

Operational Policy: Emergency Response

Policy Summary Statement

This policy describes Pegasus' response in an emergency event. Pegasus' response is prioritised in four stages:

- 1) Safety of Pegasus employees;
- 2) Safety and functionality of 24 Hour Surgery staff and services;
- 3) Support to Canterbury Primary Response Group for establishment of EOC functions; and
- 4) Pegasus South Island-wide customers and partners.

The aim of Pegasus' emergency response is to:

- minimise disruptions to normal operations,
- reduce the potential loss of core assets, and
- optimise the health sector's and the organisation's recovery time in order to be able to provide health services to enrolled patients.

Exclusions to this Policy

There are no exclusions to this policy.

Variations to this Policy

Pegasus' HR Policy is drafted from a principles perspective to cover the majority of situations that may occur in the workplace. By the nature of emergency events, the policy may require variation according to the needs of the organisation at the time of the event.

Related Policies / Documents

- Health and Safety Policy
- Emergency Response Procedures

Review

This policy is to be reviewed one year from Executive/FARC approval.

Policy Project Team (by role)

Leader:	Human Resources Manager
Peer Review:	OLT
Team Members:	CPRG Representative, Financial Controller, BIS Manager, COO, Knowledge Management Manager, Patient Services/24HS Manager
Policy Dev Support:	CPRG Representative

Operational Policy Detail: Emergency Response

Background

In any emergency plan there are three phases:

- Readiness (preparation for an event)
- Response (continuity of critical operations once an event occurs)
- Recovery (restoration to normal operational state after the event)

Pegasus' organisational response is assisted by the development of this policy and application of the relevant procedures.

The policy applies to the operational, tactical and strategic activities of Pegasus to minimise the impact of any disasters or major events. This policy applies in an expected or unexpected event, whether an outbreak of an infectious disease, a mass casualty event, a major natural disaster (earthquake, flood, tsunami) or a severe weather event, that affects either Pegasus Health facilities and/or member or partner facilities, and/or other primary health care facility (as required and/or directed by Canterbury District Health Board or their delegates).

The policy applies to all Pegasus Health facilities and staff, including (but not limited to) 160 Bealey Ave, 24 Hour Surgery (cnr Bealey and Colombo streets), and 56 Shirley Road. Sub-policies, procedures and plans may apply to these specific sites and/or teams within these sites and will sit under this overarching policy.

Principles Underpinning Emergency Planning and Response

Readiness

1. Pegasus will take all usual care as defined under the Health and Safety in Employment Act (HSE) to ensure the safety of its employees, as stated in the Health and Safety Policy.
2. The Pegasus organisation is committed to supporting the Canterbury Primary Response Group (CPRG) in its preparation, establishment and maintenance of an Emergency Operations Centre (EOC). This includes venue, hardware, software, telephony, human resources and any other relevant required supports.
3. Staff are expected to maintain their personal information including contact details in ResOURce and in Kiosk, which is available via Citrix if not on site. Staff are also expected to maintain their manager's contact details so they may be contacted in an emergency.
4. Managers are responsible for acquiring and maintaining their team's contact details (obtained from Kiosk) and ensuring accessibility in the case of an emergency (e.g., keeping a cell phone contact list).

Managers also must ensure they have contact details for any contractors and are responsible for communicating to them in the case of an emergency event.

5. The Personal Assistant to the Chief Executive Officer and the Receptionist (and any other designated staff member) will have all staff cell phone numbers and email addresses accessible remotely.
6. Pegasus staff will participate in emergency drills and exercises as required.

Response / Activation

7. Pegasus' Chief Executive Officer (or appointee) is responsible for the Pegasus response as well as overseeing and enabling the Site Support function to the Canterbury Primary Response Group (CPRG) Emergency Operations Centre (EOC)(see Appendix 1). Other key senior staff will support Pegasus' and the sector-wide response as required.
8. Wardens will be appointed from Pegasus staff to facilitate safe evacuation procedures within the 160 Bealey, 56 Shirley Rd, and 24 Hour Surgery facilities. Wardens will participate in regular drills.
9. The Pegasus Executive team will immediately discuss and agree priorities with CPRG, the Pegasus Health Board and Canterbury District Health Board.
10. The Operations Leadership Team (OLT) will be in contact with all employees as soon as practical and maintain regular communication with staff to keep them up to date with developments.
11. Information will be communicated by phone, SMS, email, or by uploading to ResOURce, which may be accessed remotely. Designated staff may also utilise social media to keep employees apprised of the situation.
12. 24 Hour Surgery staff will be contacted by the Manager and/or clinical directors and rostered as required.
13. If the 24HS facility is unsafe or unable to be accessed, clinical activity will occur in an alternate location according to the 24HS Emergency Response Plan.
14. When an evacuation order is given by the Chief Executive Officer or appointee, only staff required to perform EOC roles or 24 Hour Surgery staff who are required to deliver health services may remain in the affected facilities, and only in the case of the building(s) being deemed safe.
15. In the event of Pegasus facilities being deemed unsafe or inaccessible, alternate locations will be selected by CPRG and the Pegasus CEO and/or appointee and/or senior management team member to operate essential business and EOC services. This alternate location will be communicated via the Pegasus management team.
16. Pegasus facilities will be inspected by an accredited engineer within an agreed timeframe in the case of potential structural damage.
17. A Canterbury-wide EOC (administered by CPRG) will operate out of 160 Bealey Ave facilities unless this site is unsafe or unable to be accessed, in which case an alternate site will be agreed with the Primary Care Coordinator of CPRG.
18. Key staff may be required to perform functions in an emergency state; either to support the continuation of essential operations, or they may volunteer to participate in the Emergency Operations Centre.
19. Pegasus as a membership organisation, as well as performing its PHO functions, is responsible for supporting its member practices to be able to maintain clinical health services.
20. The aim is to minimise disruptions to normal operations, reduce the potential loss of core assets, and optimise the sector's and the organisation's recovery time. System dependability should be ensured by effective testing, backup systems and resources.
21. Staff may be required to perform their normal function or some other specified role in an emergency, as detailed in specific department plans or as requested by their manager or the Pegasus Executive

- team. Staff not involved in the EOC may be asked to work remotely. Otherwise staff will be placed on paid annual leave; if they do not have leave available, they will be required to take unpaid leave.
22. If staff are unable to work due to circumstances beyond Pegasus' control (e.g. fire, snow, flood, pandemic, earthquake or other Act of God), then they will be required to take paid or if no leave is available, unpaid annual leave.
 23. Staff required to work will notify their line manager or a senior manager at Pegasus if any personal issues have arisen that would prevent them from being available.
 24. Pegasus will fund absence from work in certain circumstances, for instance when normal work activity is suspended and no other work is available; otherwise staff who choose not to return to work when required and able will be directed to take annual leave.
 25. Pegasus staff in an EOC will support Pegasus members and partners as well as other primary health care providers to be able to look after the health needs of the people of Canterbury.
 26. Business Information Services staff are responsible for supporting their business customers to re-establish and maintain business and clinical services as quickly as possible as set out in relevant service agreements.
 27. Business Information Services staff are also responsible for establishing and maintaining the EOC to the specification of CPRG staff at the agreed site, whether it be 160 Bealey Ave or another location.
 28. Staff who participate in the EOC or emergency response may be provided with time-in-lieu if hours worked extend beyond their normal working hours. Reimbursement for any personal expenditure incurred on behalf of Pegasus and/or the EOC is to be agreed by Pegasus or CPRG management before it is incurred.
 29. Confidentiality and privacy of any information contained within a Pegasus facility, either in paper form or electronic will be assured to the extent possible in the event, and as detailed in the applicable sub-policy (Storage and Destruction).
 30. If Pegasus facilities are compromised, staff may be required to work from other locations including their homes while repairs are carried out. In the event that long term home-based work is required, i.e., longer than two weeks, additional costs incurred by the staff member can be discussed with their manager and a Pegasus-wide response to expense recovery may be developed.

Recovery

31. The Chief Executive Officer (or appointee) in conjunction with CPRG will determine when normal services (i.e. 'business as usual') will resume and will communicate this to staff.
32. Staff are expected to return to normal work function when directed unless they are committed to EOC activity. The EOC (in 'response' mode) may be required to be in place for hours, days, or even months, with staff assigned in rosters in order to be able to return to normal work function as quickly as possible. Prioritisation of work will be discussed with their manager.
33. The organisation will engage in the process of recovery for all Pegasus Health general practices.

Organisational Values

- Trust and respect
- Communication
- Development of Potential
- Continuous Improvement
- Teamwork

Operational Procedures: Emergency Response

Procedures in an Emergency Response

All Facilities

This policy is in effect for all Pegasus locations. At the time of writing this includes 160 Bealey Avenue, the 24 Hour Surgery site (corner of Colombo and Bealey), and 56 Shirley Road.

If staff are trapped in a Pegasus facility, or if leaving is not a safe option, all persons in the building will be advised to remain inside until notified by emergency staff such as Police or Fire Service or by senior staff on site.

Emergency services such as St John Ambulance may be called for by any staff member as needed, but preferably by a senior staff member so that calls may be handled in a coordinated way. The caller must specify that the call is not originating from a medical facility.

Once initial steps are taken to ensure individual safety, in the case of a natural disaster an immediate examination of the premises will be undertaken by senior staff and/or Health and Safety Committee members. In the case of seismic or extreme weather event, an engineering assessment may be required before staff may be allowed to return to the building.

The 24 Hour Surgery management team will advise the Chief Executive Officer or appointee the condition of that facility and any staffing issues and the planned response. The Team Leader or manager at 56 Shirley Road will advise the Chief Executive Officer or appointee the condition of that facility and any staffing issues. All team leaders will report to their managers; managers will report to the Chief Operations Officer.

If an evacuation order is given by the Chief Executive Officer or appointee, only staff required to perform EOC roles or 24 Hour Surgery staff who are required to maintain essential health services may remain in the facility. In the case of Pegasus facilities being unsafe or inaccessible, alternate locations will be selected by the Primary Care Coordinator to establish the Emergency Operations Centre (EOC) and senior management in the case of the 24 Hour Surgery (see separate plan). Otherwise staff may be asked to leave or return home and remain there until another solution can be advised.

EOC staff will advise their manager and report directly to the Primary Care Coordinator (usually by SMS). In an event, Canterbury Primary Response Group (CPRG) procedures will apply to the establishment and operations of the EOC.

Specific Teams' Response

Business Information Systems (BIS)

As detailed in the BIS Emergency Plan(s) (see Appendix), members of the Business Information team will be required to:

- Establish the EOC in case of a sector-wide response, e.g., computer network, photocopier, printer, fax machines, cell phones and/or land lines, database management and support
- Ensure the security and function of the Pegasus servers
- Ensure the function of members and other clients' systems, e.g., Medtech32, ERMS, eSCRV, etc.

Finance, Claims, Accounts Payable and Receivable

As detailed in the Finance Emergency Plan (see Appendix), members of the Finance and Claims team will be required to:

- Support funding of the EOC response and recovery,
- Pay accounts and handle insurance for the EOC and Pegasus, as well as
- Enable any special authorised activity on behalf of general practice and community pharmacy.

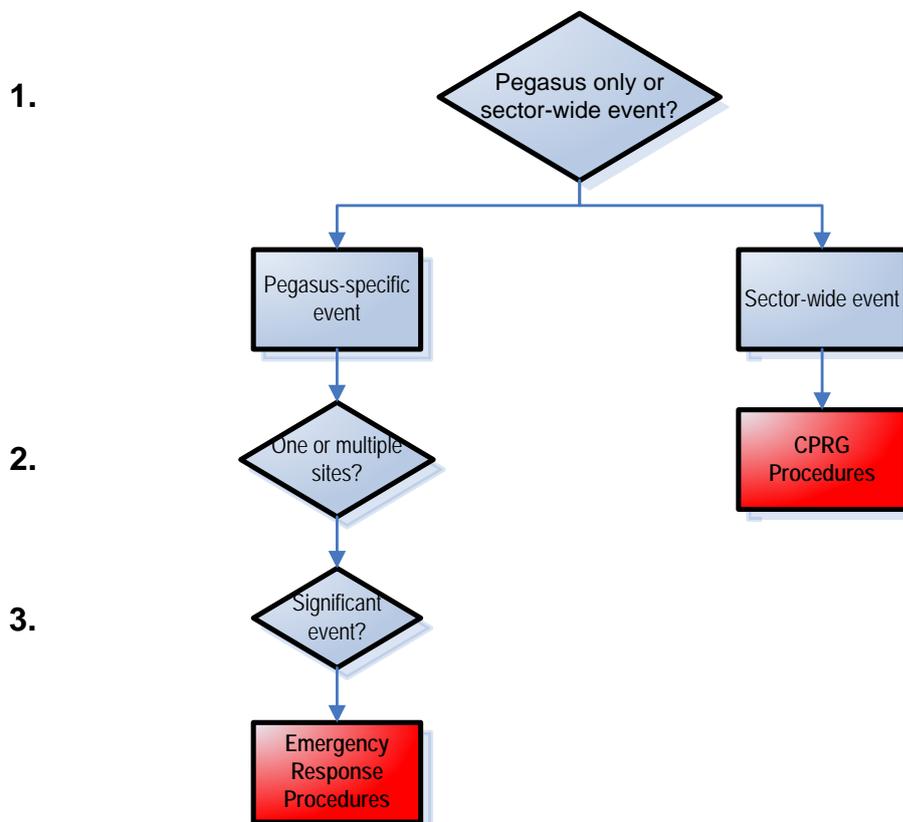
Human Resources

Pegasus Health’s HR team is responsible for payroll for all Pegasus staff. In the event of an emergency the payroll function will continue to be administered as contracted through AMS.

Pegasus Health’s 24 Hour Surgery

The 24 Hour Surgery priorities are staff and visitors in the first instance. Once immediate safety is assured, emergency health care procedures for current patients and incoming patients will follow response procedures as set out in the 24 Hour Surgery Emergency Response Plan (see Appendix).

Procedures in an Emergency Event



For Pegasus-specific emergencies, follow instructions as detailed in the following sections.

Recommended Procedures for Pegasus-Specific Emergencies

- 1.0 Providing First Aid in an Isolated Event (e.g., bleeding, burns, breaks, collapse)
- 2.0 Threat to Staff Safety
- 3.0 Unwelcome or Unauthorised Visitor
- 4.0 Bomb or Arson Threat, Suspicious Object or Mail
- 5.0 Power, Water or Sewer Failure
- 6.0 Electrocution
- 7.0 Fire
- 8.0 Natural Disaster
 - Fire
 - Earthquake
- 9.0 Storm/Flooding/Tsunami
- 10.0 Infectious Diseases

At Pegasus, dial the following numbers in case of an emergency:

Fire Service	Dial 1 then 111
Ambulance	Dial 1 then 111
Police	Dial 1 then 111
Doctor	On site or 24 Hour Surgery – 365 7777
Psychiatric Emergency Service	364 0482 or 0800 920 092
Water/Sewage	Christchurch City Council – 941 8999
Electricity	Orion NZ – 0800 363 9898
National Poisons Centre	0800 764 766
Victim Support	0800 842 846

1.0 Providing First Aid in an Isolated Event

- Bleeding – Stop bleeding by applying direct pressure with a dressing/pad and elevate the limb
- Burns – Cool by gently applying cold water for 20 minutes
- Breaks – Gently stabilise the fracture to prevent movement
- Unconscious – Both breathing and other signs of life present? Place person in recovery position, cover with a blanket or clothing. Otherwise, begin CPR.

Alert other staff and summon immediate help. Provide help and reassurance. Begin CPR (if appropriate). Dial 1 then 111, state the nature of the emergency and the location. Emphasise to the operator *this is not a medical facility*. Continue CPR or emergency treatment.

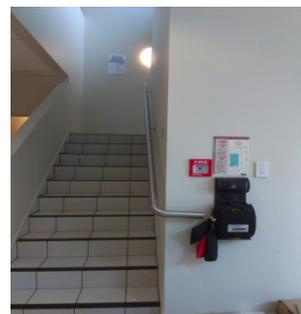
Basic CPR

- **Step 1** - The first step to performing CPR is to ensure that your scene is safe. Remember, you don't want to become a victim yourself.
- **Step 2** - Next, make sure the victim is on a firm, flat surface. If the victim is on his/her side or face down, you will need to roll them over carefully onto their back.
- **Step 3** - Kneel to your victim's side and check for responsiveness (tap/shout to the victim.) If you have no response, yell for help. If someone comes to help you, have that person call (1) 111. If no one comes, leave the victim to call (1) 111. **IMPORTANT:** Preferably the call should be made from a desk phone or mobile phone as the Pegasus reception phone indicates to the operator that you are calling from 'Pegasus Health' and they will think you are calling from a medical centre. You must inform the emergency operator that we are an 'administration centre not a medical clinic.' State that we require an ambulance immediately. Do as the dispatcher directs you to do, then return to the victim and begin CPR.
- **Step 4** - Open the victim's airway (head-tilt, chin-lift.) LOOK for rising of the chest, LISTEN for breaths, and FEEL for breaths on your cheek for 5-10 seconds. REMEMBER: Gaspings is not breathing.
- **Step 5** - If no normal breathing is noted, begin the cycles of CPR: 2 rescue breaths (watch for the chest to rise) then give 30 compressions (averaging 100 compressions per minute) on the chest. You want to make sure that you allow the chest to come back to its normal position before giving another compression.
- **Step 6** - Continue giving compressions until the victim starts to move or more trained help arrives and takes over.

Automated External Defibrillator (AED)

The AED can be found by the stairs in Reception at 160 Bealey Ave. This is an automated defibrillator that is used to shock the heart in the event of cardiac arrest or heart arrhythmia. It is designed to be used by lay people without any medical or first aid knowledge. It will talk you through exactly what to do.

If you need to use the AED grab the handle and pull it out of the holder. There is a BP cuff and stethoscope and some other basic supplies with the AED. Follow the procedures above and ring 111 after treatment.



2.0 Threat to Staff Safety / Confrontation

- Keep calm and do as the person requests.
- Look for descriptive features if you can do so without antagonising the person.
- Remove others from danger, if it is safe to do so.
- Acknowledge the person's problem and/or feelings. Speak quietly, slowly and calmly.
- Move carefully and explain your actions as you move. Consider a safe means of escape. If able to do so, remove yourself to a safe area or behind locked doors. Close security doors.
- Avoid provocation by careful use of words or body language (show empathy and understanding).

If safe and appropriate:

- Attract attention of others.
- Phone or call for assistance.
- Notify your manager or a member of the Executive team.

Write down your observations as soon as possible, including: a physical description of the person, what they wanted, where they came from and where they were going, and their mental state.

- Dial 1 then 111. State the location and nature of the event.

3.0 Unwelcome or Unauthorised Visitor

If someone is in an area of the building where they shouldn't be, observe their movements and behaviour. Be alert for people gaining or attempting to gain access to stairwells or side entrances. Staff are expected to keep these areas secure and to protect all security codes and swipe cards from unauthorised access. Swipe cards should not be lent to outsiders. See the Pegasus Security Policy for more information.

Advise your manager or the nearest member of the Pegasus Executive team. Politely ask the person for their identification or if you can help them. If they are unable to produce ID or explain their presence, or if they are causing distress or exhibiting aggressive behaviour, ask them to leave.

- Dial 1 then 111 if you need additional assistance to remove the person from the premises.

Remain polite, and defuse tension. When able, record your observations and report the event to your manager.

4.0 Bomb or Arson Threat, Suspicious Object or Mail

If someone phones in a bomb threat, treat it seriously and ask the following questions:

- *Where did you put the bomb?*
- *What does the bomb look like?*
- *What will make the bomb explode?*
- *When is the bomb set to go off?*
- *What is your name?*

- *Where are you?*
- *Why are you doing this?*

Keep calm! Write down the exact wording of the threat if at all possible. Listen for background noises and note anything particular about the caller's voice or speech patterns. Note the exact time of the call and if the phone displays the caller's number, write it down.

Attract the attention of another person and ask for help; they can ring for the Police. Keep the caller on the line as long as possible.

- Dial 1 then 111. State the location and nature of the event.

Suspicious Object

If you see an item (parcel, package, box or bag) that looks suspicious, don't touch it. Contact your manager or a member of the Executive team.

Likewise, if you open a letter or package and the contents look suspicious, don't touch it. Contact your manager or a member of the Executive team.

The manager/executive must assess the risk. If the owner cannot be identified, consider clearing and isolating the immediate area. Dial 1 then 111, state the location and description of the object. Wait at a safe distance until further advice is given.

5.0 Power, Water or Sewer Failure

If installed, emergency power supplies such as emergency lighting may run for up to three hours, however, not every Pegasus facility may have this feature. In the case of power, water or sewer failure:

- Notify your manager or a member of the Executive team who will notify the utility provider and/or the building manager.
- Turn off all equipment.
- If safety is at risk, evacuate the building until it is safe to re-enter.
- If power, water and/or sewer are unable to be quickly restored, the Executive team may request employees to leave the premises and work remotely.

6.0 Electrocutation

Never touch the casualty with bare hands unless you are sure there is no further danger to yourself and the casualty is no longer in contact with the source.

In the case of injury from high voltage electricity, do not approach the casualty until the police or similar authority tell you it is safe to do so. Otherwise:

- Break the current or remove the casualty from the source if safe to do so.
- If the person is unconscious, open the airway and check breathing.
- Perform CPR if required and/or place the person in the recovery position.
- Treat any burns if appropriate.

- Dial 1 then 111 for ambulance service – give the address and ensure the operator understands this is not a medical facility.

7.0 Fire

- Remove all persons from immediate danger.
- Warn and get assistance from others, e.g. manager, staff, Fire Wardens.
- Activate the fire alarm if it hasn't already been activated.
- Dial 1 then 111. State the building's address, the nature and location of the fire.
- Close all doors.
- Evacuate according to the Evacuation Plan. Use only fire exits. Do not carry drinks or food. Assemble in northeast corner of car park. Wait for the Fire Brigade.
- Attempt to extinguish the fire ONLY if safe to do so.
- Await the 'All Clear'. Re-enter the building only on Fire Service or Wardens' instructions.

Fire wardens have been appointed at each Pegasus facility. See Pegasus' Health and Safety policy for more information.

Evacuation

Remember the main stairs at 160 Bealey Ave are not safe in an evacuation. Use the stairs at the corners of the building, exiting at street level.



Figure 1: Level One Floor Plan - 160 Bealey Ave

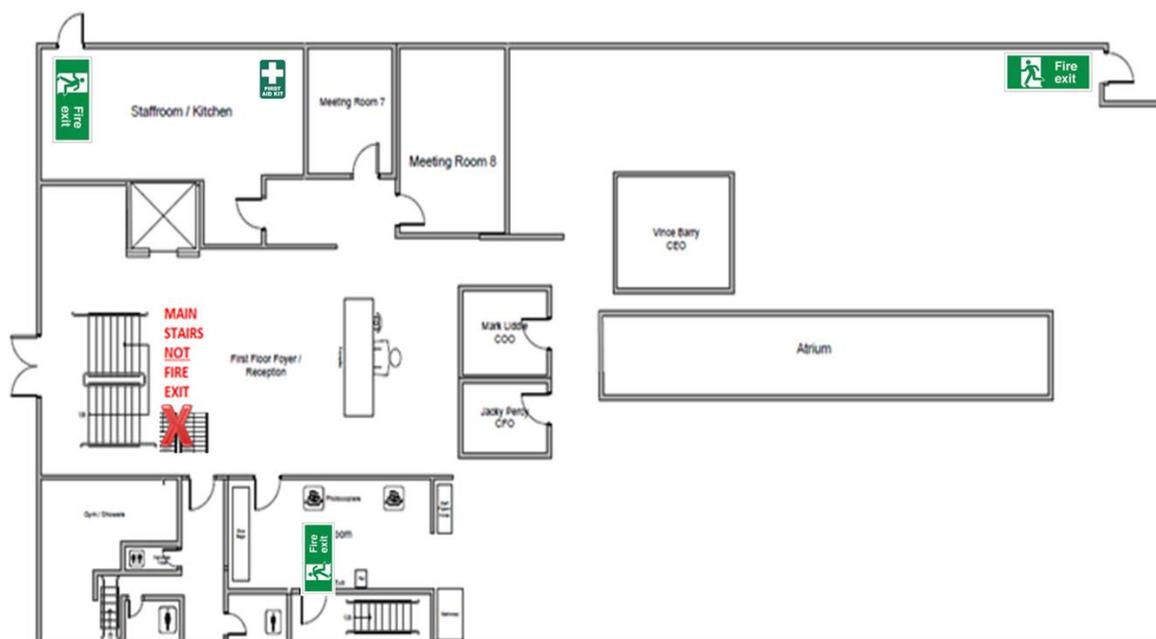
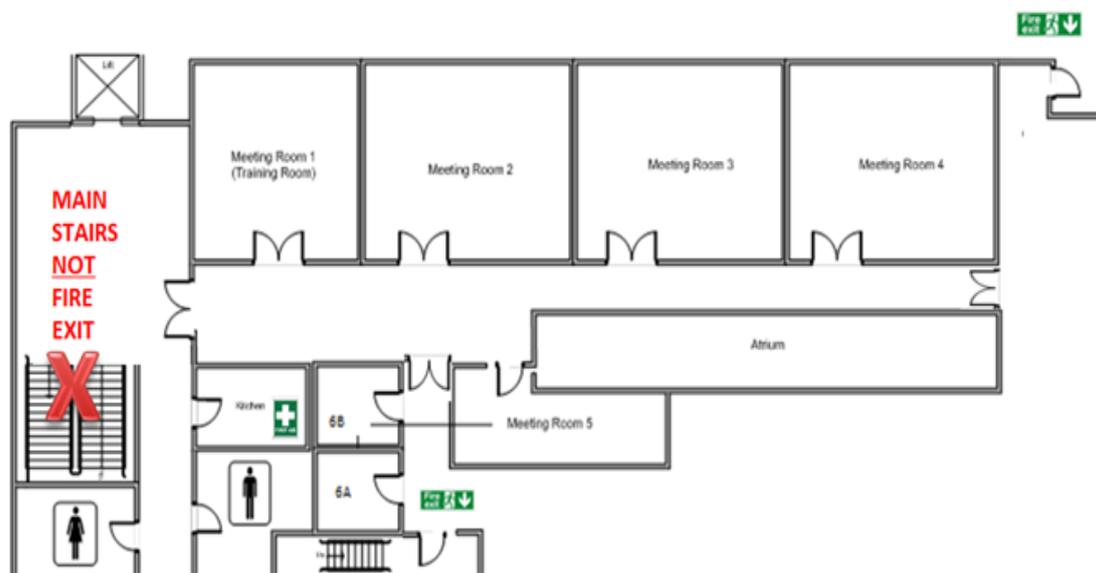


Figure 2: Level Two Floor Plan – 160 Bealey Ave



8.0 Earthquake

If you're outside, stay outside. If inside, take cover and wait for shaking to stop. Allow time for the building to settle before exiting.

Before an Earthquake

- Identify safe places within your workplace, e.g. doorways, under your desk, or a strong table, away from glass/windows.

During an Earthquake



- If you are inside a building, move no more than a few steps, drop, cover and hold. Stay indoors till the shaking stops and you are sure it is safe to exit. In most buildings in New Zealand you are safer if you stay where you are until the shaking stops.
- If you are in an elevator, drop, cover and hold. When the shaking stops, try and get out at the nearest floor if you can safely do so.
- If you are outdoors when the shaking starts, move no more than a few steps away from buildings, trees, streetlights, and power lines, then Drop, Cover and Hold.

- If you are driving, pull over to a clear location, stop and stay there with your seatbelt fastened until the shaking stops. Once the shaking stops, proceed with caution and avoid bridges or ramps that might have been damaged.

After an Earthquake

- Expect to feel aftershocks.
- Check yourself for injuries and get first aid if necessary. Help others if you can.
- Be aware that electricity supply could be cut, and fire alarms and sprinkler systems can go off in buildings during an earthquake even if there is no fire. Check for, and extinguish, small fires.
- If you are in a damaged building, try to get outside via the identified emergency exits and find a safe, open place. Use the stairs, not the elevators.
- Watch out for broken glass.
- Watch out for fallen power lines or broken gas lines, and stay out of damaged areas.
- Only use the phone for short essential calls to keep the lines clear for emergency calls.
- If you smell gas or hear a blowing or hissing noise, open a window, get everyone out quickly and turn off the gas if you can. If you see sparks, broken wires or evidence of electrical system damage, turn off the electricity at the main fuse box if it is safe to do so.

9.0 Storm/Flooding/Tsunami

MetService will issue a Severe Weather Warning whenever there is an expectation of any of the following weather conditions occurring within the next 24 hours:

- Widespread (i.e. over an area of 1000 square kilometres or more) rainfall greater than 50mm within 6 hours or 100mm within 24 hours;
- Widespread snowfall below 500 meters (South Island) with a snow depth of 10 centimetres within 6 hours or 25 centimetres within 24 hours;
- Widespread severe gales with a minimum mean speed of 90km/hr or frequent gusts exceeding 110km/hr.

In the case of a weather warning:

- If notice is given of a pending severe storm, tape windows to prevent flying glass. Move away from exposed rooms and windows.
- If sufficient notice is given and it can be done so safely, evacuate the building.
- Remain indoors if unable to evacuate.
- Move valuables, documents and equipment above possible flood levels.
- Clear 160 Bealey basement of important documents and vehicles/equipment if possible to do so safely.
- Switch off electrical equipment that may be affected by flooding.
- Shelter in the strongest part of the building.
- Open windows on the sheltered side of the building if the roof begins to lift (i.e., if pressure builds up).
- If staff are unable to come to work they should contact their manager as soon as possible.

The Pegasus Executive team will decide whether or not Pegasus facilities should close, depending on the situation. In general, the 24 Hour Surgery is deemed a priority to stay open and provide clinical services if at all possible. Staff will be notified of building statuses by text message from the Executive team or their representative.

Staff fulfilling EOC functions may be required to remain on site to support primary health care providers across Canterbury.

In the case of snow, staff who own four-wheel drives may volunteer to transport colleagues to home or to work if providing essential services. This will be done at the responsibility of the vehicle owner; Pegasus claims no responsibility in this situation.

Return to normal business activity will vary depending on the severity of the storm event and the damage sustained. All recovery activities at Pegasus facilities will be directed by the Executive team.

10.0 Infectious Diseases

People who are capable of spreading highly contagious diseases can travel around the world within a matter of hours. Disease in the workplace can cause high incidences of absenteeism, stress, productivity loss, and a negative economic impact.

Employees who report to work when they are sick exacerbate the problem. One sick employee can quickly spread tuberculosis, measles, pertussis, influenza, or any number of other infectious diseases and infect a large number of employees in a single organisation. The workplace is an incubator for disease with employees working in close quarters, inadequate hand washing or germ containment techniques, and regular travellers or visitors.

Pegasus' policy is to keep employees safe, minimise exposure, and plan for business continuity. This includes prevention, absenteeism policies, and remote access.

In some cases staff may be absent not directly due to illness but rather due to infection avoidance, school closures or public transportation issues. Leave with or without pay should be arranged with their manager. (See HR policy.)

If the Pegasus offices are unable to be accessed due to disease outbreak, BIS policy will apply.

Infection Prevention and Control Procedures

Staff are expected to exercise good personal hygiene and sound workplace cleaning routines.

Hand washing:

- Hand washing is one of the most important infection control procedures for staff members.
- Pegasus Health will display hand hygiene posters in appropriate areas.
- **Using plain liquid soap and water**, wash hands for at least 20 seconds paying attention to fingernails, between the fingers, the palms, back of hands and wrists. Dry thoroughly with a paper towel. Throw the paper towel away.

- **Using alcoholic hand rub**, apply enough to keep your hands moist for a minimum of 15 seconds (approximately ½ teaspoonful). Paying attention to the fingernails, between the fingers, the palms, back of hands and wrists, rub your hands together, covering all surfaces until dry. Do not dry with a paper towel.

Cough etiquette:

- Pegasus Health will display cough etiquette posters in appropriate areas.
- The mouth and nose should be covered with a tissue when coughing or sneezing. The used tissue should be put into a lined rubbish bin.
- If a person doesn't have a tissue, they should cough or sneeze into their upper sleeve, not their hands.
- Hands must be washed after coughing or sneezing.

Cleaning procedures:

- Pegasus Health will provide appropriate cleaning materials to ensure staff regularly clean their surrounding surfaces, e.g., keyboards, phones, desks, mouse, etc.
- The influenza virus can remain viable on hard surfaces for up to 48 hours and on cloth, paper or tissues for up to 8 hours.
- Contracted cleaners will follow appropriate infection prevention and control procedures in respect to cleaning Pegasus facilities.

Keeping the work environment well-ventilated:

- Influenza can spread where there is not enough ventilation. For this reason, it is important to keep the office space well-ventilated with doors and windows open where possible. If air-conditioning systems are used, it is important to make sure they are properly maintained.

Maintaining Social Distancing:

- Given that people may be infectious and shedding viruses for at least 24 hours before flu symptoms are present, it is important to be aware that all staff may be infectious. More viruses are shed by people who are symptomatic than by those who are in the prodromal phase. Coughs and sneezes can project viruses in large droplet form over a distance of approximately 1.8m.
- It is important that all staff are encouraged to remain at home if unwell.
- Flu-infected staff should stay away for seven days or 24 hours after their last symptoms, whichever is longest.

Glossary

Canterbury Primary Response Group (CPRG)	The Canterbury Primary Response Group (CPRG) is a collaborative group of health professionals and provider organisations tasked by the CDHB to lead our primary care emergency planning, response and recovery. It is headed by the Primary Care Coordinator (who will also head the Primary Care Response Team during an emergency). The CPRG meets periodically and issues updates to primary care providers as well as communicating with the CDHB and other relevant organisations in Canterbury.
CEO, CFO, COO, OLT	Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Operations Leadership Team
Emergency event	An emergency event typically refers to a disaster, whether an outbreak of an infectious disease, a mass casualty event, a major natural disaster (earthquake, flood, tsunami) or a severe weather event, that affects either Pegasus Health facilities and/or member or partner facilities, or other primary or secondary health care facility and/or their ability to deliver health care services to patients. The term can also apply to a single or localised event that impacts on an individual's or the organisation's ability to perform normal daily functions.
Emergency Operations Centre (EOC)	The Emergency Operation Centre (EOC) is a facility where the response to an event may be supported and managed. In this context the EOC usually refers to the Canterbury Primary EOC, responsible for managing the response of primary care providers. The EOC team may come from across the health sector, including Pegasus Health staff.
Key Staff	Key staff are those employees who perform either a vital function necessary in the response, or to the continuation of essential business systems.
Readiness	Activities that develop operational capabilities for responding to an emergency.
Recovery	Activities that stabilise the affected community and assure that support systems are operational. Also, longer term actions for community and/or business rehabilitation and restoration.
Response	Activities undertaken immediately before, during or directly after an emergency that can: <ul style="list-style-type: none"> • Save lives. • Minimise injury, illness and suffering. • Reduce damage to property and infrastructure. • Minimise the disruption of support services. • Make recovery easier.

Appendices

Pegasus Emergency Decision Tree

Pegasus CEO / Senior Managers' Emergency Processes

How We Should Wash Our Hands A4 Poster

Hand Hygiene A4 Poster

Cover your Cough A3 Poster

Finance Emergency Plan

Business Information Systems Emergency Plan

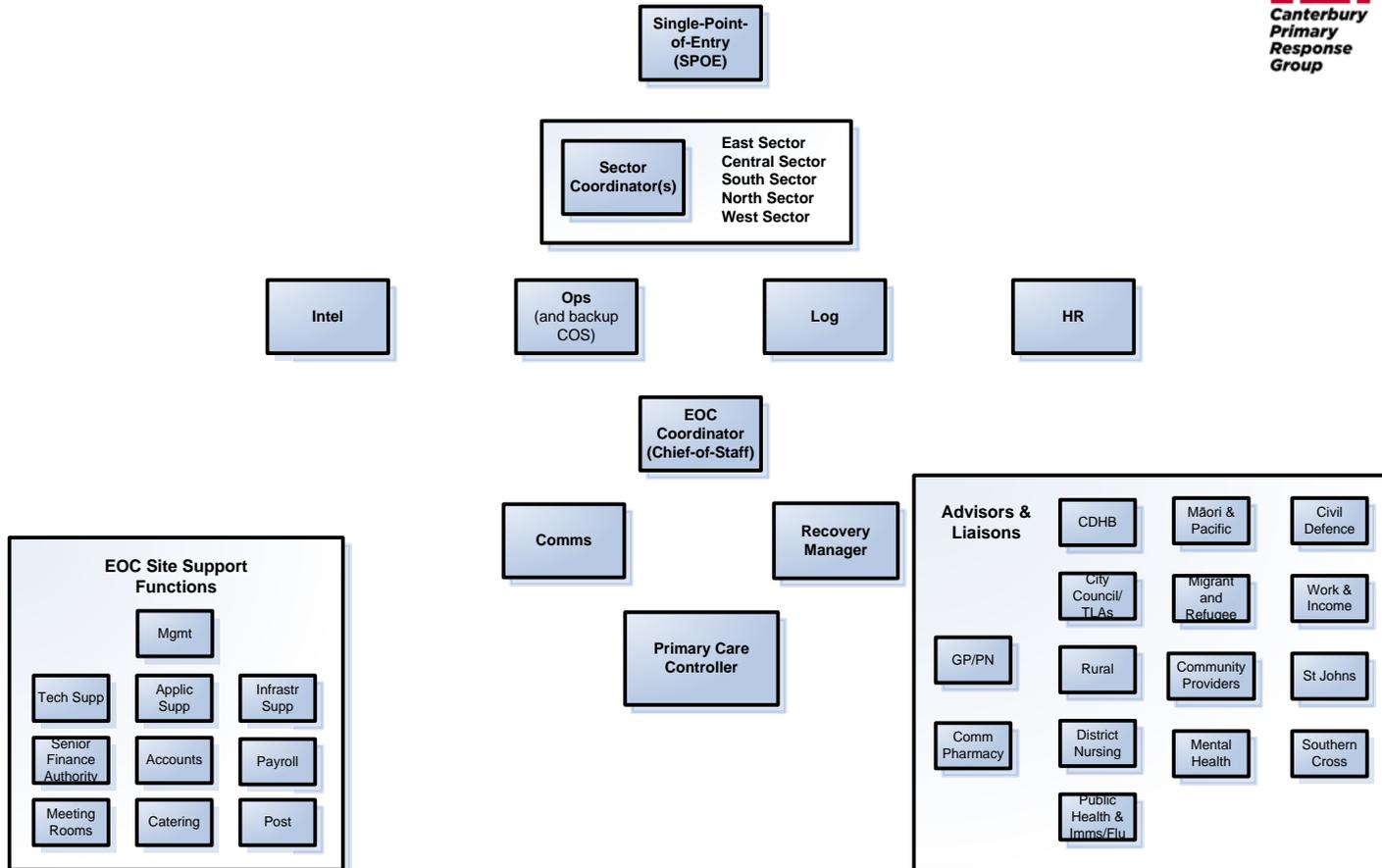
24 Hour Surgery Emergency Plan



Appendix 1: EOC Structure including Site Support Function

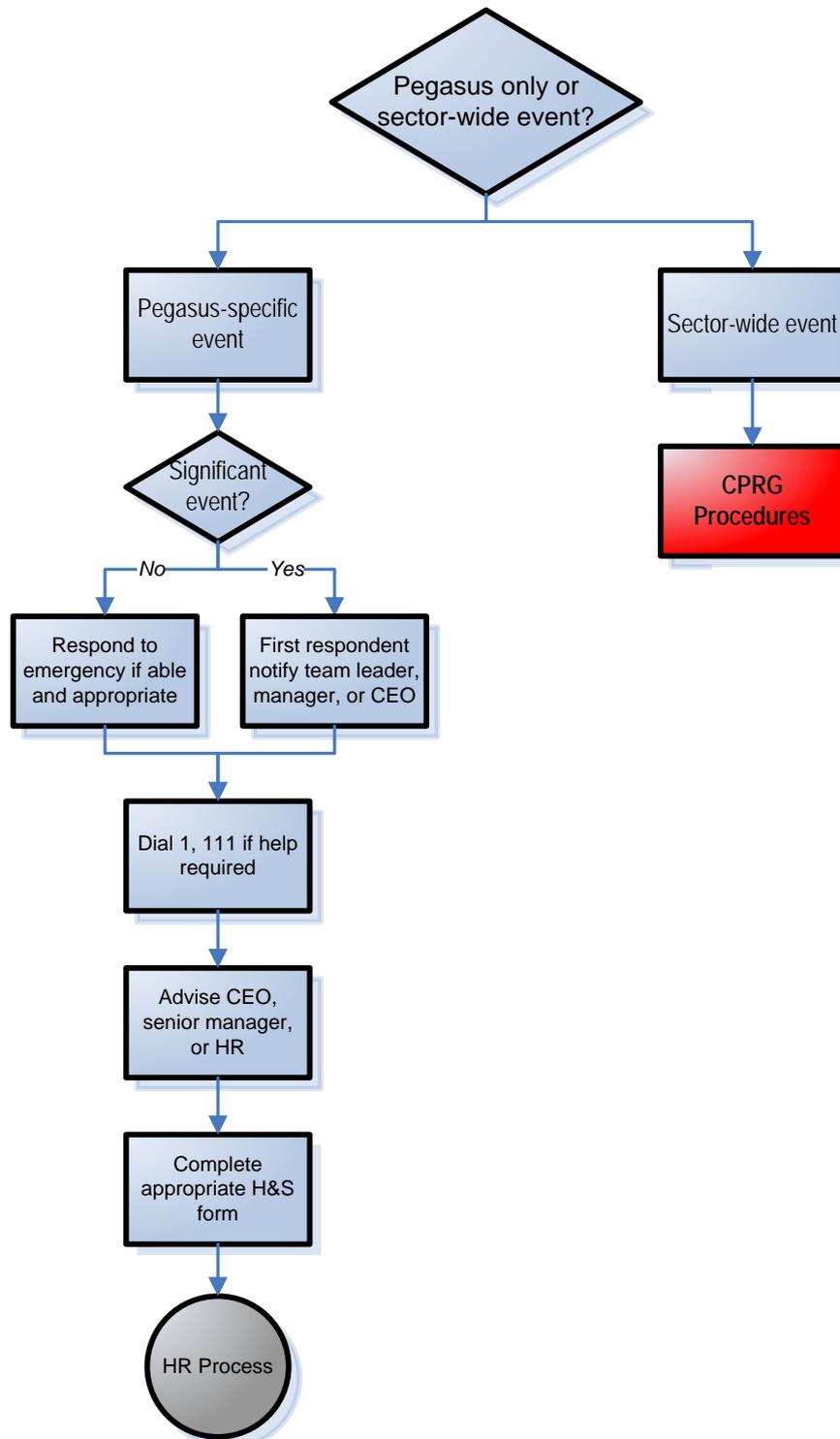
Primary Emergency Operations Centre Team

10 September 2013



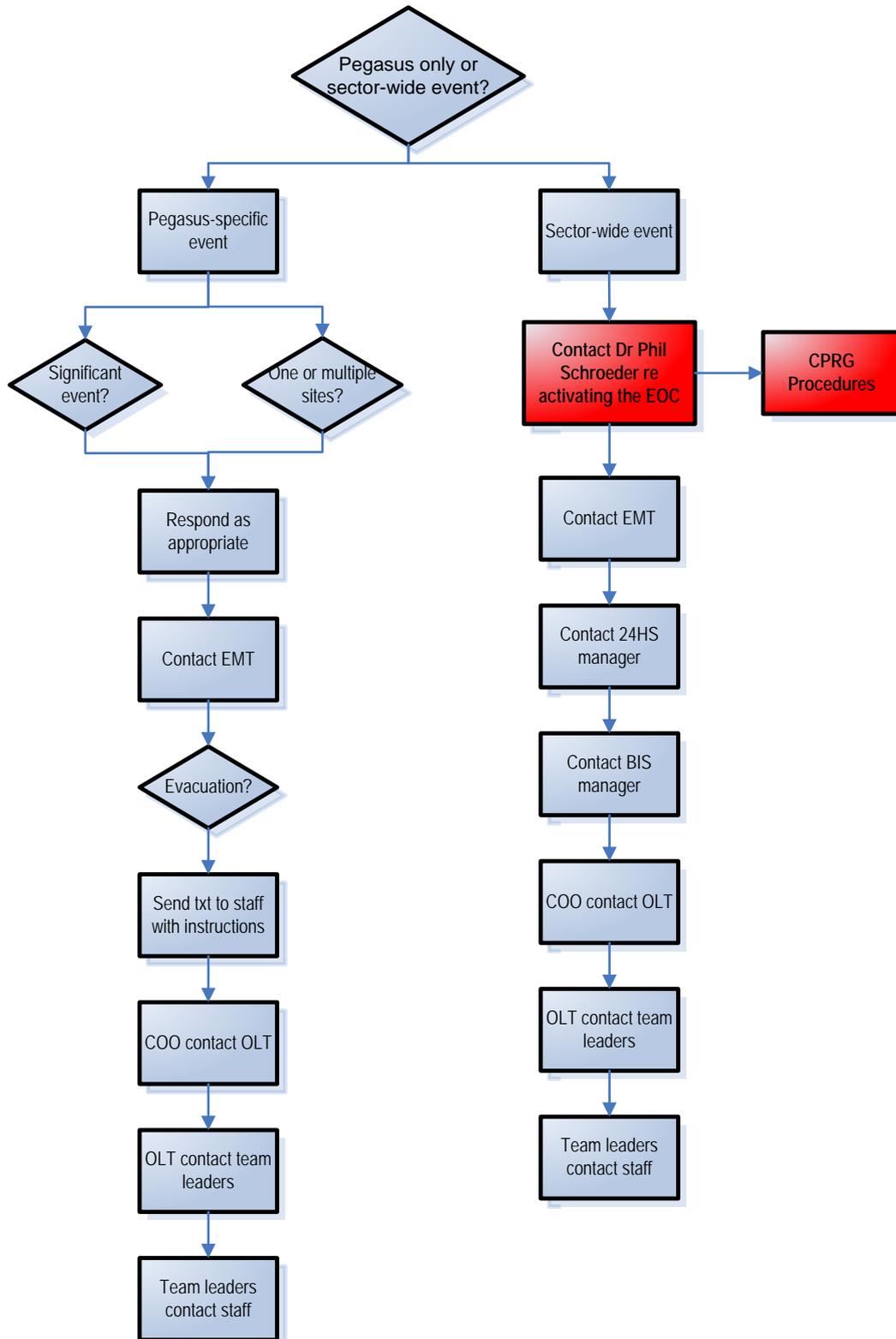
Appendix 2

Pegasus Emergency Decision Tree



Appendix 3

Pegasus CEO / Senior Managers' Emergency Processes



Appendix 4

Posters

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Date of Executive Approval for
Implementation, Publication and Launch: October 2014
Date of Policy Review: October 2015



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Appendix 5

FINANCE EMERGENCY PLAN

The Finance Team's response will depend on the:

- Type of incident / disaster,
- Time of month it happens,
- Expected time out due to the incident, and
- Critical tasks that need to happen to keep the business functioning within that time.

Essentially all team members are expected to be able to connect into the Pegasus servers from their homes and carry on working, remotely. To facilitate this, each team member is encouraged to connect to Pegasus from home, no less than every quarter, to ensure that all systems (Deskbank, AccPac, Outlook, an individual's desktop, etc.) are up to date and functioning, that they are accessible and that the team member can carry on from home, as if they were at their desk. The Finance Manager is responsible for ensuring that the team can connect to the Pegasus WAN and for providing a quarterly sign off to the CFO.

The length of the incident will determine from where the team will work:

- Up to 2 weeks out, work from home and meet weekly
- Up to 3 months out, work from a new space, together
- Longer, refer to the Pegasus plan and timeframes

The Finance Manager (FM) is the control point and will coordinate the efforts of the team. All team members will communicate with the FM with any issues they are experiencing. All team members need to ensure that the FM has their personal contact details and to advise when they change as well as ensuring that these details are up to date on their profile on the AMS Kiosk (accessible via resOURce).

The tasks that may be needed (depending on the severity and length of the disaster) will include, but will not be limited to:

- Support funding of the EOC response and recovery,
- Preparation of the monthly accounts
- Payment of supplier accounts ensuring that key payment dates in the Finance calendar (e.g. IRD for GST, capitation payments, 20th of the month AP run, Tuesday claims run etc.) are adhered to
- Prepare insurance claims for the EOC and Pegasus, as well as
- Enable any special authorised activity on behalf of general practice and community pharmacy.
- Collect debt
- Project work
- Treasury work
- Other tasks as required and directed.

Appendix 6

BIS EMERGENCY PLAN

The BIS response will depend on the:

- Type of incident / disaster;
- Location of incident;
- Expected time out due to the incident; and
- Critical tasks that need to happen to keep the business functioning within that time.

All BIS team members are well versed in working remotely, whether from practices or home allowing immediate response to any incidents which may occur. Depending on the scale of the incident will determine which BIS groups are allowed to carry on BAU remotely (i.e. developers, testers) and which ones are assigned to resolving the incident (i.e. Infrastructure, Application Support). In a large disaster situation Developers could be assigned to relocate equipment at a GP practice if appropriate.

The Infrastructure team will usually take the lead with most emergency situations assisted by the other BIS teams and undertake 3 phases initially.

Phase 1 is checking operational status of servers and network equipment then ensuring staff members have the ability to work remotely from the office. This involves such tasks as emailing out instructional documents to staff and implementing new licenses or remote access servers. This has been well practised lately with recent years 'snow days' and 160 Bealey Ave building issues. DDI phone numbers can also be diverted to mobile phones or other landlines allowing most staff to work relatively unhindered from home.

The 24 hours building is always checked immediately by Infrastructure staff after any unplanned events to ensure they are operational.

Phase 1 is a BAU process and immediately instigated by senior/intermediate staff and can be completed relatively quickly. The Problem Management process is implemented during or after Phase 1. This includes appointing a BIS Problem Manager who will oversee the BIS response.

Phase 2 is discovering what resources are required and what resources are immediately on hand in conjunction with the relevant parties (EXEC, EOC, OLT etc.). This covers items such as PCs, printers, rooms, phones etc. The scale of the incident will relate to the parties involved.

Phase 3 is obtaining any extra equipment required and setting up equipment at required locations. This extra equipment could be brought or borrowed depending on the type of equipment and the urgency of the need.

With the increased FTE count in the Infrastructure team there is an increased ability to run these 3 priorities in parallel. The BIS Problem Manager appointed will have final oversight on resource and task allocation but will delegate roles appropriately (such as the BIS communication role).

The tasks that may be needed (depending on the severity and length of the disaster) will include, but will not be limited to:

- Configuring/building desktops and servers
- Configuring new rooms/locations (includes items such as networking/cabling)
- Relocating equipment

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- Data Backup/restores
- Configuring Telephony equipment (mobiles, landlines)
- Firewall changes
- Working with 3rd parties (CDHB, Nurse Maude, St Johns etc.)

Each of these tasks are typical BAU tasks undertaken by Infrastructure staff albeit usually in a planned manner as opposed to as a result of an unplanned event but none the less staff are well practiced in each of them.

Appendix 7

24 Hour Surgery Emergency Plan

24+

**HOUR
SURGERY**



Emergency Response Plan

Last updated
July 2014

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The Pegasus Health 24 Hour Surgery may be affected by a variety of potential emergencies.

An emergency is any unplanned event that threatens employees or patients, causes physical damage or shuts down business operations.

The **Pegasus Health Emergency Response Plan (ERP)** provides the information our employees need to respond to these internal and external emergencies. Please refer to the **Pegasus Health Emergency Response Policy** for further information.

The purpose of the Pegasus Health 24 Hour Surgery Emergency Response Plan (**ERP**) is to establish a basic emergency capacity to ensure timely, integrated and coordinated response to internal and external emergencies.

The objectives of the **ERP** are to:

- Protect the safety and health of patients, visitors and staff.
- Provide prompt and efficient medical care to emergency victims.
- Establish an effective emergency management system.
- Maintain and restore essential clinical services disrupted by an emergency as quickly as possible.
- Protect clinic property, facilities and equipment.
- Satisfy all applicable regulatory and accreditation requirements.

Operations Manager
Pegasus Health 24 Hour Surgery

Our Relationships in a Community Response

- Pegasus Health 24 Hour Surgery personnel will co-operate fully with Police, Fire and Ambulance personnel when they respond to emergencies at the clinic.
- To the extent possible, the Pegasus Health 24 Hour Surgery will ensure that its emergency preparedness and response activities are co-ordinated with the decisions and actions of the community's emergency services, Civil Defence, City Council and District Health Board via the Canterbury Primary Response Group.
- The Pegasus Health 24 Hour Surgery team will notify the Canterbury Primary Response Group (if applicable) and other appropriate officials of any emergency impacting clinic operations. The clinic will coordinate its response to communitywide disasters with community responders.
- The clinic will provide ongoing reports of its status to local emergency services.
- The clinic will request additional assistance through appropriate channels. Requests for medical personnel, supplies and equipment and other resources to support clinic operations will be made through the Canterbury Primary Response Group. If other resources are needed, the Primary Care Co-ordinator will forward the clinic's status information and requests for resources to the Civil Defence Co-ordinator.
- If the clinic uses normal channels to acquire medical resources in an emergency, it will notify the appropriate local emergency response agency and ensure coordination of the request and delivery of resources with local responders.
- There is a telephone in the back office that connects the Pegasus Health 24 Hour Surgery to emergency services if all communication systems go down.

Our Role During a Community Emergency

During an emergency the Pegasus Health 24 Hour Surgery will respond to the medical needs of its patients, staff and community to the extent its resources permit. The capacity of the clinic to respond to community needs depends on:

- its day to day capacity to deliver health services,
- The extent of the healthcare needs created by the emergency, and
- the impact of the emergency on the clinic and other community healthcare resources.

Our Emergency Management Responsibilities

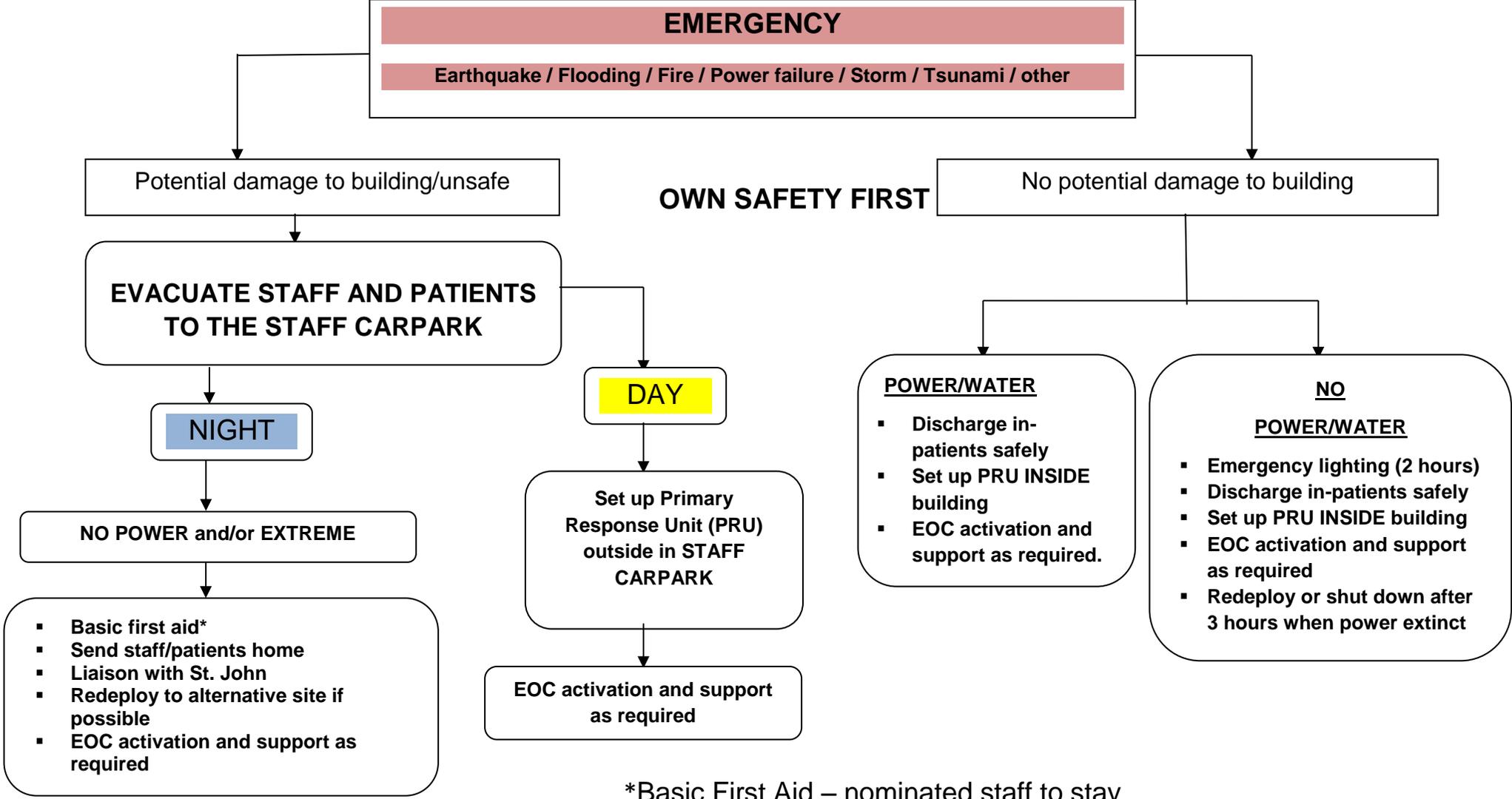
- The Operations Manager of the Pegasus Health 24 Hour Surgery is responsible, directly or through delegation, for the development and maintenance of the **ERP** at the Pegasus Health 24 Hour Surgery and for directing the response to emergencies.
- The **Operations Manager** will:
 1. Oversee the development and implementation of the ERP.
 2. Act as or appoint an Emergency Co-ordinator to co-ordinate the development and maintenance of the Pegasus Health 24 Hour Surgery ERP.
 3. Ensure the Clinic's emergency preparedness programme meets all relevant ACC and Health Board standards and Government regulations.
 4. Ensure ongoing training for clinic staff.
 5. Oversee overall management of response and recovery activities.
- The **Clinical Director and Clinical Nursing Director** will:
 1. Oversee the delivery of healthcare services during an emergency.
 2. Ensure the continuity of care and maintenance of medical management of all patients in the care of the clinic during a disaster.
- **Team Leaders, Shift Leaders and key staff** will:
 1. Understand the clinic's ERP and their respective roles in the emergency response.
 2. Ensure their staff participates in annual training and exercises for their specific emergency response roles.
 3. Update their staff emergency callback list(s) at least annually and as necessary.
 4. Provide tools for clinic employees to develop plans for personal, family and pet needs during an emergency.
- All **24HS employees** will:
 1. Understand their role in an emergency.
 2. Be familiar with basic fire, HazMat and emergency response procedures.
 3. Participate in clinic training and exercises.
 4. Participate in the clinic's response to emergencies as directed by clinic leadership.

In addition, clinic employees are strongly encouraged to prepare personal and family emergency preparedness plans.

Communications

Any communications requests from media or other sources regarding any emergency event that the Pegasus Health 24 Hour Surgery participates in or is affected by should be processed accordance with the *Public and Media Statements Policy* or to the Chief Executive Officer and/or his delegates as appropriate.

Appendix 1: Emergency Response Flowchart



*Basic First Aid – nominated staff to stay

Appendix 2: Equipment to grab in the event of an emergency evacuation

DAY SHIFT: MONDAY - FRIDAY							
AD staff, if in building	RN Obs Unit upstairs with patient	RN Obs Unit downstairs without patients	Shift Leader	RN 1	HCA	Doctor/s	Fracture Clinic
<ul style="list-style-type: none"> ▪ Bring bags ▪ Car keys 	<ul style="list-style-type: none"> ▪ Evacuate with patients 	<ul style="list-style-type: none"> ▪ Assist with beds 	<ul style="list-style-type: none"> ▪ Resus trolley ▪ Container key 	<ul style="list-style-type: none"> ▪ Entonox cylinder ▪ Large oxygen cylinder one set a side for emergency use only well labelled) 	<ul style="list-style-type: none"> ▪ House visit bags ▪ Large blue bag ▪ Resus equipment ▪ AED, if possible 	<ul style="list-style-type: none"> ▪ Assist with house visit bags ▪ Beds ▪ Wheelchairs 	<ul style="list-style-type: none"> ▪ Box medium back slab ▪ Bucket for water

AFTERNOON SHIFT: MONDAY - FRIDAY									
AD Staff, if in building	RN Obs Unit upstairs	RN Obs Unit downstairs without patients	Shift Leader	Corridor 1 RN	Corridor 2 RN	X-Ray / Room 6 RN	HCA	Doctor/s	Fracture Clinic
<ul style="list-style-type: none"> ▪ Bags ▪ Car keys 	<ul style="list-style-type: none"> ▪ Evacuate with patients 	<ul style="list-style-type: none"> ▪ Assist with beds and patients 	<ul style="list-style-type: none"> ▪ Resus trolley ▪ Container key 	<ul style="list-style-type: none"> ▪ Entonox cylinder ▪ Large oxygen cylinder one set a side for emergency use only well labelled) 	<ul style="list-style-type: none"> ▪ ECG Machine 	<ul style="list-style-type: none"> ▪ IV Cannulation Trolley ▪ Epistaxis kit – on way past located lower shelf medication room 	<ul style="list-style-type: none"> ▪ House visit bags ▪ Large blue bag ▪ Medication bag ▪ Resus equipment ▪ AED, if possible ▪ Throw all on beds which are being moved 	<ul style="list-style-type: none"> ▪ Assist HCA with House visit bags ▪ Beds ▪ Wheelchairs 	<ul style="list-style-type: none"> ▪ Box medium back slab ▪ Bucket for water

NIGHT SHIFT: FRIDAY - MONDAY							
RN Obs Unit upstairs	RN Obs Unit downstairs without patients	Shift Leader	RN 1	HCA	Doctor/s	Fracture Clinic	
<ul style="list-style-type: none"> ▪ Evacuate with patients 	<ul style="list-style-type: none"> ▪ Cannulation trolley ▪ ENT box 	<ul style="list-style-type: none"> ▪ Resus trolley ▪ Container key 	<ul style="list-style-type: none"> ▪ Entonox cylinder ▪ Large oxygen cylinder one set a side for emergency use only well labelled) 	<ul style="list-style-type: none"> ▪ House visit bags 	<ul style="list-style-type: none"> ▪ Beds 	<ul style="list-style-type: none"> ▪ Box medium back slab ▪ Bucket for water 	

NIGHT SHIFT: TUESDAY - THURSDAY					
RN Obs Unit upstairs	RN Obs Unit downstairs without patients	Shift Leader	RN 1	Doctor/s	Fracture Clinic
<ul style="list-style-type: none"> ▪ Evacuate with patients 	<ul style="list-style-type: none"> ▪ House visit bags ▪ ENT box 	<ul style="list-style-type: none"> ▪ Resus trolley ▪ Container key 	<ul style="list-style-type: none"> ▪ Entonox cylinder ▪ Large oxygen cylinder one set a side for emergency use only well labelled) 	<ul style="list-style-type: none"> ▪ House visit bags ▪ Beds 	<ul style="list-style-type: none"> ▪ Box medium back slab ▪ Bucket for water

How serious is the situation and what do we do next?

Refer to the **Emergency Response Flow Chart – Pegasus Health 24 Hour Surgery**

Assess Incident

Localised to facility:

- Can it be dealt with by on site/on call staff?
- Yes -> usual response -> notify On Call Manager who reports to Operations Manager if required

Requires outside assistance:

- Ensure staff and patients are safe
- On Call Manager notifies Operations Manager

Major incident affecting local area/city:

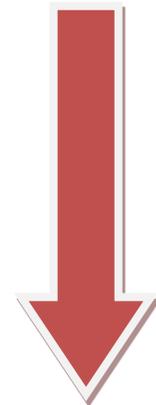
- Safety steps as above
- Complete brief assessment of site
- Notify Operations Manager – describe impact of the incident and immediate issues

- Nursing Team Leader or Shift Leader calls On Call Manager to discuss
- On Call Manager consults with Operations Manager - agrees action

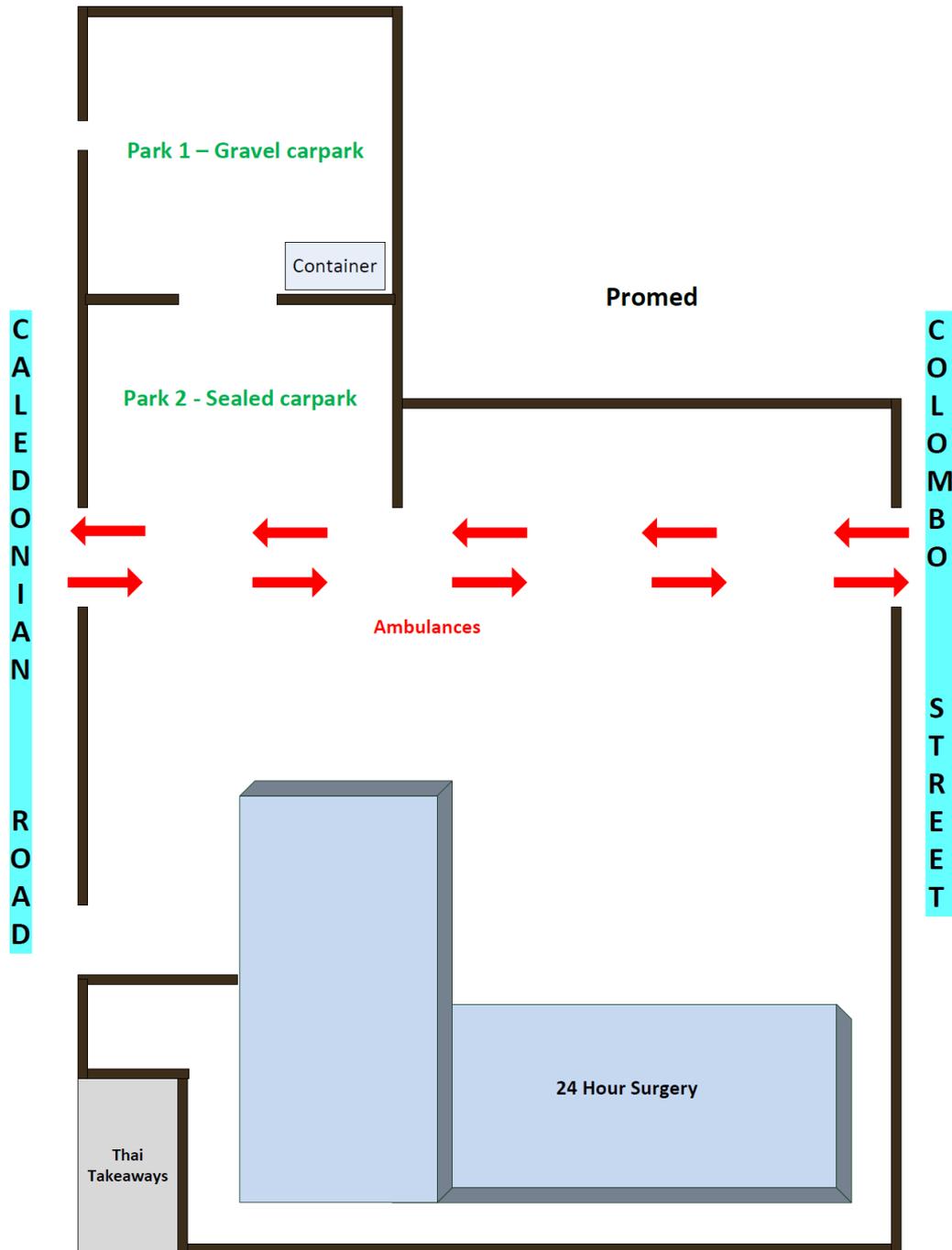
- Operations Manager / Clinical Leaders contacted and attend to take responsibility for site
- Contact made by radio/phone with EOC

- Operations Manager decides if full escalation to EOC
- Roles in place and links to EOC formalised

Response escalated based on level of disruption and risk to staff and patients



Emergency Evacuation - Carpark Layout



Emergency Evacuation - Carpark Layout

Park 1 - Gravel carpark

C
A
L
E
D
O
N
I
A
N

R
O
A
D

Discharge Reception



Waiting for Pick-up



C
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O
M
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S
T
R
E
E
T

Waiting Area 2



Soft Tissue Injuries



Container with
Emergency supplies

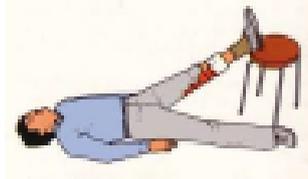
Emergency Evacuation - Carpark Layout

Park 2 - Sealed carpark

C
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R
O
A
D

Wounds/Suturing



Waiting Area 1



Triage reception



Triage 3

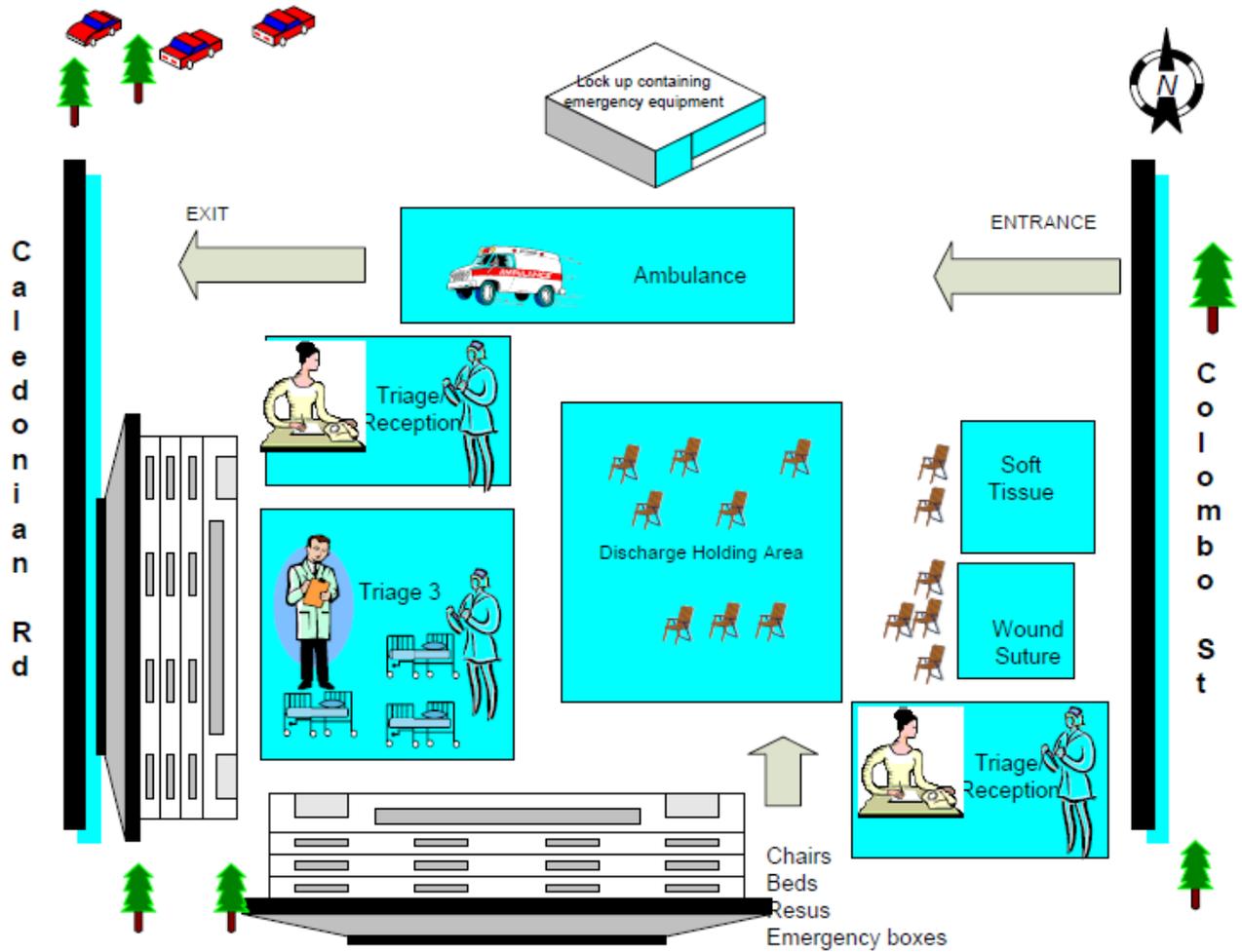


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Appendix 5: Primary Response Unit - Outside



Appendix 6: Back-Up Water Supply

(Capacity - 15,000 litres)

Step 1: Go to water main on street.

Go out of ambulance bay to Caledonian Road, turn right, walk approx 10m north. Water main is covered by silver lid marked 'Water Supply' footpath in front of big silver box in the garden.

Lift the lid off – you may need something to help lift this (eg key / knife / screwdriver)

Turn the large round red handle to the right to turn water off. Meter will not show any flow when off.



Step 2: Go to water tank on Bealey Ave side of building.

Turn ON 50mm ball valve at bottom of the water tank by turning anticlockwise 90°.



Off



On

Step 3: Go to blue pump on ground by gate to back yard, covered by white plastic bin

Put plug into socket beneath white fitting at left of the pump. Push switch down to turn ON.



Switch ON water pump switch on top of pump



Step 4: Go to controls under stairs in back yard

- Turn red valve at top left 90° to open
- Turn red valve at bottom 90° to close
- Check circuit looks like the one in Photo 2



Photo 1 - *normal* operation settings

- Upper red valve closed
- Lower red valve open
- Black valve is always open

Photo 2 - *tank supply* operation settings

- Upper red valve open
- Lower red valve closed
- Black valve is always open

Once CCC water supply is restored, reverse the above steps to stop using tank supply

If there are any problems, Woodbury Plumbing is available to call out.

027 433 4464

Generator Start Up / Switch-Over Procedure

A Kohler generator set is located in the back yard of the 24 Hour Surgery for use in emergency power outages. This supplies the downstairs front unit of 24HS, pharmacy and server room, but not the upstairs areas, observation unit or mechanical services (air-conditioning plant and lifts).

The unit requires a manual start up and switch over process by a member of staff trained on this procedure. It is not difficult and could be managed by most of our team once they have been run through the process.

START UP PROCEDURE

Go outside to rear yard – door code is **CZY67**. Lock box is on wall on left as enter yard.

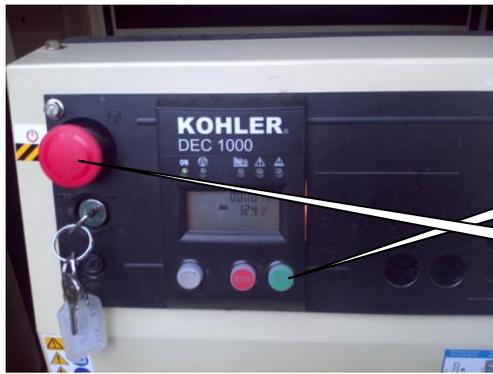
1. Open lock box - enter **code 3657**, push down opening catch and locate keys to generator.



2. Open generator door – use small key in door lock.
Remove key, keeping lock in **UNLOCKED** position.



3. Use large key in generator and turn key to **ON** position, **PRESS green start button** once firmly.
Generator will start up. Leave running for 5-10 minutes to warm up.



Press green button once to start

Emergency Stop button

4. Locate circuit breaker below control panel and ensure switch is to the **RIGHT** (the **ON** position).



Check switch is pushed to the RIGHT

5. Note fuel level on indicator panel – this should be more than 40%. To do this press the grey button with the  on it, to left of the Start and Stop buttons. Each press moves you through a menu; keep pressing until you come to fuel.
5. **Go to inside switch panel.** Turn switch **RIGHT** to **OFF** position, **count to 5** (wait 5 sec) and turn to **RIGHT** to **generator position**.
6. Lights/power should come on – power up PCs and other systems which may have shut down.
7. **Return to generator.** Check screen for any alerts and check amps drawn - should be 20-40KVA or more.
8. Remove key, close door and lock generator door – return keys to lockbox.

TROUBLE-SHOOTING

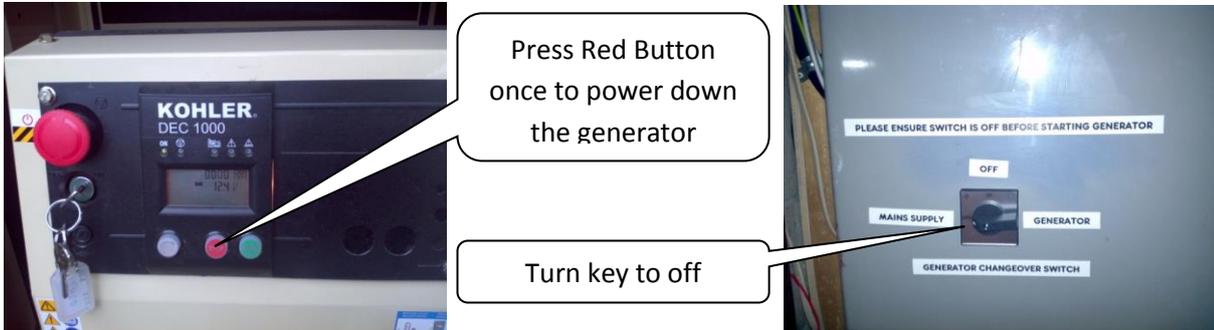
If the generator doesn't start and an alert appears on the display screen:

1. Check to see if **either** of the two **red emergency stop buttons**, one on the main control panel and the other above it, has been pushed in.
2. If one is pushed in, reset it by **pushing it inwards and twisting it clockwise**. It should pop back out.
3. Turn the **key OFF**, turn it back **ON**, and then **PRESS the green button** again. The generator should switch on and the Alert will disappear from the display screen.

If this doesn't work, call TPS on 344 153 or 027 425 0305 for support.

POWER DOWN PROCEDURE

1. If power comes back on go to distribution board in back corridor and locate change over switch. Turn left to **OFF** position then count to 5 (wait 5 sec) and turn to mains supply position. Lights should come back on.
2. Go to lock box in back yard, locate keys and open generator door.
3. **PRESS the red 'power down' button** once. The generator will power down.



4. Double check generator is SHUT DOWN
5. Turn the key to **OFF** position and remove it, close and lock door return keys to lock box.

PHARMACY

Pharmacy is also supplied via generator and can run independently to 24HS. Ensure you talk to them when switching generator off as they will need to change over back to mains supply too.

A generator change-over switch is located in the pharmacy and needs to be activated by their key holder once the generator is started to supply power to the pharmacy.

The pharmacy key holders will all be trained in their part of this process but will need to check with the 24HS team that the generator is operating.

REFUELLING

The generator has a tank built into the base which holds sufficient diesel for around 24-36 hours of operation depending on the load. Re-fuelling will need to be arranged through a visiting tanker service or by manually refilling using containers.

Phone Shayne Kupfer at **Minitankers 027 435 9059** or **0800 111666**

SERVICING

In the event of a service failure or if an alert comes up on the visual display the suppliers, TPS, will need to be called. Phone **call TPS on 344 153** or **027 425 0305**.

Access to Carpark Emergency Container during Building Evacuation

Keys for the shipping container in the car park are kept:

- on the key board behind reception
- in the drug cabinet in the downstairs treatment area (nurses have swipe card access)
- in the lockbox in the outside storage area behind the building, on the right hand wall as you go through the gate. Code for lock on gate: **CZY67**
To open lockbox:
 - Use tab to pull cover down
 - Code is 3657. Align numbers carefully in the centre beside line on left
 - Pull black 'switch' on left down and at same time
 - Pull central tab down to open box
- administration has a spare key

To open the shipping container:

There is one padlock on the left door and another on the right door. The same key is used for each padlock.

- unlock the padlock
- rotate the cover over each handle so the cover is upside down
- lift the two handles
- rotate both handles towards the centre of the container the door at the same time
- the door should swing open
- repeat for other door

Red folders containing emergency and evacuation procedures are kept:

- on the shelves behind reception
- on the bench in the downstairs treatment area (with other manuals)
- attached to the near left-hand corner of the shipping container as you enter it

Contents of Carpark Emergency Container

Last audited: March 2013

Red Emergency Folder	
-----------------------------	--

Misc Supplies	
Road cones	5
Temporary fences	2
Hard hat	1
Flashing light for car roof	1
Halogen lights	2
Extension cord	1
Gazebo – black	2
Gazebo – blue	1
Table	1
Metal framed chairs	22
Wooden framed chairs	7
Dark blue squabs	1
Light blue mattresses	3
Examination couches	2
Back board (orange plastic)	2
Kendrick Extraction Device	1
Chemical toilets	3
Bottle of fluid for chemical toilets	1
Large rug	1
Sharps bins	
Wet weather jackets and pants (boxes)	3
Large grey plastic bags (box)	1
Small white rubbish bags (box)	1
Radio and batteries	1

Medical Supplies – plastic bins	
Respiratory & Assessment Tools	1
Laceration Station Box 1	1
Laceration Station Box 2	1
Laceration Station Box 3	1
Triage Station Box 1	1
Triage Station Box 2	1
Orthopaedic Supplies	1
Reception Supplies	1

Flu supplies	
Tamiflu (use by Aug 2013)	
Hand wash (boxes)	
Aprons (box)	

Appendix 9: Contacts and Door Codes

EOC: 353 9966 or incident@pegasus.org.nz

The CDHB have supplied us with two RTs. The details for these are:

DP 3400 UHF1 32ch Non Keypad Non GPS	037TMG9433	1 x Reception 24 Hour Surgery	C110 Unit
DP 3400 UHF1 32ch Non Keypad Non GPS	037TMNK597	1 x Reception TL office	C110 Unit

Refer to the most up-to-date After Hours Repair Numbers under "Facilities" on ResOURce.or the copy attached here in this booklet.

Refer to the staff database under "Contacts" on ResOURce.

Pegasus Health	Position	Number
24 Hour Surgery	General Number	03 365 7777
24 Hour Surgery	GP Line	03 372 5109
24 Hour Surgery	Nurse Line	03 363 8848
24 Hour Surgery	Reception	03 363 8810
160 Bealey	Reception	03 379 1739
Claire McQuilken	24HS Operations Manager	021 480 588
Simon Brokenshire	24HS Clinical Director	021 242 9734
Louisa Sullivan	24HS Clinical Nursing Director	021 786 972
Paula Jewell	On-Call Manager	021 823 949
Debbie Marsden	On-Call Manager	021 226 5574
Jenny Marshall	On-Call Manager	021 242 4315
Karyn Bainbridge	On-Call Manager	021 492 861
Sue Daly	On-Call Manager	021 972 477
Chris Brennan	Infrastructure Manager	027 290 0838

Pegasus Health	Lock Position	Number
24 Hour Surgery	Pharmacy office door	CZ367
24 Hour Surgery	Back yard door	CZY67
24 Hour Surgery	Server room door	C260Z
24 Hour Surgery	Photocopier cubicle door	CXY10

Appendix 10: Disaster Recovery Plan - Pegasus Health 24 Hour Surgery

	Service	Risk	Plan	Person	Additional Documentation
1	Water supply	Main supply is disrupted or contaminated	<ul style="list-style-type: none"> ▪ A 15000l tank holds a back up supply of water and supplies a demand pressure pump fed into the main system. This needs to be switched over once the water main on. ▪ Caledonian road is turned off. See separate instructions. ▪ Water must be conserved. ▪ A back up supply needs to be sourced via EOC within 24 hours 	<ul style="list-style-type: none"> ▪ Noel Veale, Simon Brokenshire, Claire McQuilken all aware of system. ▪ On call plumbers are Woodbury Plumbing. 	Appendix 3
2	Toilets	Water and or sewer is disrupted	<ul style="list-style-type: none"> ▪ Source portaloos asap. ▪ Conserve water but use toilets if sewer is available. ▪ Close all but staff toilet upstairs once portaloos available to conserve water 	<ul style="list-style-type: none"> ▪ Duty site controller needs to seek portaloos delivery via EOC. 	
3	Power	Mains power is disrupted	<ul style="list-style-type: none"> ▪ Emergency lighting will last 2 hours ▪ If power is not restored then back up supply is required. ▪ There is a generator in place. This requires a manual start up and switch over process by a member of staff trained to do so. Please refer to Appendix 10 for further information. 	<ul style="list-style-type: none"> ▪ Site controller to liaise with on call electricians – Stack Electrical 	
4	Building Safety	Damage to building	<ul style="list-style-type: none"> ▪ On duty staff evacuate building in the event of any significant damage or alarms being triggered. ▪ Inspection of building to be carried out by Site Controller ▪ Engineers can be sourced through body corp – BECA Consultants 	<ul style="list-style-type: none"> ▪ Site Controller to make initial assessment and decides in consultation with duty clinical director 	
5	Alarm triggered – no evidence of fire	Auditory alarms are triggered, building is evacuated by quake or other event	<ul style="list-style-type: none"> ▪ Fire appliance attends as normal ▪ In event of major event – site inspection is to be carried out once building is evacuated. Decision made to disarm alarms. Key is held in reception till. 	<ul style="list-style-type: none"> ▪ Duty site controller to decide to turn off alarms once full inspection is completed and fire or other dangers have been excluded. 	

6	Communication	Power is out or data system is disrupted. Links to hospital and primary care leadership are down.	<ul style="list-style-type: none"> ▪ Analogue phone lines are connected to phone stored under reception and to fax in treatment area. ▪ Spare analogue phones are stored above pharmacy ▪ Receptionist is asked to man the phone and acts as key contact point. ▪ Phone calls are diverted to HML if prolonged outage is expected. 	<ul style="list-style-type: none"> ▪ Duty site controller to appoint receptionist to remain on phones. ▪ Aim to restore power via mains or generator as soon as possible. ▪ Duty Medical director to make contact with ED, southern cross and primary care leadership asap. 	
7	Building Outage	Building is damaged and unable to be used	<ul style="list-style-type: none"> ▪ Engineering assessment to confirm through Body Corp. ▪ Activate alternative site plan – liaison with Sth Cross – ▪ Access emergency response stock for immediate response. ▪ Communicate with EOC to confirm role and plan ▪ Communicate with staff via team leader text tree. 	<ul style="list-style-type: none"> ▪ Duty Site controller to arrange engineering assessment. ▪ Duty medical and nursing directors liaise with Pegasus and Sthn Cross 	
8	Mass Casualties Plan	Large number of injured people descend on the 24HS.	<ul style="list-style-type: none"> ▪ Activate PRU either inside or out as appropriate. ▪ MCP is activated. 	<ul style="list-style-type: none"> ▪ Duty medical and nursing directors activate the response. 	
9	Patients on controlled drugs and drugs of dependency	Patients unknown to the 24HS present for medication	<ul style="list-style-type: none"> ▪ Patients to present with photo ID. Patient details and methadone dose checked via paper copy held at 24HS. Script provided for one day. Benzodiazapines scripted for one day. 	<ul style="list-style-type: none"> ▪ Specific doctor to be allocated to see these patients 	
10	Carpark	Slippery and dangerous due to heavy snow	<ul style="list-style-type: none"> ▪ Assess risk level. ▪ Contract contractor to arrange grading if deemed necessary 	<ul style="list-style-type: none"> ▪ Duty site controller? 	

CODE TO OPEN BACK YARD DOOR / GATE:

C Z Y 6 7

To open the lock box:

- Use tab to pull cover down
- Code is 3657. Align numbers carefully in the centre beside line on left
- Pull black 'switch' on left down and at same time
- Pull central tab down to open box

The lock box contains:

- Generator key
- Shipping container key

Key contacts:

Claire McQuilken	24HS Operations Manager	021 480 588
Simon Brokenshire	24HS Clinical Director	021 242 9734
Louisa Sullivan	24HS Clinical Nursing Director	021 786 972