HURSTVILLE PRIVATE

THE UNIVERSITY OF NEW SOUTH WALES

OPERATIONS MANUAL

POLICIES AND PROCEDURES RELEVANT TO THE MAJOR PROJECT APPLICATION FOR HURSTVILLE PRIVATE HOSPITAL REDEVELOPMENT

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THE UNIVERSITY OF NEW SOUTH WALES

Operations Manual

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THE UNIVERSITY OF
NEW SOUTH WALES

Hurstville
Private Hospital

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Helen. E . Spira
Managing Director
Inspira Property Group
Suite108-203-233
New South Head Road
Edgecliff
NSW 2027

Dear Helen

Re : Request for further details from Hurstville Private for Department of Planning

A request has been made to Hurstville Private to provide further information as part of an application to the Department of Planning.
Please find enclosed copies of some policies from the appropriate manuals that demonstrate and provide the information that was sought.

Should further information be sought the hospital will be happy to provide whatever is necessary on request.

I have provided the following information on :

- Who separates the different types of waste?
  Attached are some of Hurstville Privates policies on :
  1. Environmental Inspections
  2. Labeling and Decanting
  3. Hazardous Substance Management
  4. Mercury spill Cleanup Procedures
  5. Standard Operating Procedures
  6. Disposal of Chemicals
  7. Cleaning Chemicals
  8. Waste Disposal
  9. Waste Management
  10. Chemical Spills
  11. Hazardous Substance Evaluation assessment

- Are staff trained in procedures for managing waste and other hazards?
  1. I have not included the minutes of the Waste Management Committee but they are available on request. All staff are trained in waste management. This is covered also at the Orientation of all new staff to the hospital

- Is there an OH&S Program dealing with
  - Waste: See Policies as above.

  - Emergency Evacuation
    1. Emergency Procedures Chart
    2. Fire Safety and Evacuation Procedures
    3. South Eastern Sydney Local Area Health Network Disaster Plan

  - Radiation and Biohazard
    1. Radiation policy.
    2. Radiation Safety and Protection Plan Hurstville Private Hospital Southern Radiology
    3. Hurstville Private follows the HICMR standards and guidelines. Audits are conducted regularly. Hurstville Private has not fallen below 97% compliance with all standards in the last three years. This includes all biohazard management
    4. Meetings are conducted on a regular basis with the Pathology Provider Douglas, Hanly Mior. Minutes are available.
    5. All Blood and Blood Products standards meet with ACHS Standards. Blood Transfusion meeting minutes are also available

  - What hazards are they expecting?
    1. Continuity Policy
    2. Security Policy
    3. Risk Prevention Policy
    4. Security Procedures
    5. After Hours access
    6. Reporting a security incident
    7. Key Management control
    8. Principals of Safe Manual Handling
    9. Safe Lifting Policy
    10. Medical Gas Supply
    11. Power Failure and Emergency Generator
    12. Main Supplies , Gas , Water , Electricity
    13. Personal Protective Equipment
    14. Near Miss Hazard Reporting(PPE)
    15. Issues 1 patient handling
    16. Training and competencies

  - Is there somebody on duty 24 hours managing these issues?
    1. Position description of the "In Charge After Hours"
    2. OH&S Policy
    3. Incident reporting
    4. Accident investigation
    5. Incident, near miss policy flow chart

6. Violence and aggression
7. Staff Injury Management
8. Staff training- calendar available
9. Cardiopulmonary Resuscitation Training Competency Advanced Life support is conducted bi-annually for Medical Officers and senior staff
10. OH&S Management(This is one policy only of an entire manual)

A senior nurse is always "In Charge After Hours". Position Descriptions attached for review.

The hospital aslo has a roster that provides "on call" 24 hours Anesthetist, Obstetricians, Surgeons, Urologists, Nursing staff and ancillary and support staff. Rosters are available.

A senior member of the Executive is rostered on a weekly basis to provide access to advice if required. This is a 24 hours call cover.

Healthe Care provides access to Corporate Policies that provide clear direction and guidance. Like the policies at Hurstville Private all Corporate Policy Directives and Ministry of Health Directives require mandatory compliance.

I trust that the information that has been provided reflects a portion of what is available at Hurstville Private in response to the request for information for the Planning Department.

Should you seek further information please do not hesitate to call me on (02)95797777 or email on
julie.scotti@hurstvilleprivate.com.au.

Regards,

Mrs. Julie Scotti

Operations Manager
Hurstville Private

HURSTVILLE
PRIVATE

HAZARDOUS SUBSTANCE MANAGEMENT

PURPOSE

To ensure that any staff employed at Hurstville Private follow the process for the management of any hazardous substance to control the risk of exposure and to maintain the appropriate documentation as per the legislation.

POLICY REFERS TO

All staff

POLICY

Hurstville Private has established and shall maintain a documented procedure to:

- Ensure that hazardous substances used in the workplace are provided with labels and Material Safety Data Sheets (MSDS)
- Ensure that all employees with potential exposure to hazardous substances used in the workplace are provided with information and training on the nature of hazards and the means of assessing and controlling exposure to workplace hazardous substances.
- Provide for assessment of the risk and control of exposure to hazardous substances.
- Ensure that Emergency Services and other relevant public authorities have access to relevant information on hazardous substances for the hospital. A register of hazardous substances is kept at reception area for easy access by Emergency Services.
- All external services providers and suppliers are required by law and hospital policy to provide all necessary documentation for all substance delivered to this facility

Procedure

The following procedure must apply to the management of all hazardous substances being used within the hospital.

- Material Safety Data Sheets (MSDS) must be obtained for every substance prior to being accepted and used in any way.
- All external suppliers have the duty of care to inform this facility if their chemical substances are classified as a hazardous chemical substance. This information is required in writing

MSDS shall contain as a minimum, the following information:

- Physical and chemical data
- Safety data and instructions
- Handling instructions
- Storage conditions
- Advice on personal protective equipment (PPE)
- Instruction for cleaning, decontamination and disposal
- First-aid measures
- Medical treatment advice
- Firefighting instructions
- Manufacturer information
- Appropriate symbol identifying the substance as a dangerous goods
- Date of publication

Material Safety Data Sheets shall be updated at intervals not exceeding 5 years.

EXPECTED OUTCOMES

Material Safety Data Sheet maintained for all chemicals held onsite

REFERENCES

National Model Regulations for the Control of Workplace Hazardous Substances (NOHSC: 1005 (1994) National Occupational Health & Safety Council

The National Occupational Health & Safety Council *Control of Workplace Substance National Model, Regulations & Practice*

Code of Practice for the Control of Workplace Hazardous Substances 2000

OH&S Act 2006

OH&S Regulations 2001

ACHS EQuIP 4 Edition Standard 3.2.1

ACHS EQuIP5 Standard 3.2.1

HISTORY

03.08 Reviewed and revised to reflect change of ownership, organisational structure, referenced to ACHS EQuIP 4 and implemented KPIs.

07.09 Reviewed and updates to reflect the changes made by Continuum Healthcare

09.11 Reviewed and reformatted

Policy Written: J Scotti
Date of Next Review: June 2013
Policy Reviewed by: J Scotti & M Cattell
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Date Implemented: August 2009
Last reviewed: September 2011

HURSTVILLE
PRIVATE

HAZARDOUS SUBSTANCE EVALUATION ASSESSMENT

PURPOSE
To ensure ALL hazardous substances are managed safely and within the regulations and guidelines

POLICY REFERS TO
All staff

POLICY
All substances identified as being hazardous shall be assessed and evaluated. Assessment is carried out as per the list of designated Hazardous Substances and the approved criteria for classifying Hazardous Substance. In addition, where a potential exposure to a hazardous substance exists a workplace assessment will be carried out and forwarded to the Quality & Risk Management Committee for further evaluation.

When hazard evaluation is being made, the following criteria shall be addressed as a minimum:

- The chemical class and the nature of the hazards
- The handling, processing and storage procedures
- Employee's health and routes of entry of the chemical into the body.
- Fire and explosion procedures

Where the assessment indicates that there is a significant risk to safety or health, the following steps should be taken:

- Selection of appropriate measure to achieve and sustain control
- Verification that control measures are properly used and maintained
- Further training of employees required to handle the substance
- Evaluation to establish whether monitoring or health surveillance is required.

EXPECTED OUTCOMES
Work Place assessments identifying non compliance to policy
Hazards Reports
Occupational exposure Incidents

REFERENCES
National Model Regulations for the Control of Workplace Hazardous Substances (NOHSC: 1005 (1994) National Occupational Health & Safety Council
The National Occupational Health & Safety Council *Control of Workploce Substance National Model, Regulations & Practice*
Code of Practice for the Control of Workplace Hazardous Substances 2006
OH&S Act 2000
OH&S Regulations 2001
ACHS EQuIP 4 Edition Standard 3.2.1
ACHS EQuIP5 Standard 3.2.1

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HURSTVILLE
PRIVATE

ENVIRONMENTAL INSPECTIONS

PURPOSE
Through the Quality and Risk Management Committee to coordinate audits and inspections across Hurstville Private site and identify and take action where appropriate

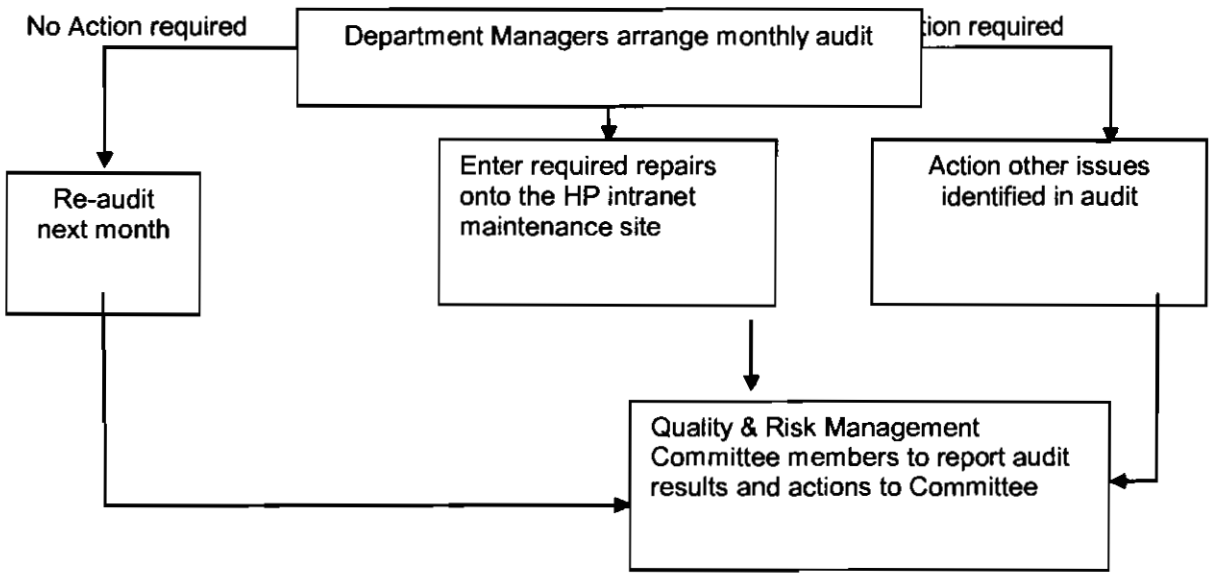
POLICY REFERS TO
Quality and Risk Management Committee
Department Managers

POLICY
8.1 Workplace Inspections

- The Quality and Risk Management committee members will conduct routine workplace inspections every month.
- One committee members in consultation with a staff member working in the area of inspection will combine to conduct the inspection of the designated area.
- Issues will be risk rated and high priority issues will be dealt with immediately
- A report will be presented at the next Quality and Risk Management committee meeting.
- A risk assessment will be carried out on identified risks from the workplace inspections.
- A plan of action to eliminated/control the risk is to be developed by the Quality and Risk Management Committee
- The Quality and Risk Management Committee chair to report findings to the Department Heads Meeting

8.2 Environmental Audits

- Department Managers are responsible for ensuring that environmental audits are carried out in their departments on a monthly basis.
- All maintenance issues identified in the audit are to be documented on the maintenance request are located on the Intranet, with all other issues being address to relevant departments for action.
- Members of the Quality and Risk Management Committee are to present audit results from their respective departments to the committee each month.
- Refer to flow chart.



EXPECTED OUTCOMES
Quality and Risk Committee Minutes
Hazards reports
Evidence of action on work place inspections

Reference:
Occupational Health & Safety Regulations 2000
Occupational Health & Safety Act 2000
ACHS EQuIP 4 Standard 3.2
ACHS EQuIP 5 Standard 3.2

History:
02.08 Reviewed and revised to reflect change of ownership, changed process to OH&S Process, organisational restructure & referenced to EQuIP 4, implemented performance indicators
07.09 Reviewed and updated to reflect the changes by Continuum Healthcare
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HURSTVILLE
PRIVATE

MERCURY SPILL CLEANUP PROCEDURES

PURPOSE
To ensure the safety of all staff who may need to be involved in the clean up of a mercury spill

POLICY REFERS TO
All Staff

POLICY
This refers to small spills e.g. from thermometers or sphygmomanometers.

1. Ensure area is well ventilated & prevent access to spill. Remove patients from immediate vicinity
2. Obtain mercury spill kit from Birthing Suite.
3. The kit is designed for up to 25ml spills only. Hg Absorb is a special mixture of metal & an activating agent, which when wetted & applied to a liquid mercury spill, will form a mercury-metal amalgam. Mercury sponges are coated with Hg Absorb powder & are used to completely decontaminate the area of the mercury spill by amalgamating all traces of mercury.
4. Remove gold or silver rings & bracelets (Mercury bonds to metals). Put on disposable gloves & safety glasses from spill kit.
5. Remove any broken glass, place in rigid container (e.g. empty spill kit container).
6. Sprinkle chemical Hg Absorb powder over the surface of the mercury.
7. Sprinkle powder with water
8. Work Hg Absorb powder into mercury with scraper to form an amalgam
9. Use dustpan and scraper to collect Hg compound into provided bag & seal. Place used bag, dustpan & scraper back in kit.
10. Shine a torch over the area to check that no beads of mercury have been left (repeat steps 5 to 8 if more mercury is found)
11. Mop area with water and disinfectant
12. Place used kit & gloves in yellow bag. Dispose of bag to yellow clinical waste bin. Mop to be thrown in general waste.
13. Wash hands
14. Ward staff to complete RiskMan incident report.

NOTE: Vacuum cleaners must not be used to clean up mercury spills.

EXPECTED OUTCOMES
Mercury Spill kit located in Delivery Suite
Random staff audit of procedure for mercury spills demonstrates awareness of policy

REFERENCES:

N5W Health Department Infection Control Policy 2002/45
NSW Health Waste Management Guidelines for Health Care Facilities PD 2005_132
HICMR Infection Control Manual
ACHS EQuIP4 Standard 3.2.3
ACHS
ACHS EQuIP5 Standard 3.2.35 Standard

HISTORY:

02.08 Reviewed and revised to reflect change of ownership, organisational restructure, implemented KPI's and referenced to ACHS EQuIP 4.
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HURSTVILLE
PRIVATE

STANDARD OPERATING PROCEDURES

PURPOSE
To ensure standard operating procedures are within the regulations and standard and that all staff working within the area are educated to work within the guidelines

POLICY REFERS TO
All staff

POLICY
Standard Operating Procedure
The following procedures shall be observed for all substances which have been identified as, being hazardous substances.

- A MSDS must be sighted and approval given for the substance to be used on site.
- All substances on arrival at the store shall be checked against the Hazardous Substances Register for identification and correct storage.
- Storage and movement of all substances, including segregation if necessary, shall conform to MSDS and hospital requirements.
- All PPE requirements shall be strictly observed when handling hazardous substances.
- Personnel shall not eat or drink while handling hazardous substances, or in areas where hazardous substances are stored, and shall wash their hands thoroughly immediately after such handling.
- All containers of hazardous substances shall be kept tightly closed at all times. Any leakage or seepage shall immediately be reported.
- Only authorised personnel shall have access to chemical storage area
- Chemical Spill kit is located in the chemical storage area in lower basement level 1 and in CSSD.
- Smoking or naked flames are strictly prohibited near the chemical storage area or whilst handling chemicals.

EXPECTED OUTCOMES
Chemical spill kit located as per policy.

REFERENCES
National Model Regulations for the Control of Workplace Hazardous Substances (NOHSC: 1005 (1994) National Occupational Health & Safety Council
The National Occupational Health & Safety Council *Control of Workplace Substance Natianal Model, Regulations & Practice*
Code of Practice for the Control of Workplace Hazardous Substances 2006
OH&S Act 2000
OH&S Regulations 2001
ACHS EQuIP 4 Edition Standard 3.2.1
ACHS EQuIPS Standard 3.2.1

HISTORY

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HURSTVILLE
PRIVATE

DISPOSAL OF CHEMICALS

PURPOSE
To ensure safe disposal of all chemicals in the workplace

POLICY REFERS TO
Maintenance Officer
Hospitality Services Manager

POLICY
Once all chemicals is deemed unnecessary for use of Hurstville Private the supplier is contacted for removal of the chemical in the appropriate manner

EXPECTED OUTCOMES
Nil redundant chemicals found during workplace inspections

REFERENCES
National Model Regulations for the Control of Workplace Hazardous Substances (NOHSC: 1005 (1994) National Occupational Health & Safety Council
The National Occupational Health & Safety Council *Control of Workplace Substance National Model, Regulations & Practice*
Code of Practice for the Control of Workplace Hazardous Substances 2000
OH&S Act 2006
OH&S Regulations 2001
ACHS EQuIP 4 Standard 3.2.1
ACHS EQuIP5 Standard 3.2.1

HISTORY
07.09 Commenced to reflect the changes by Continuum Healthcare
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HURSTVILLE
PRIVATE

CHEMICAL SPILLS

PURPOSE
All staff are to be trained to effectively control any hazardous chemical spill.

POLICY REFERS TO
All staff

POLICY
Spill Control Procedure
A hazardous chemical spill requires immediate attention and must be effectively controlled so as not to promote unnecessary contamination of the environment.

1. Open chemical spill kit
2. Stop source of spill – place spill pillow on the spill
3. Immediately provide maximum ventilation
4. Avoid excessive inhalation of vapour and contact with the skin
5. Refer to MSDS
6. Don personal protection equipment: Gloves, gown, mask and shoe covers
7. Place spill signs at the perimeter of the spill area
8. Sprinkle sufficient amount of neutralising agent to cover spill
9. Allow 5 minutes for the neutralising agent to dissolve and 'neutralise' the chemical
10. Collect the slurry into the blue plastic bag with the spill pillow
11. Use additional wipes to wipe around area
12. Tie off the disposal bag ready for disposal in the correct manner
13. Keep spill signs in place until the area has been cleaned completely
14. Enter incident into RiskMan.
15. Any mops or other cleaning equipment used to clean the spill, should be rinsed with large amounts of water.

Normal spill kits are located in Operating Suite and each utility room in the facility.
Industrial spill kits are located in the basement in the caged locked area and in CSSD

EXPECTED OUTCOMES
Incident reports on chemical spills and action taken.

REFERENCES
National Model Regulations for the Control of Workplace Hazardous Substances (NOHSC: 1005 (1994) National Occupational Health & Safety Council
The National Occupational Health & Safety Council *Control of Workplace Substance National Model, Regulations & Practice*
Code of Practice for the Control of Workplace Hazardous Substances 2006
OH&S Act 2000
OH&S Regulations 2001
ACHS EQuIP 4 Standard 3.2.1
ACHS EQuIP5 Standard

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HURSTVILLE
PRIVATE

LABELING & DECANTING

PURPOSE
To ensure that all containers of hazardous substances used or stored in the workplace shall be appropriately labelled and contained to allow the substances to be identified and used safely.

POLICY REFERS TO
All staff

POLICY
4.1 Labelling

All containers of hazardous substances used or stored in the workplace shall be appropriately labelled to allow the substances to be identified and used safely.

- All containers of hazardous substances received through the store shall be checked to ensure that the correct label is in place, and that it is clean and easy to read.
- Containers shall be labelled in accordance with AS1216.
- Where a substance is decanted (poured into another container) in the workplace, the labelling required shall depend on whether the substance is to be consumed immediately, or over a period of time.

4.2 Decanting

Decanting will only be carried out by specifically trained personnel. All staff involved in decanting will be educated and competent in this task. Decanting shall only be carried out in the designated chemical storage area in the Basement

Items required for decanting are:

1. One pair of elbow length non-porous gloves
2. Safety goggles
3. Protective apron
4. Substance required for decanting
5. Appropriately labelled & clean decanting bottles
6. Chemical Spill kit

Procedures for decanting are as follows:

1. For safety purposes, the staff member that will be decanting shall inform the Maintenance Officer, Duty Manager or senior personnel of their intended tasks
2. Collect clean decanting bottles from the cleaner's
3. Proceed to chemical storage area in B1 car park
4. Put on safety attire and all required PPE
5. Release spout of chemical substance drum and carefully fill the decanting bottle to indicated Level
6. Close off spout and securely fit the cap back onto decanting bottle
7. Place all of the decanting bottles into a carriage basket
8. Tidy area up and remove protective apparel
9. Lock up the chemical storage area and notify manager the task has been completed
10. Distribute decanting bottle to appropriate cleaner's utility areas

The container shall be labeled in accordance with AS1216 at all times.
If an accidental spill occurs during decanting follow procedures set out in DG&HS 6 Chemical spills

EXPECTED OUTCOMES
100% of hazardous substances are correctly labelled

References

National Model Regulations for the Control of Workplace Hazardous Substances (NOHSC: 1005 (1994) National Occupational Health & Safety Council

The National Occupational Health & Safety Council *Control of Workplace Substance National Model, Regulations & Practice*

Code of Practice for the Control of Workplace Hazardous Substances 2006

OH&S Act 2000

OH&S Regulations 2001

ACHS EQuIP 4 Standard 3.2.1

ACHS EQuIP5 Standard 3.2.1

History

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HURSTVILLE
PRIVATE

CLEANING CHEMICALS

POLICY REFERS TO
Cleaners

POLICY

6.1 Care of Chemicals

- All chemicals should be appropriately labeled and stored in a manner that eliminates risk of contamination, inhalation, skin contact or personal injury.
- MSDS's (Material Safety Data Sheets) are required for all cleaning chemicals in current use and are easily available for reference in case of accidents. PPE (Personal Protective Equipment) is provided for all cleaning staff and is replaced as required.
- Storage should be above the floor on shelving at accessible height.
- For further information on chemicals in the workplace refer to the Dangerous Substances and Hazardous Chemicals Process.

6.2 Oasis Neutral Detergent

Neutral Cleaner is a general purpose detergent designed specifically for use in hospital wards as a floor cleaner or as a damp dusting agent.

Directions for use: Use gloves
Mix product through mixing station
Refer to MSDS

6.3 Juniper Odour Counteractant Spray

An alcohol based deodoriser that can be used in bathrooms, toilet and common areas to neutralise odours.

Directions for use: Use gloves
Mix product through mixing station
Refer to MSDS

6.4 Oasis Glass Cleaner

Glass cleaner cleans windows, mirrors, laminate, chrome and enamel surfaces.

Directions for Use: Use gloves
Mix product through mixing stations, or solution cab be ready mixed for some areas. Spray small quantity onto lint free cloth and wipe area. Buff using clean, dry lint free cloth or paper towel.
Refer to MSDS

6.5 Buddy Crème Cleanser

A smooth crème cleanser designed to clean tiled areas, sinks, basins, showers, stainless steel and kitchen utensils.

Directions for use: Use gloves
No mixing or diluting required.
Wring a cloth or sponge out of clean water, apply Wiz to cloth and clean surface with a polishing action.
Rinse or wipe off any residue with a damp clean cloth.
Refer to MSDS

6.6 Bathroom Cleaner & Disinfectant

These biodegradable products are for cleaning in soft or hard water. Apply to toilet bowl and scrub with sanitary brush, then flush

Directions for use: Use gloves
Solution pre mixed at chemical station.
Refer to MSDS

6.7 Antichlor Plus

Antichlor is a chlorinated sanitiser for use in patient areas where an infectious outbreak has occurred. It can also be used as a mould remover in shower, hand basin and toilet areas.

Directions for use: Use gloves and PPE
Solution mixed as 1 tablet into appropriated measuring/dispensing bottles.
Dilution rates: 1 tablet to 1Ltr of water.

Wipe all surfaces with premixed solution, or mop if necessary.
Refer to MSDS.

6.8 Carpet and Fabric Spot Remover

Milestone Carpet & Fabric Spot Remover is used in the removal of food and other stains from carpets, upholstery, curtains and other fabric items. Use directly from bottle.

Directions for use: Use gloves.
Before using – test small area of carpet or fabric first to ensure it is colour-fast.
Wipe excess foreign matter from the surface. Wet the area lightly with this solution and allow approximately 30 seconds to penetrate.
Blot affected area with a sponge or clean cloth. Use a sponging action rather than brisk rubbing. Repeat as necessary.
Refer to MSDS

6.9 Mixing of Chemicals

All chemicals are mixed through the chemical mixing station located in all the cleaners rooms. Water is added at a graduated rate to the recommended specification with the product provider. Chemical contact has a minimal shelf life and needs to be dispensed daily where possible into clean empty correctly marked containers to maximize effectiveness.

References:
NSW Health Department Cleaning Services Standards, Guidelines and Policy August 1996
ACHS EQuIP 3rd Edition Standard 5.1
Ecolab Chemicals MSDS
ACHS EQUiP 5 Standard

History:
03.03 Added Care of Chemicals
07.09 Changed 6.5 to different product, 6.9 introduction of Chemical mixing station
09.11 Reviewed and reformatted.
05.12 Changed 6.2 → **6.8 to reflect change of chemical** provider and new products.

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HURSTVILLE
PRIVATE

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HURSTVILLE
PRIVATE

WASTE MANAGEMENT

PURPOSE
To ensure that all house keeping and other relevant staff are informed on waste management within the workplace

POLICY REFERS TO
Maintenance Officer
Contractor and Porters
Housekeeping Staff

POLICY
1.1 General Waste
a) Housekeeping staff collect the general waste daily from all designated areas. The bags are tied and transported using the white bin trolleys, to the 240 litre sulo bins at the waste storage area behind the kitchen. Gloves should always be worn when handling waste.
b) Maintenance staff and porters transport the 240 litre sulo bins using the Pearl Street lift to the 30m3 skip bin stored on the basement level 1 car park, bins are not to be transported down the length of the back driveway.
c) The 240 litre sulo bins are emptied into the 3.5m3 and 5.3m3 skip bins using the "DUMPMASTER" mechanical bin lifter. All safe operating procedures should be followed when using the "Dumpmaster" mechanical bin lifter.
d) The 5m3 skip bins are collected by the contractor on Monday, Tuesday, Wednesday, Thursday and Friday of each week.
e) The 3.5m3 skip is collected on Monday Wednesday ad Friday of each week.

1.2 Dumpmaster Safe Operating Procedures
Before use ensure that:
1. The machine is stable and on level ground
2. The wheel brakes are applied
3. All personnel other than the operator are well clear of the machine
4. All covers and safety guards are in place
5. All PPE is worn by the operator i.e. Eye protection and gloves

To empty bins
1. Place bin on cradle ensuring that it is properly positioned and wheels are locked into cradle
2. Press RAISE (↑) button, holding down until bin reaches inverted position, then release
3. When contents of bin have emptied, press LOWER (↓) button, holding until cradle rests on ground
4. The bin may be stopped at any point of either up or down cycle, by releasing the button.

Caution
NEVER Allow other person to stand near the machine when operating, or to hold onto the bin, or to stand on the cradle
NEVER Operate with any covers or guards removed.
NEVER Operate with broken or damaged electrical supply lead
NEVER Operate on uneven or sloping ground
NEVER Approach battery cell with a naked flame or cause sparks in the vicinity of the battery

Interlocked Door
As an additional safety precaution, the Dumpmaster is fitted with "full guarding", including an interlocked door. The machine will only operate when the door is latched shut. The "Emergency Stop" switch is to be pressed, or the door be left ajar when the machine is not in use.

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Battery Care and Charging

The DUMPMASTER is fitted with a deep-cycle 12 volt battery and an automatic battery charger. As a general rule a full charge is sufficient to empty around 5 tones of product, but this will vary depending on the tipping height and the age of the battery. The charger is fitted with a "BOOST" switch which can be used for extra-fast recharging. This should only be done by the maintenance manager. The switch should be returned to "AUTO" position once the battery is recharged.

To recharge the battery, simply plug the charging lead into the socket on the side of the control panel and into a standard 240 volt outlet. The battery monitor lights should glow a little brighter when the charger is plugged in. A full recharge will take around 15 hours.

Maintenance and Care of the Dumpmaster

Two or three times per year open the battery box and check the fluid level in each cell. Top up any cells that are down with distilled water so that the plates are just covered. Ensure the top of the battery is clear and dry. An occasional coat of silicon spray inside the masts and around the roller arm pivot on the cradle will ensure that friction is kept to a minimum.

Trouble Shooting Guide

Problems	Possible Causes	Remedy
Cradle will not come down from right up position	Cradle sticking in masts	Spray inside of masts at top of slots. Smear grease on top of curved "tipping track" Lubricate roller arm at top of cradle.
	Lift ram jamming	Consult manufacturer or agent
	Faulty switch, wiring or lowering valve.	The lowering valve should click when the button is pressed. If not, check switch, wiring and electromagnetic coil.
Cradle jams part way down	Follower roller not turning freely. Roller arm twisted or cradle sitting out of level	Lubricate roller Check and straighten.
Cradle will not go up	Flat Battery	Recharge battery
	Blown fuse/faulty plug/faulty lead (1-ph or 3-ph Machines)	Check and rectify
	Faulty switch or wiring	Check and rectify
	Faulty raise relay or contactor	Relay contactor should click when "up button is pressed. If not check and replace
	Motor running wrong direction (3-ph only)	Swap 2 phase wires in plug
	Interlock switch on door not working	A click should be heard from the relay as the door is opened and shut, if not check wiring to door switch
Machine will not lift heavy bins, although motor runs	Pressure-relief valve set too low	Consult manufacturer or agent.

1.3 Clinical Waste

a) Clinical waste is stored in 240 litre yellow sulo bins located in all dirty utility rooms.
b) Full bins are to be locked and transported to the locked waste area on lower basement level 1.
c) Full sharps bins are removed from the clinical areas daily by maintenance staff and transported to the locked storage container in the basement car park.
d) Clinical waste is collected twice weekly by a Redlum Waste or when necessary.
e) Sharps bins are replaced as required by a BD.

1.4 Cardboard Waste:

a) Cardboard is collected from all dirty utility areas in the hospital each morning by the housekeeping staff, and by the orderlies in the afternoon when necessary, Monday to Friday.
b) The waste is transported to the rear of the hospital in white transport trolleys, compacted and baled and stored for collection in the basement car park.
c) Cardboard waste is removed from the site twice weekly.
d) Kimguard: collected as per the cardboard also from DSU and CSSD then compacted and bailed as the cardboard collection
e) Plastic: As per the Kimguard

1.5 Recycling

a) Recyclables are transported to the 240 litre council recycling bins stored at the rear of the kitchen
b) Recycling bins are collected from Millet Street once per week.

1.6 Cytotoxic Waste

Cytotoxic bins and sharps containers are not kept onsite due to infrequent use and the availability from suppliers. In the event of requiring cytotoxic bins Redlam Waste will supply-telephone number **(02) 4272 4866**.
Cytotoxic sharps containers are available from BD-telephone number-**1800 656 100**

EXPECTED OUTCOMES

Incidents of occupational exposure.
Manual handling incidents related to waste management.

References

AS/NZS ISO 9001:2000
NSW Health Department Circular 98/99 *Waste management Guidelines for Health Care Facilities*
Waste Avoidance & Resource Recovery Act 2001
ACHS EQuIP 4 Standard 3.2.3
HICMR Infection Control Manual
ACHS EQUiP 5 Standard

History

02.08 Reviewed and revised to reflect change of ownership, organisational restructure, implemented KPIs and referenced to EQuIP 4.
07.09 Reviewed and updated to reflect the changes by Continuum Healthcare
09.11 Reviewed and reformatted

Policy Written: J Scotti
Date of Next Review: June 2013
Policy Reviewed by: J Scotti & M Cattell Sept 2011
Policy Date: June 2009
Approved by: L Dodd CEO & Policy Review Committee
Date Implemented: August 2009

HURSTVILLE
PRIVATE

WASTE DISPOSAL

PURPOSE
All staff are to be informed on how to properly dispose of waste in the workplace.

POLICY REFERS TO
All Staff
Infection Control Coordinator

POLICY
2.1 Definition of Clinical Waste
Clinical waste is waste that has the potential to cause sharps injury, infection or offence and is disposed of separately from general waste and is separated at its point of origin. All bins are locked prior to being moved.
Waste that may be infectious includes:

1. Sharps
2. Bulk body fluids and blood
3. Pathology Waste-human tissue(excluding teeth, hair and nails)
4. Visibly blood stained disposal material and equipment.

2.2 Management of Clinical Waste
Such waste should be adequately containerised, stored and disposed separately from general waste to ensure it does not pose a threat to either waste handlers or the community. Clinical waste bags and containers should not be overfilled
They should be tied or sealed, then stored in a secure place for collection. The bins are collected from the basement x3 weekly
Clinical waste bags and containers should be coloured yellow with the "bio hazard" symbol printed on the bag or container. For further information refer to Infection Control Manual.

Bulk body fluids and blood:
Workers involved in disposal of blood or body substances (including emptying of urine or other fluid collection bags) must wear appropriate personal protective equipment. Slowly pour liquid waste down a drain connected to a sanitary sewer system and flush immediately after disposal. Minimize splashing or contamination to mucosa or skin. Ensure that disposable products containing liquids are sealed, not emptied, before disposal into clinical waste bags and containers.
All discarded disposable bottles, bags, wound drainage systems, dressings etc are disposed into yellow clinical waste bags located in each clinical area. When full, the bags are removed by the cleaning staff and stored in the locked clinical waste bins. Sanitary pads are to be disposed directly into the pink sanitary bins provided in the bathrooms. These sanitary bins are not emptied by hospital staff, however they are collected at regular times across the hospital by the service provider.

Pathology Waste
All tissue is containerised and disposed via the pathology service. Placentas following examination are bagged and then placed into contaminated waste bins (specific Cytotoxic waste bin-purple in colour). Final destruction is via incinerator. When full, bags are sealed and removed to general waste collection area.

2.3 In the event of Spillage of Clinical Waste

- Personal Protective Equipment must be worn to isolate and clean up
- The waste must be re-bagged and disposed of into clinical waste bin promptly.
- Personal Protective Equipment must be removed and disposed of correctly.

EXPECTED OUTCOMES

Nil incidents of occupational exposure regarding waste disposal

References:

NSW Health Department Infection Control Policy 2002/45
NSW Health Waste Management Guidelines for Health Care Facilities
ACHS EQuIP 4 Standard 3.2.3
HCPH Infection Control Manual
ACHS EQuIP5 Standard 3.2.3

History:

02.08 Reviewed and revised to reflect change of ownership, organisational structure, referenced to HICMR Manual and EQuIP 4, implemented KPI's.
07.09 Reviewed and updated to reflect the changes by Continuum Healthcare.
09.11 Reviewed and reformatted

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HURSTVILLE
PRIVATE

POWER FAILURE AND EMERGENCY GENERATOR

PURPOSE
To ensure that should there be a failure of the electrical services in the hospital that the appropriate staff will have access to process and directions to safely re-establish the service that is required

POLICY REFERS TO
Maintenance Officer
Registered Nurse in Charge
Duty Manager

POLICY
Who Takes Charge during Power Failure?
During normal office hours the Chief Executive Officer is the Person in Charge and will co-ordinate the power failure situation.
After hours The Registered Nurse in Charge of the Hospital will contact the Duty Manager and maintenance staff on call.
The Registered Nurse in Charge of the hospital will act as the person in charge and take charge until the Duty Manager is onsite.

Where is the Emergency Generator?
The emergency generator is located in the plant room behind the kitchen.
The master key opens this door.
The emergency generator is independent of electrical supply and is **run by diesel fuel**.
During power failure the emergency generator is expected to operate for approximately 11 hours.

What has Battery Back-up?
- Operating theatre lights have battery back up for approximately two hours
- Emergency lighting in corridors, stairs and exit signs have battery back up for approximately 90 minutes;
- The hospital switchboard and telephone system has approximately 90 minutes of battery back-up.

Automatic Changeover to Emergency Generator

Essential Areas
In the case of total power failure the emergency generator will automatically start after approximately 3-5 seconds.
The generator is designed to back up only the **essential** areas throughout the hospital and they are as listed:
- Operating Suite (air conditioning **is not** connected to the emergency generator);
- Delivery Suites;
- Figtree Ward;HDU only
- Special Care Nursery;
- The switchboard and the hospital telephone system;
- The fire indicator panel; and
- The Emergency Warning and Intercommunication System (EWIS).

Non-Essential Areas

All other areas do not have emergency generator power. In the event of power failure emergency lighting will automatically turn on and will illuminate all areas for approximately 90 minutes.
Staff working in areas without emergency generator power should remain in their respective areas until instructed otherwise by the Person in Charge.

The Operating Suite Manager (or delegate) will liaise with the Person in Charge to determine the expected power failure time frame in order to develop a contingency plan for the continuation of the operating sessions.

Steps to be taken in Power Failure

1. Turn off all non essential power e.g. air conditioners including Operating Suite, fans, televisions and other electrical equipment not required;
2. The Person in Charge to check if any one is in the lifts. If anyone is in the lift, telephone the lift company (Thyssen Elevators on 1300 799 599) who will arrange for a technician to come to the hospital as soon as possible-usually within 20 minutes;
3. Person in Charge to check fire panel and silence Fire Alarm if required;
4. Telephone the Electricity Emergency Service on 1800 686 688 and or 131388.

In the event of Emergency Generator Failure

If essential areas are not powered after approximately 15 seconds, the emergency generator may have failed. In this event the following steps should be taken:

1. Manually start emergency generator-instructions are below and located in the generator room;
2. Contact Advance Power 0419-019327;
3. Contact Corporate Security (9893 8866) to assist with security as automatic doors remain open during power failure;
4. There is a mobile phone in the Birthing Suite that can be used should there be a need in a total power failure.

Auto Operation

- The system is designed as an auto start (back up) system and should be in the auto mode at all times except in times of maintenance and manual testing
- Auto mode is indicted with a " red led" above the auto push button
- The circuit breaker should always be in "on" position except in times of maintenance
- The battery charger should always be in the "on" position except in time of maintenance

Manual Operation

- If the system is to be run in manual the push button whit the "hand symbol" needs to be selected and then the "green " push button needs to be pressed. This will start the machine, but will not change over the auto transfer switch.
- To stop the machine the "red" push button needs to be pressed, this will stop the machine immediately
- After manual testing is over you must ensure that the "auto" push button is pressed and the "red led" as above the push button is active
- Then check that the battery charger and circuit breaker are both in the on position

EXPECTED OUTCOMES

- Records are maintained for regular service and maintenance of emergency generator.
- Emergency generator is checked weekly by Maintenance Officer for diesel level and a record maintained.
- Annual review of work instruction.
- Monitor incidents.

References:
AS 4083-1997 Planning for Emergencies-Health Care Facilities.
AS 3009-1998 Electric Installations – Emergency Power Supplies in Hospital.
ACHS EQuIP 4 Standard 3.2
ACHS EQuIP 5 Standard 3.2

History:
02.08 Reviewed and revised to reflect change of ownership, organisational structure, changed emergency controller to Person in Charge, implemented KPI's and referenced to ACHS EQuIP 4.
08.09 Reviewed and updated to reflect the changes by Continuum Healthcare
08.11 Reviewed and reformatted

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Date of next review: 2013
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Date Implemented: August 2009

HURSTVILLE
PRIVATE

EMERGERCY PROCEDURES CHART

PURPOSE
All staff to be trained and able to follow the correct process in case of an Emergency in the workplace

POLICY REFERS TO
All Staff

POLICY
Emergency Procedures Chart

Emergency charts are displayed at Nurses stations and in all department offices in the hospital. The charts contain information required in the event of an emergency and is set out as follows:

Code Red:	Fire Emergency Fire Extinguishers All staff Fire Warden Role General Staff Role
Code Orange:	Evacuation Emergency
Code Blue:	Medical Emergency
Code Purple:	Bomb Threat Emergency Bomb Threat Checklist
Code Black:	Armed/non Armed Assault Emergency
Code Yellow:	Internal Disaster
Code Brown:	External Disaster

EXPECTED OUTCOMES
Emergency charts are available in all areas as per policy.

References:
AS 4083/1997 Planning for Emergencies – Health Care Facilities
ACHS EQuIP 4 Standard 3.2
AHCS EQuIP 5 Standard 3.2

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History:

02.08 Reviewed and revised to reflect current new ownership, organisational restructure. Introduced KPI's and referenced to ACHS EQuIP 4.
08.09 Reviewed and updated to reflect the changes by Continuum Healthcare
09.11 Reviewed and reformatted. Emergency Flip Chart replaced by Emergency Chart

Policy Written: J Scotti
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Last reviewed : September 2011

HURSTVILLE
PRIVATE

FIRE SAFETY & EVACUATION PROCEDURES

PURPOSE
All staff employed at Hurstville Private will be trained and familiar with the procedure and equipment in the event of a fire.

POLICY REFERS TO
All Staff

POLICY
Fire and Evacuation Training and Competency
Staff employed at Hurstville Private have a responsibility to ensure they are familiar with all fire fighting procedures and equipment in the event of a fire.
Staff are required to participate in Fire Safety Lectures and Practical Demonstrations as per NSW Health Department Circular 2010_024 and Private Hospitals Regulations 1996 clause 37, Schedule 1.
It is a condition of employment that all staff attends mandatory Fire Safety Training. Training is conducted by an accredited Fire Safety Officer and a record of attendance is maintained. Non attendance of mandatory fire and evacuation training is identified and actioned.

Fire Inspections
The hospital undergoes fire audits annualy. The appropriately trained accredited person (RACE Pty Ltd) or service provider (DEM) performs the inspections and any recommendations made are addressed by an action plan.

Fire / Evacuation Procedures
Implement R.A.C.E. procedures:
Rescue or remove people from immediate danger if safe to do so
Alert – dial 0-000 or use manual call points to activate alarm
Contain – close doors to contain fire
Extinguish – if safe to do so, use correct fire fighting equipment
Do not shout
Do not panic
Do not put yourself at risk

Person in Charge
The Registered Nurse in Charge will act as the Person in Charge in the case of an alarm. The role of the Person in Charge is to co-ordinate response within the hospital, utilise available resources and effectively liaise with the responding external services.

Fire Alarm Activation – EWIS System
When the fire alarm is activated the Person in Charge is to proceed to the Emergency Control Point located at the Pearl Street entrance containing the Fire Indicator Panel (FIP) and Emergency Warning and Intercommunication System (EWIS). Then:

- Determine the affected zone i.e. Shown on FIP Zone 18 Ground Kitchen and Store
- Open EWIS panel door using 003 key marked with red tag. This key is on the RN in Charge keys for after hours emergencies
- Turn key on EWIS panel to 'manual'

- Press 'all cancel button' this will silence the alert tones
- Press 'all PA button' this activates the public address system to all areas.
- Using the black pa microphone press and hold switch on side and announce the following: Code red alarm zone XXX in the XXX area. Staff in that area, please check all smoke detectors and confirm.
- Wait for staff report to confirm the alarm is either

A. **False Alarm** – smoke detector found but no sign of fire or smoke.
If concealed detector is found in alarm, treat as an actual alarm.

B. **Actual Fire** – Fire is found

- Staff report will come from the red warning intercom phone (WIP) on the EWIS panel
- To answer a call from a WIP, lift the red phone, press the relevant "call" key
- To end a call, press the relevant "call" key again and hang up the red phone.
- If a false alarm is reported i.e. Detector found but no sign of fire/smoke, announce: 'Code red Zone XXX false alarm, stand down and await all clear'.
- Leave key in manual position until Fire Brigade arrive or actual fire is reported.
- When Fire Brigade arrive inform them of area and false alarm activated, showing them the alarmed smoke detector.
- Announce all clear when directed by Fire Brigade.
- If an actual fire is reported, announce: 'Code red Zone XXX confirmed. All available staff please assist with initial evacuation in area XXX'.
- Return to assist staff with initial evacuation. Ensure that the Fire Brigade are notified by dialing 0-000 and confirm fire status and location of fire.
- Continue to monitor the situation and respond as necessary
- Provide progress reports to the hospital management

Immediate Action in Area of Fire

No two fires are the same. The following actions should be considered in all fires but not necessarily in the order listed below;

- Locate fire and notify Person in Charge via red WIP phone
- To call the Person in Charge from the WIP, pick up the red handset in the area and wait for the Person in Charge to answer.
- Alert staff in immediate area;
- Assess if persons are in immediate danger and take action to ensure their safety.

NEVER PUT YOURSELF AT RISK;

- Confine fire and smoke by closing doors
- Do not switch off lighting, illumination is vital for safe evacuation;
- Do not use hospital lifts in the event of a fire;
- Notify the Fire Brigade on 0 000, giving:
    - Name and address of the hospital
    - Exact location of the fire or smoke

  - Description of what is burning or type of fire
  - Your name
  - Nearest entrance and quickest route within the hospital to the burning area.
- Extinguish or contain fire-*DO NOT TAKE ANY UNNECESSARY RISKS.*
- Begin evacuation procedures
  - Stage 1- removal of people from immediate danger.
  - Stage 2- further evacuation to a safe area
  - Stage 3-complete evacuation of the building to assembly areas (Gloucester Road, Millet Street or Pearl Street). The Registered Nurse in Charge of the Hospital will co-ordinate the evacuation of patients, staff and visitors. ***Do not evacuate into courtyard areas.***
- Conduct a roll call of staff and patients as soon as possible, this should be attended by the person in charge of each area;
- After hours when practicable the Registered Nurse In Charge of the Hospital shall notify the After Hours Duty Manager;
- The Person in Charge should check the visitor's book at main reception and theatre (if possible) to ascertain if there are any contractors in the hospital. *DO NOT TAKE ANY UNNECESSARY RISKS.*
- If evacuation of the entire building is deemed necessary, all ambulant and semi ambulant patients will be transported via taxis and cars to the Penshurst RSL Club for short term accommodation and be cared for by the Hospital staff. Non ambulant patients to be transported via ambulance to available hospital beds.
- The Registered Nurse In Charge of the Hospital should record where patients have been relocated to.

Special Care Nursery

In the case of a need to evacuate the SCN

- Where possible give infant to Parent and direct to exit and assembly point
- Where it is not possible to give infant to parent:
- Get assistance from other staff if required
- Turn off all IVI lines firmly. Disconnect and cap if time permits, taking capped infusion with baby
- Disconnect from any monitors, leaving leads on infant
- Wrap infant tightly in bunny rug with any tubing, leads, infusions/capped IV fluids
- Disconnect oxygen tubing from wall, taking tubing with baby for reconnection to mobile or emergency oxygen supply.
- Place all end of cot notes, medical record folders and SCN admission register into bottom of empty linen bag
- Place all babies in upright position into cuddlies (like peas in pod)
- Evacuate infants as directed to safe area or
- Evacuate infants to evacuation assembly point external of hospital
- Report to "In Charge of Hospital "Evacuation status and headcount. E.g. "Evacuation completed to xxxx area and all infants accounted for"

Operating Theatres

Notify operating suite staff that a fire has occurred and assess the situation as to whether operations can continue or whether patients and staff are to be moved to a safe area.
Turn off oxygen, gas, and electrical equipment as soon as practicable.

Extinguishing Procedure

Method of application and quantity of fire extinguishing media used are governed by:

- Quantity of burning matter
- Location of burning matter
- Extinguishing media available

Once these principles have been established, fire extinguishment is achieved by applying the following rules:

1. Observe the fire
2. Classify the fire
3. Apply the correct extinguishing agent
4. Ensure the fire is extinguished
5. Avoid re-ignition

Classification of Fires
In accordance with Australian Standard 1850, fires are divided into six classes and are generally defined in terms of the nature of the fuel. Such classifications are used in determining the method of extinguishment.

Class A
Fire involving solid material, usually of organic nature, for example: wood, paper, fabric, plastics. Cooling the burning material with water is the most effective method of extinguishment.

Class B
Fire involving liquids or liquefiable solids, for example: petrol kerosene, methylated spirits, lubricating oils, waxes etc. The most effective way of fighting this class of fire is to smother it, thus excluding oxygen. Water must never be used as boil over of the liquid may occur, thus spreading the fire.

Class C
Fire involving gases, for example: natural, LPG and acetylene etc. In the event of a gas leakage igniting, it should only be extinguished by shutting off the supply. If it is unsafe to approach, no further attempt should be made to extinguish the flame and the assistance of trained fire fighting personnel should be sought.

Class D
Fires involving metals, for example: sodium, magnesium etc. The standard range of extinguishers is inadequate or dangerous when dealing with this class of fire. The assistance of trained fire fighting personnel should be sought. Do not use water.

Class E
This relates to fires involving energised electrical equipment. Use carbon dioxide extinguisher and **not WATER** extinguishers

Class F
Fires involving fats and cooking oil, for example: vegetable, sunflower oil etc. Turn off the heating element. Smothering is the most effective extinguishing method for these fires.
NB Water, foam or vapourising liquid must never be used on Class F fires, as boil over of the contents may occur. Use carbon dioxide, wet chemical or dry chemical powder Class BE.

Methods of Extinguishing Fires
Fire extinction consists of removal or limiting of one or more of three factors necessary to support combustion, and the methods used may be classified under the following headings:

- Starvation
- Smothering
- Cooling
- Stopping the chemical reaction

Fire Fighting Equipment found In the Hospital

Fire Blankets
Fire blankets are used in small fires, fires in waste paper baskets, fires on personal clothing or fires with cooking equipment. Fire blankets are available in the kitchen, operating suite tea room and nurse's stations throughout the hospital.

Extinguishers
Carbon Dioxide (CO_2) is the only extinguisher in use at Hurstville Private. CO_2 cylinders are to be used on all fires; wood, paper textiles, paint, oil, flammable gases and other liquid fires. CO_2 extinguishers are red with a black band and a large nozzle. *Avoid contact of nozzle with skin.*
To operate:

Pull safety pin
Aim at base of fire
Squeeze handle
Sweep at base of fire

Fire Hose Reels
To be used on wood, paper, textiles and rubbish. *Not to be used on electrical fires or flammable liquids, or where an electrical hazard exists.* Hose reels are located in each fire compartment as shown on evacuation plans situated at all exits and nurse's stations. Range of hose is approximately 30 metres. The water should travel approximately 6 metres from the end of the hose allowing you to attack fire from a safe distance.

To operate:

- Turn on stop valve to release nozzle
- Run out hose
- Turn on water at nozzle

Fire Panels

Main Panels
The Main fire panel is located in the Pearl Street foyer.

Do not attempt to reset the panel. This can only be done by the Fire Brigade.

In the event of an alarm, the key to the panel is located on the Registered Nurse in Charge After Hours keys.

Once a false alarm has been determined it is possible to silence the alarm bells. To silence the alarm bells, open the cabinet and press the pad marked "SILENCE".

Mimic Panel
Located in Cafe area is a mimic panel. In the event of an alarm, a display window will indicate the source of the alarm.

Fire Brigade Access

Hurstville Fire Brigade has a master key for the hospital and can access all areas with the master key.

Alarm Response

Once the alarm has sounded, the fire brigade will automatically respond. In the event of an actual fire, a staff member should dial emergency 0 000 or 9580 3964 (Hurstville Fire Brigade) and report the fire. This is a safety measure in case of malfunction in the system.

EXPECTED OUTCOMES

- 100% attendance of staff at mandatory fire and evacuation training annually.
- Action taken for non attendees
- Annual check of Hurstville Fire Brigade to ensure master key for Hurstville Private on-site.
- Recommendations from Fire Inspections actioned.
- Annual review of policy.
- Monitor incidents.

References:

AS/NZS ISO 9001:2000
NSW Health Department PD2010_024 *Fire Safety in Health Care Facilities.*
Private Hospitals Regulations 1996 clause 37, Schedule 1.
AS 4083-1997 Planning for emergencies-health care facilities
ACHS EQuIP 5 Standard 3.2

History:

02.08 Reviewed (by Fire safety Officer Alan Brown RACE) and revised to reflect change of ownership, organisational restructure, changed emergency controller to Person in Charge, referenced to ACHS EQuIP 4 and implemented KPI's.
12.08 Reviewed evacuation plan as SCN physically relocated to upper floor. Implemented Evacuation SCN
03.09 Reviewed and deleted reference to opening of door to Medical Centre in Day Surgery corridor, laundry, Maternity reception, Mimic panel and updated reference to Health Dept Circular 2005/336
08.09 Updated to reflect all changes by Continuum Healthcare
06.11 Reviewed in reference to updated NSW Health Dept policy, ACHS EQuIP 5
09.11 Reformatted to align with Hurstville Private Policy format
10.12 Reviewed by the Fire Officers Committee

Policy Written: J Scotti
Date of Next Review: June 2014
Policy Reviewed by: J Scotti & M Cattell. Fire Officers Committee
Policy Date: June 2009
Approved by: L Dodd CEO & Policy Review Committee
Date Implemented: August 2009
Date reviewed: October 2012 Allen Brown: Fire & Safety Trainer

HURSTVILLE
PRIVATE

South Eastern Sydney Local Area Health Network Disaster Plan

PURPOSE
To provide access to all staff in the event of a major external disaster where Hurstville Private will be asked to assist by the Local Area Health Network

POLICY REFERS TO
CEO
Registered Nurse in Charge of Hospital
All Staff

POLICY
South Eastern Sydney Local Area Health Network Disaster Plan

The South Eastern Sydney Local Area Network Service Disaster Plan covers the South Eastern Sydney Local Network Area Health Service which for the purpose of responding to an emergency/disaster, involves the co-ordination of public health care services, private hospitals and nursing homes.
Hurstville Private complies with the requirements of the SESLHN Disaster Plan.

A copy of the SESLAHN Functional Area Supporting Plan HEALTH PLAN will be located in the Chief Executive Officer's office.

In the event of a major incident/disaster situation occurring within the hospital (e.g., the need to evacuate in the event of a major fire, flood, structural damage, total power failure, earthquake damage), the CEO ,Operations Manager or Registered Nurse in Charge of the Hospital becomes the Hospital Disaster Controller.

All patients will be evacuated to the Penshurst RSL Club. Refer to policy on evacuation of patients (This is also available in hard copy in the IOH folder). The Disaster Controller will follow the process in the policy to ensure that the RSL Club staff is informed and assist with the preparation to receive the patients from Hurstville Private. This notification is made through the Security Service that covers Penshurst RSL Club(Attached)

In the event of an overwhelming catastrophe, occurring within the community involving massive numbers of casualties, or potential casualties, sheltered accommodation and treatment for any disaster-affected victims will be sought from all health facilities. The SESLAHN may request Hurstville Private to assist to accommodate patients evacuated/ transferring from public hospitals. This call will be made from the SESLAHN Disaster controller or delegate.

EXPECTED OUTCOMES
- Hurstville Private complies with the requirements of the SESLAHN Disaster Plan
- Annual review of work instruction.
- Monitor incidents.

HURSTVILLE

PRIVATE

RADIATION SAFETY POLICY

PURPOSE

All staff working in the Operating Suite or any part of Hurstville Private Hospital where radiation contact is possible, must adhere to all the safety precautions to ensure that they do not place themselves at risk of affect from any radiation source.

POLICY REFERS TO

All Registered Nurses & Endorsed Enrolled Nurses working at Hurstville Private
All Medical Practitioners accredited to work at Hurstville Private
All Perioperative Staff

BACKGROUND

Protective equipment is to be used by staff working in any room where radiation is being used.

POLICY

Staff safety during x ray procedure

- Staff must wear appropriate sized lead apron or stand behind the lead screen
- Staff must stand as far back from the mean as possible to minimise scattered radiation exposure
- Lead gloves area available for procedure where staff are required to hold limbs that are exposed to x rays
- Thyroid collars are available if required(not mandatory)

Display of Radiation Safety Signs

Portable radiation warning signs

- must be displayed where radiation equipment is in use
- must be placed in a location that can be seen by all who seek to enter the area
- must worn of a potential hazard
- Musty comply with standard sizes nominated by the complying regulations

There must also be a verbal alert to all patients and staff near the mobile unit when it is in use. It is the responsibility that the verbal notification is given by the Operator of the X-ray machine.

Care of Lead Gowns

- Lead aprons are not to be folded as the lead may crack resulting in a loss of protection
- After use, aprons are to be cleaned and hung on the specific hangers available in the appropriate area.

Testing of lead aprons

All lead aprons are to be tested for effectiveness and compliance at purchase and on an annual basis by the Southern Radiology, Radiation Safety Officer. If the item is not compliant to the regulations it is to be replaced by Southern Radiology.

Personal Monitors

Personal monitors are available to any staff member who regularly works with radiation.

Reference:

Southern Radiology Safety and Protection Plan 2010
St George & Community Health –Radiation Safety Manual 2000
Radiation safety Regulation of 1999

Policy written by: J Scotti
Date of next review: June 2013
Policy reviewed by: C Salakas &
Policy date: July 2011
Approved by: L Dodd CEO and Policy Review Committee
Date implemented: August 2011

HURSTVILLE
PRIVATE

CONTINUITY POLICY

9.1 Policy Statement

Hurstville Private has implemented a Continuity Policy (CP) to ensure that all Hurstville Private critical clinical and non-clinical processes for regular service delivery can recover in the event of a major incident occurring.

Hurstville Private recognises the criticality of protecting the business operations and assets for all customers: patients, doctors, staff, health funds and Continuum Healthcare. As a result the following principles have been incorporated into the CP.

- Risk identification and emergency responses for recovery of normal business processes in the event of a major incident occurring;
- Preventative maintenance to minimise the disruption to business processes in the event of a major incident occurring;
- Clarity of roles and responsibilities for all staff in the event of a major incident occurring;
- Development, maintenance, and testing of an up-to-date CP covering all business processes;
- Regular review of CP through maintenance, testing and incorporation of changes to practice or resources that may impact Hurstville Privates ability to recover from a major incident;
- Control of documentation in accordance with Hurstville Private's business management system;
- Coordination of all aspects of the CP by the Quality and Risk Coordinator;
- Conformance to acceptable insurance, regulatory, ethical practices, and hospital and corporate strategic plans.

9.2 Objectives

9.2.1 The objective for Hurstville Private is to provide the hospital with the goals and associated recovery fundamentals to re-establish business operations following a major business interruption, leading up to total loss of a premises.

9.2.2 The Recovery Time Objectives (RTO) are defined as the maximum amount of time that a business process could go unperformed before significantly impacting the overall business objectives of the hospital. They are classified in the following increments and utilised in Incidents, Contingencies, & Recovery Strategies:

- 30mins
- < 1 hr
- 2-4 hrs
- 12 hrs
- 24 hrs
- 2-3 days
- 5 days
- 1 week
- month

9.2.3 The specific goals of the CP are:

a) To make and document as many decisions as possible before an incident occurs.
b) To identify key individuals who will manage the process of recovering and restoring the business after an incident.
c) To identify the teams that will complete specific activities necessary in this process.
d) To specify the business processes that are needed in order for the hospital to continue after an incident.

e) To outline the logistics of recovering business processes.
f) To register possible third parties and resources that could assist in this process and ensure third parties have appropriate contingency preparations.
g) To establish the procedures necessary to obtain a fair and timely settlement with the insurance company.
h) To list essential equipment and tools, and provide procedures for their repair or replacement, and for 3rd parties, to agree strategies to cover their outages.

9.3 Scope

9.3.1 The plan describes actions that should be taken in the event of a major incident occurring.

9.3.2 Incidents may be defined as 'major' or 'localised'. The following lists examples of major and localised incidents:

Major Incidents	Localised Incidents
• Bomb explosion • Fire or Flood • Loss of power or water • Bomb threat • Civil unrest • Serious theft / vandalism • Plane Crash	• System and / or application failure • Partial flood • Theft • Small fire • Minor civil unrest • Partial loss of power or water • Vandalism

9.3.3 In the event that an incident of 'major' in nature and likely to significantly impact the normal Hurstville Private business processes the full CP will be invoked. If the incident is deemed 'localised' and can be contained without significant impact upon the normal business process, the full CP will not be invoked.

9.3.4 In all cases, damage assessment will be undertaken and a decision taken on whether or not to escalate and invoke the full business continuity plan. It is possible that a localised incident worsens and becomes a major incident. If this happens, it will be detected by the damage assessment team and full CP may be invoked.

9.4 Assumptions and Exceptions

9.4.1 Assumptions

a) The Continuity Plan will be based on documented conditions that are assumed to be true when planning.
b) There are no concurrent disasters being experienced in any other location outside of the immediate geographical region.
c) Area airports will not be affected, enabling key individuals to fly to the recovery locations.
d) The off-site storage facilities are intact and not impacted.
e) This plan is subject to a cyclical review and is updated in accordance with business objectives and the strategic direction.

9.4.2 Exceptions

The Continuity Plan does not include:

a) Recovery procedures for any functions conducting their operations from locations outside of Hurstville Private insured premises.

b) Recovery procedures for internal or external entities outside the organisation that the group is dependent upon for support.

c) The project team will identify support requirements and initiate the creation of Service Agreements for providing this support, however, the creation of recovery procedures for these entities is the responsibility of the service provider. Service agreements will include acknowledgement and documentation of the level of service to be maintained during supplier outage and the procedures for liaison with Hurstville Private to reconfigure services as appropriate. Additionally, service agreements will include details of how the vendor will support in the event of an incident such as providing application support and system recovery.

9.5 Regulatory Compliance

9.5.1 Registration Authorities

It is a requirement for the achievement of accreditation with the Australian Council on Health Care Standards that a plan is in place for the management of all major incidents and hazards and the subsequent mitigation of damages.

9.5.2 AON Insurance Brokers

AON are the insurance brokers, and are therefore interested in Continuity Planning at Hurstville Private. Their requirements and recommendations in this area have been incorporated into the CP Development program and AON are to be kept regularly informed of Hurstville Private's improved risk position, to ensure that this is reflected in the terms and conditions of the business interruption insurance coverage.

9.5.3 Incident Management Team (EMT)

Name	Hospital Role	Incident Management Team Role	Mobile Telephone
Louise Dodd	Chief Executive Officer	Team Leader	
Julie Scotti	Operations Manager	Deputy Team Leader	
Alana Perry	Chief Financial Officer	Team Member	
Peter Brown	Maintenance Officer	Team Member	
Maurice Cattell	Hospitality Services Manager	Team Member	
Naomi Cavanagh	Surgical Services Manager	Team Member	
Fran Brownlow	HISM	Team Member	
Wendy Foye	Maternity Services Manager	Team Member	
Pauline Godbolt	Day Surgery Services Manager	Team Member	
Carly Salakas	Operating Suite Services Manager	Team Member	
Helen Kidd	Administration Manager	Team Member	

9.6 Incident, Contingencies and Recovery Strategies

9.6.1 Facilities

9.6.1.1 Fire - to whole or part of building			
Impact Potential	• Loss of service delivery • Damage to part or whole of building • Patients or staff harmed • Loss of utilities • Financial loss		
Risk Prevention	• Preventative maintenance agreement on all fire fighting equipment • Fire training • Fire Brigade survey • Fire Safety Officer Training • Hot works permits		
Areas Impacted	All or part	Impact Level	High
Recovery Time Objective (RTO)	< 1 hour	Initiate CP	YES
Contingency if RTO not met	• Transfer patients out of areas impacted according to VMO/patient request and Hospital Evacuation in line with NSW Fire Brigade and hospital evacuation plan • Cancel surgical admissions. • Arrange for maternity admissions to be hospitalised elsewhere according to VMO request. • Contact Medical Centre tenants if risk could potentially impact their businesses.		
Recovery Strategies	CRISIS MANAGEMENT 1. Contractor – Fire Panels & Essential Services & associated equipment RECOVERY PROCESS 1. Re-establish any loss of utilities 2. Essential service providers involved for the reporting mechanism of service status 3. Contact insurance provider of damage 4. Organise quotes for repairs 5. Engineer report for extensive structural damage		

9.6.1.2 Flood – to whole or part of building			
Impact Potential	• Loss of service delivery • Damage to part or whole of building • Patients or staff harmed • Loss of utilities • Financial loss		
Areas Impacted	All or part	Impact Level	High
Recovery Time Objective (RTO)	2 – 4 hours	Initiate CP	YES
Contingency if RTO not met	• Isolate source of flooding and employ industrial cleaning services to mop-up. • Transfer patients out of areas impacted according to VMO/patient request. • Cancel surgical admissions. • Arrange for maternity admissions to be hospitalised elsewhere according to VMO request. • Contact Medical Centre tenants if risk could potentially impact their businesses.		

Recovery Strategies	CRISIS MANAGEMENT 1. Contractor – Carpet cleaner RECOVERY PROCESS 1. Re establish any loss of utilities 2. Relevant Service providers involved for reporting mechanism of service status 3. Insurance provider to be notified 4. Quotes for repairs

9.6.1.3 Terrorism			
Impact Potential	• Loss of service delivery • Damage to part or whole of building and / or equipment • Patients or staff harmed • Reputation • Loss of utilities • Financial loss		
Areas Impacted	All	Impact Level	High
Recovery Time Objective (RTO)	2 – 4 hours	Initiate CP	YES
Contingency if RTO not met	• Transfer patients out of areas impacted according to VMO/patient request and NSW Police Department and NSW Fire Brigade Evacuation. • Cancel surgical admissions. • Arrange for maternity admissions to be hospitalised elsewhere according to VMO request. • Contact Medical Centre tenants if risk could potentially impact their businesses. • **Phone 0-000 ask for Terrorist Squad**		
Recovery Strategies	CRISIS MANAGEMENT 1. Contractor - Security RECOVERY PROCESS 1. Re-establish any loss of utilities 2. Contact insurance provider of damage 3. Organise quotes for repairs 4. Engineer or building report for extensive structural damage		

9.6.1.4 Infringement of Security			
Impact Potential	• Patients or staff harmed • Reputation • Damage to part or whole of building and / or equipment		
Areas Impacted	All	Impact Level	Medium
Recovery Time Objective (RTO)	< 12 hours	Initiate CP	NO

Contingency if RTO not met	• Contact NSW Police Department. • Re-allocate patients / staff to other areas of hospital where security not breached. • Engage short-term security services. • Transfer patients out of areas impacted according to VMO/patient request. • Cancel surgical admissions. • Arrange for maternity admissions to be hospitalised elsewhere according to VMO request. • Contact Medical Centre tenants if risk could potentially impact their businesses.
Recovery Strategies	1. Contractor- Security 2. Begin repairs to damaged areas to secure hospital environment 3. Notify Insurance Provider

9.6.1.5 Nurse Call System Failure			
Impact Potential	• Patient / staff communication impeded • Patient / staff emergencies not communicated		
Areas Impacted	All clinical areas	Impact Level	Medium
Recovery Time Objective (RTO)	< 12 hours	Initiate CP	NO
Contingency if RTO not met	• Dial 0-000 emergency number or utilise hospital emergency system for patient emergencies. • Transfer critical high acuity patients to High Dependency or Delivery Suite for close monitoring. • ICAH phone # 794 to be used to communicate or coordinate specific location detials • Transfer patients. • Cancel admissions		
Recovery Strategies	1. Contractor – Nurse call systems 2. Begin repairs to damaged areas.		

9.6.1.6 Hospital Emergency Alarms Failure			
Impact Potential	• Patient / staff emergencies not communicated		
Areas Impacted	All areas	Impact Level	Medium
Recovery Time Objective (RTO)	< 12 hours	Initiate CP	NO
Contingency if RTO not met	• Dial 0-000 emergency number		
Recovery Strategies	1. Contractor – Nurse Call systems 2. Organise repairs to system.		

9.6.1.7 Fire Alarm Failure			
Impact Potential	• No fire cover to certain zones		
Areas Impacted	All	Impact Level	Medium
Recovery Time Objective (RTO)	< 12 hours	Initiate CP	NO
Contingency if RTO not met	• Initiate 30 minute fire patrols for unprotected areas. • Dial 0-000 direct to Fire Brigade for hospital fire. • Transfer patients out of unprotected areas. • Contact Medical Centre tenants if risk could potentially impact their businesses.		

Recovery Strategies	1. Contact Contractor for urgent repairs – Fire panel essential services & equipment 2. Organise repairs to system

9.6.1.8 PABX / Telephone System Failure			
Impact Potential	• Loss of Communication • Loss of Service Delivery		
Areas Impacted	All	Impact Level	Medium
Recovery Time Objective (RTO)	30 mins	Initiate CP	NO
Contingency if RTO not met	• Divert hospital telephone number to " in charge " after hours mobile phone • Ext 794 • Utilise fax machines for outside calls.		
Recovery Strategies	1. Contractor – Hospital Telephone system 2. Organise repairs to system.		

9.6.1.9 Medical Gases Failure			
Impact Potential	• Loss of piped gases • Loss of service delivery • Reputation		
Areas Impacted	All Clinical Areas	Impact Level	Medium
Recovery Time Objective (RTO)	2 – 4 hours	Initiate CP	NO
Contingency if RTO not met	• Maintenance Manager to monitor gas levels until supply restored. • Arrange additional bottled gas reserves for portable gases and suction. • Transfer patients out of impacted areas. • Cancel operating sessions, admissions. • Transfer patients who may require medium / long term gases (high dependency, delivery suite, level II nursery).		
Recovery Strategies	1. Contractor – Medical Gas Systems 2. Organise repairs to medical gas system		

9.6.1.10 Significant Structural Failure / Subsidence			
Impact Potential	• Loss of service delivery • Damage to part or whole of building and / or equipment • Patients or staff harmed • Loss of utilities • Financial loss		
Areas Impacted	All or part	**Impact Level**	**High**
Recovery Time Objective (RTO)	24 hours	**Initiate CP**	**YES**
Contingency if RTO not met	• Transfer patients out of impacted areas. • Cancel operating sessions, admissions. • Transfer patients to other hospitals. • Contact Medical Centre tenants if risk could potentially impact their businesses.		

Recovery Strategies	CRISIS MANAGEMENT 1. Contractor- Building Repairs 2. Organise temporary stabilising or repairs RECOVERY PROCESS 1. Arrange for a structural engineers report. 2. Contact insurance provider of damage 3. Organise quotes for repairs

9.6.1.11 Water Contamination			
Impact Potential	• Loss of service delivery • Patients or staff harmed • Financial loss • Risk of Infection		
Areas Impacted	All	Impact Level	**High**
Recovery Time Objective (RTO)	2 – 4 hours	Initiate CP	**YES**
Contingency if RTO not met	• Arrange bottled water for drinking water. • Contractor to provide water tankers for general water usage. • Contact Medical Centre tenants if risk could potentially impact their businesses.		
Recovery Strategies	CRISIS MANAGEMENT 1. Contractor – Plumbing RECOVERY PROCESS 1. Contact Sydney Water 2. Begin de-contamination process		

9.6.1.12 Hospital Water Supply Failure			
Impact Potential	• Loss of service delivery		
Areas Impacted	All	Impact Level	**High**
Recovery Time Objective (RTO)	2 – 4 hours	Initiate CP	**YES**
Contingency if RTO not met	• Arrange bottled water for drinking water. • Contractor to provide water tankers for general water usage. • Cancel operating sessions, admissions. • Transfer patients to other hospitals. • Contact Medical Centre tenants if risk could potentially impact their businesses.		
Recovery Strategies	CRISIS MANAGEMENT 1. For internal water failure contact Contracted Plumber 2. For external water supply faults contact Sydney Water. (See WI M-02 for details) RECOVERY PROCESS 1. Organise repairs to water system		

9.6.1.13 Infestation			
Impact Potential	• Loss of service delivery • Loss of catering service delivery • Financial loss • Reputation • NSW Health Department regulations non-compliance • Risk of Infection		
Areas Impacted	All or part	Impact Level	Medium
Recovery Time Objective (RTO)	< 12 hours	Initiate CP	NO
Contingency if RTO not met	• Cease patient care according to infestation. • Source alternative catering services. • Transfer patients out of impacted areas. • Cancel operating sessions, admissions. • Transfer patients to other hospitals. • Contact Medical Centre tenants if risk could potentially impact their businesses.		
Recovery Strategies	1. Contractor Pest Control (See WI M-02 for details) 2. Attempt to isolate source and contain infestation. 3. Arrange immediate pest treatment.		

9.6.1.14 Legionella Outbreak			
Impact Potential	• Loss of service delivery • Financial loss • Reputation • NSW Health Department regulations non-compliance • Risk of Infection		
Areas Impacted	All or part	Impact Level	High
Recovery Time Objective (RTO)	< 12 hours	Initiate CP	YES
Contingency if RTO not met	• Cease patient care according to degree of infection. • Source alternative catering services. • Cancel operating sessions, admissions. • Transfer patients to other hospitals. • Contact Medical Centre tenants if risk could potentially impact their businesses		
Recovery Strategies	CRISIS MANAGEMENT 1. Contractor – Air conditioning (See WI M-02 for details) 2. Arrange for decontamination by contractor. 3. Attempt to isolate source and contain. 4. Shutdown air conditioning systems 5. Transfer patients out of impacted areas.		

9.6.1.15 Significant Biomedical Equipment Breakdown			
Impact Potential	• Loss of service delivery		
Areas Impacted	Individual areas	Impact Level	Medium
Recovery Time Objective (RTO)	< 12 hours	Initiate CP	NO
Contingency if RTO not met	• Liaise with contracted suppliers for replacement equipment. • Cancel admissions		
Recovery Strategies	1. Contractor – Biomedical Equipment 2.Organise loan equipment repairs or replacement		

9.6.1.16 Refrigeration Breakdown			
Impact Potential	• Reduction in catering service capability • Refrigerated blood products and drugs not safe for use		
Areas Impacted	Individual Areas	Impact Level	Medium
Recovery Time Objective (RTO)	< 1 hour	Initiate CP	NO
Contingency if RTO not met	• Remove produce to alternative freezer if possible. • Liaise with contracted suppliers for refrigerator / freezer prior spoiling of produce. • Return blood products to pathology supplier until problem resolved. • Drugs to be relocated to another refrigerator.		
Recovery Strategies	1. Contractor Refrigeration 2. Organise repairs to system 3. Source alternative temporary refrigeration		

9.6.1.17 Mains Power Failure			
Impact Potential	• Loss of service delivery		
Areas Impacted	All	**Impact Level**	**High**
Recovery Time Objective (RTO)		Initiate CP	YES
Contingency if RTO not met	• Back-up generator to supply essential areas. • Procure additional fuel and supplies for back-up generator. • Contact Energy supplier • Cancel operating lists. • Organise back-up lighting (emergency lighting lasts < 1 hour. • Transfer patients to another hospital. • Contact Medical Centre tenants if risk could potentially impact their businesses.		
Recovery Strategies	CRISIS MANAGEMENT 1. Contractor- Electrical, Emergency Generator RECOVERY PROCESS 1. Organise repairs to system		

9.6.1.18 Lift Breakdown			
Impact Potential	• Loss of service delivery		
Areas Impacted	Patient Lifts: Maternity Medical Centre Goods Lift: Operating Suite CSSD	Impact Level	Medium
Recovery Time Objective (RTO)	2 – 4 hours	Initiate CP	NO
Contingency if RTO not met	• Maternity patients scheduled for operation to be admitted to ground floor. • Contact Medical Centre tenants if risk could potentially impact their businesses.		
Recovery Strategies	1. Contractor Passenger Lifts 2. Organise repairs to system 3. Signage installed to notify of temporary lift closure 4. Organise immediate repairs		

9.6.1.19 Gas Supply Failure			
Impact Potential	• Loss of Hotel Services functions for catering, laundry and hot water for patients		
Areas Impacted	All	Impact Level	Medium
Recovery Time Objective (RTO)	< 12 hours	Initiate CP	NO
Contingency if RTO not met	• Cancel admissions. • Transfer patients to another hospital.		
Recovery Strategies	1. Contractor Plumber 2. Organise repairs to system 3. Utilise electrical equipment for cooking. 4. Cease deliveries of Linen		

9.6.1.20 Generator Failure			
Impact Potential	• Loss of service delivery • Financial loss • Reputation		
Areas Impacted	All	**Impact Level**	**High**
Recovery Time Objective (RTO)	30 minutes	**Initiate CP**	**YES**
Contingency if RTO not met	• Cease all patient care, operating lists, support services. • Transfer patients to another hospital.		
Recovery Strategies	CRISIS MANAGEMENT 1. Contractor Emergency Generator RECOVERY PROCESS 1. Organise repairs to system		

9.6.1.21 Autoclave Failure			
Impact Potential	• Loss of operating suite service delivery		
Areas Impacted	Operating Suite & CSSD	Impact Level	Medium
Recovery Time Objective (RTO)	< 12 hours	Initiate CP	NO
Contingency if RTO not met	• Outsource sterilisation for operating suite.		
Recovery Strategies	CRISIS MANAGEMENT 1. Contractor Biomedical Equipment RECOVERY PROCESS 1. Organise repairs to equipment		

9.7 Human Resources

9.7.1 Inability for Staff to access Workplace (transport or fuel strikes, bushfires or floods)			
Impact Potential	• Loss of Service Delivery • Financial		
Areas Impacted	All or part	Impact Level	High
Recovery Time Objective (RTO)	1 day	Initiate CP	YES
Contingency if RTO not met	• Flex staffing – hours banking / overtime • Cancel admissions		
Recovery Strategies	CRISIS MANAGEMENT 1. Staff Agency providers 2. Casual Pool 3. Transfer patients to another facility if unable to provide appropriate levels of care		

9.7.2 Epidemic			
Impact Potential	• Loss of Service Delivery • Financial • Reputation		
Areas Impacted	All or part	Impact Level	High
Recovery Time Objective (RTO)	1 day	Initiate CP	YES
Contingency if RTO not met	• Flex staffing – hours banking / overtime • Utilise agency staff if possible • Cancel admissions		
Recovery Strategies	CRISIS MANAGEMENT 1. Contact NSW Health Department for guidelines for management of staff epidemic. 2. Contact Chairman of Infection Control Committee, Chairman of MAC and Infection Control Coordinator		

9.8 Information Technology

9.8.1 Failure of Server/ Hardware Fault – Disk Drive Crash			
Impact Potential	• Loss of admission & discharge administration, billing, cash flow, email communication, payroll, accounts receivable, accounts payable, medical records.		
Areas Impacted	All or part	**Impact Level**	**High**
Recovery Time Objective (RTO)	2 – 3 days	**Initiate CP**	**YES**
Contingency if RTO not met	• Initiate manual system until restoration of service		
Recovery Strategies	CRISIS MANAGEMENT 1. Contractor IT support RECOVERY PROCESS 1. Purchase and installation of replacement boxes.		

9.8.2 Non-physical Security Breach by Hackers			
Impact Potential	• Same as 9.3.1 above		
Areas Impacted	All or part	Impact Level	High
Recovery Time Objective (RTO)	1 day	**Initiate CP**	YES
Contingency if RTO not met	•		
Recovery Strategies	CRISIS MANAGEMENT 1. Contractor IT Support /IPM 2. Restore of previous nights backup tape 3. Re-key information to date. RECOVERY PROCESS 1. Purchase and installation of replacement boxes.		

9.9 Suppliers

9.9.1 Clinical and / or Non-clinical Supply Failure			
Impact Potential	• Decrease or loss of service delivery		
Areas Impacted	All or part	Impact Level	Little
Recovery Time Objective (RTO)	5 days	Initiate CP	No
Contingency if RTO not met	• Source alternative suppliers. • Seek executive permission for short term alternative supplier.		
Recovery Strategies	1. Identify potential supply deficits. 2. Source all likely stock within hospital and distribute according to need. 3. Develop new service agreement with supplier for long term service delivery with consideration to: • Price • Reliability • Conformance to requirements		

9.10 Customers

9.10.1 Serious Customer Complaint with possible escalation (e.g. media)			
Impact Potential	• Reputation		
Areas Impacted	All or part	Impact Level	Medium
Recovery Time Objective (RTO)	< 12 hours	Initiate CP	NO
Contingency if RTO not met			
Recovery Strategies	1. Follow standard complaint strategy. 2. Report incident to CEO of Hurstville Private 3. Inform Legal Department of incident and possible ramifications.		

9.11 Initiation of CP&IMT

a) The Continuity Process (CP) is initiated if any incident occurs as described in this policy Incidents, Contingencies & Recovery Strategies has been defined as a high impact incident.

b) CP may also be initiated if a medium impact incident escalates and is redefined to a high impact incident.

c) It is the responsibility of the Chief Executive Officer or delegate during business hours, and Registered Nurse In-Charge after Hours of the Hospital to initiate CP by contacting the Incident Management Team as defined in Incident Management Team Contact Details.

d) If additional staff is required to be contacted, **the Incident Management Team** will coordinate this process.

e) The Incident Management Team will be directed by the Incident Management Team Leader and Incident Management Team regarding crisis management, damage assessment, and recovery strategies.

f) Continuity Incident Report must be utilised for recording all aspects of the incident management.

g) Only the Incident Management Team Leader can authorise when the CP has been completed and normal operations of the hospital may continue.

9.12 Reporting Mechanism for CP

a) All incidents that occur as described in this policy must have a Continuity Incident Report completed.

b) The Continuity Incident Report is to be commenced by the Chief Executive Officer or delegate during business hours, and the Registered Nurse In-Charge After Hours of Hospital out of business hours.

c) The Continuity Incident Report must be completed as it provides the evidence of all aspects of the business continuity process from identifying incident to crisis management through to return to normal operations.

d) All Continuity Incident Reports will be reviewed by the Quality and Risk Coordinator and presented as part of the continuous improvement section on the agenda for the Department Heads Committee.

e) The Executive Committee must review all incident reports that have recorded high impact incidents.

9.12.1 High Impact Incidents

High Impact Incidents have been defined as incidents that will interrupt core service process delivery at Hurstville Private unless immediate action is taken to reverse incident and recovery time objective can be met.

9.12.2 Medium Impact Incidents

Medium Impact Incidents have been defined as incidents that should the incident escalate an interruption to core service process delivery at Hurstville Private may occur. Recovery time objectives should be met for Medium Impact Incidents.

9.12.3 Low Impact Incidents

Low Impact Incidents have been defined as incidents that will not interrupt core service process delivery at Hurstville Private, however may impact support service process delivery. Recovery time objectives will be met for Low Impact Incidents.

9.13 Audits

a) The CP will be validated through the internal audit process for Hurstville Private with a schedule to ensure that all aspects of CP are audited annually.
b) All results of CP audits and testing will be reviewed the Executive Committee to consider adequacy of audit and testing results and plan for additional resources or testing.
c) All changes to documentation in respect to audit and testing results will follow .

9.13.1 Testing

a) Testing will be planned according to internal audit results, executive direction, and in response to incidents.
b) The internal audits and testing of CP are designed to determine:
    - The readiness of the overall organisation
    - Its ability to cope with a business interruption or disastrous event
    - Whether backed up data and documentation stored off-site are adequate to support resumption, recovery and restoration operations
    - The effectiveness of staff notification procedures
    - Whether the tasks and procedures are adequate to support resumption and recovery operations
    - Whether the plans have been properly maintained and updated to reflect actual resumption and recovery needs
c) Testing will always be conducted in coordination with the IMT Team.
d) Simulation and Dynamic exercises will involve the following people:
    - IMT Team
    - Exercise Observer
    - Applicable Teams
    -

The following varieties of testing may be utilised at Hurstville Private

9.13.2 Emergency Response Testing

a) An emergency response exercise simulates the steps taken immediately after an incident is detected which threatens the life and safety of employees and/or corporate assets.

b) This type of exercise will normally be scheduled to ensure that the exercise does not conflict with other scheduled activities and that a safe evacuation can be performed.

c) This will exercise tasks relating to:
- incident identification
- problem escalation
- post-evacuation assembly
- personnel accounting
- emergency operations centre activation
- damage assessment
- disaster declaration
- recovery procedures testing
- team notification procedures

d) Any maintenance to the plan deemed necessary will be documented during the exercise and implemented following its completion.

9.13.3 Structured Walk-Through

a) In the structured walk-through, an incident scenario will be pre-defined or established, and the teams "walk through" their tasks.

b) This will require participation of at least the team leaders and alternate team leaders.

c) During the structured walk-through, the plan will be checked for any errors or omissions.

d) Any maintenance to the plan deemed necessary is documented during the exercise and implemented following its completion.

9.13.4 Tactical / Simulated (Single Process or Functional Area)

a) All members involved in the CP will be required to participate and perform their tasks and procedures under announced or unannounced conditions, using information made available by the CP to simulate, as nearly as possible, the environment during an actual incident.

b) A scenario will be established and provided to all team leaders, alternate team leaders and team members. The teams will "walk through" their plans, stepping through tasks and interfacing with other teams as they complete those tasks.

c) A "speeded-up" clock will be used to complete multiple days of activities in a single working day. Teams will be required to respond to the scenario in near real time.

d) As with the structured walk-through, the plan will be checked for errors, omissions and necessary modifications to the plans following the tactical exercise. Any maintenance to the plan deemed necessary will be documented during the exercise and implemented following its completion.

9.13.5 Live

a) A live exercise involves one or more business areas operating under continuity arrangements in a line/production environment.

b) This type of exercise validates the activities of interrelated organisations, operating locations and support services. It also provides the basis for the most detailed evaluation of the tasks, procedures, coordination, and decision making.

c) Live exercises require sound judgment, flawless pre-planning and must be done with extreme caution to avoid being the cause of an incident.

d) Resources may operate from home on a shift basis to ensure business continuance of client facing services.

e) Any issues or concerns identified during or after the exercise are fully documented immediately following the completion of the exercise.

Business Records
Executive Committee Minutes
Department Heads Minutes
Continuity Policy

References
AS/NZS ISO 9001:2000
ACHS EQuIP 4 Standard 3.1
ACHS EQUiP 5 Standard

History
02.08 BCP implemented.
06.09 Reviewed and updated to reflect the changes by Continuum Health
12.10 Reviewed and updated to reflect the changes within Continuum Health
09.11 Reviewed and reformatted (J. Scotti and M Cattell)

RISK PREVENTION STRATEGIES

PURPOSE
Hurstville Private strives to fulfill all the Codes of Practice for Manual handling and to meet all the standards and regulations referred by the governing bodies

POLICY REFERS TO
All staff

POLICY
2.1 Risk Prevention Strategies

- Work environment planning requires careful examination of the impact which the physical examination has on the ability of the end users to perform manual handling tasks. This will include examination of the working space layout, floor plan, slopes of ramps and paths, position and heights of working surfaces and storage areas. Design specifications should be developed after consultation between management, OH&S personnel, architects, engineers, and staff.
- When using steps and ladders, the object being handled should be able to be easily handled in one hand, as the other hand will be needed to hold onto the steps or ladder for support. Other more suitable equipment or storage will need to be considered if the object is more awkward to handle.
- Work organisation and mechanization should reduce as much as possible, the need for regular or heavy manual handling, awkward or static postures, and double handling. Consideration should be given to distributing the workload as evenly as possible throughout the day. Workloads should be planned to allow sufficient time for all tasks to be carried out effectively and safely. Tasks involving handling or continuous or awkward static postures should be alternated with light tasks. Job rotation and task variation will minimise fatigue and muscle strain.
- Workflow should be flexible enough so that staff can regulate some of the pressure related to their work. For example, showering of patients, a heavy manual task, should be spread throughout morning and afternoon shifts and not concentrated between 0700-0930 hours. Regular breaks away from the computer to relive strain and muscle fatigue
- Close attention should be given to load design so that loads are stable, compact, and can be moved on wheels rather than carried. Loads, if carried, should be easy to grip, held close to the body, of an optimum weight, and have handles where possible.
- Sufficient personnel should be available so tasks can be undertaken in safety and without imposing undue postural stress. The use of mechanical manual handling devices reduces the number of staff members required for moving patients and loads. If there is a shortage of staff, suitable strategies to overcome or minimize the problems should be urgently selected and implemented eg. Re-allocation of staff, use of casual staff to provide relief when permanent staff are on leave or unavailable.
- When purchasing new devices such as trolleys, loading devices, patient handling devices, references should be made to the Australian Standards and NOHSC and Workcover NSW recommendations where available. Analysis should be made of the various tasks the device will be required to perform to determine the best quality product to meet those requirements. Involvement of those who will be using the item and consultation with the Product Evaluation Team is to be sought prior to the purchase of devices.
- Patient handling devices include PAT slides, slide sheets and the Alpha 200 patient lifter manufactured by Promed, and other lifting devices may be hired as needed.

2.2 Risk Identification and Assessment
Department Managers are responsible for ensuring that manual handling risks in their work area are identified, assessed and controlled. Risks are identified as follows:

1. Examining hazard incident reports and audit reports: A risk assessment should be conducted on tasks that have been identified either by hazard or incident reports or raised by staff members.

2. Observing the work being done: In health care there are two different types of risk assessments, a risk assessment of a task and a risk assessment of a patient. When the loads being handled are people, the load is not constant or predictable and needs a different type of risk assessment. Eliminating or modifying specific risk factors will reduce the overall risk associated with the task.

Patients are complex loads which vary in size and dependency and may be unpredictable and uncooperative. On admission, staff should assess the capabilities and limitations of the patient and determine a strategy including equipment needs. (Assessment tool and documentation)

2.3 Risk Control

Where the risks of individual manual handling tasks have been identified and assessed, specific risk control measures need to be developed and introduced. The development of control measures is more efficiently carried out at the same time as the risk assessment.

1. Eliminate the manual handling task.
2. Eliminate or reduce the risk by modifying the work environment
3. Reduce the risk by modifying the work process and procedures
4. Reduce the risk by providing mechanical aids
5. Training

Many tasks or systems of work will require a combination of control measures to reduce risk factors. An example may include re-arranging the workplace layout, providing manual handling equipment and training staff in its use. The Risk Management Committee is responsible for reviewing the risk assessment and suggested risk controls where financial and technical input and the time involved can be determined.
Any risk control measure which is implemented should be evaluated to ensure that it has reduced the risk.
Evaluation methods include:

- Using the risk assessment form
- Asking the staff about the acceptability of the new method and if it made a difference to the task.
- Review incident statistics.
- Evaluating the outcomes of all control measurers

EXPECTED OUTCOMES

Decrease Manual Handling incidents
Decrease Lost time injuries

References:

The National Code of Practice for Manual Handling (1990)
NSW Health Department Circular 2001/111 *Policy and best practice guidelines for the prevention of manual hondling incidents in NSW Public Heolth services*
The Occupational Health and Safety Act 2000
ACHS EQuIP 4 Standard 3.2
ACHS EQuIP 5 Standard 3.2

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HURSTVILLE
PRIVATE

PRINCIPLES FOR SAFE MANUAL HANDLING

PURPOSE
To ensure that all staff employed at Hurstville Private follow the principles of safe manual handling.

POLICY REFERS TO
All staff

POLICY
Principles for Safe Manual Handling
The principles for safe manual handling are outlined in the following process:

1. Plan the lift by assessing the situation: level of independence of the patient, weight of the object, work environment, need for assistance from other staff or manual handling device, an decide what is needed;
2. Use mechanical aids for lifting and moving objects or people, where possible and appropriate;
3. Use of saddle chairs when assisting mothers with breastfeeding
4. Manual lifting of the patient or load should be considered only when equipment is not available. Decide the best technique to complete the task by determining how the move will be best managed (maintain good balance, lift smoothly, bend the knees, avoid unnecessary twisting, allow for correct positions, postures and body movements, and ensure that there are no obstructions when moving objects.
5. Take a secure grip – use the whole hand not fingers only.
6. Pull the load close to the body by holding it as close to the body as possible (a 10kg load that is carried 80cm away from the body places the same force on the spine as 50 kg carried close to the body). It is important that the lift is achieved slowly and without jerking.
7. Alternate heavy and light work to reduce fatigue and allow muscles to recover.
8. Team lifting should not be considered an alternative to mechanical equipment. If no other alternative is available then it should be coordinated with a standard count method.

Evaluation
The Quality and Risk Management Committee formally reviews and evaluates the manual handling program annually aiming at continuous improvement.

EXPECTED OUTCOME
100% attendance of staff at mandatory manual handling training

References:
The National Code of Practice for Manual Handling (1990)
The Occupational Health and Safety Act 2000
ACHS EQuIP 4 Standard 3.2
ACHS EQuIP 5 Standard 3.2

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HURSTVILLE
PRIVATE

SAFE LIFTING POLICY

PURPOSE
To eliminate and control any risk associated with manual handling

POLICY REFERS TO
All staff

POLICY
Hurstville Private is committed to providing a safe work environment and safe systems of work. Identifying and controlling the risks arising from manual handling is fundamental to meeting that commitment. The safe lifting policy involves:

- Provision of mechanical lifting aids and equipment to assist staff in moving/transferring equipment, instruments, waste and patients;
- Assessment of patients for their manual handling needs;
- Encouragement of patient mobility and independence;
- Education and training of staff in correct use of aids and equipment and in manual handling techniques;
- Consultation with staff in the trialing and purchase of equipment;
- Workplace risk assessments and modifications to the workplace.

Manual handling is a factor in a significant number of the accidents reported in the workplace with most acute injuries of this type presenting as muscular strains to various parts of the body, particularly the lower back, neck, and shoulders, chronic injuries include hernias, low back pain, sciatica, capsulitis and occupational overuse syndrome. The objectives of this policy are to:

- Prevent/reduce the occurrence of manual handling incidents
- Reduce the severity of injuries when they do occur
- Satisfy legislative requirements
- Contain costs
- Reduce and eliminate manual handling loads where possible
- Promote the supply and use of manual handling equipment

Manual handling is defined as any activity requiring the use of force exerted by a person to lift, lower, push, pull, carry or otherwise move, hold or restrain any object or person. Under the Occupational Health and Safety Act 2000, Hurstville Private has an obligation to identify, assess and eliminate or control risks arising from manual handling activities in the workplace.

Implementation
Eliminate or control risks associated with manual handling tasks using one or a combination of the following:

- redesigning the task or workplace;
- providing mechanical handling aids; and
- training staff in risk identification, injury prevention and health maintenance.

Procedure
Hurstville Private will identify, assess and control manual handling tasks which may be deemed hazardous. The following will be taken into account when assessing any manual handling tasks:

- Actions and movements (including repetitive actions and movements)
- Work environment and the workplace layout
- Working posture and position
- Duration and frequency of the manual handling
- Location of loads/equipment and the distances that they have to be moved
- Weights and forces involved

- Characteristics of the loads and equipment
- Organisation of work
- Skill, experience of staff
- Clothing and equipment worn during the manual handling tasks

The assessment shall be conducted through the Quality and Risk Management Committee in consultation with the employees who are required to carry out the manual handling.

If a manual handling task is assessed as being a risk, the Hospital will take all practicable steps to control the risk. To this end, the hospital will:

- Redesign the task
- Where redesign is impracticable or until it is completed, provide and arrange, as appropriate, mechanical aids, personal protective equipment and team lifting.
- Ensure that the employees concerned receive appropriate training and supervision.

Employee responsibilities include:

- Participating in the training provided in safe manual handling techniques
- Cooperating in the risk identification, assessment and control process
- Following safe work practices as instructed, including taking rest breaks provided and using equipment /mechanical aids, when provided.
- Not putting themselves or other workers or patients at risk by their actions or omissions.

Consultation Guidelines

Consultation with staff is required when:

1. Planning refurbishments or new services
2. Planning for the selection and introduction of new equipment or the modification of existing equipment or tasks
3. Identifying problem areas in order to establish priorities for assessment
4. Determining how tasks or patients will be assessed, and during the assessment process
5. The effectiveness of the implemented measure is being reviewed
6. Investigating incidents and hazard reports.

Consultation may occur through formal and/or informal processes and involve direct and/or representational participation.

EXPECTED OUTCOMES

Decrease Manual Handling incidents
Decrease Lost time injuries

References:

The National Code of Practice for Manual Handling (1990)
NSW Health Department Circular 2001/111 *Policy ond best practice guidelines for the prevention of manual handling incidents in NSW Public Health services*
The Occupational Health and Safety Act 2000
ACHS EQuIP 4 Edition Standard 3.2
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HURSTVILLE
PRIVATE

MEDICAL GAS SUPPLY

PURPOSE
To ensure adequate and safe gas supplies for Hurstville Private

POLICY REFERS TO
All Staff

POLICY
Medical Gas Supply
Bulk supplies of medical gases are stored in a wire cage in the lower basement level one. The key to the gas bay is located in with the "In Charge" after hours or with the Maintenance officer. The Maintenance Officer has a key to the gas bay and the master key will open this lock.

If the alarm sounds and the lights indicate a problem on the gas panels located in clinical ward areas the following procedure should be followed:

1. Notify maintenance staff then silence the alarm on the panel
2. In the event of an after hours medical gas alarm continue with the following steps
3. To cancel the alarm completely, go to the gas bay, move the lever from the "in use" position to "reserve" position.
4. Contact the Maintenance Officer as soon as possible in order for the empty cylinders to be replaced.

A preventative maintenance agreement with Hoslab is in place for all gas manifolds and alarm panels.

Emergency Gas Supply
- The anaesthetic machines in Operating Suite have emergency short term supply of nitrous oxide and oxygen and air independent of the main bulk supply.

- Portable oxygen cylinders are found on the emergency trolleys throughout the hospital. All cylinders on emergency trolleys are to be over ½ filled at all times.

- Portable oxygen cylinders are located in all clinical areas for emergency use. These are checked routinely with emergency trolleys and are replaced by maintenance staff on request.

EXPECTED OUTCOMES
- Monitor after hours call outs for gas supply
- Annual review of work instruction.
- Monitor incidents.

References:
BOC Safe Use and Handling of Medical Gases Manual
CIG Gas Manifold Operating Instructions
ACHS EQuIP 4 Standard 3.2
ACHS EQuIP 5 Standard 3.2

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HURSTVILLE
PRIVATE

POWER FAILURE AND EMERGENCY GENERATOR

PURPOSE
To ensure that should there be a failure of the electrical services in the hospital that the appropriate staff will have access to process and directions to safely re-establish the service that is required

POLICY REFERS TO
Maintenance Officer
Registered Nurse in Charge
Duty Manager

POLICY
Who Takes Charge during Power Failure?
During normal office hours the Chief Executive Officer is the Person in Charge and will co-ordinate the power failure situation.
After hours The Registered Nurse in Charge of the Hospital will contact the Duty Manager and maintenance staff on call.
The Registered Nurse in Charge of the hospital will act as the person in charge and take charge until the Duty Manager is onsite.

Where is the Emergency Generator?
The emergency generator is located in the plant room behind the kitchen.
The master key opens this door.
The emergency generator is independent of electrical supply and is **run by diesel fuel.**
During power failure the emergency generator is expected to operate for approximately 11 hours.

What has Battery Back-up?
- Operating theatre lights have battery back up for approximately two hours
- Emergency lighting in corridors, stairs and exit signs have battery back up for approximately 90 minutes;
- The hospital switchboard and telephone system has approximately 90 minutes of battery back-up.

Automatic Changeover to Emergency Generator

Essential Areas
In the case of total power failure the emergency generator will automatically start after approximately 3-5 seconds.
The generator is designed to back up only the **essential** areas throughout the hospital and they are as listed:
- Operating Suite (air conditioning **is not** connected to the emergency generator);
- Delivery Suites;
- Figtree Ward;HDU only
- Special Care Nursery;
- The switchboard and the hospital telephone system;
- The fire indicator panel; and
- The Emergency Warning and Intercommunication System (EWIS).

Non-Essential Areas

All other areas do not have emergency generator power. In the event of power failure emergency lighting will automatically turn on and will illuminate all areas for approximately 90 minutes.
Staff working in areas without emergency generator power should remain in their respective areas until instructed otherwise by the Person in Charge.

The Operating Suite Manager (or delegate) will liaise with the Person in Charge to determine the expected power failure time frame in order to develop a contingency plan for the continuation of the operating sessions.

Steps to be taken in Power Failure

1. Turn off all non essential power e.g. air conditioners including Operating Suite, fans, televisions and other electrical equipment not required;
2. The Person in Charge to check if any one is in the lifts. If anyone is in the lift, telephone the lift company (Thyssen Elevators on 1300 799 599) who will arrange for a technician to come to the hospital as soon as possible-usually within 20 minutes;
3. Person in Charge to check fire panel and silence Fire Alarm if required;
4. Telephone the Electricity Emergency Service on 1800 686 688 and or 131388.

In the event of Emergency Generator Failure

If essential areas are not powered after approximately 15 seconds, the emergency generator may have failed. In this event the following steps should be taken:

1. Manually start emergency generator-instructions are below and located in the generator room;
2. Contact Advance Power 0419-019327;
3. Contact Corporate Security (9893 8866) to assist with security as automatic doors remain open during power failure;
4. There is a mobile phone in the Birthing Suite that can be used should there be a need in a total power failure.

Auto Operation

- The system is designed as an auto start (back up) system and should be in the auto mode at all times except in times of maintenance and manual testing
- Auto mode is indicted with a " red led" above the auto push button
- The circuit breaker should always be in "on" position except in times of maintenance
- The battery charger should always be in the "on" position except in time of maintenance

Manual Operation

- If the system is to be run in manual the push button whit the "hand symbol" needs to be selected and then the "green " push button needs to be pressed. This will start the machine, but will not change over the auto transfer switch.
- To stop the machine the "red" push button needs to be pressed, this will stop the machine immediately
- After manual testing is over you must ensure that the "auto" push button is pressed and the "red led" as above the push button is active
- Then check that the battery charger and circuit breaker are both in the on position

EXPECTED OUTCOMES

- Records are maintained for regular service and maintenance of emergency generator.
- Emergency generator is checked weekly by Maintenance Officer for diesel level and a record maintained.
- Annual review of work instruction.
- Monitor incidents.

References:
AS 4083-1997 Planning for Emergencies-Health Care Facilities.
AS 3009-1998 Electric Installations – Emergency Power Supplies in Hospital.
ACHS EQuIP 4 Standard 3.2
ACHS EQuIP 5 Standard 3.2

History:
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HURSTVILLE
PRIVATE

MAIN SUPPLIES, Gas, Water, Electricity

PURPOSE
To provide clear direction to maintain safety and give clear direction if the need arises to access any of the main supplies of water, electricity and gas for Hurstville Private.

POLICY REFERS TO
Maintenance Officer
Senior Nurse "In Charge After Hours" of Hospital
Operations Manager
Duty Manager

POLICY
Electricity

- The main electrical switch room is located behind the main reception area
- Access can be made by use of the master key either through the PABX room adjoining the main reception (internally) or from the main driveway (externally) **NOTE: Only qualified personnel should enter the main electrical switch room**
- The main electrical supply must only be shut down in the case of an emergency
- The main distribution boards can be switched off individually or the whole system may be switched off from the main electrical switch room.
- To turn the power supply off, move the main switch required to the **OFF** position

Water

- The water main for the hospital is located at the Gloucester Road entrance next to the hydrant booster system in the main reception driveway
- The medical centre water main is located next to the driveway entrance to the B2 level car park in Millet Street
- In the case of an emergency the water may be shutdown by:
    - Main hospital – Pull the two end levers up
    - Medical Centre – Turn the main valve anticlockwise until water stops
- Prior to turning off the water mains ensure that all equipment that requires water is turned off or isolated.
- When the water is turned back on, flush the system to remove any air blockages and/or corroded water

Natural Gas

- The natural gas main shut off valve is located at Gloucester Road in an enclosure in the front fence at the main entrance.
- Keys to the enclosure are located with the " In Charge " after hours
- In the case of an emergency the natural gas mains can be turned of by turning the yellow lever to the **OFF** position
- To turn the gas supply off to the cook top in the kitchen turn the lever to the OFF position
- Natural gas should only be turned off during an emergency as it will affect the kitchen and the hot water supplies to the hospital.

EXPECTED OUTCOMES
Annual review of policy.
Monitor incidents.

Reference:
AS 4083 – 1997 Planning for the Emergencies Health Care Facilities
ACHS EQuIP 4 Standard 3.2
ACHS EQuIP S Standard 3.2

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HURSTVILLE
PRIVATE

PERSONAL PROTECTIVE EQUIPMENT (PPE)

PURPOSE
To ensure that appropriate Personal Protective Equipment (PPE) is available and worn by all employees and visitors who could be exposed to the risk of injury or illness.

POLCY REFERS TO
All Staff

POLICY

10.1 Assessment of Risk
All work areas and tasks are to be assessed using the risk assessment process. It should be noted that the use of PPE should only be considered where all other control options have been exhausted.

10.2 Consultation with employees
Employees shall be consulted in regard to any changes which occur in the workplace which may affect their health and safety. Full consultation should occur when any item of PPE is being introduced, or if PPE is being changed for any reason.

10.3 Standards
All PPE selected must comply with the appropriate Australian Standard.

10.4 Supervision
Department managers and persons in charge of shifts will ensure that PPE is used for tasks identified in the assessment of risk, and that it is worn and used correctly.

10.5 Training
All persons using PPE must receive training in its use where required. The training of PPE should include a test of the users knowledge of the equipment, and the care and maintenance of it.

10.6 Responsibilities
Managers shall ensure that the use of PPE is only implemented when other more effective control measures are not practicable.

EXPECTED OUTCOMES
- Work place inspections
- Incidents of occupational exposure

Reference:
NSW Health Infection Control Policy
Occupational Health and Safety Act 2000
Occupational Health and Safety Regulations 2001
ACHS EQuIP 4 Standard 3.2
ACHS EQuIP5 Standard 3.2

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HURSTVILLE
PRIVATE

NEAR MISS/HAZARDS REPORTING

PURPOSE
To allocate and provide a process for the identification of any situation that may give rise to an accident or incident at Hurstville Private

POLICY REFERS TO
All Staff

POLICY
9.1 Identification of hazards
Hazard identification is the process of identifying all situations or events that could give rise to the potential for injury, illness or damage to equipment or property. The primary means of identifying hazards will be through one or a combination of the following means:

Workplace Inspections	Environmental Audits
Hazard reports	Legislative requirements
Incident/Accident Reports	Product Evaluation

9.2 Reporting hazards or near miss incidents
The identification of hazards is the key to the prevention of injury. If hazards are identified, and action is taken to control the hazard, then the likelihood of injury or other damage occurring as a result is significantly reduced. The approach to hazard reporting must be systematic.

The procedure for reporting hazards therefore, is as follows:

- Hazard Report form is completed by the person identifying the hazard.
- Hazard report form is forwarded to the Department Manager who is responsible to ensure immediate corrective action for hazard prevention.
- Immediate action is identified by the Manager in consultation with the person reporting the hazard, and other staff members as appropriate.
- Immediate actions are completed and reported on the hazard report form, if long term actions are required, then they are documented at this time, and steps are taken to ensure such actions are underway.
- Hazard report forms are presented to the Quality and Risk Management Committee for review and comment. Any long term solutions are discussed and minutes for review at the next meeting.
- A near miss is reported on Incident /Near Miss report form or reported directly onto RiskMan and forwarded to the Department Manager. The Department Manager ensures immediate corrective action to prevent an injury occurring. Once investigation and action has taken place the form is forwarded to the Quality and Risk Coordinator within 1 week of reporting. Near miss incidents are reviewed by the Quality and Risk Management Committee.

The committee will also discuss the immediate actions and their effectiveness to date, even if action has been completed, and the hazard rectified. The review process is to ensure that the very best solution has been implemented.

9.3 Legislative requirements
The management of Risk Management is contained within a legislative framework which requires staff to be aware of the requirements of the legislation which govern workplace safety. The Occupational Health and Safety Act 2000, AS/NZS 4360 and associated legislation specify certain risks or hazards that must be guarded against. The risk identification, assessment and control process will as its first point of reference, seek to establish what legislative requirements relate to the hazard. All codes of practice, Australian Standards and industry standards will be followed.

9.4 Consultation
All near miss report forms will be reviewed in a consultative manner with management and employees through the Quality and Risk Management Committee.

9.5 Communication
All aspects of the process will be communicated individually to all affected personnel and via the Quality and Risk Management Committee's communication methods.

9.6 Training
All personnel affected by the practice, in particular those who will be working with the system, must be provided with training. Any control measures adopted will be formally reviewed within three months of implementation.

EXPECTED OUTCOMES
Minutes Quality and Risk Committee
Action taken on incident reports

References:
Occupational Health and safety Act 2000
Occupational Health and Safety Regulations 2001
AS/NZS 4360 Risk Management
Tuck Risk Management Policy
ACHS EQuIP 4 Standard 3.2
ACHS EQuIP 5 Standard 3.2

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HURSTVILLE
PRIVATE

ISSUES IN PATIENT HANDLING

PURPOSE
Any staff who provides, or is involved in, the patient manual handling is advised and works within the best practice model for prevention of injuries when involved with manual handling.

POLICY REFERS TO
All staff

POLICY
The main patient handling tasks associated with low back pain in nurses are:

- Manually moving patients in bed
- Manually transferring patients between bed and chair
- Manually lifting patients from the floor
- Sustained postures such as stooping eg when taking observations, when supporting limbs in theatre or assisting with breast feeding.

The patient should, as the first option, be encouraged to move themselves. This may require use of electric beds, monkey bars or walking appliances.

For patients who require assistance, the following aids are available and should be used when carrying out planned and routine activities:

- Slide sheets and pat slides for any bed moving activities ie bed to bed or moving patient within the bed;
- Patient hoist for bed to chair transfers
- Hoists should be always used for any total body lifting including patients from the floor;
- Saddle chairs for assisting with breast feeding;

EXPECTED OUTCOMES
Manual Handling incidents
Lost time injuries

References:
The National Code of Practice for Manual Handling (1990)
NSW Health Department Circular 2001/111 *Policy and best practice guidelines for the prevention of manual handling incidents in NSW Public Health services*
The Occupational Health and Safety Act 2000
ACHS EQuIP 4 Standard 3.2
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HURSTVILLE
PRIVATE

TRAINING AND COMPETENCIES

PURPOSE
All staff are to be trained and competent in the use of handling hazardous substances

POLICY REFERS TO
All staff

POLICY
5.1 Training

- Hurstville Private shall provide induction and on-going training in the use and handling of hazardous substances to all employees with the potential for exposure in the workplace.
- The training shall be adequate for the risk identified by the assessment process.
- All employees will be trained to enable them to access information regarding hazardous substances used on the site. Such training will include interpretation of material safety data sheets, safe decanting procedures, appropriate personal protective equipment and procedures for cleaning up spills.
- Education and training shall be provided before any chemical is handled by any staff
- Training will be suited according to staff literacy level
- Records of induction and training will be kept as per hospital protocol

5.2 Competencies
All employees with the potential for exposure to hazardous substances at the Hospital will undergo competency training annually.

EXPECTED OUTCOMES
Annual competency training is undertaken for all employees with the potential for exposure to hazardous substances

References
National Model Regulations for the Control of Workplace Hazardous Substances (NOHSC: 1005 (1994) National Occupational Health & Safety Council
The National Occupational Health & Safety Council *Control of Workploce Substance National Model, Regulations & Proctice*
Code of Practice for the Control of Workplace Hazardous Substances 2000
OH&S Act 2006
OH&S Regulations 2001
ACHS EQuIP5 Standard 3.2.1

History
03.08 Reviewed and revised to reflect change of ownership, organisational structure, referenced to ACHS EQuIP 4 and implemented KPIs.
07.09 Reviewed and updated to reflect the changes by Continuum Healthcare
09.11 Reviewed and reformatted

Policy Written: J Scotti
Date of Next Review: June 2013
Policy Reviewed by: J Scotti & M Cattell
Policy Date: June 2009
Approved by: L Dodd CEO & Policy Review Committee
Last reviewed: September 2011
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HURSTVILLE
PRIVATE

CHEMICAL SPILLS

PURPOSE
All staff are to be trained to effectively control any hazardous chemical spill.

POLICY REFERS TO
All staff

POLICY
Spill Control Procedure
A hazardous chemical spill requires immediate attention and must be effectively controlled so as not to promote unnecessary contamination of the environment.

1. Open chemical spill kit
2. Stop source of spill – place spill pillow on the spill
3. Immediately provide maximum ventilation
4. Avoid excessive inhalation of vapour and contact with the skin
5. Refer to MSDS
6. Don personal protection equipment: Gloves, gown, mask and shoe covers
7. Place spill signs at the perimeter of the spill area
8. Sprinkle sufficient amount of neutralising agent to cover spill
9. Allow 5 minutes for the neutralising agent to dissolve and 'neutralise' the chemical
10. Collect the slurry into the blue plastic bag with the spill pillow
11. Use additional wipes to wipe around area
12. Tie off the disposal bag ready for disposal in the correct manner
13. Keep spill signs in place until the area has been cleaned completely
14. Enter incident into RiskMan.
15. Any mops or other cleaning equipment used to clean the spill, should be rinsed with large amounts of water.

Normal spill kits are located in Operating Suite and each utility room in the facility.
Industrial spill kits are located in the basement in the caged locked area and in CSSD

EXPECTED OUTCOMES
Incident reports on chemical spills and action taken.

REFERENCES
National Model Regulations for the Control of Workplace Hazardous Substances (NOHSC: 1005 (1994) National Occupational Health & Safety Council
The National Occupational Health & Safety Council *Control of Workplace Substance National Model, Regulations & Practice*
Code of Practice for the Control of Workplace Hazardous Substances 2006
OH&S Act 2000
OH&S Regulations 2001
ACHS EQuIP 4 Standard 3.2.1
ACHS EQuIP5 Standard

HISTORY

03.08 Reviewed and revised to reflect change of ownership, organisational structure, referenced to ACHS EQuIP 4 and implemented KPIs.
07.09 Reviewed and updated to reflect the changes by Continuum Healthcare
09.11 Reviewed and reformatted (J Scotti, September 2011)

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HURSTVILLE
PRIVATE

Position Description

JOB TITLE	**In Charge After Hours**
BUSINESS UNIT	**Nursing**
REPORTS TO	**Chief Executive Officer and Operations Manager**

ROLE PURPOSE

1. The purpose of the in charge After Hours is to oversee all areas of the hospital outside normal business hours
2. To ensure staffing levels are adequate to provide appropriate care and safe patient care.
3. To ensure staff have meal breaks as per award entitlements.
4. To coordinate patient transfers, after hours emergency surgery and after hours admissions.
5. Works within the framework of the business management system of the hospital.
6. Familiarise self with on call rosters.
7. Receive handover from Team Leaders/ Manager at beginning of each shift.
8. Ascertain patient numbers in each Clinical area and activity in each area.
9. Co-ordinator for disasters.
10. Complete In Charge Report- for Chief Executive Officer
11. Responsible for ensuring sick and other leave is replaced for the next 24 hour period.
12. Ensure incident reports are completed for unplanned patients transfer and other reportable events.
13. Discuss any media issues with CEo prior to allowing any media outlet acess to the hospital
14. Contact Manager if unsure how to proceed with any situation.
15. Respond immediately to customer complaints in accordance with hospital complaint handling policy.
16. Authorise Overtime and/or agency staff if necessary

KEY DELIVERABLES AND RESPONSIBILITIES

Nursing Practice	• Practices in accordance with legislation and common law affecting nursing practice. • Supports excellence in clinical practice and patient care. • Facilitates an environment that fosters learning and continuous improvement. • Demonstrates behaviours that are viewed by others as appropriate for the position and act as a role model for nursing services.
Communication	• Communicate and negotiate with professional disciplines and relevant others to ensure the provision of a seamless service. • Facilitate communication within the clinical unit, nursing division and organisation.
Team Work	• Supports organizational integrity by creating and maintaining an environment of cooperation, support and trust

KEY DELIVERABLES AND RESPONSIBILITIES	
Customer Service	• Provide feedback to, and follow-up of customers/stakeholders satisfaction. • Liaise with key stakeholders and customers to identify needs and expectations. • Develop customer service initiatives relevant to the unit and organisation • Maintains confidentiality and privacy in relation to organisational requirements and patient information

Risk Management - Mandatory Training	• Undertakes annual mandatory training and Unit specific competencies including:
	  • Basic Life Support
	  • Emergency Procedures
	  • Manual Handling
	  • Medication Competency
	  • Fire & Safety
	  • Other competencies relevant to clinical area.

Risk Management - Safety	• Maintains own health and safety while at work • Takes reasonable care to protect the health and safety of others who may be affected by their actions or omissions at work • Locates and reviews OH&S policy and procedure manual • Identifies and assesses hazards and reports accordingly

Risk Management – Quality	• Demonstrates a knowledge and understanding of continuous quality improvement.
	• Develop and implement policies and objectives specific to the unit which reflect the direction of the facility.
	• Take responsibility for implementing integrated Risk Management strategy by:
	  ➢ identifying, analysing, monitoring and reporting risks
	  ➢ managing risks through quality action plans and a risk register
	  ➢ ensuring that policies and processes are in place to facilitate the implementation of the strategy.
	• Promote the management of risks by patients, visitors and contractors.
	• Contribute to developing and sustaining a work culture that encourages and supports open risk identification and management.

Professional Development	• Recognises and responds to the need for professional growth. • Participates in professional activities offered within the organisation.

KEY RELATIONSHIPS	
Internal	• Customers / Visitors • Clinical Nurse Manager • Service Improvement Manager • Nursing Personnel • VMO's • Allied Health practitioners • Other Hospital Departments
External	• Other health care providers/agencies • Prospective patients • Visitors • Medical representatives • Similar Units in other hospitals • Professional and Community organisations

POSITION REQUIREMENTS	
Qualifications	**Essential:** 1. NSW Nurses Registration-List A 2. A minimum of 4 years post graduate experience necessary. **3.** Previous management experience desirable.
Knowledge, Skills, Experience	**Desirable:** • The ability to provide leadership to staff. • To be able to work independently to achieve the specific responsibilities of the role. • To be able to liaise with all members of the healthcare team. • Conflict resolution skills. •

COMPETENCIES	
Customer Service	• Customer satisfaction. • Feedback provided. • Initiatives responsive to customer need. • Confidentiality and privacy requirements are understood and applied. • Wears identification badge.
Risk Management - Mandatory Training	• Provides evidence of Mandatory and Unit specific Training requirements. • Attends Mandatory Training sessions as directed. • Evidence of signed competencies.

COMPETENCIES	
Risk Management - Safety	• Participates in OH & S and manual handling training. • Practices in a manner safe for self and others. • Risks are managed appropriately. • OH & S Representative supported through unit programs and meetings. • Participates in Risk Assessment activities
Risk Management – Quality	• Implements and achieves quality plan of Unit. • Policies are reviewed and developed. • Risk Management policies and integrated Risk Management Strategy. • Participation in risk management activities and implementation of quality improvement plans.
Nursing Practice	• Nursing practice is within legislation and common law requirements. • Evidence of renewal of annual practising certificate is provided. • Acts as a role model in clinical practice.. • Ensures hospital policies and procedures are adhered to.
Communication	• Effective communication as considered by relevant others. • Participation in committees. • Strategies implemented to enhance communication.
Professional Development	• Activities are undertaken to enhance the professional practice of self and others.

Applicants Signature

Managers Signature

Date

Date

HURSTVILLE
PRIVATE

OH&S POLICY

PURPOSE
To ensure that any person entering or working at Hurstville Private is in a healthy a safe and secure environment

POLICY REFERS TO
All staff
All visitors
All patients

POLICY
It is the policy of Hurstville Private to provide and maintain the workplace in a healthy, safe and secure condition. This policy extends to every member of staff, patients and visitors to the hospital at all times.

Hurstville Private has a legislative responsibility to ensure that it complies with the NSW Occupational Health and Safety Act 2000, and the supporting Regulation and Standards. Health and Safety is both an individual and a shared responsibility of all employees, and will only be assured when each of us accepts responsibility for our fellow employees as we would for our own safety.

The management of Hurstville Private is committed to actively participating and supporting all safety initiatives developed, and expects that each and every employee will recognise their responsibility to comply with these initiatives.

1.1 Manual Function

This manual has been issued to consolidate the relevant documents and manuals to enable all Hospital Staff to respond appropriately to Occupational Health and Safety (OH&S) issues.

The function of this manual is to identify policies, procedures and systems pertaining to OH&S, and to ensure that adequate responsibility is assigned to enable these systems to be implemented.

1.2 Manual Management

The OHS manual is a controlled document and its issue, revision and management is the responsibility of the Operations Manager. The manual is arranged in sections, with each having its own index of subjects contained in the section.

Review of the contents of this manual is a continual process. With time, any number of parameters within the Hospital may change resulting in the need to modify or add to one or a number of subjects or sections of this manual.

The Hospital Quality and Risk Committee will be responsible for the review of this manual periodically. All other proposed amendments at any other time should be submitted in writing to the Operations Manager who will ascertain the value of the change and incorporate it in the manual after consultation with the Quality and Risk committee, OH&S Coordinator and the CEO.

- Employees of Hurstville Private ;

- Service providers and contractors;
- Members of the emergency services, if and when required;
- WorkCover NSW Inspectors on request.

The Occupational Health and Safety Management System has been implemented at Hurstville Private to ensure compliance with both safety standards set by legislation, and with the OH&S standards set by the NSW Department of Health. The system has been built by the identification of recognised work practices throughout the hospital, and ensuring that these work practices are both safe and efficient. Where deficiencies are found, work practices are changed, and this process has involved a process of consultation and training to ensure that all employees are able to perform their tasks to the required standard.

The documentation of these procedures has evolved over time, and will always remain dynamic to accommodate any changes in work practices or legislative requirements.

In addition to the standard policies and procedures, an annual Quality and Risk Plan is developed in consultation with the Quality and Risk Management Committee. This committee is the Hospital consultative body on all OH&S issues. The plan shall be reviewed throughout the year to ensure that responsibilities for the roll out of the plan are current, and that the appropriate actions are being completed and actions are evaluated.

Key Performance Indicators:
Lost time injuries
OH&S incidents as measured by RiskMan

Reference:
HPH Risk Management Policy
Occupational Health and Safety Act 2000
Occupational Health and Safety Regulation 2001
Workers Compensation Act 1987
AS/NZS 4360:2004 Risk Management Standard
HB228 – 2001 Guidelines for Managing Risk in Healthcare
ACHS EQuIP 4 Standard 3.2
ACHS EQuIP 5 Standard 3.2

History:
02.08 Reviewed and revised, changed process to OH&S Process and moved Risk management over view policy and information to Leadership and Management Process, to reflect new ownership, organisational restructure and referenced to EQuIP 4, implemented performance indicators.
07.09 Reviewed and updated to reflect the changes by Continuum Healthcare
09.11 Reviewed and reformatted

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Policy Date: June 2009
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Date Implemented: August 2009
Last reviewed: September 2011

HURSTVILLE
PRIVATE

OH&S MANAGEMENT

PURPOSE
To ensure that Hurstville Private complies with all OH&S legislation and provides a clear system of management and strategies for dealing with any incident or accident related to OH&S

POLICY REFERS TO
All Staff

POLICY
OH&S Introduction

The management of Occupational Health and Safety (OH&S) at Hurstville Private is integral to providing our clients with a quality service. To fulfill responsibilities, improve OH&S standards and comply with legislation, Hurstville Private will manage OH&S at three levels:

2.1 Prevention

The strategy to prevent work related accidents is through OH&S risk management, that is:

1. *Identification* of risks through
   - Workplace and work practice audits to identify hazards
   - Reporting and investigation of all work related injuries and dangerous occurrences
   - Analysis of incidents and workers compensation claims data
2. *Assessment* of the adverse consequences of risks

2.2 Recovery

After an incident, we will take responsibility for the fullest recovery of individuals concerned, repair of property and the resumption of a safe working environment. Strategies include:

1. *Injury management:*
   - First aid and or medical treatment
   - Emergency procedures
   - Rehabilitation and workers compensation claims management
2. *Specific OH&S risk management policies:*
   - Emergency procedures
   - Occupational hazards such as manual handling and infection control
   - Slips trips and falls
   - Hazardous substances storage and handling policies

2.3 Evaluation

Monitoring of the prevention and recovery strategies is critical to continual improvement of our OH&S standards.

Improved OH&S standards rely on:

- Management's commitment to workplace safety. That is, being responsible and accountable for compliance with NSW WorkCover legislation and for providing resources to create safe systems of work

HURSTVILLE
PRIVATE

INCIDENT REPORTING

PURPOSE
To ensure that all incidents are reported in RiskMan and all incidents are reviewed and evaluated with an appropriate outcome. If necessary a Root Cause Analysis will be conducted.

POLICY REFERS TO
Injured Employees
Department Managers
Quality & Risk Coordinator
Quality & Risk Management Committee

POLICY
All incidents must be reported directly onto RiskMan with full details outlining the circumstances surrounding the event. The information must be factual and pertinent. Additional information to the questions asked should be provided where necessary.

The completed Riskman incident is the basis of the accident investigation, and as such must be completed promptly. The Department Manager is to investigate the injury in consultation with the staff member involved with the incident and where appropriate a member of the Quality and Risk Committee. Take appropriate action to either eliminate or control any hazards/risk identified through investigations.

All Riskman incidents are legal documents and may be used in a court of law if required.

All staff injuries must be reported in the WorkCover Register of Injuries and a copy placed in the employee file. The WorkCover Register of Injuries is maintained by the Maternity Nursing Services Manager or delegate who performs the role of Return to Work Coordinator.

Lost time injuries of seven days (or longer), injuries causing permanent disability or death must be notified to WorkCover. All needle stick injuries are notifiable to GIO who then report to WorkCover.

A patient incident where some harm has occurred to the patient , are to be reported to the Private Health Branch of NSW Health Department, all injuries are reported to AON Insurance by the 9th day of the following month.

Root Cause Analysis (RCA) is conducted on all level one rated incidents and level two incidents (at the discretion of the CEO).

EXPECTED OUTCOMES
Action on incidents reported in RiskMan.
Number of hazard reports.

References:
Workplace Injury Management & Work Compensation Act 1998
HP Risk Management Policy
Medical Malpractice Claims Protocol –AON Insurance
ACHS EQuIP5 Standard 2.1.3
Dept of Health: Private Health Care Branch Policy, Completion and Reporting on Root Cause Analysis(Mandatory)

History:
02.08 Revised to reflect change of ownership, current organisational structure and the change to GIO Workers Compensation Insurance, implemented KPIs and referenced to ACHS EQuIP 4.
07.09 Reviewed and updated to reflect the changes by Continuum Healthcare
09.11 Reviewed and reformatted

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Date Implemented: August 2009
Last review: September 2011

HURSTVILLE
PRIVATE

ACCIDENT INVESTIGATION

PURPOSE
Encourage the process of Root Cause Analysis (RCA) when appropriate and to put in place measures that will prevent the recurrence of the same to like event.

POLICY REFERES TO
Department Manager
Quality & Risk Management Committee
Operations Manager
CEO

6.1 Accident Investigation
The purpose of this procedure is to investigate accidents and incidents in order to establish the root cause of the incident. Accidents often occur when safety management systems are not fully implemented, and safe operating practices are not communicated or followed. Following the reporting of such an incident, the process of accident or incident investigation should begin as soon as possible. The Department Manager has the responsibility for the investigation function.

6.2 Incident Review
A full review of the incident should be commenced as soon as the Department Manager has received notification of the event. The Department Manager shall gather the facts surrounding the incident by reviewing the completed form, discussing the incident with the staff involved and any witnesses to the incident, and any other persons that may assist with the collection of facts and the isolation of contributory factors. This data typically should relate to work practices, environment and human factors (i.e. sequence of events, operating procedures, training, induction and supervision).

6.3 Incident Analysis
The key aim of incident analysis is to identify control measures that will prevent a recurrence of the same incident. The focus should be on identifying system deficiencies rather than apportioning blame. To prevent a recurrence of an incident, change is necessary. Changes should involve actions to eliminate or modify the contributory factors that either led to the incident or affected the consequence of the incident outcomes. Such changes may involve costs that may influence business decisions on how procedures/practices are organised and performed.

6.4 Review and Improvement
The accident investigation process will be part of the review and improvement of the risk management system within the hospital environment. Where incidents identify deficiencies in systems, the outcome will be the correction of these systems to prevent recurrence. The results of incident investigation and action will be discussed at the Quality and Risk Management Committee and Heads of Department Committee. Clinical incidents may be reviewed as part of the clinical peer review process at Clinical Committee meetings.

EXPECTED OUTCOMES
Managed and strategic outcomes for any accident investigation where a Root Cause Analysis (RCA) is mandatory.

Reference:
Occupational Health & Safety Regulations 2001
Occupational Health & Safety Act 2000
ACHS EQuIP 5 Standard 2.1.3

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History:

02.08 Reviewed and revised to reflect the change of ownership changed process to OH&S Process, organisational restructure & referenced to EQuIP 4, implemented performance indicators.

07.09 Reviewed an updated to reflect the changes by Continuum Healthcare

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HURSTVILLE
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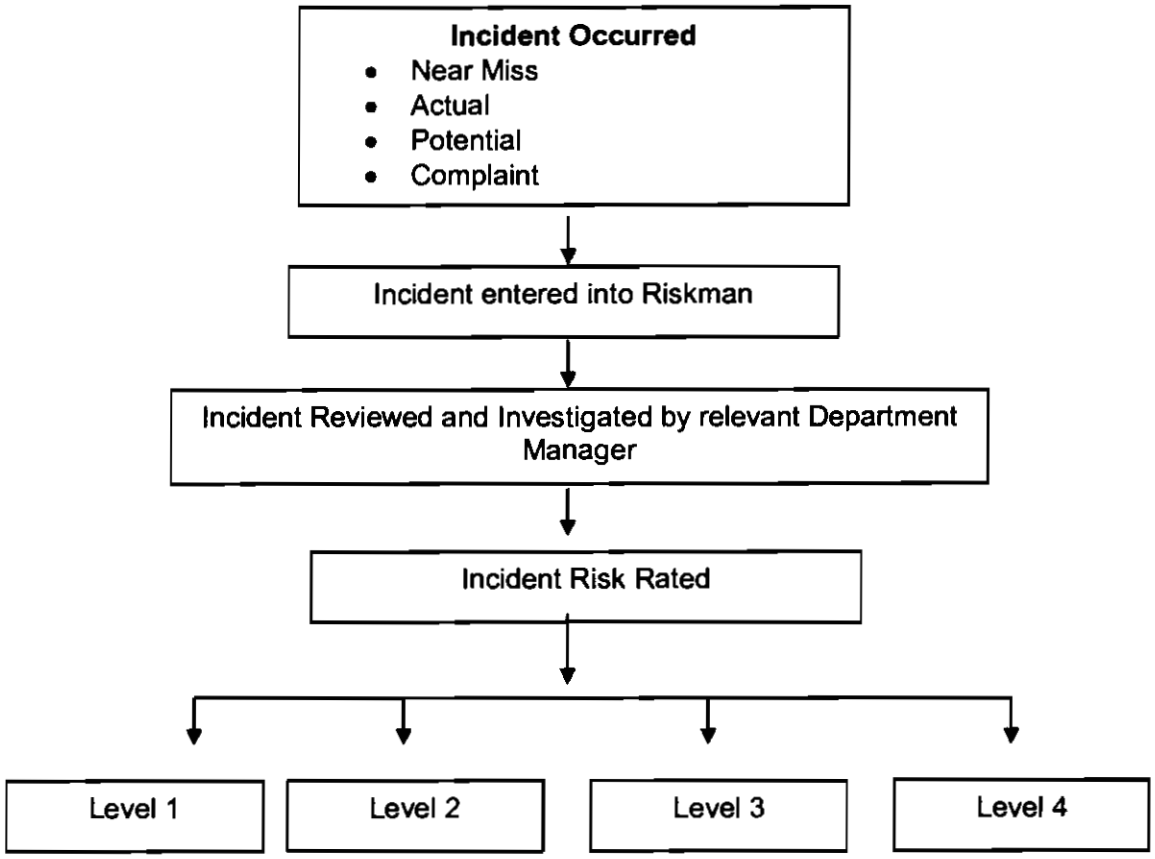
INCIDENT, NEAR MISS POLICY FLOW CHART



Incident is reviewed & investigated by Relevant Dept Manager/RTW Coordinator Quality & Risk Coordinator and CEO immediately

Investigation Report made into Riskman

Outcome is provided to the relevant Dept Manager

Incident reviewed by Dept Manager

Incident taken to quality & Risk Management Committee Meeting

Outcome is fed back to relevant Dept Manager

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Date of Next Review: June 2013
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HURSTVILLE
PRIVATE

STAFF TRAINING

PURPOSE
All staff employed at Hurstville Private are to be trained in manual handling.
This is a mandatory requirement.

POLICY REFERS TO
All staff

POLICY
Mandatory manual handling training is conducted on an annual basis.
Manual handling training is an important feature of patient and staff safety. The objectives of the manual handling training program are:

1. Prevent manual handling injuries from occurring by educating managers and employees in risk identification, assessment and control principles and skills.
2. Assist employees to understand the complex nature of manual handling and risk factors involved.
3. Teach safe manual handling techniques and equipment use.

Appropriate training will be provided:

1. As part of orientation before the employee commences duties.
2. As part of the ongoing manual handling training program
3. At the time of procedural or equipment changes
4. Where manual handling performance evaluation indicates a need for further training.

EXPECTED OUTCOMES
Manual Handling incidents
Lost time injuries

References:
The National Code of Practice for Manual Handling (1990)
The Occupational Health and Safety Act 2000
ACHS EQuIP 4 Standard 3.2
ACHS EQuIP 5 Standard 3.2

History:
02.08.A Reviewed and revised to reflect current ownership, current organisational structure, referenced to ACHS EQuIP 4 and implemented KPIs.
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HURSTVILLE
PRIVATE

VIOLENCE AND AGGRESSION

PURPOSE
Hurstville Private has a zero tolerance to all forms of evidence and aggression. Hurstville Private has a commitment to providing a safe and healthy workplace

POLICY REFERS TO
All staff

POLICY
Violence and aggression is defined as any incident in which an individual is abused, threatened or assaulted and includes verbal, physical or psychological abuse, threats or intimidating behaviours, intentional physical attacks, aggravated assault, threats with an offensive weapon, sexual harassment or sexual assault.

Aggressive incidents and injury due to aggression or violence are often considered 'part of the job', especially in the care of people with neurological disorders and dementia. However, employees and patients have the right to be safe from aggressive / violent behaviour.

Aggression and violence towards employees and other patients is not acceptable. Management and employees have the responsibility to prevent and manage aggression and violence. These rights and responsibilities are reinforced in the OH&S legislation, care standards and criminal law.

Hurstville Private has a zero tolerance to all forms of violence and aggression between staff at all levels as well as visitors. This policy should be read in conjunction with the Bullying and Harassment Policy in the Human Resources Process.

This policy is inspired by Hurstville Private commitment to providing a safe and healthy work environment for all staff by the prevention of work related injury and illness and the early return to work for staff who sustain a work related injury / illness.

All incidents of Violence and Aggression must be immediately reported to the Person in Charge. The Person in Charge will ring the NSW Police 0-000 for immediate assistance if required.

All incidents must be reported through Riskman and investigated. Management will take action on all reported incidents of Violence and Aggression.

Following any incident of aggression/violence employees and others involved (victim, witness and others) will be followed up by the supervisor and/or peer support person to 'defuse' and 'debrief'.

People exposed to aggression and / or violence may be injured at the time or suffer health effects over time. Feelings of exhaustion, headaches, insomnia and other conditions often contribute to absenteeism and staff turnover.

External specialist advice engaged under the procedures on Occupational Stress will also be available, through agreed procedures, to employees exposed to aggression. Contact information will be readily available to all employees through the CEO and Operations Manager.

6.1 Patient Risk Identification and Assessment
On admission, information will be sought on any aggressive tendencies. This information and recommended control actions will be included in the nursing care plan.

6.2 Risk Control
An action plan will be developed in consultation with all members of the health care team and implemented based on the outcomes of the assessment conducted. The nursing care plan for all patients exhibiting aggressive / violent behaviour will be reviewed and modified on a regular basis.

6.3 Risk Mitigation
Patients known to exhibit violent and aggressive behaviour posing a threat to staff and visitors should not be admitted to Hurstville Private.

EXPECTED OUTCOMES
Monitor incidents of violence and aggression
Monitor the immediate action taken in response to violence and aggression

Reference:
Occupational Health and Safety Act 1985
Accident Compensation Act 1985
Code of Practice – Workplace Bullying
ANF Zero Tolerance Policy
ACHS EQuIP 4 Standard 3.2
ACHS EQuIP 5 Standard 3.2

History:
02.08 Policy implemented
08.09 Reviewed and updated to reflect the changes by Continuum Healthcare
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HURSTVILLE
PRIVATE

STAFF INJURY MANAGEMENT

PURPOSE
To provide a strategic staff injury plan that ensures the health, safety and welfare of all employees and encourages a positive outcome through a suitable return to work program

POLICY REFERS TO
Chief Executive Officer
Quality and Risk Management Committee
Return to Work Coordinator
All staff

7.1 The Employer's Obligations

- To ensure the health, safety and welfare of all employees.
- To commence early occupational injury management
- To ensure return to work as soon as possible
- Provide suitable duties where practicable as soon as possible.
- To appoint a workplace Return to Work Coordinator.
- To display a legible copy of the program prominently in the workplace.
- To ensure that employees are aware of their rights and obligations under the Injury Management program.

7.2 Prevention
Prevention of workplace injuries is the most important aspect of the Injury Management program. All employees will be trained in preventative strategies manual handling. All workplace injuries and incidents will be investigated with the objective of preventing a future similar injury or incident. All workplaces will be inspected for health & safety risks at regular intervals, through workplace inspections by member of the Risk Management Committee in consultation with other staff working in the area.

7.3 Early Commencement
Injury management provides more effective benefits when started as soon as possible after an injury. Injury management shall be the normal course of action following any workplace illness or injury. Early medical diagnosis and treatment is essential to allow a prompt start to injury management. Priority will be given to an early safe return to suitable duties following injury or illness, subject to medical opinion. An employee returning to work on suitable duties or for restricted periods will be monitored to ensure that the program is effective.

7.4 Return to Work

- Injured employees will have the opportunity of returning to normal duties following a progressive, staged program consistent with medical advice.
- The recovery period away from the workplace should be as short as is safely possible.
- The workplace environment will support workplace-based Injury Management.

7.5 Suitable Duties

- It is accepted that illness or injury does not mean that an employee cannot work at all.
- Suitable alternative duties for injured employees, will be identified. These will be a guide only and should be reviewed regularly site for their suitability.
- This should be in consultation with the treating medical officer and the injured employee.

- Injured employees returning to the workplace on alternative duties will be progressively assessed until deemed fit to return to original duties.
- Suitable alternate duties must be selected with the objective of avoiding risk of recurrence or aggravation of the employee's injury.

7.6 Responsibilities

- Communicate effectively with employees and other parties involved in the Injury Management process.
- Negotiate effectively and solve problems that are barriers to injury management.
- Plan and determine injury management goals and structure programs that facilitate the meeting of those goals in each case.
- Implementation of the organisation's injury management policy and procedure.
- Assist in the identification of tasks for employees returning to work on suitable duties.
- Ensure that relevant legislation and other appropriate safety legislation and regulations are adhered to with regard to occupational injury management.

7.7 The Injury Management process

- Ensure that the injury management needs for each injured employee are identified as soon as practicable after notification of injury, and an assessment made of the most appropriate injury management services to provide a prompt and safe return to work.
- Inform employees of the Injury Management process and procedure, and of their rights and responsibilities.
- Assist in identifying suitable alternate duties that satisfy the medical restrictions and provide a safe return to meaningful work. Where necessary, appraise needs for workplace or task modifications
- In consultation with the employee, appropriate supervisors and managers, treating medical experts, the contracted Injury Management provider (where involved) and the employee's representative (where requested) to prepare a Return to Work plan and program.
- Document the agreed program, provide copies to the employee and his/her manager.
- Ensure the confidentiality of information provided to and supplied by all persons contributing to the Injury Management program.
- Establish and maintain Injury Management case files in a confidential manner.
- Provide personal support to the employee and their family where appropriate during all stages of the Injury Management process.
- Convene Injury Management case conferences where appropriate to discuss progress and document future program goals with the relevant parties.
- Monitor and review all return to work plans to ensure:
- the best practicable level of functional and vocational recovery
- the health and safety of the employee involved in the program
- the on-going involvement of all relevant parties
- the appropriateness of the tasks, in relation to the employee's injury and recovery rate.
- Arrange for interpreters to assist in communicating Injury Management objectives and programs to employees, where this is required.
- Monitor the need to modify Injury Management policies and procedures, in consultation with relevant parties.
- Provide documentation and accounts as required to ensure prompt reimbursement of employees' expenses where approved equipment and/or facilities are required to assist the employee.

HURSTVILLE
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EXPECTED OUTCOMES

Lost time injuries
Return to work management

Reference:

Occupational Health & Safety Regulations 2001
Occupational Health & Safety Act 2000
WorkCover Injury Management & Workers Compensation Act 1998
ACHS EQuIP 4 Standard 3.2
ACHS EQuIP 5 standard 3.2

History:

02.08 Reviewed and revised to reflect change of ownership, changed process to OH&S Process, organisational restructure & referenced to EQuIP 4, implemented performance indicators.
07.09 Reviewed and updated to reflect the changes by Continuum Healthcare
09.11 Reviewed and reformatted

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Policy Date: June 2009
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Date Implemented: August 2009
Last review: September 2011

HURSTVILLE
PRIVATE

CARDIOPULMONARY RESUSCITATION TRAINING AND COMPETENCY

PURPOSE
To ensure all staff at Hurstville Private are competent in Basic CPR

POLICY REFERS TO
All Staff

POLICY
Cardiopulmonary Resuscitation Training & Competency

- The CPR training team has based its training objectives and protocols on the guidelines and policy statements of the Australian Resuscitation Council.
- CPR training program comprises of both a theoretical component and a practical component. These sessions are conducted by a health professional who is suitably qualified and experienced
- All staff are required to be trained and assessed for competency every year in basic life support skills.
- Training includes correct techniques, location of emergency buzzers, use of resuscitation devices to prevent direct mouth to mouth contact and use of equipment found on the resuscitation trolley.
- A registered midwife with current basic life support skills conducts neonatal basic life support training sessions. Maternity staff are required to attend these sessions yearly.

EXPECTED OUTCOMES

- 100% attendance of clinical staff to annual CPR training
- Records maintained for training
- Non attendance is identified and actioned

References:
BOC Safe Use and Handling of Medical Gases Manual
CIG Gas Manifold Operating Instructions
ACHS EQuIP 5 Standard 3.2
ACHS EQUiP5 Standard

History:
02.08 Reviewed and revised to reflect change of ownership, organisational structure, referenced to ACHS EQuIP 4, implemented KPI's.
08.09 Reviewed and updated to reflect the changes by Continuum Healthcare
09.11 Reviewed and reformatted

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Policy Written: J Scotti
Date of Next Review: June 2013
Policy Reviewed by: J Scotti & C Hayde
Policy Date: June 2009
Approved by: L Dodd CEO & Policy Review Committee
Date Implemented: August 2009
Last reviewed: September 2011

HURSTVILLE
PRIVATE

SECURITY POLICY

PURPOSE
This policy is developed to ensure that systems are monitored and evaluated through the risk management process to provide safety and security for all staff who

POLICY REFERS TO
All staff

POLICY
It is the policy of Hurstville Private to provide a safe and secure facility to work, visit or stay.

The intent of the Hurstville Private Security Policy is to ensure the security of the following:

a) Staff, patients and visitors
b) Intangibles - such as the facilities reputation
c) Real estate, buildings
d) Plant & Machinery
e) Office Equipment
f) Payroll
g) Procedural
h) Medical & associated equipment
i) Drug and other dangerous goods
j) Currency
k) Supplies and consumables
l) Intellectual property
m) Information e.g. – medical records, documents, patient privacy
n) Keys
o) After house security

A Hospital wide annual security plan is developed to ensure policies and systems are monitored and evaluated. This plan is evaluated through the Risk Management Committee and policy changes are recommended to the Executive Committee. The security policy is supported by work instructions.

EXPECTED OUTCOMES

- Working with Children Checks are undertaken on all relevant employees.
- Security audits undertaken annually
- Credentialing of all Medical Staff as per policy
- Action taken on all security breaches

Reference:
AS4485.1 – 1997 Security for Health Care Facilities Part 1 General Requirements
AS4485.2 – 1997 Security for Health Care Facilities Part 2 Procedures Guide
ACHS EQuIP Guide 3rd Edition Standards 5.1.6
ACHS EQuIP 4 Standard 3.2.5
ACHS EQuIP 5 Standard 3.2.5

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History:

07.07	Reviewed and revised to reflect current organisational structure and changes to security systems and referenced to EQuIP 4.
02.08	Reviewed and revised to reflect change of ownership, implemented KPI's and referenced o ACHS EQuIP 4.
08.09	Reviewed and updated to reflect the changes by Continuum Healthcare
09.11	Reviewed and reformatted

Policy Written: J Scotti
Date of Next Review: June 2013
Policy Reviewed by: J Scotti & M Cattell
Policy Date: June 2009
Approved by: L Dodd CEO & Policy Review Committee
Date Implemented: August 2009
Last reviewed: September 2011

HURSTVILLE
PRIVATE

SECURITY PROCEDURES

PURPOSE
To ensure that the organisation and its staff and visitors are provided with a safe and secure environment

POLICY REFERS TO
All staff

POLICY

2.1 Security Procedures "In Hours"
The Hospitality Services Manager shall act in the role of Security Officer / Advisor and alert the CEO to any protective security risks or issues requiring decisions to be taken regarding general administration of the facility.

The security advisor is responsible for but not limited to the following:

a) Identify, assess and manage security risk for the facility
b) Develop protective security measure to control the risks to acceptable levels
c) Manage the protective security functions throughout the facility
d) Alert the CEO to any protective security aspects of decisions to be taken regarding the general administration of the facility
e) Monitor protective security arrangements to ensure that they are being applied properly and are proving effective
f) Raise the awareness of staff and others about protective security matters
g) Liaise with planning groups on refurbishments and new construction projects
h) Liaise with other agencies concerned with protective security measures

Security Control Systems
The following security control systems have been installed or implemented to improve security throughout the facility:

a) Entrance through Main Entrance Gloucester Road
b) Exit only doors throughout the facility to minimise entry points
c) Visitors/ contractor sign in register
d) After hours access control After hours security and After hours access.
e) Security Patrols @ 21.00hrs and twice randomly After hours security.
f) Back to base alarm system in Executive Suite
g) Duress alarm at Main reception and CSSD
h) Coded locks on Operating Suite change room doors, kitchen storeroom, executive offices/medical records, Figtree Ward clean utility, Delivery Suite clean utility, Maternity ward clean utility and female change room/locker room and the Figtree Treatment room.

2.2 Security Procedures After Hours
Hurstville Private has a contract with an external security company, contact details are continually updated on External contractors list.

The security company provides three patrol's throughout the night Monday – Sunday. The first of these patrols is conducted at 2100 hours with two other patrols at random time throughout the night.

Each visit by the security guard will include but is not limited to the following:

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1. Report to Registered Nurse " In Charge After Hours" to enquire about any disturbances or incidents
2. Conduct an external and internal patrol of the premises checking that each door is secure and that each area is secured.
3. On shift change escort staff to car park if required
4. Sign the log book which is located with the "In Charge After Hours" and complete section required to inform of any incidents, security breaches or maintenance issues with external lighting, function of door locks etc

Each patrol is of approximately twenty minutes duration. The security officer is not armed. The security officer is also available to attend the premises if required for any intrusion or other security related problems.

2.3 Lock up Procedures

Gloucester Road – Main Entrance

The main reception doors are locked at 2000 hours Monday – Friday. The clerical staff are responsible for locking these doors and the security guard will check these doors at each visit through the night.

Procedures to lock automatic doors at main reception:

1. The automatic doors can be locked by turning the key to the "LOCK" position on the control panel located in the main reception office
2. Keys to this door are kept in the locked drawers in the reception office

Gloucester Road – Figtree Ward Entrance

The Figtree entrance doors are locked at all times. This entrance is used after hours only.

The procedure to lock automatic doors at Figtree reception
The control panel for the automatic doors is located on the left hand side of the door panel.

1. Press the ↑ button 3 times
2. Press the ↓ button 3 times
3. Press the ↑ button 3 times
4. A light will now show the mode the door is currently in
5. Use the ↑ ↓ buttons to move the light to the locked position showing a symbol with a locked key. This will automatically lock these doors.

Rear Lane Doors

These doors are locked with a keypad. The security company is responsible for checking these doors at each visit throughout the night.

Pearl Street Entrance

The Pearl Street entrance doors are locked at 1800 hours. The late shift cleaner is responsible for locking these doors. The security company will check these doors at each visit throughout the night.

Procedure to lock automatic doors at Pearl Street Entrance:

The control panels for the automatic door is located on the left hand side of the door panel.

1. Press the ↑ button 3 times
2. Press the ↓ button 3 times
3. Press the ↑ button 3 times
4. A light will now show the mode the door is currently in
5. Use the ↑ ↓ buttons to move the lift to the locked position showing a symbol with a locked key. This will automatically lock these doors

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CSSD Basement Level 2

- The maintenance officer is responsible for locking this area at 1630 hours Monday – Friday.
- Any staff working in this area after hours and weekends is responsible for locking this area at the completion of their shift. The keys are located in the CSSD for after hours access or by contacting the "In Charge After Hours" on ext 794.
- The security company will check these doors at each visit.

Procedures for locking CSSD Basement Level 2 (Lower ground Level)

1. The doors from the rear lane into CSSD are key locked using the master key or the CSSD keys located in the Delivery Suite.
2. The automatic door from CSSD into basement level 2 car park is locked by pressing the  hand once only. This also is the same to unlock
3. The lift is locked using the lift key by turning the key position to "OFF"
4. The fire stairs are locked using the key pad or by contacting the "In Charge After Hours" on ext 794

NOTE: This door is fitted with a fail safe device and keypad for egress. In case of emergency, break the glass on the control panel using any blunt instrument to automatically override the lock on this door.

Basement Level 1 Car Park Millet Street Entrance

The maintenance officer is responsible for locking this are at 1630hours Monday – Friday. Any staff working in these areas after hours or weekends is responsible for locking this area. Keys are located in the Delivery Suite.

Procedure for locking Basement Level 1 Car Park

1. The fire stairs door is locked using the master key.

NOTE: This door is fitted with a fail safe device and keypad for egress. In case of emergency, break the glass on the control panel using any blunt instrument to automatically override the lock on this door.

2. The lift is locked using the lift key by turning the key position to "OFF"
3. The delivery trucks entrance is locked using the padlock and chain. Keys to this gate are located with the " In Charge After hours.
4. The automatic gate is locked by turning the power control to the "ON" position. Then press the after hours exit button on the right hand side wall marked with "after hours exit button" sign.

The gate will automatically close.

After hours access into this area is limited as a code will need to be entered into the keypad on both the auto gate and the fire stair doors. These codes can be given to staff who require after hours access by their immediate manager.

2.4 Duress Alarm Main Reception and CSSD

The front reception is fitted with a duress alarm. The purpose of this alarm is for the main reception staff to seek assistance if they are under threat. The alarm is activated by a pressing button using knee or hand under the main reception desk. The alarm is raised on the enunciator system and through the ERT pagers.

If the alarm is raised the police should be called immediately if there is an identified breech of security by calling 0- 000.

Staff should not approach the main reception but ring to ascertain if a security breach has occurred or if staff are at risk.

If it is a false alarm, the alarm is turned off at the desk, at the same point the button was actived

EXPECTED OUTCOMES

Security log book maintained and action taken on incidents
All security incidents recorded and acted upon
Performance Indicators as per service agreement for Security Contractor met.

Reference:

AS4485.1 – 1997 Security For Health Care Facilities Part 1 General Requirements
AS4485.2 – 1997 Security for Health Care Facilities Part 2 Procedures Guide
ACHS EQuIP Guide 3rd Edition Standards 5.1.6
ACHS EQuIP 4 Standard 3.2.5
ACHS EQuIP 5 Standard 3.2.5

History:

07.07	Revised to reflect current after hours security procedures, current organizational structure and also EQuIP 4.
02.08	Reviewed and revised to reflect change of ownership, organisational change, policy renamed "Security Procedures" and implemented KPI's.
07.08	Reviewed and included 2.4 Main Reception Duress Alarm.
08.09	Reviewed and updated to reflect the changes by Continuum Healthcare
09.11	Reviewed and reformatted

Policy Written: J Scotti
Date of Next Review: June 2013
Policy Reviewed by: J Scotti & M Cattell
Policy Date: June 2009
Approved by: L Dodd CEO & Policy Review Committee
Date Implemented: August 2009
Last reviewed: September 2011

HURSTVILLE
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AFTER HOURS ACCESS

PURPOSE
To ensure that any person requiring access to the hospital "after hours" does not enter the premises without the prior knowledge and notification to either to the CEO, Operations Manager or the "In Charge " of Hospital After Hours. This will ensure there is no threat or injury to staff or visitors at Hurstville Private.

POLICY REFERS TO
All staff

POLICY
3.1 Access
Access into the hospital after hours is through the Main Reception doors at Gloucester Road or, for Obstetricians, through the rear lane door entrance outside Surgical Ward. These doors are fitted with either a video intercom system or security access code. Where a video intercom is situated the intercom button should be pressed to alert the staff inside.

The following instructions should be followed for the use of the intercom video camera system.

- When door bell is rung, a bell is sounded in Figtree, Birthing Suite and Postnatal.
- Press 'talk' to speak to the person at the intercom.
- When finished speaking, release 'talk' button to enable other person to speak. Press 'talk' button to continue message.
- When conversation is complete, press 'off' button and the system will return to standby.
- By using the camera control monitor, the person on the intercom can be viewed.
- The intercom system has a button to open the doors automatically which should only be used once identification of visitors has been established.

3.2 Sign in and Sign out procedure for after hours visitors
A visitor's book is located at the main reception. Any after hours visitors should report to the Registered Nurse in Charge, sign the visitor's book and wear a visitor's badge for the duration of their visit. Once returning the visitor's badge, the visitor should sign out and report to the Registered Nurse in Charge before leaving the premises. Any keys required for after hours can be allocated by the Registered Nurse in charge. All keys must be returned and signed for prior to leaving the premises to the "in charge" after-hours Registered Nurse. The "In charge After Hours" staff will be notified of any contractors who will be in the hospital after hours.

3.3 After Hours External Lighting
External security lighting is located throughout the hospital grounds. These lights are switched on automatically by day light sensors or automatic time clocks. Any faults or repairs to this lighting should be noted in the after hours in charge report and referred to the Maintenance Officer for rectifications.
External lighting is checked twice annually by the maintenance officer and repairs organised as soon as possible.
The staff car park in Millett Street has security lighting.

3.4 After Hours Security Incidents
In case of any emergency, a crime in progress or a life threatening incident call **0-000** immediately.
- Ask for Police emergency
- Give your name, address and telephone number
- Tell the operator what is happening

- Give the exact location of the incident including nearest cross street
- Description of any people involved
- Description of any motor vehicle involved
- Description of any weapons involved
- Wait until operator is finished and follow instructions given to you by the operator

Alternatively if the security incident is not an emergency the *Hurstville Police Station number is 9375 8599* or the ***security company number is 9893 8866***.

Procedures for any emergency can be found on the Emergency Procedure Chart which is located in every office, nurse's stations and near the switchboard. If you do not have an emergency procedure chart in your area, please advise you manager immediately.

EXPECTED OUTCOMES
Nil incidents of unauthorised access to facility.

Reference:
AS4485.1 – 1997 Security For Health Care Facilities Part 1 General Requirements
AS4485.2 – 1997 Security for Health Care Facilities Part 2 Procedures Guide
ACHS EQuIP Guide 3rd Edition Standards 5.1.6
ACHS EQuIP 4 Standard 3.2.5
ACHS EQuIP 5 Standard 3.2.5

History:

02.08	Reviewed and revised to reflect change of ownership.
07.09	Reviewed and updated to reflect the changes by Continuum Healthcare
09.11	Reviewed and reformatted

Policy Written: J Scotti
Date of Next Review: June 2013
Policy Reviewed by: J Scotti & M Cattell
Policy Date: June 2009
Approved by: L Dodd CEO & Policy Review Committee
Date Implemented: August 2009
Last reviewed: September 2011

HURSTVILLE
PRIVATE

REPORTING A SECURITY INCIDENT

PURPOSE
To provide notification to the appropriate person to monitor and manage any security incidents that may arise

POLICY REFERS TO
All Staff

POLICY
The hospital Emergency chart describes the process for reporting/ alerting emergency incidents. A security incident at any time should be reported to the Person in Charge.

In the event of a security breach/incident, staff members involved will complete a Riskman incident report. The Operations Manager will coordinate the investigation of the event with the person "in charge" at the time.

The Risk Management Committee will review and evaluate action taken and make recommendation to the Hospital Executive on policy changes or further action to be taken.

EXPECTED OUTCOMES
Risk Management review and evaluation of security incidents
Annual review of Hospital wide security plan

Reference:
AS4485.1 – 1997 Security For Health Care Facilities Part 1 General Requirements
AS448S.2 – 1997 Security for Health Care Facilities Part 2 Procedures Guide
ACHS EQuIP Guide 3rd Edition Standards 5.1.6
ACHS EQuIP 4 Standard 3.2.5
ACHS EQuIP 5 Standard 3.2.5

History:

07.07	Revised to reflect current organisational structure, current procedures and referenced to ACHS EQuIP 4 Standard 3.2.5.
02.08	Reviewed and revised to reflect change of ownership and implement KPI's.
08.09	Reviewed and updated to reflect changes by Continuum Healthcare
09.11	Reviewed an reformatted

Policy Written: J Scotti
Date of Next Review: June 2013
Policy Reviewed by: J Scotti & M Cattell
Policy Date: June 2009
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Date Implemented: August 2009
Last reviewed: September 2011

HURSTVILLE
PRIVATE

KEY MANAGEMENT & CONTROL

PURPOSE
To ensure the security of the hospital and its staff, visitors and patients through the provision of a key system with controlled access to all areas.

POLICY REFERS TO
Chief Executive Officer
Operations Manager

POLICY
The purpose of this policy is to ensure security of the building is maintained and access is by authorised personnel only.
The Hospital has a master key system with controlled access to areas as deemed appropriate by the Hospital Executive. Staff are issued with keys as relevant to their area of work. A key register is maintained by the CEO and all keys issued are recorded on the register. A key form is to be completed for all keys issued. Upon resignation of employment keys are to be returned to the CEO.

This policy applies to tenants of the Medical Centre.

The Registered Nurse "in Charge" after hours of the Hospital holds a master key and is authorized to access areas of the hospital as relevant to duty at any time. The master key is not to be issued to non-staff. The Registered Nurse in Charge is to record issuing the master key to staff in the After hours log book.

Lost or stolen keys are to be reported to the Person in Charge immediately.

EXPECTED OUTCOMES
Master Key Register
Reported incidents of lost or stolen keys

Reference:
AS4485.1 – 1997 Security For Health Care Facilities Part 1 General Requirements
AS4485.2 – 1997 Security for Health Care Facilities Part 2 Procedures Guide
ACHS EQuIP4 Standard 3.2.5
ACGS EQuIP5 Standard 3.2.5

History:

02.08	New policy
02.09	Reviewed and update to reflect the changes by Continuum Healthcare
09.11	Reviewed and reformatted

Policy Written: J Scotti
Date of Next Review: June 2013
Policy Reviewed by: J Scotti
Policy Date: June 2009
Approved by: L Dodd CEO & Policy Review Committee
Date Implemented: August 2009
Last reviewed: September 2011

HURSTVILLE
PRIVATE

SECURITY POLICY

PURPOSE
This policy is developed to ensure that systems are monitored and evaluated through the risk management process to provide safety and security for all staff who

POLICY REFERS TO
All staff

POLICY
It is the policy of Hurstville Private to provide a safe and secure facility to work, visit or stay.

The intent of the Hurstville Private Security Policy is to ensure the security of the following:

a) Staff, patients and visitors
b) Intangibles - such as the facilities reputation
c) Real estate, buildings
d) Plant & Machinery
e) Office Equipment
f) Payroll
g) Procedural
h) Medical & associated equipment
i) Drug and other dangerous goods
j) Currency
k) Supplies and consumables
l) Intellectual property
m) Information e.g. – medical records, documents, patient privacy
n) Keys
o) After house security

A Hospital wide annual security plan is developed to ensure policies and systems are monitored and evaluated. This plan is evaluated through the Risk Management Committee and policy changes are recommended to the Executive Committee. The security policy is supported by work instructions.

EXPECTED OUTCOMES

- Working with Children Checks are undertaken on all relevant employees.
- Security audits undertaken annually
- Credentialing of all Medical Staff as per policy
- Action taken on all security breaches

Reference:
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History:

07.07	Reviewed and revised to reflect current organisational structure and changes to security systems and referenced to EQuIP 4.
02.08	Reviewed and revised to reflect change of ownership, implemented KPI's and referenced o ACHS EQuIP 4.
08.09	Reviewed and updated to reflect the changes by Continuum Healthcare
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SECURITY PROCEDURES

PURPOSE
To ensure that the organisation and its staff and visitors are provided with a safe and secure environment

POLICY REFERS TO
All staff

POLICY

2.1 Security Procedures "In Hours"
The Hospitality Services Manager shall act in the role of Security Officer / Advisor and alert the CEO to any protective security risks or issues requiring decisions to be taken regarding general administration of the facility.

The security advisor is responsible for but not limited to the following:

a) Identify, assess and manage security risk for the facility
b) Develop protective security measure to control the risks to acceptable levels
c) Manage the protective security functions throughout the facility
d) Alert the CEO to any protective security aspects of decisions to be taken regarding the general administration of the facility
e) Monitor protective security arrangements to ensure that they are being applied properly and are proving effective
f) Raise the awareness of staff and others about protective security matters
g) Liaise with planning groups on refurbishments and new construction projects
h) Liaise with other agencies concerned with protective security measures

Security Control Systems
The following security control systems have been installed or implemented to improve security throughout the facility:

a) Entrance through Main Entrance Gloucester Road
b) Exit only doors throughout the facility to minimise entry points
c) Visitors/ contractor sign in register
d) After hours access control After hours security and After hours access.
e) Security Patrols @ 21.00hrs and twice randomly After hours security.
f) Back to base alarm system in Executive Suite
g) Duress alarm at Main reception and CSSD
h) Coded locks on Operating Suite change room doors, kitchen storeroom, executive offices/medical records, Figtree Ward clean utility, Delivery Suite clean utility, Maternity ward clean utility and female change room/locker room and the Figtree Treatment room.

2.2 Security Procedures After Hours
Hurstville Private has a contract with an external security company, contact details are continually updated on External contractors list.

The security company provides three patrol's throughout the night Monday – Sunday. The first of these patrols is conducted at 2100 hours with two other patrols at random time throughout the night.

Each visit by the security guard will include but is not limited to the following:

HURSTVILLE
PRIVATE

1. Report to Registered Nurse " In Charge After Hours" to enquire about any disturbances or incidents
2. Conduct an external and internal patrol of the premises checking that each door is secure and that each area is secured.
3. On shift change escort staff to car park if required
4. Sign the log book which is located with the "In Charge After Hours" and complete section required to inform of any incidents, security breaches or maintenance issues with external lighting, function of door locks etc

Each patrol is of approximately twenty minutes duration. The security officer is not armed. The security officer is also available to attend the premises if required for any intrusion or other security related problems.

2.3 Lock up Procedures

Gloucester Road – Main Entrance

The main reception doors are locked at 2000 hours Monday – Friday. The clerical staff are responsible for locking these doors and the security guard will check these doors at each visit through the night.

Procedures to lock automatic doors at main reception:

1. The automatic doors can be locked by turning the key to the "LOCK" position on the control panel located in the main reception office
2. Keys to this door are kept in the locked drawers in the reception office

Gloucester Road – Figtree Ward Entrance

The Figtree entrance doors are locked at all times. This entrance is used after hours only.

The procedure to lock automatic doors at Figtree reception
The control panel for the automatic doors is located on the left hand side of the door panel.

1. Press the ↑ button 3 times
2. Press the ↓ button 3 times
3. Press the ↑ button 3 times
4. A light will now show the mode the door is currently in
5. Use the ↑ ↓ buttons to move the light to the locked position showing a symbol with a locked key. This will automatically lock these doors.

Rear Lane Doors

These doors are locked with a keypad. The security company is responsible for checking these doors at each visit throughout the night.

Pearl Street Entrance

The Pearl Street entrance doors are locked at 1800 hours. The late shift cleaner is responsible for locking these doors. The security company will check these doors at each visit throughout the night.

Procedure to lock automatic doors at Pearl Street Entrance:

The control panels for the automatic door is located on the left hand side of the door panel.

1. Press the ↑ button 3 times
2. Press the ↓ button 3 times
3. Press the ↑ button 3 times
4. A light will now show the mode the door is currently in
5. Use the ↑ ↓ buttons to move the lift to the locked position showing a symbol with a locked key. This will automatically lock these doors

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CSSD Basement Level 2

- The maintenance officer is responsible for locking this area at 1630 hours Monday – Friday.
- Any staff working in this area after hours and weekends is responsible for locking this area at the completion of their shift. The keys are located in the CSSD for after hours access or by contacting the "In Charge After Hours" on ext 794.
- The security company will check these doors at each visit.

Procedures for locking CSSD Basement Level 2 (Lower ground Level)

1. The doors from the rear lane into CSSD are key locked using the master key or the CSSD keys located in the Delivery Suite.
2. The automatic door from CSSD into basement level 2 car park is locked by pressing the  hand once only. This also is the same to unlock
3. The lift is locked using the lift key by turning the key position to "OFF"
4. The fire stairs are locked using the key pad or by contacting the "In Charge After Hours" on ext 794

NOTE: This door is fitted with a fail safe device and keypad for egress. In case of emergency, break the glass on the control panel using any blunt instrument to automatically override the lock on this door.

Basement Level 1 Car Park Millet Street Entrance

The maintenance officer is responsible for locking this are at 1630hours Monday – Friday. Any staff working in these areas after hours or weekends is responsible for locking this area. Keys are located in the Delivery Suite.

Procedure for locking Basement Level 1 Car Park

1. The fire stairs door is locked using the master key.

NOTE: This door is fitted with a fail safe device and keypad for egress. In case of emergency, break the glass on the control panel using any blunt instrument to automatically override the lock on this door.

2. The lift is locked using the lift key by turning the key position to "OFF"
3. The delivery trucks entrance is locked using the padlock and chain. Keys to this gate are located with the " In Charge After hours.
4. The automatic gate is locked by turning the power control to the "ON" position. Then press the after hours exit button on the right hand side wall marked with "after hours exit button" sign.

The gate will automatically close.

After hours access into this area is limited as a code will need to be entered into the keypad on both the auto gate and the fire stair doors. These codes can be given to staff who require after hours access by their immediate manager.

2.4 Duress Alarm Main Reception and CSSD

The front reception is fitted with a duress alarm. The purpose of this alarm is for the main reception staff to seek assistance if they are under threat. The alarm is activated by a pressing button using knee or hand under the main reception desk. The alarm is raised on the enunciator system and through the ERT pagers.

If the alarm is raised the police should be called immediately if there is an identified breech of security by calling 0- 000.

Staff should not approach the main reception but ring to ascertain if a security breach has occurred or if staff are at risk.

If it is a false alarm, the alarm is turned off at the desk, at the same point the button was actived

EXPECTED OUTCOMES

Security log book maintained and action taken on incidents
All security incidents recorded and acted upon
Performance Indicators as per service agreement for Security Contractor met.

Reference:

AS4485.1 – 1997 Security For Health Care Facilities Part 1 General Requirements
AS448S.2 – 1997 Security for Health Care Facilities Part 2 Procedures Guide
ACHS EQuIP Guide 3rd Edition Standards 5.1.6
ACHS EQuIP 4 Standard 3.2.5
ACHS EQuIP 5 Standard 3.2.5

History:

07.07	Revised to reflect current after hours security procedures, current organizational structure and also EQuIP 4.
02.08	Reviewed and revised to reflect change of ownership, organisational change, policy renamed "Security Procedures" and implemented KPI's.
07.08	Reviewed and included 2.4 Main Reception Duress Alarm.
08.09	Reviewed and updated to reflect the changes by Continuum Healthcare
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Last reviewed: September 2011

HURSTVILLE
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AFTER HOURS ACCESS

PURPOSE
To ensure that any person requiring access to the hospital "after hours" does not enter the premises without the prior knowledge and notification to either to the CEO, Operations Manager or the "In Charge " of Hospital After Hours. This will ensure there is no threat or injury to staff or visitors at Hurstville Private.

POLICY REFERS TO
All staff

POLICY
3.1 Access
Access into the hospital after hours is through the Main Reception doors at Gloucester Road or, for Obstetricians, through the rear lane door entrance outside Surgical Ward. These doors are fitted with either a video intercom system or security access code. Where a video intercom is situated the intercom button should be pressed to alert the staff inside.

The following instructions should be followed for the use of the intercom video camera system.

- When door bell is rung, a bell is sounded in Figtree, Birthing Suite and Postnatal.
- Press 'talk' to speak to the person at the intercom.
- When finished speaking, release 'talk' button to enable other person to speak. Press 'talk' button to continue message.
- When conversation is complete, press 'off' button and the system will return to standby.
- By using the camera control monitor, the person on the intercom can be viewed.
- The intercom system has a button to open the doors automatically which should only be used once identification of visitors has been established.

3.2 Sign in and Sign out procedure for after hours visitors
A visitor's book is located at the main reception. Any after hours visitors should report to the Registered Nurse in Charge, sign the visitor's book and wear a visitor's badge for the duration of their visit. Once returning the visitor's badge, the visitor should sign out and report to the Registered Nurse in Charge before leaving the premises. Any keys required for after hours can be allocated by the Registered Nurse in charge. All keys must be returned and signed for prior to leaving the premises to the "in charge" after-hours Registered Nurse. The "In charge After Hours" staff will be notified of any contractors who will be in the hospital after hours.

3.3 After Hours External Lighting
External security lighting is located throughout the hospital grounds. These lights are switched on automatically by day light sensors or automatic time clocks. Any faults or repairs to this lighting should be noted in the after hours in charge report and referred to the Maintenance Officer for rectifications.
External lighting is checked twice annually by the maintenance officer and repairs organised as soon as possible.
The staff car park in Millett Street has security lighting.

3.4 After Hours Security Incidents
In case of any emergency, a crime in progress or a life threatening incident call **0-000** immediately.
- Ask for Police emergency
- Give your name, address and telephone number
- Tell the operator what is happening

- Give the exact location of the incident including nearest cross street
- Description of any people involved
- Description of any motor vehicle involved
- Description of any weapons involved
- Wait until operator is finished and follow instructions given to you by the operator

Alternatively if the security incident is not an emergency the *Hurstville Police Station number is 9375 8599* or the ***security company number is 9893 8866***.

Procedures for any emergency can be found on the Emergency Procedure Chart which is located in every office, nurse's stations and near the switchboard. If you do not have an emergency procedure chart in your area, please advise you manager immediately.

EXPECTED OUTCOMES
Nil incidents of unauthorised access to facility.

Reference:
AS4485.1 – 1997 Security For Health Care Facilities Part 1 General Requirements
AS4485.2 – 1997 Security for Health Care Facilities Part 2 Procedures Guide
ACHS EQuIP Guide 3rd Edition Standards 5.1.6
ACHS EQuIP 4 Standard 3.2.5
ACHS EQuIP 5 Standard 3.2.5

History:

02.08	Reviewed and revised to reflect change of ownership.
07.09	Reviewed and updated to reflect the changes by Continuum Healthcare
09.11	Reviewed and reformatted

Policy Written: J Scotti
Date of Next Review: June 2013
Policy Reviewed by: J Scotti & M Cattell
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Approved by: L Dodd CEO & Policy Review Committee
Date Implemented: August 2009
Last reviewed: September 2011

HURSTVILLE
PRIVATE

REPORTING A SECURITY INCIDENT

PURPOSE
To provide notification to the appropriate person to monitor and manage any security incidents that may arise

POLICY REFERS TO
All Staff

POLICY
The hospital Emergency chart describes the process for reporting/ alerting emergency incidents. A security incident at any time should be reported to the Person in Charge.

In the event of a security breach/incident, staff members involved will complete a Riskman incident report. The Operations Manager will coordinate the investigation of the event with the person "in charge" at the time.

The Risk Management Committee will review and evaluate action taken and make recommendation to the Hospital Executive on policy changes or further action to be taken.

EXPECTED OUTCOMES
Risk Management review and evaluation of security incidents
Annual review of Hospital wide security plan

Reference:
AS4485.1 – 1997 Security For Health Care Facilities Part 1 General Requirements
AS4485.2 – 1997 Security for Health Care Facilities Part 2 Procedures Guide
ACHS EQuIP Guide 3rd Edition Standards 5.1.6
ACHS EQuIP 4 Standard 3.2.5
ACHS EQuIP S Standard 3.2.5

History:

07.07	Revised to reflect current organisational structure, current procedures and referenced to ACHS EQuIP 4 Standard 3.2.5.
02.08	Reviewed and revised to reflect change of ownership and implement KPI's.
08.09	Reviewed and updated to reflect changes by Continuum Healthcare
09.11	Reviewed an reformatted

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Date Implemented: August 2009
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HURSTVILLE
PRIVATE

KEY MANAGEMENT & CONTROL

PURPOSE
To ensure the security of the hospital and its staff, visitors and patients through the provision of a key system with controlled access to all areas.

POLICY REFERS TO
Chief Executive Officer
Operations Manager

POLICY
The purpose of this policy is to ensure security of the building is maintained and access is by authorised personnel only.
The Hospital has a master key system with controlled access to areas as deemed appropriate by the Hospital Executive. Staff are issued with keys as relevant to their area of work. A key register is maintained by the CEO and all keys issued are recorded on the register. A key form is to be completed for all keys issued. Upon resignation of employment keys are to be returned to the CEO.

This policy applies to tenants of the Medical Centre.

The Registered Nurse "in Charge" after hours of the Hospital holds a master key and is authorized to access areas of the hospital as relevant to duty at any time. The master key **is not** to be issued to non-staff. The Registered Nurse in Charge is to record issuing the master key to staff in the After hours log book.

Lost or stolen keys are to be reported to the Person in Charge immediately.

EXPECTED OUTCOMES
Master Key Register
Reported incidents of lost or stolen keys

Reference:
AS4485.1 – 1997 Security For Health Care Facilities Part 1 General Requirements
AS4485.2 – 1997 Security for Health Care Facilities Part 2 Procedures Guide
ACHS EQuIP4 Standard 3.2.5
ACGS EQuIP5 Standard 3.2.5

History:

02.08	New policy
02.09	Reviewed and update to reflect the changes by Continuum Healthcare
09.11	Reviewed and reformatted

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