Emergency Preparedness & Safety

IMH Emergency Management/ Safety Team:

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Safety/Environment of Care

Safety doesn’t occur by chance. It is the result of careful attention to policy! Employees at all levels must work diligently to execute policy for the safety of our patients, visitors and staff.

IMH is committed to providing a safe environment for all individuals. Promotion of safety and prevention of injury must be the first consideration in all actions, and is the responsibility of all employees, medical staff members, students, volunteers, agency personnel, and contractors.

The culture of safety and the ongoing promotion of a safe environment are achieved only through the capable, coordinated and efficient efforts of each individual’s contribution toward these goals by prompt reporting and continual education.

The EOC/Safety Plans can be found on the hospital Intranet under “Facilities Safety” and “Emergency Preparedness”.

EOC/Safety Framework

- Fire Safety Management - Life Safety Management Plan
- Fire Safety - Fire Response Plan
- Medical Equipment –Equipment Management Plan
- Utility Systems -Utilities Management Plan
- Emergency Preparedness—Emergency Operations Plan

Safety Management Plan:

The purpose of the Safety Management Plan is to reduce the risk of injury of patients, staff, and visitors. The Safety Program is designed to address the safety risks the environment of IMH presents to patients,
staff, and visitors. The program is also designed to assure compliance with applicable codes and regulations. Safe working conditions and practices are established by using knowledge of safety principles to educate staff, design appropriate work environments, and purchase appropriate equipment and supplies. Safety is dynamic. Regular evaluation of work practices and accidents is required to maintain a current, relevant safety program. The objectives of this plan are as follows:

1. Comply with safety standards and regulations.
2. Enforce current safety practices for patients, staff, physicians, and visitors.
3. Provide regular safety education to all staff to include Drug Free Workplace education.
4. Monitor the effectiveness of the safety program.
5. Identify opportunities to improve safety performance.

**Security Management Plan:**

The purpose of the Security Management Plan is to minimize the risk of personal injury or property loss due to criminal activity or workplace violence. The Security Program is designed to manage the security risks IMH’s environment presents to patients, staff, and visitors. The program is designed to assure identification of general and high security risks and to develop effective responses.

**Hazard Communication Plan:**

The purpose of the Hazard Communication Plan is to inform employees about the safety and health hazards associated with materials in the workplace, satisfy State and Federal requirements as prescribed by OSHA Hazard Communication Standard 29 CFR 1910.1200, and provide an education and training program with respect to the hazardous substances with which an employee routinely works.

More than 30 million workers are potentially exposed to one or more chemical hazards. There are an estimated 650,000 existing hazardous chemical products, and hundreds of new ones are being introduced annually. This poses a serious problem for exposed workers and their employers. All workplaces where employees are exposed to hazardous chemicals must have a written plan which describes how the standard will be implemented in that facility.

The requirements of the Hazard Communication Plan apply to chemicals with one or more of the following hazardous properties:

- **Physical hazards:** Combustible
  - Flammable
  - Reactive
  - Pressurized (compressed gases)

- **Health hazards:** Toxic
  - Carcinogenic
Corrosive
- Irritant
- Radiation

IMH will maintain an inventory of all hazardous chemicals known to be on the premises via the SDS online system. Whenever possible, IMH will utilize manufacturers’ labels. All department managers are responsible for ensuring that labels are present on all chemicals received or packaged for disposal. Departmental training on the hazardous chemicals used within the department shall be conducted by each department’s manager.

**SDS (Safety Data Sheets):**

- Contains information about a chemical such as
  - Chemical name
  - Manufacturer/supplier
  - Toxicity and Reactivity
  - First Aid
  - Personal Protective Equipment

SDS information can also be found on the IMH Intranet.

If you are exposed to a hazardous material, please refer to the SDS information for instructions on first aid or go see the Employee Health Nurse.

**Waste Management Plan:**

The purpose of the Hazardous Materials and Waste Management Plan is to identify and manage materials known to have the potential to harm humans or the environment. The plan includes processes designed to minimize the risk of harm. The processes include education, procedures for safe use, storage and disposal, and management of spills or exposures. The scope of the hazardous materials and waste management program is determined by the materials in use and the wastes generated by the hospital. Hazards associated with materials and wastes are defined by law or regulation and are identified in Safety Data Sheets (SDS) or similar documents provided by suppliers and manufacturers. Safe use of hazardous materials and handling of waste requires participation by Department Managers and other appropriate staff in the design and implementation of all parts of the plan.

Employees who work with hazardous materials will use standardized criteria to identify and classify those types of hazardous materials and wastes in use within the hospital. They will maintain hospital wide inventories of chemicals, chemotherapeutic agents, radioactive materials, sharps, gases or vapors or biological materials that may pose a risk to staff, patients or visitors, or the environment.
Life Safety Management Plan:

The purpose of the Life Safety Management Plan is to maintain comprehensive, ongoing Life Safety Management activities that provide for a fire-safe environment for patients, visitors, physicians, students, volunteers and staff and to comply with the Joint commission’s Environment of Care Standards, the 2003 Life Safety Code (NFPA 101), and the International Building Code (IBC). The objectives of this plan are as follows:

1. Fire protection methods for patients, visitors, physicians, staff, volunteers and students.
2. Inspection, testing and maintenance protocols for fire alarm, detection, and extinguishing systems.
3. Procedures to report, investigate, and correct Life Safety Code and fire protection deficiencies, failures, and user errors that may threaten the environment of care.
4. Acquisition processes related to life safety for bedding, draperies, curtains, furnishings, decoration, waste containers and coverings.
5. Life safety orientation and education.
7. Emergency procedures for fire response.

Fire Response Plan:

In order to ensure the safety of patients, staff and visitors, the Fire Response Plan has been developed and implemented. At any time, a CODE RED may evolve into the need to activate other disaster response plans, such as the Disaster Plan (CODE ORANGE) and the Evacuation Plan. This plan is intended as a guideline.

Purpose:
- To provide safe and continuous patient care in the event of a fire.
- To prepare Ivinson Memorial Hospital (IMH) personnel for fire responses.
- To provide a written resource for fire response.
- To provide a mechanism by which the efficacy and efficiency of the Fire Response Plan may be evaluated and revised.

Detection of smoke/fire:

ALL FIRES OR SMOKE, INCLUDING SUSPECTED AND/OR NON-LOCATABLE FIRES OR SMOKE, MUST BE REPORTED IMMEDIATELY BY PULLING THE NEAREST FIRE PULL STATION ALARM AND INITIATE THE RACE PROCEDURE WITHOUT ANY NEED FOR AUTHORIZATION.
At the point of origin, if an employee or licensed independent practitioner discovers smoke or fire **RACE** should be followed:

- **R**-RESCUE – move patients and visitors away from the fire area. If the employee who discovers a fire must immediately go to the aid of an endangered person, they will call out “CODE RED” so that other staff may activate a wall alarm and execute their duties under this plan.
- **A**-ALARM – pull the nearest wall alarm and then dial **5555**, state “CODE RED” and give the location and then repeat.
- **C**-CONTAIN – the fire by closing the doors to prevent the spread of heat and smoke.
- **E**-EVACUATE – patients and others from adjoining areas as necessary. A fire extinguisher should be utilized only after **RACE** has been followed.

If an employee uses a fire extinguisher, **PASS** should be followed:

(Only employees trained in extinguisher use should attempt to discharge a fire extinguisher.)

- **P**-PULL -the pin on the neck of the extinguisher.
- **A**-AIM – the hose at the base of the fire.
- **S**-SQUEEZE – the handle.
- **S**-SWEEP – the hose side to side covering the area of the fire.

Replacement of discharged fire extinguishers is the responsibility of the Facilities Department. Never return a partially discharged fire extinguisher to service. Staff shall notify the Facilities Department for a replacement. Facilities staff will have the discharged fire extinguisher checked and recharged.

If an odor is detected which may be smoke but no smoke is seen, a CODE RED need not be activated but Facilities must be contacted immediately and asked to investigate the situation.

**Remember: To call a code, DIAL 5555.**

*Interim Life Safety Measures:*

ILSM is used any time there is a significant life safety code deficiency identified. It can also be used when construction is present and the normal egress routes may be altered or blocked.

- 🚫 Exits must provide free and unobstructed egress.
- 🚫 All personnel will receive training if alternative or temporary exits are designated, especially during construction.
- 🚫 Additional processes may be required such as increasing the number of fire drills and inspecting exit routes in the construction area frequently.
Electrical Power:

In case of a power outage:
- Red Outlets are emergency power.
- Orange Outlets are a continuous power source using backup battery power. These are found in the lab.
- White Outlets are normal power.
- White Outlets with a green dot are hospital grade and are found in patient rooms.

Medical Gases:

In an emergency, YOU may be requested to shut off the medical gases. Staff authorized to turn off medical gases are:
- NSG Supervisor
- Engineering
- Fire Marshall
- A designee or these three: only someone designated by the people listed above are allowed to shut off gases!

Equipment Management Plan:

The purpose of the Medical Equipment Management Plan is to support a safe patient care and treatment environment at IMH by managing risks associated with the use of clinical equipment technology. The plan includes processes for selection, maintenance, and training designed to promote safe and effective use of clinical equipment. Selection and purchase of clinical equipment that is appropriate to the scope of services and meets the needs of patient care providers is the main objective of this plan. This will assure operational reliability and functionality of clinical equipment through selection processes, training, programmed maintenance where applicable, and accurate repair.

Utilities Management Plan:

The Utility Systems Management Plan is designed to assure installation of appropriate utility systems equipment to support the medical care processes of IMH. The plan is also designed to assure effective preparation of staff responsible for the use or maintenance and repair of the equipment. Finally, the plan is designed to assure continual availability of a comfortable, safe, and effective patient care environment through a program of planned maintenance, timely repair, and evaluation of all events that could have an adverse impact on the safety of patients or staff.

The objectives to this plan are as follows:
1. Maintain an accurate inventory of the components for each utility system.
2. Assure operational reliability of utility systems by performing recommended maintenance.
3. Reduce incidents that may result in unplanned failures or interruptions.
4. Identify opportunities to improve utility system performance.
5. Train all staff to use utility systems appropriately, including appropriate response to failures or disruptions.

**Situations which require immediate action:**

There will be times when a situation requires immediate action. These situations should be reported to the appropriate person(s) immediately.

Immediate corrective action to remove an unsafe condition, practice, or hazard is imperative. Unsafe conditions, practices or hazards which require immediate action include but are not limited to:

1. Smoke or fire
2. Suspicious people or suspicious behavior
3. Firearms (weapons) or violent behavior
4. Abuse of hospital equipment/property
5. Bomb threats
6. Wet/slippery floors
7. Broken glass
8. Chemical or other hazardous material spills
9. Gas leaks (natural, nitrous oxide)
10. Unsafe patient conditions
11. Visitors or unauthorized personnel in secured areas
12. Smoking in non-smoking areas

**Safety Management – Your Role**

- Be aware of the potential hazards in your work area and follow good safety practices to prevent injury/illness.
- Report any unsafe conditions to your Supervisor or the Safety Officer, Ted Fritz
- Use appropriate Personal Protective Equipment (PPE)
- Injured at work?
  - Notify your Supervisor
  - Complete a Work Variance Form
  - Report injury to Whitney Doerfert-Schrader or to the Nursing Supervisor during off hours. If you require care, please don’t hesitate to go to the Emergency Department.
Emergency Preparedness

Emergency Preparedness is the ability to respond effectively to any event that poses an immediate danger to the health & safety of patients, staff & visitors. Procedures are designed to respond to those situations most likely to disrupt the normal operations of the hospital. Each response is designed to assure availability of resources for the continuation of patient care during an emergency, as well as addressing the medical needs of the victims of a hospital or community based incident.

The IMH Emergency Operations Plan provides an organized process to initiate, manage, and recover from a variety of emergencies, both external and internal, which could affect Ivinson Memorial Hospital and the surrounding community.

Preparedness Cycle

The most important thing to realize about a disaster is that... “It can happen here.” Preparedness then is an ongoing process to determine likely events that may have an impact on the organization and the community.

There are two types of threats we must be prepared for: internal and external.
Internal threats:

- Violence
- Fire
- Hazardous material spill/exposure
- Power failure
- Infectious disease

External threats:

- Winter Storm/Severe Storm
- Hazardous Material Spill (40,000 trucks 1-80/24 h)
- Earthquake
- Mass Casualty Event
- Infectious Disease (pandemic)
- Tornado
- Ebola

Remember: it is always a good idea to have a “preparedness kit” in case you get called in suddenly or are unable to leave the premises! This may include contact lenses, glasses, a change of clothes, and some snacks.

Important things to know about emergency preparedness:

- A disaster, internal or external (or both) will require the activation of the Incident Command Center.
- The Incident Command Center is located in the Summit/Vedauwoo Room.
- The Incident Command Staff will review information regarding the disaster, staffing & patients and will make assignments as needed.
- The IMH Call Trees may be initiated by the Incident Command Staff. When you arrive at IMH, report to your department. You may then be assigned to the Employee Pool and assigned to another area as needed.
- Your assignment may be in a different area than your regular department.
- IMH may be on lock-down, so make sure you have your ID badge. This is required to enter the building.
- Most returning staff will enter through the West Lobby entrance. Radiology, Cardiopulmonary and Emergency Department staff may enter at the East ED entrance.
- During a Code Orange, staff may not leave IMH until the code is cleared, or until given permission by their department manager/designee.
- Visitors should be encouraged to leave the facility (when it is safe to do so), or be directed to the cafeteria.

If you have any questions about Emergency Preparedness, please contact Wanda Hulit in Cardiopulmonary!
## EMERGENCY CONDITIONS AND BASIC STAFF RESPONSE

Policies and Plans may be found on the Intranet and in Admin. & Nursing Supervisor Office

<table>
<thead>
<tr>
<th>PROBLEM</th>
<th>DESCRIPTION</th>
<th>INITIAL RESPONSE</th>
<th>SECONDARY</th>
<th>FOLLOW-UP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CODE BLACK</strong></td>
<td>Bomb Threat</td>
<td>Notification of a bomb in the facility—usually from an outside caller or a suspicious item found</td>
<td>Stay calm. Obtain the bomb threat packet and complete. Write down what the caller says.</td>
<td>Contact Hospital Supervisor and Security/Eng. Dept. Follow instructions</td>
</tr>
<tr>
<td><strong>CODE BLUE</strong></td>
<td>Medical Emergency</td>
<td>Any threatening medical emergency</td>
<td>Slide Code Blue button or dial 5555 and give location</td>
<td>Begin CPR if trained</td>
</tr>
<tr>
<td><strong>CODE GREEN</strong></td>
<td>Rapid Response Team</td>
<td>Situation where a patient has deteriorated and needs re-evaluated by team</td>
<td>Dial 5555 and ask for Code Green to your location</td>
<td>ER Nurse, House Supervisor, and Cardiopulmonary respond to assist</td>
</tr>
<tr>
<td><strong>CODE GREY</strong></td>
<td>Tornado/Severe Weather</td>
<td>Tornado watch or warning is issued</td>
<td>Close windows, curains, blinds, (watch/standby) or move people away from windows &amp; close all doors (warning/stat)</td>
<td>Follow instructions from supervisor</td>
</tr>
<tr>
<td><strong>CODE ICE</strong></td>
<td>Malignant Hyperthermia</td>
<td>Ice needed in the OR or Inpatient for a patient with hyperthermia</td>
<td>Follow instructions from House Supervisor</td>
<td>Refer to Code Ice policy</td>
</tr>
<tr>
<td><strong>CODE ORANGE</strong></td>
<td>Disaster</td>
<td>Mass casualty situations, utility failures. Any situation which could compromise patient care activities</td>
<td>Breaks and lunches cancelled, report to your department for briefing. Follow instructions from House Supervisor</td>
<td>Utilize manual systems, conserve resources, activate call trees per Incdnt Commander.</td>
</tr>
<tr>
<td><strong>CODE PINK</strong></td>
<td>Infant/Child Abduction</td>
<td>Kidnapping of an infant or child</td>
<td>Monitor stairwells and exits in your dept./work area or as directed</td>
<td>Report all suspicious individuals</td>
</tr>
<tr>
<td><strong>CODE RED</strong></td>
<td>Fire Response</td>
<td>Visible fire and/or smoke, or the smell of something that may be fire or smoke</td>
<td>Rescue those in danger,</td>
<td>Use extinguisher to put out the fire,</td>
</tr>
<tr>
<td><strong>CODE SILVER</strong></td>
<td>Active shooter is in the hospital</td>
<td>Active shooter is brandishing a weapon</td>
<td>DO NOT respond to the area. Secure patients &amp; yourself in a locked area</td>
<td>Follow instructions from Law Enforcement &amp; Admin.</td>
</tr>
<tr>
<td><strong>CODE TRAUMA</strong></td>
<td>ER is receiving a Trauma</td>
<td>A Trauma is arriving in the ER</td>
<td>If you are on the Trauma Team—report to the ER</td>
<td>Follow instructions from the Trauma director</td>
</tr>
<tr>
<td><strong>CODE YELLOW</strong></td>
<td>Security Threat</td>
<td>Patient/Visitor/Staff are a threat to themselves or others</td>
<td>Dial 5555—state Code Yellow (stat or standby) and give your location</td>
<td>Secure the area and brief the response team</td>
</tr>
<tr>
<td><strong>HAZARDOUS</strong></td>
<td>SPILL or RELEASE</td>
<td>Incident spill: small spill presenting no hazard to trained employee or environment</td>
<td>Trained user cleans up spill with appropriate PPE and decontam. material. Use CLEAN acronym</td>
<td>Properly dispose of materials. Refer to MSDS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Emergency spill: Any spill which may present a hazard to people, environment or the unknown</td>
<td>Contact the Hospital Supervisor. Isolate the spill area (evacuate) and restrict access. Safely assist with decontamination. Notify Fire Dept. for assistance —911</td>
<td>Seek/coordinate medical treatment of contaminated individuals</td>
</tr>
</tbody>
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