

## POLICY DOCUMENT

Policy Title:	Major Utilities Failure
Policy Group:	Maintenance
Policy Owner:	General Manager
Issue Date:	5 <sup>th</sup> May 2020
Review Period:	24 months
Next Review Due	5 <sup>th</sup> May 2022
Author:	J Speed
Cross References:	Risk Management Policy and summary
Evidence:	Internal only
How implementation will be monitored:	Review by Health and Safety Committee
Sanctions to apply for breach:	Reassessment of responsibilities, disciplinary action
Computer File Ref.	O:new policy book\ maintenance
Policy Accepted by MT	5 <sup>th</sup> May 2020

Sign-off by CEO



### Statement of Purpose

The policy sets out the way in which it is intended that a major utility failure would be dealt with, summarising who is responsible, the main risks identified and what preparations have been made to manage the episode without detriment to patient services or general health and safety.

#### 1. Risk Assessment

On the basis of current evidence, the risk of a significant failure of a supply of a major utility is considered to be low. Significant failure indicates something of longer duration than a temporary interruption of supply lasting a few hours. Failure of gas supply is seen as the most serious event in this context. The gas supply companies are willing to give priority to health care providers however the status of Holy Cross in this respect has not been established.

#### 2. Initial Procedure

In the event of a failure in supply of electricity, gas, water or telephone, the Nurse-in-Charge should notify the Caretaker on duty and the Senior Nurse on call for the hospital. The Caretaker will attend the hospital to ensure the safety of all persons and the proper functioning of equipment. The Caretaker will call the utility supplier concerned to obtain information on the cause of the failure and the likely duration of interruption of the supply. (Contact details at end.) A report should be given to the Chief Executive as soon as possible or to the Director of Clinical Services if the Chief Executive cannot be contacted.

### **3. Electricity**

The Hospital maintains an emergency generator with sufficient fuel to enable continuous running for more than 48 hours. The generator is capable of supplying the whole site under normal load conditions. There is emergency lighting in most corridors and certain other areas providing up to 3 hours' light. There is battery back-up (UPS) for the network server and nurse call panels, main network patch cabinet, ventilators and telephone system and Building Management System panel, all providing about 3 hours supply. New backup server is in place, and takes regular backups throughout the day. The backup server can replicate the main server and produce a virtual copy should the main server go down – this means the network can be restored to working order even if the main server has not yet been brought back up.

### **4. Gas**

There is no means of replacing the gas supply in the event of failure. The following steps would be considered:

Space heating: Without gas, the central heating system will not operate. Every effort would be made to conserve heat within the building by closing all windows and doors.

Consideration should be given to keeping patients in bed and additional blankets would be supplied as required and available. Spare blankets are kept in ward clean supply and a further stock is held in the Nurse's Residence linen store. Consideration would be given to hiring or purchasing portable heaters for use where it is safe to do so. The Plumbing Contractor is able to provide electrically operated heaters but care must be taken when using these so as to not overload the electrical system. The plumbing contractor is able to provide advice on how many can be used safely. In the event of a longstanding interruption of supply of gas it may be necessary for the plumbing contractor to provide additional heaters plus an additional standalone generator to power these units.

Cooking: The main kitchen is dependent on gas for most cooking. Microwave cookers and two small electric hotplates and a gas barbeque are available for use and there are electric water boilers throughout the hospital. A limited supply of hot meals and hot drinks would be available so long as electricity supply remained unaffected. For more long standing gas interruption there is a domestic sized electric oven and hob in the patient's activities kitchen that could be used to heat up food for patients and Sisters

### **Water**

Hospital: The water provider has stated that as a priority site, the Hospital would be delivered adequate supplies of bottled water in the event of the failure of the drinking water supply.

There are water storage tanks in the building providing an estimated 2 days' supply of water. If required for drinking purposes the water would be boiled. A policy of restricting the use of water for other purposes (e.g. flushing toilets and bathing) would be implemented. If this is insufficient a supply of bottled water would be purchased.

St Joseph's Centre: The storage tanks in the Centre provide an estimated 3 days' supply of water.

There are additional water storage tanks in the Staff residence and the Convent. In total it is estimated that there would be sufficient water to provide all needs for up to 72 hours provided there was knowledge of the failure of supply before too much time had elapsed.

### **Telephones**

In the event of failure of the telephone system, the hospital owns three Mobile telephones. One telephone is held by ward clinical staff and would be used for outgoing calls. Reception

holds two mobile phones one of which incoming lines would be diverted). The phones are checked on a Weekly basis to ensure that they have credit and that they are working correctly.

In addition to this there are a number of analogue lines within the building which may still be working (fax line, Server line)

Procedure in the event of a failure of telephone system or Line faults

- Ring and report fault) 03304404440 or [faults@arrowcommunications.co.uk](mailto:faults@arrowcommunications.co.uk)
- Have all incoming calls diverted to – 07818 789 183 (this phone is kept in reception and is labelled INCOMING CALLS)
- Outgoing calls can be made using 07563 651 405 (main hospital mobile) or fax or line in print room if working
- Reception holds an additional spare handset

### **Procedure for checking and maintaining mobile phones**

07425 184 891 & 07818 789 183- These phones are checked weekly by reception and the checks are recorded on M: admin/reception/reception folder/mobile phone weekly checks  
Reception are responsible for keeping the telephone charged, the sim active and the top up at a level above £5.00 at all times.

07563 651 405 – is the main hospital mobile and is used by Clinical staff to contact doctors out of hours. The telephone has a contract sim that has 500minutes and 5000 texts per month. It has a £5.00 safety buffer that can be activated in an emergency. The bleep holder should ensure that the phone is kept charged and ready for use at all time

### **Contact Details**

Electric Supply network: Scottish and Southern Energy Power Distribution 08000 727282

Electrical maintenance contractor: M Webber 01462 673548

Generator fuel:

Certas Energy UK Limited Westerleigh Terminal Oakley Green Westerleigh - Bristol - BS37 8QE

Nationwide Fuels 0845 0303111

Generator Call Out call out no's are 01296 771000 Mon – Fri 8 – 4.30 outside these hours 07836 729076/ 07876 358222 or 0770370888

Gas supply British Gas 0845 6005122

Gas Pipework: Transco 0800 111 999

Gas maintenance contractor: Paine Manwaring 01903 237522

Water supply South East Water 0333 000 9988/0333 000 0365

Sewage: South East Water 0333 000 9988 /0333 000 0365

Leak alert: 0333 000 0365

Plumber: Paine Manwaring or Middleton Services 01428 652420/ 07810 837090

Telephone - Arrow. Email [faults@arrowcommunications.co.uk](mailto:faults@arrowcommunications.co.uk) /03304404440.

Computer network equipment – Paralogic 01844 293330

### **Review**

This policy has been reviewed for adverse impact on people with protected characteristics within the meaning of the Equality Act 2010 and no such impact was found.