

GenesisCare Maui – Operational Management Plan

1. Building Use

GenesisCare will be providing an integrated Cancer treatment centre.

On the ground level there will be a Medical consultation suite consisting of 7 consulting rooms, and a dispensary.

On level 1 there will be a radiation oncology unit with 1 linear particle accelerator and CT planning.

On level 2 a medical oncology/haematology unit with 13 clinical treatment spaces and a pathology blood collection service.

On level 3 a medical imaging service provided by an external provider.

The building is situated on the last vacant lot within the Forrest Central Business Park and will be provisioned with 3 levels of basement parking.

2. Hours of Operation

7am – 7pm Monday to Friday, with the provision to extend to a Saturday morning 8am – 1pm service in the future.

3. Number of Staff Operating the Facility

The centre will be managed by the GenesisCare centre leader who will be managing a team of Radiation Therapists, Registered Nurses, Administration staff, Physics staff, pathology and pharmacy staff. There will be several Radiation Oncologists, Medical Oncologists and Haematologists who will be consulting out of the building

The staff model will be:

Centre leader 1

Radiation Therapists 5

Pharmacist 1

Physicist 1

Pathology collection staff 1

Registered Nurses 6

Administration staff 6

4. Staff Arrival / Departure Times

Staff will be arriving for the morning shift from 7am with the first patient on treatment in the Radiation Oncology space at 7.30am.

Staff will be leaving the centre at 7.15pm with last patient on machine at 6.45pm. There may be occasion where Physics staff may stay later due to tests required on the linear accelerator

5. Waste Management

As there is a cancer treatment centre there will not only be general and recyclable waste there will also be the management of clinical and cytotoxic waste. A dedicated bin /waste disposal room will be on the ground floor for ease of access for the collection of waste. The waste will be collected twice weekly.

Ground floor - General waste, recyclable and minimal amounts of clinical waste from the pharmacy will be moved to an adequate number of bins in the dirty utility. These bins will be emptied into the Ground Floor Bin storage area daily. This bin storage area will be emptied twice weekly.

Level 1 - General waste, recyclable and minimal clinical waste will be disposed of in the level 1 dirty utility area. These Bins will be removed from the dirty utility and transported to the Ground floor bin storage area daily through the Double entry lift.

Level 2 - General waste, recyclable, clinical waste and cytotoxic waste will be stored in the dirty utility. These Bins will be removed from the dirty utility and transported to the Ground floor bin storage area daily through the Double entry lift.

Level 3 - General, recyclable and clinical waste to be disposed of in dirty utility. These Bins will be removed from the dirty utility and transported to the Ground floor bin storage area daily through the Double entry lift.

6. Traffic Management

As per Council instructions adequate parking for patients and staff has been provided in the 3-floor underground carpark. A dedicated delivery area has been developed on the ground floor to allow delivery trucks to park off the road to avoid any disruption to traffic. The roundabout will remain clear of obstruction with the 2-way driveway into the parking floors.

There will be a dedicated emergency ambulance bay outside the front of the building to allow ease of access in an emergency.

7. Other Management Policies

GenesisCare standard policies:

- WHS policy
- Cytotoxic management procedure
- Service continuity planning policy

See attachments


GLOBAL HEALTH & SAFETY POLICY STATEMENT

GenesisCare Pty Ltd and its global entities (GC) are committed to ensuring, as far as is reasonably practicable, the health, safety and welfare of its employees, contractors, visitors and the general public (herein known as 'workers'). GC aims to establish and maintain an open culture of continuous improvement and best practice in health and safety (H&S) and to fulfil its statutory duties with regard to H&S at all times.

To enable this GC will ensure that:

- Workers carry out their work safely, without risk to themselves or to others and workers must agree to comply with the H&S policies and procedures of GC and its related entities;
- An effective H&S management system is maintained to ensure that all workplace hazards are identified, risks assessed, and control measures implemented in consultation with relevant workers to eliminate or minimise these risks;
- The H&S management system is continually monitored and reviewed to reflect changing conditions and workplace circumstances;
- Any GC worker that is injured at work will be assisted with rehabilitation to enable them to return to meaningful work as quickly as possible after any injury or incident;
- All management representatives are held accountable for promoting and implementing H&S best practice in their areas of responsibility;
- All workers are appropriately trained, supervised and provided with adequate information and instruction to undertake their duties safely and without risk to their health and wellbeing;
- The H&S management system incorporates regular monitoring and inspecting of GC workplaces in various forms;
- Open consultation, coordination and cooperation is maintained with workers, as appropriate, regarding the reporting, management and resolution of H&S issues and proposed changes, as far as is reasonably practicable;
- All workplace incidents and injuries are reported in an appropriate timeframe, the circumstances investigated, details recorded and suitable control measures implemented to prevent any recurrence;
- Measurable performance objectives and targets are established and reviewed to ensure continued improvement aimed at reduction of work-related injury and illness;
- All relevant H&S legislation, including necessary registration, certification and licensing requirements are complied with to ensure the ongoing provision of quality H&S management;
- Suitable and relevant information relating to H&S is clearly communicated to all appropriate workers.

Authorised by:



Dan Collins
Managing Director
GenesisCare

Date: 11th October 2018

CYTOTOXIC MANAGEMENT PROCEDURE

1. INTRODUCTION AND PURPOSE

GenesisCare recognises the need to outline key requirements for its facilities in the safe management of cytotoxics to ensure the safety and health of workers, patients and visitors.

2. TERMS AND DEFINITIONS

“Cytotoxic” – Cytotoxic agents or chemotherapy, refers to a drug or combination of drugs used in the destruction of malignant cells. These drugs can be administered intravenously, intramuscularly, sub-cutaneously, orally, intrathecally, intra-arterially and intra-vesically. The 6 basic groups in which these drugs are categorized are ;

- Alkylating agents
- Antimetabolites
- Tubulin interactive agents
- Hormonal agents
- Anti-hormonal agents
- Miscellaneous

3. SCOPE

This procedure applies to employees, agents and contractors (including temporary and sub-contractors), person(s) conducting a business undertaking (PCBU) of GenesisCare and all its related entities, collectively referred to in this procedure as ‘workers’.

4. RESPONSIBILITIES

Site managers are responsible for implementation of this procedure and subsequent local policies and procedures. Workers are required to work within the requirements of safe practice as set out in those policies and procedures.

5. PROCEDURE

All GenesisCare sites will take a risk management approach in ensuring that the management of cytotoxics is conducted with optimal care to avoid any adverse

health and safety effects on workers through the implementation of adequate policies and procedures that include;

- Safe use of cytotoxics
- Safe storage
- Safe handling
- Safe disposal (of waste, linen and contaminated body fluids)
- Safe management of a spill
- Health monitoring of workers (where required)
- Training of workers
- The reporting and investigation of all incidents and hazards involving cytotoxics
- Provision of personal protective equipment and clothing
- Standard Operating Procedures
- Equipment
- Family planning (refer to family planning and cytotoxic safety procedure)

6. EVALUATION

Successful external review/audits
Risk Assessments completed
Risk Register review
Quality Improvement Register
Performance Indicator Monitoring
Minutes of meetings

7. ASSOCIATED DOCUMENTS

Family planning and cytotoxic safety procedure

8. REFERENCES

AS/NZS ISO 9001:2016 Quality Management Systems

AS/NZS ISO 31000:2009 Risk Management

[Work Health and Safety Act 2011](#)

[Occupational Health and Safety Act 2004 \(Vic\)](#)

[Occupational Safety and Health Act 1984 \(WA\)](#)

[Code of Practice: Managing risks of hazardous chemicals in the workplace. \(Safe Work Australia 2012\).](#)

[Workplace Exposure Standards for Airborne Contaminants \(Safe Work Australia, December 2011\)](#)

[Handling Cytotoxic Drugs in the Workplace \(Worksafe Victoria, 2003\)](#)

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9. APPENDIX

Nil

10. KEY WORDS

Cytotoxic, waste

SERVICE CONTINUITY PLANNING POLICY

1. INTRODUCTION AND PURPOSE

GenesisCare is committed to delivering its strategic and operational objectives in accordance with all applicable legislation, standards and principles of good governance.

Rapid recovery of services after an incident or crisis is crucial to our Practice. While identification of every possible threat to the practice is not practicable, we can develop plans that address risk categories and reduce patient treatment delay impacts, for example: mechanical failure, staffing issues, natural disasters, workplace incidents.

Service Continuity Planning will help your Practice to:

- Identify and prevent risks where possible
- Prepare for risks that are not within your control
- Prepare to respond to patient needs during incidents/ crises
- Respond and recover after an incident or crisis

The purpose of this Policy is to provide guidance and structure to GenesisCare Practices in developing Service Continuity Plans.

2. TERMS AND DEFINITIONS

Service Continuity Plan (SCP) – a practical plan that details how a practice will prepare to deal with an incident or crisis, and continue operations during and thereafter

Critical Business Activities – activities in the practice that are key to the survival of the business

Recovery Time Objective – time between the occurrence of an incident (or crisis) and when the practice must be fully operational in order to avoid risk to the practice in terms of service availability and financial operations.

Workplace Participants – all staff/contractors involved in service delivery within GenesisCare premises

3. SCOPE

This policy applies to all personnel working in a GenesisCare Practice with employee or contractor status.

4. RESPONSIBILITIES

The Governing Body delegates responsibility to all staff to comply with this policy.

Site Managers/Centre Leaders are responsible for implementing this policy and subsequent local policies and procedures. Workplace participants are required to work within the requirements of safe and acceptable clinical practice as set out in those policies and procedures.

5. POLICY

5.1. Development of a SCP

- All Practices must develop a SCP in accordance with this Policy
- The SCP should be developed in consultation with all relevant stakeholders at the Practice
- The final version of the SCP must be endorsed, accepted and communicated by the General Manager (or delegate) of the Practice
- Specified below are the key components of a SCP and suggested details of each
- Where required, consultation with external services should be undertaken

5.2. Component 1: Introduction

- DISTRIBUTION LIST
 - Where copies of the SCP are stored (including electronic copies and copies stored off site in the case that the original is destroyed or inaccessible)
 - Who needs a copy of the plan, eg: General Manager, Practice Leaders, Centre Leaders, Quality Systems Manager, Finance Manager, Chief Physicist, Head of Nursing, and any other positions as appropriate
 - Other associated documents, eg: Emergency / Evacuation Plan, Security Plan
- EXECUTIVE SUMMARY
 - This is an overall outlook on the SCP

- Include information on priorities for Service Continuity and a summary of what actions and resources must be established to secure continuity of Practice operations
- This section is best written last, after potential risks have been assessed and mitigation strategies are in place
- OBJECTIVES
 - Outline what the SCP is expected to achieve for the Practice
 - Ensure that objectives are communicated to and understood by staff
- GLOSSARY
 - Explain any terms, definitions and acronyms relevant to your Practice

5.3. Component 2: Risk Management Plan

- The Risk Management Plan identifies and assesses risks to your Practice, and details methods of risk mitigation. Where risks are significant these should be included in each Practice based risk register.
- RISK IDENTIFICATION
 - Think broadly when identifying risks to the Practice, including:
 - When, why and how risks are likely to eventuate
 - Whether risks are internal or external to the Practice
 - Who may be involved or affected by an incident or crisis
 - What is the impact on patient service delivery
 - Ask ‘What If’ questions and brainstorm with key staff from each department:
 - What if you lost power?
 - What if the Internet/ network went down?
 - What if key documents were destroyed?
 - What if the premises were damaged or inaccessible?
 - What if all treatment machines break down at the same time?
 - What if key suppliers went out of business?
 - What if key staff members resigned?
 - What if a natural disaster occurred?
 - What if key public infrastructure such as roads or communications were closed or inaccessible?
 - Review RiskMan for learning’s on any historic incidents or crises for the Practice
 - Consider the worst case scenario
- RISK ANALYSIS and EVALUATION

- Follow the GenesisCare Risk Matrix to quantify each identified risk
- Document risks in the GenesisCare Risk Register
- Rank risks in order of priority
- RISK MITIGATION
 - Implement the hierarchy of controls when deciding on appropriate risk mitigation or control measures

5.4. Component 3: Business Impact Analysis

- Start by identifying Critical Business Activities for the Practice (see section 2 for definition), for example:
 - Delivery of treatment, diagnostic assessments and medical procedures to patients
 - Delivery of medical consultation to patients
 - Operation of key plant and equipment
 - Operation of Information Technology services: software, hardware and IT support
- Then identify:
 - Resources and equipment required to support each activity
 - Impact on the Practice if each activity were to cease – how/ where can we provide ongoing services
 - How long the Practice could operate without performing each activity
 - Legal Obligations the Practice is required to meet
 - External Stakeholders, eg: hospitals, patients, key suppliers
 - What Access is required to the Practice premises
 - Essential Records and Documents required to operate the Practice on a daily basis
 - Staff Skills and Knowledge that is necessary in order to maintain Practice operations in the face of threat
- Assign Recovery Time Objectives (see section 2 for definition) to each Critical Business Activity
- Key Questions to ask:
 - What activities are conducted daily in each area of the Practice?
 - What are the long-term or ongoing activities performed by each area of the Practice?
 - What potential losses does the Practice face if these activities were to cease?
 - How long could each activity be unavailable before the Practice would begin to suffer?
 - What activities (if any) depend on external services or products?

- What is the importance of each activity to the Practice? (eg: scale of 1 to 5)
- Note – ensure Business Impacts are included in any review of the SCP, because as risks change, so too do their potential impacts

5.5. Component 4: Incident Response Plan

- The Incident Response Plan must contain all the information the Practice requires in order to respond immediately before and after an incident or crisis
- PLAN ACTIVATION
 - Begin with a clear statement indicating the circumstances that would activate the Plan
 - Authorised Staff – state which staff members (using position titles) are authorised to activate the Incident Response Plan
- INCIDENT RESPONSE TEAM
 - List all of the staff members (position titles) on the team, and including back-up members
 - The number of members depends on the size of the Practice and nature of risks
 - Members should be chosen based on their criticality to managing the Practice
 - Team Member attributes and roles:

Position	Role	Required skills / knowledge
Team Leader	- Full responsibility for managing a crisis	- Detailed understanding of the Practice - Leadership skills, systematic
Team Members	- Carry out directions of the Team Leader	- Decision making, able to make recommendations & provide direction
Assessors	- Assess impact of the crisis, provide feedback to team members	- May be in advisory roles in the business

Spokesperson	- Single point of contact for all internal / external communications, maintain impression that situation under control	- Preferably experienced in dealing with media
Others	- Support team as appropriate	- Able to follow direction

- COMMUNICATIONS
 - Specify the following:
 - Stakeholders (including patients/ carers) to be communicated
 - Communication methods (eg. Mobile phone, 2-way radio)
 - Amount of time required to declare all persons on site evacuated
 - Amount of time required to re-commence Practice operations
- CONTACT LISTS
 - Include all persons who may require communication in the event of an incident or crisis
 - Depending on the nature of the incident or crisis, you may communicate with only the relevant stakeholders
 - For example:
 - Emergency services
 - External stakeholders and suppliers
 - Regulatory bodies where applicable (Radiation Protection, Environmental, Workplace Safety and Healthcare authorities)
 - Internal stakeholders (eg: Executive Management Team, Clinical Management Committee, Clinical Leaders Forum, Physics Leaders Forum, Q&S Leaders, HR Leaders, IT Leaders, Other operational leaders as appropriate)
 - Staff and their families
 - Patients and their families
 - It is recommended to maintain a separate contact list for each group of contacts
- PREPARING FOR AN EMERGENCY

- The Practice SCP should reference your existing Emergency and Evacuation Plan, and where to locate it
- In the event of an emergency, the safe evacuation of all persons from the premises naturally takes precedence – it is the responsibility of the Incident Response Team Leader to assess when to activate the SCP in this case

5.6. Component 5: Recovery Plan

- Plan how the Practice will resume Critical Business Activities after an incident or crisis
- Set ideal recovery timeframes within which each Critical Business Activities should be resumed – and prioritise these in order of importance
- Designate a Recovery Team – this may be the same as the Incident Response Team
- Describe key resources, equipment and staff required to recover operations
- Monitor the recovery process using a checklist (see template BCP in appendix)

5.7. Component 6: Testing, Monitoring and Review of the BCP

- The Practice SCP should be tested at least every 3 years – this should be used as a training exercise for staff
- Review of the SCP should occur annually and reflect any relevant changes inside or outside the practice that may affect continuity planning, in order to maintain accuracy, for example changes in:
 - Staff Titles
 - Organisational Structure
 - Physical Lay-Out / Function of the Practice
 - Key Operations / Procedures
 - Key Suppliers / Contractors
 - Neighbouring Businesses
- Events or circumstances which may trigger the enactment of the SCP should be entered into RiskMan as per incident reporting policies of GenesisCare
 - Monitoring of such incidents should occur on a regular basis in accordance with monthly Quality & Safety reporting to the Board

6. EVALUATION

This policy will be monitored by each Practice Service Continuity table top testing annually in each Practice

7. REFERENCES

- Australian Commission on Safety and Quality in Health Care, National Health Service Standards: Standard 1
- Department of Health Qld, NSW, Vic, SA and WA operational directives

8. KEY WORDS

Service Continuity Plan

9. APPENDIX

Template Service Continuity Plan