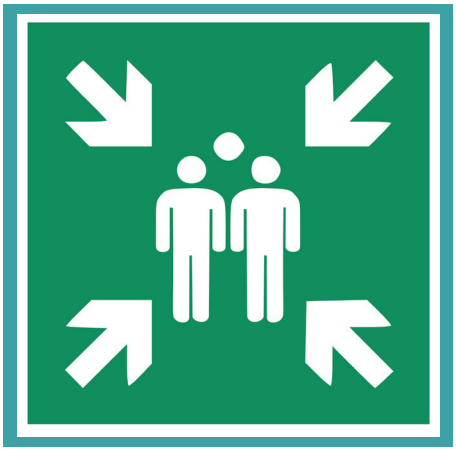
The Royal College of Pathologists
Pathology: the science behind the cure

PATIENT SAFETY

Bulletin No.5

Disaster Strikes



Major incidents and service disruption are not uncommon in health services. These may be related to clinical emergencies such as fires, crashes, bombs and spread of infection, but there are also infrastructure failures, reagent problems or a host of other issues that can and do affect services. We respond superbly to most of these, but a little forward thought can help with planning, as can learning from events that have occurred elsewhere. This bulletin brings together incidents that have hit services, so you can reflect on your own emergency preparedness. These are all real events. One common feature is that you are often trying to manage a situation where you don't have all the information you need, and don't know how long the problem is going to last, so the more advance thought you can put into the 'what if?', the better.

Armed siege

An entire hospital campus was shut down by police because of reports of armed gunmen in the area. No one–staff, relatives or patients–was allowed in or out. Information was scanty about the situation, with a news blackout in place initially. Teams had to think about how services could be run with no ability to get staff home or bring in the next shift of staff, and what to do in a situation where visitors to the hospital may have to stay overnight. Staff not able to go home also have to cope with responsibilities to children or others they care for. It is also important to think about how you might deal with a situation where no supplies are coming in and out. Lots from this event to think about!

Bomb threat

A bomb threat was made against a large hospital. Police were involved, and hospital security also. During assessment of the risk, the possible need to evacuate buildings was balanced against the risks to patients and staff, both those in the buildings and those patients who would be coming onto the site, needing to access urgent services especially in emergency or maternity. Should they be diverted to other hospitals? Would this be a clinical risk? The police downgraded the threat to 'low risk' (not completely reassuring, to be fair). The hospital was not evacuated. Adjacent hospitals were informed, additional security sweeps were put in place and staff were asked to be vigilant and liaise with security.

The burning issue of single point of failure...

Arson is a sad but not unknown event in hospitals. Sequential arson attempts were made against multiple areas in one hospital. During analysis of the series of incidents, some themes came to light. Staff knowledge about evacuation is always vitally important, as is constant communication with security and staff in general. In reviewing the incidents, and potential areas of risk should more fires be set, buildings were reviewed to see where there may be 'single points of failure' that might compromise the function of a service, even if a fire was limited. In such an analysis, it was noted that should the switchboard area be involved in a fire, then not only would telephones be affected, but also all emergency bleep systems.

Call for back up?

The issue of single point of failure was also seen in one pathology building where a small fork lift truck, transporting pharmacy supplies, ran into, and destroyed, a conduit carrying telephone and electricity lines for the entire building providing pathology services for a major hospital. In this instance, not even a back-up generator was effective, since the same lines were used for emergency and back-up supplies. A similar event happened in a different hospital where a flooded basement damaged all the electrical supply to a pathology department, and services had to be migrated while repairs were undertaken. Do you have single areas where failure would have similarly large-scale effects? What are your plans for mitigation?

Water failure

A major water ring main failure occurred which led to a loss of water supply to a large area of London. This included several hospitals. Non-life threatening surgery was cancelled, all wards and areas were informed and a water 'audit' was carried out, including for the laboratories. Do you know where water is used in your services, and how long you can sustain services without water?