

LOCAL EMERGENCY RESPONSE PLAN: JUNIOR MEDICAL STAFF - SCH

DOCUMENT SUMMARY/KEY POINTS

- This Local Emergency Response Plan is part of the Sydney Children's Hospital Emergency Plan. It is used when a major incident occurs.
- In a major incident, call Emergency number 2222 and ask for the Hospital Incident Controller (HIC).
- The Hospital Emergency Response Plan will be activated by the HIC and local plans will then become active.
- The Chief Resident, Deputy Chief Resident, Senior on Site, General Medical Fellow or the most senior Medical Registrar on the ward leads the JMO response as the JMO Commander.
- If the Director of Medical Services is unavailable, the senior JMO will take on the role of Medical Controller in the Emergency Operations Centre (EOC). In this instance, the next most senior JMO would take on the role of JMO Commander.
- Communication is via Chain of Command. Action cards guide JMO roles.
- The JMO Commander attends the Hospital briefing with information about the current status of JMO staffing.
- The JMO Commander directs the distribution of JMOs to follow the hospital response and communicates with the HIC through the Emergency Operations Centre (EOC) in the Patient Flow Office, level 1 Ext: #21649.
- These plans include Business Continuity Plans (BCP) for loss of essential services such as water, electricity, computers, phones etc.
- Chief Residents are responsible for the ongoing development of the Local Disaster/Emergency Response Plan. The plan should be reviewed every 2 years.
- Exercise the Local Disaster/Emergency Response Plan every 2 years.
- Local Disaster/ Emergency Response Plans are located:
 - on the intranet
 - as a hard copy in the CRMO office and the JMO lounge
 - in the Emergency Operations Centre (EOC)

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	1 st March 2025	Review Period: 2 years
Team Leader:	Disaster Response Manager	Area/Dept: Medical Administration

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Abbreviations

BCPs	Business Continuity Plans
CHW	The Children's Hospital at Westmead
CRMO	Chief Resident Medical Officer
DCRMO	Deputy Chief Resident Medical Officer
EOC	Emergency Operations Centre
EWIS	Emergency Warning and Intercommunications System
HIC	Hospital Incident Controller
HSFAC	Health Service Functional Area Coordinator
JMO	Junior Medical Officer
NETS	Newborn and Paediatric Emergency Transport Service
NUM	Nurse Unit Manager
PPE	Personal Protective Equipment
SCH	Sydney Children's Hospital
SCHN	Sydney Children's Hospitals Network
SESLHD	South Eastern Sydney Local Health District
SHEOC	State Health Emergency Operations Centre
SITREP	Situation Report
WSLHD	Western Sydney Local Health District

Introduction

A disaster is defined as a major incident in which the destructive effects of natural and man-made forces require a significant and coordinated response.

In the event of a disaster or major incident, The Sydney Children's Hospital Emergency Response Plan will be activated at an organisational level, with departments activating their local Emergency Response Plans. If required, the response is escalated to the whole site (Randwick Campus) by the Hospital Incident Controller (HIC). If the response requires further resources, the SCHN Health Services Functional Area Coordinator (HSFAC) escalates to either SESLHD and the State, as necessary. For disasters specifically involving children, both CHW and SCH are activated as part of Sydney Children's Hospitals Network (SCHN) Disaster/Emergency response.

The aim of this local plan is to ensure JMOs are aware of their roles and specific actions and how this coordinates with the hospital's response.

Notification

A disaster/ emergency response is activated by the HIC.

A disaster/ emergency response is activated if:

- The SCHN HSFAC/Disaster Manager or the State Health Emergency Operations Centre (SHEOC) calls the hospital and advises the need for a response.
- Staff within the hospital witness or hear about a major event. If this happens:
 - Look at the Emergency Flip Chart
 - Call 2222 and identify the problem and its location to switchboard and ask for the HIC. Switchboard will contact the HIC.
 - HIC reviews the information and decides on an activation of a Disaster/Emergency Response.

Notification of the activation and phase of the disaster/ emergency response is by pager, SMS or overhead speaker (EWIS system – Early Warning Intercommunication System). The Local Area Commander may be asked to attend a briefing (in person or via video link) to gather information and plan actions. The response may start at any phase:

Alert Phase	An event has occurred, and we need to work out the response.
Stand-by	The event is imminent and preparation is needed (rarely used).
Response	An event has occurred, and the response is needed now.
Stand-down	The event and the response is controlled, and the hospital can return to business as usual.

Communication Strategy

Communication between departments and the EOC is important, so the HIC knows what is happening around the hospital. This includes what is affected in your area, how many patients there are related to the disaster and the resources you have available. This communication happens at a briefing and at least every hour via the Disaster Situation Reports (SitRep) from each area (see [Appendix 1](#)). Requests for support or equipment for maintaining safe patient care are made by calling the EOC #21649 (SCH).

Discussions with outside organisations e.g. NETS, CHW, other hospitals, media, police etc must be channelled through the EOC.

Briefing

At each briefing, you will receive information from the HIC about the progress of the incident, the response, and any specific duties your area needs to undertake.

Disaster Situation Reports

Regular written updates are sent from each area to the EOC every hour using SitReps. The SitRep is a record of patient numbers, staffing and equipment needed to manage the disaster response. The HIC collates this information to obtain an overall picture of the hospital's current status.

Communication between wards

Simple communication between other parts of the hospital takes place as usual.

Communication with patients and families

Consider what to tell families to reduce unnecessary distress:

- Ensure ward TVs broadcast children's programming, not news channels.
- A formal statement will be distributed via the HIC.
- Use the following statement in the interim:

“There has been an incident at SCH.

Your child and family's safety are our highest priority.

We are asking for your assistance by staying with your child and continuing usual activities.

To avoid potential distress for your child, please ensure televisions are switched to children's programming to avoid media reports.

We will provide you with more information as it becomes available.”

Disaster Patient Identification Names

Children need to have several points of identification in addition to the MRN.

In a mass casualty incident, (Code Brown/Disaster activation), the following names are allocated to patients at Triage in the ED to easily identify children.

The patient's registration will be made up of:

Family name: Disaster name e.g. Ant, Dolphin, Broncos, Mariners

First name: Triage category – Red / Yellow / Green

Sex: Male / Female / Indeterminate

DOB: Estimated DOB

Wards

Ward beds will be allocated by the Hospital Coordinator. Once allocated, ward staff are to collect the patient from the ED as soon as possible.

Disaster / Downtime Box

Each clinical area will have a Disaster / Downtime box containing:

- Ward local Disaster Response Plan
- Action cards
- Prepared Disaster/Downtime individual patient paper records, including medication charts, BTF, fluid balance charts and clinical progress notes
- Disaster situation reports
- Quickstart guide for 724 Downtime guide (in clinical areas)
- Paper pathology ordering pads x 2
- Paper radiology ordering pads 2
- Computer Downtime results checklist ward list for pathology
- List of Medical staff (updated 3 monthly)
- Nursing handover sheet
- Notebook and pens

Torches are located at the nurses' station.

The Clinical Support Administrator maintains the Disaster / Downtime Box.

Personal Protective Equipment (PPE)

The use of relevant Personal Protective Equipment (PPE) minimises the risk of infection to staff and reduces the risk of cross infection to patients and others. During a Disaster/Emergency response, ensure the appropriate PPE is worn.

Documentation

In a disaster, a record is kept in all areas of all actions taken in the form of a running log on the operational log sheet ([Appendix 2](#)). At the end of the disaster, these notes are collected by the EOC. Each log should be dated, timed and signed.

Roles and Responsibilities

In a disaster response, the EOC is opened in the Patient Flow Office, level 1. This is the location from which the disaster response is managed, led by the HIC.

In each ward, department or area of the hospital, the local disaster response is run by the Local Area Commander who is the person who is usually in charge, (ward NUM or Team Leader). The Commander is the person in charge of the area/ ward/ department.

The Chief Resident, Deputy Chief Resident, Senior on Site, General Medical Fellow or the most senior ward Medical Registrar leads the JMO response as JMO Commander.

If the Director of Medical Services is unavailable, this senior JMO will take on the role of Medical Controller in the EOC. In this instance, the next most senior JMO would take on the role of JMO Commander.

Hand out action cards, stored in the CRMO office, to staff as listed on each card, for easy reference of role requirements. Deployed JMOs to refer to Emergency Department, Operating Theatres and Intensive Care local disaster plans.

Advise JMOs to stick to their allocated role.

JMO Staffing in a Mass Casualty Incident

All medical staff will be paged to indication action is required.

JMOs will be deployed to:

- Emergency Department.
 - Medical staff report to the ED Medical Commander and support patients, as directed
 - Surgical trainees report to the Deputy Medical Commander to
 - Prioritise cases
 - Calls to theatre with information
- CICU

Action Cards

JMO COMMANDER

Position Holder: Chief Resident, Deputy Chief Resident, Senior on site,
General Medical Fellow or most Senior Ward Paediatric Registrar
Reports to: Medical Officer

CONTACT NUMBERS		
21765 / 0413 482 676	#44112	JMO Commander
via Switch		JMO Deputy Commander
		JMO Safety and Wellbeing Officer
21649		EOC (Emergency Operations Centre)

Principle:

- Notify the Hospital Incident Controller by dialling 2222 if the incident occurs in your area.
- Follow the directions of the HIC.
- Lead the JMO's disaster response, appropriate to situation.
- Work with the JMO Deputy Commander.
- JMOs may be required to cover wards if communications systems fail.
- Be the contact person for JMOs and coordinate all questions.
- Direct any requests for help or resources to the Medical Controller in the EOC.

Actions:

- Advise EOC of your contact phone number.
- Inform JMOs of the situation, ensuring they are aware of the response required by them.
- Assign roles and action cards. Advise staff to stick to their allocated role.
- Gather information on JMO numbers on site and the availability of additional JMOs, should they be required.
- Identify staff to fulfil JMO support roles, in order of priority, as required.
- Collate SitRep ([Appendix 1](#)) with information on current status of JMO staffing to take to the briefing or email to SCHN-EOC@health.nsw.gov.au.
- Maintain a running log ([Appendix 2](#)) of all actions taken within your department.
- Account for all JMOs within the disaster response and on site and ensure their safety.
- Note prepopulated disaster patient names e.g. Ant, Red; Broncos, Yellow
- During Communication outage: assign JMO to each ward to monitor patients and respond to Code Blue activations

Communication with EOC – briefing, situation report:

- Attend the briefing with SitRep.
- Request staffing and equipment needs.
- Assess what you will need during the disaster response.
- Communicate with Medical Controller in the EOC.

Mass casualty incident:

- If the number is unknown: prepare for 20 Red / Yellow & 50 Green patients.
- ED needs to be cleared of all patients who can be admitted.
- Deploy JMO staff:
 - Emergency Department
 - 2-5x Medical staff report to the ED Medical Commander and support patients
 - # x Surgical trainees as managed and deployed by HOD Surgery. Report to the Deputy Surgical Commander to
 - Prioritise cases
 - Make calls to Operating Theatres with information
 - CICU x 2

JMO DEPUTY COMMANDER

Position Holder: DCRMO, Senior Medical Registrar or JMO Manager
Reports to: JMO Commander

CONTACT NUMBERS		
21765 / 0413 482 676	#44112	JMO Commander
via Switch		JMO Deputy Commander
		JMO Safety and Wellbeing Officer
21649		EOC (Emergency Operations Centre)

Principle:

- Follow the directions of the JMO Commander.
- Assist the JMO Commander to lead the JMO's disaster response, appropriate to situation.
- JMOs may be required to cover wards if communications systems fail.
- Be the contact person for JMOs and coordinate all questions.
- Direct any requests for help or resources to the JMO Commander.

Actions:

- Assist in determining staff numbers via the roster and sick leave spreadsheet.
- Identify location of JMOs on site and availability of additional JMOs, should they be required.
- As directed by the JMO Commander, redeploy and direct staff, as required.
- As advised by the JMO Commander, call in additional staff.
- Note prepopulated disaster patient names e.g. Ant, Red; Broncos, Yellow

Mass casualty incident:

- If the number is unknown: prepare for 20 Red / Yellow & 50 Green patients.
- ED needs to be cleared of all patients who can be admitted.
- Deploy JMO staff:
 - 2-5x Medical staff report to the ED Medical Commander and support patients
 - # x Surgical trainees as managed and deployed by HOD Surgery. Report to the Deputy Surgical Commander to
 - Prioritise cases
 - Make calls to Operating Theatres with information
- CICU x 2

JMO SAFETY OFFICER

Position Holder: DCRMO or a Senior Medical Registrar

CONTACT NUMBERS		
21765 / 0413 482 676	#44112	JMO Commander
via Switch		JMO Deputy Commander
		JMO Safety and Wellbeing Officer
21649		EOC (Emergency Operations Centre)

Principle:

- Follow the directions of the JMO Commander.
- Account for all JMOs within the disaster response and on site and ensure their safety.
- Direct any requests for help or resources to the JMO Commander.

Actions:

- Set up JMO Holding Area for staff e.g. JMO lounge
- Ensure JMOs sign in and out and monitor their hours of work.
- Assess individual staff susceptibility (physical and psychological) and wellbeing.
- Ensure JMOs take regular breaks including meal breaks.
- Monitor length of shifts and breaks; ensuring staff leave the area to eat and rest.
- Ensure all JMOs receive briefing and debriefing.
- Provide JMOs with support services for follow-up.

Staff who are involved, whether directly or as witnesses, will react in different ways, regardless of the level of severity of the incident. It is important to be sensitive to how a staff member wants to be supported, particularly immediately after the incident when some staff may prefer to be alone, rather than receiving more active assistance.

Confidential staff support is available from the Employee Assistance Program 1800 818 728.

- Ensure any injuries are treated.
- Make certain the staff member is supported from the time of the incident.
- Staff members should be provided with any necessary support during a period of vulnerability.
- Ensure any witnesses to the incident are also offered appropriate support.
- Be sensitive as to how the incident is communicated to other staff to maintain confidentiality and avoid unnecessary repetition of the experience.

Restricted Access – Security Incident

When a significant security incident occurs within the hospital, Restricted Access may be required, including full lockdown. This will occur if there is a dangerous situation such as an armed assailant within the hospital. In the event of a full lockdown, with the assistance of Security, the Local Area Commander will:

- Ensure all access doors to the area are closed and locked where possible.
- Ensure all family members are identified as visitors.
- Restrict all patient, visitor and staff movement.
- Secure and barricade entry doors, move staff and visitors away from entrances and windows and minimise noise.

Public and Media Enquiries

All enquiries from the public or from the media should be directed to Switchboard who will send it on to the Communications and Engagement Team or HDC. No comment should be made regarding the situation.

The Communications and Engagement Team manages all information sent to the media. The Communications and Engagement Team also manage information sent to all staff within the hospital. This will often involve a number of channels including email, the intranet and pop-up message on all computers, accompanied by a notification alarm. Pop ups will often be used to provide information updates.

The Social Work Team manages families attending the hospital to find patients. Family calls are to be forwarded to the Switchboard so they can be directed to Social Work.

Business Continuity Plans (BCPs)

See [Randwick Campus BCPs](#)

Appendix 1 Disaster Situation Report

JMO Disaster Situation Report

- Please email a copy to SCHN-EOC@health.nsw.gov.au OR
- Take a copy to the briefing OR
- Arrange for a 'runner' to take a copy to the Emergency Operations Centre (EOC)

Date: ____ / ____ / ____

Time: ____ : ____

Current Staffing (as much as is known):

General Medical Registrars and Residents

In hospital: Registrars: _____ Residents: _____

Off site: Registrars: _____ Residents: _____

Number of Specialty Medical Registrars and Residents in hospital (Note CICU and ED staff will be accounted for in reports for those areas)

Oncology: Reg: _____ Res: _____ Gastro: Reg: _____ Res: _____

Endocrinology: Reg: _____ Res: _____ Neurology: Reg: _____ Res: _____

Respiratory: Reg: _____ Res: _____ Cardiology: Reg: _____ Res: _____

Renal: Reg: _____ Res: _____ Adolescent: Reg: _____ Res: _____

Genetics: Reg: _____ Res: _____ Psychiatry: Reg: _____ Res: _____

Infectious Diseases Reg: _____ Res: _____ Immunology: Reg: _____ Res: _____

Other: Reg: _____ Res: _____

Number of Surgical Registrars and Residents in hospital

Registrars: _____ Residents: _____

Number of Sub-specialty Surgical Registrars and Residents in hospital (Note CICU and ED staff will be accounted for in reports for those areas)

Neurosurgery: Reg: _____ Res: _____ Cardiothoracic: Reg: _____ Res: _____

Orthopaedic: Reg: _____ Res: _____ Plastics: Reg: _____ Res: _____

ENT: Reg: _____ Res: _____ Anaesthetics: Reg: _____ Res: _____

General Surg: Reg: _____ Res: _____ Other: Reg: _____ Res: _____

Number of JMOs deployed to other areas (include area details)

Issues identified:

Resources required

