and supply of ice Consult with Pharmacy	Nursing staff	
Failure of lifting devices	Difficulties with lifting heavy patients – manual handling injuries	Identify alternate lifting devices	Use hydraulic lifting devices if available Use of ski sheets, bed sheets, etc. Ensure staff trained in manual handling	All staff Unit Manager Educator	C
Pan room hopper	Unable to clean bed pans / urinals adequately	Single patient use bedpans/ urinals	Purchase sufficient for immobile patients Rinse with “grey/waste” water and disinfect with chemical solution Inform staff of Infection Control policy	Unit Manager	C
Failure of Video/TV	Negative impact on patient education / enjoyment	Verbal education Alternative recreational facilities	Develop alternate education packages for patients Prepare mobile library Consider hand held computer games for children	Unit Manager Educator Medical Staff Volunteers	c
Failure of Fax	Unable to receive or send patient information	Utilise alternate lines of communication	Send patient information by runner/courier Delay transfer of information until services resumed.	Unit Manager Medical staff Administration staff	A necessary for core business
Failure of Copier	Unable to copy documents	Utilise alternate lines of communication	Telephone information Send original documents with patient and document in chart Delay transfer of information until services resumed	Nursing staff Medical staff	A necessary for core business
Staffing	Increased manual tasks may influence workload	Roster extra staff on duty Place staff "on call"	Estimate staffing numbers required for 24 hour period Prepare rosters	All managers	B no extra staff for area.

SPECIALIST OUTPATIENTS					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
			Liaise with agencies for extra staff Call in staff	Duty managers	
Equipment Function	Unable to guarantee equipment accuracy	Check all equipment for functionality as soon as possible after disruption of power	Identify all equipment to be checked Inform and educate staff	Unit Manager All staff MHHS Executive Unit Manager /Educator	B necessary for most clinics, eg ECG's

Business Continuity Planning

Renal Dialysis Unit

RENAL DIALYSIS UNIT				A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE?
<p>Most Haemodialysis patients can survive 3-4 days before the situation becomes life threatening. However with the volume of people on haemodialysis they all cannot be dialysed at once and one day without a means to dialyse patients will become critical for the group that has been dialysed 2-3 days prior.</p>					
Loss of Water	Will result in inability to dialyse patients. Severe medical impact on patients	Delay dialysis until treated water is available	Identify volume of water available & number of patients able to e treated	Unit Manager Medical Director	
Failure of Dialysis Machines	Will result in inability to dialyse patients. Severe medical impact on patients. Life threatening.	Delay Dialysis until machine available	Consider dialysis of all patients before critical periods. Check Urea & Electrolytes to establish clinical status	Unit Manager Medical Director Unit Manager Medical Director	
Failure of Electrical Power	Will result in inability to dialyse patients. Severe medical impact on patients. Life threatening.	Equipment will not operate without electricity Educate patient re alternative short term plans Relocate patients to other dialysis centres	Relocate patients to other Dialysis centres Discuss options with the patient Consider dialysis of patients after hours Roster staff to cover out of hours if required Call in staff Check machinery function before attaching the patient Provide dietary advice regarding fluid restrictions and avoidance of high potassium food & beverages Liaise with Infection Control re potential for cross infection Discuss options with patient Ensure agreements exist for temporary	Nursing Staff MHHS Executive Unit Manager Medical Director Nursing Staff Nurse Unit Manager Nursing Staff Nurse Unit Manager Medical Director	

RENAL DIALYSIS UNIT				A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE?
			referral of patients to nearest dialysis centre		
Equipment Function	Unable to guarantee equipment accuracy	Check all equipment for functionality as soon as possible after disruption of power/failure of machines	Identify all equipment to be checked Inform and educate staff	Nurse Unit Manager Nurse Unit Manager	
Inability to Contact Dialysis Patients	Unable to discuss with educate or manage relocation of patient for dialysis	Have radio contact phone numbers of the Unit, ensure all patients address and contact details are correct	Contact radio stations & utilise the police to contact patients if needed	Nurse Unit Manager Medical Director	
Home Patient Dialysis	Water or Power outage in the community may result in inability to operate the machine	Delay dialysis for 1-2 days dependant on the patient needs Educate the patient re potential problems Hospital Dialysis	Discuss options with the patient Provide dietary advice regarding fluid restrictions and avoidance of high potassium and beverages Identify High risk patients Assess amount of battery time available and advise patients Develop alternative treatment plans, including hospitalisation of condition deteriorates.	Nurse Unit Manager Nursing Staff Nursing Staff	
Home Peritoneal Dialysis	Power outage in community may result in inability to operate the machine	If peritoneal fluid available do manual PD exchanges Educate patients re fluid and potassium intake Hospital dialysis if power available	Discuss options with the patient Provide dietary advice Identify high risk patients Develop alternative treatment plans including hospitalisation if condition deteriorates	Nursing Staff C Can function but very time consuming	

Business Continuity Planning

Mental Health Unit

Note: The Standard Operating Procedures for the general wards and the MHHS Essential Services are to be used in conjunction with the specific procedures detailed below.

MENTAL HEALTH UNIT					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Loss of Power	Decrease in service delivery	Refer to mains power failure plan Access to charts denied. Base some admin staff at MBH with laptops and limit usage to chart search. Unit uses paper charts for everyday recording. Medical record charts can be accessed manually from medical records. UPS limited hours battery	Inform and educate staff Admin staff to ensure batteries of laptop charged during warning phase of disaster.	Team Leader Business Manager and Administration staff	D B A D
	No access to computer programs/lab results for patients Keys – access to building – will shut down security access to building	Have keys available to staff members	Ensure batteries are charged and investigate possibility of having portable generator to run some services. Ensure staff are available to assist with staff access to work units	Business Manager and Administration staff Business Manager	
Loss of Communication	Staff/patient safety	Ensure staff safety on home visits Ensure staff safety on ward	Amend protocol for home visits Develop protocol for ward Consider staffing increase for staff to work in pairs and/ or use security services Rationalise services consider diverting all but seriously ill patients to community on a temporary basis. Increase resources at Community to deal with Inform patients and health care providers/community services Manager to keep staff records up to date.	Team Leader CNC Nurse Unit Manager Nurse Unit Manager Nurse Unit Manager	A D A A
	Communication with staff post event to assess availability for	Staff contact list available. Policies reflect staff protocols for returning to work post event.			

MENTAL HEALTH UNIT					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
	work to provide services or assist MHHS with recovery Staff unable to contact the centre or communicate within the centre Patients unable to contact or be contacted	Ensure staff have mobile phones charged and ready for use. Use media to communicate current situation and advice.	Rationalise services. Charge mobile phones .Engage volunteers or operational staff as runners. Manager to contact media	Business Manager	B A B
Computer Failure	Unable to generate ID labels Unable to enter CIMHA data Unable to enter clinical incidents Difficulty in administration of Mental Health Act paperwork/forms Unable to track patients location and bed status Inability to access electronic records - relevant client info unable to be accessed.	Record patient details manually Record information manually – draft extra admin staff to support Record information manually- draft extra admin staff to support Record information manually- draft extra admin staff to support Revert to manual process Access client record UR number from MBH utilising mobile phone	Ensure supply of HBCIS downtime forms Pre-print labels for existing patients Hand write on blank labels for new admissions Ensure supply of CIMHA downtime forms Ensure supply of PRIME downtime forms Possible extra support for the MHA Delegate to ensure all consumers are correctly categorised and that the legal duty for paperwork is maintained. Update patient location and bed status at regular intervals Notify after-hours manager of all patient movements Develop a process for disseminating patient updates as part of the facility communication plan Staff education re procedure in event of power /communication loss	Administrative and nursing staff MHA Delegate NUM Administrative and nursing staff	A B A A

MENTAL HEALTH UNIT					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Availability and readiness of government cars	Inability to service clients in an emergency	Ensure all vehicles are fuelled up and garaged safely once warnings are issued	Allocate cars to program areas once event is over	Business Manager	A
Cars No fuel	Decrease in service delivery to clients	Ensure that cars where practical are adequately fuelled during any warning phase.	All staff made aware of the need to keep cars fuelled at all times.	Business Manager and team Leaders	B
Failure of Duress Alarm system	Increased risk to staff and other consumers	Keep only the most ill/high risk patients and divert the rest to home/community. Use extra security and put resources to community and or other wards to manage outliers.	Identify emergency power outlets. Contacted the Maintenance Dept. They are confident the system will continue to work.	All Nursing and Medical staff	D CANNOT OPERATE SAFELY
Failure of Monitors including cardiac & oximetry	Unable to identify arrhythmia's / oxygen saturation. Low risk in the Mental Health Unit	Utilise emergency generator power within 10 seconds of power failure Utilise battery back up Locate functioning portable monitors Increased nursing & medical observation	Identify emergency power outlets Have ECG machine charged. Use manual Sphygmomanometers. Pulse oximeter available which is battery powered. Ensure all are charged and have spare batteries available Ensure batteries are fully charged Prioritise patients for monitoring Inform staff	All Nursing and Medical staff All Nursing and Medical staff Director of ICU and ICU Consultants All Nursing and Medical staff	A A Battery life of Monitor is 30 mins to 2 hours A
Insufficient staff	Unable to provide safe level of care in the event of equipment failure	Use Unit base staffing model where possible.	Calculate individual patient staffing requirements Identify critical care staff able to be on call and redeployed in the facility Estimate staffing numbers required for 24 hour period Liaise with other facilities for extra critical care staff Liaise with agencies for extra critical care staff Call staff in when required	NUM Team Leader	Indefinitely but with a limited service

Business Continuity Planning

Community Mental Health

Note: The Standard Operating Procedures for the general wards and the MHHS Essential Services are to be used in conjunction with the specific procedures detailed below.

COMMUNITY MENTAL HEALTH					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Loss of Power	Decrease in service delivery No access to computer programs Keys – access to building – will shut down security access to building	Refer to mains power failure plan Access to charts denied. Base some admin staff at MBH with laptops and limit usage to chart search. UPS limited hours battery Have keys available to staff members	Inform and educate staff Admin staff to ensure batteries of laptop charged during warning phase of disaster. Ensure batteries are charged and investigate possibility of having portable generator to run some services. Ensure staff are available to assist with staff access to work units	Team Leader Business Manager and Admin staff	
Loss of Communication	Staff/patient safety Communication with staff post event to assess availability for work to provide services or assist MHHS with recovery Staff unable to contact the centre or communicate within	Ensure staff safety on home visits Staff contact list available. Policies reflect staff protocols for returning to work post event Ensure staff have mobile phones charged and ready for use.	Amend protocol for home visits Consider staffing increase for staff to work in pairs Rationalise services Inform patients and health care providers/community services Manager to keep staff records up to date. Rationalise services. Charge mobile phones .Engage volunteers or operational	Team Leader Service Integration Coordinator Business Manager Business Manager	

COMMUNITY MENTAL HEALTH					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
	the centre Patients unable to contact or be contacted	Use media to communicate current situation and advice	staff as runners. Manager to contact media		
Computer Failure	Unable to generate ID labels Unable to enter CIMHA data Unable to enter clinical incidents Inability to access electronic records - relevant client info unable to be accessed.	Record patient details manually Record information manually Access client record UR number from MBH utilising mobile phone.	Ensure supply of HBCIS downtime forms Pre-print labels for existing patients Hand write on blank labels for new admissions Ensure supply of CIMHA downtime forms Ensure supply of PRIME downtime forms Staff education re procedure in event of power /communication loss Develop a process for disseminating patient updates as part of the facility communication plan	Administrative and nursing staff	
Availability and readiness of government cars	Inability to service clients in an emergency	Ensure all vehicles are fuelled up and garaged safely once warnings are issued	Allocate cars to program areas once event is over	Business Manager	
Cars No fuel	Decrease in service delivery to clients	Ensure that cars where practical are adequately fuelled during any warning phase.	All staff made aware of the need to keep cars fuelled at all times.	Business Manager and team Leaders	
Insufficient staff	Unable to provide safe level of care in the event of equipment failure	Use Unit base staffing model where possible.	Calculate individual patient staffing requirements Identify critical care staff able to be on call and redeployed in the facility Estimate staffing numbers	NUM and Team Leader NUM and Team Leader	Indefinitely but with a limited service

COMMUNITY MENTAL HEALTH					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
			required for 24 hour period Liaise with other facilities for extra critical care staff Liaise with agencies for extra critical care staff Call staff in when required		

Business Continuity Planning

Alcohol Tobacco & Other Drugs Service

Note: The Standard Operating Procedures for the general wards and the MHHS Essential Services are to be used in conjunction with the specific procedures detailed below.

A.T.O.D.S					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Loss of Power	Decrease in service delivery No access to computer programs Keys – access to building – will shut down security access to building	Refer to mains power failure plan Access to charts denied. Base some admin staff at MBH with laptops and limit usage to chart search. UPS limited hours battery Have keys available to staff members	Inform and educate staff Admin staff to ensure batteries of laptop charged during warning phase of disaster. Ensure batteries are charged and investigate possibility of having portable generator to run some services. Ensure staff are available to assist with staff access to work units	Team Leader Business Manager and Admin staff	
Loss of Communication	Staff/patient safety Communication with staff post event to assess availability for work to provide services or assist MHHS with recovery Staff unable to contact the centre or communicate within the centre	Ensure staff safety on home visits Staff contact list available. Policies reflect staff protocols for returning to work post event. Ensure staff have mobile phones charged and ready for use.	Amend protocol for home visits Consider staffing increase for staff to work in pairs Rationalise services Inform patients and health care providers/community services Manager to keep staff records up to date. Rationalise services. Charge mobile phones .Engage volunteers or operational staff as runners.	Team Leader Service Integration Coordinator Business Manager Business Manager	

A.T.O.D.S					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
	Patients unable to contact or be contacted	Use media to communicate current situation and advice	Manager to contact media		
Computer Failure	Unable to generate ID labels Unable to enter CIMHA data Unable to enter clinical incidents Inability to access electronic records - relevant client info unable to be accessed.	Record patient details manually Record information manually Access client record UR number from MBH utilising mobile phone.	Ensure supply of HBCIS downtime forms Pre-print labels for existing patients Hand write on blank labels for new admissions Ensure supply of CIMHA downtime forms Ensure supply of PRIME downtime forms Staff education re procedure in event of power /communication loss Develop a process for disseminating patient updates as part of the facility communication plan	Administrative and nursing staff	
Availability and readiness of government cars	Inability to service clients in an emergency	Ensure all vehicles are fuelled up and garaged safely once warnings are issued	Allocate cars to program areas once event is over	Business Manager	
Cars No fuel	Decrease in service delivery to clients	Ensure that cars where practical are adequately fuelled during any warning phase.	All staff made aware of the need to keep cars fuelled at all times.	Business Manager and team Leaders	

Business Continuity Planning

Early Discharge

General EDSU Contingencies:

This Continuity Plan is based on having Emergency Power to the Unit. If there is no power all procedures would cease and cases would have to be transferred

EARLY DISCHARGE SURGERY UNIT				A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE?
Failure of anaesthetic machines & ventilators	Loss of power to machine Inaccurate delivery of anaesthetic gases Unable to ventilate patients	Run on emergency generator power . Run on gases if no power Oxygen driven) for 90 minutes only. Use backup cylinder supplies of oxygen, nitrous oxide & air Hand ventilate	Check access to emergency power outlets. Manually ventilate. Manually physically assess Ensure supplies of cylinder gasses available Ensure adequate supply of hand operated ventilation equipment - black bag, bag - valve device Locate and provide air / oxygen driven ventilator (oxylog / birds) Cancel elective surgery	Unit Manager Anaesthetic staff Unit Manager Wards person Unit Manager Anaesthetic staff Unit Manager Anaesthetic staff Director of Anaesthetics Director of Surgery Nurse Unit Manager ESC & DMS/DON/ND	D
Failure of Monitors – cardiac oximetry, end tidal CO2	Unable to identify arrhythmias / oxygen saturation and problems with ventilation	Run on emergency generator power	Check access to emergency power outlets Identify & ensure adequate medical & nursing staff coverage	Unit Manager Anaesthetic Staff Director of Anaesthetics CNC	D
Defibrillator does not function	Unable to defibrillate patients	Use on emergency generator power or battery power. Use battery back up if available	Check access to emergency power outlets Have batteries fully charged	Unit Manager All staff	D

EARLY DISCHARGE SURGERY UNIT				A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE?
Failure of Endoscopic Equipment	Unable to perform endoscopic procedures (may be done if generator on emergency power)	Use on emergency generator power or battery power. Postpone all non urgent surgery	Notify surgeons, medical, nursing and booking office Contact non urgent patients and inform re need to reschedule at later date Ensure list of procedures unable to be under taken available at theatre front desk	Unit Manager Bookings Theatre Manager Unit Manager Medical Staff	D
Failure of diathermy machine	Unable to perform electrical coagulation (may be done if generator on emergency power).	Use on emergency generator power or battery power.	Notify surgeons, medical, nursing and booking office	Unit Manager	
Failure of Fibredryer (NOT ON EMERGENCY POWER).	Unable to store processed scopes	Arrange for use on emergency power	Notify surgeons, medical, nursing and booking office		D
Failure of Sterilising equipment for scopes (ON EMERGENCY POWER)	Unable to sterilise endoscopic equipment	Arrange for use on emergency power	Notify surgeons, medical, nursing and booking office Identify suitable patients Contact non urgent patients and inform re need to reschedule at later date Staff education – availability of types of cases able to be done List of procedures unable to be under taken available at theatre desk	Medical staff Unit Manager Engineering staff Unit Manager Unit Manager Medical staff	D

EARLY DISCHARGE SURGERY UNIT				A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE?
Contaminated Water supply or damage to water filters	Unable to perform/clean and sterilise procedures and equipment according to Australian Standards	Arrange for supply of sterile water	Ensure large supply of water available before restarting procedures	Unit Manager Medical staff	D
		Rationalise service to emergency use only	Identify and prioritise critical services	MHHS Executive Unit Manager	
Failure of lift	Unable to transport patient to/from DPU	Ensure one lift operates on emergency power	Review existing supply of emergency power	Manager Engineering	C
			Consider locating all surgical patients on same level as Surgical Services	MHHS Executive Director of Surgery	
Staffing	Unable to provide safe level of care in the event of equipment failure No available Staff to provide care Increased manual tasks may influence workload	Centralise surgical services at one site in MHHS over critical periods Roster additional staff	Develop a staffing plan for MHHS.	Unit Manager Director of Surgery	C
			Calculate individual unit staffing requirements	Unit Manager Director of Surgery	
			Identify need to maintain staff on site as opposed to on call.	Unit Manager Director of Surgery	
		Identify human resources able to be on call and redeployed in the facility	Unit Manager Nurse manager		
		Assess competence of on call staff	Unit Manager		
		NUM to ensure Disaster Plan is current	NUM		
Estimate staffing numbers required for 24 hour period Prepare rosters Liaise with agencies for extra staff Call in staff	All Managers All Managers Duty Managers				

EARLY DISCHARGE SURGERY UNIT				A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE?
Equipment Function	Unable to guarantee equipment accuracy	Check all equipment for functionality as soon as possible after disruption of power	Identify all equipment to be checked Inform and educate staff	Unit Manager All staff MHHS Executive Unit Manager	A
No lights in change rooms	Staff may not feel safe.	Torches are available in the unit. Security to inspect all areas before staff enter.	Ensure batteries are in unit. Arrange security inspection.	NUM	A
Computer failure	Unable to generate maintain data base, print patient ID & paperwork Unable to track patient location and bed status Unable to provide patient dietary requirements Unable to record information relating to patient nurse dependency Unable to access computerised pathology/radiology results	Record patient details manually Revert to manual process Revert to manual process Revert to manual process Revert to manual process	Ensure supply of HBCIS downtime forms Pre –print labels on existing patients Hand write on blank labels for new admissions Update patient location and bed status at regular intervals Notify after-hours manager of all patient movements Develop a process for disseminating patient updates as part of the facility communication plan Update patient diet lists and have available for collection by catering services Ensure supply of downtime forms available to record information Ensure supply of pathology result forms	Administrative and nursing staff Administrative and nursing staff Administrative and nursing staff Administrative and nursing staff Nursing staff Nursing Staff Team Leader Unit Manager Administrative staff Administrative staff Unit Manager & Lab staff	C C C C C

EARLY DISCHARGE SURGERY UNIT				A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE?
		Enter data when system fixed	Develop means for notification of lab & test results Manual ordering tests Ensure retrospective data entry when computer services resume Backup any non centralised data or ward specific computer programs	Medical & nursing staff Unit Manager & Lab staff Administrative staff	C
Power failure	Mains power not available	Refer to mains power failure plan	Inform and educate staff	Unit Manager /Nurse Educator	D
Lighting failure	Difficulties in patient observation and care. Increased risk for patients and staff	Utilise emergency lighting . Torches in all areas. Maximise natural lighting Utilise alternate lighting Maintain WH&S precautions Refer to Facility wide power failure plan	Identify provision for emergency lighting Relocate immobile patients to best lit areas Clean and maintain windows and fittings Ensure blinds/curtains open Ensure adequate supply torches / battery operated lights and batteries Clear patient areas, work areas and corridors of all hazards Educate staff	Engineering staff NUM Nursing staff Cleaning staff All staff Unit Manager Unit Manager /All staff Educator	C C
Air conditioning failure	Unable to regulate temperature and environment Unable to perform surgery due to risk of infection Possible loss of sterile	Open Windows where possible. Electrical or manual fan Refer to facility wide plan	Position fans for maximum benefit Identify patients requiring cooling Inform and educate staff Inform and educate staff	Nursing staff Nursing staff Unit Manager Shift Team Leader	C

EARLY DISCHARGE SURGERY UNIT				A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE?
	stock due to high temps.			Educator	
Telephone failure	No internal / external telephone communications .	Refer to facility wide telecommunications plan	Inform and educate staff	Unit Manager	A
Wall oxygen supply failure.	Wall oxygen not available	Use cylinder oxygen	Order required cylinders from central storage area. Ensure all oxygen cylinders full Ensure corresponding number of oxygen fittings available at ward level. Ensure all staff educated in cylinder changeover. Consider co-locating high oxygen users	Wards person Wards person Wards person Wards person Unit Manager Educator Nursing staff medical Staff	C
Wall suction failure	Wall suction not available	Use alternate suction devices Provide emergency oxygen/suction	Assess need for and number of portable suction units required as there is not one within the department. There is one located in theatres Consider co-locating suction dependent patients Ensure adequate supply alternate drainage systems Replace drain suction with manual vacuum or drainage bottles Ensure small oxygen cylinder with twin-o-vac suction on resuscitation trolley Educate staff on use of alternate devices	Unit Manager Nursing staff Nursing staff Nursing staff Medical staff Nursing staff Unit Manager Educator	D

EARLY DISCHARGE SURGERY UNIT				A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE?
Failure of Welch Allen monitors	Unable to electronically measure pt observations	Use manual sphygmomanometer Use on emergency generator power or battery power.	Ensure adequate number of manual sphygmomanometers Check access to emergency power outlets	Unit Manager Unit Manager	D
Failure of 12 lead ECG machine	Unable to diagnose potential life-threatening conditions	Ensure access to emergency power Use on battery power	Identify access to emergency power outlet Keep batteries fully charged on emergency power Identify location of alternative ECG machines Inform and educate staff	Unit Manager Engineering staff Unit Manager Nursing Staff Nursing staff Unit Manager Educator	D
Failure of Lamson System	Unable to transport specimens	Revert to manual process	Inform and educate staff	Unit Manager Educator	D
Failure of Emergency Alarms	Unable to provide safe and secure environment	Increased staff vigilance Refer to safety and security plan.	Schedule regular patient rounds Direct notification via phone to switch or runner to Communication Centre to contact fire services, security, police Inform and educate Staff	Nursing staff All staff Unit Manager	D
Failure of Patient call buttons	Patients unable to summon assistance	Refer to safety and security plan.	Inform and educate staff	Unit Manager	D
Failure of Infusion Pumps/Syringe Drivers	Staff unable to titrate medications and fluids accurately	Use on battery power if available Use burettes Consider alternate administration routes.	Charge on generator power if able Charge batteries fully Ensure adequate stock burettes Protocols for alternative administration	All staff Nursing staff Nursing Staff Nursing staff Medical staff	D

EARLY DISCHARGE SURGERY UNIT				A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE?
Refrigeration (Connected to Emergency power). Alert staff if no emergency power to make plans for refrigerated drugs.	Drugs and medical supplies requiring refrigeration may become unusable	Place drugs in refrigerators which are connected to emergency power supply Use Eskies and ice	Review emergency power outlets Monitor refrigerator temperature with thermometer Consider purchase of eskies and supply of ice Inform and educate staff Consult with Pharmacy	Unit Manager Engineering staff Nursing staff Unit Manager Infection Control Staff Unit Manager Educator	D
Pan room macerator	Unable to dispose of bed pans / urinals adequately	Single patient use bedpans/ urinals	Purchase sufficient for immobile patients Rinse with "grey/waste" water and disinfect with chemical solution Inform staff of Infection Control policy	Unit Manager All staff Unit Manager Infection Control CNC Educator	A
Lift failure	Unable to transport patients to different levels within facility	Ensure one lift operates on emergency power Utilise alternate methods of transporting patients Consider utilising ground floor facilities Minimise patient transfers	Review existing supply of emergency power Walk patients Consider scoop stretchers, fire blankets, stair walkers, cardboard stretchers Develop facility plan for locating new admissions Critical transfers only Ensure all staff aware of facility Fire / Evacuation plan	Engineering staff Disaster Committee Wards person MHHS Executive MHHS Executive Medical staff Unit Manager	D

EARLY DISCHARGE SURGERY UNIT				A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE?
Failure of Fax	Unable to receive or send patient information	Utilise alternate lines of communication	Send patient information by runner/courier	Unit Manager	D
			Delay transfer of information until services resumed.	Medical staff Admin. staff	
Failure of Copier	Unable to copy documents	Utilise alternate lines of communication	Telephone information	Nursing staff Medical staff	D
			Send original documents with patient and document in chart	Nursing staff Medical staff	
			Delay transfer of information until services resumed	Nursing staff Medical staff	

Business Continuity Planning

Mackay Breastscreen

MACKAY BREASTSCREEN					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE
Loss of Power	Complete loss of service delivery	Advise public of service communication problems through the media	Inform & Educate staff	Manager	D
Loss of Communication	Unable to communicate with clients to book appointments	Advise the Public of service communication problems through the Media	Administration staff to make client appointments in person	Manager	D
Equipment Failure	Failure of Mammography Ultrasound machine would unable service to perform core business of screening and assessment. Failure of IT equipment would unable service to use State wide data base to access client records	Service has 2 Mammography Machines and can continue to screen with 1 machine down. If Ultrasound machine failed clients would be booked for next assessment clinic. If data base failed bookings and data entry can be entered at a later time.	If problem occurred at the time of taking a mammogram radiographer is able to manually release client from compression. BETS would be contacted to fix equipment. Client requiring ultrasound would be rebooked when machine operational. Client info can be entered into data base at a later time	Radiographer Data Manager Service Manager	A

Business Continuity Planning

CSSD

Based on emergency generator functioning. No emergency power to CSSD, lighting only No air-conditioning to CSSD when on generator.

CSSD DEPARTMENT				A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility
Failure of steam steriliser. Use Sterrad steriliser only.	Unable to process theatre/ward linen bundles.	Use disposable linen for all procedures. Transport Sterrad to theatre to emergency power	Equipment nurse to facilitate purchase costings implementation of disposable linen.	NUM MHHS Executive.
No washer/disinfector connected to emergency power.	Unable to process reusable medical equipment/instruments.	Manually wash all equipment.	Explore the possibility of connecting of one machine to emergency power.	NUM Engineer
No dryers connected to emergency power.	Difficulty drying adequate quantities of equipment to Sterrad sterilisers.	Manually dry all equipment.	Explore the possibility of connecting of one machine to emergency power.	NUM Engineer
Ward instrument shortage.	Ward/A&E/ICU/shortage of sterile instruments.	Purchase pre-prepared instruments	Equipment nurse to facilitate purchase /costings/implementation/of instrument packs.	Unit Manager
No red emergency power points in the department.	Unable to use any equipment	Take equipment to theatre to use.	Explore the possibility of connecting emergency power.	NUM Engineer
Failure of steriliser	Unable to process ward and theatre instruments Unable to provide dental services	Ensure one steriliser on emergency power Alternative sterilisation methods Rationalise service to emergency use only	Identify emergency power supply to sterilisers Investigate alternative sterilisation methods eg , chemical sterilisation Ensure full stock levels of sterile equipment available prior to critical periods Identify and prioritise critical services	Unit Manager Engineering staff Unit Manager MHHS Executive Unit Manager
Failure of instrument / tube washer	Unable to clean instruments / tubes	Utilise disposable consumables use manual method Revert to manual process	Ensure stock at maximum levels Manually wash instruments & tubes	Manager Nursing staff

CSSD DEPARTMENT				A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility
	Unable to disinfect anaesthetic ventilation tubing	Utilise disposable consumables	Ensure stock at maximum levels	Unit Manager
Failure of instrument / tube dryers	Unable to dry instruments and tubing effectively	Alternative strategies for drying Sterilise instruments just in time for use	Manually dry instruments & tubes Air dry Set up trays for immediate use and 'flash sterilise' as required	Nursing staff Nursing staff Nursing staff
Ward instrument shortage	Shortage of sterile instruments available to wards	Have all available instruments prepacked in peel packs Use disposable instruments and packs	Purchase any additional equipment if required Purchase disposables Identify storage area for extra packs Notify wards/units of contingency	MHHS Executive Unit Manager
Failure of sterilised linen service	No Sterile Linen bundles	Have maximum stores available Rationalise use of linen Alternative supplier Use disposable linen	Prepacked and ensure maximum store of sterile linen Develop a plan for rationing Consider alternative supplier Order extra supplies of disposable linen	Unit Manager
Equipment function	Unable to guarantee equipment accuracy	Check all equipment for functionality as soon as possible after disruption of power/failure of machines	Identify all equipment to be checked Inform and educate staff	Unit Manager

Business Continuity Plan

Health Information Division

HEALTH INFORMATION UNIT					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Failure HBCIS Medical Records & Request Tracking System	Unable to locate & send medical records	Ensure all records in file prior to critical dates - <i>presumes there is advance notice</i>	Notify all MO's/wards/depts to return outstanding records (Antenatal excluded)	Manager / Supervisor	Depends on the severity of the disaster
		Run location by location for charts not returned - <i>providing power sufficient to run HBCIS</i>	Manager to arrange appropriate staff to complete task.	HBCIS Data Manager	
		Revert to manual communication systems for requesting medical records	Notify hospital departments about manual system	Manager / Supervisor	
		Use manual tracing system	◆ Implement manual system ◆ (eg) tracer cards	Manager / Supervisor	
Failure of HBCIS Patient Master Index (PMI)	Cannot allocate new UR Numbers Cannot search for existing URN's	Manual allocation of URN's	Check backup PMI file is up to date - <i>may not be sufficient notification to do this</i>	HBCIS Data Manager	Depends on the severity of the disaster
		Use backup PMI to look up existing URN's - <i>may not be sufficient notification to do this</i>	Manually allocate & look up URN's	Administrative staff	
		Manual process	Update system when system back online	HBCIS Data Manager	
		Use the block of unissued downtime UR numbers	Print hard copy of PMI prior to critical date - <i>may not be sufficient notification to do this</i>	Administrative staff	
Failure HBCIS Admission, Transfer, Discharge (ADT)	Cannot search ADT to track patients	Not critical, wait until system returns	Update System	Administrative staff & Ward Clerks	C: Weeks – Indefinitely

HEALTH INFORMATION UNIT					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
	Cannot run enquiry reports	Keep hard copy list in Medical Records Department - <i>may not be sufficient notification to do this</i>	Have register and down time forms available. Update patient list as needed	Administrative staff	
Failure of Coding System	Unable to enter codes	Copy codes to front sheet and use manual tally sheet (label & codes)	Update system when system back online	Clinical Coders	C: Weeks – Indefinitely
	Unable to access reports	Access when system returns	Update system when system back on line	Clinical Coders	
Equipment function	H machine not working	Use manual record request system	Check all equipment for functionality as soon as possible after disruption of power/failure of machinery	Supervisor/Administrative staff	C: Weeks – Indefinitely
	Dumb Waiter not working	Revert to physical chart delivered to Emergency Department			
HBCIS Appointment Scheduling	Unable to print reports for patients attending clinics	Print reports one week in advance where possible (Laptop)	Manual list of attendees	HBCIS Data Manager	
No access to activity data	Unable to access reports	Access when system returns	Retrospective updating of data	Decision Support Coordinator	C: Weeks – Indefinitely
Unable to fax discharge summaries	Unable to respond to requests from GP's for follow up discharge information	Hand write discharge summaries. Give patients a copy on discharge	Post copy handwritten discharge summaries to General Practitioners	ROI Officer	C: Weeks – Indefinitely
Flooding of Medical record Department	Destruction of charts	If possible move charts to safe area	Arrange for staffing to move charts	Manager	C: Weeks – Indefinitely
Flooding/destruction of Inactive Records Shed	Destruction of charts	If possible move charts to safe area Prioritise charts to save	Arrange for staffing to move charts	Manager	C: Weeks – Indefinitely

Business Continuity Planning

Corporate Support Services –Travel Office

TRAVEL OFFICE					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE
Loss of Power	Complete loss of service delivery	Unable to book travel	PSA clients advising of situation Contact main referral hospitals to advise	Manager	D
Loss of Phones	Unable to communicate with clients to book travel	PSA to advise clients to present in person	Business as usual if clients present	Manager	B
Equipment Failure Travel Manager MFD	Complete loss of service delivery	Manual data input with data to be put in later	Urgent travel only able to be booked	Manager	D
	Delay to processing travel	Use MFD in another Department, need fax re-diverted	Business as usual		B

Business Continuity Planning

Information Division

INFORMATION DIVISION					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Failure of primary data communications to Data Centre	No impact to application access, communications automatically switches to backup data communication service	Automatic switch over to Optus backup link.	Switch over backup automatic	ID Team leader	
Failure of all data communications to Data Centre	Loss of corporately hosted Enterprise Applications: eg Auslab, EDIS, FAMMIS, internet, iPharmacy, QHEPS. Access to Groupwise and HBCIS unaffected	Escalate issue with Enterprise Operation Centre	Liaise with EOC to determine possible alternate connection options	ID Team leader	
Failure of Enterprise Data Centre	Loss of corporately hosted Enterprise Applications: eg Auslab, EDIS, FAMMIS, internet, iPharmacy, QHEPS. Access to Groupwise and HBCIS unaffected	Pathology and Finance systems down – Departments revert to manual system no available contingency.	Determine minimal level of function	MHHS Executive ID Team leader	
Failure of HBCIS primary server	No access to HBCIS	Revert to HBCIS standby server	Switch over to standby server Restore normal operation of HBCIS Primary server	ID Team Leader SIM1/ID Team Leader	
Failure of HBCIS application	No access to HBCIS	Medical Records use backup PMI	Revert to HBCIS Primary Server Medical Records revert to manual look up system. Medical Records revert to manual look up system. Restore operation of HBCIS application	SIM1/ID Team Leader Health Information Manager SIM1/ID Team Leader	

INFORMATION DIVISION					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
		Switch to manual business processes if required	Inform business units of issues and timeframes		
Failure of Mackay Base Hospital File Server	No access to G:/H: drives, network printing, server based local applications eg RIPS	Restore server operation	If hardware failure initiate vendor support - Investigate available hardware replacement options as required If software failure - Tech ops Directories/Novell for assistance If required restore data from backup	ID Team Leader/Business units	
		Switch to manual business processes if required	Inform business units of issues and timeframes		
Failure of Mackay Base Hospital Groupwise Server	No access to Groupwise	Restore server operation	If hardware failure initiate vendor support - Investigate available hardware replacement options as required If software failure - Tech ops Directories/Novell for assistance If required restore data from backup	ID Team Leader Technical Operations Support vendor	
		Switch to manual business processes if required	Inform business units of issues and timeframes		
INFORMATION DIVISION – DESKTOP SERVICES					
Failure of Local Area Network	Loss of access to Enterprise/Local applications	Restore network operation	If possible reconfigure network to re-establish operation	ID Team Leader Enterprise Operation Centre	
		Switch to manual business processes if required	Inform business units of issues and timeframes	ID Team Leader Business units	

Business Continuity Planning

Medical Imaging

Some areas within Medical Imaging are connected to the emergency generator

MEDICAL IMAGING					A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?	
Loss of Power	No CT Service.	Use alternate investigation if possible. Outsource to local private practices.	CT is on generator power will function as long as generator is operational.	Director of Medical Imaging, radiographers and Engineering staff.	Up to 24hrs, maybe extended in consultation with local private practices ability to provide alternate service	
	No X-Ray Service.	Key equipment on UPS. Emergency Power. Mobile x-ray units.	Test and maintain UPS. Assess Emergency power for x-ray	Director of Medical Imaging, radiographers, Engineering staff and BTS staff.	Indefinitely with reduced capacity as long as generators are operational.	
	No Ultrasound Service.	Equipment on emergency power. Use alternate test	Test and maintain UPS. Assess Emergency Power for Ultrasound	Director of Medical Imaging, sonographers and Engineering staff.	Indefinitely with reduced capacity as long as generators are operational.	
Key Equipment failure.	No CT Service.	Use alternate investigation if possible. Outsource to local private practices.	Ensure equipment is maintained in good working order through regular scheduled servicing.	Director of Medical Imaging, radiographers and servicing agent.	Up to 24hrs, maybe extended in consultation with local private practices ability to provide alternate service	
	No X-Ray Service.	Use alternate unit. Mobile x-ray	Ensure equipment is	Director of Medical Imaging, radiographers and BTS Director.	Indefinitely with reduced capacity as long as other like equipment remains operational.	

MEDICAL IMAGING					A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?	
		units.	maintained in good working order through regular scheduled servicing.			
	No Ultrasound Service.	Use alternate investigation if possible. Use alternative U/S unit. Outsource to local private practices.	Ensure equipment is maintained in good working order through regular scheduled servicing.	Director of Medical Imaging, sonographers and servicing agent.	Indefinitely with reduced capacity as long as other like equipment remains operational.	
Medical Imaging environment unsafe	Service cannot be provided in Medical Imaging.	Relocate ultrasound units. Relocate mobile x-ray units. Relocate Core CR Equipment.	Alternate site to be identified. Mobile shielding installed. Necessary consumables relocated. Emergency network to be established. CT outsourced to Local Private Practice.	Director of Medical Imaging, Medical Imaging staff, BTS staff, Information Division staff and Engineering staff.	Up to 5 days with reduced service reflective of the capacity of alternate site	
	No CT Service.	Use alternate investigation. Outsource to local private practices.	Outsource to Local Private Practice. No onsite alternative.	Director of Medical Imaging and Medical Imaging staff.	Up to 24hrs, maybe extended in consultation with local private practices ability to provide the service	

MEDICAL IMAGING					A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?	
Insufficient staff	Unable to provide sufficient and safe level of service.	Recall of all available staff as required.	Calculate individual staffing requirements.	Director of Medical Imaging or On call Radiographer.	Indefinitely but with a limited service.	
			Estimate staffing numbers required for 24 hour period.	Director of Medical Imaging	Indefinitely but with a limited service.	
			Liaise with other HHSs/CASS for extra staff.	Director of Medical Imaging	Indefinitely but with a limited service.	
			Liaise with locum agencies for extra staff.	Director of Medical Imaging	Indefinitely but with a limited service.	

Business Continuity Plan

Pathology Services.

PATHOLOGY SERVICES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Failure of Power Supply	Laboratory unable to function without power	Ensure access to emergency power Use alternate testing facility outside organisation Use of the iSTAT for urgent tests	Confirm availability of emergency power Ensure all critical equipment supplied with emergency power Rationalise all services to emergency requests only Source alternate testing facility outside organisation For example- Private lab or Townsville/RBH labs ensure all UPS are charged and serviced. Ensure all iSTATs are placed on battery recharger when not in use. Stock spare batteries (6-12 batteries)	Lab. Manager Engineering staff Lab. Manager Lab manager NUM's or person in charge of iSTAT on the wards	Can function indefinitely on emergency power Hours
Loss of Water supply	Major impact relating to the Major Chemistry Analyser Unable to maintain staff hygiene	No alternates to water Use alternate solutions	• Ensure adequate stock available Ensure adequate supplies of Hexol Ensure adequate supplies bottled water	Lab manager Lab. Manager Infection Control CNC	Can not operate
Temperature monitoring fails.	Unable to determine accurate temperature of Blood Stock Fridge and Reagent Fridge.	Manual monitoring of fridge temperature using portable probe.	Install portable probe . Policy will direct procedure if time becomes an issue Develop policy on frequency of temperature checks Inform and educate staff	Lab. Manager Lab. Manager	weeks
Failure of Blood Bank Fridge	Unable to preserve integrity of blood.	Transfer blood stores elsewhere	Investigate alternative storage solutions. Private laboratories and Red Cross	Lab. Manager	weeks

PATHOLOGY SERVICES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Equipment Failure	Unable to process blood samples	Use alternate testing facility outside organisation	Source alternate testing facility outside organisation Inform medical/nursing staff	Lab. Manager	weeks
Equipment Function	Unable to guarantee equipment accuracy	Check all equipment for functionality as soon as possible after disruption of power/failure of machines	Identify all equipment to be checked Inform and educate staff	Lab. Manager Lab. Manager	Can not operate

Business Continuity Plan

Pharmacy

PHARMACY					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Failure of Refrigerators / Deep Freeze	Spoilage of pharmaceuticals requiring refrigeration / freezing	Ensure fridges and freezers connected to emergency power	Check access to emergency generator power	Pharmacy Director Engineering	within 30 minutes
		Ensure fridges monitored for temperature	Ensure On call pharmacist roster to respond to fridge/freezer failure alarm	Pharmacy Director	within 30 minutes
			Relocate stock to working refrigerators, cold rooms and freezers	Pharmacy Director Engineer Infection Control Staff	one hour
Failure of air conditioning	Unable to maintain air temperature below 25'C	Ensure air conditioning for pharmacy connected to emergency power Consider portable air conditioner Highlight potential inventory for destruction if temperature extreme Higher load on fridges	Check availability of emergency generator power Ensure pharmacy is a priority area when air conditioning load shed scheduled Arrange access to portable air conditioner Contact Central Pharmacy for direction Monitor fridges	Pharmacy Director Engineering Pharmacy Director Engineering Pharmacist Director of Pharmacy Director of Pharmacy	six hours
Failure of computer	iPharmacy not accessible but local applications okay network printers not available iPharmacy access not at workable speed PDE not available for imprest	Use fred5 label for dispensing, use hard copy recoding for issues if needed	Have label available on local drive	Director of Pharmacy	Indefinite, more than three days will need complete stock take when available
		restrict data entry to immediate needs	Have some label printers as local printers	Director of Pharmacy	
		print manual sheets as required or record manual distributions	print manual sheets as	Director of Pharmacy pharmacy staff	

PHARMACY					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
			required or document manually		Indefinite, more than three days will need complete stock take when available
No lighting	Not safe to operate	Torch light available for URGENT supply only	Torches available inside goods delivery door, after hours room and safe	Director of Pharmacy	URGENT supply only
No drug deliveries from Brisbane	May not have drug available when required	Maintain stock levels to allow for supply chain interruption of three days Obtain stock from Symbion Townsville May need to cancel chemotherapy	Maintain max mins monthly Ensure on line ordering from Symbion is available	Director of Pharmacy Director of Pharmacy	up to five days
Lack of pharmacist staffing	Long delays in supply. Potential for increase in error rate Fatigue risk	Build in capacity into pharmacy staffing. Use locum pharmacist.	Monitor staffing levels. Monitor availability of locums Monitor working hours and recall	Director of Pharmacy Director of Pharmacy	
Lack of pharmacy support staffing	Long delays in supply. Potential increase in error rate Fatigue risk	Build in capacity into pharmacy staffing. Use casual staff.	Monitor staffing levels Monitor availability of locums Monitor working hours	Director of Pharmacy	
No ability to deliver bulk IV fluids to wards	IV fluid may not be available when required	Adequate supply in wards Backup forklift operators		Director of Pharmacy	IV fluids bulk storage is now a supply function
No proximity card access to pharmacy	No access to pharmacy by prox card	nil			
No forklift	access to IV fluids restricted	Set locations of IV fluids in storage racks	Set locations of IV fluids in storage racks	Director of Pharmacy and Supply services	IV fluids bulk storage is now a supply function

Business Continuity Plan

Bowen Hospital – General & Clinical Services

NOTE: The Standard Operating Procedures for the general wards and the MHHS Essential Services are to be used in conjunction with the specific procedures detailed below.

BOWEN HOSPITAL – GENERAL & CLINICAL SERVICES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
HBCIS access failure	Unable to register patients	Manual registration	Adequate supply downtime forms Data Entry at return of service Hand write requests	Admin. staff	B
	No Patient ID labels Unable to access UR numbers and existing medical records	Manual process	Filing at return to service	Admin and Clinical staff	
		Good history taking		Admin and Clinical staff	
A&E Module failure	Unable to utilise TRIAGE, treatment and admission/discharge screens	Manual recording.	Adequate Supply of downtime triage forms. Data Entry at return of service	Admin. Staff	C
Printing services Failure	Unable to record statistical requirements	Retrospective data entry	Check and update missing data	Admin.& Nursing Staff	C
Computer failure	Unable to print results / labels etc.	Manual recording - lead to adequate staff numbers Record patient details manually	Ensure adequate staffing to cover workload Ensure supply of HBCIS downtime forms Pre –print labels on existing patients Hand write on Medical record and specimens as required Update patient location and bed status at regular intervals	Business Manager/Admin. Staff	B
	Unable to generate ID labels Unable to track patient location and bed status	Revert to manual process		Administrative and nursing staff Administrative and nursing staff	B

BOWEN HOSPITAL – GENERAL & CLINICAL SERVICES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Telephone failure	No internal / external telephone communications .	Access hand held radios from SES. Utilise Fire Panel Communication for internal communication.	contact SES	DON or Delegate	C
Cardex System	5hr battery back-up When back-up power failure occurs for extended period. Access with Cardex will not be possible. Security Video Surveillance will discontinue.	Use back-up keys for door access.	Inform and educate staff	Business Manager/DON Nurse Unit Manager /Shift Team Leader	C
FAX Failure	Unable to receive or send patient information	Utilise alternate lines of communication	Send patient information by courier Delay transfer of information until services resumed	Nurse Unit Manager Medical Staff Administration Staff	B
Photocopier Failure	Unable to copy documents	Utilise alternate lines of communication	Telephone information Send original documents with patient and document in chart Delay transfer of information until services resumed	Nursing staff /Medical staff	B
Oxygen supply disrupted		Use cylinder oxygen	Ensure adequate supplies Ensure all staff educated in cylinder changeover. Consider co-locating high oxygen users	Operational Officers Wards person/Nurse Unit Manager /Educator Nursing staff /medical Staff	D D
Failure of Refrigeration / cool rooms	Food spoilage refer to Food Safety Plan	Essential fridges on emergency power Source food off campus perhaps	Assess availability of emergency power Develop plan for preparation and transport of food from other	Cook/Business Manager	C

BOWEN HOSPITAL – GENERAL & CLINICAL SERVICES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
		Consider long life shelf products	appropriate sources Purchase dry / tinned food Consider purchase of long life milk Consider purchase of bottled water for drinking	Cook/Business Manager	B
Refrigeration - Vaccine	Drugs and medical supplies requiring refrigeration may become unusable	Place drugs in refrigerators which are connected to emergency power supply	Review emergency power outlets and manage vaccines as per infection control/vaccine management guidelines. Monitor refrigerator temperature with thermometer Inform and educate staff Consider purchase of eskies and supply of ice	Nurse Nurse Unit Manager /Engineering staff Nursing staff Nurse Unit Manager Nurse Unit Manager	A -B
Failure of Dishwashers	Refer to Food Safety Plan	Use disposables	Adequate supply disposables	Cook/Business Manager	C
Loss of communication with pre-hospital/ transfer services and referral centres	Unable to communicate with QAS	Use alternate communication channels	Consider use of Mobile Phone if network is operational, use of 2-way radio from community eg Council Develop criteria for referral based on available services	Nursing Staff	B
	Unable to communicate with local GP's	Develop an alternate referral/discharge process	Develop pro forma for required patient information Letter and pro forma sent with patient for admission Discharge summary sent with patient at discharge Use QAS radio to contact ambulance communications	Nursing Staff	C
		Use alternate communication strategy	Use mobile phone if network is operational Use satellite phone Use ambulance radio		

BOWEN HOSPITAL – GENERAL & CLINICAL SERVICES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
	Unable to communicate with Clinical Coordinator via AMCOM re patient advice/ transfer/ retrieval (RFDS, helicopter) Unable to communicate with receiving/ referring hospital	Use alternate communication strategy	Instigate close observation of at risk patients	Nursing Staff Nursing Staff	C B C
Transport monitors malfunction	Unable to monitor critically ill or unstable cardiac patients in transit	Aim to have at least one compliant transport monitor or list of compliant machines. Assess patients prior to critical dates.	Ensure one compliant transport monitor available in central location Schedule tests prior to critical dates Assess pt need for transport Charge batteries	Nurse Unit Manager Medical staff Nursing staff	D B
Defibrillator malfunction	Unable to defibrillate patients	Have compliant defibrillator available Connect to emergency power Use battery backup	Identify non compliant equipment Aim to replace non compliant equipment Identify & re allocate compliant defibrillator Inform & Educate staff Identify existing emergency power outlets Have batteries fully charged	Nurse Unit Manager Nurse Unit Manager	D D
Medical equipment failure	Unable to provide specialised medical equipment Bi-PAP/CPAP Ventilators	Utilise emergency power Manual process Battery back-up if available Manual ventilation Manual process Manual process	Check existing emergency power outlets Fully charge batteries Ensure adequate staff available for manual ventilation Warm water bath Perform visual examination Treat prophylactically	Nurse Unit Manager	A

BOWEN HOSPITAL – GENERAL & CLINICAL SERVICES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
	Blood warmers Slit lamp Plaster saw	Manual process	Refer to ophthalmologist Use plaster cutters Apply a back slab	Nursing staff Medical staff	C
Failure of Monitors including cardiac & oximetry	Unable to identify arrhythmias / oxygen saturation	Use on emergency power	Check existing emergency power outlets Identify non compliant equipment Aim to replace non compliant equipment Identify & position compliant monitors ensuring access to emergency power Ensure adequate supply of batteries• Have batteries fully charged Identify & ensure adequate medical & nursing staff coverage Prioritise patients for monitoring Inform and educate staff	Nurse Unit Manager	D
		Use battery backup Increased nursing & medical observation		Nurse Unit Manager Nursing staff	D
Unable to provide transport services	Pathology services not available	Identify and rationalise use of available vehicles Discontinue non-essential services	Develop a plan for centralising vehicles Prioritise use Notify clients of potential for disruption to normal services Re-admit at risk patients if necessary	Business manager	C
Failure of EFTPOS fuel card service		Arrange credit facility	Liaise with local fuel distributor for credit facilities for fleet vehicles	Business manager	C
Overcrowding of hospital campus	Spread of disease	Planned areas for habitation	Allocate areas for use by public	DON	C
Staff dislocated from family	Distress to staff	Plan for accommodation	Allocate staff accommodation (work & living for staff)	DON/NUM/BM	C
Disease outbreak	Infected persons	Vaccines	Plan for vaccines, fact sheets	DON/MBH/AHS/TPHU	C
Waste Disposal	Vector Borne Disease Infections	Sprays for insects. Antiseptics	Assign contractors for pest control	TPHU	C
Lack of Public Knowledge	Suspicion - Concerned Public	Stockpile of HP Material	Stockpile PH Material Media person to duties	BM/NUM/DON/TPHU	C
Loss of ability to protect staff and patients	Duress alarms	Provide alternative alert system for nurses Aim to have fire alarms compliant	Purchase hand held audible alarms and/or whistles	Nursing staff	B

BOWEN HOSPITAL – GENERAL & CLINICAL SERVICES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
	Fire alarms	Provide alternative power source for alarms Ensure all staff have recent fire safety training	Check fire alarms Ensure alarms are connected to generator power Liaise with Fire Department	BM/FSA	
Insufficient staff	Unable to provide safe level of care in the event of equipment failure Unable to access computerised pathology/radiology results Unable to regulate temperature and environment	Roster additional staff Revert to manual process Enter data when system fixed Use alternate cooling devices (eg.)	Calculate individual unit staffing requirements Identify human resources able to be on call and redeployed in the facility Assess competence of on call staff Courier to collect results Develop means for notification of lab & test results Manual ordering tests Ensure retrospective data entry when computer services resume Position fans for maximum benefit Open Windows as a requirement	Director Of Nursing Nurse Unit Manager Business Manager Operational Staff Nurse Unit Manager & Lab staff Medical & nursing staff Nursing staff	B B
Air conditioning failure		Electrical or manual fan	Identify patients requiring cooling, Use windows. Notify and inform patients and staff.	All staff	B
Wall suction failure	Wall suction not available	Use alternate suction devices	Assess need for and number of portable suction units required Consider co-locating suction dependent patients Ensure adequate supply alternate drainage systems Replace drain suction with manual vacuum or drainage bottles	NUM Nursing staff	B

BOWEN HOSPITAL – GENERAL & CLINICAL SERVICES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
		Provide emergency oxygen/suction Bloods to path as transport available	Ensure small oxygen cylinder with twin-o-vac suction on resuscitation trolley Educate staff on use of alternate devices Develop policy for formal laboratory test	Nursing staff	
Unable to use ISTAT	Unable to diagnose potential life-threatening conditions	Ensure access to emergency power	Identify access to emergency power outlet	Nurse Unit Manager / Engineering staff	D
Failure of 12 lead ECG machine	Unable to provide safe and secure environment	Use on battery power Increased staff vigilance	Keep batteries fully charged on emergency power Inform and educate staff Schedule regular patient rounds	Nurse Unit Manager /Nursing Staff	D
Failure of Emergency Alarms	Patients unable to summon assistance	Utilise bells with capable patients	Inform and educate Staff and Patients	Nurse Unit Manager	B
Failure of Patient call buttons	Patients unable to summon assistance	Refer to safety and security plan.	More regular rounds of patients in the department. Inform and educate staff and patients	Nurse Unit Manager	B
Failure of Infusion Pumps/Syringe Drivers	Staff unable to titrate medications and fluids accurately Difficulties with lifting heavy patients – manual handling injuries	Use on battery power if available. Use burettes Consider alternate administration routes. Identify alternate lifting devices	Charge on generator power if able Charge batteries fully Ensure adequate stock burettes Protocols for alternative administration Use hydraulic lifting devices if available	All staff Nursing staff	C
Failure of lifting devices			Use of slide sheets, pat slide, slida person etc.	All staff	C
Macerators	Unable to dispose of used pans and urinals	Utilise supply of washable pans and urinals. Manual Cleaning	Scrub and/or soak. Encourage use of toilet as much as possible.	All clinical staff	B

Business Continuity Plan Bowen Hospital – Utilities Services

BOWEN HOSPITAL - UTILITIES SERVICES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Loss of LPG supply	Unable to provide cooking facilities	Secure LPG site and implement retrieval/disposal of hazardous material Arrange urgent supply of portable LPG cylinders Use alternate energy source Gas Cook top or BBQ Staff Education	Engineer to establish security of the site and risk assess immediate needs. Identify number of cylinders required and allocate as per priority listing. Arrange for supplier to fill storage tanks if not damaged Identify alternate energy sources for cooking Educate staff on contingency plans	BM/Groundsman	A
Oxygen supply disrupted		Use cylinder oxygen	Ensure adequate supplies	BM/Groundsman	A
Inability to supply mains power to facilities	Unable to provide hot water	Emergency power generation Heat water with alternate energy source Gas Quick heat water heater. Wash / clean with cold water Ration use of emergency power	Identify existing supply of emergency power generation Refer to power points/ outlets with emergency generation in each area Confirm essential equipment only connected to generator power outlets Ensure essential lights and equipment. Ensure access to extension leads Contact Contractor to ensure adequate fuel source for use of generator Identify alternate energy sources for water heating Identify cleaning processes that can use cold water or use disposable ware. Identify alternate washing regime for patient hygiene Utilise "Bed Bath" products Ensure fuel storage standards are maintained. Identify generator load capacity	BM/Groundsman Nurse Unit Manager BM/Groundsman Nurse Unit	A A

BOWEN HOSPITAL - UTILITIES SERVICES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
		Use alternate power sources Supply additional lighting Discharge/ relocate patients within facility Consider activation of MHHS Disaster Plan Close Facility Staff Education	Fully charge batteries on all essential equipment Locate/purchase torches/ lanterns and batteries Use natural lighting -open windows and doors Identify patients for discharge or relocation Consult current MHHS Disaster Plan for process Inform and educate staff Liaise with alternative service provider for care of patients Transfer patients out & close facility Educate staff on contingency arrangements	Manager MHHS Manager MHHS Manager /Medical Superintendent MHHS Manager only Educate staff on contingency arrangements	
Loss of water supply for general use, e.g., toilets, patient hygiene	Liaise with Local Council Authority re supplies of water. Loss of Macerator function Loss of drinking water Contingency Failure	Ration water usage Identify alternative water sources Identify alternative supplies of drinking water See Worksheet "General" Discharge/ relocate patients within facility Consider activation of MHHS Disaster Plan Use emergency supply Close facility	Rationalise services and develop plan for water restriction Source / cost alternate supplies, e.g. / Water tankers / Fire service supply Initiate use of alternate supply Consider purchase of bottled water Unable to use. Buy containers for storage of drinkable water Identify patients for discharge or relocation Liaise with local council / utilities re emergency water supply Liaise with alternative service provider for care of patient	MHHS Executive Manager Engineering All clinical staff MHHS Manager	A D A

BOWEN HOSPITAL - UTILITIES SERVICES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
		Staff education	Transfer patients out and close facility Educate staff on contingency		
Sewerage	Unable to dispose of waste products due to water failure	Ensure facility wide plan	Develop facility plan for waste disposal	MHHS Executive	D
Ensure Local Council and Public Health Unit involvement.		Utilise "grey/used" water Designate toilets to be used Alternate toilet facilities	Inform staff to save water after patient hygiene Place bucket for used water in each toilet cubicle for flushing purposes Close off toilets not for use and post signs Identify alternate toilet devices e.g., porta loos, and number required Source supply / cost of alternate devices Rinse with "grey/waste" water and chemical solution Inform staff of Infection Control policy	Nurse Unit Manager Operational Services NUM Manager Engineering Nurse Unit Manager/ Infection Control CNC	D
	Failure of contingency	Discharge/ relocate patients within facility Consider activation of MHHS Disaster Plan Close facility Staff education	Identify patients for discharge or relocation Consult current MHHS Disaster Plan for process Liaise with local council / utilities re emergency water supply Arrange for septic tank pumping truck to pump sewerage out of hospital pipes Liaise with alternative service provider for care of patient Transfer patients out, close facility Educate staff on contingency plans	MHHS Manager / Manager Engineering Medical Superintendent Nurse Unit Manager / Managers	D
Power failure	Mains power not available. Generator	Refer to mains power failure plan	Inform and educate staff	DON/NUM/BM/Engineering	B

BOWEN HOSPITAL - UTILITIES SERVICES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
	supplies emergency power				
Lighting failure	Difficulties in patient observation and care. Increased risk for patients and staff No safety/evacuation lighting available	Utilise emergency lighting Maximise natural lighting Utilise alternate lighting Maintain WH&S precautions Provide additional portable lighting	Identify provision for emergency lighting Relocate immobile patients to best lit areas Clean and maintain windows and fittings Ensure blinds/curtains open Ensure adequate supply torches / battery operated lights and batteries Clear patient areas, work areas and corridors of all hazards Identify and source alternative lighting Staff member to place lighting in strategic areas for safety Issue clinical staff with torches	Engineering staff Nursing staff Nurse Unit Manager Nurse Unit Manager /All staff Nurse Unit Manager /All staff	B

Business Continuity Plan

Clermont Hospital - General

Clermont HOSPITAL - GENERAL					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
HBCIS access failure	Unable to register patients	Manual registration	Adequate supply downtime forms	Administration staff	B
A&E Module failure	No patient ID labels	Manual process	Hand write requests Ensure blank labels are available Ensure details are recorded in chart	Administration staff	B
	Unable to utilise TRIAGE, treatment and admission/discharge screens Unable to record statistical requirements	Manual recording. No written record of Ur nos maintained on site Retrospective data entry	Check and update missing data	Administration Staff Nursing Staff	C
Printing services Failure	Unable to print results / labels etc.	Manual recording - lead to adequate staff numbers	Ensure adequate staffing to cover workload	Business Manager Administration staff	B
Computer failure	Unable to generate ID labels	Record patient details manually	Ensure supply of HBCIS downtime forms Pre –print labels on existing patients Hand write on blank labels for new admissions	Administrative Staff Nursing staff	B
	Unable to track patient location and bed status	Revert to manual process	Update patient location and bed status at regular intervals		C
		Revert to manual process	Update patient diet lists and have available for collection by catering services	Nursing staff	C
Telephone failure	No internal / external telephone communications	Refer to facility wide telecommunications plan	Inform and educate staff	Nurse Unit Manger Director of Nursing Nursing staff	C
FAX Failure	Unable to receive or send patient information	Utilise alternate lines of communication	Send patient information by courier	Nurse Unit Manger Director of Nursing Administrative Staff Nursing staff	B
			Delay transfer of information until services resumed.		B

Clermont HOSPITAL - GENERAL					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Photocopier Failure	Unable to copy documents	Utilise alternate lines of communication	Telephone information Send original documents with patient and document in chart Delay transfer of information until services resumed	Administrative Staff Nursing staff Nursing staff Medical staff Medical staff	B
Oxygen supply disrupted		Use cylinder oxygen	Ensure adequate supplies Ensure all staff educated in cylinder changeover. Consider co-locating high oxygen users	Operational Officers Nurse Unit Manager Director of Nursing	D
Failure of Refrigeration / cool rooms	Food spoilage refer to Food Safety Plan	Essential fridges on emergency power Source food off campus perhaps Consider long life shelf products	Assess availability of emergency power Develop plan for preparation and transport of food from other appropriate sources Purchase dry / tinned food Consider purchase of long life milk Consider purchase of bottled water for drinking	Cook/Business Manager Facility Manager	B
Refrigeration - Vaccine	Drugs and medical supplies requiring refrigeration may become unusable	Place drugs in refrigerators which are connected to emergency power supply Use Eskies and ice	Review emergency power outlets and manage vaccines as per infection control/vaccine management guidelines. Monitor refrigerator temperature with thermometer Utilise SBVP Esky Inform and educate staff	Nurse Unit Manager Director of Nursing Engineering staff Nurse Unit Manager	A C
Failure of Dishwashers	Refer to Food Safety Plan	Use disposables	Adequate supply disposables	Cook/Business Manager Director of Nursing	C
Loss of communication with pre-hospital/ transfer services and referral centres	Unable to communicate with QAS	Use alternate communication channels	Consider use of Mobile Phone if network is operational, use of 2-way radio from community eg Council	Nursing Staff	B

Clermont HOSPITAL - GENERAL					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
	Unable to communicate with local GP's Unable to communicate with Clinical Coordinator via AMCOM re patient advice/ transfer/ retrieval (RFDS, helicopter) Unable to communicate with receiving/ referring hospital	Develop an alternate referral/discharge process Use alternate communication strategy Use alternate communication strategy	Develop criteria for referral based on available services Develop pro forma for required patient information Letter and pro forma sent with patient for admission Discharge summary sent with patient at discharge Use QAS radio to contact ambulance communications Use mobile phone if network is operational Use satellite phone Use ambulance radio Instigate close observation of at risk patients	Nursing Staff Nursing Staff	C C
Transport monitors malfunction	Unable to monitor critically ill or unstable cardiac patients in transit	Aim to have at least one compliant transport monitor or list of compliant machines. Assess patients prior to critical dates.	Ensure one compliant transport monitor available in central location Schedule tests prior to critical dates Assess pt need for transport Charge batteries	Nurse Unit Manager Director of Nursing Medical staff Medical staff	D
Defibrillator malfunction	Unable to defibrillate patients	Have compliant defibrillator available Connect to emergency power Use battery backup	Identify non compliant equipment Aim to replace non compliant equipment Identify & re allocate compliant defibrillator Inform & Educate staff Identify existing emergency power outlets Have batteries fully charged	Nurse Unit Manager Director of Nursing Medical staff	D
Medical equipment failure	Unable to provide specialised medical equipment Bi-PAP/CPAP	Utilise emergency power Manual process	Check existing emergency power outlets Use black bag closed circuit	Nurse Unit Manager Director of Nursing Nurse Unit Manager	C

Clermont HOSPITAL - GENERAL					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
	Ventilators	Battery back-up if available	with 100% oxygen Fully charge batteries Use alternate oxygen driven ventilator	Director of Nursing Medical staff	C
		Manual ventilation	Ensure adequate staff available for manual ventilation	Nurse Unit Manager Director of Nursing	A
		Use alternate equipment	Ensure equipment is available	Nursing staff	A
	Spirometer Slit lamp		Use peak flow meters Perform visual examination Treat prophylactically Refer to ophthalmologist	Nursing staff	C
	Plaster saw		Use plaster cutters Apply a back slab		C
		Manual process		Nursing staff	C
Failure of Monitors including cardiac & oximetry	Unable to identify arrhythmias / oxygen saturation	Use on emergency power	Check existing emergency power outlets	Nurse Unit Manager Director of Nursing	D
			Identify non compliant equipment Aim to replace non compliant equipment		
		Use battery backup	Identify & position compliant monitors ensuring access to emergency power Ensure adequate supply of batteries• Have batteries fully charged	Nurse Unit Manager Director of Nursing	D
		Increased nursing & medical observation	Identify & ensure adequate medical & nursing staff coverage Prioritise patients for monitoring Inform and educate staff	Nurse Unit Manager Director of Nursing Nurse Unit Manager Director of Nursing	D
				Nurse Unit Manager Director of Nursing	D
Unable to provide transport services	Linen, pathology services not available	Identify and rationalise use of available vehicles	Develop a plan for centralising vehicles	Business manager	C

Clermont HOSPITAL - GENERAL					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
		Discontinue non-essential services	Prioritise use Notify clients of potential for disruption to normal services Re-admit at risk patients if necessary	Medical staff	C
Failure of EFTPOS fuel card service		Arrange credit facility	Liaise with local fuel distributor for credit facilities for fleet vehicles	Business manager Director of Nursing	C
Unable to transport supplies from/to facility		Use alternate methods for transport of supplies	Identify and engage external contractors	Business manager Director of Nursing	C
Overcrowding of hospital campus	Spread of disease	Planned areas for habitation	Allocate areas for use by public	Director of Nursing	C
Staff dislocated from family	Distress to staff	Plan for accommodation	Allocate staff accommodation (work & living for staff)	Director of Nursing Nurse Unit Manager Business manager	C
Disease outbreak	Infected persons	Vaccines	Plan for vaccines, fact sheets	Public Health Unit	C
Waste Disposal	Vector Borne Disease Infections	Sprays for insects. Antiseptics	Assign contractors for pest control	Public Health Unit	C
Lack of Public Knowledge	Suspicion - Concerned Public	Stockpile of HP Material	Stockpile PH Material Media person to duties	Director of Nursing MHHS Public Health Unit	C
Loss of ability to protect staff and patients	Duress alarms Fire alarms	Provide alternative alert system for nurses Aim to have fire alarms compliant Provide alternative power source for alarms Ensure all staff have recent fire safety training	Purchase hand held audible alarms Consider purchase of whistles Check fire alarms Ensure alarms are connected to generator power Liaise with Fire Department	Nursing staff Nurse Unit Manager Engineering staff Business Manager Manager Engineering Director of Nursing Nurse Unit Manager Business Manager	C With appropriate security C With appropriate security C
Insufficient staff	Unable to provide safe level of care in the event	Roster additional staff	Calculate individual unit staffing requirements	Director of Nursing Nurse Unit Manager Business	B

Clermont HOSPITAL - GENERAL					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
	of equipment failure Unable to access computerised pathology/radiology results	Revert to manual process Enter data when system fixed	Identify human resources able to be on call and redeployed in the facility Assess competence of on call staff Courier to collect results Develop means for notification of lab & test results Manual ordering tests Ensure retrospective data entry when computer services resume	Manager Operational Staff Nurse Unit Manager & Lab staff Medical Staff Nursing staff Nursing staff	 B B
Air conditioning failure	Unable to regulate temperature and environment	Use alternate cooling devices (eg.) Electrical or manual fan Refer to facility wide plan	Position fans for maximum benefit Identify patients requiring cooling Inform and educate staff	Nursing staff Nursing staff Nurse Unit Manager	 B B
Wall suction failure	Wall suction not available	Use alternate suction devices Provide emergency oxygen/suction	Assess need for and number of portable suction units required Consider co-locating suction dependent patients Ensure adequate supply alternate drainage systems Replace drain suction with manual vacuum or drainage bottles Ensure small oxygen cylinder with twin-o-vac suction on resuscitation trolley Educate staff on use of alternate devices	Nurse Unit Manager Nursing staff Nursing staff Nurse Unit Manager Director of Nursing	 B B D

Clermont HOSPITAL - GENERAL					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Unable to use ISTAT		Bloods to path	Develop policy for formal laboratory test	Medical staff	C
Failure of 12 lead ECG machine	Unable to diagnose potential life-threatening conditions	Ensure access to emergency power	Identify access to emergency power outlet	Nurse Unit Manager Director of Nursing Engineering staff	D
		Use on battery power	Keep batteries fully charged on emergency power Identify location of alternative ECG machines Inform and educate staff	Nursing staff Nurse Unit Manager	D
Failure of Emergency Alarms	Unable to provide safe and secure environment	Increased staff vigilance Refer to safety and security plan.	Schedule regular patient rounds Inform and educate Staff	Nursing staff Nurse Unit Manager Director of Nursing	C
Failure of Patient call buttons	Patients unable to summon assistance	Refer to safety and security plan.	More regular rounds of patients in the department. Inform and educate staff	Nurse Unit Manager Director of Nursing	C
Failure of Infusion Pumps/Syringe Drivers	Staff unable to titrate medications and fluids accurately	Use on battery power if available Use burettes	Charge on generator power if able Charge batteries fully Ensure adequate stock burettes	All staff Nursing staff	C
		Consider alternate administration routes.	Protocols for alternative administration	Nursing staff Medical staff	C
Failure of lifting devices	Difficulties with lifting heavy patients – manual handling injuries	Identify alternate lifting devices	Use hydraulic lifting devices if available Use of slide sheets, pat slide, slida person etc. Ensure staff trained in manual handling	All staff All staff Nurse Unit Manager Back care facilitator/Hinterland Educator	C
Pan room hopper	Unable to clean bed pans / urinals adequately	Single patient use bedpans/ urinals	Purchase sufficient for immobile patients Rinse with “grey/waste” water and disinfect with chemical solution Inform staff of Infection Control policy	Nurse Unit Manager All staff	C
				Nurse Unit Manager Director of Nursing Infection Control CNC for MHHS	C

Business Continuity Plan Clermont Hospital – Utilities Services

CLERMONT HOSPITAL - UTILITIES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Loss of LPG supply	Unable to provide cooking facilities Unable to provide hot water	Secure LPG site and implement retrieval/disposal of hazardous material Arrange urgent supply of portable LPG cylinders	Engineer to establish security of the site and risk assess immediate needs. Identify number of cylinders required and allocate as per priority listing Arrange for supplier to fill storage tanks if not damaged	Manager Engineering/ Director of Nursing	A
		Use alternate energy source Gas Cook top or BBQ	Identify alternate energy sources for cooking	Manager Engineering	A
		Heat water with alternate energy source Gas Quick heat water heater. Wash / clean with cold water	Identify alternate energy sources for water heating	Manager Engineering	A
			Identify cleaning processes that can use cold water or use disposable ware	Business manager/Director of Nursing	A
			Identify alternate washing regime for patient hygiene No remedial action required	Manager Engineering	B
		Dishwasher heats own water Staff Education	Educate staff on contingency plans	Manager Engineering Business Manager Director of Nursing Business Manager/Cook/Director of Nursing	B
Oxygen supply disrupted		Use cylinder oxygen	Ensure adequate supplies	Operational Officers/ Business Manager	A
Inability to supply mains power to facilities		Emergency power generation	Identify existing supply of emergency power generation Refer to power points/ outlets with emergency generation in each area	Manager Engineering Manager Engineering Director of Nurse Unit Manager	A

CLERMONT HOSPITAL - UTILITIES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate	
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?	
			Confirm essential equipment only connected to generator power outlets Ensure essential lights and equipment supplied. Consider need to purchase extension leads Develop a procedure for use of emergency power in each area and inform staff Contact Engineering/Contractor to ensure adequate fuel source for use of generator Ensure fuel storage standards are maintained Identify generator load capacity Fully charge batteries on all essential equipment Locate/purchase torches/lanterns and batteries Inform and educate staff	Manager Engineering Nurse Unit Manager Nurse Unit Manager Manager Engineering Manager Engineering Nurse Unit Manager Nurse Unit Manager All Managers	A A A A A	
		Ration use of emergency power Use alternate power sources Supply additional lighting Discharge/ relocate patients within facility	Consider activation of MHHS Disaster Plan Close Facility Staff Education	Consult current MHHS Disaster Plan for process Liaise with alternative service provider for care of patients Transfer patients out & close facility Educate staff on contingency arrangements	MHHS Manager MHHS Manager Medical Superintendent MHHS Manager only Nurse Unit Manager	A A
Loss of water supply for general use, e.g., toilets, patient hygiene	Liaise with Local Council Authority re supplies of water.	Ration water usage Identify alternative water sources	Rationalise services and develop plan for water restriction Source / cost alternate supplies, e.g. / Water tankers / Fire service supply	MHHS Executive Manager Engineering Director of Nursing	A	

CLERMONT HOSPITAL - UTILITIES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
	Loss of drinking water Contingency Failure	Identify alternative supplies of drinking water Discharge/ relocate patients within facility Consider activation of MHHS Disaster Plan Use emergency supply Close facility Staff education	Initiate use of alternate supply Consider purchase of bottled water Liaise with Renal Dialysis Unit to save empty dialysate containers for water storage Buy containers for storage of drinkable water Identify patients for discharge or relocation Consult current MHHS Disaster Plan for process Liaise with local council / utilities re emergency water supply Liaise with alternative service provider for care of patient Transfer patients out and close facility Educate staff on contingency	Manager Engineering MHHS Executive Manager Stores Business Manager Medical Superintendent MHHS Manager MHHS Manager MHHS Manager / Medical Superintendent	A A A A
Sewerage	Unable to dispose of waste products due to water failure	Ensure facility wide plan	Develop facility plan for waste disposal	MHHS Executive	D
Ensure Local council and Public Health Unit involvement.		Utilise "grey/used" water Designate toilets to be used Alternate toilet facilities Single patient use bedpans/	Inform staff to save water after patient hygiene Place bucket for used water in each toilet cubicle for flushing purposes Close off toilets not for use and post signs Identify alternate toilet devices e.g., porta loos, and number required Source supply / cost of alternate devices Purchase sufficient for	Nurse Unit Manager Operational Services Nurse Unit Manager Director of Nursing Manager Engineering Manager Engineering Nurse Unit Manager	D D D D

CLERMONT HOSPITAL - UTILITIES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
	Failure of contingency	<p>urinals</p> <p>Discharge/ relocate patients within facility Consider activation of MHHS Disaster Plan</p> <p>Close facility</p> <p>Staff education</p>	<p>immobile patients Rinse with "grey/waste" water and chemical solution Inform staff of Infection Control policy Identify patients for discharge or relocation Consult current MHHS Disaster Plan for process Liaise with local council / utilities re emergency water supply Arrange for septic tank pumping truck to pump sewerage out of hospital pipes Liaise with alternative service provider for care of patient Transfer patients out, close facility Educate staff on contingency plans</p>	<p>All staff</p> <p>Medical Superintendent</p> <p>MHHS Manager Manager Engineering</p> <p>Manager Engineering</p> <p>Medical Superintendent</p> <p>Nurse Unit Manager/Facility Manager/ Managers</p>	<p>D</p> <p>D</p> <p>D</p>
Power failure	Mains power not available. Generator supplies emergency power	Refer to mains power failure plan	Inform and educate staff	DON/ NUM/BM/Engineering	B
Lighting failure	Difficulties in patient observation and care. Increased risk for patients and staff	<p>Utilise emergency lighting</p> <p>Maximise natural lighting</p> <p>Utilise alternate lighting</p> <p>Maintain WH&S precautions</p>	<p>Identify provision for emergency lighting Relocate immobile patients to best lit areas Clean and maintain windows and fittings Ensure blinds/curtains open Ensure adequate supply torches / battery operated lights and batteries Clear patient areas, work areas and corridors of all</p>	<p>Engineering staff</p> <p>Nursing staff</p> <p>Operational Staff</p> <p>All staff Nurse Unit Manager/Director of Nursing NUM/ All staff</p>	<p>B</p> <p>B</p>

CLERMONT HOSPITAL - UTILITIES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
	No safety/evacuation lighting available	Provide additional portable lighting	hazards Identify and source alternative lighting Staff member to place lighting in strategic areas for safety Issue clinical staff with torches	NUM/All staff	

Business Continuity Plan

Monash Lodge Clermont - General

Monash Lodge - GENERAL					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
HBCIS access failure	Unable to register patients	Manual registration	Adequate supply downtime forms	Administration staff	B
Printing services Failure	Unable to print results / labels etc.	Manual recording - lead to adequate staff numbers	Ensure adequate staffing to cover workload	Business Manager Administration staff	B
Computer failure	Unable to generate ID labels	Record patient details manually	Ensure supply of HBCIS downtime forms Pre -print labels on existing patients Hand write on blank labels for new admissions	Administrative Staff Nursing staff	B
	Unable to track patient location and bed status	Revert to manual process	Update patient location and bed status at regular intervals	Nursing staff	C
		Revert to manual process	Update patient diet lists and have available for collection by catering services		C
Telephone failure	No internal / external telephone communications	Refer to facility wide telecommunications plan	Inform and educate staff	Clinical Nurse Nurse Unit Manager Director of Nursing Nursing staff	C
FAX Failure	Unable to receive or send patient information	Utilise alternate lines of communication	Send patient information by courier	Clinical Nurse Administrative Staff Nursing staff	B
			Delay transfer of information until services resumed.	B	
Photocopier Failure	Unable to copy documents	Utilise alternate lines of communication	Telephone information	Administrative Staff Nursing staff Nursing staff Medical staff	B
			Send original documents with patient and document in chart	Medical staff	
			Delay transfer of information until services resumed		
Oxygen supply disrupted		Use cylinder oxygen	Ensure adequate supplies Ensure all staff educated in	Operational Officers Clinical Nurse	

Monash Lodge - GENERAL					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
			cylinder changeover. Consider co-locating high oxygen users	Nurse Unit Manager	D
Failure of Refrigeration / cool rooms	Food spoilage refer to Food Safety Plan	Essential fridges on emergency power Source food off campus perhaps Consider long life shelf products	Assess availability of emergency power Develop plan for preparation and transport of food from other appropriate sources Purchase dry / tinned food Consider purchase of long life milk Consider purchase of bottled water for drinking	Cook/Business Manager/ Director of Nursing	B
Refrigeration -	Drugs and medical supplies requiring refrigeration may become unusable	Place drugs in refrigerators which are connected to emergency power supply Use Eskies and ice	Review emergency power outlets and manage as per infection control/ management guidelines. Monitor refrigerator temperature with thermometer Utilise SBVP Esky Inform and educate staff	Clinical Nurse Nurse Unit Manager/Engineering staff Clinical Nurse	A C
Failure of Dishwashers	Refer to Food Safety Plan	Use disposables	Adequate supply disposables	Cook/Business Manager	C
Loss of communication with pre-hospital/ transfer services and referral centres	Unable to communicate with QAS Unable to communicate with local GP's Unable to communicate	Use alternate communication channels Develop an alternate referral/discharge process Use alternate	Consider use of Mobile Phone if network is operational, use of 2-way radio from community eg Council Develop criteria for referral based on available services Develop pro forma for required patient information Letter and pro forma sent with patient for admission Discharge summary sent with patient at discharge Use QAS radio to contact	Nursing Staff Nursing Staff	B C C

Monash Lodge - GENERAL					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
	with receiving/ referring hospital	communication strategy Use alternate communication strategy	ambulance communications Use mobile phone if network is operational Use satellite phone Use ambulance radio Instigate close observation of at risk patients	Nursing Staff	C
Transport monitors malfunction	Unable to monitor critically ill or unstable cardiac patients in transit	Aim to have at least one compliant transport monitor or list of compliant machines. Assess patients prior to critical dates.	Ensure one compliant transport monitor available in central location Schedule tests prior to critical dates Assess pt need for transport Charge batteries	Clinical Nurse, Nurse Unit Manager Medical staff Medical staff	D
Medical equipment failure					
Failure of Monitors oximetry	Unable to identify arrhythmias / oxygen saturation	Use on emergency power Use battery backup Increased nursing & medical observation	Check existing emergency power outlets Identify non compliant equipment Aim to replace non compliant equipment Identify & position compliant monitors ensuring access to emergency power Ensure adequate supply of batteries• Have batteries fully charged Identify & ensure adequate medical & nursing staff coverage Prioritise patients for monitoring Inform and educate staff	Clinical Nurse Consultant Clinical Nurse Consultant Clinical Nurse Consultant Clinical Nurse Consultant Director of Nursing Clinical Nurse Consultant Clinical Nurse Consultant	D D D D D

Monash Lodge - GENERAL					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Unable to provide transport services	Linen, pathology services not available	Identify and rationalise use of available vehicles	Develop a plan for centralising vehicles Prioritise use Notify clients of potential for disruption to normal services Re-admit at risk patients if necessary	Business manager Director of Nursing	C
		Discontinue non-essential services		Medical staff	C
Failure of EFTPOS fuel card service		Arrange credit facility	Liaise with local fuel distributor for credit facilities for fleet vehicles	Business manager	C
Unable to transport supplies from/to facility		Use alternate methods for transport of supplies	Identify and engage external contractors	Business manager	C
Overcrowding of Monash Lodgecampus	Spread of disease	Planned areas for habitation	Allocate areas for use by public	Director of Nursing	C
Staff dislocated from family	Distress to staff	Plan for accommodation	Allocate staff accommodation (work & living for staff)	Director of Nursing Clinical Nurse Business manager	C
Disease outbreak	Infected persons	Vaccines	Plan for vaccines, fact sheets	Public Health Unit Director of Nursing	C
Waste Disposal	Vector Borne Disease Infections	Sprays for insects. Antiseptics	Assign contractors for pest control	Public Health Unit Director of Nursing	C
Lack of Public Knowledge	Suspicion - Concerned Public	Stockpile of HP Material	Stockpile PH Material Media person to duties	Director of Nursing MHHS Public Health Unit	C
Loss of ability to protect staff and patients	Duress alarms	Provide alternative alert system for nurses	Purchase hand held audible alarms Consider purchase of whistles	Nursing staff Clinical Nurse Nurse Unit Manager Director of Nursing	C With appropriate security
	Fire alarms	Aim to have fire alarms compliant	Check fire alarms	Engineering staff Business Manager	C With appropriate security
		Provide alternative power source for alarms	Ensure alarms are connected to generator power	Manager Engineering	C
		Ensure all staff have recent fire safety training	Liaise with Fire Department	Director of Nursing Clinical Nurse /Business mgr	

Monash Lodge - GENERAL					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Insufficient staff	Unable to provide safe level of care in the event of equipment failure	Roster additional staff	Calculate individual unit staffing requirements	Director of Nursing Clinical Nurse, Nurse Unit Manager Business Manager	B
	Unable to access computerised pathology/radiology results	Revert to manual process	Identify human resources able to be on call and redeployed in the facility Assess competence of on call staff Courier to collect results	Operational Staff	B
			Develop means for notification of lab & test results Manual ordering tests	Clinical Nurse & Lab staff Medical Staff Nursing staff Nursing staff	B
Air conditioning failure	Unable to regulate temperature and environment	Use alternate cooling devices (eg.) Electrical or manual fan	Position fans for maximum benefit	Nursing staff	B
			Identify patients requiring cooling Inform and educate staff	Nursing staff Clinical Nurse Nurse Unit Manager	B
		Refer to facility wide plan	Educate staff on use of alternate devices		
Unable to use ISTAT		Bloods to path	Develop policy for formal laboratory test	Medical staff	C
Failure of Emergency Alarms	Unable to provide safe and secure environment	Increased staff vigilance Refer to safety and security plan.	Schedule regular patient rounds Inform and educate Staff	Nursing staff Clinical Nurse	C
Failure of Patient call buttons	Patients unable to summon assistance	Refer to safety and security plan.	More regular rounds of patients in the department. Inform and educate staff	Clinical Nurse	C

Monash Lodge - GENERAL					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Failure of lifting devices	Difficulties with lifting heavy patients – manual handling injuries	Identify alternate lifting devices	Use hydraulic lifting devices if available Use of slide sheets, pat slide, slida person etc. Ensure staff trained in manual handling	All staff All staff CN Back care facilitator Hinterland Educator	C
Pan room hopper	Unable to clean bed pans / urinals adequately	Single patient use bedpans/ urinals	Purchase sufficient for immobile patients Rinse with “grey/waste” water and disinfect with chemical solution Inform staff of Infection Control policy	Clinical Nurse All staff CN Infection Control CNC	C C

Business Continuity Plan Monash Lodge Clermont – Utilities Services

MONASH LODGE - UTILITIES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Loss of LPG supply	Unable to provide cooking facilities Unable to provide hot water	Secure LPG site and implement retrieval/disposal of hazardous material Arrange urgent supply of portable LPG cylinders	Engineer to establish security of the site and risk assess immediate needs. Identify number of cylinders required and allocate as per priority listing Arrange for supplier to fill storage tanks if not damaged	Manager Engineering Director of Nursing	A
		Use alternate energy source Gas Cook top or BBQ	Identify alternate energy sources for cooking	Manager Engineering Director of Nursing	A
		Heat water with alternate energy source Gas Quick heat water heater. Wash / clean with cold water	Identify alternate energy sources for water heating	Manager Engineering	A
			Identify cleaning processes that can use cold water or use disposable ware	Business manager Manager Engineering	A
		Dishwasher heats own water Staff Education	Identify alternate washing regime for patient hygiene No remedial action required	Manager Engineering Business Manager Clinical Nurse Business Manager/Cook	B
			Educate staff on contingency plans		B
Oxygen supply disrupted		Use cylinder oxygen	Ensure adequate supplies	Operational Officers/ Business Manager/Director of Nursing	A
Inability to supply mains power to facilities		Emergency power generation	Identify existing supply of emergency power generation Refer to power points/ outlets with emergency generation in each area	Manager Engineering Manager Engineering Clinical Nurse Clinical Nurse	A

MONASH LODGE - UTILITIES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
			Confirm essential equipment only connected to generator power outlets Ensure essential lights and equipment supplied. Consider need to purchase extension leads Develop a procedure for use of emergency power in each area and inform staff Contact Engineering/Contractor to ensure adequate fuel source for use of generator Ensure fuel storage standards are maintained Identify generator load capacity Fully charge batteries on all essential equipment Locate/purchase torches/lanterns and batteries Inform and educate staff	Manager Engineering Clinical Nurse Clinical Nurse Manager Engineering Manager Engineering Nurse Unit Manager Nurse Unit Manager All Managers	A A A A A A
		Consider activation of MHHS Disaster Plan Close Facility Staff Education	Consult current MHHS Disaster Plan for process Liaise with alternative service provider for care of patients Transfer patients out & close facility Educate staff on contingency arrangements	MHHS Manager MHHS Manager Medical Superintendent MHHS Manager only Clinical Nurse, Nurse Unit Manager	A A
Loss of water supply for general use, e.g., toilets, patient hygiene	Liaise with Local Council Authority re supplies of water.	Ration water usage Identify alternative water sources	Rationalise services and develop plan for water restriction Source / cost alternate supplies, e.g. / Water tankers / Fire service supply	MHHS Executive Manager Engineering Director of Nursing	A

MONASH LODGE - UTILITIES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
	Loss of drinking water Contingency Failure	Identify alternative supplies of drinking water Discharge/ relocate patients within facility Consider activation of MHHS Disaster Plan Use emergency supply Close facility Staff education	Initiate use of alternate supply Consider purchase of bottled water Liaise with Renal Dialysis Unit to save empty dialysate containers for water storage Buy containers for storage of drinkable water Identify patients for discharge or relocation Consult current MHHS Disaster Plan for process Liaise with local council / utilities re emergency water supply Liaise with alternative service provider for care of patient Transfer patients out and close facility Educate staff on contingency	Manager Engineering MHHS Executive Manager Stores Business Manager Medical Superintendent MHHS Manager MHHS Manager MHHS Manager / Medical Superintendent	A A A A
Sewerage	Unable to dispose of waste products due to water failure	Ensure facility wide plan	Develop facility plan for waste disposal	MHHS Executive	D
Ensure Local council and Public Health Unit involvement.		Utilise "grey/used" water Designate toilets to be used Alternate toilet facilities Single patient use bedpans/	Inform staff to save water after patient hygiene Place bucket for used water in each toilet cubicle for flushing purposes Close off toilets not for use and post signs Identify alternate toilet devices e.g., porta loos, and number required Source supply / cost of alternate devices Purchase sufficient for	Clinical Nurse Consultant Operational Services Clinical Nurse, Nurse Unit Manager Director of Nursing Manager Engineering Manager Engineering	D D D D

MONASH LODGE - UTILITIES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
	Failure of contingency	<p>urinals</p> <p>Discharge/ relocate patients within facility Consider activation of MHHS Disaster Plan</p> <p>Close facility</p> <p>Staff education</p>	<p>immobile patients Rinse with "grey/waste" water and chemical solution Inform staff of Infection Control policy Identify patients for discharge or relocation Consult current MHHS Disaster Plan for process Liaise with local council / utilities re emergency water supply Arrange for septic tank pumping truck to pump sewerage out of hospital pipes Liaise with alternative service provider for care of patient Transfer patients out, close facility Educate staff on contingency plans</p>	<p>Clinical Nurse, Nurse Unit Manager Director of Nursing</p> <p>All staff</p> <p>Medical Superintendent</p> <p>MHHS Manager Manager Engineering</p> <p>Manager Engineering</p> <p>Medical Superintendent</p> <p>Clinical Nurse / Managers</p>	<p>D</p> <p>D</p> <p>D</p>
Power failure	Mains power not available. Generator supplies emergency power	Refer to mains power failure plan	Inform and educate staff	DON/ NUMBM/Engineering	B
Lighting failure	Difficulties in patient observation and care.	<p>Utilise emergency lighting</p> <p>Maximise natural lighting</p> <p>Utilise alternate lighting</p>	<p>Identify provision for emergency lighting Relocate immobile patients to best lit areas Clean and maintain windows and fittings Ensure blinds/curtains open Ensure adequate supply torches / battery operated lights and batteries</p>	<p>Engineering staff</p> <p>Nursing staff</p> <p>Operational Staff</p> <p>All staff Clinical Nurse, Nurse Unit Manager Director of Nursing</p>	<p>B</p> <p>B</p>

MONASH LODGE - UTILITIES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
	<p>Increased risk for patients and staff</p> <p>No safety/evacuation lighting available</p>	<p>Maintain WH&S precautions</p> <p>Provide additional portable lighting</p>	<p>Clear patient areas, work areas and corridors of all hazards</p> <p>Identify and source alternative lighting</p> <p>Staff member to place lighting in strategic areas for safety</p> <p>Issue clinical staff with torches</p>	<p>CN / NUM/DON All staff</p> <p>CN/NUM/DON/All staff</p>	

Business Continuity Plan

Collinsville Hospital - General

COLLINSVILLE HOSPITAL - GENERAL					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
HBCIS access failure	Unable to register patients	Manual registration	Adequate supply downtime forms	Administration staff	B
A&E Module failure	No patient ID labels	Manual process	Hand write requests Ensure blank labels are available Ensure details are recorded in chart	Administration staff	B
	Unable to utilise TRIAGE, treatment and admission/discharge screens Unable to record statistical requirements	Manual recording. No written record of Ur nos maintained on site Retrospective data entry	Check and update missing data	Administration Staff Nursing Staff	C
Printing services Failure	Unable to print results / labels etc.	Manual recording - lead to adequate staff numbers	Ensure adequate staffing to cover workload	Business Manager Administration staff	B
Computer failure	Unable to generate ID labels	Record patient details manually	Ensure supply of HBCIS downtime forms Pre –print labels on existing patients Hand write on blank labels for new admissions	Administrative Staff Nursing staff	B
	Unable to track patient location and bed status	Revert to manual process	Update patient location and bed status at regular intervals		C
	Unable to provide patient dietary requirements	Revert to manual process	Update patient diet lists and have available for collection by catering services	Nursing staff	C
Telephone failure	No internal / external telephone communications	Refer to facility wide telecommunications plan	Inform and educate staff	NUM/DON Nursing staff	C
Tape recorder failure	Unable to pre-record patient handover	Revert to verbal handover	Designate time, venue and procedure for verbal hand-over	NUM/DON	C
FAX Failure	Unable to receive or send patient information	Utilise alternate lines of communication	Send patient information by courier	Nurse Unit Manager Administrative Staff	B

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Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
			Delay transfer of information until services resumed.	Nursing staff	B
Photocopier Failure	Unable to copy documents	Utilise alternate lines of communication	Telephone information Send original documents with patient and document in chart Delay transfer of information until services resumed	Administrative Staff Nursing staff Nursing staff Medical staff Medical staff	B
Oxygen supply disrupted		Use cylinder oxygen	Ensure adequate supplies Ensure all staff educated in cylinder changeover. Consider co-locating high oxygen users	Operational Officers Clinical Nurse Consultant	D
Failure of Refrigeration / cool rooms	Food spoilage refer to Food Safety Plan	Essential fridges on emergency power Source food off campus perhaps Consider long life shelf products	Assess availability of emergency power Develop plan for preparation and transport of food from other appropriate sources Purchase dry / tinned food Consider purchase of long life milk Consider purchase of bottled water for drinking	Cook/Business Manager	B
Refrigeration - Vaccine	Drugs and medical supplies requiring refrigeration may become unusable	Place drugs in refrigerators which are connected to emergency power supply Use Eskies and ice	Review emergency power outlets and manage vaccines as per infection control/vaccine management guidelines. Monitor refrigerator temperature with thermometer Utilise SBVP Esky Inform and educate staff	Clinical Nurse Consultant/Engineering staff Nurse Unit Manager/DON	A C
Failure of Dishwashers	Refer to Food Safety Plan	Use disposables	Adequate supply disposables	Cook/Business Manager	C
Loss of communication with pre-hospital/ transfer	Unable to communicate with QAS	Use alternate communication channels	Consider use of Mobile Phone if network is		B

COLLINSVILLE HOSPITAL - GENERAL					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
services and referral centres	Unable to communicate with local GP's	Develop an alternate referral/discharge process	operational, use of 2-way radio from community eg Council Develop criteria for referral based on available services Develop pro forma for required patient information Letter and pro forma sent with patient for admission Discharge summary sent with patient at discharge	Nursing Staff	C
	Unable to communicate with Clinical Coordinator via AMCOM re patient advice/ transfer/ retrieval (RFDS, helicopter)	Use alternate communication strategy	Use QAS radio to contact ambulance communications Use mobile phone if network is operational Use satellite phone Use ambulance radio	Nursing Staff	C
	Unable to communicate with receiving/ referring hospital	Use alternate communication strategy	Instigate close observation of at risk patients	Nursing Staff	C
Transport monitors malfunction	Unable to monitor critically ill or unstable cardiac patients in transit	Aim to have at least one compliant transport monitor or list of compliant machines. Assess patients prior to critical dates.	Ensure one compliant transport monitor available in central location Schedule tests prior to critical dates Assess pt need for transport Charge batteries	NUM/DON Medical staff Medical staff	D
Defibrillator malfunction	Unable to defibrillate patients	Have compliant defibrillator available Connect to emergency power Use battery backup	Identify non compliant equipment Aim to replace non compliant equipment Identify & re allocate compliant defibrillator Inform & Educate staff Identify existing emergency power outlets Have batteries fully charged	NUM/DON Medical staff	D

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Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Medical equipment failure	Unable to provide specialised medical equipment Bi-PAP/CPAP	Utilise emergency power	Check existing emergency power outlets	NUM/DON	C
		Manual process	Use black bag closed circuit with 100% oxygen	NUM/DON Medical staff	C
	Ventilators	Battery back-up if available	Fully charge batteries Use alternate oxygen driven ventilator	NUM/DON	A
		Manual ventilation	Ensure adequate staff available for manual ventilation	Nursing staff	A
		Use alternate equipment	Ensure equipment is available	Nursing staff	C
	Blood warmers Biers machine Level 1 transfuser	Manual process	Warm water bath	Nursing staff	C
		Manual process	Double cuff tourniquet Blood pumping set and pressure bag		
Spirometer Slit lamp		Use peak flow meters Perform visual examination Treat prophylactically Refer to ophthalmologist	Nursing staff	C	
Plaster saw		Manual process	Use plaster cutters Apply a back slab		
Failure of Monitors including cardiac & oximetry	Unable to identify arrhythmias / oxygen saturation	Use on emergency power	Check existing emergency power outlets	DON/NUM	D
			Identify non compliant equipment Aim to replace non compliant equipment	NUM/DON	D
		Use battery backup	Identify & position compliant monitors ensuring access to emergency power	NUM	D
		Increased nursing & medical observation	Ensure adequate supply of batteries• Have batteries fully charged Identify & ensure adequate medical & nursing staff	Director of Nursing	

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Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
			coverage Prioritise patients for monitoring Inform and educate staff	NUM/DON NUM/DON	D D
Unable to provide transport services	Linen, pathology services not available	Identify and rationalise use of available vehicles Discontinue non-essential services	Develop a plan for centralising vehicles Prioritise use Notify clients of potential for disruption to normal services Re-admit at risk patients if necessary	Business manager Medical staff	C C
Failure of EFTPOS fuel card service		Arrange credit facility	Liaise with local fuel distributor for credit facilities for fleet vehicles	Business manager	C
Unable to transport supplies from/to facility		Use alternate methods for transport of supplies	Identify and engage external contractors	Business manager	C
Overcrowding of hospital campus	Spread of disease	Planned areas for habitation	Allocate areas for use by public	Director of Nursing	C
Staff dislocated from family	Distress to staff	Plan for accommodation	Allocate staff accommodation (work & living for staff)	Director of Nursing NUM Business manager	C
Disease outbreak	Infected persons	Vaccines	Plan for vaccines, fact sheets	Public Health Unit	C
Waste Disposal	Vector Borne Disease Infections	Sprays for insects. Antiseptics	Assign contractors for pest control	Public Health Unit	C
Lack of Public Knowledge	Suspicion - Concerned Public	Stockpile of HP Material	Stockpile PH Material Media person to duties	Director of Nursing MHHS Public Health Unit	C
Loss of ability to protect staff and patients	Duress alarms Fire alarms	Provide alternative alert system for nurses Aim to have fire alarms compliant Provide alternative power source for alarms	Purchase hand held audible alarms Consider purchase of whistles Check fire alarms Ensure alarms are connected to generator	Nursing staff NUM Engineering staff Business Manager Manager Engineering	C With appropriate security C With appropriate security C

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Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
		Ensure all staff have recent fire safety training	power Liaise with Fire Department	Director of Nursing NUM Business manager	
Insufficient staff	Unable to provide safe level of care in the event of equipment failure	Roster additional staff	Calculate individual unit staffing requirements	Director of Nursing Nurse Unit Manager Business manager	B
	Unable to access computerised pathology/radiology results	Revert to manual process	Identify human resources able to be on call and redeployed in the facility Assess competence of on call staff Courier to collect results	Operational Staff	B
		Enter data when system fixed	Develop means for notification of lab & test results Manual ordering tests Ensure retrospective data entry when computer services resume	Nurse Unit Manager & Lab staff Medical Staff Nursing staff Nursing staff	B
Air conditioning failure	Unable to regulate temperature and environment	Use alternate cooling devices (eg.) Electrical or manual fan	Position fans for maximum benefit	Nursing staff	B
		Refer to facility wide plan	Identify patients requiring cooling Inform and educate staff	Nursing staff NUM/DON	B
Wall suction failure	Wall suction not available	Use alternate suction devices	Assess need for and number of portable suction units required	NUM/DON	B
			Consider co-locating suction dependent patients Ensure adequate supply alternate drainage systems Replace drain suction with manual vacuum or drainage	Nursing staff	B

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Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
		Provide emergency oxygen/suction	bottles Ensure small oxygen cylinder with twin-o-vac suction on resuscitation trolley Educate staff on use of alternate devices	Nursing staff Nurse Unit Manager	D
Unable to use ISTAT		Bloods to path	Develop policy for formal laboratory test	Medical staff	C
Failure of 12 lead ECG machine	Unable to diagnose potential life-threatening conditions	Ensure access to emergency power	Identify access to emergency power outlet	Nurse Unit Manager Engineering staff	D
		Use on battery power	Keep batteries fully charged on emergency power Identify location of alternative ECG machines Inform and educate staff	Nursing staff NUM/DON	D
Failure of Emergency Alarms	Unable to provide safe and secure environment	Increased staff vigilance	Schedule regular patient rounds	Nursing staff	C
		Refer to safety and security plan.	Inform and educate Staff	NUM/DON	
Failure of Patient call buttons	Patients unable to summon assistance	Refer to safety and security plan.	More regular rounds of patients in the department. Inform and educate staff	NUM/DON	C
Failure of Infusion Pumps/Syringe Drivers	Staff unable to titrate medications and fluids accurately	Use on battery power if available Use burettes	Charge on generator power if able Charge batteries fully Ensure adequate stock burettes	All staff Nursing staff	C
		Consider alternate administration routes.	Protocols for alternative administration	Nursing staff Medical staff	C
Failure of lifting devices	Difficulties with lifting heavy patients – manual handling injuries	Identify alternate lifting devices	Use hydraulic lifting devices if available Use of slide sheets, pat slide, slida person etc. Ensure staff trained in manual handling	All staff NUM/DON Back care facilitator	C

COLLINSVILLE HOSPITAL - GENERAL					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Pan room hopper	Unable to clean bed pans / urinals adequately	Single patient use bedpans/ urinals	Purchase sufficient for immobile patients	NUM/DON	C
			Rinse with "grey/waste" water and disinfect with chemical solution Inform staff of Infection Control policy	All staff NUM Infection Control CNC	C

Business Continuity Plan Collinsville Hospital – Utilities Services

COLLINSVILLE HOSPITAL - UTILITIES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Loss of LPG supply	Unable to provide cooking facilities Unable to provide hot water	Secure LPG site and implement retrieval/disposal of hazardous material Arrange urgent supply of portable LPG cylinders	Engineer to establish security of the site and risk assess immediate needs. Identify number of cylinders required and allocate as per priority listing Arrange for supplier to fill storage tanks if not damaged	DON/BM/Engineering DON/BM/Engineering	A A
		Use alternate energy source Gas Cook top or BBQ	Identify alternate energy sources for cooking	DON/BM/Engineering	A
		Heat water with alternate energy source Gas Quick heat water heater. Wash / clean with cold water	Identify alternate energy sources for water heating	Business manager	A
			Identify cleaning processes that can use cold water or use disposable ware	Manager Engineering	
			Identify alternate washing regime for patient hygiene No remedial action required	DON/BM/Engineering Business Manager NUM/DON	B
		Dishwasher heats own water Staff Education	Educate staff on contingency plans	Business Manager/Cook	B
Oxygen supply disrupted		Use cylinder oxygen	Ensure adequate supplies	Operational Officers/ Business Manager	A
Inability to supply mains power to facilities		Emergency power generation	Identify existing supply of emergency power generation Refer to power points/ outlets with emergency generation in each area	DON/BM/Engineering DON/BM/Engineering Nurse Unit Manager	A

COLLINSVILLE HOSPITAL - UTILITIES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
			Confirm essential equipment only connected to generator power outlets Ensure essential lights and equipment supplied. Consider need to purchase extension leads Develop a procedure for use of emergency power in each area and inform staff Contact Engineering/Contractor to ensure adequate fuel source for use of generator Ensure fuel storage standards are maintained Identify generator load capacity Fully charge batteries on all essential equipment Locate/purchase torches/lanterns and batteries Inform and educate staff	Manager Engineering NUM/DON NUM/DON DON/BM/Engineering DON/BM/Engineering Nurse Unit Manager Nurse Unit Manager All Managers	A A A A A A
		Consider activation of MHHS Disaster Plan Close Facility Staff Education	Consult current MHHS Disaster Plan for process Liaise with alternative service provider for care of patients Transfer patients out & close facility Educate staff on contingency arrangements	MHHS Manager MHHS Manager Medical Superintendent MHHS Manager only Nurse Unit Manager	A A A
Loss of water supply for general use, e.g., toilets, patient hygiene	Liaise with Local Council Authority re supplies of water.	Ration water usage Identify alternative water sources	Rationalise services and develop plan for water restriction Source / cost alternate supplies, e.g. / Water tankers / Fire service supply	MHHS Executive DON/BM/Engineering	A

COLLINSVILLE HOSPITAL - UTILITIES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
	Loss of drinking water Contingency Failure	Identify alternative supplies of drinking water Discharge/ relocate patients within facility Consider activation of MHHS Disaster Plan Use emergency supply Close facility Staff education	Initiate use of alternate supply Consider purchase of bottled water Liaise with Renal Dialysis Unit to save empty dialysate containers for water storage Buy containers for storage of drinkable water Identify patients for discharge or relocation Consult current MHHS Disaster Plan for process Liaise with local council / utilities re emergency water supply Liaise with alternative service provider for care of patient Transfer patients out and close facility Educate staff on contingency	DON/BM/Engineering MHHS Executive Manager Stores Business Manager Medical Superintendent MHHS Manager MHHS Manager MHHS Manager / Medical Superintendent	A A A A
Sewerage	Unable to dispose of waste products due to water failure	Ensure facility wide plan	Develop facility plan for waste disposal	MHHS Executive	D
Ensure Local council and Public Health Unit involvement.		Utilise "grey/used" water Designate toilets to be used Alternate toilet facilities Single patient use bedpans/	Inform staff to save water after patient hygiene Place bucket for used water in each toilet cubicle for flushing purposes Close off toilets not for use and post signs Identify alternate toilet devices e.g., porta loos, and number required Source supply / cost of alternate devices Purchase sufficient for	Nurse Unit Manager Operational Services Nurse Unit Manager NUM/BM/DON/Engineering DON/BM/Engineering Nurse Unit Manager	D D D D

COLLINSVILLE HOSPITAL - UTILITIES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
	Failure of contingency	urinals Discharge/ relocate patients within facility Consider activation of MHHS Disaster Plan Close facility Staff education	immobile patients Rinse with "grey/waste" water and chemical solution Inform staff of Infection Control policy Identify patients for discharge or relocation Consult current MHHS Disaster Plan for process Liaise with local council / utilities re emergency water supply Arrange for septic tank pumping truck to pump sewerage out of hospital pipes Liaise with alternative service provider for care of patient Transfer patients out, close facility Educate staff on contingency plans	All staff Medical Superintendent MHHS Manager Manager Engineering DON/BM/Engineering Medical Superintendent NUM/DON/Managers	D D D
Power failure	Mains power not available. Generator supplies emergency power	Refer to mains power failure plan	Inform and educate staff	DON/NUMBM/Engineering	B
Lighting failure	Difficulties in patient observation and care. Increased risk for patients and staff	Utilise emergency lighting Maximise natural lighting Utilise alternate lighting Maintain WH&S precautions	Identify provision for emergency lighting Relocate immobile patients to best lit areas Clean and maintain windows and fittings Ensure blinds/curtains open Ensure adequate supply torches / battery operated lights and batteries Clear patient areas, work areas and corridors of all	Engineering staff Nursing staff Operational Staff All staff Nurse Unit Manager NUM/DON/BM/ All staff	B B

COLLINSVILLE HOSPITAL - UTILITIES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
	No safety/evacuation lighting available	Provide additional portable lighting	hazards Identify and source alternative lighting Staff member to place lighting in strategic areas for safety Issue clinical staff with torches	NUM/DON /All staff	

Business Continuity Plan

Dysart Hospital – Clinical & General

DYSART HOSPITAL – CLINICAL & GENERAL				A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE?
HBCIS Access Failure	Unable to register patients	Manual registration	Adequate supply downtime forms	Administration Staff	B
	No patient ID labels	Manual Process	Hand write requests Ensure blank details are recorded in chart	Administration Staff Administration Staff	
HBCIS Emergency Department Module failure	Unable to utilise TRIAGE treatment, admission and discharge	Manual recording. No written record of UR Numbers maintained on site	Ensure correct details are recorded in the chart Check and update missing data	Nursing Staff Administration Staff Nursing staff	C
	Unable to record statistical requirements	Retrospective data entry			
Printing services Failure	Unable to print results/labels	Manual recording of labels Results can be obtained via phone or internet	Ensure adequate staffing to cover workload List of relevant phone numbers e.g. pathology, x-ray etc.	Business Manager Administration Staff Nursing Staff	B
Computer failure	Unable to generate ID labels, track patient location, bed status, lab results, emails, online policies and procedures	Record patient details manually	Ensure supply of HBCIS downtime forms Pre-print labels on existing patients Hand write on blank labels for new admissions Update patient location and bed status at regular intervals	Administration Staff Nursing staff	B

DYSART HOSPITAL – CLINICAL & GENERAL				A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE?
	Unable to track patient location and bed status Unable to provide patient dietary requirements	Revert to manual process	Update patient diet lists and have available for collection by catering services	Nursing Staff Operational Stream	C
Telephone Failure	No internal or external communications	Refer to facility wide telecommunications plan	Inform and Educate staff	NUM Registered Nurse Business Manager DON	C
FAX Failure	Unable to receive or send patient information	Utilise alternate lines of communication	Send patient information by courier, registered post or scan and email Delay transfer of information until services resumed	NUM Administration Staff DON	B
Photocopy Failure	Unable to copy, scan or fax documents	Utilise alternate lines of communication	Telephone Communication Utilise photocopier at Private Surgery Send original documents with the patient in chart	All Staff	B
			Delay transfer of information until services resumed		A
Oxygen Supply Disrupted	Piped oxygen failure	Use oxygen cylinders	Ensure adequate supply of cylinders Ensure all staff educated in cylinder changeover Consider co-locating high oxygen users	Operational Stream Administration Nursing All Staff	B
Wall suction failure	Wall suction not available	Use alternate suction devices Provide emergency oxygen/suction	Assess need for and number of portable suction units required Consider co-locating suction dependent patients Ensure adequate supply alternate drainage systems Replace drain suction with manual vacuum or drainage bottles	NUM DON Nursing Staff	B Limited supply in hospital

DYSART HOSPITAL – CLINICAL & GENERAL				A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE?
			Ensure small oxygen cylinder with twin-o-vac suction on resuscitation trolley		
Failure of Welsh Allen thermometer	Potential for inaccuracy of temperature readings	Use digital thermometer	Ensure stock digital thermometers	NUM DON Nursing Staff	C
Failure of non-invasive blood pressure (NIBP) monitors	Unable to electronically measure blood pressure recordings	Use manual sphygmomanometer	Ensure adequate number of manual sphygmomanometers	NUM DON Nursing Staff	C
Failure of Glucometer	Potential for decreased accuracy in blood glucose readings	Change battery in Glucometer Formal laboratory blood glucose analysis for abnormal results	Ensure adequate supply of batteries and test strips Inform and educate staff Develop policy for formal laboratory test	NUM DON Nursing Staff	C A
Failure of 12 lead ECG machine	Unable to diagnose potential life-threatening conditions	Ensure access to emergency power or access battery backup Use on battery power	Identify access to emergency power outlet Keep batteries fully charged on emergency power Identify location of alternative ECG machines Inform and educate staff	NUM DON Nursing Staff	A limited battery life
Failure of Pulse oximeters	Unable to determine oxygen saturation	Increase nursing observation	Educate staff re basic physical assessment of patient	NUM / DON Nursing Staff	C
Defibrillator malfunction	Unable to defibrillate patients	Have compliant defibrillator available Connect to emergency power Use battery backup	Identify non compliant equipment Aim to replace non compliant equipment Identify & re allocate compliant defibrillator QAS on standby Inform & Educate staff Identify existing emergency power outlets Have batteries fully charged	NUM DON Nursing Staff	A

DYSART HOSPITAL – CLINICAL & GENERAL				A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE?
Medical equipment failure	Unable to provide specialised medical equipment	Utilise emergency power Manual process	Check existing emergency power outlets Use black bag closed circuit with 100% oxygen Fully charge batteries	NUM DON Nursing Staff	C
		Battery back-up if available			C
	Ventilators	Manual ventilation	Use alternate oxygen driven ventilator Ensure adequate staff available for manual ventilation		A
		Use alternate equipment	Ensure equipment is available		A
	Blood warmers	Manual process	Warm water bath		C
	Biers machine	Manual process	Double cuff tourniquet		
	Level 1 transfuser	Manual process	Blood pumping set and pressure bag		
	Spirometer		Use peak flow meters		C
	Slit lamp		Perform visual examination Treat prophylactically Refer to ophthalmologist		
Plaster saw		Use plaster cutters Apply a back slab			
Unable to use ISTAT		Bloods to path	Develop policy for formal laboratory test	NUM DON Nursing Staff	C
Failure of Emergency Alarms	Unable to provide safe and secure environment	Increased staff vigilance Refer to safety and security plan	Schedule regular patient rounds Direct notification via phone to switch or runner to contact fire services, security, police Inform and educate Staff	All staff	B Can function but time consuming and can lead to decreased patient safety B
Failure of Patient call buttons	Patients unable to summon assistance	Refer to safety and security plan.	Use of hand bells Inform and educate staff	NUM DON Business Manager Nursing Staff	C

DYSART HOSPITAL – CLINICAL & GENERAL				A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE?
Refrigeration Vaccine	Drugs and medical supplies requiring refrigeration may become unstable	Place drugs in refrigerators which are connected to emergency power supply Use eskies and ice	Review emergency power outlets and manage vaccines as per infection control guidelines Monitor refrigerator temperature with thermometer Utilise SBVP Esky Inform & Educate staff	DON NUM Nursing Staff Child & Community Health Staff	A
Failure of Infusion Pumps/Syringe Drivers	Staff unable to titrate medications and fluids accurately	Use on battery power if available . Use burettes Consider alternate administration routes	Charge on generator power if able Charge batteries fully Ensure adequate stock burettes Protocols for alternative administration	NUM DON Nursing Staff	A Batteries can last up to 12 hours.
Failure of Sequential Compression Devices	Potential increased risk of DVT /Embolus	Use alternative methods of deterring thrombo-embolus	Identify at risk patients Consider compression stockings/ drug therapy Develop policy Ensure adequate supplies of stockings	NUM DON Nursing Staff	C
Failure of lifting devices	Difficulties with lifting heavy patients – manual handling injuries	Access Battery back up of lifting devices	Use hydraulic lifting devices if available Use of ski sheets, bed sheets, hover mattress etc. Ensure staff trained in manual handling	NUM DON Nursing Staff Nurse Educator WH&S Officer	B
Failure of Video/TV	Negative impact on patient education / enjoyment	Verbal education Alternative recreational facilities	Develop alternate education packages for patients Prepare mobile library	NUM DON Business Manager	C
Staffing	Increased manual tasks may influence workload	Roster extra staff on duty Place staff "on call"	Estimate staffing numbers required for 24 hour period Prepare rosters	NUM DON Business Manager	B
Telehealth	Unable to guarantee liaison with Specialist	Source alternative conferencing unit Communicate by telephone Internet e.g. Skype etc. Mobile video calling	Communicate with IT Ensure availability of telephone, laptop Educate staff	NUM DON Business Manager	C

DYSART HOSPITAL – CLINICAL & GENERAL					A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE?	
Equipment Function	Unable to guarantee equipment accuracy	Check all equipment for functionality as soon as possible after disruption of power	Identify all equipment to be checked	NUM DON Business Manager Nursing Staff	C	
Failure of Dishwasher	Refer to Food Safety Plan	Use Disposables	Ensure adequate supply of disposables	Cook Operational Stream Business Manager DON	C	
Loss of communication with pre Hospital transfer services and referral centres	Unable to communicate with QAS	Use alternate communication channels	Consider the use of Mobile Phone if network is operational Use 2 way radio Develop criteria for referral based on available services	NUM DON Nursing Staff Business Manager	B	
	Unable to communicate with GP's	Develop an alternate referral discharge process	Develop pro forma for required patient information		C	
Failure of EFTPOS fuel card service	Unable to obtain fuel	Arrange credit facility	Liaise with local fuel distributor for credit facilities for fleet vehicles / Generator fuel	DON Business Manager	C	
Unable to transport supplies from/to facility	Unable to receive Supplies	Use alternate methods for transport of supplies	Identify and engage external contractors	NUM DON Business Manager	C	
Overcrowding of hospital campus	Spread of disease	Planned areas for habitation	Allocate areas for use by public	NUM DON Nursing Staff Business Manager	C	
Staff dislocated from family	Distress to staff	Plan for accommodation	Allocate staff accommodation (work & living for staff)	NUM DON Nursing Staff Business Manager	C	

DYSART HOSPITAL – CLINICAL & GENERAL				A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE?
Disease outbreak	Infected persons	Vaccines	Plan for vaccines, fact sheets	Public Health Unit Child Health Nurses DON NUM Business Manager	C
Waste Disposal	Vector Borne Disease Infections	Sprays for insects. Antiseptics	Assign contractors for pest control	Public Health Unit Business Manager DON	C

Business Continuity Plan Dysart Hospital – Utilities Services

DYSART HOSPITAL - UTILITIES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Loss of LPG supply	Unable to provide cooking facilities	Secure LPG site and implement retrieval/disposal of hazardous material Arrange urgent supply of portable LPG cylinders	Engineer to establish security of the site and risk assess immediate needs. Arrange for supplier to fill storage tanks if not damaged Identify alternate energy sources for cooking	Manager Engineering Business Manager DON Operational Stream	C
	Unable to provide hot water	Use alternate energy source e.g. Gas Cook top or BBQ Wash / clean with cold water	Identify alternate energy sources for water heating Identify cleaning processes that can use cold water or use disposable ware Identify alternate washing regime for patient hygiene.		B
	Unable to utilise drier in laundry	Dishwasher heats own water Utilise drier in staff quarters Clothes line adequate to hang washing Out source laundry – e.g. Moranbah Hospital, Private Laundry	No remedial action required Clothes trolley baskets and pegs available Workload Management		B
		Staff Education	Educate staff on contingency plans		
Inability to supply mains power to facilities		Emergency power generation	Identify existing supply of emergency power generation Refer to power points/ outlets with emergency generation in each area Confirm essential equipment only connected to generator power outlets		A

DYSART HOSPITAL - UTILITIES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
			<p>Ensure essential lights and equipment supplied. Consider need to purchase extension leads Develop a procedure for use of emergency power in each area and inform staff Ensure adequate fuel for generator use Ensure fuel storage standards are maintained Identify generator load capacity</p>	<p>Manager Engineering Director of Rural Services DON NUM Business Manager All Staff</p>	A
		<p>Ration use of emergency power Use alternate power sources</p> <p>Supply additional lighting</p> <p>Discharge/ relocate patients within facility</p> <p>Consider activation of MHHS Disaster Plan</p> <p>Close Facility Staff Education</p>	<p>Fully charge batteries on all essential equipment Locate/purchase torches/ lanterns and batteries Use natural lighting -open windows and doors Identify patients for discharge or relocation Consult current MHHS Disaster Plan for process Liaise with alternative service provider for care of patients</p> <p>Transfer patients out & close facility Educate staff on contingency arrangements</p>		A
Loss of water supply for general use, e.g., toilets, patient hygiene	<p>Loss of drinking water</p> <p>Contingency Failure</p>	<p>Ration water usage</p> <p>Identify alternative water sources</p> <p>Identify alternative supplies of drinking water</p> <p>Discharge/ relocate patients within facility Consider activation of MHHS</p>	<p>Rationalise services and develop plan for water restriction</p> <p>Source / cost alternate supplies, e.g. / Water tankers / Fire service supply Initiate use of alternate supply</p> <p>Consider purchase of bottled water</p> <p>Identify patients for discharge or relocation Consult current MHHS Disaster Plan for</p>	<p>Manager Engineering Director of Rural Services DON NUM Business Manager All Staff</p>	A

DYSART HOSPITAL - UTILITIES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
		Disaster Plan Local Emergency Water Supply Close facility Staff education	process Liaise with local council / utilities re emergency water supply Liaise with alternative service provider for care of patient Transfer patients out and close facility Educate staff on contingency		
Sewerage	Unable to dispose of waste products due to water failure	Ensure facility wide plan	Develop facility plan for waste disposal	Manager Engineering Director of Rural Services DON Business Manager	D
Ensure Local Council and Public Health Unit involvement.	Failure of contingency	Designate toilets to be used Source supply / cost of alternate devices e.g. porta loos Single patient use bedpans/ urinals Discharge/ relocate patients within facility Consider activation of MHHS Disaster Plan facility Staff education	Place bucket for used water in each toilet cubicle for flushing purposes Close off toilets not for use and post signs Identify alternate toilet devices e.g., porta loos, and number required Purchase sufficient for immobile patients Inform staff of Infection Control policy Identify patients for discharge or relocation Consult current MHHS Disaster Plan for process Liaise with local council / utilities re emergency water supply Arrange for septic tank pumping truck to pump sewerage out of hospital pipes Liaise with alternative service provider for care of patient Transfer patients out Close facility Educate staff on contingency plans	Manager Engineering Director of Rural Services DON NUM Business Manager All Staff	D

DYSART HOSPITAL - UTILITIES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Power failure	Mains power not available. Generator supplies emergency power	Refer to mains power failure plan	Inform and educate staff	Manager Engineering Director of Rural Services DON NUM Business Manager All Staff	A
Lighting failure	Difficulties in patient observation and care Increased risk for patients and staff No safety/evacuation lighting available	Utilise emergency lighting Maximise natural lighting Utilise alternate lighting Maintain WH&S precautions Provide additional portable lighting	Identify provision for emergency lighting Relocate immobile patients to best lit areas Clean and maintain windows and fittings Ensure blinds/curtains open Ensure adequate supply torches / battery operated lights and batteries Clear patient areas, work areas and corridors of all hazards Identify and source alternative lighting Staff member to place lighting in strategic areas for safety Issue clinical staff with torches	DON NUM Business Manager All Staff	B

Business Continuity Plan

Moranbah Hospital

MORANBAH HOSPITAL					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Computer failure	Unable to generate ID labels	Record patient details manually	Ensure supply of HBCIS downtime forms Pre –print labels on existing patients Hand write on blank labels for new admissions	Administrative and nursing staff	C Can function but very time consuming
	Unable to track patient progress notes location	Revert to manual process	Update patient location and bed status at regular intervals Notify after-hours On-Call of all patient movements Develop a process for disseminating patient updates as part of the facility communication plan	Nursing Staff Team Leader	C
	Unable to access computerised pathology/radiology results	Revert to manual process	Ensure supply of pathology result forms	Administrative and Nursing staff	C
			Develop means for notification of lab & test results Manual ordering tests	Nurse Unit Manager	C
		Enter data when system fixed	Ensure retrospective data entry when computer services resume Backup any non centralised data or ward specific computer programs	Nurse Unit Manager / CN Administrative staff	C
Power failure	Mains power not available	Generator power available	Inform and educate staff	Nurse Unit Manager /DON	B Can function in most areas.
Lighting failure	Difficulties in patient observation and care	Utilise emergency generator lighting	Identify provision for emergency lighting Relocate immobile patients to best lit areas	Identify provision for emergency lighting Engineering staff Nursing staff Cleaning staff	B Can function in most areas.
		Maximise natural lighting	Clean and maintain windows and fittings Ensure blinds/curtains open	All staff	
		Utilise alternate lighting	Ensure adequate supply torches / battery operated lights and batteries	Nurse Unit Manager / DON	

MORANBAH HOSPITAL					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
	Increased risk for patients and staff	Maintain WH&S precautions Generator power available	Clear patient areas, work areas and corridors of all hazards Educate staff	Nurse Unit Manager /All staff	
Air conditioning failure	Regulate temperature and environment with Generator power	Use alternate cooling devices and turn off unnecessary air-cons Electrical or manual fan	Position fans for maximum benefit Identify patients requiring cooling	Nursing staff	A Especially in summer Limited where no window.
Telephone failure	No internal / external telephone communications .	Refer to facility wide telecommunications plan	Inform and educate staff	Nurse Unit Manager /Shift Team Leader /DON	A Only for a limited time.
Wall oxygen supply failure	Wall oxygen not available	Use cylinder oxygen	Identify anticipated requirements of cylinder oxygen for ward patients Order extra required cylinders Ensure all oxygen cylinders full Ensure corresponding number of oxygen fittings available at ward level. Ensure all staff educated in cylinder changeover.	Nurse Unit Manager / CN	B
Wall suction failure	Wall suction not available	Use alternate suction devices Provide emergency oxygen/suction	Assess need for and number of portable suction units required Consider co-locating suction dependent patients Ensure adequate supply alternate drainage systems Replace drain suction with manual vacuum or drainage bottles Ensure small oxygen cylinder with twin-o-vac suction on resuscitation trolley	Nurse Unit Manager Nursing staff Medical staff	B B Limited supply in hospital
Digital scales fail	Unable to record weight	Use alternative scales	Use bathroom scales Use weighted scales if available	Nurse Unit Manager	C
Failure of Welsh Allen thermometer	Potential for inaccuracy of temperature readings	Use digital thermometer	Ensure stock digital thermometers	Nurse Unit Manager	C

MORANBAH HOSPITAL					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Failure of non-invasive blood pressure (NIBP) monitors	Unable to electronically measure blood pressure recordings	Use manual sphygmomanometer	Ensure adequate number of manual sphygmomanometers	Nurse Unit Manager	C
Failure of Glucometer	Potential for decreased accuracy in blood glucose readings	Change battery in Glucometer Formal laboratory blood glucose analysis for abnormal results	Ensure adequate supply of batteries and test strips Inform and educate staff Develop policy for formal laboratory test	Nursing staff /Unit Manager Nursing staff	C A. A potential treatment problem
Failure of 12 lead ECG machine	Unable to diagnose potential life-threatening conditions	Ensure access to emergency power or access battery backup Use on battery power	Identify access to emergency power outlet Keep batteries fully charged on emergency power Identify location of alternative ECG machines Inform and educate staff	Nurse Unit Manager / DON Nurse Unit Manager /Nursing Staff Nurse Unit Manager	A No problem if emergency power point kept for use. A limited battery life
Failure of Pulse oximeters	Unable to determine oxygen saturation	Increase nursing observation	Educate staff re basic physical assessment of patient	Nurse Unit Manager	C Staff trained in physical assessment
Failure of Emergency Alarms	Unable to provide safe and secure environment	Increased staff vigilance Refer to safety and security plan	Schedule regular patient rounds Direct notification via phone to switch or runner to contact fire services, security, police Inform and educate Staff	Nursing staff All staff	B Can function but time consuming and can lead to decreased patient safety B
Failure of Patient call buttons	Patients unable to summon assistance	Refer to safety and security plan.	Inform and educate staff	Nurse Unit Manager	C

MORANBAH HOSPITAL					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Failure of Infusion Pumps/Syringe Drivers	Staff unable to titrate medications and fluids accurately	Use on battery power if available. Use burettes Consider alternate administration routes	Charge on generator power if able Charge batteries fully Ensure adequate stock burettes Protocols for alternative administration	Nursing Staff	A Batteries can last up to 12 hours.
Failure of Sequential Compression Devices	Potential increased risk of DVT /Embolus	Use alternative methods of deterring thrombo-embolus	Identify at risk patients Consider compression stockings/ drug therapy Develop policy Ensure adequate supplies of stockings	Unit Manager Medical staff Unit Manager /Medical Staff Nursing staff	C
Refrigeration	Drugs and medical supplies requiring refrigeration may become unusable	Place drugs in refrigerators which are connected to emergency power supply - as per Cold Chain Protocol Use Eskies with portable thermometers and ice as per Cold Chain Protocol	Review emergency power outlets Monitor refrigerator temperature with thermometer Consider purchase of eskies and supply of ice	Unit Manager / DON Nursing staff Nurse Unit Manager / CN	A A with eskies
Failure of lifting devices	Difficulties with lifting heavy patients – manual handling injuries	Access Battery back up of lifting devices	Use hydraulic lifting devices if available Use of ski sheets, bed sheets, etc. Ensure staff trained in manual handling	All staff Unit Manager WH&S Officer	B
Pan room hopper	Unable to clean bed pans / urinals adequately	Single patient use bedpans/ urinals	Purchase sufficient for immobile patients Rinse with “grey/waste” water and disinfect with chemical solution Inform staff of Infection Control policy	Unit Manager / DON Nurse Unit Manager	NB “Hopper” has been replaced with “Macerator” and disposable urinals & bed pans

MORANBAH HOSPITAL					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Failure of Video/TV	Negative impact on patient education / enjoyment	Verbal education Alternative recreational facilities	Develop alternate education packages for patients Prepare mobile library	Nurse Unit Manager Volunteers	C Can still operate
Failure of Fax	Unable to receive or send patient information	Utilise alternate lines of communication	Send patient information by runner/courier Delay transfer of information until services resumed.	Unit Manager /Business Manager Medical staff Admin. staff	A Can still operate but time consuming
Failure of Copier	Unable to copy documents	Utilise alternate lines of communication	Telephone information Send original documents with patient and document in chart Delay transfer of information until services resumed	Nursing staff Medical staff	C B
Staffing	Increased manual tasks may influence workload	Roster extra staff on duty Place staff "on call"	Estimate staffing numbers required for 24 hour period Prepare rosters	Nurse Unit Manager / DON	B
Equipment Function	Unable to guarantee equipment accuracy	Check all equipment for functionality as soon as possible after disruption of power	Identify all equipment to be checked	Nurse Unit Manager/ DON	

Business Continuity Plan

Proserpine Hospital – General & Clinical Services

PROSERPINE HOSPITAL – CLINICAL & GENERAL				A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE?
Failure HBCIS Medical Records & Tracking System	Unable to locate & send medical records	Ensure all records in file	• Notify all MO's/ward/depts to return outstanding records	Manager of Support Services	B
		Run location by location for charts not returned.	Manager to arrange approp staff to complete task.	Manager of Support Services	
		Use manual tracing system	Implement manual system (eg) tracer cards Update system with changes & new registrations	Manager of Support Services Admin staff	
Failure of HBCIS Patient Master Index (PMI)	Cannot allocate new UR Numbers	Manual allocation of URN's	Check backup PMI file is up to date.	Manager of Support Services	B
	Cannot search for existing URN's	Use backup PMI to look up existing URN's	• Manually allocate & look up URN's Update system	Administrative staff	
		Manual process	• Print hard copy of PMI prior to critical date	Manager of Support Services	
		Prepare a block of unissued downtime UR numbers	• Allocate downtime UR numbers	Manager of Support Services	
Failure HBCIS Admission, Transfer, Discharge (ADT)	Cannot search ADT to track patients	Not critical, wait until system returns	• Update System	Manager of Support Services	B
	Cannot run enquiry reports	Keep hard copy list in Medical Records Department.	• Have register and down forms available. Update patient list as needed.	Admin Staff	
HBCIS Appointment Scheduling	Unable to print reports for patients to attend clinics	Print reports one week in advance where possible.	Manual list of attendees.	Business Manager	A
No access to activity data	Unable to access reports.	Access when system returns	Retrospective updating of data.	Business Manager	C

PROSERPINE HOSPITAL – CLINICAL & GENERAL				A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE?
No access to pathology / radiology results	Unable to access computerised pathology/radiology results	Revert to manual process	Ensure retrospective data entry when computer services resume	DON & FM / Business Managers	B
Unable to fax discharge summaries.	Increased requests from GP for follow up discharge information.	Hand write discharge summaries. Give patients a copy on discharge.	Post copy handwritten discharge summaries to General Practitioners.	Administrative staff	C
Flooding of Medical record Department.	Destruction of charts	Move charts if possible to safe area. Rolls of black plastic and tape to secure.	Arrange for staffing to move charts. Or Cover filings bays with plastic and secure.	Manager of Support Services	C
EDIS failure	Inability to record emergency presentations	manual recording	adequate supply of downtime forms and triage forms	NUM, admin staff	C
Computer failure	unable to print results / labels etc	manual recording of patient details and results.	ensure supply of downtime forms and manually record information.	admin, nursing and medical staff	C
FAX Failure	unable to send or receive patient information	utilise alternate communication lines or delay transfer of information	Inform and educate staff. Delay transfer of information or alternate means of communications	NUM / BM	B
MDF Failure	unable to copy or scan documents	utilise alternate communication lines or delay transfer of information	Telephone information. Send original documents with patient and document in chart. Delay of information until restored	Nursing / medical and admin staff	B
Oxygen Supply Disrupted	oxygen not available	use cylinder oxygen	Ensure adequate supplies. Ensure staff education on use. Consider co-locating high oxygen users.	NUM, nursing staff, operational staff	B
Failure of Refrigeration/Cool Rooms	food spoilage refer to food safety plan	Essential fridges on emergency power. Source food offsite if needed. Consider long life options	Access Emergency power. Develop plan for preparation and transport of food from other sources. Purchase dry / tinned food. Consider long life milk and bottled water if needed	operational services manager and BM	B
Failure of Dishwasher	refer to food safety plan	use disposables	adequate supplies needed	operational services manager and BM	C

PROSERPINE HOSPITAL – CLINICAL & GENERAL				A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE?
Transport monitors malfunction	Unable to monitor critically ill or unstable cardiac patients in transit	Aim to have at least one compliant transport monitor or list of compliant machines. Assess patients prior to critical dates.	Ensure one compliant transport monitor available in central location	Nurse Unit Manager	D
			Schedule tests prior to critical dates		
			Assess pt need for transport Charge batteries	Medical staff Nursing staff	C
Defibrillator malfunction	Unable to defibrillate patients	Have compliant defibrillator available Connect to emergency power Use battery backup	Identify non compliant equipment Aim to replace non compliant equipment Identify & re-allocate compliant defibrillator Inform & educate staff Identify existing emergency power outlets Have batteries fully charged	Nurse Unit Manager	D
Medical equipment failure	Unable to provide specialised medical equipment Bi-PAP/CPAP Ventilators Blood warmers Slit lamp Plaster saw	Utilise emergency power Manual process Battery back-up if available Manual ventilation Manual process Manual process Manual process	Check existing emergency power outlets Fully charge batteries Ensure adequate staff available for manual ventilation Warm water bath Perform visual examination Treat prophylactically Refer to ophthalmologist Apply a back slab / plastic cutters	 Nurse Unit Manager Nursing staff Medical staff	 A C C

PROSERPINE HOSPITAL – CLINICAL & GENERAL				A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE?
Failure of Monitors including cardiac & oximetry	Unable to identify arrhythmias / oxygen saturation	Use of emergency power	Check existing emergency power outlets Identify non compliant equipment Aim to replace non complaint equipment Identify & position compliant monitors ensuring access to emergency power Ensure adequate supply of batteries. Have batteries fully charged. Identify & ensure adequate medical & nursing staff coverage Prioritise patients for monitoring Inform and educate staff'	Nurse Unit Manager	D
		Use battery backup		Nurse Unit Manager	D
		Increased nursing & medical observation		Nursing staff	C
Unable to provide transport services	Pathology services not available	Identify and rationalise use of available vehicles	Develop a plan for centralising vehicles	DON & FM / Medical Staff	C
		Discontinue non-essential services	Prioritise use Notify clients of potential for disruption to normal services Re-admit at risk patients if necessary	Business manager	C
Overcrowding of hospital campus	Spread of disease	Planned areas for habitation	Allocate areas for use by public	DON & FM	C
Staff dislocated from family	Distress to staff	Plan for accommodation	Allocate staff accommodation (work & living for staff)	DON/NUM/BM	C
Disease outbreak	Infected persons	Vaccines	Plan for vaccines, fact sheets	DON/MBH/AHS/TP HU	C
Lack of Public Knowledge	Suspicion - Concerned Public	Stockpile of HP Material	Stockpile PH Material Media person to duties	BM/NUM/DON/TP HU	C
Insufficient staff	Unable to provide safe level of care in the event of equipment failure	Roster additional staff	Calculate individual unit staffing requirements	All Line Managers	B
			Identify human resources able to be on call and redeployed in the facility	Director Of Nursing	B

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			Assess competence of on call staff	Nurse Unit Manager	B
Wall suction failure	Wall suction not available	Use alternate suction devices	Assess need for and number of portable suction units required	NUM	B
		Provide emergency oxygen/suction	Consider co-locating suction dependent patients Ensure adequate supply alternate drainage systems Replace drain suction with manual vacuum or drainage bottles Ensure small oxygen cylinder with twin-o-vac suction on resuscitation trolley Educate staff on use of alternate devices	Nursing staff	
Unable to use ISTAT	Unable to diagnose potential life-threatening conditions	Ensure access to emergency power	Identify access to emergency power outlet	Nurse Unit Manager / Engineering staff	D
Failure of 12 lead ECG Machine	Unable to provide safe and secure environment	Use on battery power	Keep batteries fully charged on emergency power	Nurse Unit Manager/ Nursing staff	D
		Increased staff vigilance	Inform and educate staff Schedule regular patient rounds		
Failure of Emergency Alarms	Patients unable to summon assistance	Utilise bells with capable patients	Inform and educate Staff and Patients	Nurse Unit Manager	B
Failure of Patient call buttons	Patients unable to summon assistance	Refer to safety and security plan.	More regular rounds of patients in the department. Inform and educate staff and patients	Nurse Unit Manager	B
Failure of Infusion Pumps/Syringe Drivers	Staff unable to titrate medications and fluids accurately	Use on battery power if available .	Charge on generator power if able Charge batteries fully	All staff Nursing staff	C
			Ensure adequate stock burettes		
		Use burettes	Protocols for alternative administration		
			Use hydraulic lifting devices if available		
		Consider alternate administration routes.			

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Failure of lifting devices	Difficulties with lifting heavy patients – manual handling injuries	Identify alternate lifting devices	Use of slide sheets, pat slide,slida person etc.	All staff	C
Macerators	Unable to dispose of used pans and urinals	Utilise supply of washable pans and urinals. Manual Cleaning	Scrub and/or soak. Encourage use of toilet as much as possible.	All clinical staff	B
Failure of Blood / immunisation Fridges	Unable to preserve integrity of blood.	Transfer blood and immunisations stores elsewhere	Investigate alternative storage solutions.	NUM	B
Failure of Refrigerators / Deep Freeze	Spoilage of pharmaceuticals requiring refrigeration / freezing	Ensure fridges and freezers connected to emergency power	Check access to emergency generator power	Pharmacist	within 30 minutes
		Ensure fridges monitored for temperature	Ensure On call pharmacist roster to respond to fridge/freezer failure alarm	Pharmacist / nursing staff	A
			If generator not managing load arrange for portable eskies and or portable generators to maintain fridges and freezers		
Failure of air conditioning - pharmacy	Unable to maintain air temperature below 25'C	Ensure air conditioning for pharmacy connected to emergency power	Check availability of emergency generator power	Pharmacy Director Engineering	A
			Ensure pharmacy is a priority area when air conditioning load shed scheduled		
			Arrange access to portable air conditioner	Pharmacy Director Engineering	
			Contact Central Pharmacy for direction		
		Consider portable air conditioner		Pharmacist	
		Highlight potential inventory for destruction if temperature extreme	Monitor fridges		
		Higher load on fridges		Director of Pharmacy	
No drug deliveries from Brisbane	May not have drug available when required	Maintain stock levels to allow for supply chain interruption of three days Obtain stock from Symbion Townsville	Maintain max mins monthly Ensure on line ordering from Symbion is available	Director of Pharmacy Director of Pharmacy	B

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Loss of Power / equipment failure	No CT Service.	Use alternate investigation if possible. Outsource to local private practices.	Put CT Gantry onto emergency power.	Medical Imaging Staff and DON & FM / Medical staff	B
	No Xray service	Key equipment on UPS. Emergency power Mobile x-ray units	Test and maintain UPS. Assess Emergency power for x-ray generator.	Medical Imaging Staff and DON & FM / Medical staff	B
	No Ultrasound Service.	Equipment on emergency power. Use alternate test	Test and maintain UPS. Assess Emergency Power.	Medical Imaging Staff and DON & FM / Medical staff	B
Failure of steriliser	Unable to process ward and theatre instruments	Ensure one steriliser on emergency power	Identify emergency power supply to sterilisers	NUM	B
		Alternative sterilisation methods	Investigate alternative sterilisation methods eg , chemical sterilisation Ensure full stock levels of sterile equipment available prior to critical periods Identify and prioritise critical services	NUM and Nursing staff	B
		Rationalise service to emergency use only		NUM/DON&FM	
No washer/disinfector connected to emergency power.	Unable to process reusable medical equipment/instruments.	Manually wash all equipment.	Explore the possibility of connecting of one machine to emergency power.	NUM and Nursing staff	B
Failure of sterilised linen service	No Sterile Linen bundles	Have maximum stores available	Prepacked and ensure maximum store of sterile linen		B
		Rationalise use of linen	Consider alternative supplier		
		Alternative supplier	Order extra supplies of disposable linen		
		Use disposable linen			
Failure of Infant resuscitation trolleys	Suction and oxygen not immediately available	Use emergency generator power	Ensure trolleys are plugged into red emergency power points.	Midwives	A
			Ensure twin-o-vac available		
		Ensure alternate supply eg portable generator	Ensure oxygen cylinders available and full	CMC	
	Unable to maintain infant warming	Ensure alternate warming devices available	Consider bubble wrap, gladwrap	Midwives / CMC	
		Fill Blanket warmer with blankets and linen			

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PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE?	
		Dry babies well. Wrap & dress warmly				
		Place baby in bed with mother				
Failure of electric delivery beds	Positioning for birth more difficult	Use emergency generator power	Ensure trolleys are plugged into red emergency power points.	Midwives	B	
		Revert to manual positioning	Adjust bed to optimal height prior to critical dates	Midwives / CMC		
		Inform staff & patients		CMC		
Failure of Cardiotocograph (CTG) /pH scalp monitoring	Unable to perform continuous foetal heart monitoring	Use emergency generator power	Ensure trolleys are plugged into red emergency power points.	Midwives	B	
			Identify at risk patients & instigate intermittent monitoring Ensure adequate supply of battery operated Doppler's and gel.			
		Use battery-powered ultrasound Doppler.	Ensure access to Pinard stethoscope	CMC		
			Educate staff in use			
Failure of anaesthetic machines & ventilators	Loss of power to machine	Run on emergency generator power . Run on gases if no power Oxygen driven) for 90 minutes only. Monitor pt for 40 minutes on battery from PACU monitors	Check access to emergency power outlets. Manually ventilate. Manually physically assess	Nurse Unit Manager Anaesthetic staff	A	
		Use backup cylinder supplies of oxygen, nitrous oxide & air	Ensure supplies of cylinder gasses available			
		Hand ventilate	Ensure adequate supply of hand operated ventilation equipment - Disposable manual resuscitator			
	Inaccurate delivery of anaesthetic gases		Locate and provide air / oxygen driven ventilator (oxylog)	NUM	A	
	Unable to ventilate patients		Cancel elective surgery	DON & FM / NUM	B	
Failure of laparoscopic camera / light lead	Unable to perform laparoscopic surgery (may be	Revert to non laparoscopic methods	Notify surgeons, medical, nursing and booking office	NUM and clinical staff	A	

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PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE?
	done if generator on emergency power).	Postpone all non urgent surgery	Contact non urgent patients and inform re need to reschedule at later date	NUM / Administrations officer bookings.	A
			ensure list of procedures unable to be under taken available at theatre front desk	Bookings/OR Manager	
Failure of diathermy machine	Unable to perform electrical coagulation (may be done if generator on emergency power).	Revert to ties/sutures	Ensure adequate supply of ties and sutures	NUM and Operating theatre CN	A
Failure of operating table.	Unable to position patient	Revert to manual processes	Adjust bed to optimal height prior to critical dates Purchase manual override for table.	Nursing staff	
Failure of Sterilising equipment for scopes (ON EMERGENCY POWER).	Unable to sterilise endoscopic / laparoscopic and orthoscopic equipment	Consider open procedures where clinically indicated	Notify surgeons, medical, nursing and booking office	NUM & DON / FM	A
			Identify suitable patients		
			Contact non urgent patients and inform re need to reschedule at later date	bookings officers	
			Staff education – availability of types of cases able to be done	NUM	
			List of procedures unable to be under taken available at theatre desk		
Failure of glucometer	Potential for decreased accuracy in blood glucose readings	Visual readings	· Ensure adequate stock of batteries	Nursing Staff	A
			· Inform & educate staff	CNC	
		Formal laboratory blood glucose analysis for abnormal results	· Develop policy for formal laboratory test	Medical Staff	
Failure of 12 Lead ECG machine	Unable to diagnose life threatening conditions	Ensure access to emergency power	· Identify access to emergency power outlet	NUM	A
		Use on battery power	· Keep batteries fully charged on emergency power	NUM	
			· Identify location of alternative ECG machines	Nursing Staff	

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			· Inform and educate staff	CNC		
Failure of Pulse oximeters	Unable to determine oxygen saturation	Increase nursing observation Access other portable units from facility /Health Services if available	· Ensure staff to act as a runner are available	NUM	B	
Failure of Enteral feed pumps	Difficulty in maintaining patient nutrition	Use alternate feeding methods	· Develop a procedure for bolus/gravity feeding	CNC / nursing Staff		
			· Ensure adequate supply of tubes and feeds	NUM		
			· Manually titrate drip rate if necessary	nursing staff	B	
			· Inform and educate staff	Educator		
Failure of non-invasive Blood Pressure monitors	Unable to electronically measure blood pressure readings	Use manual sphygmomanometer	· Ensure adequate number of sphygmomanometers	NUM	A	

Business Continuity Plan Proserpine Hospital – Utilities Services

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Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?		
Loss of mains power to hospital.	Inability to supply mains power to facilities	Emergency power generation	Ensure emergency generator is supplying.	Business Manager, Operational Services Supervisor.	A		
			Confirm essential equipment connected to generator power outlets	Staff each area.	A		
			Ensure essential lights and equipment supplied with uninterrupted power (UPS) battery (e.g.) theatre lights	Business Manager, Operational Services Supervisor.	A		
			Consider need to purchase extension leads	Business Manager, Operational Services Supervisor.	A		
			Continue testing and maintenance schedule for generators AS/NZS 3009-1998	Business Manager, Operational Services Supervisor.	A		
			Ascertain L/per hour fuel use of generator	Business Manager, Operational Services Supervisor.	A		
			Ensure fuel reserves available for generator for long term use.	Business Manager, Operational Services Supervisor.	A		
			Ensure manual fuel pumping capability	Business Manager, Operational Services Supervisor.	A		
			Investigate legal/safe levels of fuel storage on premises	Business Manager, Operational Services Supervisor.	A		
				Ration use of emergency power	Identify generator load capacity	Hospital Executive	A
					Identify potential for load-shedding and develop procedures	Business Manager, Operational Services Supervisor.	A

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Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
		Use alternate power sources	Fully charge batteries on all essential equipment	NUM	A
		Supply additional lighting	Locate/purchase torches/lanterns and batteries	NUM	A
			Use natural lighting -open windows and doors	All staff	A
		Use alternate emergency generator	Identify alternate suppliers eg SES, Local industries, mines/mills, Army, Hire company	Hospital Executive	A
		Discharge/ relocate patients within facility	Identify patients for discharge or relocation	Medical Superintendent	A
			Inform and educate staff	Hospital Executive	A
		Consider activation of District Disaster Plan	Consult current District Disaster Plan for process	District CEO, DON/Facility Manager	A
		Close Facility	Liaise with alternative service provider for care of patients	District CEO, DON/Facility Manager, Medical Superintendent	A
			Transfer patients out & close facility	Hospital Executive	A
		Staff Education	Educate staff on contingency arrangements	Hospital Executive	A
Loss of water supply for general use, e.g., toilets, laundry, boilers, patient hygiene.	Diminished ability to continue clinical services	Ration water usage	Rationalise services and develop plan for water restriction	DON/Facility Manager	A
		Identify alternative water sources	Source / cost alternate supplies, e.g. On-site tank storage, Bore water, Water tankers, Fire service supply	DON/Facility Manager	A
			Initiate use of alternate supply	DON/Facility Manager	A
		Use emergency supply	Liaise with local council / utilities re emergency water supply	District CEO, DON/Facility Manager	A

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Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
	Loss of drinking water	Identify alternative supplies of drinking water	• Buy containers for storage of drinkable water	DON/Facility Manager, Business Manager	A
			Source/cost supply of bottled water	Supervisor Operational Services	A
		Discharge/ relocate patients within facility	Identify patients for discharge or relocation	Medical Superintendent, DON/Facility Manager	A
	Contingency Failure	Consider activation of District Disaster Plan	Consult current District Disaster Plan for process	District CEO, DON/Facility Manager	A
		Close facility	Liaise with alternative service provider for care of patient	District CEO, DON/Facility Manager, Medical Superintendent	A
			Transfer patients out and close facility	District CEO, DON/Facility Manager, Medical Superintendent	A
		Staff education	Educate staff on contingency	DON/Facility Manager, Medical Superintendent	A
Failure of sewerage system	Unable to dispose of waste products due to water failure	Ensure facility wide plan	Develop facility plan for waste disposal	Hospital Executive	D
		Utilise "grey/used" water	Inform staff to save water after patient hygiene	DON/Facility Manager	D
			Place bucket for used water in each toilet cubicle for flushing purposes	Cleaning Services	D
		Designate toilets to be used	Close off toilets not for use and post signs	Business Manager, Supervisor Operational Services	D
		Alternate toilet facilities	Identify alternate toilet devices e.g., porta loos, and number required and cost of these alternatives	Business Manager, Supervisor Operational Services	D
		Single patient use bedpans/urinals	Purchase sufficient for immobile patients	Business Manager, Supervisor Operational Services	D
			Rinse with "grey/waste" water and chemical solution	Nursing staff	D

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Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
			Inform staff of Infection Control policy	NUM, Infection Control CNC	D
		Discharge/ relocate patients within facility	Identify patients for discharge or relocation	Medical Superintendent	D
		Consider activation of District Disaster Plan	Consult current District Disaster Plan for process	District CEO, DON/Facility Manager	D
			Liaise with local council / utilities re emergency water supply	DON/Facility Manager	D
	Back up of effluent due to council pump failure	Isolate hospital drainage system from main system	Liaise with council to close valves	DON/Facility Manager , Business Manager	D
			Arrange for septic tank pumping truck to pump sewerage out of hospital pipes	DON/Facility Manager , Business Manager	D
	Failure of contingency	Close facility	Liaise with alternative service provider for care of patient	Medical Superintendent	D
			Transfer patients out, close facility	District CEO, DON/Facility Manager	D
		Staff education	Educate staff on contingency plans	Hospital Executive	D
Loss of LPG supply	Unable to supply to relevant areas.	Establish security of the site and risk assess immediate needs.	Secure LPG site and implement retrieval/disposal of hazardous material	Business Manager, Operational Services Supervisor.	B
		Arrange urgent supply of portable LPG cylinders	Identify number of cylinders required and allocate as per priority listing.	Operational Services Supervisor.	B
			Arrange for supplier to fill storage tanks	Operational Services Supervisor.	B
		Reduce use of LPG to priority areas	Identify priority areas for gas rationing	Operational Services Supervisor.	B
	Unable to provide cooking facilities	Use alternate energy source or BBQ	Identify alternate energy sources for cooking.	Operational Services Supervisor.	B

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Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
			Identify alternate facility to prepare patients meals. eg MOW Proserpine/Proserpine Nursing Home	Operational Services Supervisor.	B
	Unable to provide hot water	Heat water with alternate energy source eg Gas Quick heat water heater.	Identify alternate energy sources for water heating	Operational Services Supervisor.	B
		Wash / clean with cold water	Identify cleaning processes that can use cold water or use disposable ware.	Operational Services Supervisor.	B
			Develop procedure for laundry processes	Operational Services Supervisor.	B
			Develop procedure for ward cleaning	Operational Services supervisor, Infection Control CNC	B
		Staff Education	Educate staff on contingency plans	CNC	B
Internal Telephone failure	Unable to communicate internally.	Establish extent of problem and likely time for re-establishment of communication.	Urgently contact IT/communications Dept MBH.	Business Manager, Supervisor Operational Services	A/B
		Utilise 2 way Radio	Locate and centralise existing 2 way radios to communication centre	Business Manager, Supervisor Operational Services	A/B
			Identify critical personnel and reallocate 2 way radios (eg) Facility Manager, NUM, ED	DON/Facility Manager	A/B
		Utilise mobile phones	Locate and distribute mobile phones to key personnel.	DON/Facility Manager	A/B
			Maintain and distribute directory of re-allocated phone unit numbers	Business Manager	A/B
			Develop procedure for emergency phone use and educate staff	DON/Facility Manager	A/B

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Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
		Runners	Provide staffing and develop a planned circuit	DON/Facility Manager, Business Manager	A/B
		Utilise alternate existing communication devices	Consider use of intercoms, nurse call system, WIP phones, PA system, E mail, message board	DON/Facility Manager	A/B
		Inform and educate staff	DON/Facility Manager	A/B	
External telephone failure (dial in)	Unable to communicate externally.	Identify alternate means of communication	Liaise with CEO & Media Relations Officer re local media to inform community	DON/Facility Manager	A/B
External telephone failure (dial out)	Unable to receive communication from externally.	Utilise mobile phones	Distribute mobile phones to key personnel	DON/Facility Manager, Business Manager	A/B
			Limit outgoing calls	DON/Facility Manager, Business Manager	A/B
			Inform and educate staff	DON/Facility Manager, Business Manager	A/B
		Utilise existing radio networks	Consider use of existing QAS radio phones	Hospital Executive, QAS	A/B
			Consider access to emergency services radios and negotiate for frequency.	DON/Facility Manager, Business Manager	A/B
		Identify alternate emergency communication networks	SES, Fire Services, Police, Shire Council vehicles	DON/Facility Manager, Business Manager	A/B
Equipment function	That ongoing issues following restoration of service.	Check all equipment for functionality as soon as possible after disruption of power	Identify all equipment to be checked in liaison with IT/communications Dept MBH.	DON/Facility Manager, Business Manager	A/B
			Inform and educate staff	DON/Facility Manager, Business Manager	A/B
Loss of ability to secure site	Hospital business disruption. Risks related to lack of security.	Provide onsite security	Engage services of security firm as necessary over 24 hour period.	DON/Facility Manager, Business Manager.	C

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Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
			Identify priority areas for security	Hospital Executive	C
			Provide security presence in critical areas	Hospital Executive	C
	Closed circuit TV	Manual operation of site security	Increase indoor and outdoor security rounds	NUM, Business Manager	C
			Assess ability to operate system manually	NUM, Business Manager	C
	Self-opening doors front entrance. Security locks all entrances.	Manual override of self-opening front entrance door and unlock all other entrance doors.	Ensure that doors kept in open position.	DON/Facility Manager, Business Manager.	C
	Keypad locks / swipe card access	Manual override of keypad locks	Use other means of securing area, e.g., personal alarms for isolated staff members, lockable cupboards for medications/ expensive equipment	DON/Facility Manager, Business Manager.	C
	Exterior lights	Provide alternative exterior lighting	Purchase battery-operated lights and extra batteries	Supervisor Operational Services	C
	Parking	Manual control of parking if any of the car parks are flooded.	Place "No Parking" signs in the appropriate areas.	Supervisor Operational Services	C
	Helicopter landing site	Provide alternative lighting for helicopter landing site	Purchase battery-operated lights for landing site	Supervisor Operational Services	D
		Staff education	Educate staff on contingency plan	DON/Facility Manager, Business Manager.	D
Loss of ability to protect staff and patients	Increased risk to staff	Roster extra staff for escorts	Ensure availability of extra staff	NUM & Hospital Executive	C
			Review emergency call in roster	NUM & Hospital Executive	C
Loss of ability to protect staff and patients	Duress alarms	Provide alternative alert system for nurses	Purchase hand held audible alarms	DON/Facility Manager, Business Manager.	C
			Consider purchase of whistles	DON/Facility Manager, Business Manager.	C

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Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
	Fire alarms	Aim to have fire alarms compliant.	Check fire alarms	DON/Facility Manager, Business Manager.	C
		Provide alternative power source for alarms	Ensure alarms are connected to generator power	DON/Facility Manager, Business Manager.	C
		Messenger sent to all units in event of fire.	Appoint messenger	DON/Facility Manager, Business Manager.	C
		Ensure fire evacuation procedures in facility disaster manual.	Review fire procedures and policy	DON/Facility Manager, Business Manager.	C
	Sensor alarms for medical gases	Revert to manual process	Visual check of gauges	Operational Wards persons	C
	Equipment function	Check all equipment for functionality as soon as possible after disruption of power	Identify all equipment to be checked	Hospital Executive, All staff	C
			Inform and educate staff	Hospital Executive	C
	No safety/evacuation lighting available	Provide additional portable lighting	Identify and source alternative lighting	Supervisor Operational Services	C
			Staff member to place lighting in strategic areas for safety	Supervisor Operational Services	C
			Issue clinical staff with torches	Supervisor Operational Services	C
Failure of hot water systems	Loss of steam for sterilisation, laundry, and hot water	Arrange for laundry sterilisation and provision of hot water from external sources.	Access available services	DON/Facility Manager, Supervisor Operational Services	B
	Equipment Function	Check all equipment for functionality as soon as possible after disruption of power	Identify all equipment to be checked	Supervisor Operational Services	B
			Inform and educate staff	Supervisor Operational Services	

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Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?	
Loss of vehicles or fuel supply.	Unable to provide transport services	Identify and rationalise use of available vehicles	Develop a plan for centralising vehicles with Whitsunday Community Health	Business Managers Proserpine Hosp and WCHC	C	
			Prioritise use	Hospital Executive	C	
			Discontinue non-essential services	Department staff	C	
			Re-admit at risk patients if necessary	Medical staff Community health staff	C	
	Failure of EFTPOS fuel card service	Arrange credit facility	Liaise with local fuel distributor for credit facilities for fleet vehicles	Business Managers Proserpine Hosp and WCHC	C	
	Unable to transport supplies from/to facility	Use alternate methods for transport of supplies	Identify and engage external contractors	Business Managers Proserpine Hosp and WCHC	C	
Failure of File Server	Loss of access to desktop applications	Inform IT and take direction from IT Dept, MBH.	Urgently contact IT Dept MBH.	DON/Facility Manager, Business Manager	D	
			Switch to backup file server.	• Flag PC to substitute as replacement file server	• Information Services Manager	D
			Worst case – switch to manual system.	• Conduct full backup of file server	• Information Services Manager	D
				• Reconfigure new file server	• Information Services staff	D
				• Load backup data	• Information Services staff	D
				• Revert back to original server	• Information Services staff	D
		• Copy amended data	• Information Services staff	D		
Failure of Local Area Network	Loss of access to desktop applications	Inform IT and take direction from IT Dept, MBH.	Urgently contact IT Dept MBH.	DON/Facility Manager, Business Manager	D	
			Switch to condensed Local Area Network system.	Flag PC to substitute as replacement	• Information Services Manager	D

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Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
		Switch to stand alone processing	• Conduct full backup if file server	• Information Services Manager	D
		• Switch to manual Processing.	• Reconfigure new file server	• Information Services staff	D
			• Load backup data	• Information Services staff	D
			• Revert back to original server	• Information Services staff	D
			• Copy amended data	• Information Services staff	D
Air conditioning failure		Electrical or manual fan	Identify patients requiring cooling, Use windows. Notify and inform patients and staff.		
Lighting failure	Difficulties in patient observation and care.	Utilise emergency lighting	Identify provision for emergency lighting	business manager / Operational Services Manager	B
			Relocate immobile patients to best lit areas		B
		Maximise natural lighting	Clean and maintain windows and fittings	Nursing staff	C
			Ensure blinds/curtains open		C
			Ensure adequate supply torches / battery operated lights and batteries		C
		Increased risk for patients and staff		Clear patient areas, work areas and corridors of all hazards	
		Utilise alternate lighting	Identify and source alternative lighting	Nurse Unit Manager	C
	No safety/evacuation lighting available				
		Maintain WH&S precautions	Staff member to place lighting in strategic areas for safety	Nurse Unit Manager /All staff	B

PROSERPINE HOSPITAL - UTILITIES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
			Issue clinical staff with torches	Nurse Unit Manager /All staff	B
		Provide additional portable lighting			C

Business Continuity Plan

Sarina Hospital – Clinical & General

SARINA HOSPITAL – CLINICAL & GENERAL				A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE?
HBCIS Access Failure	Unable to register patients	Manual registration	Adequate supply downtime forms	Administration Staff	B
	No patient ID labels	Manual Process	Hand write requests Ensure blank details are recorded in chart	Administration Staff Administration Staff	
Emergency Department Module failure	Unable to utilise TRIAGE treatment and admission/discharge Unable to record statistical requirements	Manual recording. No written record of UR Numbers maintained on site Retrospective data entry	Ensure details are recorded in the chart Check and update missing data	Administration Staff Administration Staff Nursing staff	C
Printing services Failure	Unable to print results/labels	Manual recording – lead to adequate staff numbers	Ensure adequate staffing to cover workload	Business Manager Administration Staff	B
Computer failure	Unable to generate ID labels	Record patient details manually	Ensure supply of HBCIS downtime forms Pre-print labels on existing patients Hand write on blank labels for new admissions	Administration Staff Nursing staff	B
	Unable to track patient location and bed status Unable to provide patient dietary requirements	Revert to manual process Revert to manual process	Update patient location and bed status at regular intervals Update patient diet lists and have available for collection by catering services		C

SARINA HOSPITAL – CLINICAL & GENERAL				A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE?
Telephone Failure	No internal or external communications	Refer to facility wide telecommunications plan	Inform and Educate staff	Nurse Unit Manager Shift Team Leader	C
FAX Failure	Unable to receive or send patient information	Utilise alternate lines of communication	Send patient information by courier Delay transfer of information until services resumed	Nurse Unit Manager Medical & Administration Staff	B
Photocopy Failure	Unable to copy documents	Utilise alternate lines of communication	Telephone Communication	All Staff	B
			Send original documents with the patient in chart Delay transfer of information until services resumed		A
Oxygen Supply Disrupted		Use oxygen cylinders	Ensure adequate supply of cylinders Ensure all staff educated in cylinder changeover Consider co-locating high oxygen users	Operational Officers All Staff	D
Failure of Refrigeration/Cool Rooms	Food spoilage refer to Food Safety Plan	Essential Fridges on emergency power Source Food off campus Consider long shelf life food products	Assess availability of emergency power Develop a plan for preparation & transport of food from other appropriate sources Purchase dry/tinned food Consider purchase of long life milk Consider purchase of bottled water for drinking	Cook Business Manager	B
Refrigeration Vaccine	Drugs and medical supplies requiring refrigeration may become unstable	Place drugs in refrigerators which are connected to emergency power supply Use eskies and ice	Review emergency power outlets and manage vaccines as per infection control guidelines Monitor refrigerator temperature with thermometer Utilise SBVP Esky Inform & Educate staff	Nurse Unit Manager Engineering Staff	A

SARINA HOSPITAL – CLINICAL & GENERAL				A = Up to 24hrs C = Indefinitely	B = Up to 5 Days D = Cannot Operate
PROBLEM	IMPACT	CONTINGENCY	TASK	RESPONSIBILITY	HOW LONG CAN YOU FUNCTION WITHOUT THIS SERVICE?
Failure of Dishwasher	Refer to Food Safety Plan	Use Disposables	Ensure adequate supply of disposables	Cook Business Manager	C
Loss of communication with pre Hospital transfer services and referral centres	Unable to communicate with QAS	Use alternate communication channels	Consider the use of Mobile Phone if network is operational Use 2 way radio from Community e.g. Council Develop criteria for referral based on available services Develop pro forma for required patient information	Nursing staff	B
	Unable to communicate with GP's	Develop an alternate referral discharge process			C

Business Continuity Plan Sarina Hospital – Utilities Services

SARINA HOSPITAL - UTILITIES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Loss of LPG supply	Unable to provide cooking facilities Unable to provide hot water	Secure LPG site and implement retrieval/disposal of hazardous material Arrange urgent supply of portable LPG cylinders	Engineer to establish security of the site and risk assess immediate needs. Identify number of cylinders required and allocate as per priority listing. Arrange for supplier to fill storage tanks if not damaged Identify alternate energy sources for cooking Identify alternate energy sources for water heating Identify cleaning processes that can use cold water or use disposable ware Identify alternate washing regime for patient hygiene. No remedial action required Educate staff on contingency plans	Manager Engineering	A
		Use alternate energy source Gas Cook top or BBQ Heat water with alternate energy source Gas Quick heat water heater. Wash / clean with cold water Dishwasher heats own water Staff Education		Business manager CNC/Managers	B
Oxygen supply disrupted		Use cylinder oxygen	Ensure adequate supplies	Operational Officers/ Business Manager	A
Inability to supply mains power to facilities		Emergency power generation	Identify existing supply of emergency power generation Refer to power points/ outlets with emergency generation in each area Confirm essential equipment only connected to generator power outlets Ensure essential lights and equipment supplied. Consider need to purchase extension leads Develop a procedure for use of emergency power in each area and inform staff	Manager Engineering Nurse Unit Manager	A
				Nurse Unit Manager	A

SARINA HOSPITAL - UTILITIES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
		<p>Ration use of emergency power Use alternate power sources</p> <p>Supply additional lighting</p> <p>Discharge/ relocate patients within facility</p> <p>Consider activation of MHHS Disaster Plan Close Facility</p> <p>Staff Education</p>	<p>Contact Engineering/Contractor to ensure adequate fuel source for use of generator Ensure fuel storage standards are maintained Identify generator load capacity</p> <p>Fully charge batteries on all essential equipment Locate/purchase torches/ lanterns and batteries Use natural lighting -open windows and doors Identify patients for discharge or relocation Inform and educate staff Consult current MHHS Disaster Plan for process Liaise with alternative service provider for care of patients</p> <p>Transfer patients out & close facility Educate staff on contingency arrangements</p>	<p>Manager Engineering</p> <p>Nursing staff</p> <p>All Managers MHHS Manager</p> <p>MHHS Manager /Medical Superintendent only</p> <p>Nurse Unit Manager</p>	<p>A</p> <p>A</p> <p>A</p>
Loss of water supply for general use, e.g., toilets, patient hygiene		<p>Ration water usage</p> <p>Identify alternative water sources</p> <p>Identify alternative supplies of drinking water</p>	<p>Rationalise services and develop plan for water restriction</p> <p>Source / cost alternate supplies, e.g. / Water tankers / Fire service supply Initiate use of alternate supply</p> <p>Consider purchase of bottled water Liaise with Renal Dialysis Unit to save empty dialysate containers for water storage Buy containers for storage of drinkable water</p>	<p>MMHS Executive • Manager Engineering</p> <p>Manager Engineering</p> <p>MHHS Executive / Manager Engineering</p> <p>MHHS Executive</p>	<p>A</p>

SARINA HOSPITAL - UTILITIES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
	Loss of drinking water Contingency Failure	Discharge/ relocate patients within facility Consider activation of MHHS Disaster Plan Use emergency supply Close facility Staff education	Identify patients for discharge or relocation Consult current MHHS Disaster Plan for process Liaise with local council / utilities re emergency water supply Liaise with alternative service provider for care of patient Transfer patients out and close facility Educate staff on contingency	MHHS Manager Nurse Unit Managers	
Sewerage	Unable to dispose of waste products due to water failure	Ensure facility wide plan	Develop facility plan for waste disposal	MHHS Executive	D
Ensure Local council and Public Health Unit involvement.		Utilise "grey/used" water Designate toilets to be used Alternate toilet facilities Single patient use bedpans/ urinals Discharge/ relocate patients within facility Consider activation of MHHS Disaster Plan	Inform staff to save water after patient hygiene Place bucket for used water in each toilet cubicle for flushing purposes Close off toilets not for use and post signs Identify alternate toilet devices e.g., porta loos, and number required Source supply / cost of alternate devices Purchase sufficient for immobile patients Rinse with "grey/waste" water and chemical solution Inform staff of Infection Control policy Identify patients for discharge or relocation Consult current MHHS Disaster Plan for process Liaise with local council / utilities re emergency water supply Arrange for septic tank pumping truck to pump sewerage out of hospital pipes Liaise with alternative service provider for care of patient Transfer patients out, close facility Educate staff on contingency plans	Nurse Unit Manager Operational Services Nurse Unit Manager All staff MHHS Manager Manager Engineering	D

SARINA HOSPITAL - UTILITIES					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
	Failure of contingency	Close facility Staff education		Medical Superintendent Nurse Unit Manager Managers	D
Power failure	Mains power not available. Generator supplies emergency power	Refer to mains power failure plan	Inform and educate staff	DON/NUM/BM/ Engineering	B
Lighting failure	Difficulties in patient observation and care Increased risk for patients and staff No safety/evacuation lighting available	Utilise emergency lighting Maximise natural lighting Utilise alternate lighting Maintain WH&S precautions Provide additional portable lighting	Identify provision for emergency lighting Relocate immobile patients to best lit areas Clean and maintain windows and fittings Ensure blinds/curtains open Ensure adequate supply torches / battery operated lights and batteries Clear patient areas, work areas and corridors of all hazards Identify and source alternative lighting Staff member to place lighting in strategic areas for safety Issue clinical staff with torches	Engineering staff Nursing staff Operational Staff All staff Nurse Unit Manager All staff	B

Business Continuity Plan Environmental Services

Environmental Services					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Lift Failure	Unable to transport patients to different levels within facility	Ensure one lift operates on emergency power Utilise alternate methods of transporting patients Consider utilising ground floor facilities Minimise patient transfers	Review existing supply of emergency power Walk patients Consider scoop stretchers, fire blankets, stair walkers, cardboard stretchers Develop facility plan for locating new admissions Critical transfers only Ensure all staff aware of facility Fire / Evacuation plan	Engineering staff Disaster Committee Wards person MHHS Executive MHHS Executive Medical staff Unit Manager	D
Wall oxygen supply failure.	Wall oxygen not available	Use cylinder oxygen	Order required cylinders from central storage area. Ensure all oxygen cylinders full Ensure corresponding number of oxygen fittings available at ward level. Ensure all staff educated in cylinder changeover. Consider co-locating high oxygen users	Wards person Wards person Wards person Wards person Unit Manager Educator Nursing staff medical Staff	C

Environmental Services					A = Up to 24hrs B = Up to 5 Days C = Indefinitely D = Cannot Operate
Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Inadequate Waste Collection & Disposal	Build up of clinical and general waste products in unit Infection Control Issue	Use additional disposal methods	Ensure where possible JJ Richards has emptied compactus. Supply additional bins	Disaster Committee Corporate Services	C
Staffing	Increased manual tasks may influence workload	Roster extra staff on duty Place staff "on call"	Estimate staffing numbers required for 24 hour period Prepare rosters Liaise with agencies for extra staff Call in staff	All managers Duty managers	D
Failure of Emergency Alarms	Unable to provide safe and secure environment	Increased staff vigilance Refer to security plan	<ul style="list-style-type: none"> • Schedule regular patient rounds • Direct notification via phone switch or runner to Communication Centre to contact fire services, security & police • Inform and Educate Staff 	Disaster Committee Corporate Services Security All staff	B
Failure of Lamson System	Unable to transport specimens	Revert to manual process	Inform and educate staff	Unit Manager Educator Engineering staff Disaster Committee Wards person	D

In addition:

- Environmental Services Manager/Supervisors and Team Leaders to have contact details of all staff
- All management team to the hospital if safe to travel
- Environmental Services Manager attendance to Emergency Disaster Committee Meetings
- Create a 'Disaster team' within Environmental Services (or Corporate Services)
- If we have notice of the disaster:
 - Ensure adequate supplies of chemicals for at least a week

- Attendance at emergency meetings
- Liaise with JJ Richards in regards to waste – empty compactus, additional large bins, additional pick up of sharps and clinical waste
- Staff meetings – rostering, ensure contact details are correct, draft in from other areas ie gardeners
- Wet weather protection – heli-pad, Kids/WHU/Labour ward
- Enough torches/batteries
- Continually update staff
- All outdoor furnishings/objects removed/tied down/locked securely
- Liaise with NUMs/Bed Managers for early discharges – impact on wardies/cleaners
- Enough buckets/bins for water

BUSINESS CONTINUITY PLAN

Catering Services

Limited connections to the generator during power failure.

Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Failure of computerised systems	Unable to access electronic forms and rosters	Revert to manual systems	• Ensure adequate supply of forms.	• Catering Manager Catering Supervisor	B
Failure of computerised systems	Unable to access inpatient status and dietary requirements	Revert to manual systems	• Allocate staff to manually collect stats/menus from wards	• Catering Manager Catering Supervisor	A
Failure of energy supply to ovens	No hot/cooked food	Use the 1 oven with emergency capability	• Assess and ensure emergency power is working.	• Catering Manager Catering Supervisor	A
Failure of energy supply to cooking equipment	No hot/cooked food	Cold menu	• Ensure adequate supplies of cold food	• Catering Manager Catering Supervisor	A
Failure of Refrigeration / cool rooms	Food spoilage	Essential fridges on emergency power	• Coolrooms are connected to emergency power	• Catering Manager • Engineering staff Catering Supervisor	C
Failure of Refrigeration / cool rooms	Food spoilage	Restrict menu	• Utilise cyclone menu	• Catering Manager Catering Supervisor	B
Failure of Refrigeration / cool rooms	Food spoilage	Restrict menu	• Purchase dry / tinned food	• Catering Manager Catering Supervisor	B
Failure of Refrigeration / cool rooms	Food spoilage	Modify choices	• Consider purchase of long life milk	• Catering Manager Catering Supervisor	B
Water quality	Patient & staff health	Bottled water	• Consider purchase of bottled water for drinking	• Catering Manager • Catering Supervisor	C
Failure of Dishwashers	Unable to ware wash	Use disposables	• Adequate supply disposables	• Catering Manager Catering Supervisor	B
Inability to transport meals	Unable to deliver patient meals to floors above kitchen area	Utilise emergency power	• Ensure at least one lift operational on emergency power	• Engineering staff	A

Inability to transport meals	Unable to deliver patient meals to floors above kitchen area	Airline lunches (prepacked lunches)	• Develop simple menu for easy transport	• Catering Manager Catering Supervisor	A
Inability to transport meals	Unable to deliver patient meals to floors above kitchen area	• Consider use of volunteers to transport meals	Coordinate volunteers	• Catering Manager Catering Supervisor	A
Inability to cater for functions	No catered functions held	Resume catering when service is available	• Inform staff	• Catering Manager Catering Supervisor	C
Inability to maintain staff hygiene	Risk of food borne disease	• Refer to facility Wide Infection Control Plan	• Inform and educate staff	• Catering Manager Catering Supervisor	B
Potential for food spoilage	Potential for disease outbreak	• Monitor refrigeration and temperature	• Increased staff vigilance	• Catering Manager Catering Supervisor	C
Potential for food spoilage	Potential for disease outbreak	• Monitor refrigeration and temperature	• Ensure supply of audit forms/ thermometers	• Catering Manager Catering Supervisor	B
Equipment Function	Unable to guarantee equipment accuracy	Check all equipment for functionality as soon as possible after disruption of power/failure of machines	<input type="checkbox"/> Identify all equipment to be checked	• Catering Manager	A
			• Inform and educate staff	• Catering Manager	C

Mode of Operation

A: Hours up to 24hrs
B: Days up to 5
C: Weeks –
Indefinitely
D: Cannot Operate

BUSINESS CONTINUITY PLAN

Linen Services

Laundry cannot function if there is no electricity as the generator is not connected.

Boiler function is critical to the laundry. If boiler not operating:- No laundry Service.

Problem	Impact	Contingency	Task	Responsibility	How long can you function without this service?
Emergency Power	Reduced production	Utilise emergency power	Identify access to emergency power	Manager Linen Services Supervisor Linen Services	C
Emergency Power	Reduced production	Utilise available existing linen	Identify minimum usage required	Manager Linen Services Supervisor Linen Services	B
Emergency Power	Reduced production	Evaluate linen resources	Rationalise the use of linen	Manager Linen Services Supervisor Linen Services	B
Emergency Power	Reduced production	Evaluate linen resources	Develop procedures to minimise patient use including 'top & tail', change only when soiled, patients to supply own linen where able	Manager Linen Services CNC Infection Control NUM	B
Equipment breakdown / emergency power problem	No production	Utilise alternative linen service.	Review existing arrangements with external provider and negotiate for supply/removal linen	•Manager Linen Services Supervisor Linen Services	D

Lifts out of service			Develop plan for transport of soiled and clean linen and relocation of staff	• Manager Linen Services Supervisor Linen Services	A
Boiler not working	Unable to process any linen at all.	Outsource all linen to private provider.	Arrange for linen transport to private service.	• Manager Linen Services Supervisor Linen Services	D
No water	Unable to process any linen at all.	Outsource all linen to private provider.	Arrange for linen transport to private service.	• Manager Linen Services Supervisor Linen Services	D
Supplies of chemicals	Reduced production	Ensure chemical stocks are adequate	Order extra supplies in cyclone season	• Manager Linen Services Supervisor Linen Services	C

Mode of Operation

A: Hours up to 24hrs
B: Days up to 5
C: Weeks – Indefinitely
D: Cannot Operate

Emergency Call Directory

Contact List – Internal

Person	Responsibilities	Contact Number	Email
Kerry McGovern (MHHS Chief Executive Officer)	QH & Board Liaison	4885 6752	Kerry.mcgovern@health.qld.gov.au
David Farlow (Emergency Director of Medical Services)	Health Incident Controller	48856755	David.farlow@health.qld.gov.au
Julie Rampton (District Director of Nursing)	Operations Officer	48856763	Julie.rampton@health.qld.gov.au
Rhonda Morton (Chief Operations Officer)	Logistics Officer	48856753	Rhonda.morton@health.qld.gov.au
Vicki Barrow (Pandemic Project Officer)	Planning Officer	48855640	Vicki.barrow@health.qld.gov.au
Danielle Jesser (Public Affairs Manager)	Media and Communications Officer	48855984	Danielle.jesser@health.qld.gov.au

Contact List – External

Key contacts	Name	Contact number/s
Police		000
Emergency Services		000
Ambulance		000
Medical		
Security		
Insurance company		
Suppliers		
Water and Sewerage		
Gas		
Electricity		
Telephone		

Operational Checklist

Immediate Response Checklist

INCIDENT RESPONSE	<input type="checkbox"/>	ACTIONS TAKEN
Have you:	<input type="checkbox"/>	
• assessed the severity of the incident?	<input type="checkbox"/>	
• evacuated the site if necessary?	<input type="checkbox"/>	
• accounted for everyone?	<input type="checkbox"/>	
• identified any injuries to persons?	<input type="checkbox"/>	
• contacted Emergency Services?	<input type="checkbox"/>	
• implemented your Incident Response Plan?	<input type="checkbox"/>	
• started an Event Log?	<input type="checkbox"/>	
• activated staff members and resources?	<input type="checkbox"/>	
• appointed a spokesperson?	<input type="checkbox"/>	
• gained more information as a priority?	<input type="checkbox"/>	
• briefed team members on incident?	<input type="checkbox"/>	
• allocated specific roles and responsibilities?	<input type="checkbox"/>	
• identified any damage?	<input type="checkbox"/>	
• identified critical business activities that have been disrupted?	<input type="checkbox"/>	
• kept staff informed?	<input type="checkbox"/>	
• contacted key stakeholders?	<input type="checkbox"/>	
• understood and complied with any regulatory/compliance requirements?	<input type="checkbox"/>	
• initiated media/public relations response?	<input type="checkbox"/>	

Glossary

Business Continuity Management	The framework of controls implemented and steps undertaken by an organisation to manage its business continuity risks. The primary objective of these controls is to ensure the uninterrupted availability of its key business resources that support key (or critical) business processes.
Business Continuity Planning	A process that helps develop a plan document to manage the risks to the Mackay Hospital and Health Service, ensuring that it can operate to the extent required in the event of a crisis/disaster.
Business Continuity Plan	A document containing all of the information required to ensure that the Mackay Hospital and Health Service is able to resume critical activities should a crisis/disaster occur.
Critical Infrastructure	A service, facility or a group of services or facilities, the loss of which will have severe effects on the physical, social, economic or environmental wellbeing or safety of the community
Essential Service	An indispensable supply or activity
Emergency Control Organisation	A structured organisation that will initiate an appropriate response to emergency situations. During emergencies instructions given by the EOC personnel shall overrule the normal management structure.
Incident	Business interruption, adverse event, disaster – a series of events beyond the capacity and resources of a unit or facility to manage eg fire, flood, loss
Key activities	Those activities essential to deliver outputs and achievement of overall facility objectives.
Recovery Time Objective (RTO)	the time from which you declare a crisis/disaster to the time that the critical facility functions must be fully operational in order to avoid serious financial loss.
Resources	the means that support delivery of an identifiable output and/or result. Resources may be money, physical assets, or most importantly, people.
Risk Management	is the process of defining and analysing risks, and then deciding on the appropriate course of action in order to minimise these risks, whilst still achieving facility goals.

Amendment register and version control

Version	Date	Prepared by	Comments
1	26/8/13	Raelene Burke	Updated from 2009 version
2			
3			

APPENDIX 1

Terms of Reference - Emergency Preparedness and Continuity Management Sub-Committee

The Mackay Hospital and Health Service Emergency Preparedness and Continuity Management Sub-Committee will ensure the Mackay Hospital and Health Service is able to respond effectively to external and internal potential and actual emergencies and disasters.

Aim:

The Committee will oversee the implementation of systems, policies and procedures that identify and manage potential emergency situations that may arise, either internally or externally in terms of consequence, exposure, probability and preventative actions.

The Committee will assess staff preparedness to deal with emergency situations and, where necessary, develop strategies to improve the preparedness.

Objectives:

The MHHS Emergency Preparedness & Continuity Management Sub-Committee will:

- Ensure compliance with relevant standards and legislation.
- Standards Australia – AS 4083-1997: Planning for Emergencies – Health Care Facilities
- Standards Australia – HB221:2004 Business Continuity Management
- Develop and implement appropriate emergency response systems in consultation with relevant external emergency response organisations.
- Develop strategies, plans, manuals, processes and procedures to manage internal and external emergencies.
- Ensure appropriate training of staff in cooperation with the
- Liaise with external agencies to ensure responses to both external and internal emergencies are optimised.
- Report any risks assessed as Very High or Extreme to the MHHS Executive
- Identify key internal and external stakeholders and develop strategies for ongoing communication with these stakeholders.

Membership:

Chief Operations Officer
District Director of Nursing (or delegate)
Executive Director Emergency Medicine
Environmental Services
Health Information Services
Manager Building Engineering and Maintenance Services
Occupational Health & Safety Officer
Bed Manager
Fire Safety Officer
Information Division
Clinician

APPENDIX 2

MODEL HEALTH INCIDENT MANAGEMENT CHECKLISTS

(Adapted from the Australian Inter-service Incident Management System)

State Health Coordinator

The State Health Coordinator's role is to provide the leadership and support for an overall coordinated health response to the health event and the liaison with other agencies to ensure a planned, effective and integrated health service response and recovery.

Responsibilities include:

- Obtain (or provide) briefing from/to the Health Incident Controller;
- Provide the high level support required by the Health Incident Controller in meeting the objectives of the health event management plan;
- Set up the Health Event Management Team and where appropriate with the other agencies involved in the health response;
- Activate the Health Emergency Coordination Centre - dependent on the nature of the health event, this may be in conjunction with another agency(s);
- Establish a support management structure that is appropriate to the size, nature and complexity of the health event;
- Brief and liaise with the SCC or SDCC through the QH Director General or Chief Health Officer;
- Access external resources and agencies to ensure that the human, physical, fiscal and communication resources are identified and made available to the Health Event Management Team; and
- Maintain a log of all activities.

Health Incident Controller

The Health Incident Controller is responsible for incident management activities including the development and implementation of strategic decisions and approving the ordering and releasing of resources.

Responsibilities include:

- Assume control and obtain incident briefing;
- Assess incident information;
- Conduct initial briefing;
- If required or appropriate activate the Incident Management Team;
- Ensure planning meetings are conducted;
- Brief and allocate operational personnel including the Site Medical Commander (when not already determined) in accordance with the health event management plan;
- Approve and authorise implementation of the management plan
- Supervise the health response and operations within the health event
- Coordinate staff activities;
- Assemble and disassemble response teams and task forces assigned
- Approve requests for additional resources and requests for release of resources;
- In consultation with the Media Officer, approve release of information to the news media;
- Regularly report to the 'lead' agency and upwards;
- Approve plan for stand-down activities;
- Ensure safety and welfare of all health personnel; and
- Maintain a log of activities.

Site Medical Commander

The Site Medical Commander is responsible for the management and coordination of all public health or medical resources at the scene of the health event. The Site Medical Commander coordinates the organisational elements providing medical or public health care at the scene in accordance with the site management plan and directs its execution. The Site Medical Commander coordinates his/her activities with the Site Commanders from Ambulance, Police and Fire services. The relationship between the Site Medical and Ambulance Commanders is particularly close.

The Site Medical Commander also liaises frequently with the Health Incident Controller (in a large incident once the EOC has been established) or individual hospital emergency departments (in a small incident where the EOC support is in effect provided by the facilitating hospital). This communication will ensure an accurate flow of information from the scene and appropriate destinations for the patients leaving the scene. Requests for the provision of additional medical or public health resources to the scene are also the responsibility of the Site Medical Commander.

Responsibilities include:

- Obtain briefing from the Health Incident Controller;
- Develop the medical and or public health operational objectives of the site management plan in conjunction with the Health Incident Controller;
- Oversee the implementation of the site management plan;
- Coordinate with the site commanders from all other agencies especially ambulance;
- Provide overall control and coordination of the primary triage area(s) with particular respect to triage, transport and dispersal ; Coordinate with other site commanders where necessary to vary the SOP's to ensure optimum safety for both patients and emergency personnel;
- Brief and allocate (according to the site management objectives) arriving medical or public health personnel within the triage, treatment and dispersal framework;
- Determine needs and request additional medical or public health resources;
- Report information about special activities events and occurrences to the Health Incident Controller;
- Liaise with the ambulance transport officer to ensure appropriate provision of transport services;
- Determine the level of escort required for patients en route to hospital
- Liaise with the Health Incident Controller to ensure appropriate destinations are found for all patients;
- Maintain frequent communications with hospitals either directly or via the Health Incident Controller to ensure hospitals have accurate information with which to plan; and
- Maintain a log of all activities.

Planning Officer

The Planning Officer is responsible for the collection, evaluation, dissemination and use of information about the incident and status of resources.

Responsibilities include:

- Obtain briefing from Health Incident Controller;
- Negotiate with Health Commander the allocation and deployment of initial response personnel as appropriate;
- Establish information requirements and reporting schedules for all involved in the management of the incident;
- Establish as required information gathering and planning elements – for example:
- Weather collection system;
- Organise specialist advice; and
- HR requirements to maintain continued services or response;
- Supervise/prepare incident management plan;
- Assemble information on alternate strategies;
- Identify use of specialised resource/s;
- Provide periodic predictions on incident potential;
- Provide management support to the Health Incident Controller;
- Consider safety and welfare implications for all personnel during and
- Maintain log of all activities

Logistics Officer

The Logistics Officer is responsible for providing facilities, services and material in support of the incident management. The Logistics Officer participates in the development and implementation of the management plan and manages the functions within the logistics section.

Responsibilities include:

- Obtain briefing from Health Incident Controller
- Plan organisation of the logistics section;
- Allocate logistics work tasks;
- Participate in preparation of management plan
- Identify medical and support requirements for planned and expected operations; Coordinate and process requests for resources;
- Estimate logistic needs for continuing operational response;
- Provide advice to IMT on current capabilities; and
- Maintain log of all activities with a particular emphasis on any logistic requirements that may have financial/funding implications.

Liaison Officer

The Liaison Officer reports to the Health Incident Controller and is the point of contact for assisting and liaising with other agency representatives.

Responsibilities include:

- Obtain briefing from Health Incident Controller
- Provide a point of contact for assisting agency representatives
- Identify other agency liaison officers including their contact / communication link and location;
- Respond to requests from health incident personnel for inter-organisational support; Monitor incident response and operations for potential inter-organisational
- problems; and
- Maintain log of activities.

Media and Communication Officer

The Media and Communication Officer is responsible for providing and coordinating media response, internal and external communication requirements, and stakeholder relations in support of the incident management. The Media and Communication Officer participates in development and implementation of the management plan.

Responsibilities include:

- Media and communication response strategy in partnership with the incident management team, MHHSs, units and senior executives;
- Develop the overall media and communication response category in partnership with the incident management team, MHHSs, units and executives;
- Manage and coordinate all internal and external communication, media in
- and stakeholder relations outputs.
- Provide strategic internal and external communication and stakeholder relations advice to the Director-General, senior executives and Incident Controller; Provide direction to media and communication support staff.
- Act as media and communication liaison key conduit with the Ministers office.