

Emergency Preparedness at Pembroke Regional Hospital

2017



Emergency Preparedness

- The goal of Emergency Preparedness (EP) is to ensure the safety and protection of patients, visitors, staff, and all persons that enter Pembroke Regional Hospital (PRH)



Emergency Preparedness

Consists of:

1. Internal hospital response plans (Emergency Color Codes)
2. Incorporating and preparing our staff according to provincial, legislative, and national recommendations as required (i.e. Ebola Preparation and Pandemic Planning).



Incident Management System

- Incident Management System (IMS) is the framework designed to ensure that those in charge establish quickly and safely the command and control needed during an emergency.



Incident Management System

- The IMS command center team is activated by the incident manager upon the announcement of specific emergency code colors. The Incident Manager will oversee the incident.

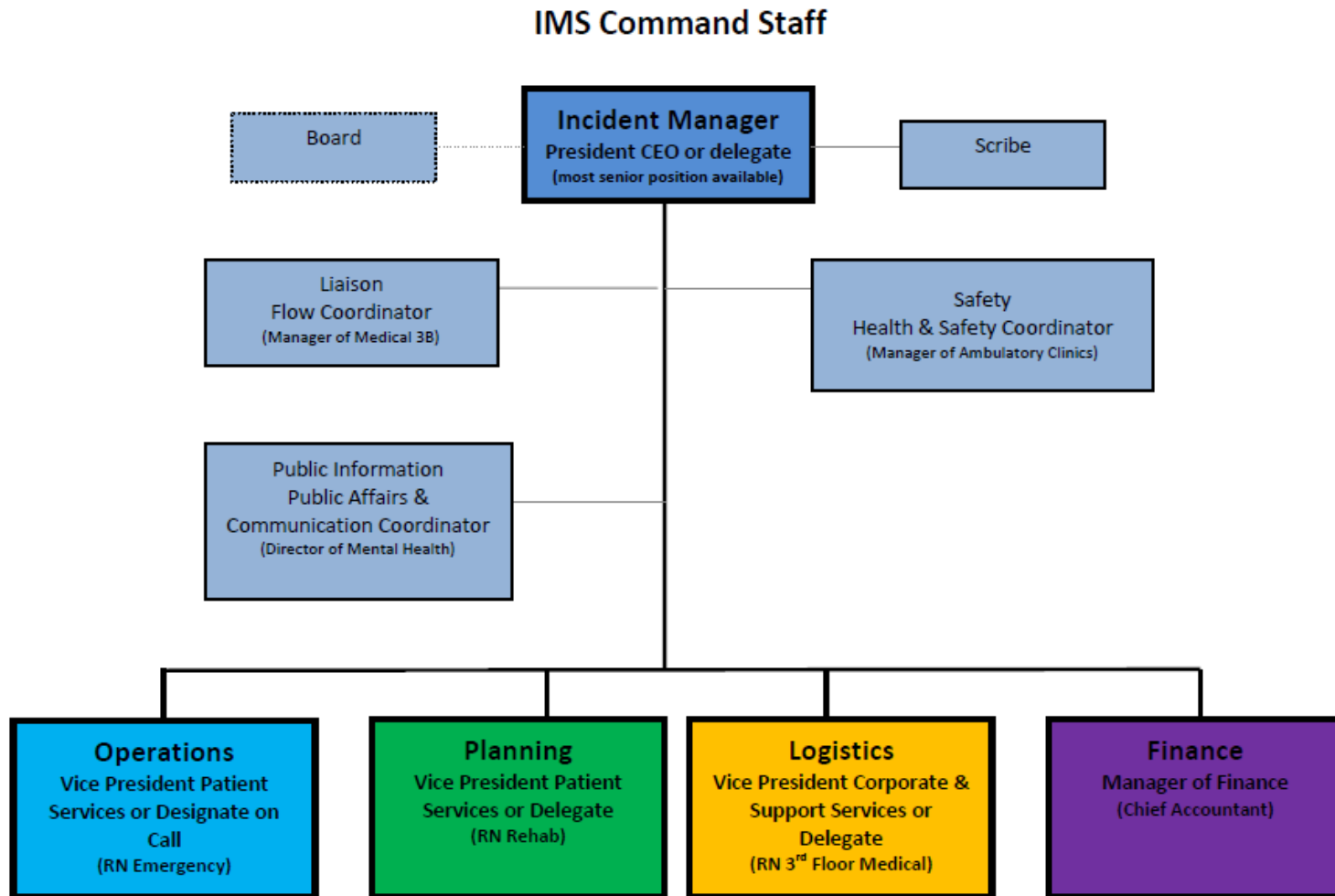


Emergency Codes

- For clinical codes (Code **Blue**, Code **Pink**, Code **Neonate** and Code **White**) an IMS team has been developed to respond and perform roles at the Code site.
- For non-clinical codes (Code **Yellow/Amber**, Code **Brown**, Code **Red**, Code **Green**, Code **Purple**, Code **Silver**, Code **Orange**, Code **Grey**, and Code **Black**) an IMS team has been developed to respond to Command Center if it is safe to do so.



Command Center



It is not necessary to activate all IMS positions for every incident

One individual may perform multiple IMS functions/positions

Emergency Color Codes

Blue

Cardiac Arrest /
Medical Emergency



Red

Fire/Smoke



Pink

Pediatric Cardiac Arrest /
Medical Emergency



Green

Evacuation



White

Violent
Situation



Orange

External
Disaster



**Yellow
Amber**

Missing Adult
Missing or Abducted
Infant or Child



Orange

CBRNE



Purple

Hostage Taking



Brown

In-facility
Hazardous Spill



Black

Bomb Threat /
Suspicious Object



Grey

Infrastructure
Loss or Failure



Silver

Person with a
Weapon



Activating a Code

- To call a CODE regardless of color call switchboard at extension “**6666**” and notify them of the CODE COLOR, location in the hospital (tower, floor), and room number if in a clinical area.

6666

Education on Emergency Preparedness comes in a variety of ways

- Corporate and Clinical Nursing Orientation
- Tabletops, Drills, and Mocks, including monthly Code Red drills
- Nursing skills day and roaming inservices on roles and responsibilities for clinical codes
- Ongoing Ebola preparation education in ED/ICU
- Pandemic Monitoring through surveillance
- Code of the Month review at your Emergency Preparedness Stations
- eLearning annually



- A **CODE BLUE** is designed to respond to a cardiac arrest/respiratory arrest when a person is experiencing a real or suspected imminent loss of life.





- If the patient assessed is not responding, the ABC's of basic life support are followed-airway, breathing and circulation. Initiate CPR.





- Have a co-worker call switchboard at extension “6666” to notify of a “Code Blue” location in building, floor, and room number.





- A **code blue team** will arrive at the site of the **Code Blue**. Please follow roles and responsibilities for **Code Blue Team** according to team member





- The **CODE PINK** is designed to respond to a cardiac arrest/respiratory arrest, when a child is experiencing a real or suspected imminent loss of life.
- The **CODE NEONATE** is designed to respond to a cardiac arrest/respiratory arrest, when an infant up to one month of age is experiencing a real or suspected imminent loss of life.





- If the patient assessed is not responding, the ABC's of basic life support are followed-airway, breathing and circulation. Initiate CPR.





- Have a co-worker call extension “6666” to notify of a “Code Pink” location in building, floor and room number.



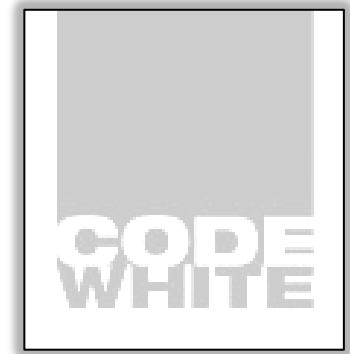


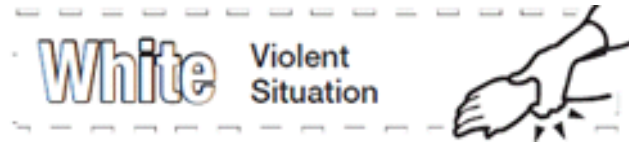
- A **code pink team** will arrive at the site of the **Code Pink**. Please follow roles and responsibilities for **Code Pink Team** according to team member



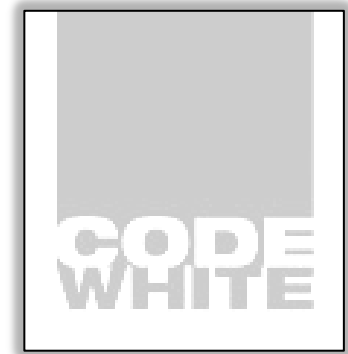


- The **CODE WHITE** is designed to initiate a cautious response to a patient, visitor or staff member who is displaying undue anxiety, yelling or otherwise represents a threat of aggression or violence to themselves or others.





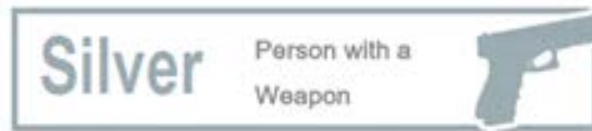
- The intended response includes appropriate intervention by a specified response team (i.e. Physician, Nurse, and/or Ontario Provincial Police) to deescalate the undesirable behaviours.



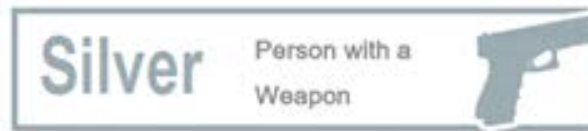


- The person discovering the incident, or involved in an incident, or receiving a threat:
- Call switchboard at extension “6666” to notify of a “Code White” location in building, floor and room number.

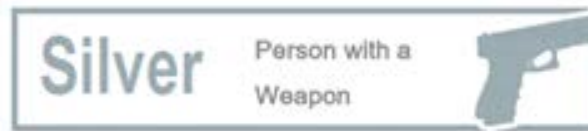




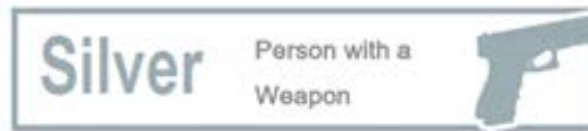
- Code Silver is a planned response to ensure the safety of staff, patients and visitors at the PRH when an individual is in possession of a weapon and an enhanced police response is required. (i.e. Active Shooter)
- A Code Silver is called if there is a threat, attempt, or active use of a weapon to cause harm, regardless of the type of weapon.



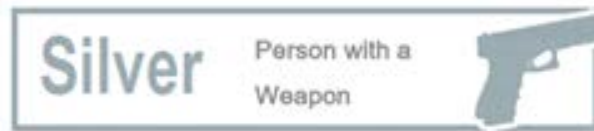
- **Code Silver does not result in other hospital staff coming to assist, as it is designed to keep people away from harm.**
- **Police will be contacted as soon as Code Silver is called.**



- **CALL hospital switchboard at extension 6666 as soon as possible.**
- Have switchboard operator call “Code Silver” and location if known.
- Give the operator as much information as possible including:
 - Location of the assailant(s) current, last known, and /or direction headed
 - Type of weapons(s)
 - Description of the assailant(s)
 - Any comments or demands made by the assailant
 - Information on victims and/or hostages
 - Any other information you feel may be relevant
- Ask switchboard to notify the OPP if not already done



- **STAFF WHO ARE IN THE IMMEDIATE AREA OF ASSAILANT:**
- **Do NOT attempt to engage the assailant. This includes verbal and physical attempts to deescalate the situation.**
- **Remain CALM and EVACUATE**
- **If unable to evacuate, HIDE**
- **SURVIVE - Fight only as a last resort and only if your life is in imminent danger**



- **ALL STAFF IN AREAS NEAR THE CODE SILVER LOCATION:**
- **If you can leave safely, EVACUATE**
- **If you cannot leave safely, HIDE**
- **Do not attempt to return to your department. Follow the instructions of the Area Charge Person/Supervisor in your current location**



- The **CODE YELLOW** is designed to initiate a comprehensive expedient search by designated staff to locate a missing patient (unauthorized absence from the unit/hospital) before the patient's safety and well-being is compromised.



- The intended response includes an assessment of the patient's level of risk and risk-specific search action plan.



- A team will be briefed on description of the patient and will have maps to search the entire facility.



- Police are to be called in the missing patient case upon exhausting a search of the premise.



- **Code Amber** is activated when a newborn/child is missing from their unit without authorization.
- Police are to be notified immediately for any missing newborn/child.



- The **CODE PURPLE** is designed to elicit a response to hostage-taking.



- In the event of a hostage taking scenario, to restrict staff response to the incident **staff will remain in their home units and away from the hostage taking site**



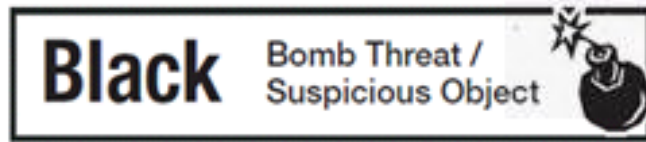
- The intended response is to evacuate all patients, visitors or staff from the immediate area if it is safe to do so.
- Police to establish restrictive perimeters for the purpose of isolating the incident and the Police to take charge of the incident.



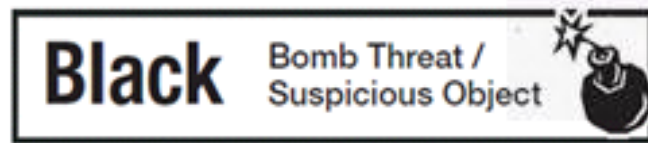
- **If you are taken Hostage:**
- STAY CALM – Place close attention to detail
- IN THE INTEREST OF SAFETY- Cooperate with the intruder(s) demands



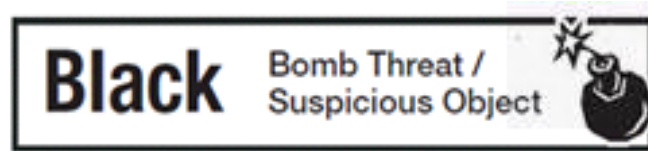
- If you witness or suspect a hostage taking call switchboard at extension “6666” and notify of a **CODE PURPLE** and location in building.



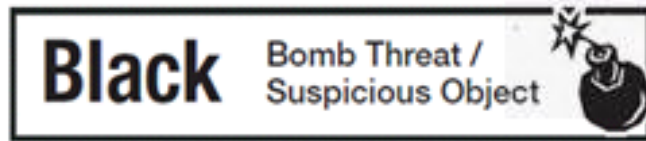
- A **CODE BLACK** is designed to address a bomb threat or discovery of/or search for suspicious object.



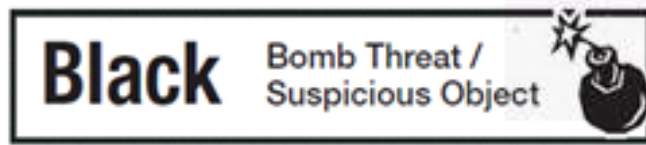
- In the instance of a bomb threat, a preliminary assessment is recommended. In the event of a search, staff will be requested to search their work areas to expedite the identification of objects that are foreign to the area and therefore arise doubts.
- The Ontario Provincial Police (O.P.P) will establish the need for a full scale search and/or facility evacuation in discussion with Command Center,



- If you receive a bomb threat by telephone:
- Keep the caller on the line.
- Try to attract the attention of a co-worker with gestures and/or written notes, and have the co-worker phone extension “6666” and give a **CODE BLACK** message to the Switchboard operator. Stay calm and courteous, and attempt to obtain as much information as possible.



- **Questions to ask caller:**
- 1. When will the bomb explode?
- 2. What building is it in?
- 3. Where are you calling from and/or what is your name?



Note the following:

- 1. Date and time, duration of the call
- 2. Exact wording of the threat
- 3. Sex of caller
- 4. Accent and Tone of Speech
- 5. Speech pattern (fast and/or slow) and Diction (nasal, lisp, and/or good)
- 6. Manner (calm, vulgar, and/or emotional)
- 7. Background noises



- The **CODE RED** is designed to alert hospital personnel to the detection of smoke or fire.

If you find you must ACT

Activate

Contain

Telephone



- **ACTIVATE** the nearest fire alarm pull station. Remove occupants from the immediate area of danger **IF IT IS POSSIBLE TO DO SO WITHOUT ENDANGERING YOUR SAFETY.**
- Close the door to the room when all occupants have been moved safely to prevent the fire from spreading.

Fire Pull Stations

- Know where the Pull Stations are in your work area
- **TIP** - Usually near exits, at far end of each wing, next to elevators
- Know which doors are barrier doors





- **CONTAIN** the fire by closing all windows and doors in the Fire Area. This includes both room and corridor doors.
- **EXTINGUISH** the fire **IF** it is small and you are sure you can put it out with the equipment available to you.



- **TELEPHONE** switchboard at extension “6666” and report the fire to the Switchboard Operator by stating, “**CODE RED**” with the location of the fire.



- **IF YOU HEAR A FIRE ALARM**
- Close all room and corridor doors in your area
- Turn off fans and air conditioners
- Clear hallways
- **Do Not Use Elevators**
- Stand by for further instructions
- Restricted Use of Phone and Paging
- Prepare yourself and those around you for possible evacuation
- Evacuation is defined as **CODE GREEN**.

Code Captain Fire Site

- Don the orange vest
- Implement **ACT** and direct the Fire Team in the immediate response
- Rescue people in the immediate area if safe to do so.
- Communicate with Command Centre via Emergency RN

Code Captain

Fire Site

- Advise Command Centre if Medical Gas shut-down is warranted
- Prepare a census of patients/visitors.
- Ensure windows/doors are closed, exits are clear, fans and air conditioning are turned off and lights turned on

Code Captain

Fire Site

- Plan and/or implement your evacuation route in the event it becomes necessary
 - **One (1) fire separation on the same floor, horizontally**
- Instruct workplace parties to remain calm.
 - **Restrict movement**
- Request additional staff & supplies
- Keep a written record

Code Captain

Non Fire Site

- Don the orange vest
- Prepare a census of patients/visitors.
- Ensure all patients, visitors, and staff accounted for.
- Ensure windows/doors are closed, exits are clear, fans and air conditioning are turned off and lights turned on
- Await further instruction and prepare to receive patients from Fire Site

Code Red – Fire Preparedness

- Hospital personnel or emergency personnel can shut off medical gas.
- Everyone must be able to point out the medical gas shut-off valves if necessary.



Fire Extinguisher

Remember PASS

- **P**ull the pin – Twist pin to break the seal then remove.
- **A**im at the base of the flame – “Aim Low” Point the extinguisher nozzle at base of the flame.
- **S**queeze the handles – Activating the extinguisher.
- **S**weep the fire – Sweep slowly – side to side, front to back, blanketing the fire with the extinguishing agent.





- The **CODE GREEN** is designed to initiate an orderly response when it is recommended to evacuate a certain perimeter (usually a building or specific location within a building) until the situation is contained.



- The order of evacuation (who, when, how, in what order, and where to) is a recommended component of an effective evacuation plan.
- At the PRH we evacuate those in immediate danger first, ambulatory patients, wheelchair dependent patients and assistance of staff to ambulate, and than bedridden patients
- All staff should know what they are required to do and when according to work area.



- The **Code Green** will be announced over head indicating the unit and/or units to be evacuated.
- The evacuation will be signaled through the alarm.
- A rate of 120 beats per minute will indicate a full hospital evacuation with instructions from Command Center



- Evacuation will be performed according to proximity of fire and/or hazard. Please stand by for instruction on process of evacuation.



- **Two Types of Evacuation:**
- **Horizontal Evacuation** – To a designated evacuation zone at least one fire separation on the same floor.
- **Vertical Evacuation** – Movement of everyone to another floor at least one fire zone separation, generally to the floor below the affected area.



- for patients requiring assistance the use of a MED-SLED may be necessary to transport the patient down the stairs. Please review the video for demonstration of use.



- The **CODE ORANGE-Disaster** is designed to activate a response to an external disaster whereby the influx of patients demands additional resources to manage the event. The ED Manager/Delegate will call switchboard at extension “6666” upon notification of an external disaster.



- The alert and preparation phase enables staff to ready the emergency department to assess staffing levels, clear beds and establish triage areas as required.



- The response can be a full-scale organizational response or can be dividing the response into phases.



Code Orange-CBRNE

(Chemical, Biological, Radiological, Nuclear, and Explosives)

- The Code Orange-CBRNE response is a response initiated by the ED Nurse Manager / Delegate calling a Code Orange-CBRNE upon receipt of information that a CBRNE incident has occurred in the community.



- A CBRNE team has been established and will carry out tasks and decontamination according to procedures.



- The **CODE BROWN** is an incident that results in the release of a hazardous material that the user/generator is unable to handle on their own, with equipment, materials and training provided.



- Should an accidental spill or release of a hazardous material (solid, liquid, or gas) occur, the user/generator shall be responsible to ensure all safety and notification procedures are as followed:



- Stop all work in the area of the spill.
- Contain the spill with the use of the appropriate spill kit to reduce the spread of the contamination.
- Remove unnecessary personnel from the area.
- Review MSDS for detailed chemical information
- Assess whether minor or major spill. If minor spill clean up yourself . If major spill call Code Brown by calling switchboard at extension “6666” and notifying switchboard operator of location of the spill.



- The CODE GREY is designed to alert the organization to an infrastructure loss or failure of substantial significance (i.e. flood, telephone failure, emergency generator failure).
- If the building or location within the building has sustained damage, this may necessitate immediate relocation or evacuation to achieve a safe and secure environment.



- The Supervisor of the affected area where they are exhibiting a loss or failure will call switchboard at extension “6666” CODE GREY

Indicating type of failure

Affected area(s)

Time when failure occurred



Code Grey Examples

- Can refer to the need to shut-down external air intakes and/or lock-down the facility to control access in the event of chemical incident outside the organization.
- Can refer to an IT and/or power failure
- Can refer to a flooded area of the hospital

Ebola Virus Disease (EVD)

- If a suspected case were to present to PRH
 - The patient would be escorted to ICU room 014
 - A planned process that has been developed and practiced by ED/ICU staff will be initiated
 - The patient would have 2 RN's at all times- one for the patient and one for watching staff caring for the patient and PPE don/doff, until transfer
 - Only trained individuals will be involved in the direct care of the suspect case

EVD Planning

Sustainability and Preparedness

- Continuous screening of patients and visitors both active and passive
- Mandatory e-learning
- Ongoing education: walk-through, hands on training for staff involved in care of possible suspect case
- Practices including MOCK cases and PPE donning and doffing
- Obtaining and sustaining appropriate PPE

Pandemic Plan

- Is a response to a pandemic outbreak (e.g. Influenza)
- It is initiated by the IMS in consultation with Infection Control Practitioners and Ministry Health and Long Term Care (MOHLTC)
- It will last several weeks to months

Pandemic Planning

- Pandemic Planning requires sustaining supply requests
- Ongoing surveillance and communication and guidance will come from the MOHLTC
- Ongoing education to keep patients, families, and staff safe

MRI SAFETY

- MRI scanners are powerful magnets with ability to attract ferromagnetic objects.
- This powerful magnet is **ALWAYS ON**
- Even when no one is present or the power is out this magnetic field is still **ON**

MRI SAFETY

- Any personnel around the MRI suite must be adequately screened for metallic implants and personal items before entering the scan room by the MRI technologist.
- If there was a code blue in the MRI suite. The patient is removed from the MRI room and then a code blue is called. Crash cart does not ever enter the MRI scan room.