Name of Hospital

City, State

INTERNAL DISASTER PLAN

Last Review Date: date

NAME OF HOSPITAL

CITY, STATE

INTERNAL DISASTER PLAN

This plan has been reviewed and approved by the Name of Hospital Safety Committee in their meeting of _____, as recorded in the minutes of this meeting on file.

_____

Safety Committee Chairman

_____

President / CEO

NAME OF HOSPITAL

CITY, STATE

FOREWARD

NAME OF HOSPITAL has a responsibility to its employees, staff, patients and community to be prepared for and develop a written plan for reacting to all foreseeable situations, which may affect medical care or other operations of the institution.

These events require specialized responses from various personnel and may include evacuation of patients and staff. The expected response of all employees, medical staff, and departments is outlined in appropriate sections of this manual.

The purpose of this particular plan is to provide guidelines to all hospital personnel in the event of an internal disaster which may include fire, bomb threat, mail threat, explosion, loss of utilities, and the like.

The codes to be used at Name of Hospital to identify an internal disaster situation are listed below. The code will be announced over the public address system three times slowly and then repeated again in two minutes.

Fire code - **DR. RED**

Bomb threat - **DR. SEARCH**

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(In Alphabetical Order)

1. AREA DIRECTOR'S RESPONSIBILITIES IN A DISASTER:

Each area director will be responsible for the safety of persons and property under his/her jurisdiction. Each shall be guided by the following in accomplishing that requirement.

Existing hazards created by structures, machines, and devices must be corrected immediately and/or reported to the **SAFETY OFFICER** with recommendations for correction per Safe Medical Device Act (SMDA) guidelines.

Instruct all new employees under his/her immediate supervision in safe work habits, which apply to their general area and employee's specific duties.

Consult with the Department Safety Representative and/or a member of the SAFETY COMMITTEE on any questions of safety and fire prevention for which you do not have solutions.

Learn the duties, which each will perform in the event of fire or in the event persons have to be evacuated from the area or from the building.

Review and evaluate their department's fire plan and disaster plan annually or as needed.

The area director is responsible for showing new personnel the location of extinguishers and proper exits.

The area director is responsible for explaining the hospital Internal and External plan to all their employees.

2. BOMB THREAT

PROCEDURE

Telephone Threat

When a bomb threat is received, the employee shall:

a. Do not hang up. Go to bomb threat checklist in flipchart by phone.

b. Listen carefully to the caller's voice, male/female, accent, background noise, etc.

c. Ask their name. Keep caller on the line as long as possible. Use the "Caller ID Checklist " on flipchart located by phone.

d. Call "100" immediately after the call has terminated. Give report on receipt of
bomb threat and give location of bomb (if known).

e. Document all information about the call on bomb threat checklist and report to the Area Director for further instructions.

Switchboard

Immediately upon receiving threat or notification of threat, the switchboard operator will:

a. If threat received by operator, do not hang up. Go to bomb threat checklist in flipchart by phone.

b. Listen carefully to the caller's voice, male/female, accent, background noise, etc.

c. Ask their name. Keep caller on the line as long as possible. Use the “Caller ID Checklist “ on flipchart located by phone.

d. Call 911 and report the threat.

e. Notify CEO / designee and Administrator on Duty of the threat, giving details available.

f. Upon authorization from the CEO / designee or Administrator on Duty, announce "Dr. Search" three times over the paging system. Wait two minutes and repeat "Dr. Search" three times.

g. Alert will only be terminated at the request of the CEO or designee, which will be relayed over the paging system as "Dr. Search all clear" three times.

Employees

All employees should observe their work areas for any unusual objects or items out of place. **Do not touch** or remove the item.

Continue to search your area until one of the following has happened:

a. The item has been located
b. An “All Clear” has been announced
c. Location of the item is announced

IF ANY SUSPICIOUS ITEM IS FOUND: DO NOT TOUCH

Notify supervisor immediately.

Leave the area as soon as possible.

Area Directors

All Area Directors (or designees) will report to the Incident Command Center at the onset of the alert. Incident Command shall be established as directed by Vice President of Clinical Services. They will need to bring the following information:

1. Number of patients in their department

2. Number of staff in their department

3. Needs of patients in their department if evacuated.

DOCUMENTATION FOR BOMB THREAT

Document all pertinent information on an **Unusual Occurrence Report.** This must be completed as soon as possible following conversation and submitted to the Administrator or designee.

3. CHAPLAIN RESPONSIBILITIES IN AN INTERNAL DISASTER

PROCEDURE

PBX Operator

In the event of an internal disaster, the PBX operator will notify the hospital chaplain.

Chaplain

The chaplain's on call list (with numbers to call) is posted at the PBX operator's desk and in the front lobby at the east entrance of the hospital.

Will respond to the Incident Command Center for further instructions.

Will be available at the hospital to provide assistance and counseling for family members of persons injured in the disaster.

Will notify area clergymen as needed for back up assistance to family members of persons injured in the disaster.

The chaplain and area clergymen will also be available for persons involved in the disaster, as needed, for critical incident stress debriefing.

4. CODE PINK (INFANT / CHILD ABDUCTION)

PROCEDURE

Reporting Party

In the event of a suspected infant / child abduction, the reporting person will immediately dial 100 and advise the PBX operator of the situation and then notify the Administrator on Duty.

PBX Operator

Will announce overhead "Code Pink" three times and then call 911.

Administrator on Duty

Will immediately notify administration.

Hospital Staff

Will immediately implement infant / child abduction plan. This policy is located in the Environment of Care Book or in the Meditech Library under "Suspected Infant or Child Abduction".

All exits to the building will be monitored and all traffic flowing in or out of the hospital will be stopped.

If an individual who is detained refuses to cooperate and leaves the premises, they should be followed and a license plate number, vehicle description and direction of travel should be obtained. The employee should also obtain as much information about the person as possible i.e. hair color, height, description of clothes, etc. If able, the employee should dial 100 for emergency code "Dr. Strong" or designate someone to initiate the call, but should not lose sight of the individual to do this.

All areas of the hospital will be searched: all rooms, storage areas, bathrooms, hallways, closets, basement, etc. These will be searched for any signs of evidence that the abductor has been there or is actually hiding.

If the abductor is spotted, all necessary steps should be taken to detain them, get help and/or keep track of them. Steps to detain them should only be initiated if it can be done without harm to the infant, child or staff.

If the employee(s) attempting to detain an individual, need more assistance and are unable to get to a phone, **the employee(s) should call out loudly for help.**

(Continued on next page)

4. CODE PINK (INFANT / CHILD ABDUCTION) (CONT.)

Security Personnel

Will check all parking lots and outside the hospital and note any unusual disturbances**.** Any suspected person(s) will be detained by security until local police can arrive.

Department Staff in the Area of the Suspected Abduction

Primary Nurse of Patient Abducted

Will notify the family and primary care provider.

Department Staff

Will remain in their department . They will secure all exits in the department and all

areas in the department will be searched.

Will follow instructions as per policy located in the Environment of Care Book or in the Meditech Library labeled “Suspected Infant or Child Abduction”.

Hospital staff shall not discuss the incident with anyone, nor shall any hospital staff communicate with the media, without prior authorization from administration.

DOCUMENTATION FOR INFANT / CHILD ABDUCTION

Document all pertinent information on an Unusual Occurrence Report. This must be completed as soon as possible following the incident and submitted to the area director.

5. DEPARTMENTAL RESPONSIBILITIES

The following information is for general organization only. See Departmental Procedure for each department for specific instructions.

ACCOUNTING

See BUSINESS OFFICE

ADMINISTRATION

Determines the need for evacuation, partial or general. Determines the extent of emergency operations and communicates to the various departments involved.

ADMISSIONS

Employees should clear the pre-designated data from their area and then should escort visitors and patients to evacuate the building via the safest predetermined evacuation route for the department.

BIO-MED

See PLANT OPERATIONS

BIRTHING CENTER

Prepare for evacuation if necessary. No new procedures are to be started until the extent of fire and/or evacuation is assessed.

BUSINESS OFFICE

Employees should clear the pre-designated data from their area and should escort visitors and patients to evacuate the building via the safest predetermined evacuation route for the department.

CAT SCAN

Escort all visitors and patients to a safe area. In the event of an evacuation, shut down all electrical equipment and evacuate pre-designated records and equipment as time permits.

CENTRAL SERVICES

Report to Surgery to assist as directed by supervisor.

(Continued on next page)

5. DEPARTMENTAL RESPONSIBILITIES (CONT.)

EDUCATION COORDINATOR

Assist in escorting and/or evacuation of visitors and patients. Makes sure that the Conference Room and/or Education Room are evacuated. Reports to Administrator on Duty or designated Head Nurse to assist as directed.

EMERGENCY DEPARTMENT

Escort visitors to a safe area and prepare to evacuate patients and pre-designated equipment if necessary. If not in the fire area or imminent danger, prepare for receiving casualties.

ENDOSCOPY LAB

Prepare for evacuation if necessary. No new procedures are to be started until the extent of fire and/or evacuation is assessed.

ENVIRONMENTAL SERVICES AND LINEN

Environmental Services and Linen should report to the nearest nursing station within their working area to assist as needed.

FINANCIAL COUNSELORS, CASHIERS, FILE CLERKS

See BUSINESS OFFICE

FOUNDATION

See ADMINISTRATION

HEALTH RECORDS INFORMATION SERVICES

Escort all visitors and patients to a safe area. In the event of an evacuation, shut down all electrical equipment and evacuate pre-designated records and equipment as time permits.

HUMAN RESOURCES

In the event of an evacuation, will establish a check-in area at the main entry of the Education Building. List to be forwarded to Administration.

INSURANCE CLERKS

See BUSINESS OFFICE

(Continued on next page)

5. DEPARTMENTAL RESPONSIBILITIES (CONT.)

INTENSIVE CARE UNIT

Sustain life support systems and prepare for the evacuation while sustaining the needs of critical patients. Remove pre-designated priority equipment if evacuation is necessary.

LABORATORY SERVICES

Escort all visitors and patients to a safe area. In the event of an evacuation, shut down all electrical equipment and evacuate pre-designated records and equipment as time permits.

LIBRARY, MEDICAL AND CONSUMER

Employees should clear the pre-designated data from their area and should escort visitors and patients to evacuate the building via the nearest safe route.

MARKETING DIRECTOR

See ADMINISTRATION

MATERIALS MANAGEMENT

Employees should clear the pre-designated data from their area and should escort visitors and

patients to evacuate the building via the nearest safe route.

MEDICAL STAFF SERVICES

See Administration.

MANAGEMENT INFORMATION SYSTEMS

Employees should clear the pre-designated data from their area and should escort visitors and patients to evacuate the building via the nearest safe route.

MRI

See Radiology

NEURODIAGNOSTICS

Escort all visitors and patients to a safe area. In the event of an evacuation, shut down all electrical equipment and evacuate pre-designated records and equipment as time permits.

(Continued on next page)

5. DEPARTMENTAL RESPONSIBILITIES (CONT.)

NUCLEAR MEDICINE

See Radiology

NURSING SERVICES

Close all doors and windows, turn off oxygen zone valves in the area, inform visitors of fire/drill and escort to safe area if necessary. Evacuate patients and their records outside of building depending on the severity of the fire.

NURSING ADMINISTRATION / ADMINISTRATOR ON DUTYS

Assist in determining the need for evacuation, partial or general. Determines the extent of emergency operations and communicates to the various departments involved.

NUTRITIONAL SERVICES

Shut off all equipment. Employees should escort visitors and patients to evacuate the building via the nearest safe route.

PBX OPERATORS

When notified by "red" phone or fire alarm system, PBX operator should page "Dr. Red" per procedure, then contact the Fire Department, Administrator, Director of Nursing, and

Administrator on Duty/designated Head Nurse as directed by procedure. Responsible for paging "all clear" when properly contacted to do so.

PHARMACY

Employees should clear the pre-designated data from their area and should escort visitors and patients to evacuate the building via the safest predetermined evacuation route for the department.

PLANT OPERATIONS

Respond to the scene of the fire with extinguisher and assist with fire fighting efforts. Responsible for security inside and outside of hospital. Assists security as needed for security and traffic control. Will contact Name of Place Security for entrance to the Name of Place Field House in the event of an evacuation.

RADIOLOGY

Escort all visitors and patients to a safe area. In the event of an evacuation, shut down all electrical equipment and evacuate pre-designated records and equipment as time permits.

(Continued on next page)

5. DEPARTMENTAL RESPONSIBILITIES (CONT.)

REHAB SERVICES (PT & HOPS)

Escort all visitors and patients to a safe area. In the event of an evacuation, shut down all electrical equipment and evacuate pre-designated records and equipment as time permits.

RESPIRATORY THERAPY

Escort all visitors and patients to a safe area. In the event of an evacuation, shut down all electrical equipment and evacuate pre-designated records and equipment as time permits.

SECURITY

Responsible for security inside and outside of hospital. Will assist plant operations with security and traffic control as needed. Will contact Name of Place Security to obtain access to Name of Place Field House in the event of an evacuation.

SURGERY

Surgery will continue all operations and secure their area and prepare for evacuation if necessary. No new procedures are to be started until the extent of fire and/or evacuation is assessed.

SWITCHBOARD

See PBX Operator

ULTRASOUND

See Radiology

UM/QI

Employees should clear the pre-designated data from their area and should escort visitors and patients to evacuate the building via the safest pre-determined evacuation route for the department.

VOLUNTEERS

If assigned to a specific department, volunteer is to follow procedure established for that department. If unsure, volunteer is to evacuate building. Director of Volunteers is to secure working area and assist in the clearing of main lobby.

6. DISASTER DOCUMENTATION

AFTER THE DISASTER IS ALL CLEARED

An Unusual Occurrence report regarding the disaster should be submitted by the following:

Person discovering the disaster

Director of Plant Operations

These must be completed as soon as possible after the disaster is brought under control. These reports are to be sent to the administrator and safety committee.

7. EVACUATION PLAN

Evacuation may be ordered as a necessity or as a general precaution and may be partial or general. ADMINISTRATION or the ADMINISTRATOR ON DUTY will make the decision for evacuation.

PLAN OF EVACUATION

Partial Evacuation

This is when the event is confined to a floor or area, under control, and it is necessary to move patients to a safe place.

General Evacuation

This is when it is determined that the event has reached such an intensity to spread to other areas and total evacuation from the building is necessary.

IF EVACUATION IS ORDERED

PBX Operator

Will notify security at 000-000-0000 for security and traffic control.

Will announce evacuation point as directed by incident commander / designee.

Will also contact Name of Hospital's security or plant operations for access to buildings.

Security

CH Security will notify Name of Place Security for access to the Name of Place Field House.

Area Directors and Hospital Staff

Evacuate person(s) closest to the event first. Evacuate others according to their physical condition. **ELEVATORS ARE NOT TO BE USED**

Ambulatory Patients**:** These should be led in a group to a safe area. A fire/disaster nurse must be put in charge to assure that all are accounted for. ELEVATORS ARE NOT TO BE USED.

Wheelchair Patients**:** These patients should be next in order of evacuation. Take patients to nearest EXIT according to patient's condition and available personnel. ELEVATORS ARE NOT TO BE USED.

(Continued next page)

7. EVACUATION PLAN (CONT.)

Stretcher Patients: Those nearest to danger will be evacuated first. Patients will be removed from stretcher after reaching safety if there is a need to do so.

IF EVACUATION IS ORDERED (CONT.)

The nurse in charge of each floor will make sure that all patients have been cared for. The nurse in charge will further instruct those in his/her charge to keep track of the movements of patients in order that he/she can account for the patients and nursing personnel after the evacuation. Attempts should be made to keep patients from the same hospital area together in safe places.

The nurse in charge or designee will remove from the evacuated area his/her copy of the patient's "KARDEX" and account for each patient's whereabouts. Patients charts, whenever possible, should accompany patient.

EVACUATION TEAM

Incident Command Center

Shall be set up in the Business Office or as directed by the Vice President of Clinical Services or their designee.

A designee from all departments will report to the Incident Command Center with a list of current working staff in their department as soon as possible.

Clinical Nurse Manager

The Clinical Nurse Manager or designee of the floor shall direct his/her employees as to their duties.

In a **partial evacuation**, all other employees shall remain at their respective area but be prepared to go to the scene of the disaster as directed by their supervisor or as otherwise officially informed.

If a **general evacuation** is required, the following should be initiated immediately:

PBX Operator

Will announce evacuation point as directed by incident commander / designee.

Will also contact Name of Hospital's security or plant operations for access to buildings.

(See evacuation locations on next page)

7. EVACUATION PLAN (CONT.)

Security

Name of Hospital Security will notify Name of Place for access to the Name of Place.

EVACUATION LOCATIONS

Employees Not Involved
In Direct Patient Care

Shall report to the Lab Conference Room and sign in, unless otherwise assigned. Name of Place Plaza is the designated overflow area for employees. Please proceed to the pharmacy entrance and sign in.

Employees Not Involved
With Patient Evacuation

Shall report to the Lab Conference Room and sign in, unless otherwise assigned.

Guests

Shall be asked to evacuate to the east entrance of the Education Building until further instructed.

Patients

Ambulatory and wheelchair patients shall be evacuated to Name of Place Field House, as directed.

Bedridden floor patients shall be transferred by stretcher and evacuated to Name of Place Field House, as directed.

ICU patients shall be evacuated to Name of Evacuation Hospital per ambulance.

Surgical patients will be evaluated and evacuated per Name of Hospital O.R. plan.

8. EXPLOSION

Follow instructions for “FIRE PLAN-PROCEDURE”.

9. FIRE PLAN

PROCEDURE

Name of Hospital fire alarm will be announced overhead as:

Dr. Red - 'Location of Fire'
for example: **"Dr. Red - Kitchen"**

The **Administrator on Duty, Safety Officer or Safety Chairperson** will notify the PBX operator of an “All Clear”:

The All Clear will be announced overhead as:

"Dr. Red - All Clear"

Steps to be followed in the event of a fire in the hospital:

1. **Alarm** - Activate the alarm system.

2. **Call 100** - Give the operator the exact location of the fire.

3. **Evacuate/Extinguish** - Remove the patients or other personnel from the danger area. Fight the fire with the proper fire extinguisher until help arrives if possible.

Records / Equipment - Remove pre-designated equipment and/or records from the danger area.

The above steps should be performed SIMULTANEOUSLY by getting assistance from other personnel.

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9. FIRE PLAN (CONT.)

PROCEDURE (CONT.)

At The Scene of the Fire

Activate nearest fire alarm.
Call 100 and state the following information:

Location of fire.
Type of fire.
Size of fire.
Your name.

Evacuate and extinguish

The Administrator or Director of Plant Operations will be the responsible person in charge of the fire area. If the Administrator or Director of Plant Operations is unavailable, the Administrator on Duty or designee will be responsible.

The following duties must be carried out concurrently as assistance is available:

a. **E**vacuate - Remove from immediate danger any person(s) in proximity of the fire or smoke.

b. **E**xtinguish - Use the fire extinguishers and/or wet blankets or rugs as necessary.

c. Close all doors and windows.

d. After appropriately arranging to continue use of life-saving or life-sustaining patient services, turn off:

All oxygen zone valves.
All other electrical appliances such as ice machines, suction pumps, radios, televisions, etc.

(Continued Next Page)

9. FIRE PLAN (CONT.)

LOCATION OF FIRE ALARMS AND EXTINGUISHERS

Fire Alarms

Fire alarms (pull stations) are located throughout the hospital. They are **RED** in color and all perform the same function. Fire alarms are located by all exits, as well as within most departments. They are also located along the main hallways on the walls.

Extinguishers

Fire extinguishers are located throughout the hospital. They are found recessed in the walls of the main corridors. **RED** vertical signage indicates location of extinguishers along the hallways. Most individual departments also have extinguishers. Any extinguisher used will be effective on any type of fire. They are ABC rated extinguishers.

Annunciation Panels

Annunciation panels are located at the East Wing nurse's station, OCU, and in the Emergency Department. These panels will indicate the area of a fire alarm.

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9. FIRE PLAN (CONT.)

GENERAL RULES

Avoid Panic

The greatest danger in most fires is panic. Don't alarm the patients by exciting emotions. Never shout "fire." Patients look to you for protection, appear to be calm and move with assurance.

Be Alert For Signs Of Fire

If you see or smell smoke, pull alarm and then call 100 for the telephone operator. Early detection means prompt extinguishing of fire. Form habits of watchful care. Above all, be alert at night when aid or help is less available.

Know the Location of Fire Extinguishers and Pull Stations in Your Area

Think over the instructions you have been given in the use of fire extinguishers. Fire extinguishers are marked by red vertical signage on the walls.

Learn Emergency Procedures Specific for Your Department

Know what your duties are. Memorize the locations of exits and fire extinguishers.

Activate alarm
Call 100
Evacuate/Extinguish

10. DR. GREEN – HAZARDOUS MATERIALS EXPOSURE

Definitions of Abbreviations:

CH.....Name of Hospital
CHDT.....Name of Hospital Decontamination Team
DA.....Decontamination Area
ED.....Emergency Department
EDP .....Emergency Department Physician
ES .....Environmental Services
GJFD .....Grand Junction Fire Department
GJFD IC .....Grand Junction Fire Department Incident Commander
HazMat.....Hazardous Materials
PAPR.....Turbo Powered Air Purifying Respirator
PPE .....Personal Protective Equipment
Plant Ops.....Plant Operations
SCBA .....Self Contained Breathing Apparatus

I. INCIDENT NOTIFICATION

A. Early notification from emergency responders is critical for preparation of the Name of Hospital Decontamination Team (CHDT) determination of level of response, and preparation of the Decontamination Area (DA).

1. The on-site Incident Commander from the Grand Junction Fire Department (GJFD) will convey the following information (see Appendix B for Intake Form) to the Name of Hospital Emergency Department (ED) RN:

a. Identification of the chemical agent if known:

1. Nature and extent of contamination & / or injuries
2. Number of patients exposed
3. Estimated Time of Arrival (ETA)
4. **Was there preliminary decontamination at incident site?**
   If yes, to what extent has decontamination been performed at the incident site?
   If NO, see section III.
5. Preliminary medical treatment at incident site
6. Extent of injuries
7. Signs and symptoms
8. Suggested precautions:
   a. Personal Protective Equipment (see Appendix A for PPE)
   b. Respiratory Protection- CHDT will provide Level C respiratory precautions (see Appendix A). If Level A or B is required, only GJFD HazMat will be able to decontaminate the patient(s).
   c. Prepare to set up decontamination area

B. The ED RN, Emergency Department Physician (EDP), Security, and HazMat / Waste Manager

/ Safety Officer, will review information gathered from incident and determine the level and type of response required.

1. The ED RN and EDP will notify the hospital operator to activate the CHDT and/or External Disaster Plan when ED staff receive information that a patient(s) exposed to hazardous materials is being transported (by EMS) to or has arrived (by private vehicle) at the ED. The ED RN and EDP will consider activating the Disaster Plan depending on the number of patients/ acuity.
2. Early notification from emergency responders is critical for preparation of the CHDT, determination of level of response, and preparation of the Decontamination Area (DA).
3. The on-site GJFD Incident Commander will relay to ED staff if any additional precautions should be taken during patient treatment.

C. Information sources:

1. Name of Team: HazMat Team - 911, or Incident Commander (IC)
2 Rocky Mountain Poison Control- (800) 332-3073
3 Material Safety Data Sheets (MSDS)
4 Poisondex (St Mary's Hospital)
5 Reference manual- "Emergency Care for Hazardous Materials Exposure Manual" (management guidelines and treatment protocols)
6 Name of Hospital Hazardous Materials / Waste Manager /Safety Officer
7 Agency for Toxic Substances and Disease Registry- (404) 639-0615 (24 hr hotline for health related support)
8 National Pesticide Telecommunication Network- (800) 858-7378
9 Chemtrec- (800) 424-9300
10 Radiation Safety Officer
11 Colorado Department of Public Health and Environment- (303) 756-4455
12 Radiation Accident Preparedness (RAP) Team- 248-6070
13 Nuclear Medicine Technologist on call

II. STAFF PREPARATION / RESPONSIBILITIES

A. Name of Hospital Decontamination Team

1. ED RN: On-Site Decontamination Response Coordinator
   a. If GJFD arrives at Name of Hospital, GJFD will act as educational resource and potential back-up personnel pool if Name of Hospital staff is unable to safely perform duties with available PPE.
2. ED and Environmental Services personnel currently on shift will act as Team Leader
3. Plant Ops / Administrator on Duty: will respond to the ED with the HazMat equipment
4. Security: will respond to secure the DA/ ED
5. Environmental Services: will respond and assist Plant Ops in the preparation of the DA
6. HazMat / Waste Manager / Safety Officer: will act as technical consultant
7. Nuclear Medicine Technologist: will act as technical consultant

B. CHDT will have baseline vital signs recorded and be registered and charted as an ED patient prior to donning PPE. Report to Triage for:

1. Temperature
2. Blood Pressure
3. Pulse
4. Respiration Rate
5. Pulse Oximetry

C. Personal Protective Equipment (PPE)

1. All CHDT members having direct contact with the contaminated patients will don Level C PPE. Scrubs will be worn under the PPE. No personal items (jewelry, wallets etc.) are to be worn under the PPE. **Only staff trained at the Modified Operational Level is to don this PPE and perform patient decontamination. Use bathroom and blow nose prior to donning PPE. Other PPE use will be trained as required.**
2. Level C PPE includes:
    a. Saranex/Tyvek (Or Similar) Suit
    b. HazMat Boots
    C. Silver shield (or similar) chemical resistant gloves over thin nitrile gloves
    d. Turbo Powered Air Purifying Respirator (PAPR) with **appropriate** cartridges (see Appendix A)
        1. Consult MSDS, Poisondex, Chemtrec, HazMat / Waste Manager / Safety Officer, or other listed references to determine (from chart located on the Turbo PAPR cart) which if any cartridge will protect staff from exposure.
    e. Duct tape all loose areas of suit: i.e. wrists, ankles

    All items must be worn to protect staff from exposure.

D. All personnel involved in patient care will don appropriate PPE as determined by the GJFD, ED RN or Emergency Department Physician (EDP), HazMat / Waste Manager / Safety Officer, and or Nuclear Medicine personnel.

III. DEPARTMENT PREPARATION

A. Set up external DA if decontamination to be performed at Name of Hospital (as determined from consultation with GJFD HazMat Team: see Appendix E for diagram).
1. Area outside west exit of the ED in Day Surgery parking is the designated DA
2. The following steps are to be completed to ensure proper set-up:
    a. Place plastic sheeting on ground
    b. Set up decontamination pool(s)
    c. Attach water hose(s) to warm water faucet
    d. Attach shower nozzle(s)/hoop(s) to water hose
    e. Set out brushes/soap
    f. Set up backboard(s)
    g. Set out waste overpack drum

B. Clean Team Transfer Area
1. Room #3 in ED will be set-up to receive patients previously decontaminated by either GJFD HazMat or CHDT.
2. Remove extra beds and equipment from the Holding Area
3. Tape plastic to the floor (SLICK WHEN WET) immediately inside the west exterior door in order to receive decontaminated patients.
4. The GJFD Incident Commander will inform ED staff to prepare for:
    a. Conversion To Negative Pressure
    b. More Extensive Plastic Floor Coverings
    c. Equipment Removal
5. Shut the doors between Room #3 and stock room to act as a buffer zone
    a. These doors will be the control points through which staff, supplies, and equipment can be controlled.
    b. Keep a roll of plastic sheeting to tape to the floor if necessary.
6. Seal with tape and plastic the hallway between Room #4 and Stock Room hallway floor to ceiling.

IV. PATENT ARRIVAL

A. Patient arrives at Name of Hospital decontaminated by GJFD
   1. CHDT will be fully prepared as specified in sections I - III

B. Patient arrives at Emergency Department Entrance
   1. Keep at least **six feet away** from all persons who may have been exposed including ambulance personnel and drivers of private vehicles. Anyone who has had close contact with the patient may be contaminated.

   2. Triage Assessment
      a. If the patient is emergent**, and has not been decontaminated,** staff / physicians engaging the patient may be risking their own health in treating the patient. "*Do not offer medical treatment until the patient has been decontaminated or you are properly garbed with appropriate personal protective equipment (as determined by ED staff or HazMat / Waste Manager / Safety Officer:(see Section II - C). The Care Coordinator, HazMat / Waste Manager / Safety Officer or the GJFD Incident Commander may bar any individual from the scene if PPE is not worn.*"
      b. Page CHDT (Operator to page team)
      c. Don PPE prior to assisting patient (see II - D & Appendix A)
      d. Prevent patient from entering building and move on wheelchair or stretcher to the external DA outside the west door of the ED.
      e. If decontamination has NOT been done, call 911 to the GJFD to request the HazMat Team to respond to Name of Hospital for patient decontamination. This needs to be rapidly determined in order to coordinate the proper level of response by the CHDT.

C. Patient arrives at other hospital entrance
   1. Keep at least **six feet away** from all persons who may have been exposed including ambulance personnel and drivers of private vehicles. Anyone who has had close contact with the patient may be contaminated.
      a. Any person having direct contact or who has approached the contaminated victim closer than 6 feet will be assumed to be exposed to the contamination. This person will then need to be decontaminated with the original victim.

   2. Call the PBX Operator who will page CHDT, HazMat / Waste Manager / Safety Officer, Administrator on Duty and/or Administrator on call to determine if it is necessary to:
      a. Close areas of the hospital
      b. Evacuate patients, visitors, or staff
         Extensive contamination of the building along with contamination of other patients, visitors, and staff is possible. Do not delay.
      c. Transfer Triage to the Front Entrance if the hospital ED becomes contaminated.
   3. Call 911 to request GJFD HazMat Team to respond for patient decontamination.
   4. CHDT will don PPE prior to assisting patient (see section II - C & Appendix A)
   5. Prevent patient from entering building if possible and move on wheelchair or stretcher to the external DA.
   6. Triage Assessment
      a. If the patient is emergent**, and has not been decontaminated,** staff / physicians engaging the patient may be risking their own health in treating the patient. *"Do*

not offer medical treatment until the patient has been decontaminated or you are properly garbed with appropriate personal protective equipment (as determined by ED staff or HazMat / Waste Manager / Safety Officer: (see Section II - C). The ED staff, HazMat / Waste Manager / Safety Officer or the GJFD Incident Commander may bar any individual from the scene if PPE is not worn."

V. PATIENT DECONTAMINATION PROCEDURE

A. The GJFD HazMat Team is responsible for primary decontamination.
   1. Primary decontamination will routinely be performed at the incident site.
      a. Two or three stage decontamination will be used depending on extent and type of contamination as determined by the GJFD Incident Commander.
   2. Decontaminated patients will be transported to the Name of Hospital DA for medical treatment.

B. Ambulatory Patients:
   If the GJFD HazMat Team is unavailable **and** the patient does not require Level A or B PPE, the CHDT will perform the patient decontamination.
   1. Two or three stage decontamination will be used depending on extent and type of contamination as determined by the EDP, ED RN, HazMat / Waste Manager / Safety Officer, or GJFD Incident Commander.
   2. Ensure the wind is at your back to minimize staff exposure.
   3. Cover wounds, remove all jewelry and contaminated clothing and place into plastic bag.
      a. Brush or blot away visible contaminants.
   4. Place patient into first station
      b. Thoroughly wet patient using warm (80^{o} - 104^{o} F) water at low pressure.
   5. Wash and irrigate face, mouth, eyes, and ears.
   6. Systematically and gently scrub patient from head to toe with soft-bristled long-handled brush and mild liquid detergent (dish soap). Avoid skin irritation, which may increase absorption of any contamination.
   7. Thoroughly rinse patient and transfer to second wash station.
   8. Repeat steps 4-6.
   9. Thoroughly rinse patient and transfer to third station if necessary.
   10. After final wash station, rinse with copious amounts of water.

C. Non-Ambulatory Patients
   1. The GJFD HazMat Team is responsible for primary decontamination.
   2. Primary decontamination will routinely be performed at the incident site.
   3. Decontaminated patients will be transported to the Name of Hospital DA for medical treatment.
   4. If the GJFD HazMat Team is unavailable **and** the patient does not require Level A or B PPE, the CHDT will perform the patient decontamination.
      a. Ensure the wind is at your back to minimize staff exposure.
      b. Cover wounds, remove all jewelry and contaminated clothing.
   5. One station will be set up for decontamination.
   6. Place sawhorses on either side of the pool and set the spine board across the pool.
   7. Wash front and back of patient twice (see section V – B – steps 4 -8).
   8. Final rinse with copious amounts of water.

VI. PATIENT TRANSFER

A. Clean Transfer Team

1. Once patient(s) are thoroughly decontaminated, the patient(s) are transferred to the west exit door of ED by means of a "Clean Team Transfer". The purpose of this type of transfer is to restrict potentially contaminated EMS or Decon personnel and equipment from entering the hospital.
    a. Move patient from the DA into the room # 3 on top of the protective plastic sheeting taped to the floor.
    b. Transfer patient to a clean stretcher/wheelchair that is placed next to but not on the plastic sheeting.
    c. At no time should contaminated staff enter into the clean area nor should the clean staff enter the contaminated area.

VII. MEDICAL RESPONSE

A. The Clean Transfer Team will provide medical treatment.
B. GJFD Incident Commander will relay to ED RN Coordinator if any additional precautions should be taken during treatment.
C. Normal "ABC" priorities should be followed.
D. The possibility of underlying injuries or medical problems should be considered along with any signs or symptoms associated with the chemical exposure.

VIII. SAMPLE COLLECTION

A. Collect samples (as required) of the chemical while wearing appropriate PPE.
B. Air sampling to verify required PPE or adequate decontamination will be collected by GJFD or HazMat / Waste Manager / Safety Officer.
C. Label samples with patient ID, time and location of collection, and ID of contaminant if known. Samples may be required for medical/legal evaluation.
D. HazMat / Waste Manager / Safety Officer will assume control of the samples.

IX. SECONDARY DECONTAMINATION: IF REQUIRED

A. Eyes
    1. Flush thoroughly for 15 minutes using water or saline
    2. Collect all wash water for proper disposal
B. Ears, Nose, Mouth
    1. Moist swabs or cotton tipped applicators can be used to clean the ear and nasal cavities.
    2. Have the patient blow their nose or aspirate using bulb syringe.
    3. Remove as much contamination as possible from hidden passages.
C. Wounds
    1. Follow normal ED procedures
    2. Minimize cross contamination
D. Intact Skin
    1. Any contamination not removed at the DA must be removed.
    2. Use warm water (80^{o} F) and liquid detergent to remove remaining contamination. Alternative means may be used as recommended by chemical manufacturer or other resource.
    3. Check all areas of the patient for any remaining contamination.

4. Collect all wash water for proper disposal.

E. Collect all water from the shower if used for decontamination. Use the staff shower with a collection pool in the shower.

X. DOCUMENTATION

A. All decontamination procedures will be documented on the ED record.

XI. PATIENT EXIT PROCEDURE

A. Once the patient has been thoroughly decontaminated and stabilized; the patient may be either transferred or discharged following EDP orders.

XII. STAFF EXIT PROCEDURE

A. After all patients have been transferred out of the DA, staff should remove and dispose of all contaminated PPE.

B. All items should be considered contaminated and placed in the proper container for disposal.

C. Remove PPE in this order:

1. Outer Gloves - Dispose
2. Shoe Coverings - Decontaminate
3. Respirator - Decontaminate
4. Overalls - Roll Downward From Inside To Outside - Dispose
5. Inner Gloves - Dispose

XIII. POST INCIDENT ACTIVITIES

A. Clean up activities will be coordinated by the HazMat / Waste Manager / Safety Officer. Appropriate PPE will be worn

1. Pumping wash water from stations into packing drums
2. Collection of contaminated clothing and packing into drums
3. Packing up wash stations
4. Removing plastic sheeting and packing into drums
5. Remove waste drums to the hazardous waste shed for disposal
6. Remove PPE as described in section XII - C

B. All staff members should shower in the O.R. shower

C. Post incident vital signs to include: (on ED chart)

1. Temperature
2. Blood Pressure
3. Pulse
4. Respiration Rate
5. Pulse Oximetry
6. EDP Assessment
7. Discharge or follow-up as deemed necessary by the EDP

D. Manifest the collected waste for invoicing to responsible parties

E. Those individuals involved in the incident will complete a debriefing:
   1. Complete the Post Incident Analysis form (see Appendix D)

TASK SHEET

Name of Hospital Decontamination Team (CHDT)

A. The CHDT, when advised of a HazMat incident, will coordinate with the ED staff and start to set up for possible decontamination and donning of PPE.

1. When patient status is known:

   a. Either contaminated or decontaminated, the proper level of PPE has to be decided. This will be initiated by consulting the hospital HazMat information sources (see section

I - C), EDP, and/or the GJFD Incident Commander.

b. If level C PPE will be adequate, then the Decon Area will be set up and staffed by the Decon Team with a Team Leader.

B. Prior to donning the PPE, all members of the Decon Team will have a baseline set of vitals taken and all will be registered as ED patients prior to the performing any decontamination procedure. Be sure to blow nose & use the restroom etc. before donning decontamination apparel.

C. The Decon Area will be set up outside the west exit on the parking pad for Day Surgery. This will entail three stations (if needed) with entrance and exit clearly marked.

D. Working with other members of the Decon Team, the patients will be decontaminated according to proper procedure until the HazMat / Waste Manager / Safety Officer or GJFD HazMat Officer clears patient. Or the patient has met criteria given by hospital HazMat information sources (see section I - C).

E. Move decontaminated patient to the transfer area (northwest door of Emergency Department by Room 3).

F. When done with patient decontamination, the CHDT will break down the decontamination equipment under direction from the HazMat / Waste Manager / Safety Officer. All disposable materials are placed into the drum for disposal as hazardous waste. The decontamination pools are also disposed as hazardous waste. All contaminated items removed from the patient are disposed as hazardous waste.

G. When completed with decontamination and break down, the CHDT will remove all PPE according to proper procedure. They will then take a shower, get dressed and be evaluated by the EDP for medical clearance.

TASK SHEET

ED Clerk

A. Pt presents to ED area with HazMat exposure. Pt awake & ambulatory with unknown contaminant

1. Prevent patient from entering hospital if possible (maintain a minimum distance of 6 feet from the patient).
2. If patient is in hospital and contaminated, move patient outside and keep other patients, visitors and staff from contaminated area (maintain a minimum distance of 6 feet from the patient).
3. Contact the ED staff
4. All contaminated patients need to be taken or guided to area outside West door of ED.

(this is the designated Decon area)

5. Contact hospital Decon Team and Administrator on Duty.
6. Move any persons with potential contamination to Decon area.
7. From a minimum distance of six (6) feet, attempt to get history from patient including AME or type of contaminant involved
8. **AT NO TIME IS PHYSICAL CONTACT ALLOWED WITH PATIENTS WITHOUT HAVING THE PROPER PROTECTIVE DEVICES ON.**
9. Clear the lobby of visitors, patients, and staff if necessary
10. Relocate Admission/registration if necessary

B. Patient presents to ED area with HazMat exposure. Patient with diminished level of consciousness, unresponsive, or unknown contaminant.

1. Guide / assist patient to area outside West door of ED if possible (maintain a minimum distance of 6 feet from the patient).
2. Contact ED staff
3. Contact hospital Decon Team and Administrator on Duty
4. Move any persons with potential exposure to contaminants to Decon Area. Restrict all persons from area of contamination.
5. From a minimum distance of six (6) feet, attempt to get history from patient or others with patient, including name or type of contaminant involved.
6. **AT NO TIME IS PHYSICAL CONTACT ALLOWED WITH PATIENTS WITHOUT HAVING THE PROPER PROTECTIVE DEVICES ON.**
7. Clear the lobby of visitors, patients, and staff if necessary
8. Relocate Admission/Registration if necessary

IF THE ED TRIAGE AREA BECOMES CONTAMINATED:

1. **MOVE TRIAGE TO THE FRONT ENTRANCE/ MAIN LOBBY**
2. **SECURITY WILL CLOSE THE TRIAGE ENTRANCE AND DIRECT PATIENTS TO THE RELOCATED TRIAGE AREA**

TASK SHEET

ED RN

A. ED staff will take initial call from EMS **OR** if patient arrives without pre-notification, will call 911 request GJFD HazMat Team. Call Operator and have CHDT paged. Notify EDP. **PREVENT PATIENT ENTRY INTO HOSPITAL**. Direct to External Decontamination Area (day-surgery parking lot)

B. On notification from onsite GJFD Incident Commander (IC) the ED staff will complete the Intake Form (see Appendix B) for HazMat Incident.

C. The above group will review of gathered information and await notification from GJFD Incident Commander on final decision on the level of response required.

D. On arrival of CHDT assure that team is registered as ED patient and baseline vital signs are obtained prior to donning PPE.

E. CHDT will be advised as to level of response and begin Decon set-up per Diagram east section of day surgery parking lot.

F. ED staff should have ongoing communication with GJFD Incident Commander (IC) upon his/her arrival and continual through decontamination process. **PRIOR** to Clean Transfer Team accepting patient, ED staff, HazMat / Waste Manager / Safety Officer or GJFD IC will communicate whether any further PPE and/or Secondary Decon will be required.

G. Assure that Post-Incident assessment and EDP exam done on each CHDT member. Follow up per EDP's instructions.

TASK SHEET

Environmental Services

A. Assist Plant Ops as required to set up the Decon Area.

TASK SHEET

Administrator on Duty

A. Assist in the decision of:

1. Closing areas of the hospital that may be contaminated
2. Evacuating patients, visitors, and/or staff
3. Relocating admissions/registration, and triage

TASK SHEET

HazMat / Waste Manager / Safety Officer

A Interact with GJFD to ensure proper selection of PPE

B Assist in identification of contaminant.

C Assist in obtaining correct MSDS using available resources:

1. Poisondex
2. NIOSH pocket guide
3. HHS Medical Management Guidelines for Acute Chemical Exposures
4. Others as necessary (see information sources, section I - C)

D Perform air monitoring/sample collection as necessary

1. Determine if the Holding Area should be placed under negative pressure. Room 3 in the emergency department is the only negative flow room in the hospital.

E Assist in determination of level of decontamination required.

F Perform patient decontamination as required

G Provide “just-in-time” training to ED staff and other staff as required

H Coordinate tear-down of the Decon Area

I Coordinate disposal of collected waste.

TASK SHEET

PBX Operator

When a call is made indicating a contaminated patient has arrived or will arrive at Name of Hospital, the following persons shall be notified:

1. Call 911
2. Page Environmental Services Supervisor
3. Page Engineering Emergency Pager
4. Radio Security
5. Page HazMat / Waste Manager / Safety Officer
6. Call Nuclear Medicine

7. Call ED to confirm they expect to receive a contaminated patient

8. Page Administrator on Duty

TASK SHEET

Plant Operations

A. Get decontamination equipment carts from storage and report to ED.

B. When reporting to ED, check in with ED staff and find out what level of decontamination is being required

C. If water wash down is required, set up water and hose stations per diagram (see Appendix E) for the required amount of decontamination stations.

D. ED room # 3 will then need to be set up by taping plastic to block off Stock Room hallway by Room # 4 from rest of ED. Plastic will need to be placed and taped to the floor.

E. Check with ED staff, HazMat / Waste Manager / Safety Officer, and Security to see if any other help could be given at this time.

TASK SHEET

Radiation Safety Officer & / Or Nuclear Medicine Technologist

In the event of a contamination incident involving radioactive materials, these persons should coordinate with the HazMat Decontamination Team, and be at the Name of Hospital Decon Area to assure the following:

- Proper monitoring of patient for radioactive contamination and radiation exposure levels
- Isotope identification
- Proper advice to hospital personnel regarding actual radiation risks and necessary precautions
- Distribution and collection of individual Dosimeter film badges for hospital personnel
- Assistance with documenting locations of contamination on patient, and sample collection as needed
- Proper monitoring of equipment and personnel leaving Decon Area

The Nuclear Medicine Technologist &/or Radiation Physicist shall have all necessary monitoring equipment- Geiger counter, survey meter, thyroid probe, etc. available, and protected from external contamination to probes with plastic bags.

TASK SHEET

Security

A. Upon hearing the code for contaminated patients notify Security immediately.
   - Security will be notified by Plant Operations Manager through the switchboard

B. The Security Officer(s) on duty will immediately notify the Security Supervisor advising him/her of the type of contamination, number of victims, and estimated time of arrival at Name of Hospital.
   - Officer will notify Security Supervisor of all security personnel available
   - If the Security Officer(s) on duty is unable to reach the Security Supervisor, he/she will contact one of the other off duty Security Officers an advise him/her of the contaminated patients.

C. The on duty Security Officer will proceed immediately to the Emergency Department and the Emergency Entrance to prevent anyone from interfering with the medical personnel as the victims are brought to the hospital for treatment / decontamination.

D. The off duty Security Supervisor (or Officer) will contact the remaining off duty Officers and advise them of the situation and their need at the hospital.
   - The Security Supervisor will determine where to post each Officer and instruct them what to do or who is authorized to enter the building.
   - He/she will remain at that assignment until properly relieved.

E. All doors will be locked or controlled in time of disaster with security officers and other employees

controlling access to the hospital.

- All hospital personnel are issued an identification badge upon employment and are required to display this badge to gain entry to the hospital in time of disaster

F. Entrances to be used in time of disaster are listed in the External Disaster Plan Manual.

G. Security is responsible for traffic control. Officers will be placed at the main entrance to the grounds and building to screen, direct and control external traffic. After dark, officers at entrances to grounds will use flashlights.

- Barricades will be used at entrances to hospital grounds
- Day Surgery parking lot will be blocked off during a decontamination incident

H. SECURE ED ENTRANCE AND DIRECT PATIENTS TO THE RELOCATED TRIAGE AREA IF NECESSARY

I. During a disaster, family and visitors are to be referred to the Main Lobby.

J. During a drill, patients being admitted to the hospital and visitors will be informed that a drill is in progress

APPENDIX A

Level C Personal Protective Equipment

- Turbo PAPR With Appropriate Cartridges
- Tyvek/Saranex (Or Similar) Suit
- HazMat Boots
- Silver Shield (Or Similar) Nitrile Gloves- Thick And Thin
- Latex Or Nitrile Gloves
- Chemical Splash Goggles (If Required)
- Duct Tape

INSTRUCTION SUMMARY: POWEDED AIR PURIFYING RESPIRATOR (PAPR) TURBO UNIT Racal Breatheasy 12

1. **CHECK BATTERY UNIT:** BEFORE unplugging the Battery Unit, please make sure the green light on the charging unit is "off". This means the unit is charged and ready to "go" for 8 hours of continuous use. Plug the battery into the "Turbo" filter unit, and then attach the battery to the belt.

2. **SELECT:** Select a white hood from one of the bottom drawers (all hoods are the same size). Also select an air hose from the second drawer and make sure the hose has a metal clamp at the black rubber end. If there is not a metal clamp on the air hose, the hose will not seal around the Turbo unit.

3. **INSPECT:** Please inspect the filter cartridges, air hose, and hood for crack, tears, or other damage. Please replace all damaged parts.

4. **CONNECT:** If the filter cartridges are not attached to the Turbo unit or they need to be changed, please connect them to the belt mounted Turbo unit by removing the screw caps (in front) and the filter plugs (in back). Keep these so they may be replaced on the filters as needed. The filters screw into

the threaded adapters of the Turbo unit. All 3 of the filters MUST be connected for the unit to function. **NOTE: Make sure you have the correct cartridges for the chemical i.e.: Organic Vapor for Xylene, Formaldehyde cartridges for formaldehyde etc.**

5. **BEFORE CONNECTING THE AIR HOSE PEDFORM AIRFLOW CHECK**: Place the flow check device into the Turbo unit outlet and turn the battery to the "ON" position. The center of the float ball should rise to or above the 6CFM level (marked by yellow tape) on the flow check device. If the float ball does not rise to this level, the respirator cannot be used, and must be serviced.

APPENDIX B

Intake Form

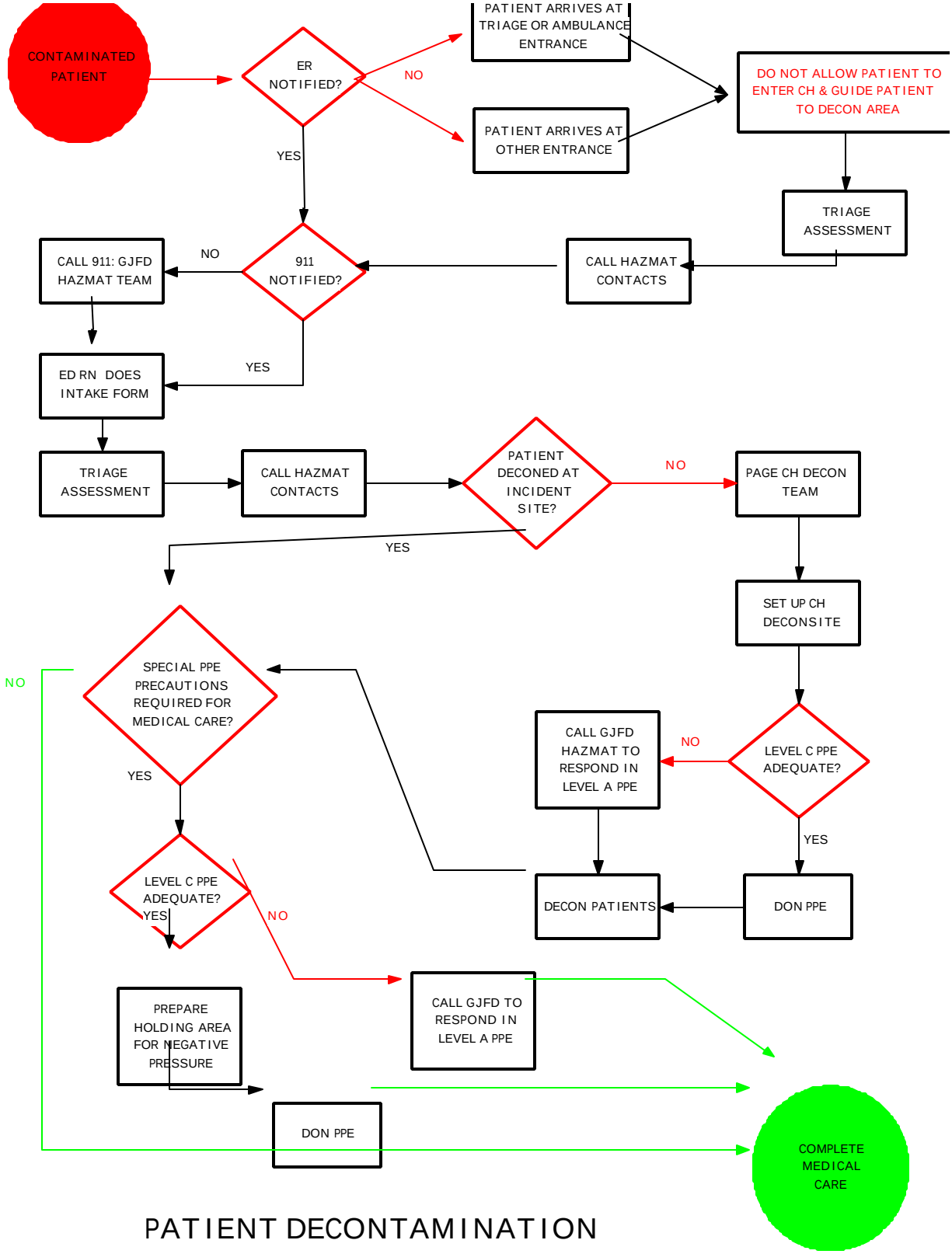
Date: / / **Care Coordinator:** _____

NUMBER OF EXPOSED PATIENTS	
ID OF CHEMICAL: Label Name, Product #, or Manufacturer	
NATURE & EXTENT OF EXPOSURE AND / OR INJURIES	**Patient #1** _____ _____ **Patient #2** _____ _____ **Patient # 3** _____
SIGNS & SYMPTOMS	o _____ o _____ o _____ o _____ o _____ o _____ o _____ o _____
ETA	
PRELIMINARY DECON AT INCIDENT SITE **Site:** _____ _____ _____	o **YES** o **NO** _____ _____ _____ _____

PRELIMINARY TREATMENT AT INDCIDENT SITE **Site:** _____ _____ _____	o **YES** o **NO** _____ _____ _____ _____
SUGGESTED PRECAUTIONS	o **~~PAPR & CARTRIDGE TYPE:~~** o **~~HAZMAT SUIT~~** o **~~HAZMAT BOOTS~~** o **~~GOGGLES~~** o **~~GLOVES~~** o
SET UP CH DECON UNIT?	o **YES** o **NO**

APPENDIX C

Flow Chart



PATIENT DECONTAMINATION

APPENDIX D

Post Incident Analysis form

Date:___/___/___ **Time of Incident:**

Location of Incident:

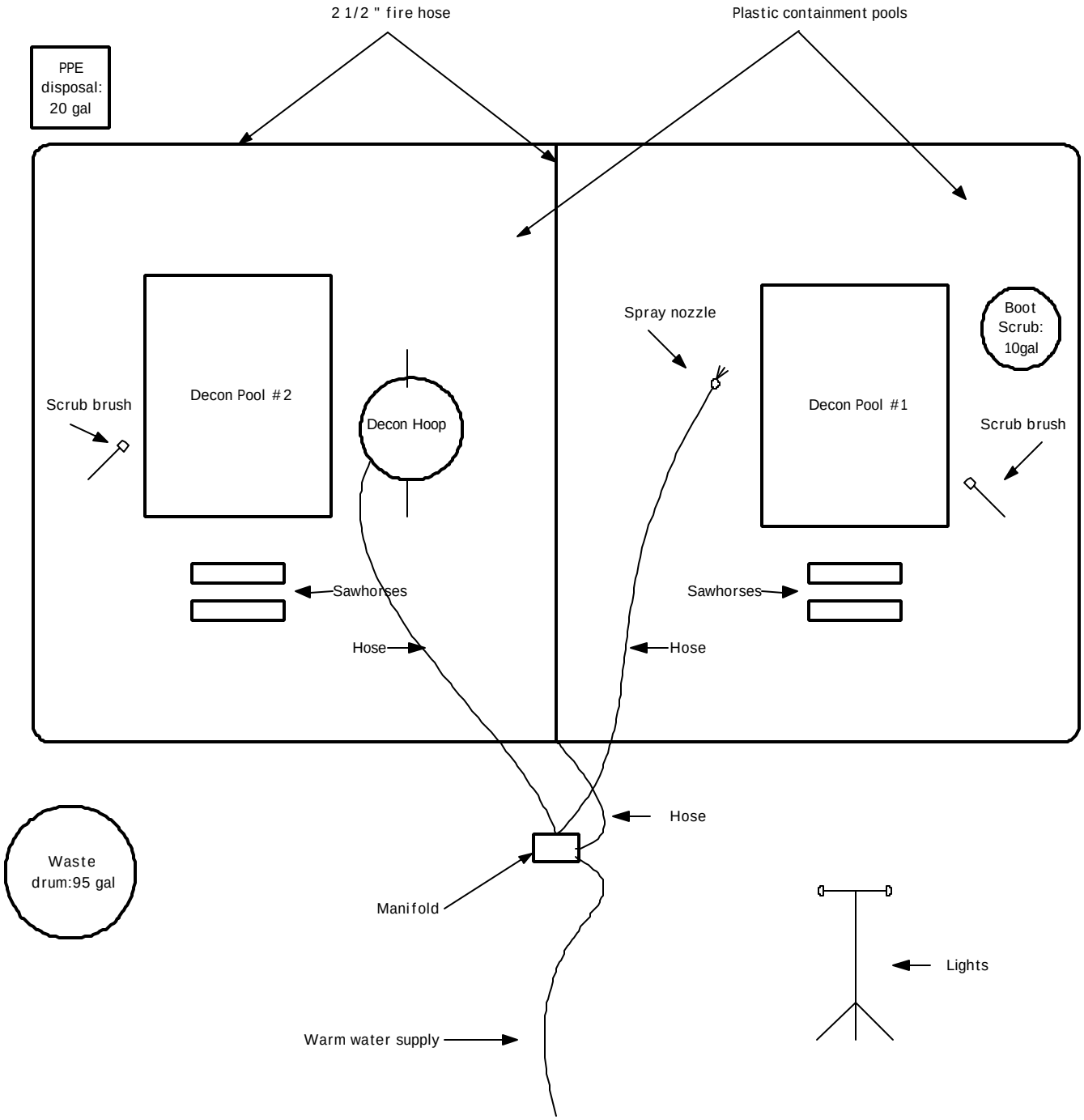
Person completing form (print):

What happened? *1st On-Scene? What actions were taken?*	
Of the actions taken, was there a positive outcome?	
What could have been done differently?	
Extra resources required?	
Changes in process or procedures required?	

APPENDIX E

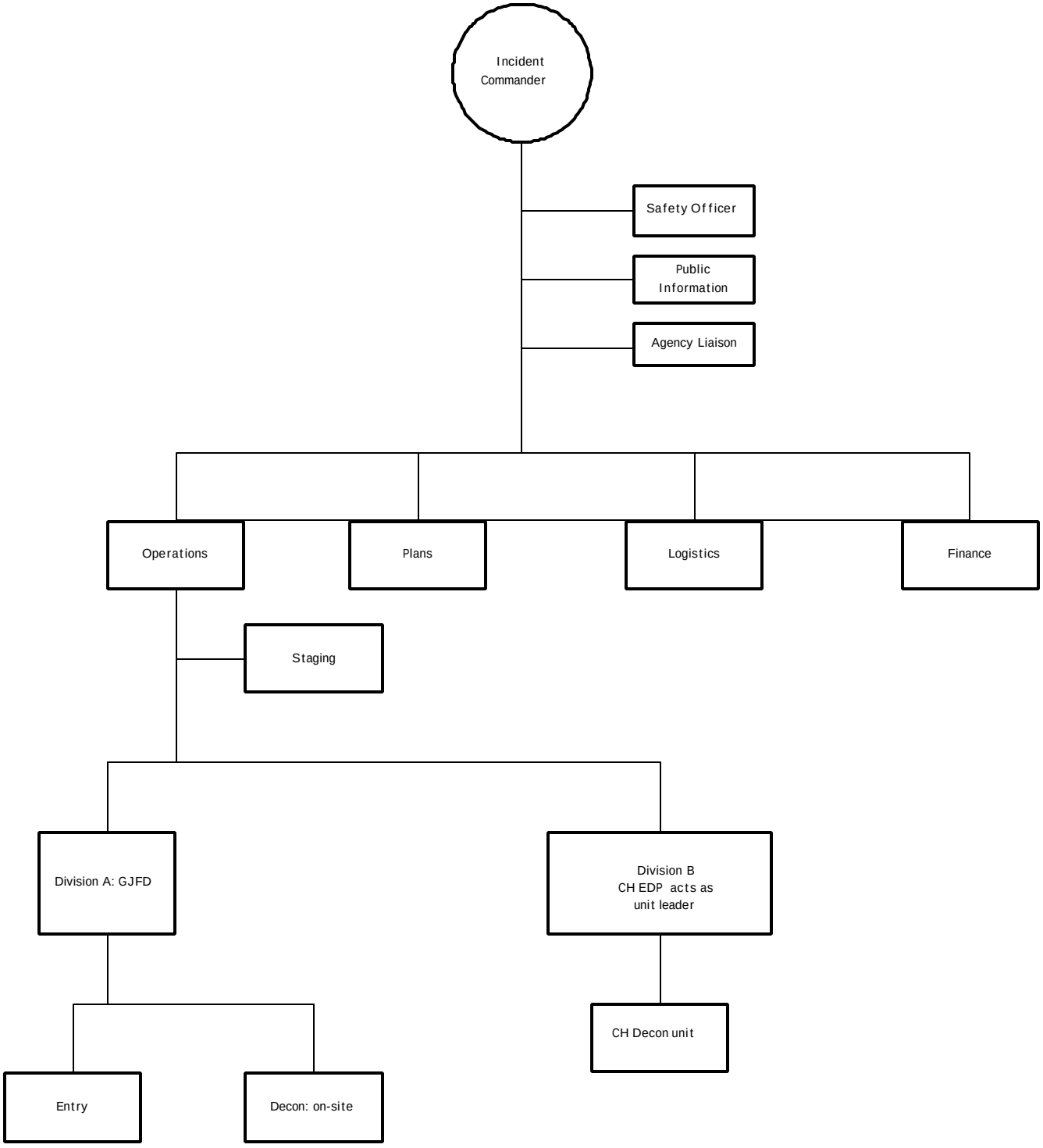
Diagram of Decontamination Area

Decontamination Set Up



APPENDIX F

Incident Command Structure



11. LOSS OF UTILITIES

LOSS OF ELECTRICAL POWER

Main Power

If the main power from Public Service fails for any reason, the Emergency Generator will start automatically. All areas of the Hospital are supplied with Emergency Power for lighting. Critical care areas of the Hospital are supplied with emergency power for lighting and outlets.

Emergency Power

The Emergency Generator supplies power to lighting, mechanical equipment and power outlets. All emergency power outlets are **RED** in color. If main power fails, unplug critical equipment from normal power outlets and plug into **RED** emergency outlets. When normal main power resumes, all outlets can then be used.

Extension Cords

In the event of a power outage, and not enough **RED** emergency power outlets are available, extension cords shall be provided by the Plant Operations Department only for the duration of the main power outage. The Plant Operations Department should pick up all extension cords.

LOSS OF NATURAL GAS SERVICE

In the event of a long-term loss of natural gas, the Hospital will switch to electrical or portable devices/sources.

LOSS OF WATER SUPPLY OR CONTAMINATION

Water for the Hospital is stored in-house. Four hundred twenty (420) gallons of water is available for distribution through bottled water delivered to departments.

12. MAIL THREAT

PROCEDURE

Do not handle correspondence any more than necessary.

Notify supervisor who will in turn notify the CEO or designee.

If a bomb threat, please refer to **"BOMB THREAT"** section for further instructions.

DOCUMENTATION FOR MAIL THREAT

Document all pertinent information on an **Unusual Occurrence Report.** This must be completed

as soon as possible following conversation and submitted to the Administrator or designee.

13. TELEPHONE FAILURE

TELEPHONE FAILURE MIGHT RESULT FROM TWO SCENARIOS

(1) Electrical Power Outage: In such a case the emergency generator should immediately supply power to the Rolm system. The system will run on battery backup for 1 - 4 hours. If this secondary electrical supply fails, the Power Fail system should AUTOMATICALLY switch over to the Power Fail phones.

(2) Failure of the Rolm system: In such a case, the Rolm system should send a signal to the Power Fail Transfer Unit to switch over to Power Fail phones.

In either of the above cases, several safeguards are in place to keep our phone system working. However, in the event that the Rolm system does not work, and the automatic switch to the Power Fail Phones has not been accomplished, someone will have to MANUALLY switch to the Power Fail Phones.

TO MANUALLY SWITCH TO THE POWER FAIL PHONES

The person designated (see notification instructions) will go to the phone room, which is located in the basement beneath the H.O.P. offices. The Power Fail Unit is positioned on the lower left section of the south wall (look for all the phone wires), and is labeled "BP2 Power Fail Transfer Unit". On top of the unit there is a white plastic stylus (looks like a knitting needle). On the front of this unit, in the lower left-hand corner, are two holes. Take the stylus and insert it through the larger of the holes, pushing the button. This should allow external calls to 242-0920 to be routed through the seven power fail phones listed below. (If this button is pushed again, it will switch the phones back to the Rolm system.)

There are seven (7) Power Fail telephones in the hospital located at the:

Emergency Room	ext. 0000
Switchboard	ext. 0000
"100" Phone	ext. 0000
Intensive Care	ext. 0000
Surgery	ext. 000
East Wing	ext. 00
Birthing Center	ext. 000

These phones are marked with green fluorescent labels and in the event of a Rolm system failure, can be used to place outgoing calls. They will also receive calls coming into our main number (000-0000). These Power Fail phones will ring in the order listed; that is, extension 0000(Emergency Room) will ring first. If another call comes in when that extension is busy, the call will roll to 000, etc.
During the day, the Business Office Supervisor or switchboard personnel will send someone to the emergency room to monitor extension 0000.**(Continued Next Page)**

13. TELEPHONE FAILURE (CONT.)

DAYTIME FAILURE NOTIFICATION

Notify the following personnel in the order indicated:

1. Communications Manager – Name (ext. 0000)
2. MIS Director – Name (ext.0000)
3. MIS User Support Asst. – Ext. 0000
4. Plant Operations Electrician – Name
5. Plant Operations Director – Name (ext. 0000)

The person notified is responsible for calling Rolm, and if necessary, making the manual switch to the Power Fail Phones. That person should also get (or designate someone to get) cellular phones to be used in the ER, East Wing, and for the Administrator on Duty.

NIGHTTIME/WEEKEND/HOLIDAY FAILURE NOTIFICATION

Notify the following personnel:

1. Administrator on Duty - Pager 000-0000

   a. They will call ROLM at **1-800-000-0000**, and if necessary, switch to Power Fail Phones.

   b. They will assign someone to man the phones at the switchboard. This person must go to ER and pick up the key to the drawer at switchboard, which contains a cellular phone (250-0710).

2. Security – Beeper # 000-0000 **(SUNDOWN TO SUNRISE)**

   Security personnel shall pick up two-way radios from plant operations and distribute to the following locations:

   1. East Wing
   2. Emergency Room
   3. Lab
   4. Administrator on Duty

DAYTIME COR-0 PAGES DURING TELEPHONE FAILURE

Call the following numbers:

1. Emergency Room 000-0000
2. Administrator on Duty 000-0000 (pager)
3. Respiratory Therapy 000-0000 (pager)

(Continued Next Page)

13. TELEPHONE FAILURE (CONT.)

NIGHTTIME COR-0 PAGES DURING TELEPHONE FAILURE

Call the following numbers:

1. Emergency Room 000-0000
2. Administrator on Duty 000-0000 (pager)

14. TELEPHONE THREAT

PROCEDURE

Any obscene or threatening call should be reported to supervisor.

a. Listen carefully to the caller's voice, male/female, accent, background noise, etc. Ask their name. Use the "Caller ID Checklist:" located on flipchart by phone.

b. Call the switchboard immediately after the call has terminated.

c. Document all information about the call and report to your supervisor. If a bomb threat, see "**BOMB THREAT"** section for further instructions.

DOCUMENTATION FOR TELEPHONE THREAT

Document all pertinent information on an **Unusual Occurrence Report.** This must be completed as soon as possible following conversation and submitted to the Administrator or designee.

15. VIOLENT PERSON(S)

LEVELS

Staff In Need Of Assistance – "Dr. Strong" - general assistance is required.

Violence in the Workplace: Weapons involved. - If the violence is of such a nature that serious bodily harm is imminent or likely, a call should be placed directly to the switchboard at 100. These incidents include situations involving weapons or extreme force that by its nature would inflict serious bodily harm. The switchboard will then activate **" CODE LOCK"** and call 911

informing them of the situation. When Code lock is initiated " - **All staff outside of the department should STAY AWAY and lock down their respectives areas.**

Violence in the Workplace: NO Weapons involved - This addresses emergent cases that require Security response. Use the **Emergency Code Black.** Call 100 and announce that you require Code Black at your location. This code will indicate that you require immediate assistance without placing you at further risk by announcing the nature of the crisis.

PROCEDURE

Operator **- "911" should be called immediately for unarmed and armed person(s).**

Staff In Need Of Assistance - The PBX operator shall page "Dr. Strong" and the location three times.

Violence in the Workplace: NO Weapons involved - The PBX operator shall page **Code Black** and the location three times.

Violence in the Workplace: Weapons involved. - The operator shall page **Code Lock** and the location three times

All departments outside the hospital building should be notified of situation and advised of procedure to be followed.

Staff

Staff In Need Of Assistance – "Dr. Strong" - general assistance is required. Call 100 and ask operator to page "Dr. Strong" to their location.

Violence in the Workplace: NO Weapons Involved - The staff should attempt to persuade him / her to leave the area and exit outside. If unable or unwilling to remove the individual from the area, the staff should wait for trained personnel or police to arrive to handle the situation.

Patients and visitors should be removed from the immediate area. If unable to leave due to the nature of the threat or the nature of their illness, patients should be kept in their rooms with the door shut. If also unable to leave, visitors should be kept away from the subject.

Violence in the Workplace: Weapons Involved - if in the ER, the silent alarm button should be activated. The employee should then dial "100" and notify the operator of the situation and their location. These steps should only be done if the employee can safely accomplish this! **All staff outside of the department should STAY AWAY.**

Security or plant operations should respond immediately to outside the area to monitor entrances to the area involved and keep out all patients, visitors and staff. All staff, including security or plant operations, should stay out of the affected department and wait for police to arrive.

Departments are advised to keep patients and employees in their area with the doors closed and locked to deny access to the armed subject to other parts of the hospital. All unnecessary staff and all visitors should be evacuated from the building, if possible.

All staff outside of the department should STAY AWAY and lock down their respectives areas.

STAFF SHOULD COMPLY WITH THE SUBJECT'S DEMANDS AND WAIT FOR POLICE TO ARRIVE!

GENERAL RULES AND INFORMATION

Do not antagonize the subject!!

Above all, remain calm!! The calmer you remain, the less volatile the situation and the subject will be. This will greatly reduce the chance for injury.

In the ER, the silent alarm buttons are located in the patient treatment hallway area across from room #3, at the nurse's desk and the clerk's desk.

DOCUMENTATION FOR VIOLENT PERSON(S)

Document all pertinent information on an **Unusual Occurrence Report.** This must be completed as soon as possible following the situation and submitted to the their area director.