

Scenario Test Plan Register

Service	Theme	Scenario Description
Building 5 – Overarching		
All areas of Hospital	Clinical, Patient Movement, Stress Test	<p>There are seven concurrent Medical Emergency Team (MET) calls, including 1x Neonate and 1 x Paediatric. All other MET calls are adults in various locations across the campus. All assigned MET trollies and back packs are used. Medical staff from ICU are depleted, with the risk of jeopardising patient care.</p> <p>Note: Current adult MET response dictates: 1st - MET, 2nd - ICU, 3rd - ED, 4th & concurrent - ICU. If a paediatric or outdoor MET call occurs in the first three concurrent METs, ED responds. If ED is already attending at a MET call when a paediatric MET occurs, there is no team to respond.</p>
Pathology	Clinical	Mortuary journey.
Pathology	Clinical	Patient in Building 5 requires a non-urgent transfusion of blood products and a patient in Building 5 requires an emergency transfusion of blood products.
Pharmacy	Clinical	Medication administration in each clinical space.
Level 1 – Building 5 Dock		
Dock	After Hours response	Large, unscheduled delivery arrives after hours.
	Emergency Response	A severe weather event is forecast, requiring the Dock to secure all outdoor equipment, reinforce structures, and prepare for potential power outages.
		A fire alarm is triggered, leading to the evacuation of the hospital. The loading dock staff must follow emergency protocols and ensure the safety of personnel and critical supplies.
	Logistics	A large internal delivery of medical supplies arrives, requiring careful unloading, sorting, and storage.
		A hazardous waste disposal company arrives to collect and properly dispose of clinical waste from the hospital.
		A large quantity of recyclable materials needs to be transported from the Dock to the recycling centre.

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		Cardboard compactor changeover is delayed, and Domestic & Environmental Services contractor arrives at busy period (8.30am).
	Logistics, Inter-departmental collaboration	A critical piece of medical equipment breaks down, requiring immediate repair. The Dock staff need to facilitate quick transport of the equipment for repair/maintenance.
	Logistics, Major Medical Equipment (MME)	A delivery of heavy medical equipment requires specialised lifting equipment and trained operators.
	Service interruption	An elevator used for transporting dirty goods malfunctions and a temporary solution needs to be devised until the repairs are completed.
	Waste Management	Bedding changes are occurring within clinical areas of Building 5 resulting in a steady stream of dirty linen through the linen chute until it reaches capacity.
	WHS incident response	A medical waste spill occurs during transport, requiring the loading dock staff to follow protocols for containment, clean-up, and reporting.
Dock, Sterilising Services Unit (SSU)	Logistics, Inter-departmental collaboration	North Canberra Hospital (NCH) urgently needs surgical instruments to be delivered from the SSU on level 4 requiring a rush order and expedited shipping through the Dock.
Dock, Security	Security, Patient Transport	ACT Corrections bring a high-risk patient through Dock to a clinical service.
Dock, Loading Dock	Service interruption	Routine maintenance is scheduled for the loading dock infrastructure, requiring temporary closure and the rerouting of incoming and outgoing shipments to alternative locations.
Level 2 – Emergency Department		
Emergency Department (ED)	Emergency Response	A protestor has detonated a bomb at Federal parliament, with initial reports suggesting several deaths, up to 10 critically injured, 10 moderately injured, and over 20 walking wounded. Describe for the new ED in Building 5, how the external disaster response is activated, where communications and other equipment is kept and accessed, the preparation of the department to receive casualties, and how the different areas of the ED are used and function in a disaster response.

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		<p>For the following issues:</p> <ul style="list-style-type: none"> a) Medical Emergency Team (MET) call elsewhere in the hospital requiring an ED response: and b) Internal emergency in a bed space within the ED. <p>Describe how relevant staff, who at the time of the communication are in the following locations, are alerted to the emergency:</p> <ul style="list-style-type: none"> i) in a clinical area of the ED. ii) in the staff tearoom in the ED. iii) in the ED offices elsewhere on campus
		<p>Describe the internal communications methods for alerting and summoning staff from various areas - for example for triage Category 2 arrivals, trauma calls, Forensic and Medical Sexual Assault Care (FAMSAC) arrivals including communications/waiting and transfer to the FAMSAC area, requests for assistance with rolling patients.</p>
	Clinical	<p>A 30-year-old male arrives by private transport at the front of the ED at 14:00hrs on a Saturday with a shoulder injury (clavicle) sustained playing football. Describe how he accesses the ED, what wayfinding assists him, and his ED journey through triage, admin, clinical assessment and management in the adult fast track area, pathway to and from Imaging and Discharge.</p>
		<p>An 83-year-old female is brought to the ED by ambulance from her own home, with chest pain and a fall, with normal observations. Describe for triage Category 2 chest pain, the pre-triage review process and then transfer to the treatment space for triage and registration. Then how and where she accesses age-appropriate care within the ED, including the timing, location and means of access to discharge liaison nurse, physiotherapy and occupational therapy, and their required clinical and non-clinical equipment.</p>

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		<p>A 50-year-old male arrives by ambulance, in severe pain with likely renal colic.</p> <ol style="list-style-type: none"> a) Describe the process for the ambulance staff to restock and write up. b) Describe the processes for the patient including their pathway to the adult acute area, admission to the Adult EMU, then discharge processes from adult EMU the following morning. c) If acute is full, as is the ambulance offload and rapid assessment area, work through the processes for ongoing triage of ambulance care for these patients and then transfer to acute treatment areas.
		<p>A 40-year-old female is assessed at the local courts and sent to the ED under Section 309 for mental health assessment. Describe the pre-arrival communication, ED preparation, triage, registration. Describe the access point to the ED, pathway through the ED and which area of the ED they are managed in, and the staff involved. If admitted to the BAU section of the ED, describe the admission process and documentation. Describe the clinical assessment, management, and disposition processes. If admitted to the Adult Mental Health unit (AMHU), describe the process for this.</p>
		<p>A 30-year-old male metal worker arrives with unilateral eye pain and reduced vision. Describe his pathway through the fast-track area, including access to waiting areas, the eye room, visual acuity assessment, slit lamp examination, foreign body removal and discharge.</p>
		<p>A 60-year-old patient arrives by ambulance with a likely acute stroke. Work through the process for stroke team activation, transfer to CT, and transfer back to either the ED acute/resuscitation area, or directly from CT to the stroke unit. Include consideration of clinical, administrative, communication, and physical movements.</p>
		<p>A 16-year-old female is arriving via helicopter, intubated/ventilated with multiple injuries from a motorbike accident. Describe the process from communications, landing on the helipad, transfer to the ED resuscitation room, accessing bedside ultrasound, then to CT, and onwards to the operating theatre for a craniotomy.</p>
		<p>In the period immediately following the ED becoming operational, when the Paediatric Emergency Medical Unit (EMU) section is not yet operational, describe the process and pathway for children who require several hours treatment and observation following initial ED assessment and management, for example moderate asthma, gastroenteritis with mild-moderate dehydration.</p>

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		Three family members (two adults, one child) from the same household arrive by private vehicle with fevers, rigors, and acute respiratory symptoms after returning from central Africa last week. Describe how they access the ED, including triage, registration, movement to the appropriate treatment areas for clinical assessment and management.	
Level 3 – Perioperative Services / Medical Imaging			
Perioperative Services	Clinical, Afterhours	ACT Ambulance Service (ACTAS) brings in a patient with an ischemic stroke. CT scan suggests a clot retrieval is required. Clot retrieval to be done in Interventional Radiology suite on Level 3 Building 5. ED to Angio transfer to simulated as well as time required from on call parking to Angio suite.	
	Medical Emergency	A patient has an anaphylactic reaction in theatre. A Code Blue is called. The educators respond from Level 4.	
	Clinical		Patient admitted for an Angio on level 3, Building 5. Simulate admission and transfer to interventional suite.
			Paediatric patient admitted for an MRI and CT. Simulate patient movements for both procedures.
			A patient has been booked for an elective hemicolectomy. Prepare a set up for the case with instruments and consumables from the various storerooms.
			A patient has been booked for an Open Reduction and Internal Fixation (ORIF) of distal radius. Prepare a set-up of the case with instruments + consumables from various storerooms. Communicate booking and requirements to Resource team.
	A patient is undergoing a Patient Controlled Analgesia (PCA) in the Catheterisation Lab on Level 6 when they puncture a vessel/ventricle. The patient must be transferred to the cardiac theatre: <ul style="list-style-type: none"> • Communication between Cath Lab & Theatres • Transfer to theatre. • Emergency setup • Massive transfusion protocol. 		

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		<p>A patient with a ruptured Abdominal Aortic Aneurysm (AAA) must be transferred to theatres via helicopter/ED:</p> <ul style="list-style-type: none"> • Communication between Retrieval/ED. • Transfer to theatre. • Emergency setup. • Massive transfusion protocol.
		<p>Three hip revisions are booked on the emergency list. The instruments need to be procured by the Resource Team. Each set up must be taken to the cleanup room in theatres from transfer to level 4 - Sterilising Services Unit (SSU) for reprocessing.</p>
		<p>A patient scheduled for surgery requires a mass to be tested with a frozen section intraoperatively.</p> <ul style="list-style-type: none"> • Communication with Pathology during procedure • Transfer of specimen to Frozen Section Lab in theatres
		<p>A patient booked for emergency surgery (Category B caesarean) needs to be transferred from Building 11 Birth Suite to Building 5 theatres.</p> <ul style="list-style-type: none"> • Communication between theatres and ward. • Timely transfer.
		<p>A bariatric patient wants to use the toilet. Transfer the patient from the bed to the toilet and back using the ceiling hoist in Extended Day Surgery Unit (EDSU).</p>
	Emergency Response	<p>A patient is getting increasingly frustrated in Admissions and is taking it out on the nurses. The ward clerks call a Code Black.</p>
Medical Imaging	Medical Emergency	<p>Code Blue response time to Building 5 and Building 12 Medical Imaging.</p>
	Clinical	<p>Patient admitted for a CT under general antiseptic (GA) is admitted in the Day Ward in Building 2. They require transfer to Building 5 for the procedure.</p>

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	Clinical, After- hours	After-hours Medical Imaging services in Building 5.
Level 4 – Family Respite Lounge / Sterilising Services Unit		
Family Respite Lounge (FRL)	Operational	A sleeping baby or vulnerable adult is left in the FRL alone without supervision and is found by Social Work.
		Three large families are granted access to the FRL, causing overcrowding and disruption to other consumers.
	Emergency response - Code Blue	A distressed couple are sitting in the FRL awaiting information from their loved one's procedure in perioperative services. One of them begins having chest pain and becomes unconscious.
	Emergency response - Code Red	A visitor is smoking in the FRL. The cigarette butt is disposed of in the bin and starts a fire.
	After Hours response	A family from outside of Canberra present to the ED and require access to the FRL after hours, after their loved one has been involved in a major trauma.
Sterilising Services Unit (SSU)	Emergency Response	The temperature and humidity control systems in the SSU area malfunction, impacting the sterilisation processes. The maintenance team needs to troubleshoot and restore the systems promptly.
		A power outage occurs during the sterilisation process, requiring the SSU staff to follow established protocols for equipment shutdown, safety checks, and subsequent reprocessing.
	Logistics, Inter-departmental collaboration, Stakeholder collaboration	Bega hospital sterilising services department experiences a service outage and SSU are required to sterilise all Bega Registered Medical Devices (RMDs) as a priority.
SSU, Dock	Service interruption, Logistics	The SSU delivery truck breaks down while delivering a load of sterilised RMDs to the northside hospital and the delivery is delayed.
SSU, Perioperative Services	Operational (non-clinical)	A surgical suite requires a large volume of instruments to be sterilised urgently due to a high caseload, requiring efficient processing and prioritisation.
		A complex surgical procedure is scheduled, necessitating the sterilisation of specialised instruments with intricate components, and ensuring their safe delivery to the operating room.

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	Operational (non-clinical), inter-departmental collaboration	A major disaster occurs, such as a mass casualty incident, requiring the SSU to rapidly process and sterilise a large number of instruments for emergency surgeries.
	Service interruption	The clean SSU service lift breaks necessitating a work around to deliver urgent sterilised RMD's to theatres.
SSU, Procurement	Logistics, Stakeholder comms, inter-departmental collaboration	A critical shortage of sterilisation supplies occurs, requiring the SSU to work closely with procurement to expedite deliveries and ensure uninterrupted operations.
Level 5 – Intensive Care Unit		
Intensive Care Unit (ICU)	Logistics	An ICU Hospital Support Officer (HSO) needs to retrieve dialysis fluid from the dock and bring it back to the unit.
		A patient in Building 1, level 9 has a Code Blue requiring an urgent transfer to Building 5, level 5 for further management.
	Escalation, infection control	An elderly visitor requiring a wheely walker is requesting access to see a loved one admitted to the Pod 2 in ICU.
ICU, Perioperative Services	Operational, inter-departmental	All three negative pressure rooms (Pods 1 to 3) are occupied and a sudden surge in patients requiring isolation in negative pressure rooms occurs in ICU.
	Emergency response, Logistics	A patient requires organ donation - after Donation after Circulatory Death (DCD).
ICU, Helipad	Logistics	A post-operative Coronary Artery Bypass Graft (CABG) patient experiences tamponade, requiring chest opening and subsequent transfer to perioperative services.
ICU, Pharmacy, Digital Services Department (DSD)	Staffing ratios, emergency response	ICU staff are holding a barbeque on the northern terrace when notification of a Code H comes through the paging system.
ICU, Security	Emergency response - code red	A Digital Hospital Record (DHR) failure causes a subsequent Automatic Dispensing Cabinet (ADC) failure.
		A fire in the staff room triggers the fire alarm and causes a unit-wide evacuation.

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ICU, Paediatrics	Clinical, Patient Movement	A paediatric patient has a MET call in Building 11 and requires urgent transfer to ICU.
ICU, Adult Mental Health Unit (AMHU), Perioperative Services	Clinical, Patient Movement, High Risk	An AMHU inpatient cuts their throat and requires an urgent transfer to Building 5 for an Angiogram and embolisation. Note: Current protocol dictates that a patient in AMHU requires an accepting doctor from the desired ward and requires transport via ambulance, avoiding the ED.
Level 6 – Cardiology in Building 5		
Cardiac Catheter Lab (Cath Lab)	Clinical	A patient is experiencing a ST-elevation Myocardial Infarction (STEMI) and needs to be transported to the Cath Lab. The patient may be coming from: ACTAS via the ambulance entry of ED and goes straight to the Cath Lab, ED, ICU, any CHS inpatient ward, and the helipad.
		Code Blue in Cath Lab Procedure room.
	Logistics	After hours Cath Lab activation (staff workflow).
Heart Care Centre (HCC)	Clinical	Inpatient echo workflow.
	Logistics	Trans-oesophageal echocardiogram (TOE) Probe Reprocessing.
Acute Cardiac Care Unit (ACCU)	Clinical	Code Blue in ACCU.
		Code Blue in procedure room 1 or 2.
		Patient in ACCU requires haemodialysis.
	Logistics	Patient needs a CT Coronary Angiogram (CTCA) in Building 12 Medical Imaging.
Level 6 and 7 – Inpatient Units		
6A	Clinical, Patient Movement	Non-Invasive Ventilation patient transport.

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6A, 7A, 7B, 7C		MET on the Terrace
6A, ICU		A respiratory patient has a MET call in 6A in Building 1, requiring an urgent transfer to ICU for airway management.
7A, 7B, 7C		Patient transfers to multi-therapy space.
7A, 7B, 7C		Urgent transfer to theatre.
7A, 7B, 7C		Transfer from theatre.
7B		Urgent Neuro transfer to scan.
7C		Cardiac surgery - urgent return to an Operating Theatre.
7B		Clinical, Patient Movement, Logistics
7B	Clinical	Procedure room MET.
7B, 7C	Clinical	MET in multitherapy space.
6A, 7A, 7B, 7C	Clinical	MET within ward area.
Level 9 – Helipad		
Helipad	Logistics	The Pilot Activated Lighting Control (PALC) fails for an incoming helicopter.
		Three patients require access to the priority lift at the same time. A MET call, a bariatric patient, and a patient on the helipad.
	Emergency response - code red	A helicopter catches fire on the helicopter landing pad.

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	Logistics, WHS, infrastructure	An incoming helicopter follows the designated flight path and lands on the helipad.
	Service interruption, inter-departmental collaboration, emergency response	The two priority lifts break-down after a helicopter has landed on the helipad.
	WHS, Logistics	Maintenance staff are granted access to the plant room on level 8 who need to perform repairs on the outside of the building via staircase. A helicopter is about to depart.