

SUBJECT: EMERGENCY MANAGEMENT PROGRAM (EMP)	REFERENCE #1001
DEPARTMENT: HOSPITALWIDE	PAGE: 1 OF: 23
APPROVED BY:	EFFECTIVE: REVISED:

**SCOPE OF SERVICES:**

\_\_\_\_\_ Hospital's Emergency Management Program's (EMP) 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/ disasters regardless of the cause.

**DEFINITIONS:**

- Emergency:
  - An unexpected or sudden event that significantly disrupts the organization’s ability to provide care, or the environment of care itself, or that results in a sudden, significantly changed or increased demand for the organization’s services. (The Joint Commission)
  - Emergencies can be either human-made or natural, or a combination of both, and they exist on a continuum of severity.
- Disaster:
  - A type of emergency that, due to its complexity, scope or duration, threatens the organization’s capabilities and requires outside assistance to sustain patient care, safety or security functions.
- Four (4) Phases of Emergency Management:
  - Mitigation Activities: Those activities that are developed to reduce the risk of and potential damage from an emergency/disaster. Occurs before an emergency/disaster.
  - Preparedness: Occurs before an emergency/disaster.
  - Response: During and after an emergency/disaster.
  - Recovery: During and after an emergency/disaster.
- Emergency Operations Plan (EOP): Describes the response procedures to follow when an emergency/disaster occurs.

# EMERGENCY OPERATIONS PLAN ACTIVATION EVALUATION FORM

Exercise       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 an exercise, 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: \_\_\_\_\_

\_\_\_\_\_

SUBJECT: EMERGENCY OPERATIONS PLAN (EOP)	REFERENCE #2001
DEPARTMENT: HOSPITALWIDE	PAGE: 1 OF: 10
APPROVED BY:	EFFECTIVE: REVISED:

**NOTE:**

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

**POLICY:**

- \_\_\_\_\_ Hospital's Emergency Operations Plan (EOP) shall describe response procedures to follow when emergencies occur.
- The hospital's Emergency Operations Plan ensures that effective mitigation, preparedness, response and recovery to emergencies affecting the environment of care are performed.
- The Emergency Operations Plan addresses the prioritized emergencies identified by the Hazard Vulnerability Analysis (HVA), but may be adopted for any emergency this hospital may occur.
- Response procedures include, as appropriate:
  - Maintaining services
  - Expanding services
  - Conserving resources
  - Curtailing services
  - Supplementing resources from outside of the community
  - Closing the hospital to new patients
  - Staged evacuation
  - Total evacuation
- Six (6) critical areas shall be addressed in this Emergency Operations Plan: communications, resources and assets, security and safety, staffing, utilities, and patient management and support activities.

SUBJECT: EVACUATION	REFERENCE #2612
DEPARTMENT: HOSPITALWIDE	PAGE: 1 OF: 7
APPROVED BY:	EFFECTIVE: REVISED:

**DEFINITIONS:**

- Partial Evacuation - Patients are transferred within the hospital.
  - Where a given area is uninhabitable for patient safety, requiring in-house transfer, transfer to another facility or discharge
- Horizontal Evacuation - Moving patients horizontally to one side of a set of fire barrier doors.
- Vertical Evacuation - Moving patients to a safe area on another floor.
- Full Evacuation - Patients are transferred from the hospital to an outside area, to another hospital or alternate healthcare facility.
  - All patients shall be evacuated due to:
    - Disruption or discontinuance of services
    - Power outage or other calamity that causes damage to the facility or threatens safety and welfare of patients and staff
    - Natural disaster of such magnitude or threat so as to threaten the safety and welfare of patients and staff

**PURPOSE:**

When a situation arises requiring evacuation of patients from threatened or affected areas, safety of lives is our primary concern. Therefore, the evacuation must be carried out as quickly and efficiently as possible.

**POLICY:**

- In the event of an emergency/disaster, the hospital’s Emergency Operations Plan and the Hospital Command Center shall be activated.
- Authority to order an evacuation is vested only in the hospital Chief Executive Officer/ Incident Commander or designee.

SUBJECT: AIRBORNE HAZARD	REFERENCE #3403
DEPARTMENT: HOSPITALWIDE	PAGE: 1 OF: 2
APPROVED BY:	EFFECTIVE: REVISED:

**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:
  - Engineering Department shall notify the 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 Administration and Nursing Supervisor
  - The Engineering Department Director shall 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.

SUBJECT: ANTHRAX	REFERENCE #3423
DEPARTMENT: HOSPITALWIDE	PAGE: 1 OF: 8
APPROVED BY:	EFFECTIVE: REVISED:

**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.