

Work Instruction

Notice of Impacting Activity

1. Purpose

This work instruction describes the steps required to request, approve, and issue a *Notice of Impacting Activity* (NIA) for planned and emergency activities involving asset maintenance, infrastructure upgrade and/or replacements or service improvements within West Moreton Health (WMH).

The NIA is a risk management tool to assess the impact of the activity on hospital operations and to notify stakeholders of any interruption to services.

An impacting activity is any action that may temporarily disrupt the normal operation of the health service or neighbouring sites, or cause discomfort to patients, staff members or the public.

Examples of impacting activities may include, but are not restricted to the following:

- significant maintenance activities in an operational area that impact on operational activities e.g. access to ceiling space, generation of construction dust (infection prevention) restricting access by blocking corridors, painting work
- infrastructure projects involving construction/refurbishment in clinical or corporate locations
- configuration change, or upgrade to an IT clinical or corporate system or ICT infrastructure
- diverting or obstructing any vehicular or pedestrian traffic
- environmental issues (e.g. dusty or noisy work)
- impacts to code emergency notification systems
- isolation of one or more hospital infrastructure services (e.g. electrical, fire system, HVAC, medical gases, Nurse Call, security system)
- emergency evacuation exercises
- use of hazardous chemicals where the chemical may have impacts on health/wellbeing of others in the building (e.g., fumes from substances could cause respiratory issues; overspray etc)

2. Scope

This document applies to all WMH staff, visitors and contractors, as well as all organisations and individuals acting as its agents (including Visiting Medical Officers and other partners, contractors, consultants and volunteers).

3. Instruction

1. Assessment of the need for an NIA
2. Request submission
3. NIA Approval and notification
4. Code Yellow Planned Outage

3.1 Assessment of the need for an NIA

The requesting officer (Project Manager/Trade Co-Ordinator/Vendor OIC) for the activity should consider how the planned activity will impact the business systems/activity or service delivery in one or more areas. The requesting officer/work should undertake a risk assessment of the proposed activity where there is likely to be significant impact on hospital operations and document the impacts and risks associated with the activity. The requesting officer will consult with the relevant stakeholders/managers during this process and will develop a treatment plan/control strategy to inform stakeholders of the impacts and the risk mitigation process to be implemented.

As an indicative reference tool an NIA should be submitted where any one or more of the following may or will be affected during the activity - noting that the list is not exhaustive.

Infrastructure Services Impact	Clinical Services Impact	Operational Services Impact	Environmental Conditions
Electrical	Patient Flow	Fire Detection	Noise and Vibration
Water/Drainage	Clinical Access/Egress	Fire Prevention	Dust
Communications	Pneumatic Tube (Lamson)	Fire Egress	Fumes
Medical Gases	Medical Vacuum	Vehicle Movement & Disruptions	Asbestos Removal Work
Lifts	Nurse Call	Security System	Restricted Access
HVAC	Infection Control	Communications	Pest Management
Natural / LP Gas	Emergency Response/ Code Notification		
Other (specify)			

3.2 Submission of a Request for NIA

The NIA should be submitted with nominated stakeholders at least five days and no later than 48 hours prior to commencement of proposed work.

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.

Applications for a "Notice of Impacting Activity" (Appendix 1) can be accessed via the forms listing on the Service Support Resources page at [Service Support Resources \(sharepoint.com\)](#) or on the [Contractor resources | West Moreton Health](#) internet page

For business continuity an electronic version can be issued by the Infrastructure and Assets Contractor Coordinator.

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3.3 NIA Endorsement

The Facilities Maintenance Manager/I&A Supervisor/ITS/ Clinical Area manager/ or other identified operational area manager will endorse the request and indicate their agreement for the work to proceed.

3.4 NIA Approval and Notification

Approvals will be given after treatment plans and risk assessments have been tested against the impacts and the NIA Approver is satisfied that appropriate stakeholders are named and have been consulted. The NIA Approver is to ensure that the NIA category is appropriate for the work being performed.

For an NIA that will have significant impact on the operation of a WMH facility and/or is a high-risk impacting activity, the approval will be given by the Director, Service Support.

For an NIA that is low risk or has short term impact on operations and/or the work area, the approval may be given by a delegate i.e. Facility Maintenance Manager/I&A Maintenance Supervisor or Contractor Co-Ordinator.

Where an approved NIA is likely to impact on an operational area over an extended period i.e. an infrastructure project, the project manager/I&A Trade Co-Ordinator should provide ongoing communication to stakeholders about specific impacts or changed conditions.

Once an NIA has been approved, an email will be sent to the stakeholders listed in the NIA (as nominated by the requestor) and the default NIA notifications groups outlining the immediate or ongoing impacts.

Following the email advice, the NIA will be published to the NIA Calendar on the Service Support intranet page.

Approval Process	
Requestor	Approval for NIAs will be facilitated by <i>Requestor</i> (Project Manager/Trade Co-Ordinator /other/Vendor OIC) who will send an electronic copy of the form and attachments to the Infrastructure and Assets Facility Maintenance Manager/Supervisor for <i>endorsement</i> .
Endorser	The NIA will be endorsed by the Facilities Maintenance Manager/I&A Supervisor/Manager/ITS/ Clinical Area/ or other identified operational area will endorse the request and indicate their agreement for the work to proceed.
Approver	The Service Support Director (or delegate) will approve the request for all significant and high-risk impacting activities. For an NIA that is low risk or has short term impact on operations and/or the work area the approval may be given by a delegate i.e. Facility Maintenance Manager or Contractor Co-Ordinator.
Distribution	The approver will forward the completed NIA to the Maintenance Contractor Co-Ordinator for distribution to the nominated stakeholders. The NIA and/or the ongoing "Impacting Activity Advice" will be published to the NIA Calendar on the Service Support intranet page.
Stakeholder	The nominated stakeholders will review the advice and facilitate the communication of the NIA or "Impacting Activity Advice" to the affected operational area /workers.

3.5 Code Yellow – Planned Outage

A Code Yellow applies in the event of an internal emergency. It could be caused by any number of things, including loss of electricity, communications system outage, burst water pipe, significant infection control risk etc.

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Where an approved NIA may result in the temporary loss of a system which may or will impact on any code emergency response, the use of Code Yellow notification systems should be utilised.

Unscheduled impacting activities that are urgent and occur outside of normal business hours are to be notified to the Infrastructure and Assets On call Duty Manager. Approval and requirements will be given verbally or by email to the onsite worker. The application for NIA and any required documents is to be completed on the next working day and submitted for approval

4. Roles and Responsibilities

Role	Responsibility
Director, Service Support	<ul style="list-style-type: none"> Approves new requests after treatment plans and risk assessments have been tested against the impacts and is satisfied that appropriate stakeholders are named and have been notified.
Facility/Operational area Manager, Maintenance Supervisor,	<ul style="list-style-type: none"> Consider the impacts of the request and liaise with the requester to develop the NIA. Endorse the request and forward the NIA to the Service Support Director for final approval.
Contractor Co-ordinator	<ul style="list-style-type: none"> Collects and collates the completed NIA, maintains records and acts to distribute NIAs and Impact Activity Advice to stakeholder distribution groups.
Project Managers, Trade Co-Ordinators	<ul style="list-style-type: none"> Considers how the planned activity will impact the business systems/activity or service delivery in one or more areas. Undertake a risk assessment of the proposed activity and documents the impacts and risks associated with the activity. Consults with stakeholders.
Nominated Stakeholders	<ul style="list-style-type: none"> Review the advice and facilitate the communication of the NIA to the affected operational area /workers.
Workers	<ul style="list-style-type: none"> Are aware of NIA for the area they are undertaking work. Observe any directions and requirements of the NIA.

5. Monitoring and Evaluation

Level of risk	Low
What will be monitored	Records of NIAs
How (method)	Assessment of the numbers of logged NIAs and a sample of the quality of the NIAs
Frequency	Annually
Responsible officer	Contractor Co-Ordinator / Health and Safety Advisor
Reporting to	Director Service Support.

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6. Related West Moreton Documents

Policy and Procedure Documents <i>Located on the WMH Policies and Procedures A-Z Listing page</i>	<ul style="list-style-type: none"> • WMHHS2013214v4 Risk Management Policy • WMHHS2015174v3 Risk Management Procedure • WMHHS2015216-guide-v1.2 Risk Management Guideline • WMHHS2014123v3 Work Health and Safety Risk Management Procedure • Permit to Work System Procedure WMHHS2016097v2
Clinical Guidelines/Pathways	<ul style="list-style-type: none"> • Nil
Other	<ul style="list-style-type: none"> • Nil

7. Compliance Requirements and Obligations

Legislation and other compliance requirements	<ul style="list-style-type: none"> • Work Health and Safety Act 2011 • Work Health and Safety Regulation 2011 • Electrical Safety Act 2003 • Electrical Safety Regulation 2013 • Building Act 1975 • Building Fire Safety Regulation 2008
National Safety and Quality Health Service (NSQHS) Standards	 <div style="background-color: #0056b3; color: white; padding: 5px; display: inline-block;"> 1. Clinical Governance </div>
Other Standards	<ul style="list-style-type: none"> • AS4083:2012 Planning for emergencies – Health care facilities • AS/NZS ISO 55000:2014 Asset Management – Overview, Principles and Terminology • ISO 22301:2012 Societal security – Business Continuity Management Systems - Requirements

8. References and Resource

Nil

9. Development, Revision and Approval History

ID & Version No.	Approval Date	Effective Date	Review Date	Document Custodian / Author	Approving Authority
WMHHS2021025v1	15/07/2021		15/07/2025	Senior Health and Safety Advisor, Infrastructure and Assets	Director Service Support
Summary of changes					
<input checked="" type="checkbox"/> New - This instruction will formalise this process and will introduce a standard approach relating to requesting impacting work, consulting with stakeholders and approving the activity. <input type="checkbox"/> Scheduled review, substantial changes including: <input type="checkbox"/> Scheduled review, minor changes including: <input type="checkbox"/> Scheduled review, nil changes <input type="checkbox"/> Reviewed due to: (e.g. legislative change, recommendations from coronial inquiry/RCA, change in service delivery model, new equipment), changes include:					

10. Key Words

Notice of Impacting Activity, NIA, planned activity, asset maintenance, infrastructure upgrade, service improvement, requestor.

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11. Appendices

Appendix 1 – Notice of Impacting Activity Application

West Moreton Health

West Moreton Health

Infrastructure and Assets

Notice of Impacting Activity

Note: 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 general 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.

Permit No:	Work Order/Project 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: <u> </u> : <u> </u> AM Finish date / / Finish time: <u> </u> : <u> </u> AM Additional Information

Requestor/vendor contact details	
Name:	Email:
Name:	Mobile:

Systems/ Services that will be impacted/interrupted

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

Supporting Permits

<input type="checkbox"/> Working at height	<input type="checkbox"/> Excavation & Ground Penetration	<input type="checkbox"/> Communications room access
<input type="checkbox"/> Fire services isolation	<input type="checkbox"/> Electrical/Mechanical isolation	<input type="checkbox"/> Fire penetration
<input type="checkbox"/> Asbestos work area access	<input type="checkbox"/> Hot work	<input type="checkbox"/> Live (Energised) work
<input type="checkbox"/> Confined space	<input type="checkbox"/> Environmental Disturbance Control Permit	<input type="checkbox"/> Other (specify)

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:	Name:	Role:
I am satisfied that persons/stakeholders impacted have been consulted. 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/IA Trade Co-Ordinator should provide ongoing communication to stakeholders about specific impacts or changed conditions.	Signature:	Date: / /

Endorsed by:

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

Authorised by:

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

NIA Close Out:

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

