## Sustainability Infrastructure and Assets

# Notice of Impacting Activity

*An impacting activity is any action that may disrupt the normal operation of the hospital or neighbouring sites or cause discomfort to patients, staff members or the public. Examples of impacting activities include Infrastructure projects,* *significant maintenance activities in an operational area,* *isolation of hospital infrastructure services and environmental issues such as dusty and noisy work. This notice is to be completed and communicated to the relevant clients/stakeholders when activities are likely to interrupt or disrupt the normal operation of the hospital /facility.*

*A Notice of Impacting Activity, associated Permits and Risk Assessment should be submitted with nominated stakeholders at least five days and no later than 48 hours prior to commencement of proposed work. Where emergency work is required the 48-hour period will be waived, however a Notice of Impacting Activity must still be submitted and authorised before the work is undertaken.*

*The completed submission should be mailed to the shared mailbox address at “WM\_NIA” (*[*WM\_NIA@health.qld.gov.au*](mailto:WM_NIA@health.qld.gov.au)*)*

*Note: Sketch/drawing mark-ups of affected areas are highly recommended with NIAs to assist in clarifying the exact location of the work to be completed.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Work Order/Project No:** |  | **Permit No:** |  |
| **Company name:** |  | **Vendor/OIC Name:** |  |
| **WMH Facility:** |  | **Building:** |  |
| **Level:** |  | **Room(s):** |  |
| **Description of proposed work/activity:** |  | | |
| **Expected start and finish dates/times** | Start date / / Start time: :  Finish date / / Finish time : | | *Additional Information* |

|  |  |  |
| --- | --- | --- |
| **Requestor/Vendor contact details** | | |
| Name: | Email: | Mobile: |
| Name: | Email: | Mobile: |

#### Systems/Services that will be Impacted/Interrupted

|  |  |  |  |
| --- | --- | --- | --- |
| Infrastructure Services Impact | Clinical Services Impact | Operational Services Impact | Environmental Conditions |
| Electrical | Patient Flow | Fire Detection | Noise/Vibration |
| Water/Drainage | Clinical Access/Egress | Fire Prevention | Dust |
| Communications | Pneumatic Tube (Lamson) | Fire Egress | Fumes |
| Medical Gases | Medical Vacuum | ☐ Vehicle Movement | Asbestos Removal |
| Lifts | Nurse Call/Duress Alarms | Security System | Restricted Access |
| HVAC | Infection Control | Communications | pest management |
| Natural/LP Gas | Emergency Response | Code Yellow |  |
| Other (specify) | | | |

**Supporting Permits**

|  |  |  |
| --- | --- | --- |
| Working at height | Excavation & Ground Penetration | Communications room access |
| Fire services isolation | Electrical/Mechanical isolation | Fire penetration |
| Asbestos work area access | Hot work | Live (Energised) work |
| Confined space | Environmental Disturbance Control Permit | Other (specify) |

Form: Notice of Impacting Activity Rev 1.3 – March 2022

Assessment of Impacting Activity.

During the proposed impacting activities, the systems/services/areas indicated above can expect some and/or all the following impacts/interruptions.

|  |  |  |
| --- | --- | --- |
| **Impacts (and/or Risks)** | **Treatment Plan/Control Strategies** | **Consultation/Stakeholders** |
|  |  |  |
| **Conditions**  *Special Conditions, Security considerations, Clinical considerations* | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Site plans/Risk Assessment/SWMS/Inductions/ Permits (Attach where required) | Yes | No | Permit Issue Date: / / |

*Attachments: Include marked up site plans or any relevant documentation i.e. risk assessments, SWMS to demonstrate the controls for the impacting activity and any other risk mitigation strategy*

### Requested by:

|  |  |
| --- | --- |
| **Project Manager/Trade Co-Ordinator/Contractor/Other:**  *I am satisfied that persons/stakeholders impacted have been consulted.* | Name: Role:  Signature: Date: / / |

### Endorsed by:

|  |  |
| --- | --- |
| **Facilities Maintenance Manager**/**I&A Supervisor/Manager ITS/ Manager Clinical Area/ Other:**  *I am satisfied that persons impacted have been consulted and I agree with the interruption to services specified in this Notice* | Name: Role:  Signature: Date: / /  Name: Role:  Signature: Date: / / |

### Authorised by:

|  |  |
| --- | --- |
| **Duty Executive / Service Support Director / Delegate:**  *I approve the interruption/impact to services specified in this Notice.* | Name: Role:  Signature: Date: / / |

### NIA Close Out:

|  |  |
| --- | --- |
| **Officer in Charge**  *I certify that work is complete; area is inspected and made safe. All services have been restored. Impacted staff have been notified.* | Name: Role:  Signature: Date: / / |

*Note: Where an approved NIA is likely to impact on an operational area over an extended period i.e. an Infrastructure project, the Project Manager/SIA Trade Co-Ordinator should provide ongoing communication to stakeholders about specific impacts or changed conditions.*