INTRODUCTION

Chemical, biological and radiological agents are toxic substances that can harm people and other living organisms. Their release may be deliberate or accidental.

The majority of chemical, biological and radiological substances have been developed for peaceful industrial or medical purposes. Subsequently, there are safeguards in place to prevent their accidental or deliberate release. However, in the event a release occurs, this plan will articulate the health response.

Some specific substances have been developed for no other application than to kill or harm people. These are usually referred to as chemical, biological or radiological warfare agents. It is predominantly these substances that form weapons of mass destruction that could be used by nation states or non-state organisations, such as terrorists.

HAZARD MANAGEMENT (HAZMAT)

The Hazard Management Agency (HMA) for a HAZMAT incident is the Fire and Emergency Services Authority (FESA). FESA is the HMA for the accidental occurrence of a chemical or radiological incident.

The Department of Health (DOH) is the HMA for the accidental or natural occurrence of a biological incident.

A CBRN incident is the deliberate release of a CBRN substance by a terrorist or criminal. WA Police (WAPol) will assume control of all terrorist or criminal related incidents. However, FESA are the combat agency for the consequences of a chemical, radiological or nuclear incident.

The DOH is the combat agency for a biological incident and a major support agency for both HAZMAT and CBRN incidents.

RISK MANAGEMENT

In order to protect hospitals, staff, patients and visitors from toxic contamination, it is necessary to secure the hospital perimeter. However, this security potentially breaches fire regulations and, as a result, DPMU has obtained advice from FESA and legal services regarding this risk. Subsequently, permission has been obtained from the State Health Executive Forum (SHEF) for the implementation of CBRN lockdown perimeter security at hospitals.
The DOH has a statutory duty to provide:

a. health care, and

b. a safe working environment for staff.

The DOH also has a duty to maintain a standard of care.

Key secondary and tertiary hospitals are designated as critical infrastructure and must be protected from contamination in order to maintain their capability to receive and treat patients as well as protect staff.

Patients delivered to a hospital by St John Ambulance (SJA) from the site of a CBR incident will have been decontaminated at the incident site. Many patients, however, will use other transport and self-present to nearby hospitals.

Those patients that self-present will include contaminated and the worried well. Self-presenters cannot be permitted to enter a hospital until they have been appropriately triaged and decontaminated. Designated hospitals must therefore have the capability to safely decontaminate all self-presenters.

AIM

To provide a policy on the protection of hospitals against contamination by CBR compounds.

LAYERED PROTECTION

There are 3 layers of protection required by the hospitals:


b. Personal Protective Equipment (PPE) for staff to conduct triage, decontamination and initial critical treatment.

c. Decontamination showers.

PERIMETER SECURITY

The DOH has designated that select hospitals are to have an automated perimeter lockdown capability.¹ This automated perimeter security system must encompass and secure the critical areas of the hospital when activated. Movement between critical areas must not be impeded. Critical areas are those areas necessary for the treatment of patients. They include, but are not limited to:

a. Emergency Department;

b. Intensive Care Unit / High Dependency Unit;

c. Theatres;

d. Diagnostic Facilities (X – Ray, CT Scan);

¹ The designated hospitals are RPH, SCGH, Fremantle, PMH, Bunbury, Nickol Bay, Kalgoorlie and Rockingham – Kwinana.
Activation and deactivation of automated perimeter security is to be from a central control point. All access doors leading to the perimeter, which encompass the critical areas of the hospital, must be programmed to close.

Select doors within the perimeter must be enabled to open and close from the inside, through a control point located adjacent to the door, for the passage of necessary personnel. For example, the entrance door to the Emergency Department should be enabled to allow for the controlled admittance of patients. Activating the internal release of these doors must not result in the deactivation of the entire system.

Emergency exit doors need to be able to be deactivated from the central control point in case of fire. Additionally, staff that work in the clinical areas must have the authority to request deactivation of the security doors in case of fire.

The perimeter security system needs to be supported by a Closed Circuit Television system. The cameras should cover:

a. approaches to the Emergency Department, and
b. both sides of doors that allow internal egress.

PERSONAL PROTECTIVE EQUIPMENT

The PPE to be worn by Hospital staff conducting decontamination of patients are the LED 500 CBR suits provided by the Disaster Preparedness and Management Unit (DPMU). As all staff need to be trained prior to their use, DPMU is responsible for the development of the training package and list of competencies required. DPMU is also responsible for the procurement, distribution and replacement of the suits. Hospitals are responsible for ensuring that hospital staff are trained in the use of the suits and that the suits are mission ready 24 hours a day.

DECONTAMINATION

Decontamination stations, consisting of heated fresh water showers, are to be established adjacent to the entrance of all major Emergency Departments. The Guidelines for Decontamination, distributed by DPMU, should be used by the hospitals for the creation and maintenance of this capability.
MONITORING AND REVIEW

The Project Manager, Disaster Preparedness and Management, is responsible for the monitoring and review of this document on an annual basis.

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