



Main Line Health
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Emergency Management Plan Medical Staff Orientation - 2018

Emergency Management Plan

Goal:

The goal of orientation for medical staff is to ensure physicians are familiar with the emergency preparedness plan and are prepared to respond effectively during an internal or external emergency.



Emergency Management Plan

Mass Casualty Plan - Surge Capacity - Code Orange External

The Incident Commander may authorize the following actions to create inpatient capacity:

- Authorize use of beds setup but not staffed
- Authorize use of beds in restricted units (PACU, SPU, etc.)
- Cancel elective surgery and admissions
- Direct case management & physicians to initiate early discharge or transfer of stable patients
- Convert private rooms to semi private



Activation of the Emergency Management Plan

- The Administrator on-call, as Incident Commander, is responsible for the activation, direction and termination of the Disaster Plan.
- In the absence of the Administrator on-call, the Senior Nursing Supervisor on duty shall assume the role of Incident Commander until the Administrator on-call arrives.



Activation of the Emergency Management Plan

- Main Line Health System will utilize the Incident Command System (ICS).
- ICS provides a unified command structure with one Incident Commander in charge of the hospital's response.
- The Incident Commander will establish communication with emergency personnel and implement action plans to coordinate resource management.



Emergency Management

Why is the Hospital ICS so Important?

- One person designated to be in charge!

Otherwise “everyone or no one” will be in charge!

- Without a single point of direction at the hospital, efforts will be duplicated or worse, key actions will be missed because someone assumed someone else was handling it.
- Management by committee during emergencies does not work!



Emergency Operations Center

- The Emergency Operations Center (EOC) is the place during a declared emergency where key decision makers from Administration, Nursing & other support areas gather to review information about the event and direct the hospital's response.

The location of the Command Center (EOC) varies per hospital.



Incident Command Team

- Incident Commander (Administrator on-call)
- Senior Administrative Team
 - Director of Facilities Services
 - Safety/Security Manager
 - Clerical Support (from administrative office)
 - Director and/or Supervisor of Nursing
 - Representatives from support services



Department Managers

- All department heads are expected to respond directly to their department to direct operations for their department. Until their arrivals, the most senior person or designee in each department will be responsible for implementing the initial stages of this plan.
- During second and third shifts, in departments where there is 24-hour coverage, the most senior person will notify the department head of the disaster emergency. In departments where there is not 24-hour coverage, department heads will be notified directly by the telecommunications operator.
- Managers are responsible for assuring that their departments are properly staffed. Each department will prepare and keep current, an emergency personnel recall plan.

Emergency Preparedness

Emergency Codes

Code Red

Fire

Code Yellow

Chemical Spill

Active Shooter

An active shooter is on site

Code Orange External

Mass Casualty Emergency

Code Black

Bomb Threat

Code Orange Internal

Internal Emergency

Code Pink

Infant Protection Activation

Code Green

Security/Psychiatric Emergency

The Emergency Management Plan is located on the MLHS intranet home page under Emergency Preparedness..



Code RED (Fire)

Remember RACE:

- R Rescue patients from smoke/fire
- A Alarm: Pull fire alarm and call 711.
- C Contain the smoke/fire by closing all doors to rooms & corridors.
- E Extinguish the fire/Evacuate.



Code RED

Personnel in area of a fire:

- Close all doors.
- Reassure patients if necessary.
- If fire is in a patient room, turn off oxygen within that room if able.
- If evacuation becomes necessary, assist in orderly removal of patients.



CODE RED

Evacuation Priorities

- **FIRST:** Those nearest the hazard
- **SECOND:** Ambulatory Patients
- **THIRD:** Non-ambulatory Patients (wheelchairs)
- **FOURTH:** Non-Ambulatory Patients (litters)



Using a Fire Extinguisher

Remember the acronym “**PASS**”

- P Pull the pin
- A Aim the fire extinguisher at the base of the fire
- S Squeeze the handle
- S Sweep nozzle back and forth at the base of the fire.



Code RED

Licensed Independent Practitioners in the area of the fire:

1. Activate the fire alarm if not sounding by pulling a fire alarm pull station and call 711.
2. Assist in evacuation of the fire room and in confinement of the fire.
3. If the fire is small and you know you can put it out quickly, do so. Otherwise, shut the door and leave it closed. Use the nearest fire extinguisher. Remember the acronym “PASS” - Pull the pin, Aim the fire extinguisher at the base of the fire, Squeeze the handle, and Sweep nozzle back and forth at the base of the fire.
4. Close doors to remaining rooms in the unit, placing patients in rooms.
5. Clear corridor of equipment - Do Not place equipment in occupied patient rooms.
6. Follow directions of person in charge. This is typically the Nurse Manager in patient care areas and Director or Supervisor in non-patient care areas.
7. Oxygen/med gas shut-down will be the responsibility of the Respiratory Therapist or the Fire Response Team (Safety Officer, Fire Department, Facilities).

Code RED

Licensed Independent Practitioners not in the area of the fire:

1. Elevators shall not be used for any purpose during a fire (Code Red), unless specifically directed by the Fire Department.
2. Telephone calls shall not be made to the affected area (unless it is an emergency) until the “Code Red All Clear” is announced. The phone lines will then be free to accept official calls pertaining to the fire.
3. All personnel from other departments will stand-by in their work area. If needed, they will be paged on the paging system to report to the manpower pool (as designated) to assist where needed in fire confinement and evacuation.
4. All other administrative personnel not assigned to the manpower pool shall close all doors, implement their department emergency plan, and be prepared to remove files and important documents, etc., as deemed necessary.



Your Responsibility for Fire Safety

Know your work area!

- Location of fire exits, fire towers & fire alarm pull stations.
- All emergency phones and emergency numbers.
- Location of oxygen shut-off valves.
- Location of fire extinguishers.



All Hazard Evacuation

- Horizontal Evacuation- patients are moved to unaffected areas on the same floor level, usually past fire doors.
- Vertical Evacuation- Patients are moved to unaffected areas on a lower floor by way of the fire tower stairs.
- In the event of a Total Evacuation from the building, the following items should be evacuated with the patient:
 - Patient charts should be grouped together.
 - Patients' medications should be grouped together, appropriately labeled and moved with the unit to the selected relocation site(s).



Active Shooter

Take Cover: Proceed to a safe area (any room where the door can be locked or barricaded)

- Turn off all lights
- Cell phones and pagers - turn off or put on vibrate
- Remain quiet
- Disregard fire alarm unless you smell smoke
- Wait for police to secure the area.



Code Orange External Mass Casualty Event

- Physicians should listen for an overhead announcement that ask them to report their availability to the Command Center or Labor Pool.
- Assist with the rapid assessment and discharge of inpatients.
- **DO NOT GO TO THE EMERGENCY DEPARTMENT.**
- If you are not scheduled to work, do not come to the hospital. You will be called in if needed.
- If you are scheduled to work, you must have your ID badge to enter the facility.

Code Black

Bomb Threat/Suspicious Package

- If you receive a bomb threat by phone, ask questions to get as much information as possible.
- Notify Security immediately!
- If you locate a suspicious package, do not touch it. Call 711.
- Evacuate the area around the package.
- DO NOT start rumors.



Code Orange Internal Emergency

Phone Service Failure

- Use messengers or the power failure phones. Remember, when using the power failure phones, the phone numbers are different.

Electrical Power Failure

- If the hospital loses its electric power, back-up generators are in place. Generators provide power only to the **RED** outlets. All critical patient care equipment must be plugged into a **RED** outlet.



Code Pink

Infant/Child Alert Activation

- When staff suspects that an infant/child is missing, call 711 immediately.
- When a Code Pink is announced, staff on every floor in the hospital will monitor their department exits.
- Monitor the exits and elevators until the “All Clear” is announced.
- Report suspicious activity immediately to 711.



Chemical Safety

Safety Data Sheets (SDS)

- SDS sheets are supplied by the manufacturer & are accessible on the MLHS intranet site and by a fax-back service if the network is down.
- Two ways to obtain information:
 - SDS on-line (MLHS intranet home page)
 - SDS Fax back service



Summary

- Main Line Health System will utilize the Incident Command System in responding to mass casualty or any emergency events. The system provides a unified command structure with one incident commander in charge of the health system's response.
- Incident Commander will establish communication with emergency personnel and implement action plans to coordinate resource management.
- It is everyone's responsibility to understand their role in emergency management.



Emergency Management



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