



EMERGENCY OPERATIONS GUIDE

Introduction

Holy Cross Health has prepared this Emergency Operations Guide (EOG) to provide staff and management direction during emergencies. Keep this manual in a visible, readily accessible location. This guide can also be used to answer questions from inspectors and surveyors during accreditation surveys.

This guide summarizes response actions for staff and management. Anyone wishing more information regarding emergency procedures should contact the Emergency Preparedness Coordinator for Holy Cross Health at (301) 754-7108 during normal working hours.

INTRODUCTION



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RECOGNIZING and REPORTING THREATS



RECOGNIZING THREATS


SEE SOMETHING, SAY SOMETHING...

INTRODUCTION	It is important for all staff to remember that they are a vital part of the emergency response team. If you see something out of place or think something isn't the way it should be, inform your supervisor.
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How do I recognize a threat or potential hazard? Can what you see, hear, smell, feel, or taste:

- Cause injury or death?
- Interrupt patient care or support services?
- Cause damage to equipment, supplies, hospital resources, the building, or property?
- Loss of utility?
- Any box, bag, or container that is out of place, suspicious, or causing concern?
- Any individual acting suspicious, lashing out, or making threats?
- An external occurrence (outside of the hospital) that may cause a surge in patients to the Emergency Center or other areas of the hospital?

REPORTING THREATS

UNDERSTAND the SITUATION	REPORT the SITUATION
<p>Before reporting a threat or hazard, learn something about the situation. To do this you should take 15-30 seconds and:</p> <div data-bbox="162 1079 716 1440"><p>Stand Still Think Through Observe Options Proceed Prepared</p></div> <p><i>This should ONLY be done when your personal safety is not at risk.</i></p>	<p>Once you have the information, CALL 2-2222 and report the information using the following method:</p> <ul style="list-style-type: none">• SITUATION: Describe the current situation.• BACKGROUND: What got the current situation to this point?• ASSESSMENT: What is going on now?• RECOMMENDATION: What do you want/need to happen next? <p><i>This reporting should take only 1-3 minutes to brief.</i></p>

Preparedness is to make plans and observe our surroundings for possible threats so everyone stays safe.

RECOGNIZING and REPORTING THREATS



HOSPITAL DISASTER – Code Yellow



General Preparedness and Response

Description/Clarification	This includes general preparedness and response activities common to almost all events. The amount of advanced warning will affect the response.	
Alert/Notification	Executive leadership, or the Incident Management Team, will provide announcements.	
General Staff		Management / Leadership
PREPAREDNESS Days in advance: <ul style="list-style-type: none">Establish plans with your family in the event that you are asked to work beyond your shift. Prepare overnight bags and personal resources to bring with you Hours in advance: <ul style="list-style-type: none">Review appropriate disaster response annexes.Evaluate work area for adequate supplies & take necessary safety. Minutes in advance: <ul style="list-style-type: none">Provide emotional comfort to patients through ongoing reassurance that the hospital is prepared for these situations.		PREPAREDNESS Days in advance: <ul style="list-style-type: none">Establish and maintain a current list of employees needed by job classification and confirm contact information.Ensure that sufficient supplies are available to operate in down-time conditions for 48-72 hours. Hours in advance: <ul style="list-style-type: none">Ensure that essential staffing is available in the department and initiate call-down notifications as needed.Confirm that your staff has been briefed on expectations for disaster response and assign disaster tasks. Minutes in advance: <ul style="list-style-type: none">If possible, run a current patient census and Kronos report.
General Staff		Management / Leadership
RESPONSE <ul style="list-style-type: none">Follow appropriate response guidelines specified in the hospital's EOP/EOG.Be vigilant in your observations within your area and report any issues, immediate or potential, to your supervisor promptly.Provide ongoing support and encouragement to patients, families, visitors and co-workers.		RESPONSE <ul style="list-style-type: none">Identify needs quickly and report any issues to the IMC.Support staff and peers as you can. A smile, kind word, or gesture of support will go a long way after everyone has put in an extended day.

Emergency Resources

If your department needs additional resources, the hospital stocks quick response carts, equipment, and emergency supplies. They may be requested through the Incident Management Center (IMC).

Reporting Status

Each department should be ready to provide a Disaster Situation Status (SITSTAT) Report. If a request for SITSTAT is made, report your unit name, supervisor's name, number of occupied and open beds, any extra supplies you can spare, any resources you need, and any staff that are available to be reassigned at the time of the report. These reports are to be e-mailed, faxed or hand delivered to the Incident Management Center, or another location, specified at the time of request.

HOSPITAL DISASTER – Code Yellow



FIRE: ALARM SYSTEMS OFF-LINE – Code “F” Watch and CODE RED



OFF-LINE FIRE ALARMS

There are periods when hospital maintenance staff must take the fire alarm systems off line for maintenance and testing. When this occurs, a fire watch must be announced and performed by all staff within the hospital. When the system is off line, hospital telecommunications will announce overhead that a “**Code “F” Watch is now in effect**”.

FIRE WATCH ACTIVITIES – CODE “F” Watch

The telecommunications operator will page Code F Watch.

All employees must be aware that:

- The fire alarm system is inoperable
- The manual pull stations will not activate the fire alarm system
- Employees must contact the telecommunications operator by dialing extension 2-2222
- When reporting a fire, give the exact location and a description of what is burning along with your name and title.

Each department must be inspected on an hourly basis to ensure there are no fire-related problems.

Once the fire watch is over and the Safety Officer or maintenance staff will advise telecommunications, and the operator will page the message “Code F Watch, Clear”.

CODE RED - Fire

In the event that you see a smoke, a fire, something burning or smell smoke

IF you need to extinguish a fire,

REMEMBER PASS:

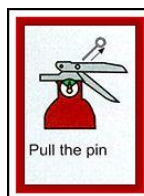
R



RESCUE

Remove patients and other individuals from the immediate area

P



PULL

Pull the restraining or locking device from under the extinguisher's handle

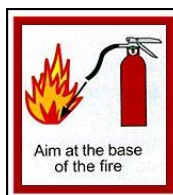
A



ALARM

Give the alarm by first activating the closest alarm pull station and then calling extension **2-2222**.

A



AIM

Aim the nozzle at the base of the fire

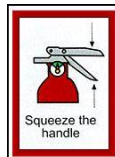
C



CONTAIN

Contain the smoke and fire by closing all doors in the area

S



SQUEEZE

Squeeze the handle to release the extinguishing agent.

E



EXTINGUISH

Extinguish the fire using the appropriate type of fire extinguisher

S



SWEEP

Sweep the stream across the base of the fire.

FIRE: CODE RED



BOMB THREAT – Code Gold



If you receive a telephone call or notification of a bomb threat:

- Prolong the conversation as long as possible, and if possible, signal a coworker to contact security.
- Use the Bomb Caller Reporting Form to get as much information as possible
- Note if the caller has knowledge of the hospital by descriptions of various hospital locations
- Notify telecommunications (dial “2-2222”) that you have received a bomb threat

GENERAL STAFF RESPONSE

- Employees of all departments will report to their department heads.
- Staff in targeted areas will conduct a visual search of the area and report anything unusual.
- If a suspected package is found, do not touch it. Immediately secure the area and leave.
- If patients become aware of the potential threat, staff should provide reassurance and support as needed.

WHEN SEARCHING

- Turn off all security two-way radios, cell phones, and wireless phones
- Do not touch or move items
- Do not turn lights on or off
- Visual inspection will include closets, cabinets, trash baskets, drawers, fire extinguishers, and cabinets that can be accessed without disturbance.
- Conduct the search in a calm, cautious and systematic manner, minimizing disruptions to patient care.

BOMB CALLER REPORTING FORM (HCH-502)

QUESTIONS TO ASK:				CALLER'S RESPONSE			
1. When is the bomb going to explode?							
2. Where is the bomb right now?							
3. What does it look like?							
4. What kind of bomb is it?							
5. What will cause the bomb to explode?							
6. Why did you place the bomb?							
7. What is your Name / Address ?							
CALLER'S VOICE		LOUDNESS OF VOICE		ATTITUDE OF CALLER		MOOD OF CALLER	
MALE:		SOFT:		SINCERE:		ANGRY:	
FEMALE:		LOUD:		EVASIVE:		EXCITED:	
EST.AGE:		FAMILIAR:		JOKING:			
VOICE CHARACTERISTICS		RATE OF SPEECH		BACKGROUND NOISES			
ACCENT:		SLOW:		STREET SOUNDS:			
LISP:		CALM:		RAILROAD SOUNDS:			
DRUNK:		NORMAL:		AIRPORT SOUNDS:			
OTHER:		RAPID:		HOME SOUNDS:			
				BAR SOUNDS:			
OTHER:							

Report call immediately to telecommunications operator by dialing 2-2222

MANAGEMENT RESPONSE

- Coordinate support activities between the department staff and security or external support agencies.
- Report all activities to the IMC by calling x7002
- Limit access to your area to essential persons only.

BOMB THREAT – Code Gold



MISSING CHILD / INFANT – Code Pink Child / Infant

Missing Child/Infant Notification

- Telecommunications will announce the *Code Pink Infant* or *Code Pink Child* and the area from which the call was initiated. All routine activity in the hospital should stop until security clears the Code Pink

Missing Infant From the Third Floor

Electronic infant security bands and tags (HUGS) are used on the 3rd floor. If the electronic alarm is activated:

- The charge nurse (or designee) and officer on duty in the security control center will check the security terminal for alarm location.
- The nursing staff will immediately attempt to locate the infant and determine the cause of the alarm.
- The charge nurse will maintain an open line with security until the status of the infant is known.
- If the cause of the alarm is immediately apparent, the alarm will be cleared by security.
- If the cause is not apparent, the charge nurse will send staff to designated entrances and elevators and a security officer take responsibility for securing the area until local law enforcement arrives.

Note: Elevators will not open on the third floor.

Missing Infant / Child from other areas in the Hospital

- Call “2-2222”, and initiate a Code Pink Infant or Code Pink Child
- Describe the missing infant or child
- Provide all known information about the situation including physical description of the suspect, clothing, and direction of travel

Once the child is located the security supervisor or senior security officer will call telecom and cancel the alert.

Duties of Non-Security Personnel Assigned to Specific Areas

Personnel are assigned to various areas (“stations”) of the hospital as soon as a Code Pink is announced. Each station will be covered by at least one person from the assigned department. A radio will be provided by the security department. Charge nurses (or designees) will assign personnel to designated areas on their individual units.

- All staff is responsible for remaining alert and observant of any suspicious person(s), activities, or vehicles that could be involved and immediately calling security at x 6060.
- Designated staff will report to their station and remain there until the alert is canceled
- Notify security immediately if a possible suspect is sighted
 - If the child/infant is located with a suspect, DO NOT take any action. Contact Security and provide a description of the suspect and their vehicle, including tag number and direction of travel

MISSING CHILD / INFANT – Code Pink Child / Infant

MISSING CHILD / INFANT – Staff Assignments

Code Pink Staff Assignments

Staff on the Perinatal Unit will monitor the following stations during a *Code Pink*:

- Perinatal Station 1- Stair 1 and the elevators and at the family waiting area SW corner.
- Perinatal Station 2- Stair 3 on NW corner adjacent to Conference Room
- Perinatal Station 3- In corridor to observe the patient elevator, service elevator and stair 2

Perimeter Stations to be Assumed When There is a Code Pink Alert

Station 1

Outside SW corner to monitor the main entry vestibule, staffed by the plant operations supervisor or charge person.

Station 2

ED entrance vestibule to cover ED and garage exits, staffed by the assigned by the ED charge nurse.

Station 3

North end of the building to cover ambulance vestibule courtyard and loading dock, staffed by the assigned ED charge nurse.

Station 4

Southeast corner of the building to cover the rear loading dock and cafeteria, staffed the EVS supervisor or charge person.

Station 5

Front lobby near the security desk, staffed by closest transporter.

Station 6

Ground and parking lots will be patrolled by an on duty security officer in a vehicle to observe for any suspicious person and ensure all exterior posts are appropriately covered.

Code Pink Staff Assignments MAP



MISSING CHILD / INFANT – Staff Assignments



CODE GREEN - Aggressive Behavior Events

WHEN TO CALL A CODE GREEN:

- YOU are in DANGER of PHYSICAL HARM from an aggressive individual
- Someone is about to ACT OUT in a dangerous way
- Situation OUT OF CONTROL

Call CODE GREEN to 2-2222.

REMAIN ON PHONE with the operator, if possible.

Provide INCIDENT LOCATION and any OTHER INFORMATION that may be of need to Code Green Team.

KEEP OTHERS AWAY FROM THE AREA when possible.

STAY SAFE - *Call for help, Back Away from Violent Behavior, Isolate the Aggressive Person*

MANAGE CONFLICT - *Remain Calm, Respect Personal Space, Relaxed Body Language*

MAINTAIN COMMUNICATION - *Voice Tone, Clear and Direct, Be Patient*

CODE SILVER – Armed Assailant

WHEN TO CALL A CODE SILVER:

- When there is a SHOOTING or THREAT involving a FIREARM

REPORT A CODE SILVER BY IMMEDIATELY CALLING 911, OPERATOR at 2-2222, and/or SECURITY at Germanton, 6060 or Silver Spring, 7070

When Calling:

STAY ON THE LINE as long as you can. **GIVE DETAILS** to include:

- **SPECIFIC LOCATION, NUMBER of PEOPLE** at your location, **NUMBER and TYPES of INJURIES, LOCATION OF ASSAILANT(S)** and **IDENTITY(IES)**, if known.
- **DESCRIBE ASSAILANTS:** Gender, Physical Appearance, Clothing, Backpack or Bag

RESPONSE to CODE SILVER:

Remain Calm, Shelter in Place, if safe to do so.

Reassure Patients/Visitors.

Determine Most Reasonable Protection.

Stay Out of Shooter's view.

Secure the Area as much as possible.

Take action against the shooter(s) ONLY AS A LAST RESORT!



SEVERE WEATHER – Introduction and General Preparedness/Response



Staffing and Early Departures

Department heads are responsible for ensuring adequate staffing during inclement weather emergencies. They may allow employees to leave early if there are adequate personnel to ensure appropriate hospital staffing.

WEATHER MONITORING, ALERTS, and NOTIFICATIONS

The Hospital's Office of Emergency Preparedness continually monitors and reports on significant weather events as they develop. If a severe weather event is issued for Montgomery County, the hospital implements measures to ensure patient, staff, and visitor safety.

Severe Rain, Thunderstorms, and Hurricanes	
Description/Clarification	Any event where rain or the damage it causes, results in disruptions to normal hospital activities.
Alert/Notification	Alerts and notifications will be made by e-mail, and other emergency alert systems.
General Staff	Management / Leadership
PREPAREDNESS <ul style="list-style-type: none"> As for any code yellow RESPONSE <ul style="list-style-type: none"> Monitor your environment for possible hazards, such as water leaks, loose glass in frames, or other safety issues. Be prepared to move patients from affected areas. 	PREPAREDNESS <ul style="list-style-type: none"> As for any code yellow RESPONSE <ul style="list-style-type: none"> If a unit/department must be relocated because of flood damage, additional support and personnel can be obtained from the IMC/EOC. Brief staff on weather events and conditions as necessary. Submit unit status reports as requested by leadership. Be aware of any parking alerts from security should staff vehicles need to be moved from flood-prone parking areas.
High Winds, Wind Shears, and Tornadoes	
Description/Clarification	This includes any storms producing severe winds that may cause disruption in hospital operations.
Alert/Notification	Tornado warnings are issued through the emergency alert radio system. When a warning is issued for Montgomery County, the security control center is responsible for notifying the Telecom operators.
Sheltering Instructions	Shelter locations include interior rooms and corridors and may include: <ul style="list-style-type: none"> Hallways and corridors Restrooms Patient care areas Storage areas Service areas
General Staff	Management / Leadership
PREPAREDNESS <ul style="list-style-type: none"> General code yellow response Direct visitors into interior hallways. Patient Care Rooms <ul style="list-style-type: none"> Move chair and ambulatory patients to their restroom. Move bed patients to the hall. Close all doors. RESPONSE <ul style="list-style-type: none"> Protect patients with blankets and pillows if they cannot be moved from their room. 	PREPAREDNESS <ul style="list-style-type: none"> General code yellow response IF THE TORNADO is going to come close to the building: <ul style="list-style-type: none"> Evacuate the front lobby and waiting areas to the hallway and vestibule near restrooms behind registration. Evacuate the ED waiting area to ER. Evacuate the chapel area to PACU. Evacuate the cafeteria to the hallways by receiving. Evacuate the floor waiting rooms to an interior hallway. RESPONSE <ul style="list-style-type: none"> Provide protection and support to patients, families, visitors,

<ul style="list-style-type: none"> • Close patient room and office doors tightly. • Remain sheltered until all-clear is given 	<ul style="list-style-type: none"> • and staff in the facility. • Provide rescue activities if it is safe to do so. Provide life support measures as necessary.
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SEVERE WEATHER - High Winds/Tornados



SEVERE WEATHER Winter Storms



Icy Conditions, Snow Storms, and Blizzards	
Description/Clarification	In the event that significant snowfall requires response by the hospital, the Administrative Coordinator, in collaboration with the Administrator on Call, will make the decision to activate the command center.
Alert/Notification	Staff and management will be notified of operational changes via e-mail, electronic signage and the staff rumor control telephone lines.
General Staff	Management / Leadership
PREPAREDNESS <ul style="list-style-type: none"> • General code yellow response RESPONSE <ul style="list-style-type: none"> • Be prepared to work beyond the end of your shift should your replacement not be available to relieve you. • Obtain weather related briefings from your supervisor as conditions change and operational activities are modified. 	PREPAREDNESS <ul style="list-style-type: none"> • General code yellow response • Keep the IMC informed about essential employees who need transportation to the hospital. RESPONSE <ul style="list-style-type: none"> • Monitor weather conditions and e-mail for condition updates and modifications/changes to normal operational activities. • Coordinate staffing issues and report shortages to the IMC/EOC. • Document department activities relating to disaster response and submit those activity logs when requested to do so.
Employee Transportation Assistance (Snow Driver) Program	
<u>Hospital Assistance for Transportation</u> <p>In the event that severe winter weather supports the hospital's need to assist in providing transportation to STAFF, a severe weather transportation plan may be activated by executive leadership to assist staff in getting to or going home from the hospital. The hospital's Incident Command/Emergency Operations Center is responsible for the operation of the "Snow Driver's" program and is staffed by hospital staff and volunteer drivers from the community.</p> <p>Once activated, staff and management should use the program as follows:</p>	
General Staff	Management / Leadership
<ul style="list-style-type: none"> • Contact their department manager to request assistance with transportation. Calls should be placed, at a minimum, of 2 hours before transportation is required. • Employees may be required to walk to major secondary roadway intersections for pick up in the event that snow drivers cannot gain access to unplowed communities. 	<ul style="list-style-type: none"> • Encourage off-duty staff to use the Hospital Staff Rumor Control Telephone Line at 301-754-8887 to see if the emergency transportation program has been activated. If it has not, they are responsible for their transportation. • Encourage staff to call the transportation number early and be prepared to wait for transportation. • Staff may need to be reminded that conditions require their cooperation with the program staff. • Remind staff that the drivers are volunteers and encourage them to show their appreciation for their services.

SEVERE WEATHER - Winter Storms



SEVERE WEATHER - Earthquakes



Earthquakes	
Description/Clarification	Movements of the earth's surface resulting in damage to the environment and causing possible life-threatening situations for staff, patients, guests, and vendors to the hospital.
Alert/Notification	Because earthquakes happen without warning, no alert/notifications are possible.
General Staff	Management / Leadership
RESPONSE <ul style="list-style-type: none"> Keep patients in bed and protect their heads with a pillow. Move Skytrons away from patients DO NOT move patients into the hallways or doorways or under furniture. Take COVER next to a sturdy table or other piece of furniture; and HOLD ON until the shaking stops. If there isn't a table or desk near you, cover your face and head with your arms and crouch in an inside corner of the building. Stay away from glass, windows, outside doors and walls, and anything that could fall, such as lighting fixtures or furniture. Stay inside until shaking stops and it is safe to go outside. Lying in the fetal position is also recommended. Do not enter stairwells or elevators until all clear is given. Be aware that the electricity may go out or the sprinkler systems or fire alarms may turn on. <p>■ IF TRAPPED:</p> <ul style="list-style-type: none"> Do not move about or kick up dust. Cover your mouth with a handkerchief or clothing. Tap on a pipe or wall so rescuers can locate you. Shout only as a last resort. Shouting can cause you to inhale dangerous amounts of dust. 	RESPONSE <ul style="list-style-type: none"> Protect yourself, your staff, and patient's/guests. If safe to do so, shelter in place until instructed otherwise. If not safe, relocate to a safer location and advise leadership. Once the shaking has stopped, conduct a staff and patient count to identify any life threatening conditions. Provide rescue support where it is safe to do so. Be prepared to manage electrical outages and sprinkler breaks within the building. DO NOT use the elevators until all-clear is given. Do not enter stairwells. Report unit/department conditions and need for assistance to leadership as quickly as possible.

HAZARDOUS MATERIALS SPILLS



ALL-STAFF IDENTIFICATION AND RESPONSE FOR HAZARDOUS MATERIALS

Anyone identifying an unknown substance, in any form (liquid, solid, or visible gas), **MUST** do the following:

- Do not touch, smell, or come in contact with the material unless you are trained to clean it up.
- Advise others in the local vicinity of your observation or spill and restrict access to the area.
- Ask someone to call security at Germantown, 6060 or Silver Spring, 7070; or call 2-2222 and report the incident. All spills are to be reported to security, even if you are able to clean up the spill.
- Assist in keeping others away from the unknown substance.
- Stay up hill, up wind, and out of any path of the spreading substance or fumes.
- Do not return to the area of the spill until instructed to do so.

MANAGEMENT IDENTIFICATION AND RESPONSE FOR HAZARDOUS MATERIALS

- Remove all employees from the general area. Be sure that no one passes downwind of the material.
- Isolate all injured or exposed employees, patients, and visitors
- Alert the Security Department at Germantown, 6060 or Silver Spring, 7070
- Obtain the MSDS if substance is known.

- Contact the Emergency Center to set up decontamination and treatment areas if exposure has occurred

Important Notes:

- Spill Kits are located near the loading dock, in the lab and in the security area. They should only be accessed by trained personnel.
- Large spill will be handled by Montgomery County Fire Rescue.
- *Chemo spills:*
 - Only attempt if you have proper training and resources for chemo (antineoplastic chemical agent).
 - Security staff is responsible for responding to a chemo cleanup of spills greater than 5 ml.
- *Exposed Staff:*
 - Department managers are responsible for ensuring staff exposed to hazardous materials receives care.
 - Managers are required to report all employee exposure or injuries to employee health.
- *Vehicles Leaking Material:*
 - If the material is leaking from a truck or other vehicle with a hazardous material sign, be sure to communicate the information from that sign when reporting the incident.

HAZARDOUS MATERIALS SPILLS

UTILITY DISRUPTION / FAILURE

General Utility Failure Response Policy

- For departmental emergencies, the department head or administrative coordinator should be contacted.
- Appropriate action and response are based on policies and procedures developed by that department..

HOLY CROSS HEALTH BASIC STAFF RESPONSE TO SYSTEMS FAILURE	
Failure of:	Responsibility of User:
ELECTRICAL SYSTEMS	
Electrical Power, Generators Work	<ul style="list-style-type: none"> • Ensure that life support systems are on emergency power (red outlets).
Electrical Power Failure- Total	<ul style="list-style-type: none"> • Utilize Cyalume lights from Emergency Response Kits. • Hand ventilate patients • Manually regulate IV's • Use TEBS emergency telephones • Review evacuation plans
ELEVATOR FAILURES	
Elevators Out of Service	<ul style="list-style-type: none"> • Review fire and evacuation plans. • Use carry teams to move critical patients and equipment to others floors if absolutely necessary.
Elevator Stopped Between Floors	<ul style="list-style-type: none"> • Notify Security immediately • Keep verbal contact with people still in elevator and let them know help is coming
MEDICAL UTILITIES FAILURES	
Medical Gases	<ul style="list-style-type: none"> • Hand ventilate patients • Use portable oxygen and other gases • Transfer patients if necessary

HOLY CROSS HOSPITAL BASIC STAFF RESPONSE FOR SYSTEMS FAILURE

Failure of:	Responsibility of User:
GENERAL UTILITY SYSTEMS FAILURES	
Water	<ul style="list-style-type: none"> Institute Fire Watch Request and use bottled water for drinking, Use RED bags in toilets
Water Non-potable	<ul style="list-style-type: none"> Place “Non Potable Water- Do Not Drink” signs at all drinking fountains and sinks Request bottled water for use by patients and staff..
Sewer Stoppage	<ul style="list-style-type: none"> Do not use sinks and toilets Call Environmental Services for cleaning , Use RED bags in toilets to avoid flushing.
Natural Gas, Failure or Leak	<ul style="list-style-type: none"> Turn off gas equipment Don’t use any spark-producing devices.
HVAC System	<ul style="list-style-type: none"> If isolation patient, maintain infection control. Keep door closed.
PATIENT CARE SYSTEMS FAILURES	
Nurse Call System	<ul style="list-style-type: none"> Use bedside patient telephone if available, Move patients Use bells or assign staff to check patients.
Patient Care Equipment/ Systems	<ul style="list-style-type: none"> Replace and tag defective equipment, Enter work order into EasyNet on HCNet.
UTILITY DISRUPTION / FAILURE	



INFORMATION and TELEPHONE SYSTEMS FAILURE



General Downtime Response for All Staff:

- For all Information System Issues, contact the Resolution Center at 7400.
- If systems are down for a prolonged period of time after hours, notify the Administrative Coordinator. For telephone failures after hours lasting more than 30 minutes, advise Telecommunications.

System Downtime	Recovery Actions
Cisco telephone systems	Use the in-house TEBS emergency back-up system for internal and local communication.
AMCOM console system	Telecom is located in Silver Spring. In the event of a failure, personnel from that location will come to Germantown and activate a back-up system.
Central voice paging system	Use the telephone to maintain contact with key personnel. Radio pagers are also used.
Radio paging systems	The TC manages individual pager failures by using spares. If none is available, keep the TC operator advised of your location.

Consider using a runner to send messages if all electronic communications systems fail.

Back-Up Telephone Lines (TEBS LINES)

The TEBS system can be used for internal calls only. TEBS phones in the emergency department, command center, help desk, and telecommunications center may be used for local outside calling capability. Four-digit dialing is used. When there is a voice system emergency, calls are restricted to urgent calls related to patient care.

Protective Actions and Sheltering-In-Place



If conditions warrant a Protective Action, the IMC is responsible for notifying the telecommunications center immediately by calling extension 2-2222. Additional instructions will be by public announcement or from your supervisors.

SHELTER-IN-PLACE

The decision to Shelter-In-Place (S-I-P) is recommended by local Emergency Management Agency (EMA) personnel and supported by hospital leadership. Reasons for S-I-P may include the following:

- **CODE PURPLE** events, when safe to do so.
- Chemical release into the atmosphere resulting in hazardous atmospheric or environmental conditions.
- Radioactive fall-out from a radioactive source or nuclear detonation.
- Certain severe weather events.

General Hospital Staff Response

- Report to your supervisor for incident specific instructions. Supervisors will be advised on the response measures required by the Incident Management Center (IMC) team
- Shelter-In-Place will remain in effect until the hospital receives clearance from a local authority/EMA that conditions are safe for outside activity.
- Do not allow anyone to leave the building until instructed to do so. If someone insists on leaving, notify security at 2-2222 or 6060 immediately.
- Prove reassurance to patients and visitors regarding their safety.

Clinical Sheltering-in-Place

Hospital leadership is required to authorize bunking in. Once authorized, the hospital will establish a Staff Boarding Center (SBC) and inform the general staff the location of the SBC, as well as the procedure for reporting.

Protective Actions and Sheltering-In-Place



Relocation / Evacuation



Response Actions for Staff on Clinical Floors

- Locate the Emergency Response Kit.
- Area supervisor will assign roles and distribute job sheets. Review your sheet to identify what you may need to do.
- Treat any individuals not admitted to the floor that may have been affected by the incident.
- Account for all visitors and report this information to the Floor/Site Coordinator.
- Identify (triage) those patients that need to leave the area first and those that can wait.
- Coordinate with Patient Triage and Treatment Staff to ensure that the most critical patients are relocated or evacuated first.
- Complete the Patient Evacuation Forms to ensure movement of patients is documented.
- In the event of a vertical evacuation:
 - The IMC will provide direction should an evacuation be required.
 - Retrieve MedSleds from their storage compartments in the closet by the waiting room stairs.
 - Secure the first patients on the sleds.
 - When advised to do so, move patients to the designated stairwell for sled descent.
 - Direct ambulatory patients and visitors to the designated stairwell for ambulatory descent. It will be a different one. Do not allow anyone to try and use the stairs while sled descents are taking place.

Map List

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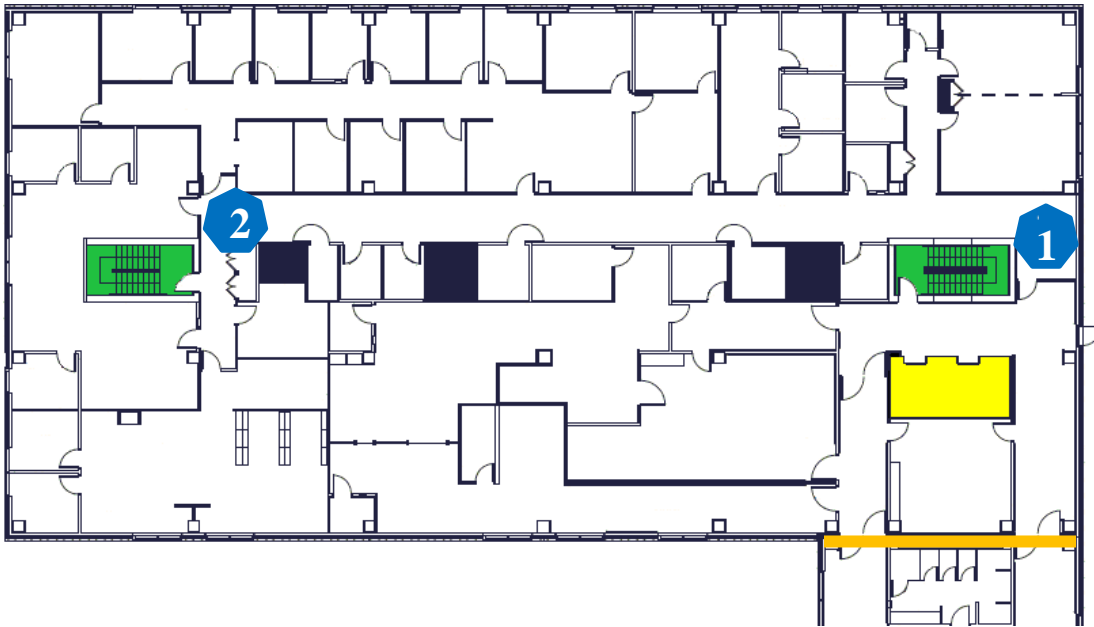
[Receiving](#)

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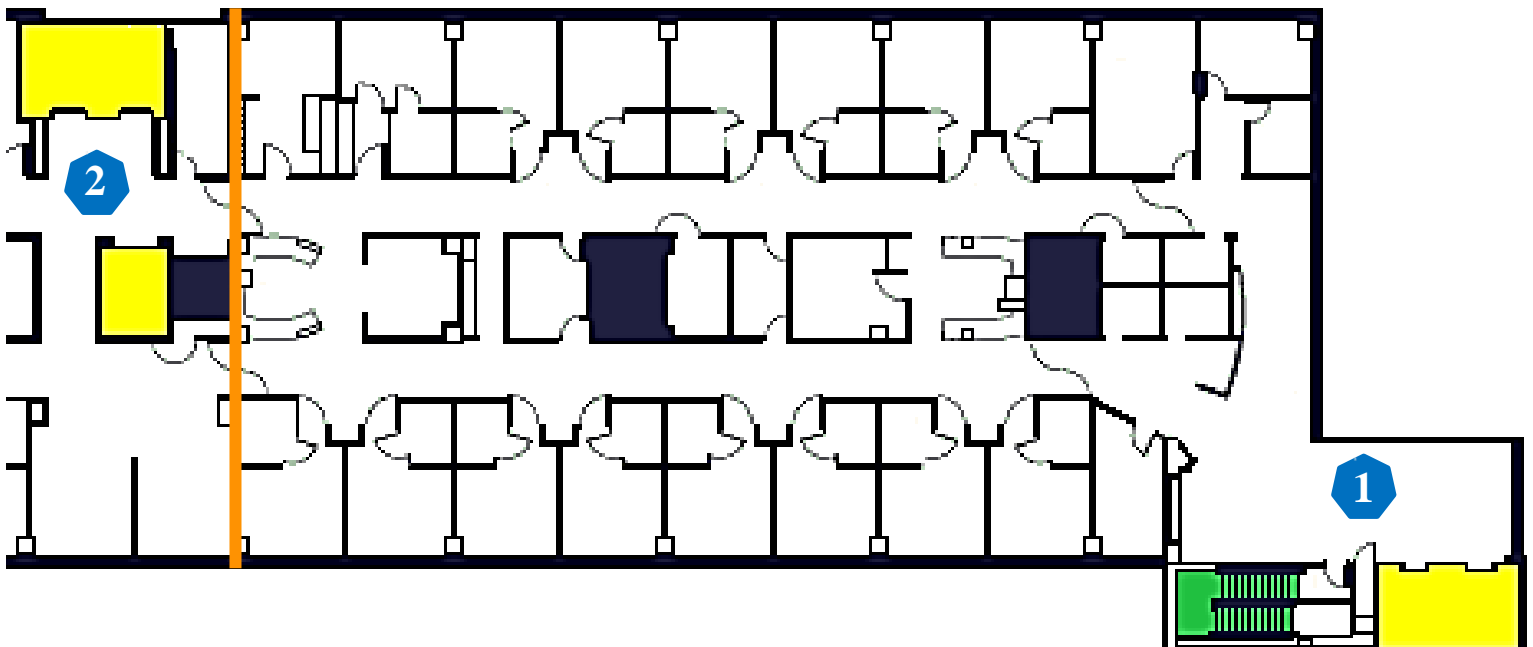
[Surgery](#)

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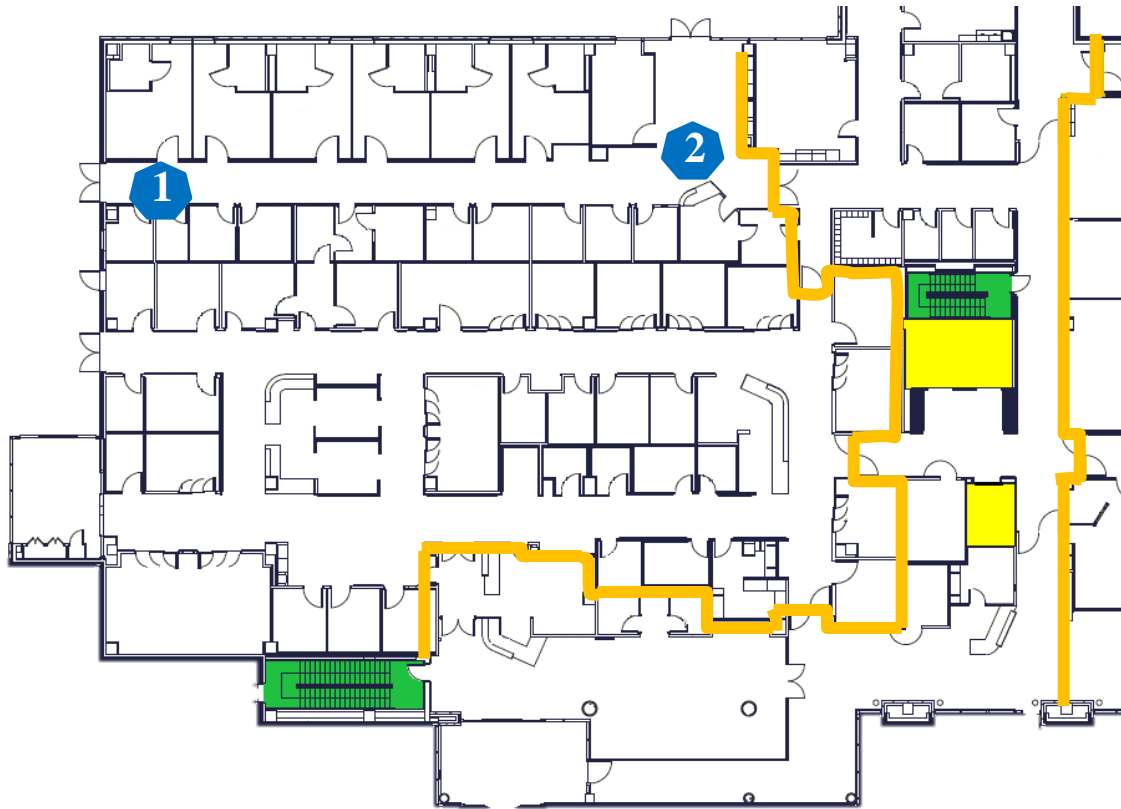
Relocation / Evacuation Map Administration



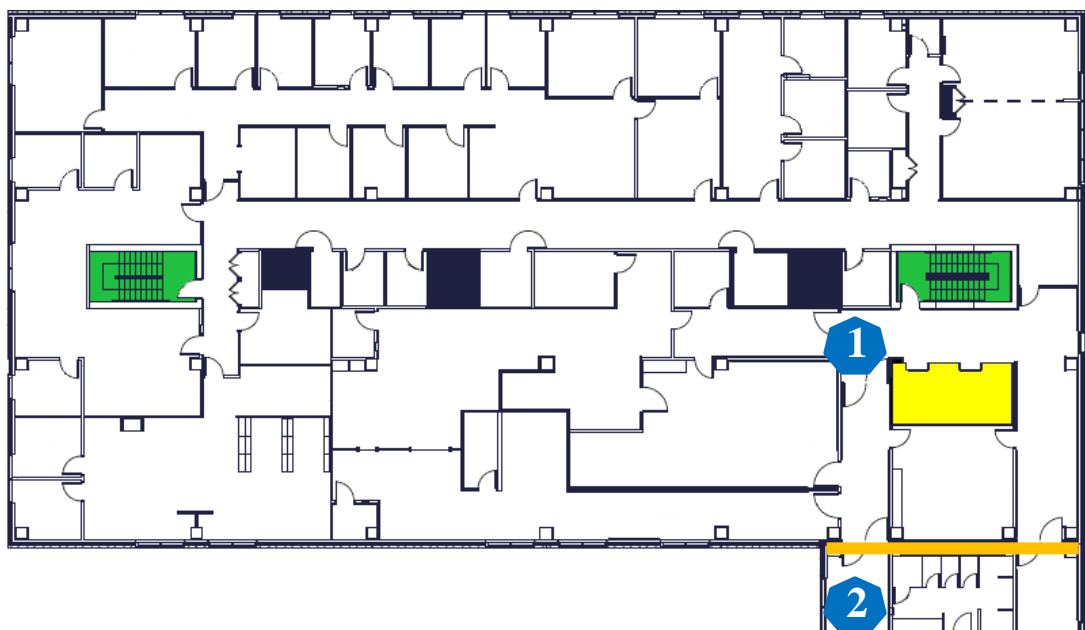
Relocation / Evacuation Map Bed Management / 5 A

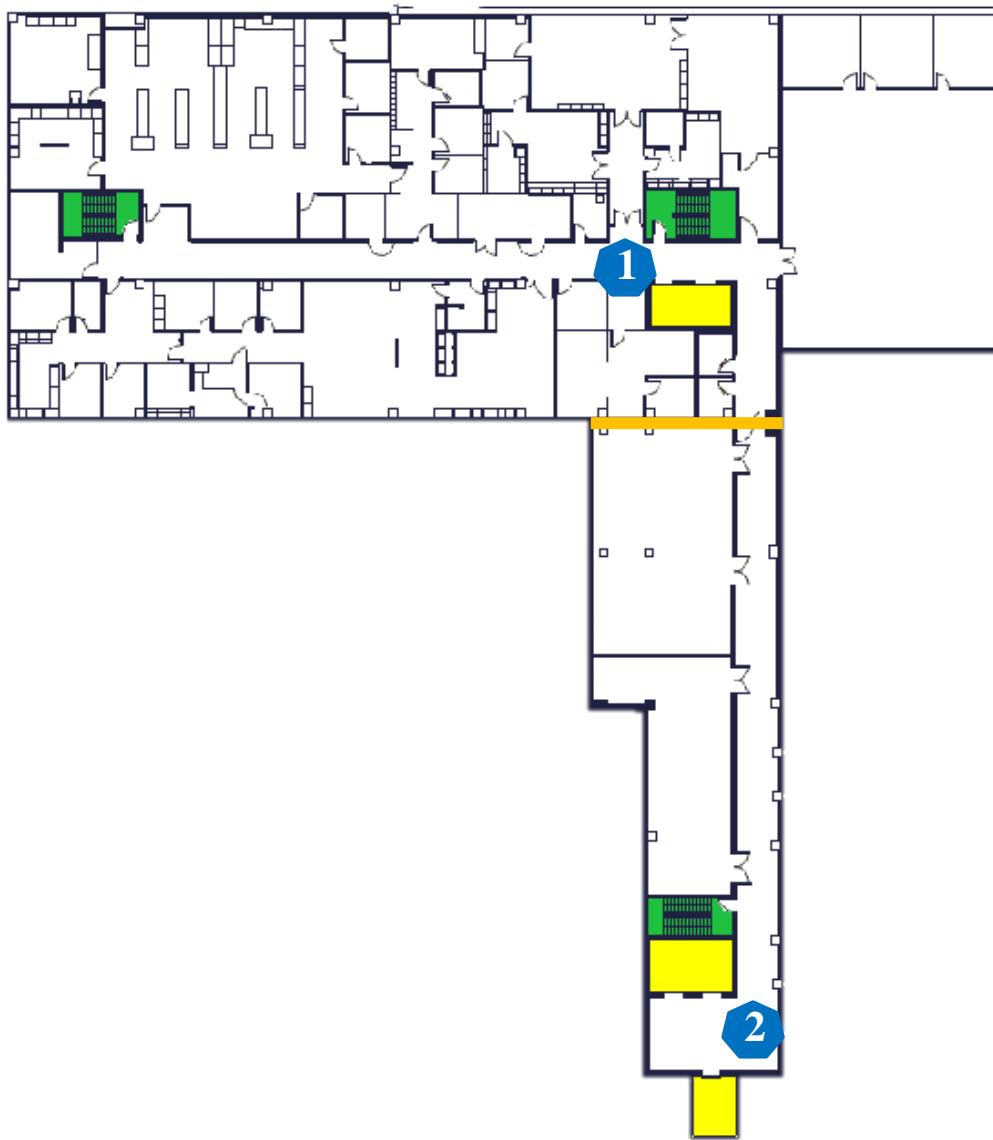


Relocation / Evacuation Map Behavioral Health



Relocation / Evacuation Map Central Sterile Processing





Relocation / Evacuation Map Emergency Department



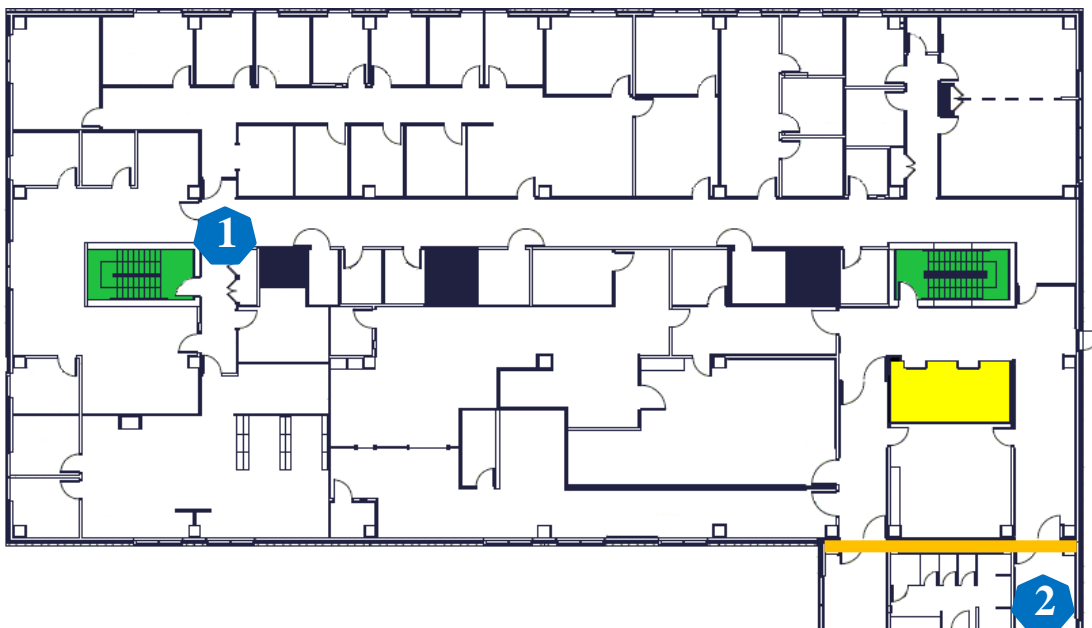
Relocation / Evacuation Map EVS / IT / Receiving



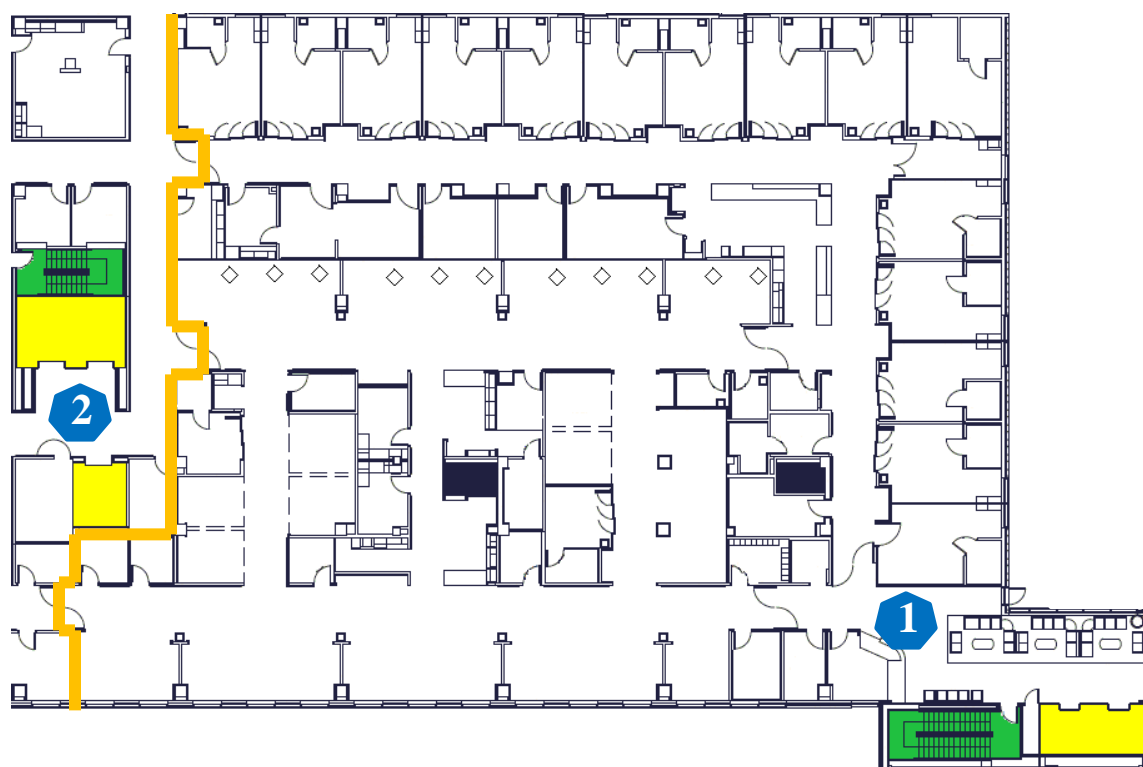
Relocation / Evacuation Map Food and Nutrition



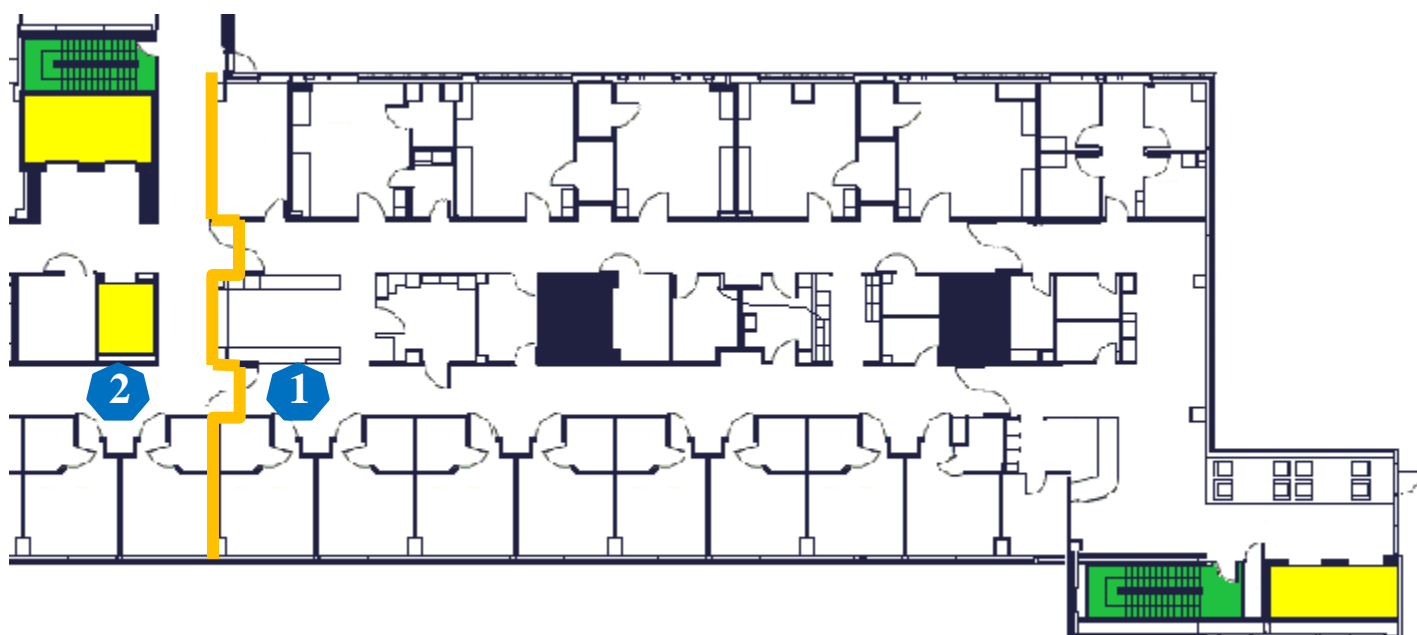
Relocation / Evacuation Map HIM / Quality Care / Medical Staff



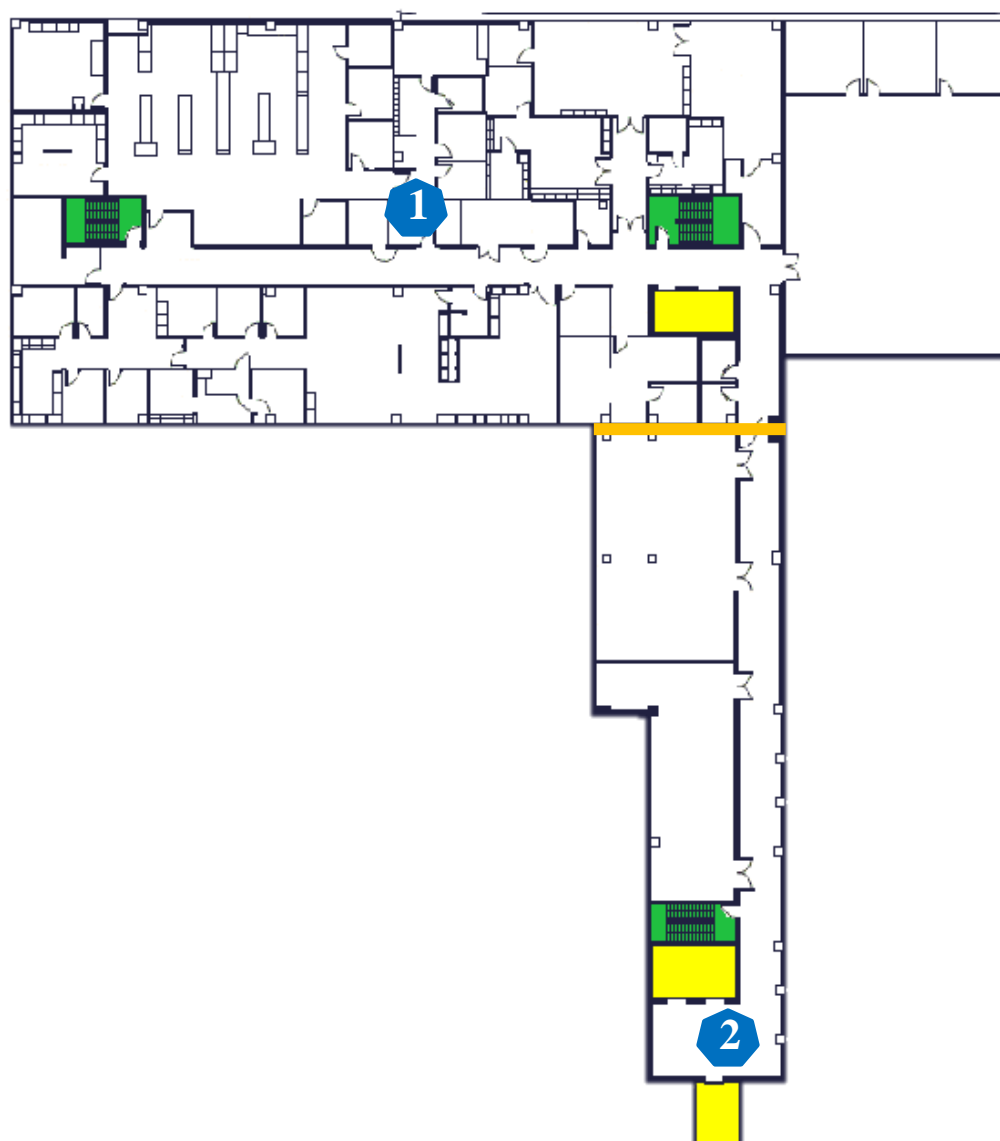
Relocation / Evacuation Map ICU/ IMC / ASD / PACU



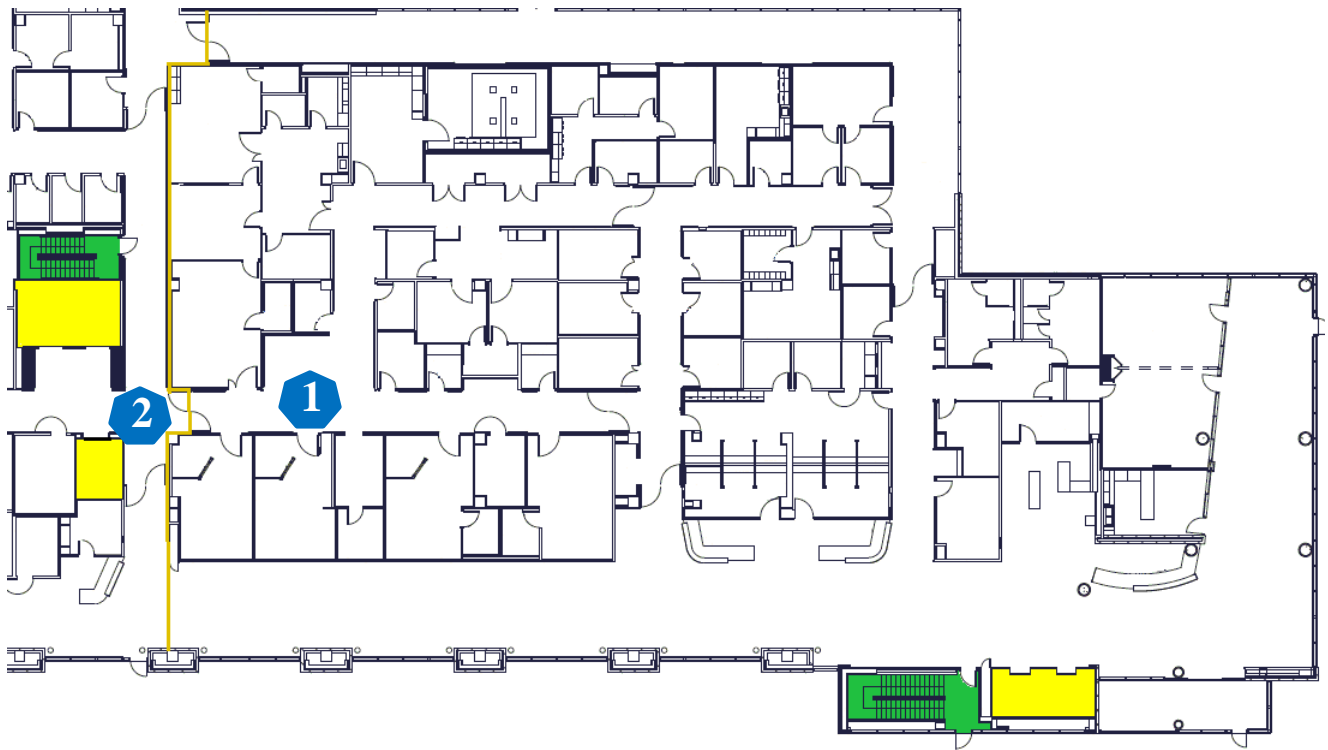
Relocation / Evacuation Map Labor and Delivery / Mother-Baby South



Relocation / Evacuation Map Laboratory



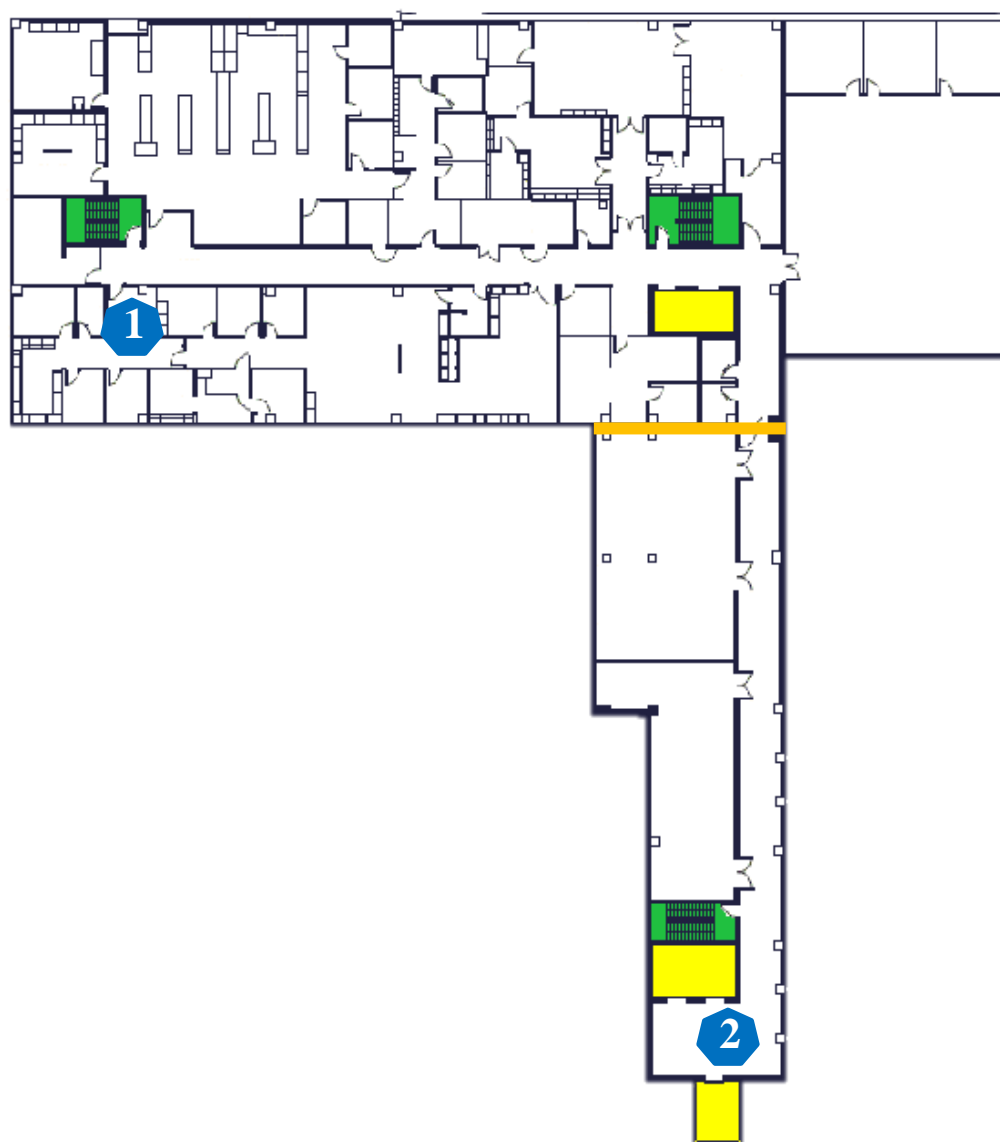
Relocation / Evacuation Map Medical Imaging



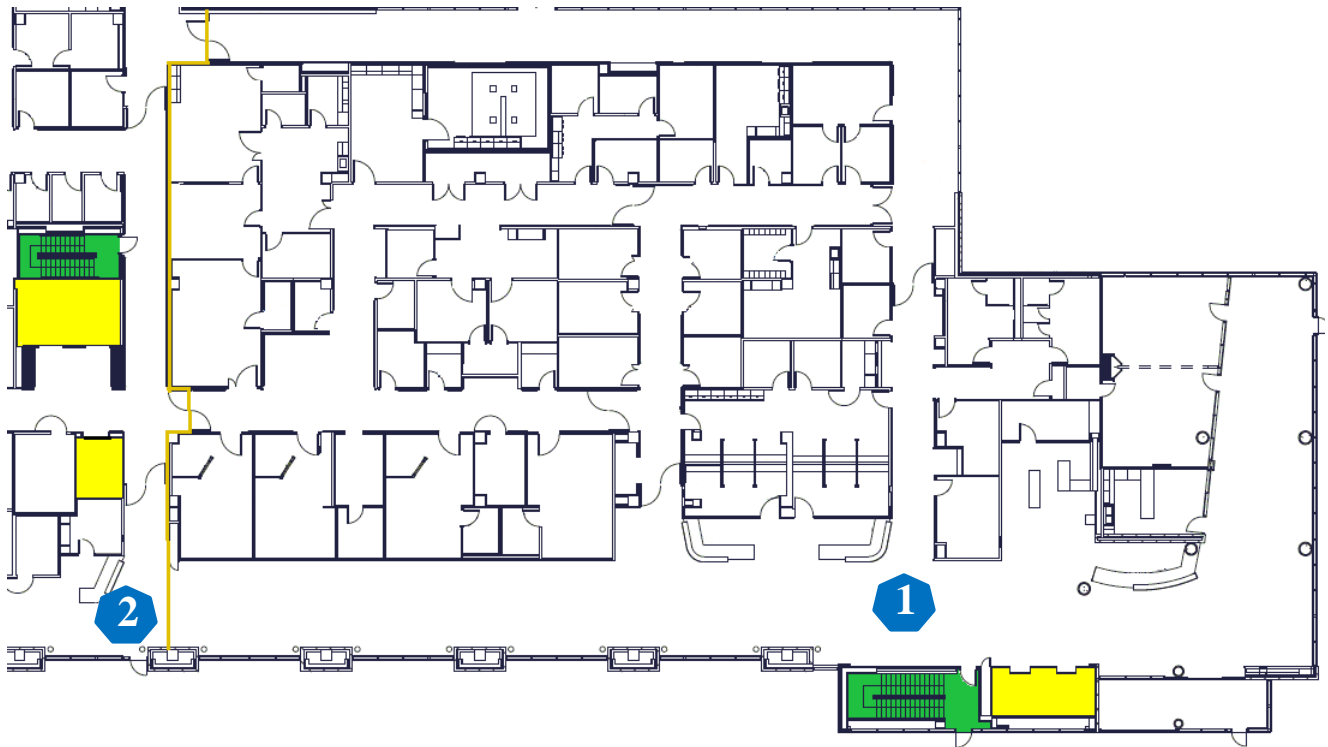
Relocation / Evacuation Map Nursery / Mother Baby North



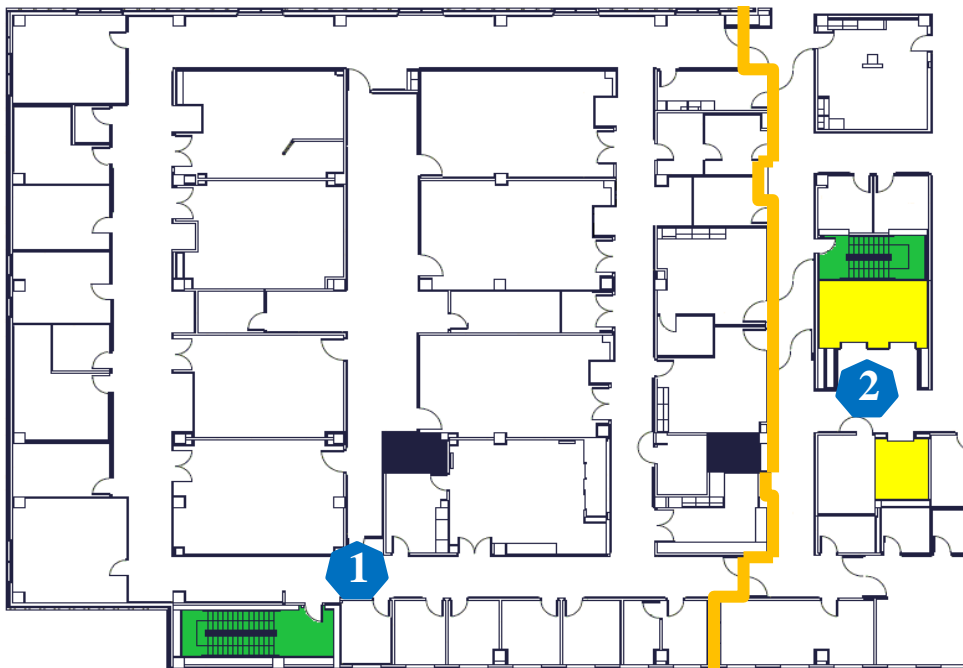
Relocation / Evacuation Map Pharmacy



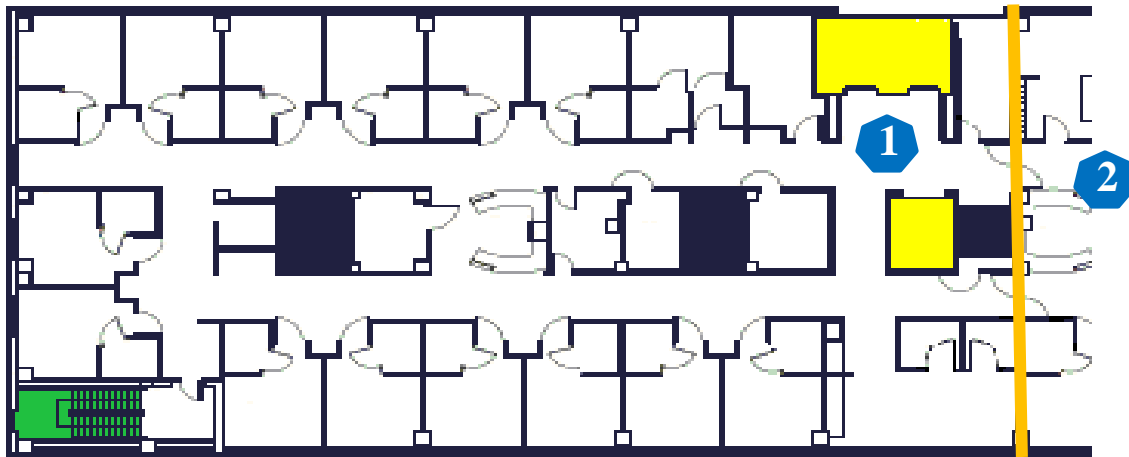
Relocation / Evacuation Map Registration / Business / Volunteers



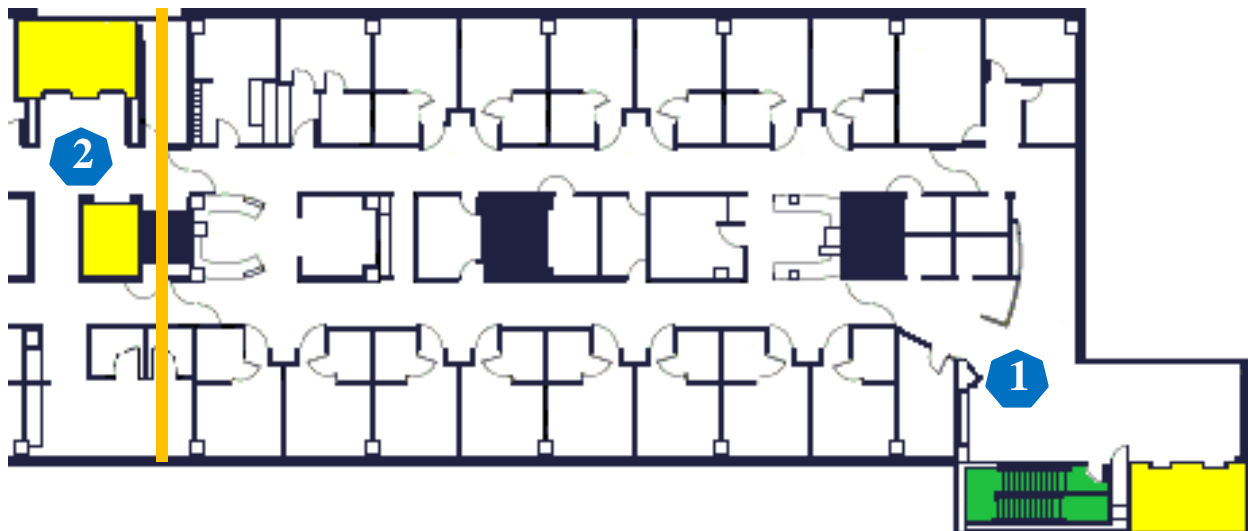
Relocation / Evacuation Map Surgery



Relocation / Evacuation Map 4 B / Rehabilitation



Relocation / Evacuation Map 4 A



Relocation / Evacuation Map 5 B

