Objectives

Upon completion, the participant will be able to:

• State basic principles of Emergency Management & likely threats.
• Define your role related to emergency response while at work.
• Describe the basics of JHS’ Incident Command System.
• Explain how to continue the delivery of healthcare services during a disaster or emergency situation.
The Four Phases of Emergency Management

- **Mitigation**
  - actions taken to lessen the severity and impact.
- **Preparedness**
  - actions taken to build capacity and identify available resources.
- **Response**
  - actions taken by management, staff and external responding agencies (if any) when confronted by an emergency.
- **Recovery**
  - actions directed towards restoring essential services and resuming normal operations.
Six Critical Areas of Emergency Management

- Communication
- Resources and Assets
- Safety and Security
- Staff Responsibilities
- Utilities Management
- Patient Clinical and Support Activities
Key External Threats

Scenario 1: Nuclear Detonation—10-Kiloton Improvised Nuclear Device
Scenario 2: Biological Attack—Aerosol Anthrax
Scenario 3: Biological Disease Outbreak Pandemic Influenza
Scenario 4: Biological Attack—Plague
Scenario 5: Chemical Attack—Blister Agent
Scenario 6: Chemical Attack—Toxic Industrial Chemicals
Key External Threats (Continued)

Scenario 7: Chemical Attack—Nerve Agent
Scenario 8: Chemical Attack—Chlorine Tank Explosion
Scenario 9: Natural Disaster—Major Earthquake
Scenario 10: Natural Disaster—Major Hurricane
Scenario 11: Radiological Attack Radiological Dispersal Devices
Scenario 12: Improvised Explosive Device
Scenario 13: Food Contamination
Key Internal Threats

Scenario 1: Bomb Threat
Scenario 2: Evacuation, Complete/Partial Facility
Scenario 3: Fire
Scenario 4: Hazardous Material Spill
Scenario 5: Hospital Overload
Scenario 6: Hostage/Barricade
Scenario 7: Infant/Child Abduction
Scenario 8: Internal Flooding
Scenario 9: Loss of Heating, Ventilation, or Air Conditioning (HVAC)
Scenario 10: Loss of Power
Scenario 11: Loss of Water
Scenario 12: Severe Weather
Scenario 13: Work Stoppage
## JHS Emergency Codes

<table>
<thead>
<tr>
<th>Color</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLACK</td>
<td>Bomb Threat/Hospital Ordered Bomb Search</td>
<td>Bomb Threat/Hospital Ordered Bomb Search</td>
</tr>
<tr>
<td>BLUE</td>
<td>Cardiopulmonary Arrest</td>
<td>Cardiopulmonary Arrest</td>
</tr>
<tr>
<td>BROWN</td>
<td>Hurricane/Tornado/Severe Weather</td>
<td>Hurricane/Tornado/Severe Weather</td>
</tr>
<tr>
<td>GRAY</td>
<td>Aggressive/Combative Patient/Visitor</td>
<td>Aggressive/Combative Patient/Visitor</td>
</tr>
<tr>
<td>GREEN</td>
<td>Internal/External Disaster</td>
<td>Internal/External Disaster</td>
</tr>
<tr>
<td>ORANGE</td>
<td>Hazardous Material Spill</td>
<td>Hazardous Material Spill</td>
</tr>
<tr>
<td>PINK</td>
<td>Infant /Pediatric Abduction</td>
<td>Infant /Pediatric Abduction</td>
</tr>
<tr>
<td>RED</td>
<td>Fire/Smoke</td>
<td>Fire/Smoke</td>
</tr>
<tr>
<td>WHITE</td>
<td>Hostage Situation</td>
<td>Hostage Situation</td>
</tr>
<tr>
<td>Emergency Code</td>
<td>Description</td>
<td>Explanation &amp; Staff Response</td>
</tr>
<tr>
<td>---------------</td>
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</tr>
<tr>
<td>Code Black</td>
<td>Bomb Threat/ Hospital Ordered Bomb Search</td>
<td>If a call is received, obtain as much information from the caller as possible and report all information to (305) 585-8125 (e.g., location, description, activation, and any additional information). Notify manager/supervisor and area staff members. If a suspicious or out-of-place package/container is observed, do not touch it. Report it to (305) 585-8125. Secure/locate the area. Emergency operator will notify appropriate individuals to coordinate a search. Be prepared to evacuate only if instructed to do so. Complete and submit an incident report. Use the &quot;All Clear&quot; announcement. Reference: Administrative Policy &amp; Procedure #133.</td>
</tr>
<tr>
<td>Code Blue</td>
<td>Cardiopulmonary Arrest</td>
<td>Dial (305) 585-8133 and report your name and the location of the cardiac arrest. Reference: Administrative Policy &amp; Procedure #123.</td>
</tr>
<tr>
<td>Code Green</td>
<td>Internal/External Disaster</td>
<td>An incident where the relocation of patients is necessary or where there is an anticipated or actual arrival of a large number of patients into the Emergency Department or Trauma Center. Immediately report the emergency to manager/supervisor and/or Executive/Manager Emergency Administration/Management Change (ECM). If necessary, incident command will be established. Obtain information/instructions from managers/operating, follow established division or department-specific policies and procedures. Reference: JHHS Emergency Operations Plan and Mass Casualty Incident (MCI) Protocol.</td>
</tr>
<tr>
<td>Code Orange</td>
<td>Hazardous Material Spill</td>
<td>Remove the area. Obtain PPE and spill kits and clean up smaller spills. Report larger spills to (305) 585-8133. Notify manager/supervisor. Assist those who may have been contaminated, only if your safety is not at risk. Prepare to assist with evacuating if necessary. Complete and submit an incident report. Wait for &quot;All Clear.&quot; Reference: Administrative Policy &amp; Procedure #281.</td>
</tr>
<tr>
<td>Code Pink</td>
<td>Infant/Pediatric Abduction</td>
<td>Notify Security Services at (305) 585-8111. Notify manager/supervisor and area staff members. Conduct an immediate search of the area. Security uniformed services will establish appropriate perimeters and implement lockdown if necessary.</td>
</tr>
<tr>
<td>Code Red</td>
<td>Fire/Smoke</td>
<td>Follow B.S.A.R. (Basic instructions from the immediate danger of fire). Act by dialing (305) 585-8125, activating nearest Fire alarm pull station, notifying manager/supervisor and area staff members. Evacuate by closing all doors and windows and turning off medical gases. Igniting fire: First aid is to do so by following the instructions on the extinguisher and using the P.A.S.S. technique (Put, Aim, Squirt, Sweep). Knowledge of location of fire hose equipment is essential for self-assessment. Follow horizontal evacuation procedures and/or vertical evacuation procedures according to established division or department-specific policies and procedures. Complete and submit an incident report. Wait for &quot;All Clear&quot; announcement. Reference: Administrative Policy &amp; Procedure #112.</td>
</tr>
</tbody>
</table>
Initial All Hazards Response

Key Point: RAIN:

• Recognize the presence of hazard
• Avoid contamination through use of protection
• Isolate hazards by securing the area
• Notify appropriate higher level person

What can I do?
Recognize

• Unusual Activity / Suspicious Behavior
• Hazardous weather conditions
• Things out of place
  – Unexplained liquids
  – Strange smells
  – Abnormal fogs or mists
  – Suspicious packages

Does it belong?
Avoid

• **DO NOT:**
  – Become a victim
  – Rush into a situation
  – Taste, Eat, Smell, or Touch any foreign substance
  – Assume anything

• **DO**
  – Learn the appropriate use of PPE available
  – Follow Occupational Health Service (OHS) Respiratory Protection Plan, as applicable
  – Be familiar with Departmental/Unit specific Emergency Response Plan
Isolate & Notify

- Keep others away from hazard area
- Notify immediate Supervisor

Hospital Emergency Phone Number:
- **Jackson Main** 85-6123 or (305) 585-6123
- **Jackson North** 55-5555 or (305) 628-5555
- **Jackson South** 76-5555 or (305) 256-7777

Remember RAIN: Recognize, Avoid, Isolate, Notify
RAIN Examples

**Recognize:** Suspicious Package

**Avoid:** Do not touch object

**Isolate:** Contain the area & keep others away from hazard area

**Notify:** Call for help!

**Recognize:** Chemical Spill

**Avoid:** Do not touch, taste, or smell

**Isolate:** Contain the scene & keep others away from hazard area

**Notify:** Call for help!
JHS Emergency Operations Plan (EOP)

Can be accessed through the JHS Intranet Portal
Click on “Content Directory”, then click on
“Emergency Management Planning & Preparedness”

- To facilitate and ensure predictable behavior by the majority of staff directly following a disaster or emergency situation.
- To provide specific guidelines for staff to follow in an disaster/emergency.
- To establish Incident Command - a team of individuals who can handle the immediate situation while arranging for experts to deal with long-term consequences of the disaster or emergency incident.
JHS Hospital Incident Command System (HICS)

• An established framework used to designate responsibilities and reporting relationships for both leaders and staff members during an emergency. The HICS helps us identify who is in charge during an emergency and the individuals who will carry out the decisions of the individual in charge.
Hospital Incident Command Center

• Designated area in the hospital for planning and execution of disaster incident management.
• Provides overall direction for hospital operations during a disaster.

• Command Centers Telephone/Location:

  **Jackson Main** (305) 585-5750
  West Wing Room 124

  **Jackson North** (305) 651-1100 ext 3333
  2nd Floor Administrative Conference Room

  **Jackson South** (305) 256-5256
  Executive Conference Room
Activation of the JHS Emergency Operations Plan

- Chief Executive Officer (CEO) or Designee (e.g. Chief Operating Officer, Chief Administrative Officer, Chief Medical Officer or Chief Nursing Officer) or Administrator In-Charge (AIC) has the authority to activate the emergency operations plan.

- Employees can be notified of the disaster plan activation by various means including their Supervisors, Page Operators, Pagers, Communicator Mass Notification System and/or JHS Employee Hotline (305-585-8000) or mass e-mail.

- Follow your department-specific disaster response plan for your individual assignments when the emergency is declared.
Employee’s Role and Disaster Response

- All employees are required to participate in disasters/emergencies if called in to work.
- All employees will participate in hospital and/or departmental drills/exercises.
- All employees that are not part of the HICS, are to report to their supervisor for direction.
- Employees that are part of specialized response teams are on 24 hour call.
- Directors, Managers, and/or designees will review department specific resources available for use.

- As per JHS Administrative Policy #371:
  - “..failure to report to duty during an emergency could result in disciplinary action up to, and including, termination.”
Employee Information

- How will I know when to come to work?
  - Notification by the Supervisors; call trees
  - Notification by Communicator Mass Notification System
  - Television announcements
  - Radio announcements
  - Employee Hotline
  - Community Information Line
  - Cell Phones, Pagers, E-mail
  - Newspapers
Resources

• JHS maintains a documented inventory of resources/assets it has on site that may be needed during an emergency including but not limited to personal protective equipment (PPE), food, water, fuel, generators, and surgical/medical related resources and assets.

• Specifics regarding the amounts, locations, processes for obtaining/replenishing supplies is established by each department in advance of an event occurring.

• Specific instructions for conserving resources will be provided as needed.
Downtime Procedures

• **Power**: Call your supervisor or hospital emergency number 305-585-6123
  – Use RED power outlets for all critical equipment
  – Use battery powered and manual backup equipment

• **Water**: Nutrition Services has emergency supply of water/food. Procurement Department will try to have vendors deliver additional water and food as needed.

• **Utilities**: Charge nurse to follow Medical Gases Shut-Off Protocol.

• **Phones**: Try to use other available lines, cell phones, radios, or runners

• **Computers**: Follow advice from IT (Information Technology)

• **EMAR**: Return to paper documentation and lab requisition slips

• **Radios**: Operating instructions for radios will be posted on the radios/command center
Security

- If necessary, locking of all entrance/exit doors to buildings & posting of personnel at these doors to assure only authorized persons enter or exit.
- If necessary, certain perimeter gates will also be locked/secured to limit the flow of traffic onto the premises.
- Barrier gates along the perimeter of JMH assist in the prevention of unauthorized access. Access points along these gates can be manually closed and locked.
- The movement of individuals between buildings is controlled by
  - automated access control devices (such as swipe-card or proximity-card readers, magnetic locks, and surveillance cameras)
  - Security personnel or by other JHS staff (via intercom buzzers)
  - Color-coded employee and contractor badges and temporary (peel and stick) visitor badges help restrict access and identify authorized and unauthorized persons in any given location within the campus.

**Gate drills and inspections are conducted by Security on a regular basis.**
Chain of Custody: Personal Belongings

- Personal belongings will be given to a family member, a person designated by the patient, or kept in the Cashier’s Vault.
- Documentation is necessary on the:
  - Property List (C-633)
  - Patient Valuables Record (A7026)
- If patient cannot communicate, two staff members will sign and send valuables to the Cashier’s Vault.
- If anyone other than the patient is retrieving the valuables, the **Valuables Release Form** must be completed and presented to the cashier, along with a picture identification.

Refer to JHS Policy 400.081
What is forensic evidence?

- Bullets, knives, or any other object suspected as being used to harm the patient often surgically removed in OR
- Any chemically/radiological contaminated articles or clothing.
- Specimens/objects collected require:
  - Confirmation & label of the identity and origin of evidence collected.
  - Decontaminate outside surface of specimen container
  - Labels should have pt’s room #, date, and name of surgeon who identified the specimen OR patient identification information
Chain of Custody: Evidence

• Specimens need to be logged appropriately.

• Deliver specimens/evidence to appropriate area as outlined in the latest version of JHS Policies # 235 and # 315 or other appropriate law enforcement entities immediately after surgical removal or specimen availability.
Community Interface

• JHS collaborates with different agencies during an incident, a few are:
  – Miami Dade Department of Emergency Management (DEM)
  – Miami Dade EMS
  – Miami Dade Department of Health
  – Miami Dade Hospital Preparedness Consortium
  – City of Miami EMS
  – SE Regional Domestic Security Task Force
Personal Preparedness

- Family Preparedness
- Photocopies of vital personal documents
- Food/Water/Medications/Batteries/ other Supplies
- Battery Operated Radio
- Flash Lights
- Cell phones with extra batteries
- Cash at hand
- Pet Supplies
- Evacuation Plan
- Nearest Shelter location

Refer to:
1. JHS Emergency Operations Plan
2. Hurricane Response Plan
3. Employee Work/Life Services Hurricane Toolkit