

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

NAME OF DOCUMENT	SESLHD Disaster Management – Garrawarra Centre Bushfire Relocation Standard Operating Procedure
TYPE OF DOCUMENT <i>Policy, Procedure or Clinical Guideline</i>	Procedure
DOCUMENT NUMBER	SESLHDPR/359
DATE OF PUBLICATION	July 2014
RISK RATING	High
LEVEL OF EVIDENCE	IV – Evidence obtained from case series, either post-test or pretest/post-test
REVIEW DATE <i>Documents are to be reviewed a maximum of five years from date of issue</i>	17 July 2019
FORMER REFERENCE(S) <i>Documents that are replaced by this one</i>	SESLHDPR/328
EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	SESLHD HSFAC
AUTHOR	Nicola Nel
POSITION RESPONSIBLE FOR THE DOCUMENT <i>including email address</i>	SESLHD Manager Disaster Management Unit Nicola.nel@sesiahs.health.nsw.gov.au
KEY TERMS	Garrawarra Centre, evacuation, bed capacity, SESLHD HSFAC, standard operating procedure
SUMMARY <i>Brief summary of the contents of the document</i>	In response to a bushfire, the agreed strategy is 'shelter-in-place' for Garrawarra Centre residents and staff. This document is for the rare situation where 'shelter-in-place' is not achievable and Garrawarra Centre residents and staff must relocate. SESLHD Disaster Management – Garrawarra Centre Bushfire Relocation Standard Operating Procedure is a supporting plan to SESLHD Healthplan and outlines Hospital / Health Service resources available to respond and support relocation of Garrawarra Centre residents and staff.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

Feedback about this document can be sent to seslhdexecutiveservices@sesiahs.health.nsw.gov.au

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Authorisation

This Standard Operating Procedure has been developed as a supporting document to the SESLHD HEALTHPLAN and outlines Hospital / Health Service resources available to respond and support relocation of Garrawarra Centre as a result of bushfire in the National Park.

The SESLHD HEALTHPLAN is authorised in accordance with the provisions of the *State Emergency and Rescue Management Act 1989* (as amended).

This document has been endorsed by the persons listed below.

Recommended:

Health Services Functional Area Coordinator
South Eastern Sydney Local Health District

Endorsed:

District Executive Team
South Eastern Sydney Local Health District

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1. DEFINITIONS

Facility / Service Disaster Controller	<p>Each Facility / Service has a nominated Disaster Controller, who is responsible for:</p> <ul style="list-style-type: none">• Being the contact position to receive/give the initial notification, from/to SESLHD HSFAC, if the Facility / Service could be/is involved in a major incident/disaster• Commencing a notification process to alert other key Facility / Service disaster position holders• Monitoring the overall Facility / Service response to the situation• Assuming overall command and control of the Facility / Service's general resources and management of its responses during the time the Facility / Service plan is activated, be it for an internal disaster or as a response to an external disaster
LHD HSFAC	<p>Local Health District Health Services Functional Coordinator</p> <p>The LHD HSFAC is responsible to the State HSFAC during times of HEALTHPLAN activation and liaises with SESLHD Chief Executive to keep the Chief Executive informed of all actions during the response phase. Has the authority to coordinate and commit all health resources within the District and is the point of contact for the State HSFAC.</p>
Relocation	<p>To reduce confusion the term relocate is used for the extremely rare situation where 'shelter-in-place' is not achievable and Garrawarra Centre residents and staff must relocate.</p>

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2. INTRODUCTION

2.1 General

Garrawarra Centre is a 120 bed high care dementia specific secure facility, with residents located in four cottages, thirty residents per cottage, located in the National Park south of Waterfall. As such is surrounded by bushland, exposing the facility to the risk of fire, ash and smoke causing harm to residents, staff and property. The facility is located on the Old Princes Highway with one road leading from the facility in a north and south direction.

From an emergency management perspective and previous evacuation information:

- Garrawarra Centre is part of Illawarra Emergency Management Area,
- Is a healthcare facility within South Eastern Sydney Local Health District, and
- Sutherland Local Emergency Management supported the bushfire response for Garrawarra Centre in 2001.

The direction of the bushfire will determine whether Garrawarra Centre residents and staff are relocated north to facilities within South Eastern Sydney Local Health District or south to facilities within Illawarra Shoalhaven Local Health District.

2.2 Purpose

This document has been developed to collate information, resources and Memorandums of Understanding to support relocation of Garrawarra Centre residents and staff in the event of a bushfire.

2.3 Aim

To have procedures that document resources that could be available when Garrawarra Centre residents and staff are relocated.

2.4 Scope

This Standard Operating Procedure is used to clarify resources available when Garawarra Centre staff and residents are relocated.

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3. ROLES AND RESPONSIBILITIES

3.1 SESLHD HSFAC

Responsible for:

- Planning and coordinating the operational control of all resources required in collaboration with Hospital and / or Service Controllers
- Activating the SESLHD HEALTHPLAN, if required
- Escalation of response to the State HSFAC. Operational coordination remains at the District level with backup supplied from the State level
- In consultation with the State HSFAC, determine facilities and / or services that will be supported, either from within the health system or from external agencies and the manner of that support
- All other duties as stated in the SESLHD HEALTHPLAN
- Contact 24/7 via Prince of Wales switch board on 9398 7053
- SESLHD HSFAC contacts State HSFAC and SESLHD Chief Executive
- Two way communication pathways acknowledged between State HSFAC and SESLHD HSFAC.
- Communicating with Illawarra Shoalhaven LHD and St Vincent's Network HSFACs to coordinate resources as required.

3.2 Hospital and Service Controller

Responsible for:

- Review and identification of resources available for supporting relocation of Garrawarra Centre residents and staff
- Assess facility's capacity to house and care for ambulatory and aggressive dementia clients in a lock down area
- Advising SESLHD HSFAC of resources available
- Coordinating resources with the facility / service
- As required, coordinating receipt of Garrawarra Centre residents and staff and advising the SESLHD HSFAC.

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4. COMMUNICATION

4.1 Garrawarra Centre

- Incident reported to Garrawarra Controller by lead agency, The Rural Fire Service.
- Garrawarra Controller contacts SESLHD HSFAC.
- Internal Garrawarra facility plan activated by Garrawarra Controller to relevant Garrawarra staff.

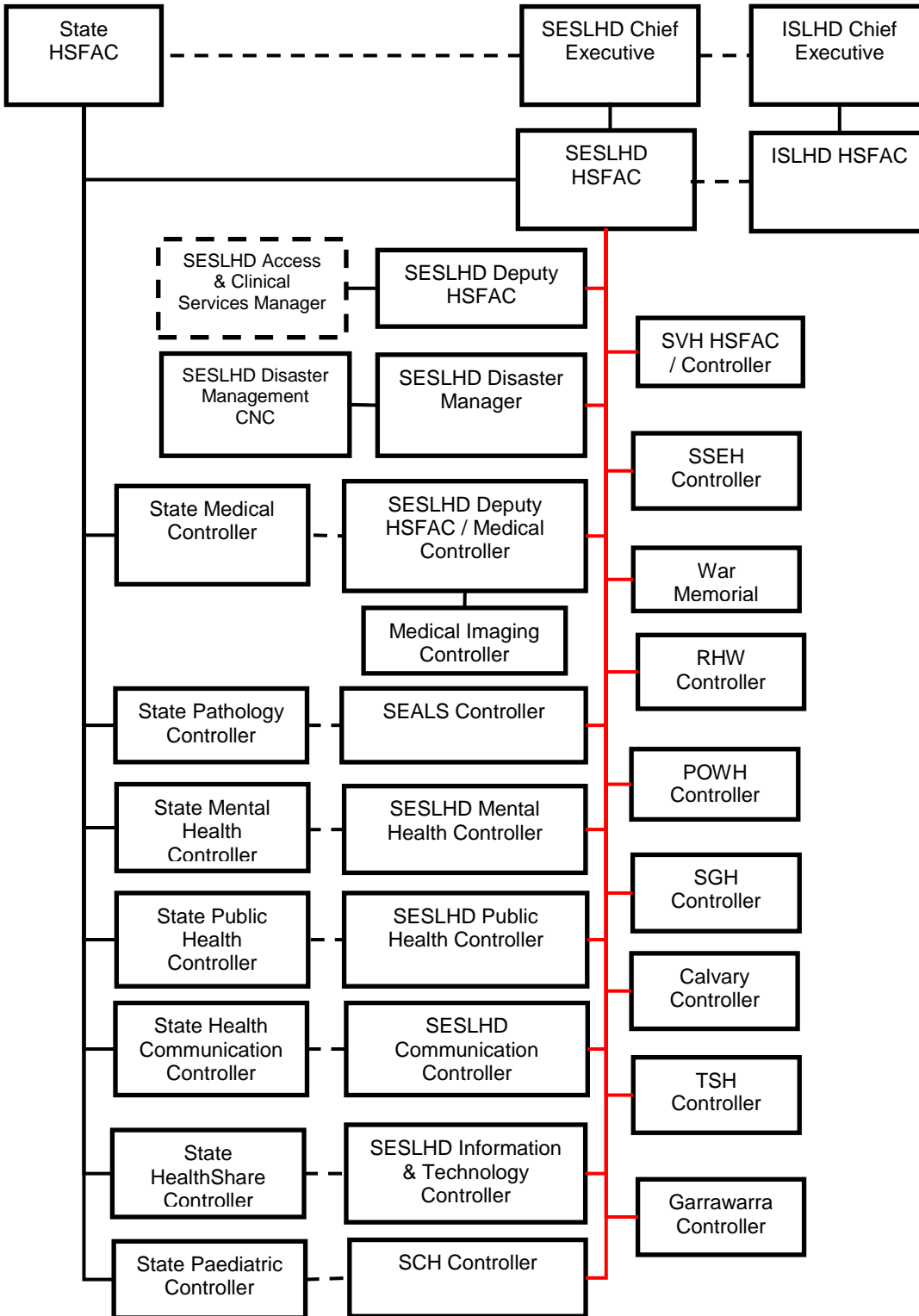
4.2 SESLHD Controllers

- Communication from SESLHD HSFAC to Hospital Controllers.
- Two way communication pathways acknowledged between SESLHD HSFAC and SESLHD Controllers.

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4.3 Communication Flowchart



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As per Garrawarra Emergency Plan:

- Alert emergency services to the emergency, request their assistance and provide them with information about the emergency and the planned response
- Oversee the internal relocation process
- Follow instructions from the lead agency / emergency service
- Allocate residents to appropriate alternative facility
- Provide resident information pertinent to the safety and transfer of residents, eg:
 - Number of residents involved
 - Resident Health status and mobility
 - Interim accommodation available
- Provide staff to assist with transfer and admission of Garrawarra Centre Residents.

5.2 Receiving Hospital / Service considerations**5.2.1 Admissions**

- Garrawarra Centre bed bound residents may be considered for admission to a geriatric ward.
- Consideration about effects of smoke exposure that may require admission and observation.
- Consideration of relevant co-morbidities that can be affected by heat and smoke exposure.

5.2.2 Discharge Plans

- Coordinate with SESLHD HSFAC when the Rural Fire Service advises safe to return to site.
- Discharge to be staged and coordinated from each site in communication with Garrawarra Controller to ensure appropriate staffing at receiving site.

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5.3 Health Facility / Service Surge Bed Capacity

Hospital / Service	Surge bed capacity and comments
<p>The Sutherland Hospital (TSH)</p>	<p>TSH has capacity for up to 60 residents from Garrawarra in secure areas, assuming all surge beds are vacant (capacity will vary depending on acuity of existing bed base).</p> <p>Stage 1 – Killara Rehab – create capacity for a cottage group of up to 30 residents in a secure area</p> <ul style="list-style-type: none"> • Safely discharge appropriate patients • Decant remaining patients to surge beds throughout hospital <ul style="list-style-type: none"> ○ Coinda ○ Jara ○ EDO (may need to be used for Garrawarra if we proceed to Stage 2) ○ Gunyah ○ Yarrabee and CCU ○ Maternity (non-demented, non-infectious females only) • Killara rehab staff to be deployed to surge areas where necessary, In-Charge and admin staff to remain in Killara to assist • Easiest access to Killara rehab via the rear entrance of the hospital. <p>Stage 2 – Periop Day Surgery Unit and Holding Bay – if necessary to create capacity for a second cottage group of up to 30 residents in a secure area (less ideal as issues with space and number of bathrooms etc)</p> <ul style="list-style-type: none"> • Ensure all perimeter doors have been closed (may need security to enable locking of glass doors, switch auto door to Theatres to 'OFF'). • Beds 9-14 and 15-20, can be reverted to 6 bedded rooms • Patient flow manager to review elective surgery for Monday and notify patients if surgery needs to be cancelled, Theatre List with contact details in After Hours office (if residents likely to be insitu into the week) <p>After Hours Nurse Manager and Patient Flow Coordinator investigate transfers of TSH patients to private facilities where appropriate and safe to do so.</p>
<p>TSH Mental Health Service</p>	<p>The option to use the TSH Mental Health Rehabilitation unit (20 beds) is potentially problematic in that the inpatients of that unit generally do not have a discharge destination that can be quickly arranged, as many of them are homeless.</p> <p>However, there could be capacity to transfer some MH Rehab patients to the Mental Health Acute Inpatient Unit depending on their acuity and occupancy on the day.</p>

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Hospital / Service	Surge bed capacity and comments
St George Hospital (SGH)	<p>Assuming all surge beds are vacant (capacity will vary depending on acuity of existing bed base), SGH has the following capacity for Garrawarra residents:</p> <p>Stage 1 - Immediate danger – 10 surge beds</p> <p>Stage 2 - Planned evacuation – 28 surge beds</p>
Calvary Health Care Sydney	<p>Calvary has the following capacity for Garrawarra residents to create capacity for a cottage group of up to 12 residents in a secure area and an additional 3 in a supervised area:</p> <p>Stage 1</p> <p>Day Care Dementia Unit – surge beds 12 Palliative Care Day Unit – 3 beds</p> <p>Stage 2 - Ward beds</p> <p>If necessary to create capacity for a second group of residents in a supervised area (capacity would be dependent on bed occupancy rates at the time of the evacuation)</p> <ul style="list-style-type: none"> • Consolidate all CHCS patients (Palliative Care and Rehabilitation) on level 1 and 2 • Free ground floor capacity for Garrawarra clients. Ensure all perimeter doors have been closed where applicable. Bed capacity 13 beds west wing, 19 beds north wing, availability dependent on occupancy across facility at time of evacuation • Liaison with Hospital Controller through the After Hours Nurse Manager on duty.
War Memorial Hospital	<p>War Memorial Hospital has the following capacity for Garrawarra residents:</p> <p>Morgan Rehabilitation Ward – 10 beds</p>
Prince of Wales Hospital (POWH)	<p>POWH has the following capacity for Garrawarra residents, assuming all surge beds are vacant (capacity will vary depending on acuity of existing bed base):</p> <ul style="list-style-type: none"> • Open aged care beds <ul style="list-style-type: none"> - 8 beds on Parkes 6 - 4 beds on Parkes 5 • Follow POWH bed access escalation plan to escalate and titrate bed availability against demand.

5.4 Illawarra Shoalhaven LHD and St Vincent’s Network

As required and in accordance with roles and responsibilities, SESLHD HSFAC will communicate with Illawarra Shoalhaven LHD and St Vincent’s Network HSFACs to determine additional capacity.

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6. DOCUMENTATION

- Appendix 1: Register – Sending Facility Resident Admission to Acute Care
- Appendix 2: Register – Sending Facility Staff sent to Receiving Facility(s)
- Appendix 3: Emergency Evacuees Documentation

7. AUDIT

Review of these Standard Operating Procedures to occur when the document is activated to support relocation of Garrawarra Centre residents and staff.

8. REFERENCES

- NSW State Emergency Management Plan (EMPLAN)
<http://www.emergency.nsw.gov.au/content.php/476.html>
- NSW PD2010_024 Fire Safety in Health Care Facilities
http://www0.health.nsw.gov.au/policies/pd/2010/PD2010_024.html
- NSW PD2014_012 NSW HEALTHPLAN
http://www0.health.nsw.gov.au/policies/pd/2014/PD2014_012.html
- NSW PD2014_004 Incident Management
http://www0.health.nsw.gov.au/policies/pd/2014/PD2014_004.html
- SESLIAHS PD304 Healthplan
http://www.seslhd.health.nsw.gov.au/Policies_Procedures_Guidelines/Corporate/Governance/documents/PD-304-SESLIAHSHealthPlan.pdf
- St George & Sutherland Hospitals & Health Services Emergency Response Plan, 2011
http://seslnweb/SGSHHS/Emergency_Procedure_Manuals/documents/SGSHH_SERPOn-lineJuly2013.pdf
- Garrawarra Centre Emergency Procedures, 2012
- Calvary Health Care Sydney Emergency Procedures Manual
http://seslnweb/Calvary_Hospital/Policies/manuals/EmergencyManualApr13.pdf

9. REVISION AND APPROVAL HISTORY

Date	Revision No	Author and Approval
December 2012	0	Interim SESLHD Facility Network Garrawarra Evacuation Standard Operating Procedures 2012 develop for the Christmas and New Year period
October 2013	0	Document revision commenced
May 2014	1	Document approved by SESLHD DET

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Appendix 3: Emergency Relocated Resident Documentation

Emergency Evacuees Documentation

Admission

NAME	Date Of Birth
Regular Doctor	Phone
Principle Diagnosis	
Arrival Date <i>I I</i>	Arrival Time
Escort No / Yes details	
Written Information No / Yes details	
Next of Kin	Relationship Contact
Previous Facility	
Pharmacy contact details	

Assessment

Completed Date / <i>I</i>	Time
Name & Designation	Signature

Summary

Diet & Fluids
Behaviours
Mobility
Continence
Medical Alerts

Discharge

Date <i>I I</i>	Time
Discharged to	
Mode of transport	
Copy of Interim notes with resident Yes <i>I</i> No details	

Please Note: the Interim care plan should go on the back of this document. (GF 2402- Resident Profile Summary.

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Cardio-Vascular				
Pulse	Rate	Character		
Blood Pressure /	lying / sitting / standing		
Build Slight / Average / Muscular / Overweight / Obese				
B.S.L				
Respiratory				
Please explain any abnormality observed (Clubbing of fingers, Cyanosis, Dissymetry of chest wall) or signs of respiratory distress				
Urinary				
Continent	Bladder	Yes / No	Bowel	Yes / No
Pads	Day		Night	
Catheter	Yes / No			
Urinalysis				
Communication				
Language	Orientated to time and place Yes / No			
Able to verbalise needs	Yes / No			
Details				
Digestive				
Device in-situ	No / Yes	peg / NG / other		
Special Diet critical	No / Yes			
Skin				
Using the attached chart fully document any observed abnormality of the skin, including skin tears, bruises, lacerations, scars and rashes.				

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BODY CHART

