

SUBJECT: EMERGENCY MANAGEMENT PLAN	REFERENCE #1001
DEPARTMENT: HOSPITALWIDE	PAGE: 1 OF: 20
APPROVED BY:	EFFECTIVE:
	REVISED:

**SCOPE OF SERVICES:**

\_\_\_\_\_ Hospital's Emergency Management Plan's scope is to provide for a program that ensures effective mitigation, preparation, response and recovery to disasters or emergencies affecting the environment of care. This hospital has developed an “all hazards” approach that supports a level of preparedness sufficient to address a wide range of emergencies regardless of the cause.

**OBJECTIVE:**

- The objective of the Emergency Management Plan is to effectively prepare for, manage an emergency and restore the facility to the same operational capabilities as pre-emergency levels.
- Six (6) critical areas of emergency response shall be managed in order to assess the hospital’s needs and prepare personnel to respond to incidents. The six critical areas are:
  - Communication
  - Resources and assets
  - Safety and security
  - Personnel responsibilities
  - Utilities management
  - Patient clinical and support activities

**GOALS:**

- The goals of the Emergency Management Plan include the following:
  - Identifying procedures to prepare and respond to potential disasters or emergencies
  - Providing education to personnel on the elements of the Emergency Operations Plan
  - Establishing and implementing procedures in response to an assortment of disasters and emergencies

# EMERGENCY OPERATIONS PLAN ACTIVATION EVALUATION FORM

Drill       Actual Emergency       Triage I       Triage II       Triage III

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Type of Emergency: \_\_\_\_\_

## Activating the Plan:

Plan was activated at: \_\_\_\_\_

How was plan activated? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where were the following areas located?

Hospital Command Center: \_\_\_\_\_

Media Relations: \_\_\_\_\_

Triage: \_\_\_\_\_

Treatment Areas: \_\_\_\_\_

Minor Surgery: \_\_\_\_\_

Morgue: \_\_\_\_\_

## Communication with Outside Agencies:

Was there communication with:

Police     Fire     Community Command Structure     Hospitals: \_\_\_\_\_

If this was an actual emergency rather than a drill, were the following communication modes used?

HEAR     Telephone     Other: \_\_\_\_\_

Was communication with outside agencies effective?       Yes     No

Explain: \_\_\_\_\_

\_\_\_\_\_

Was the hospital's ability to function compromised?       Yes     No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Were activities coordinated with community command structure?       Yes     No

Explain: \_\_\_\_\_

\_\_\_\_\_

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**NOTE:**

**Measures outlined in related policies and procedures are understood to be addenda to this Emergency Operations Plan.**

**POLICY:**

- \_\_\_\_\_ Hospital's Emergency Operations Plan ensures that effective preparedness, prevention, mitigation, response and recovery to disasters or emergencies affecting the environment of care are performed.
- Six (6) critical areas shall be addressed in this Emergency Operations Plan: communications, resources and assets, safety and security, staffing, utilities, and clinical activities.
- The Safety Officer, in conjunction with the Emergency Management/Safety Committee, is responsible for developing, implementing and monitoring all aspects of the Emergency Operations Plan.
- The hospital's Emergency Operations Plan identifies who is in charge of specific activities and when they are to assume oversight responsibilities.

**INCIDENT COMMAND STRUCTURE:**

- \_\_\_\_\_ Hospital's Incident Command Structure is integrated into, and consistent with, the community's command structure. \_\_\_\_\_ Hospital uses the National Incident Management Requirements (NIMS) as their standardized incident management system.
- Incident Command is headed by: \_\_\_\_\_
- See the Incident Management Team Structure for the reporting structure for Incident Command.

**INITIATING THE PLAN, INCLUDING DESCRIPTION OF PLAN ACTIVATION:**

- The Emergency Operations Plan will be initiated when it has been determined that a disaster or emergency has occurred or has the potential for occurring.
- When the facility is notified of an emergency, the person receiving notification will immediately notify the Chief Executive Officer, or his/her designee in the event of his/her absence, of the situation whether it be an internal or external emergency.

# HOSPITAL INCIDENT COMMAND SYSTEM RESPONSIBILITIES JOB CHECKLIST

## SAFETY OFFICER

**Monitors Incident Operations and Advises Incident Command on All Matters Relating to Operational Safety, Including Health and Safety of Staff**

**Reports to: Incident Commander**

Date: \_\_\_\_\_ Time Began: \_\_\_\_\_ End: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Responsibilities	Time	Initial
<b>IMMEDIATE RESPONSIBILITIES (0 - 2 HOURS):</b>		
Receive appointment to position by Incident Commander. Obtain job checklist. Put on identification.		
Obtain briefing from Incident Commander.		
Appoint Safety Team members:		
• Brief the Liaison Team Members		
• Develop response strategy and tactics		
• Outline action plan		
• Set time for next briefing		
Establish Security Command Post.		
Remove unauthorized persons from restricted areas.		
Establish ambulance entrance and exit routes in coordination with Security Branch Director.		
Secure Hospital Command Center, triage areas, patient care areas, morgue and other sensitive or strategic areas from unauthorized access in coordination with Security Branch Director.		
Make contact with the Communications Unit Leader.		

SUBJECT: AIRBORNE HAZARD	REFERENCE #5004
DEPARTMENT: HOSPITALWIDE	PAGE: 1 OF: 2
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**POLICY:**

To protect patients, staff and visitors from the effects of an airborne hazard that can include contamination by a chemical cloud, smoke or other such pollutants to the extent it becomes a significant threat to life or health.

**INDICATIONS OF AIRBORNE HAZARD:**

- May include:
  - Strange or pungent odor
  - Irritation of the eyes or throat
  - Smoky haze in building
  - Patients/staff/visitors complaining of nausea or choking
- The hospital may be notified that there is an outdoor hazard, for example, an accident involving a tanker truck or rail car; or there may be an internal hazard such as a hazardous material spill.

**PROCEDURE:**

- If the source is clearly outside:
  - Notify Emergency Department Nurse Manager of external airborne hazard. Have ambulance traffic and walk-in traffic from the outside redirected to the designated receiving area located at \_\_\_\_\_. All doors from the Emergency Department to the outside must be kept closed.
  - Notify the Director of Engineering to shut down all air handlers in the building including outside air make-up where feasible.
  - Direct the Security Department to lock all entrances, except the entrance to the receiving area. Request barricades and directional signs in front of main entrances to redirect traffic to the receiving area.
  - Request administration or the Nursing Supervisor to make an announcement via the public address system, requesting that no one leave the hospital or open outside doors.

SUBJECT: ANTHRAX	REFERENCE #5302
DEPARTMENT: HOSPITALWIDE	PAGE: 1 OF: 4
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**GENERAL INFORMATION:**

- Anthrax is caused by encapsulated, aerobic, gram-positive, spore-forming, rod-shaped (bacillus) bacterium called *Bacillus anthracis*
- Anthrax affects the following systems:
  - Skin or cutaneous (most common)
  - Respiratory tract or inhalation (rare)
  - Gastrointestinal (GI) tract (rare)
  - Oropharyngeal form (least common)
- Transmission:
  - Skin:
    - Direct contact with spores; in nature, contact with infected animals or animal products (usually related to occupational exposure)
  - Respiratory tract:
    - Inhalation or aerosolized spores
  - GI tract:
    - Consumption of undercooked or raw meat products or dairy products from infected animals
  - There is **NO** known person-to-person transmission of inhalation or GI anthrax.
- Reporting:
  - Report suspected or confirmed anthrax cases immediately to the local or state department of health.