

HealthStream Course 14981  
Providence Alaska Medical Center  
Annual Safety Update 2011

## Emergency Preparedness



### Course Description

The Environment of Care places a heavy focus on being prepared for emergency situations. Keeping employees, volunteers, patients, and visitors safe and having appropriate responses in times of emergency helps ensure the safety of everyone in PAMC.



### Types of Emergencies

An emergency is a natural or manmade event that happens unexpectedly. It can disrupt a healthcare organization's ability to provide patient care and services.

There are two types of emergencies:

- **Internal emergencies** happen within the hospital. They directly impact operations.
- **External emergencies** occur outside the hospital and generally result in casualties that impact operations

## The Joint Commission and Emergency Preparedness

There is increased awareness among hospitals of the importance of emergency management planning due to several recent events which directly affected hospitals and healthcare organizations:

- Hurricane Ike, Galveston, TX – 2008
- Tornado hit a hospital in Georgia – 2007
- Floods in the Mid-West US – 2006-2007
- Hurricane Katrina, New Orleans, LA – 2005

The Joint Commission (TJC) requires that hospitals have an all-hazards emergency operations plan, as well as specific planning around events that are more likely to occur in their area (such as earthquakes, hurricanes, floods, etc.).



TJC requires hospitals to plan for six critical functions during emergencies:

- Communications
- Resources and Assets
- Utilities
- Safety and Security
- Staffing
- Patient Clinical Activities



## National Incident Management System (NIMS)

Following 9/11, President Bush released several presidential directives aimed at making our nation safer.

Homeland Security Presidential Directive (HSPD) – 5 called for the establishment of a single, comprehensive national incident management system.



- In March 2004 the first NIMS guidelines were released for governmental agencies.
- After Hurricane Katrina devastated hospitals in New Orleans in 2005, FEMA (Federal Emergency Management Agency) extended NIMS requirements to include healthcare organizations, both public and private, which receive money from the federal government.

### How does PAMC Meet TJC and NIMS Requirements?

- We use HICS (Hospital Incident Command System) as our NIMS-compliant ICS.
- We have multiple back-up and redundant systems for communications and utilities.
- Our communications systems are linked with other agencies and hospitals in the Anchorage area.
- We conduct and/or participate in at least two (2) emergency exercises annually to test our Emergency Operations Plan – at least one of the these exercises is in conjunction with the Municipality of Anchorage, other area hospitals, and other government agencies within our community.



These are just a few of the ways we are compliant with the standards and requirements.

## Emergency Management Planning

All systems and people at PAMC need to be ready to respond quickly to emergency events.

We can do this best by:

- Developing plans;
- Conducting exercises; and
- Taking corrective action whenever possible.

Hospitals and other entities work together to share response plans for all types of emergencies, including natural and manmade events.

Outside partners include:

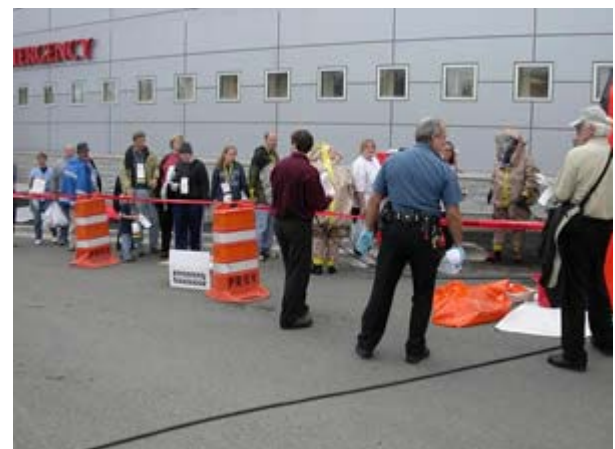
- Other hospitals in Anchorage
- Public health Agencies
- The Municipality of Anchorage
- The military
- Local, State and Federal emergency planners.



## Phases of Emergency Management

There are four phases to the ongoing Emergency Management activities:

- **Mitigation** - Correct identified risks to lessen the possible impact.
- **Preparedness** - Develop plans.
- **Response** - Take action when an incident occurs
- **Recovery** - Return to normal operations.



## Labor Pool

In a Code Triage Internal/External event, staff may be called upon to perform duties that are not part of their normal job.

- Staff may be used to help transport patients, supplies, and/or equipment.
- Medical personnel may be reassigned to work on other nursing units or with different patient populations.
- Staff who are not needed for direct patient care may be assigned to the Labor Pool
- Do not go to the Emergency Room or to a patient care area unless you are directed to do so by the Labor Pool.
- Physicians and other licensed independent practitioners should also report to Labor Pool.

All departments need to call the Labor Pool during an emergency to advise them of personnel needs and staff availability. The telephone number is listed in the Emergency Response Procedures Manual (red tri-fold).

Provide the following information:

- Staffing levels
- Number of staff available for reassignment
- Staffing problems

Off-campus sites may be called by the Labor Pool to provide backfill staff for the hospital's response to internal or external emergencies.

Remember: During an emergency, you will need your ID Badge to get on campus.

Do you know what your duties are in the event of an emergency? Ask your manager for more information.



## Communication

- If you are contacted by anyone seeking more information about the emergency, do not talk to the media, but refer him/her to the Public Information Officer in the Hospital Command Center.
- The PH&SA Communications and Marketing department will keep employees updated throughout the event with regular updates on the Providence Intranet (ProvLink).
- Managers/supervisors will be called together for updates at the beginning of an event and periodically throughout. They are responsible to pass information from these meetings on to employees who are on duty at the time.

## Emergency Drills

- Emergency plans are tested during planned drills, typically at least twice a year.
- This allows staff to practice and test the hospital and department written procedures.
- Off-campus locations are also required to hold emergency drills.



## Evacuation Plan

PAMC has a plan in the event that we must evacuate part or all of the facility. This plan has been coordinated with the Municipality of Anchorage.

Key elements of the plan:

- Defend in place
- Evacuate horizontal first then vertical
- Each department is required to have department-specific plans that address patients, employees, supplies, and equipment.



**MUNICIPALITY OF ANCHORAGE**



## Evacuation Assembly Points



PAMC has established a number of Evacuation Assembly Points (EAPs) around the facility.

- If a building evacuation is necessary, you should proceed to the EAP that has been designated by your Manager as your meeting location.

## Hospital Overhead Paging

The hospital uses an overhead paging system for in-house emergency management notification. There are eleven (12) hospital overhead paging codes that alert the response teams.

Can you name all twelve overhead paging codes?

If not:

- Refer to the Safety Badge worn with your photo ID Badge

## Hospital Overhead Paging Codes

- Code **Red** – Fire
- Code **Blue** – Medical Emergency Adult
- Code **White** – Medical Emergency Pediatric
- Code **Pink** – Infant Abduction/Missing Infant
- Code **Purple** – Child Abduction/Missing Child
- Code **Bronze** – Vulnerable Adult Missing/Abduction
- Code **Yellow** – Bomb Threat
- Code **Gray** – Combative Person
- Code **Silver** – Person with a weapon/Hostage Situation
- Code **Orange** – Hazardous Material Spill/Release
- Code **Triage Internal** – Internal Disaster
- Code **Triage External** – External Disaster



## VOLUNTEERS SHOULD RESPOND TO THE FOLLOWING CODES:

- Code **Red** – follow directions given by supervisor or overhead paging system.
- Code **Pink** – monitor exit doors, elevators and hallways
- Code **Purple** – monitor exit doors, elevators and hallways
- Code **Bronze** – monitor exit doors, elevators and hallways
- Code **Yellow** – follow instructions given in the Code Yellow paragraph
- Code **Triage, Internal and External** – follow directions given by supervisor. Report to Labor Pool if directed to do so.

## Initiating a Code

Hospital employees can initiate Codes through the hospital switchboard (CBX).

- Dial “777”
- Identify the Code/situation
- State the location
- Provide as much information as possible
- Stay on the line

**Note:** The Incident Commander initiates Code Triage Internal and Code Triage External.

## CODE RED - Fire

- Pulling the Fire Alarm or dialing “777” triggers a Code Red fire alarm.
- Code Red may also be initiated automatically by electronic fire detection equipment in the facility.

Remember R.A.C.E.

**R = Rescue People**

**A = Alarm – activate the alarm system**

**C = Contain – close doors**

**E = Extinguish the fire or evacuate if necessary.**

Remember P.A.S.S when using a fire extinguisher

**P = Pull**

**A = Aim**

**S = Squeeze**

**S = Sweep**



## **Medical Emergency**

**Code Blue - Medical Emergency Adult**

**Code White - Medical Emergency Pediatric**

**Code Blue and Code White are called to facilitate the arrival of equipment (crash/code cart) and specialized personnel to the location of a cardiopulmonary arrest.**

**For a Medical Emergency, Dial 777:**

- **State the location in the hospital.**
- **Stay with the victim**
- **If trained in CPR start basic life support measures:**
  - **Airway**
  - **Breathing**
  - **Compressions**

**The code team members function within their respective scopes of practice.**



## **Code Pink - Infant Abduction/Missing Infant**

**A Code Pink signals that an infant is missing from the hospital. All employees should respond immediately:**

- **Monitor exit doors; and**
- **Begin a search for the abducted infant.**

**Babies have been carried out of hospitals:**

- **In the arms of a person;**
- **In a blanket;**
- **In a box;**
- **Under a coat;**
- **In a gym bag; and**
- **In a backpack.**



## Code Purple - Child Abduction

A Code Purple should be initiated when a child is missing or is known to have been kidnapped.

- Upon hearing a Code Purple has been called, all personnel are to immediately stop all non-critical work.
- Cover all interior stairwell doors, elevator areas and doors that exit anywhere near their area.
- Staff members who are outside their own department are to go to the nearest exit way.
- When a second person reaches an exterior door, one of them is to exit the facility to watch for suspects leaving the grounds with a child.



## Code Yellow - Bomb Threat

- When a Code Yellow has been initiated, employees should begin to check their area for suspicious objects. If possible, personnel regularly assigned to or familiar with the area should search that area.
- Determine if everything is in its place and nothing has been added.
- Lights should be left on if they are already on. Do not turn lights on if they are off. Use a flashlight.
- Avoid the use of radios to communicate.
- The facility operator will announce “All Clear”.
- All departments will then return to normal operations.



**CODE GRAY - Combative Person**  
**CODE SILVER - Combative with a Weapon**  
(Tip: Think of the shiny silver metal of a knife or gun)

Code Gray is initiated when staff is concerned about their own safety and the safety of others due to abusive or assaultive behavior.

Code Gray or Code Silver is called to help hospital personnel control violent behavior.

Violent behavior includes:

- Verbal abuse,
- Physical battery, and/or
- Assault with a weapon.

If a weapon being displayed:

If you are in the area

1. Go to a safe place
2. Dial 777 for Security

In you are not in the area:

1. Do not enter that area
2. Prevent others from entering

**CODE ORANGE - Hazardous Chemical Spill/Release**

Spills less than ½ gallon liquid or 5 lbs solid may be cleaned up by the department as long as personnel have been trained:

- Clear area
- Look up and review the MSDS (Material Safety Data Sheet)
- Put on required PPE (Personal Protective Equipment)
- Clean it up, package, and dispose of properly.
- Call Security to arrange disposal.

For large spills, or for spills you haven't been trained to clean up, call Security at 777.



## Code Triage Internal - Internal Disaster

Examples of what may constitute an internal disaster are:

- Total power outage, utility disruption
- Plumbing outage and/or problems
- Flooding
- Explosion without fire



Each department has developed a departmental disaster plan.

## Code Triage External - External Disaster

Examples of what may constitute an external disaster are:

- Any event where there are mass casualties
- Multi-vehicle accident
- Earthquake
- Nuclear, Biological, Chemical incident

Each department within the facility is required to have their own Emergency Disaster Response Plan. These plans shall include at least two (2) evacuation routes, and identify the responsibilities per job title during different types of disasters such as earthquake, epidemic, volcano eruption, etc.



1964 Alaska Good Friday Earthquake  
Anchorage's Fourth Avenue  
March 27, 1964

## Home Emergency Plan

**Will your children, elders, and pets be safe if you cannot get home? Be safe. Plan ahead.**

**It is important that you and your family have a plan and are prepared for emergencies. Practice your plan to make sure it works:**

- **Create a basic home plan.**
- **Pick one or more “safe places” in each room of your home.**
- **Develop an alternative plan for childcare.**
- **Put together a disaster survival kit.**
- **Teach household members how to turn off utilities.**
- **Choose an out-of-state family contact in case local lines go down. Ensure everyone knows to call that contact if the family is separated.**



## Disaster Survival Kit

**Keep enough supplies in your home to meet your needs for at least 5 days. Store these supplies in easy to carry containers such as backpacks or trash cans**

- **Water (one gallon per person per day) and food that won't spoil;**
- **One Change of clothing and one blanket per person;**
- **A first-aid kit;**
- **Emergency tools, i.e. battery powered radio, flashlight batteries, matches;**
- **Sanitation supplies; and**
- **Special items for infants, elderly or disabled family members.**



## Emergencies

**Disaster can strike quickly and without warning. It can force you to evacuate your neighborhood or confine you to your home.**

- **What would you do if basic services – water, gas, electricity or telephones – were cut off?**
- **Families can cope with disasters by preparing in advance and working together as a team. Knowing what to do is your best protection and your responsibility.**



## Earthquake Preparedness

**Practice duck, cover, and hold on!**

- **DUCK** under a sturdy table or desk or against an inside wall where nothing can fall on you.
- **COVER** your eyes by pressing your face against your arm. Patients lying in bed should protect their eyes with a pillow.
- **HOLD** on until the shaking stops.
- **Avoid** windows and glass.
- **Do not** stand in a doorway.
- **Do not** run outdoors during the earthquake.



## **Make your Home & Work Areas Safe**

**At home and at work, it is important to take precautions to make your area safe.**

- **Fasten shelves securely to walls.**
- **Place large or heavy objects on lower shelves.**
- **Hang heavy items away from anywhere people sit.**
- **Install strong latches or bolts on cabinets.**



**If you can secure it, do it!**

## **Epidemic Preparedness**

**PAMC has planned for emergencies that may involve epidemics.**

- **We have stockpiled N95 masks.**
- **We continue to provide powered air-purifying respirator (PAPR) training.**
- **Additional information and education can be provided by the Infection Control Department or found in the Infection Control Plan.**

**Refer to the new Influx of Major Communicable Disease Plan for specific information.**



## Hazard Vulnerability Analysis

PAMC has conducted a Hazard Vulnerability Analysis to determine what disasters we are most at risk for.

Mitigation and Planning is being done for disasters such as:

- Earthquakes
- Epidemics
- Wild Fires
- Volcano Eruptions
- Mass Casualties
- Utility & technology failures



## Emergency Preparedness Course Summary

Emergencies may suddenly increase the number of patients while interrupting resources. All staff must understand their role in our Emergency Preparedness Plan.

Be prepared to:

- Do tasks that are not part of your normal routine
- Join the Labor Pool as needed
- Implement your Family Emergency Plan
- Remain Calm

## 2011 Volunteer Annual Safety Update (ASU) Test Questions

Please open the 2011 Answer Sheet, print that document and mark your answers on the answer sheet.

Another option would be to open the 2011 Test Questions document, print it and mark your answers, then return either one to Volunteer Services.

### Emergency Preparedness

19. If there is a medical emergency involving an adult, the code called is:
- A. Code 99
  - B. Code Blue
  - C. Code Heart Attack
  - D. Code White
20. The code that will be called involving a situation with a combative person is:
- A. Code Strong
  - B. Code Gray
  - C. Code Orange
  - D. Code Police
21. If a disaster occurs outside the hospital which would increase our number of patients, the code that would be called is:
- A. Code incoming
  - B. Plan A
  - C. Code Triage Internal
  - D. Code Triage External
22. When in the Medical Center, Volunteers should always respond to “Code Pink” and “Code Purple” and “Code Bronze”.
- True       False