

YALE-NEW HAVEN HOSPITAL

EMERGENCY OPERATIONS PLAN

2013

**GENERAL
INFORMATION**

**EMERGENCY
PROCEDURAL
PAPERWORK**

**INDIVIDUAL
DEPARTMENTAL
EMERGENCY
PROCEDURES**

ANNEX SECTIONS

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EMERGENCY OPERATIONS PLAN**

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YALE NEW HAVEN HOSPITAL EMERGENCY OPERATIONS PLAN

OVERVIEW

Yale-New Haven Hospital (YNHH) is tertiary care hospital that serves greater New Haven and other areas of southern Connecticut and Rhode Island. The Yale-New Haven Hospital Emergency Operations plan includes all sites that YNHH operates, occupies, owns or leases. Based upon these characteristics, patients, and specific locations separate HVA's are developed. The resources that ASD possesses in both material and personnel will greatly increase the response capabilities of the hospital. Based on the annual hazard vulnerability analysis potential response to events the ASD may send its personnel resources to YNHH to assist or YNHH may transport patients to the satellite centers in accordance with the nature of the event and the capabilities of each center Yale New-Haven Hospital must operate at all times, even under unusual or adverse circumstances. These circumstances could include events related to natural causes such as severe weather (i.e., heavy snow, high winds, severe electrical storms, extended hot and dry conditions or flooding) or of manmade causes such as fire, exposure to hazardous materials, interruption of basic utilities, mass casualties or acts of violence. The above mentioned occurrences are not the only possible hazards; however, they do point out the importance of having a versatile emergency management plan that functions in all hazards.

The Guilford Shoreline Medical Center will service as a medical facility for Guilford and surrounding towns. The SMC Guilford Emergency Department will operate from 24/7. This relationship is detailed in the Emergency Operations plans for the town of Guilford.

The YNHH plan has been developed based on an All Hazards Incident Command System (ICS) with Annexes that address specific event activities.

The first section of this plan (General Information) provides a description of the Incident Command concept and instructional information needed for the effective response by the staff. It is intended that this information be reviewed prior to an emergency event as part of the orientation and education process and be used as reference material during an actual event.

The second section (Emergency Procedural and Paperwork) contains information needed by the specific department or function to effectively respond to an emergency. This section includes Incident Command Job Action Sheets for specific departments or functions, ICS Charts, and key operational information. It provides those staff placed in leadership roles with guidance needed to coordinate the emergency response activities.

The third section will provide space for any individual department's emergency policies/practices.

Annex sections are provided for specific events or tasks when more detailed information is needed to supplement the general ICS procedures.

INCIDENT COMMAND SYSTEM

Complex emergencies such as mass casualties, utility systems failures, fires, and other traumatic scenarios create chaos to those being affected by the emergency. Without an organized method of emergency management, YNHH will be unable to stop the confusion created by fast moving emergencies. For the purpose of all events both campuses will be considered a single entity. The Chapel Street campus will have its own site operations center and report directly to the EOC at YSC.

The Incident Command System (ICS) provides an organized system of command, control, and coordination to deal with the confusion that develops in these emergencies. It is a management tool consisting of procedures for organizing personnel, facilities, equipment and communications at the scene of an emergency.

ICS is based on standard business practices (planning, directing, organizing, coordination, communicating, delegating and evaluating) and can be adapted to incidents involving a single focal point or those involving multi-faceted operations or demands on the facility or organization.

There are eight components of incident command that are key to handling any emergency event:

- **Common terminology** is used to create standard and consistent names for functions, facilities, and resources at any incident. (i.e., command, triage, patient treatment areas)
- **Modular organization** defines the top-down development of the organization and includes the following functions: Command, Operations, Planning, Logistics, and Finance. Command is always staffed and is responsible for any of the other functions that have not been delegated.
- **Integrated communications** provides for a coordinated communications plan and the use of clear instructions between the differing activities during the emergency.
- **Unified command structure** involves the establishment of one central control point to direct and oversee the entire emergency operation.

- **Consolidated action plans** are the plans that define YNHH activities in conjunction with departmental specific activities. These activities must mesh together well to prevent confusion during emergency operations.
- **Manageable span of control** assures that proper supervision is being provided to those personnel involved in the emergency incident. The number of persons being supervised depends on the complexity of the task being monitored.
- **Designed incident facilities** such as the Command Center and Clinical Operations Center are used consistently for incidents so that all personnel will know where to report.
- **Comprehensive resource management** maximizes the use of available resources, consolidates like resources and reduces the communications load on the Incident Command Operation.

The Incident Command System is flexible enough to be used for incidents of any size with an organizational structure that can be adapted to the specific incident. The use of the incident command system is encouraged for any size incident so that personnel will be prepared to use it for the most chaotic of emergencies, but caution must always be exercised so that the system does not outgrow the event. Remember the Incident Commander will maintain control of functions that do not need to be delegated.

The management structure of the ICS develops as the needs of an incident dictate. Delegated task assignments should be made only when a clear need exists.

Sectors are used to divide the incident into more manageable size tasks. Command activates the operations, planning, logistics and finance sectors, as the emergency event escalates.

Under these sectors, task assignments are established as needed for span of control concerns or to perform specific duties. When this is done, these divisions may be designated as geographical identifications (e.g., the generator room, the kitchen) or functional activities (e.g., triage, treatment, public information or damage control).

INCIDENT COMMAND (CHAIN OF COMMAND)

The Incident Commander is the hub of an Incident Command System. This function consists of actions that direct, order, and/or control resources within the authority of the organization. It involves the establishment, assumption, and transfer of command during an emergency event.

The initial Incident Commander will normally be the first person available from the YNHH's leadership structure, commonly referred to as the "Chain of Command." The first person to take charge gathers all available information in an effort to make initial assumptions and determine to what extent the Incident

Command System will need to be established. That individual takes whatever actions are necessary to begin stabilizing the event.

These actions will normally involve:

- Coordination of initial response actions (patient care, damage control)
- Activation of appropriate response plan
- Activation of emergency call back system
- Activation of command center, if needed

In the event of an emergency during non-business hours the Off-Shift Executive (OSE) will often serves as the incident commander during the activation phase. The OSE needs to contact the Administrator on Call (AOC) and discuss the situation. Following consultation with the OSE the AOC will determine if activation of the HICS is required. Upon determination that the HICS system is required the AOC will activate the HICS by implementing a Code D and await other command personnel to arrive, Command may be transferred and/or the other ICS sector duties may be assigned.

Transfer of Command

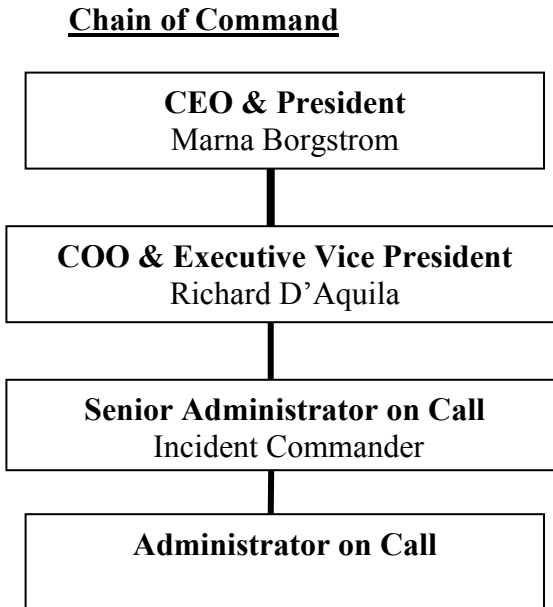
Command cannot be transferred to someone who is not present at the incident! The transfer should be face to face or by appropriate communication means (i.e., phone or radio). This transfer should be done by providing the following information:

- The incident conditions
- The action plan
- Progress in completing goals and objectives
- Personnel assignments
- Appraisal of needs

Once command is transferred all other ICS sector leaders will be notified.

Chain of Command

The chain of command establishes the leadership structure of the organization during an emergency event. The command structure is outlined in the following chart:



The Incident Commander should use the “Incident Command Job Action Sheet” located in the Command Center and Administrative Emergency Operations Manual as a guide to performing the duties of this assignment. In addition, as sector assignments are made the incident commander will provide the sector checklists to those persons assigned these duties.

Unified Command

Unified Command is the sharing of responsibility for the overall management of an incident. It may be used in complex incidents where sharing of the leadership role (team approach) will enhance the command function or when other agencies or organizations are supporting the emergency operations. In this situation the leaders of all the involved agencies function from the same command center. Even in a unified command there is still one person in charge of the event, this is the Incident Commander.

Executive/Policy Group

The Executive/Policy Group consists of the Hospital's Executive Management Team (CEO, COO, and Senior VP's). If the event is of sufficient magnitude then the Yale New Haven Health System May activate the System Emergency Coordination Center (SECC). Either group may be convened as needed during activation of the Hospital's Emergency Operations Plan. They are responsible for providing policy guidance on issues directed from the Incident Commander that are outside the scope or authority established within the Emergency Operations Plan. The Executive/Policy Group or the SECC is not responsible for providing operational direction of an incident. This responsibility remains with the Incident Commander.

Command Support Functions

- Medical Control is assumed by the highest-ranking available physician based on the medical staff chain of command. Medical Control will coordinate the activities of the medical staff and provide medical direction to the clinical operations sector. Medical Control may assign other physicians to leadership tasks as needed (i.e., triage, mass casualty coordination, medical staff staging). The Medical Control physician is a member of the unified command team in events affecting patient care.
- Public Information Officer (PIO) is assumed by the Director of Marketing or his/her designee. The PIO is responsible for media coordination and providing appropriate news releases as the YNHH's spokesperson. In larger events the PIO may function in The News Media Information Center, but will maintain constant contact with the Incident Commander. The responsibility of establishing a Joint information Center (JIC) will fall to the system information resource center SIRC in accordance with their operating guidelines.
- Emergency Management Coordinator is the person assigned responsibility for the development and maintenance of the Emergency Management Program. This person provides technical support and advice to the Incident Commander during an emergency.
- Liaison Personnel are the leaders of outside agencies responding to support the YNHH with the emergency event. They will coordinate their activities with Incident Command. They will be part of Unified Command when directed by the Incident Commander.
- Communication/Clerical Support personnel are assigned to support the Incident Commander activities. These persons will receive and track operations information and manage the communication equipment (i.e., phones, radios and computers).

- Medical Technical Specialist(s) who may serve as a consultant, depending upon the situation. Persons with specialized expertise may be asked to provide insight and recommendations to the Incident Commander during and after a response

SECTOR RESPONSIBILITIES

Sector duties will be assigned to the most appropriate available person. As higher ranking or more experienced personnel arrive, control of these sectors may be transferred. This transfer should be done by providing the same information as defined in the transfer of Incident Command. These include:

- The incident conditions
- The action plan
- Progress in completing goals and objectives
- Personnel assignments
- Appraisal of needs

Operations - Clinical

The operations function is responsible for management of all clinical operations during the incident. These are the more immediate and direct actions for responding to, and/or correcting the problems caused by an incident that affect patient care. This usually involves the direction of numerous tasks focused at addressing very specific parts of the problem.

Planning

The planning function is responsible for the collection, evaluation, dissemination and use of information about the development of the incident and the status of resources.

Additionally, this sector is responsible for coordinating staff needs, planning for and monitoring of recovery planning activities and coordination of the labor pool.

Logistics

The logistics function is responsible for organizing and providing facilities, services, and materials for the incident. It is responsible for addressing facility operations problems caused by the incident. This function is also intended to be the procurement service for the needs of the other emergency response functions.

Finance

The finance function is responsible for tracking all incidents cost and evaluating the financial consideration of the incident. In addition, this function is also responsible for locating and obtaining all financial services needs created by the incident. The record keeping performed by this function will be critical for cost recovery through billing of services or requesting of disaster aid from governmental sources in the event of major disasters.

ICS ORGANIZATIONAL CHART

The Chart on the following page outlines the structure and responsibilities established by the Incident Command System as it pertains to your unit. Remember communications should flow through the person identified as the person designated as your section leader. All requests for resources should be made to them.

MEDICAL STAFF

Medical Control is established as defined in the Medical Staff Plan and Medical Control Checklist.

Medical Control is assumed by the highest-ranking available physician based on the medical staff chain of command. Medical Control will coordinate the activities of the medical staff and provide medical direction to the clinical operations sector. Medical Control may assign other physicians to leadership tasks as needed (i.e., triage, mass casualty coordination, medical staff staging). The Medical Control physician is a member of the unified command team in events affecting patient care.

COMMAND CENTER

The Command Center has been designated to provide optimum communications and control capabilities during emergency situations. These areas have been equipped with appropriate telephones and radio outlines. The Command Center is equipped with TV, fax, computer, and other appropriate equipment. The Command Center is used as the central point to coordinate all emergency operations, functions and is located in NP- 5th Floor .

IDENTIFICATION OF KEY OPERATIONAL PERSONNEL

ID badges with the assignment title will be provided to all persons in an ICS role (i.e., incident command, medical control, logistics, and clinical operations) or specific key task (i.e., emergency management coordinator, public information officer, security).

In addition to the all hazards tasks, vests may also be provided to those key tasks identified in specific event plans (i.e., triage, hazardous materials coordinator, safety).

EMERGENCY OPERATIONS LOCATIONS

Key emergency operations functions require the establishment of facilities to accomplish their goals. The functions of these areas are detailed in the specific sections of the plan that pertain to their activation.

ALERTING OF PERSONNEL

In-house personnel will be alerted over the public address system. When, in the judgment of the Incident Commander a general announcement is not appropriate he or she may notify needed personnel by alternate means (i.e., phone, messenger).

Example: Each Department is responsible for maintaining up-to-date call-back procedures and lists. Twenty-four (24) hour operation departments will activate their own call-back procedures. Each Sector Leader will contact the subordinate departments within half-hour of the Plan D call.

EMERGENCY PAGING CODES

Emergency Paging codes will be used to alert all Hospital personnel of possible emergency situations without causing undue alarm to the patients and visitors. The following codes will be used:

- a) **Code Blue – Cardiopulmonary arrest for an adult (5) or child (7).**
- b) **Code Red – Fire**
- c) **Code D**

PERSONNEL COORDINATION

All staff should report to their designated location and begin these activities under the direction of their designated supervisor.

Personnel are expected to report to work at their assigned time unless contacted and directed otherwise by their supervisor. Staff hearing about a possible event through the media including radio, television or the internet should contact their supervisor. If for any reason personnel are not able to report to work then they must notify their supervisor and state why they cannot report.

All staff is required to complete annual emergency management training which includes training that meets the requirement of being compliant with the National Incident Management System. This training assures that all hospital personnel are able to respond effectively to an emergency. The level of training will be dependent upon the employee's job responsibilities. Each manger is charged with assuring completion of this annual training.

PUBLIC INFORMATION

In the event of an unusual occurrence involving YNHH, it is important that concise, accurate and properly directed information be provided. This information may be directed to the general public by means of the news media or directly to the relatives or friends of victims of mass casualty or other situations. To ensure this, information will be distributed only through officially designated personnel.

INFORMATION IS NOT TO BE GIVEN OUT BY PERSONNEL NOT ASSIGNED TO THIS DUTY.

SECURITY

In the event of an adverse and/or unusual situation involving YNHH, it may be necessary to increase the security control procedures above those taken on a routine basis. These may include increased traffic control, exclusion of unauthorized visitors from the facility, increased control of personnel flow into restricted areas, and increased level of awareness by the staff. During these situations, staff may be required to enter and exit through designated doorways and be subject to baggage check procedures. In addition, visiting hours may be curtailed and the incident command system may be activated. Specific instructions for security alerts should be obtained from Supervisors and from the security alert procedures section of this plan. Each employee should ensure that they report to work with their Y-NHH issued identification

SPECIFIC EVENTS EMERGENCY PROCEDURES

Due to regulatory requirements, or the complexity and/or magnitude of some types of events, specific procedures must be provided in addition to those in the “all hazards” checklists and general response information. The number and level of detail of specific procedures will vary in each department’s or function’s plan based on its responsibilities in the emergency management process. These procedures are maintained in the Annex section of the plan.

DOCUMENTATION FOR ALL EMERGENCIES

1. **Job Action Sheet** specific to your work area
2. **Operational Log Sheet**
3. **Incident Message Form**
4. **Section Personnel Time Sheet**
5. **Patient Evacuation Tracking Form**

***** Xerox all forms at the beginning of each event and then as needed.
At the end of each event, replace all forms to be prepared for the next event.***

After Action Sector Report

Purpose: This document is designed to guide Sector officers in composing their after action reports. It represents the perspective of responders within the sector and their impressions, suggestions and lessons learned. It should be completed prior to the Post Incident Debriefing and turned into the Planning Sector Officer at the time of the debriefing. The Sector officer convenes a group of representatives to generate content and assure it adequately reflects the perspectives of that sector. Components of this completed document will be incorporated into the overall Incident After Action Report to be completed by the planning sector. The Sector Officer should convene their group within 72 hours of the incident.

Responsibility: Sector officers are responsible for composing this report and assuring that the content reflects the comprehensive experience and perspective of responders within their respective sectors. It is suggested that content for this report be generated as a group.

Process: This template traces the event chronologically.

- *Notification/Preliminary briefing* - How you were notified and informed about the event? Was this effective? Were the expectations and job assignments clear?
- *Tactical Objectives* - What were the goals for your sector?
- *Task assignments/Actions taken* - How did you divide job assignments to accomplish the identified goals? What did you do and what strategies did you employ to accomplish/complete those job assignments?
- *Lessons Learned & Recommendations* - Based on the previous sections, describe what worked well, what you would do differently and what alternative methods/strategies/actions you would recommend.
- *Conclusions* - Summarize your perspective and recommendation.

ANNEX SECTIONS

Annex 1 - Staff Call-
Back Lists

Annex 2 - Mass Care

Annex 3 - Evacuation

Annex 4 - Fire

Annex 5 - Loss of
Electrical
Power

Annex 6 - Loss of
Phone

Annex 7 - Loss of
Department
Water

Annex 8 - Loss of Air
and/or
Medical
Gasses

Annex 9 - Loss of
Steam

Annex 10 - Inclement
Weather-
In-
patient/All
Department
s and
Ambulator
y Clinics

Annex 11 - Hazmat
Spills

Annex 12 - Radiation
Accident

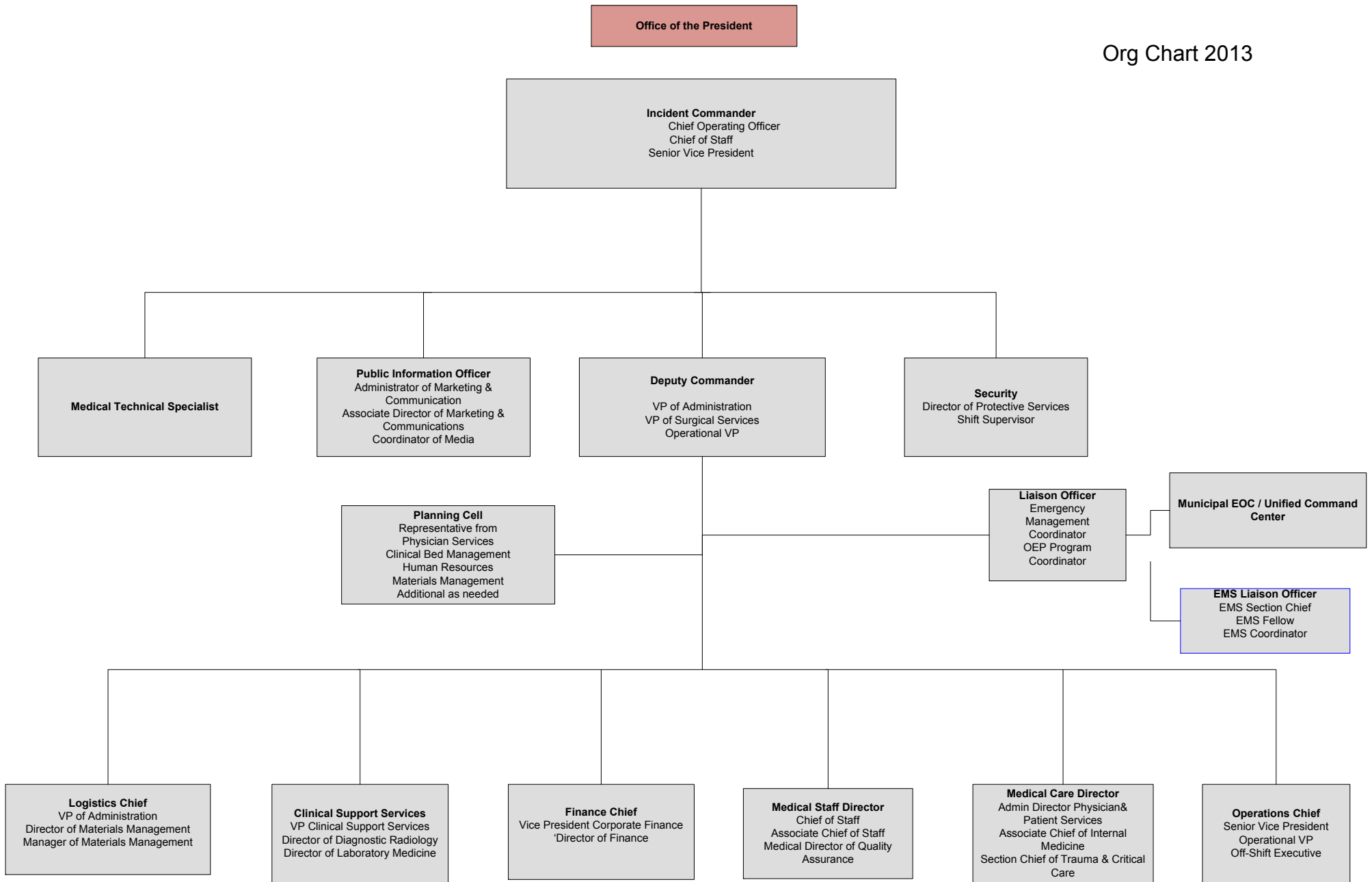
Annex 13 - Biological
Accident

Annex 14 - Bomb
Threat

Annex 15 - Shelter in
Place

Office of the President

Org Chart 2013



Operations Sector Chief
Sue Fitzsimons
AOC

Deputy Operations Sector Chief
Ancillary Services
Denise Fiore

Deputy Operations Sector Chief
SRC
Ena Williams

Deputy Operations Sector Chief
Inpatient
Diane Vorio

Deputy Operations Sector Chief
Out Patient
TBD

- Discharge Planning
- Laboratory
- Social Work
- Respiratory Rehab
- Radiology
- Pharmacy
- Bed Management

- Director of Perioperative Services
- Director of Patient Services
- Director of Patient Services

- Director of Nursing Surgery
- Director of Nursing Medicine
- Director of Nursing Pediatrics
- Director of Nursing Women & Infants
- Director of Nursing Perioperative Services
- Director of Nursing Psychiatric Services

CSSD

Pediatric Specialty Services

- Director of Procedural and Recovery
- Clinical Program Director Smilow
- Director of Nursing Heart and Vascular
- Emergency Services
- Director of Nursing Comm. Health

HICS 202 – INCIDENT OBJECTIVES		
1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
4. OPERATIONAL PERIOD DATE/TIME		
5. GENERAL COMMAND AND CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDING ALTERNATIVES)		
6. WEATHER / ENVIRONMENTAL IMPLICATIONS FOR PERIOD (include as appropriate: forecast, wind speed/direction, daylight)		
7. GENERAL SAFETY / STAFF MESSAGES TO BE GIVEN (Examples: Personal Protective Equipment (PPE), Precautions, Case Definitions (refer to HICS 261 Incident Action Plan Safety Analysis))		
8. ATTACHMENTS (mark if attached)		
<input type="checkbox"/> Organization Assignment List - HICS 203	<input type="checkbox"/> Medical Plan - HICS 206	<input type="checkbox"/> Traffic Plan
<input type="checkbox"/> Branch Assignment List - HICS 204	<input type="checkbox"/> Facility System Status Report – HICS 251	<input type="checkbox"/> Incident Map
<input type="checkbox"/> Incident Communications Plan - HICS 205	<input type="checkbox"/> Incident Action Plan Safety Analysis –HICS 261	<input type="checkbox"/> Other _____
9. PREPARED BY (PLANNING SECTION CHIEF):	10. APPROVED BY (INCIDENT COMMANDER):	
11. FACILITY NAME		

HICS 203 – ORGANIZATION ASSIGNMENT LIST			
1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED	4. OPERATIONAL PERIOD DATE/TIME
POSITION	NAME / AGENCY		
5. Incident Commander and Staff			
Incident Commander			
Public Information Officer			
Liaison Officer			
Safety Officer			
Medical/Technical Specialist (Type)			
Medical/Technical Specialist (Type)			
Medical/Technical Specialist (Type)			
Medical/Technical Specialist (Type)			
Medical/Technical Specialist (Type)			
Medical/Technical Specialist (Type)			
6. Operations Section			
Chief			
Deputy Chief			
Medical Care Branch			
Clinical Support Services			
Security Branch			
Business Continuity Branch			
HazMat Branch			
Other Branch:			
7. Planning Section			
Chief			
Resources Unit			
Situation Unit			
Documentation Unit			
Demobilization Unit			
Other Branch:			
8. Logistics Section			
Chief			
Service Branch			
Support Branch			
Other Branch:			
9. Finance/Administration Section			
Chief			
Time Unit			
Procurement Unit			
Compensation/Claims Unit			
Cost Unit			
Other Branch:			
10. Agency Representative (in Hospital Command Center)			
Agency			
11. Hospital Representative (in External EOC)			
External Location			
12. PREPARED BY (RESOURCES UNIT LEADER)			
13. FACILITY NAME			

HICS 205 – INCIDENT COMMUNICATIONS PLAN (INTERNAL)							
1. INCIDENT NAME			2. DATE/TIME PREPARED		3. OPERATIONAL PERIOD DATE/TIME		
4. BASIC CONTACT INFORMATION							
ASSIGNMENT/ NAME	RADIO CHANNEL / FREQUENCY	PHONE Primary & Alternate	FAX	E-MAIL / PDA	PAGER	ALT. COMMUNICATION DEVICE	COMMENTS
5. PREPARED BY (COMMUNICATIONS UNIT LEADER)			6. APPROVED BY (LOGISTICS CHIEF)				
7. FACILITY NAME							

HICS 205 – INCIDENT COMMUNICATIONS PLAN (EXTERNAL)							
1. INCIDENT NAME				2. DATE/TIME PREPARED		3. OPERATIONAL PERIOD DATE/TIME	
4. BASIC CONTACT INFORMATION							
ASSIGNMENT/ NAME	RADIO CHANNEL / FREQUENCY	PHONE Primary & Alternate	FAX	E-MAIL / PDA	PAGER	ALT. COMMUNICATION DEVICE	COMMENTS
5. PREPARED BY (COMMUNICATIONS UNIT LEADER)				6. APPROVED BY (LOGISTICS CHIEF)			
7. FACILITY NAME							

HICS 261 – INCIDENT ACTION SAFETY ANALYSIS			
1. INCIDENT NAME		2. DATE PREPARED	
4. HAZARD MITIGATION		3. TIME PREPARED	
Potential/Actual Hazards (biohazards, structural, utility, traffic, etc)	Section or Branch and Location	Mitigations (e.g., PPE, buddy system, escape routes)	Mitigation Completed (Sign Off)
5. SAFETY OFFICER		6. FACILITY NAME	

**YALE-NEW HAVEN HOSPITAL
EMERGENCY MANAGEMENT
Policy and Procedure Manual**

		MANUAL CODE: Communications
		Date: Revised: 10/10
SUBJECT: Disaster Communications Plan		
EFFECTIVE DATE September 2007	SUPERSEDES MANUAL CODE: DATED:N/A	

Purpose: The purpose of this plan is to outline the processes that Yale New Haven Hospital will use to communicate with its staff, outside agencies, and other healthcare facilities during a disaster. Communications will be in accordance with Hospital Incident Command System (HICS) principles. It also allows for Yale New Haven Hospital staff to be assigned to a Joint Information Center (JIC) or a Unified Command (UC) centers in order to ensure consistent flow of information.

Internal Communications

Risk communications:

The Risk Communication plan will be a component of this communications plan

During a domestic attack, major disaster or high-consequence event, various organizations and individuals will need guidance in how to respond and assurance that what they are doing is the right thing to do. This can only come from plans prepared and tested in advance of the event. Examples of this diverse group are:

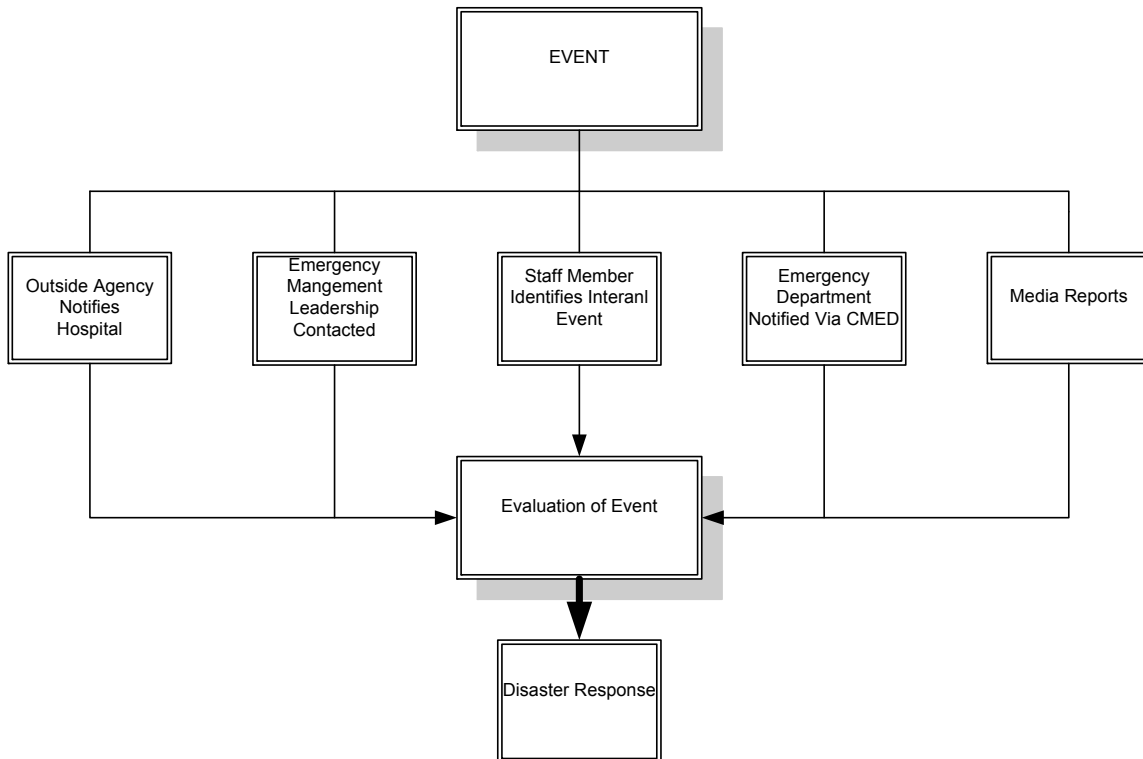
- healthcare organizations and their medical staffs
- other healthcare entities
- patients and families
- the media
- the general public
- first responders
- local governmental agencies
- local businesses
- other healthcare entities

The above groups need timely and focused information. All of them will turn to the healthcare organization for medical or health related information, emergency/disaster instructions and reassurance.

Providing critical medical or health-related information in a timely manner will assist healthcare organizations, municipalities and other healthcare and emergency agencies in response efforts. Healthcare organizations must develop an HRCP that integrates with public health, public safety and government at local, state and federal levels to identify the requirements for quickly and efficiently releasing critical medical and health-related information to key groups during an event.

Notification of an Event

There are several pathways in which the hospital can be made aware of event as outlined below:



An outside agency may notify the hospital of a specific threat or an actual event. Agencies may include State of CT Department of Public Health, local, state or federal law enforcement agencies.

The emergency management leadership can be notified of an event either through contact with its local emergency managers or by monitoring an ongoing situation such as a weather event. Any healthcare facility may contact Yale New Haven Hospital via the page operator or to the emergency management coordinator to request assistance.

A staff member may identify an event either within the facility or located in an area adjacent to the YNHH campus. This type of event will be reported as outlined in the hospital emergency operations plan.

The emergency department will be notified of an external event via C-Med. The Emergency Department Emergency Operations Plan (Separate Plan) outlines how these events will be communicated.

Media reports of an event may reach staff and hospital leadership. Regardless of how the message reaches the hospital, a Code D Alert or Code D will go into effect so that the hospital leadership can conduct an evaluation of the event and determine the level of response. Any response will be in accordance with the principles outlined in the Emergency Operations Plan.

Internal Communications

Communications from hospital leadership to individual departments are outlined below:

1. Communication by hospital leadership to department heads by:
 - a. Telephone
 - b. E-mail
 - c. AMCON E-Notify system
 - d. Internal emergency telephone system
 - e. Face to face communication

2. Each department head will contact their respective departments in accordance with their own plans which include:
 - a. Telephone
 - b. E-mail System
 - c. AMCOM E-Notify System
 - d. Portable Radios
 - e. Internal Emergency Telephone System
 - f. Face to face communication

3. Additional means of internal communications include:
 - a. Overhead Page
 - b. Net Presenter
 - i. Content and format will be approved by the Incident commander and promulgated by the Internal Communications Leader.

Communications with outside agencies will occur through the Emergency Operation Center (EOC) in North Pavilion 5th floor, if activated. If the EOC is not activated then communications should be with the administrator on call which can be accessed through the Hospital Page Operator (203) 688-4242 or through the ENotify System.

External Communications:

Coordination and communication with outside agencies including, fire, EMS alternative care sites other hospitals and healthcare organizations will occur through the Liaison Officer, who may be reached at the Emergency Operations Center. Should a more permanent communication pathway to any of these agencies be required a separate operations center may be considered. Alternative care sites staffed with primarily YNHH staff or support services will fall under the operations sector of the incident command structure and lines of communication will follow the incident command system.

Communicating the names of patients that are involved in an incident or that have died, as a result of a disaster to a third party will be in accordance with YNHH release of patient information policies. Only the Incident Commander may release information in a manner inconsistent with these policies. Every effort will be made to cooperate with any local, state or federal agency involved in the response where patient information may be required to assist in the response.

The EMS Liaison is also able to report to any municipal, within the hospitals catchments area, Emergency Operations Center or a Unified Command Center should it be established. This will allow for more consistent and coordinated response from the hospital. In the event of the establishment of a Joint Information Center (JIC) personnel from the Media Relations Department who has responsibility for staffing the Public Information Office will staff the JIC or the YNHH System Emergency Coordination Center (SECC) Operating Guidelines (Separate Plan). Communications to the EOC will occur through the following means

1. Telephone
 - a. Cellular
 - b. Commercial
 - c. Emergency
 - d. Fax
2. E-mail
3. Med Sat radio system
4. Fixed Satellite Telephones & Radios
5. Portable Satellite Telephones
6. Direct Communication/Messages

The telephone system will be the primary means of communication. If the commercial phone system is unavailable then the emergency telephone system will be used as the primary phone system for internal communications. These phones are located in the command center identified by pink numbers on each phone. Each individual patient care unit has a black jack so that a phone can be plugged in.

E-mail communications can be used in the place of or in conjunction with the telephone system. Each command center position has a specific e-mail address that can be used for internal as well as external communications.

The Med Sat telephone system can be used to communicate with all 32 acute care hospitals in the state of CT, C-MED and the State of CT Dept. of Public Health. Procedures to access and use this system are located in Annex 1- Disaster Communications Plan of the YNHH EOP.

In the event that any of these systems are unavailable the EM leadership has access to a number of satellite phones which are located in the Emergency Operations Center. The process on how to access these numbers and use these satellite phones is outlined in Annex 1- Disaster Communications Plan of the YNHH EOP.

Finally the use of direct written messages and a runner will be the method of last resort. Message forms are contained in each individual emergency operations plan. These forms may also be used for fax, email or hand written messages.

The Disaster Communications Plan, the EMP and EOP will be reviewed no less than annually.

INDEX LIST

List of Delivery Network EOC Contact Numbers
Plan D Alert Phase Procedure
Plan D Procedure
HICS Organizational Chart
Procedures for Use of Fixed Satellite Radio System
Procedures for Portable Satellite Radio Equipment

Procedure for Contacting the Hospital during a Disaster:

If the Emergency Operations Center has been activated then all calls should be referred to the Liaison Officer at 203-688 4218.

If the Emergency Operation Center is not open then contacts the Hospital Page Operator at 203 688-4242 and asks that the Emergency Management Coordinator or the Administrator on Call is paged.

Be prepared to leave a call back number

In the event that you are unable to make contact with anyone call the Adult Emergency Department at 203-688-2222 and ask them to contact Don MacMillan or the Off-shift Executive

Emergency Management Coordinator

Don MacMillan

(H) 203 421-0277

(C) 203 627-3257

Direct Office 203 785-4089

(F) 203 785-3196

EOC	COMMAND	PLANNING	LOGISTICS	FINANCE	OPERATIONS	FAX	OUTGOING SATELLITE NUMBER	INCOMING SATELLITE NUMBER
Bridgeport Hospital								
Primary	203-330-7400	203-330-7403	203-330-7406	203-330-7409	203-330-7412	203-330-7415	8816-314-46630	203-384-3509
Greenwich Hospital								
Primary	203-863-4400	203-863-4405	203-863-4403	203-863-4407	203-863-4401	203-863-4631	8816-314-46375	203-863-4717
Yale-New Haven Hospital								
Primary	203-200-2087	203-200-2084	203-200-2085	203-200-2086	203-200-2083	203-200-2095	8816-314-46541	203-688-7349
SECC (Bishop Facility)								
Primary	203-688-2760	203-688-2764	203-688-2762	203-688-2763	203-688-2761	203-688-2765		
SECC (Shoreline Facility)								
Primary	203-453-7290	203-453-7269	203-453-7291	203-453-7265	203-453-7267	203-453-2266	8816-314-46298	203-453-7830
	COMMAND	OPERATIONS	LOGISTICS	PLANNING	FAX			
(YNHHS) OEP / IRC								
Primary	203-688-9683	203-688-9682	203-688-4733	203-688-4732	203-688-4618			
Backup	203-688-9684	203-688-3403						

updated 07-07-2013

FIXED SATELLITE PHONE CALL OUT QUICK REFERENCE GUIDE

To Call Out:

1. This can be used from any Hospital phone
2. Dial one of the four extensions designated for use through the fixed satellite exchanges:
 - a) Dialing from an outside line:
 - Bridgeport Hospital – 203.384.3509
 - Greenwich Hospital – 203.863.4717
 - Yale-New Haven Hospital – 203.688.7349
 - Shoreline Medical Center – 203.453.7830
 - b) Dialing from an internal line:
 - Bridgeport Hospital – ext. 3509
 - Greenwich Hospital – ext. 4717
 - Yale-New Haven Hospital – ext. 87349
 - Shoreline Medical Center – ext. 37830
3. Once you get a dial tone (Iridium's):
 - 1) Dial "00 1" followed by the area code and phone number
 - 2) When the satellite is connecting to the dialed number, you will hear faint beeps **do not hang up**
 - 3) When the connection is made you will hear the phone ringing.

To call Worldcell, dial 00 1 301-960-0060 for any questions.

DIAL FROM HARDLINE TO PREASSIGNED IN-HOUSE SATELLITE NUMBER

To Call Out:

1. Dial number to access an outside line (ex. "9")
2. Dial 011- (then the 881 number assigned to the outgoing satellite number)
3. When the satellite is connecting to the dialed number, you will hear faint beeps **do not hang up**
4. A dial tone will be heard

5. Dial the incoming satellite number:
 - Bridgeport Hospital – 203.384.3509
 - Greenwich Hospital – 203.863.4717
 - Yale-New Haven Hospital – 203.688.7349
 - Shoreline Medical Center – 203.453.7830

PORTABLE SATELLITE PHONE CALL OUT QUICK REFERENCE GUIDE

To Call Out:

1. The antenna must be upward and extended fully. The antenna **MUST** have a clear view of the sky in order to operate
2. Press and hold down the **0+** key until “+” symbol appears on the phone display. You can also dial 00
3. Enter the county code
4. Enter the city/area code (excluding the 0 if applicable)
5. Enter the phone number and press **OK**
6. You will hear a beep as the phone is connecting. **DO NOT HANG UP.** You will hear a ringing tone as soon as the phone connects

Example of calling a North American number from any country:

Option 1: + 1 212 555-1234 **OK** *or*

Option 2: 00 1 212 555-1234 **OK**

**YALE-NEW HAVEN HOSPITAL
EMERGENCY MANAGEMENT GUIDELINE**

SUBJECT: Disaster Staffing Plan		MANUAL CODE: Staffing 01
		Date: Revised: December 2013
EFFECTIVE DATE: March 2010	SUPERSEDES MANUAL CODE: DATED: N/A	

Purpose: Provide guidance to supervisors and key departments to develop staffing plans for disasters.

Background: This policy identifies two potential staffing plans allowing the hospital to provide critical services during a disaster. The first plan is primarily for events where there is adequate time prior to an event such as a hurricane or major winter storm. The second plan is for immediate disasters such as a mass casualty event.

Guideline:

Plan 1: Two teams will be identified, Team A and Team B and will be utilized when there is greater than four hours prior to the projected time of impact.

Team A:

Essential clinical and non-clinical personnel needed to perform critical functions during a hurricane. Team “A” members prepare their homes, family and pets prior to reporting to work and remain at the facility during the hurricane emergency until Team “B” arrives. The department head will determine the staffing needs for their department during an event based upon guidance provided by the Incident Commander.

Team B:

Essential employees assigned to Team “B” are required to report to work in their departments immediately after the storm. The primary purpose of Team “B” is to provide recovery for Team “A”, and to assist in whatever efforts are needed to return the hospital to normal operations. Team B should be composed of staff that live as close to the hospital as possible.

The Human Resources department can generate a list of all employees that is cross referenced by town of residence.

The hospital should be prepared to provide berthing, food, showering facilities for employees that are required to stay. The Incident Commander will promulgate a policy

regarding the housing of family members and pets of staff members within 12 hours of the projected impact.

Plan 2: This plan is designed for events that require an immediate response. Upon notification of a Plan D:

1. Any staff member scheduled to work within the four hours should report to work unless directed otherwise. It is not required to reach your supervisor before reporting to work.
2. If you are scheduled to work between 4-8 hours should call their supervisor and ask if you are needed to report. If not make sure that your supervisor has your contact information in the event you need to be called into work prior to the beginning of your scheduled shift.
3. If you are not scheduled to work within the next 8 hours you should stand by at your home, be prepared to be called in, and get as much rest as possible. There is no need to call your supervisor unless you will not be able easily reached by your supervisor.

The Labor Pool will be responsible for coordinating requests to provide staffing shortfalls identified by each unit. The Medical Director, Planning Cell and the Operations Sector Chief will resolve any conflicts and prioritize staffing based upon the needs of the event.

Yale-New Haven Hospital

Family Support Center Plan



2013



YALE NEW HAVEN HOSPITAL FAMILY SERVICE CENTER PLAN

Table of Contents

- Overview
- Family Support Center Definition
- Location
- Location Operations Requirements
- Services To Be Provided
- Staffing
- Access to FSC
- Activation of the FSC
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- Emergency Management Chain of Command

YALE NEW HAVEN HOSPITAL EMERGENCY OPERATIONS PLAN

FAMILY SUPPORT CENTER

Overview

The Family Support Center (FSC) at Yale-New Haven Hospital (YNHH) is a service under the Emergency Management Operations Plan.

The YNHH Emergency Operations plan includes Shoreline Medical Center (SMC) in Guilford, CT, and the Yale New Haven Temple Radiology centers in Hamden, East Haven, North Haven and West Haven CT. YNHH must operate at all times, even under unusual or adverse circumstances. These circumstances could include events related to natural causes such as severe weather, manmade causes such as fire or mass casualties or a severe medical emergency such as a pandemic epidemic. Occurrences such as these, require an emergency management plan that includes services provided to families and the concerned community members under a Family Support Center.

Family Support Center (FSC) Definition

A Family Support Center is the coordination of services that may be needed to support concerned family members of a patient or concerned members in the community. Such services may include:

- providing information such as locating a patient, updates on pt condition, community resources
- escorting a family member to visit a patient
- providing emotional/spiritual comfort
- providing comforts while waiting for information or visiting time - food, drinks, blankets, pillows, cots, calling cards, parking vouchers
- access to computers and/or cell phones
- identifying and supporting family members who may develop stress related illness & need medical care
- viewing of the deceased

Location

The FSC needs to have the following elements to its location:

- close proximity to main entrance and Atrium
- easy walking distance to emergency rooms, chapel and bereavement room
- close proximity to cafeteria
- should be able to close off the space to the public
- should hold up to 100 people

The following locations have been identified in order of preference:

- East Pavilion Cafeteria Special Events area
- Max Taffel full conference room
- Admission waiting area in the YNHCH entrance

▪ **Location Operations Requirements**

The following is a listing of the operational requirements needed to provide services in all of the above identified locations:

- computer work stations – If located in Max Taffel, need (1) computer in each section A, B, C, D and in EP at least (3)
- cell phones (3) with various chargers for cell phones
- Spectra Link Phones – (2)
- beepers – (2)
- signage that can be used when the FSC is in operation:
 - directions to all possible locations
 - Quiet Please
 - Family Support Center

- rolling cart that is fully stored with various supplies in advance and can be locked and used during the FSC activation

▪ **Services To Be Provided**

The following services will need to be provided to those using the FSC as well as to the staff and volunteers providing the services:

- patient information to family members and or community members
- communication link to the emergency rooms and the inpatient units regarding a patient's condition
- support and comfort to family members and or community members
- escort to visit a patient in the emergency room or on the inpatient units
- escorting to view the deceased patient
- interpreting information for non-English speaking family members and or community members
- hospitality services such as refreshments, tissues, purell dispensers, trash cans, cleaning supplies,
- supplies and activities for children including refreshments and toys, books, tv and videos

- sleeping/resting areas with supplies such as comfortable chairs, cots, pillows, blankets
- resource information about community services

Staffing

The following staffing and volunteers will be needed in order to provide services at the FSC:

- social workers, chaplains and patient representatives to support and provide information
- volunteers will be needed to provide an escort to visit a patient
- clinical staff such as a nurse or physician to provide the clinical information regarding a patient's medical condition
- patient information staff (admission and or registration) to assist with identifying a patient's location
- security officer to support management of the occupants and maintain level of occupancy in the FSC
-

Access to the FSC

The following is the process to be used to determine access to the FSC by family members and the concerned community:

- family members will be screened by Security at the hospital entrances as to their need to access the FSC
- only 2 family members for each patient will be allowed into the FSC
- all other concerned family and or community members will be directed to wait in the general designated waiting areas
- those given access to the FSC will wear a name tag to identify that they have access
- all staff and volunteers will wear tags or vests to easily identify them as members of the FSC
-

Activation of the FSC

The following conditions should be considered when deciding when to activate the FSC:

- The FSC will be activated based on the needs to be determined by the Command Center
- The FSC will be activated by the following procedure:

- The Command Center will call the following departments to begin the deployment of staff and setting-up of the site:
 - Director of Social Work, or representative in the emergency room
 - Director of Religious Ministries, or representative in the emergency room
 - Director of Volunteer Services, Patients Relations and Interpreter Services
- In addition, the Command Center will call the following departments to begin setting-up of the site:
 - Director of Food & Nutrition to ensure that the needed refreshments are available
 - Director of Security to set up the process of identifying family members that may access the FSC
 - MIS and communication representatives to set up the various computer work stations, phone connections and tv
 - Director of Registration to set up a patient locator system
 - Director and or Supervisor for Housekeeping Services to clean and set up the room for the FSC operations
 - If needed, the Manager of Child Life to set up the activities and supplies for children
- When the patient count for the disaster reaches twelve patients and the FSC can then accommodate 12-36 family members and up to ten10 staff and volunteers
- When the patient count for the disaster reaches thirty-five or more, there may need to be an additional FSC site opened to accommodate an estimate of over 100 people in the central location

FSC Chain of Command

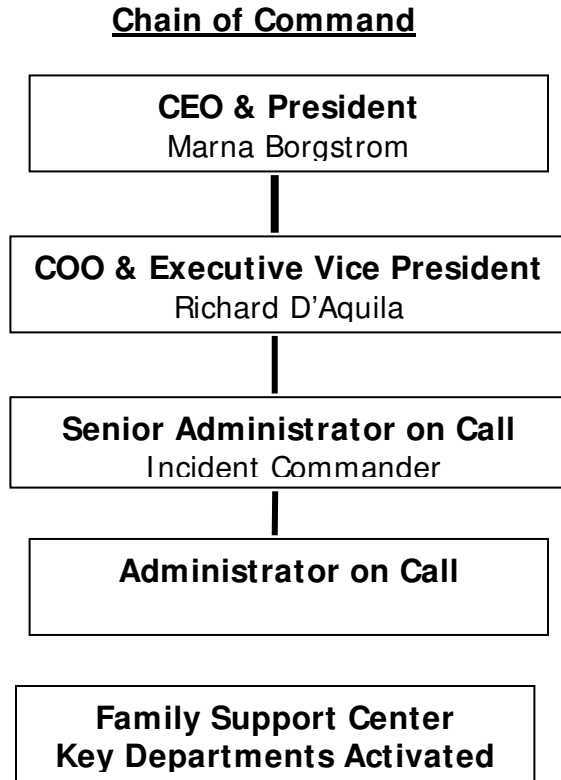
The following is the Chain of Command for the FSC:

- The FSC will be managed by the three key departments responsible for the staffing and volunteers assigned to the FSC: Department of Social Work, Department of Religious Ministries and the Department of Volunteer Services, Patients Relations and Interpreter Services. These key departments have staffing

deployment schedules that will be activated when the FSC is announced.

Emergency Management Chain of Command

The chain of command establishes the leadership structure of the organization during an emergency event. The command structure and the assignment for the FSC is outlined in the following chart:



FSC Operations Group Personnel List

Personnel	Office Number	Cell Phone	Home Number	Pager Number	Time Contact Made	Time of 2nd Attempt
Social Work Director– Paula Crombie	688-2195	(203) 988-9593	(203) 773-1211			
Religious Ministries Director– Sue Asher	688-2151	(203) 675-5757	(203) 287-8937	(203) 766-5373		
Director of Volunteer Services, Patients	688-	(203)	(203)	(203)		

Relations and Interpreter Services– Jeannette Hodge						
Director of Food & Nutrition– Jennifer Pascucci	688-	(203)	(203)			
Director of Security	688-	(203)	(203)			
MIS and communication representatives–	688-	(203)	(203)			
Director of Registration	688-	(203)	(203)			
Director and or Supervisor for Housekeeping Services–	688-	(203)	(203)			
Manager of Child Life– Ellen Good	688-	(203)	(203)			



YALE-NEW HAVEN
HOSPITAL

**Adult Emergency Department
Emergency Operating Plan**

Effective Date: 7/04
Revised: 3/05, 9/07,
6/10, 8/13

Subject: HAZMAT
Decontamination Protocol

PURPOSE

Ideally, decontamination will be done by Emergency Service Providers prior to patient arrival at the hospital. However, history shows up to 75% of people at disaster sites may bypass field decontamination and come straight to the hospital.

This plan presents a guideline for decontamination of patients, delivered to the hospital by emergency services as well as walk-ins and other modes of transport to the hospital.

ASSUMPTIONS

Unless absolutely confirmed, all patients from the incident are to be considered contaminated or partially contaminated upon arrival to the hospital.

All personnel performing decontamination will wear level C personal protective equipment including powered air purification respirators (PAPR's).

No clinical interventions may occur until decontamination has been completed. Any lifesaving measures such as ABC's can only be provided by personnel wearing the appropriate personal protective equipment (PPE) If clinicians enter the "Hot Zone", they will be considered contaminated and process through the decon area before they will be allowed to either end of the Cold Zone.

Consider closing Urgent Care and putting all patients from the incident in one location. A discussion with the ED Attending and the Urgent Care PA to determine the impact on ED operations

NOTE: The Environmental Protection Agency has issued a directive stating that patient life safety and stabilization is the most critical step. Wastewater is not primary concern. However, all subsequent waste must be disposed of properly.

RESPONSIBILITY

Administration

It is the responsibility of the administration to ensure the plan is funded, managed and supported in order to service patients during a disaster.

Safety Officer

The Staff R.N. assigned to decon operations will be the designated Safety Officer unless relieved by the HAZMAT Coordinator. The Safety Officer is responsible for the overall safe operations of the decontamination procedures. The Safety Officer will:

- Determine the necessity of special decon solvents
- Determine the assignments of the decon team
- Ensure procedures are properly executed and successful decontamination has occurred
- Communicate with the ED & the Command Center the disposition of the operation regularly
- Determine the disposition of the EMT/Paramedics
- Determine the disposition of the contaminated ambulance(s)

In the event of a potential radioactive situation, The Radiation Safety Officer assumes the primary role and the Safety Officer assists the RSO.

Radiation Safety Officer

The Radiation Safety Officer is responsible for the assessment, plan design for treatment & decontamination as well as the site safety plan during a radiological event.

Emergency Department HAZMAT Coordinator

The Emergency Department HAZMAT Coordinator is responsible for:

- identifying and maintaining enough staff for the decon team 24/7
- maintaining the decontamination equipment
- ensure the decon team has and maintains the proper training to maintain competency and comply with 29 CFR1910.120

Decontamination Team

The Decon Team is responsible to maintain competency and be prepared to fulfill their responsibilities on the team

The decontamination team will be coordinated by the ED HAZMAT Coordinator or designated staff R.N. The team will be determined based on available staff at the time of the incident.

ED Clinical Staff

The ED Clinical Staff is responsible to maintain competency in the treatment of the patients once they have been decontaminated. They are also responsible to be familiar with the decontamination process.

PROCEDURES

Special Procedures for potential Radiation (Nuclear) events:

The Radiation Safety Officer (RSO) will be notified immediately. All decontamination operations will then be approved through the RSO.

The RSO will be responsible to deliver the radiation detection equipment (Geiger Counters and Dosimeters) to the decontamination site.

Decontamination Operations

1. Decontamination Sites (See Diagram)
2. Activation
 - Activation will be by the ED Clinical Manager
 - The ED Clinical Manager or his/her designee is authorized to initiate the activation of the Mass Decontamination facility (Zumro)
 - If there is a large scale event requiring the decontamination of more than 50 patients then consider activating the New Haven Area Special Hazards (NHASH) Team.

Notification of Staff

- Emergency Department BA will notify the following in accordance with the HAZMAT Call back sheet located in the rack in the CTC
Be prepared to notify other key personnel on an as needed basis
3. Decontamination Area Set-up
 - **Staff R.N.** – Shall:
 - monitor the decontamination area for compliance with procedures
 - decide on the decontamination solutions (in conjunction with the ED Director)
 - ensure the clean side remains clean
 - **Float Environmental Assistant (Float EA)** shall prepare the Decontamination Area (See JAS and diagram)

- ◆ A complete setup shall be initiated unless specifically instructed otherwise.
 - Remove the disaster carts to the hallway outside the HAZMAT Storage area
 - Stretcher for non-ambulatory patients
- ◆ The Float EA should standby to perform other functions as needed.

● **Security** shall :

Secure the ED Waiting Room in the event it is contaminated
Direct arriving ambulances to the HAZMAT room entrance.

- ◆ Security staff that could be exposed will suit up in disposable suits, booties, eye protection and gloves. Ensure outside of suit is labeled as, “Security.”
- ◆ Implement the complete plan unless specifically instructed otherwise
 - Hot zone perimeter (caution tape)
 - Clear adjacent parking lots (tow if necessary)
 - Establish pre-determined traffic patterns
 - Establish perimeter for walk-ins (caution tape) including staff.
 - Establish area for contaminated ambulances (caution tape)
 - Establish decon team donning/doffing/decon area (caution tape)
 - Assist/direct patients to the proper area for processing

The Decontamination Team will be composed of at least two trained personnel (either ED Technicians or R.N.’s)

- ◆ A pre-briefing should be given to all team members before suiting up or entry.
- ◆ Prep staff – responsible for assisting the decon team in donning PPE. Also responsible for cooling down decon team and re-hydration.
- ◆ Decon Staff - Dress to receive contaminated patients. Remove all jewelry, name tags, pins and eye glasses/contacts and put on:
 - The pre packaged level C suits with PAPR’s
 - If radiation is involved, attach outside dosimeter at the neck (read at 15 min. intervals; report results to Radiation Safety Officer).
- ◆ Decon Team (2)- Prepares to initiate decon
 1. At head of decon area instructing patients –

- a. Console and instruct the patients to the process. Establish expectations
 - b. Provide two bags for each patient (one for contaminated clothes and one for valuables)
 - c. Number each patient's upper left hand corner of their bag with a permanent marker
2. In area of showers – instructing patients – keeping patients moving

- ◆ Standby Decon Team (2) – prepared as second shift

Exit of Decontamination Team

- Ensure all containers of contaminated items (medical waste, wash water, etc.) are sealed before removing personal protective equipment.
- Personnel should remove protective clothing in the following sequence:
 - ◆ Remove duct tape from around gloves. Remove outer gloves, turning them inside out as they are removed.
 - ◆ Remove duct tape from around mask, hood and booties.
 - ◆ Slide foot out of suite leg, place over clean line between dirty side and shower, while turning suit inside out. Then remove other leg and let suit drop into yellow bucket marked (Linens, Suits, Gloves)
 - ◆ Remove mask and drop into yellow bucket marked (Respirators).
 - ◆ Remove surgical gloves and drop into yellow bucket marked (Linens, Suits Gloves)
 - ◆ All PAPRS with the cartridges removed should be placed in the yellow bucket marked PAPRS
- Personnel will assist last decontamination member by removing duct tape from suit and assist as necessary.
- If any personnel are experiencing any symptoms they must be decontaminated and then evaluated by Occupational Health Services or the ED

Patient Arrival

If patient arrives by ambulance:

- If the vehicle is contaminated, it is parked away from other vehicles, marked off by Security staff and decontaminated.
- If EMS personnel are contaminated, they will be decontaminated per this plan. If not contaminated, they will be released for duty in a non-contaminated vehicle.
- The ambulance should be placed in the driveway near the HAZMAT entrance, so as not to interfere with traffic.

If patient arrives via other modes of transport:

- If the vehicle the patient arrives in is contaminated, it should be parked as the contaminated ambulance and surrounded with caution tape.
- Patients will be directed to the holding area in order to be decontaminated

Physical Decontamination

General Decontamination

- ◆ Having the patient perform as much of the decontamination as possible decreases the amount of cross contamination.
- ◆ When possible, brush off contaminate
- ◆ Ensure all jewelry is removed, placed into the bag provided labeled with the number marked on their hand
- ◆ Washing is done from head to toe.
- ◆ Avoid vigorous scrubbing to prevent skin breakdown

Area Specific Decontamination

- Contaminated Nose or Mouth:
 - ◆ Turn head to side or down as patients' condition permits
 - ◆ Remove dentures, bridges, etc. placed into the bag provided labeled with their last name and unit number if available
 - ◆ Rinse with small amounts of water and suction
 - ◆ Prevent water from entering stomach and lungs as much as possible
- Contaminated Eyes:
 - ◆ Remove patient's glasses/contacts placed into the bag provided labeled with the number marked on their hand
 - ◆ Irrigate exposed eyes with saline for 10-15 minutes, except in alkali exposures, which require 30-60 minutes of irrigation. This may be done in the ED with a Morgan lens and proper containment device provided the rest of the patient has been decontaminated. Consult MSDS or Micromedex

- Contaminated Wounds:
 - ◆ Try to avoid contaminating unexposed skin on the patient. Tape plastic field and drape around contaminated wound.
 - ◆ Irrigate wound with saline or water for an additional 5-10 minutes.
 - ◆ Remove plastic field and dry area.
 - ◆ Monitor the wound.
 - ◆ Repeat process until area is within acceptable limits.
 - ◆ If contamination persists:
 - wash area
 - consider surgical debridement
 - save and monitor all tissue removed
 - ◆ After wounds are decontaminated, cover with waterproof dressing and decontaminate other areas.

- Contaminated Intact Skin
 - ◆ Wash with soap and water for 10-15 minutes with gentle sponging.
 - ◆ Monitor and repeat as necessary.
 - ◆ Do not redden skin with hot or frigid water or hand scrubbing.

Clean Up of Decontamination Area

- The Decontamination area will be sealed off.
 - All contaminated clothing will be disposed of in accordance with the contaminated waste policy of the hospital

HAZMAT Exposure Information Sheet

Name and phone number of caller*: _____

Type and nature of accident: chemical nuclear biological

Estimated Number of victims _____

Is the patient contaminated? : yes no

Route of contamination/exposure: Skin Oral Inhalation

If radiological, is patient contaminated? yes no **OR** only irradiated yes no

Nature of injuries. Are any open wounds present on victim? yes no

Other: _____

Name of chemical(s) agents involved:(spelling is important):

Is there an MSDS accompanying the patient? yes no

- Extent of pre-hospital decontamination: none local and/or spot only
 total and complete

- Is the contamination due to: solid liquid vapor powder

- Estimated time of arrival: _____

- Has the patient had any type of decontamination yes no

- Estimated time of arrival: _____

*Inform the caller of the proper entrance to use

Be prepared to give this information to the HAZMAT Coordinator and the ED Attending.

ANNEX 11
HAZARDOUS MATERIAL CONTAMINATED PATIENT

CHARGE NURSE JOB ACTION SHEET

Event _____ Date _____ Time _____

Primary Assignee: Clinical Service Managers **Secondary Assignee:** Charge Nurse
Assigned Location: Emergency Dept.
Function: Gather initial information and assign people to respond

Note: If patient arrives at the hospital without prior notice, direct patient out the ED that minimizes potential contamination and exposure. Direct the patient to the ED HAZMAT entrance. Secure contaminated area.

Initial Information

_____ Complete information sheet on the back of this form

_____ Request updates from C-MED as they become available
 If greater than 12 patients activate the Zumro Tent (8-9000)
 If greater than 50 patients consider activating the NHASH Team (Call C-Med) on the Red Phone

_____ Have CTC activate HAZMAT call back plan

Activation

_____ Advise ED attending and direct them to get information from Micromedex if available

_____ Advise ED Police Officer of incident and inform that the Decon room will be opened

_____ Assign a staff R.N. to supervise decontamination, act as a Safety Officer and monitor reports

_____ Assign at least two technicians to don Level C suits and PAPR's and prepare to decontaminate patients

_____ Assign Float EA to open Decon Room and remove disaster carts to MRI Hallway

_____ Direct EMS units via radio to HAZMAT Entrance

Recovery:

_____ Supervise transfer of clean patients to treatment area

_____ Assure DECON Staff did not suffer any ill effects. If so refer to Occupational Health Services (ED when closed)

_____ Direct Float EA to dispose contents of yellow cans

ANNEX 11

HAZARDOUS MATERIAL CONTAMINATED PATIENT Decontamination Team Member Job Action Sheet

Event _____ Date _____ Time _____

<p>Primary Assignee: ED Technical Associate Secondary Assignee: Staff R.N. Assigned Location: Emergency Dept. Function: Decontaminate patient</p>

Initial Information

_____ Receive briefing from Clinical Manager

_____ Report to HAZMAT Supply room SP 1-248-B

Activation

_____ Upon receiving order from Clinical Manager don Level C personal protective equipment

- Prepackaged Level C suits
- Powered Air Purification Respirators (PAPR)

_____ Once fully dressed and enter HAZMAT room and assist patients with directed self decontamination

- Have patient remove all clothes.
- Personal effects such as watch and jewelry need to be placed in specimen bag with patient's name on it.
- Have patient stand in first shower and get thoroughly rinsed
- Have patient lather up with soap paying special attention to inguinal folds, gluteal cleft and axillae
- Patient should rinse completely
- Patient should move to second shower and thoroughly rinse again
- Hand patient towels, booties and a pair of paper scrubs. Once patient is dressed they may exit the room for further evaluation

Recovery:

_____ Discard all clothes in yellow containers.

_____ Decontaminate personal effects such as jewelry etc

_____ Upon completion of decontamination of all patients the EDTA should stand under the shower to rinse off.

_____ Doff PPE by removing boots, outer gloves and respirator, followed by tyvek suit and finally inner gloves

_____ Place all PPE except respirators in corresponding yellow container

_____ Place PAPR's in corresponding yellow container

_____ Report any signs or symptoms to DECON Team leader for further evaluation

ANNEX 11

HAZARDOUS MATERIAL CONTAMINATED PATIENT ENVIRONMENTAL ASSOCIATE

Event _____ Date _____ Time _____

<p>Primary Assignee: Float EA Secondary Assignee: Section C EA Assigned Location: Emergency Dept. Function: Assist Nursing Staff in setting up decontamination facility</p>

Initial Information

- _____ Open HAZMAT Room at the direction of nursing staff
- _____ Move both disaster carts out of DECON room and store in MRI hallway
- _____ Move HAZMAT patient supply cart to hallway end of DECON room
- _____ Move blue chairs to MRI hallway

Activation

- _____ Standby in Hallway (cold-zone) awaiting further assignment from nursing staff

Recovery:

- _____ Upon termination of incident remove all contaminated supplies located in yellow bucket and put in a new yellow bag.
- _____ Restock HAZMAT Patient supply cart with Par levels of equipment
- _____ Return disaster carts to storage location in the DECON Room
- _____ Close up DECON room and report any missing items or problems to Clinical Manager

ANNEX 11
YALE NEW HAVEN HOSPITAL

HAZMAT PLAN
Reference Numbers

- Poison Control (1800 222-1222)
- Chemtrec (800-424-9300) – provides advice on unknown chemical identification and proper initial response methods and procedures for specific chemicals and situations.
- Reference the DOT Emergency Response Guidebook for quick reference
- The manufacturer of the chemical as listed on the label and cross referenced on the Material Safety Data Sheet (MSDS).
- The Chemical Manufacturers Association (800-424-9300).
- The Domestic Preparedness Chemical/Bio Helpline (410-436-4484).
- Online Information: www.cdc.bt.gov

Accessing Materail Safety Data Sheets for Hazardous Material Incidents

1. Go to Clinical Workstation and Under A-Z Reosurces Double Click on M
2. Click on **Materail Safety Data Sheets (MSDS)** at YNHH
3. Once you are on the MSDS Direct page, follow the diagrams below

MSDSdirectOptions - Microsoft Internet Explorer

File Edit View Tools Help

Address <http://www.msdsdirect.com/Main/MSDSdirectOptions.aspx?Action=Login>

Links CCS5_SCM Clinical Apps Office Procedure Recorders Softmed Synapse ANSOS BMD Client Customize Links CWS Navicare 7 EMAP

MSDSdirect Welcome: Yale - New Haven Hospital
Log out :: MSDSdirect Options

RT Cotter and Associates, Inc.
Contact MSDSdirect

Manage Inventories SARA Title III Tier 2 Reporting MSDSdirect Options Inventory Snapshots

[MSDSdirect site guide](#)

Related Policies and Procedures

1 through 2 of 2

Choose a Location to View MSDS Inventory

- Yale - New Haven Hospital Master Inventory / All Facilities
- Yale - New Haven Hospital (Lab)

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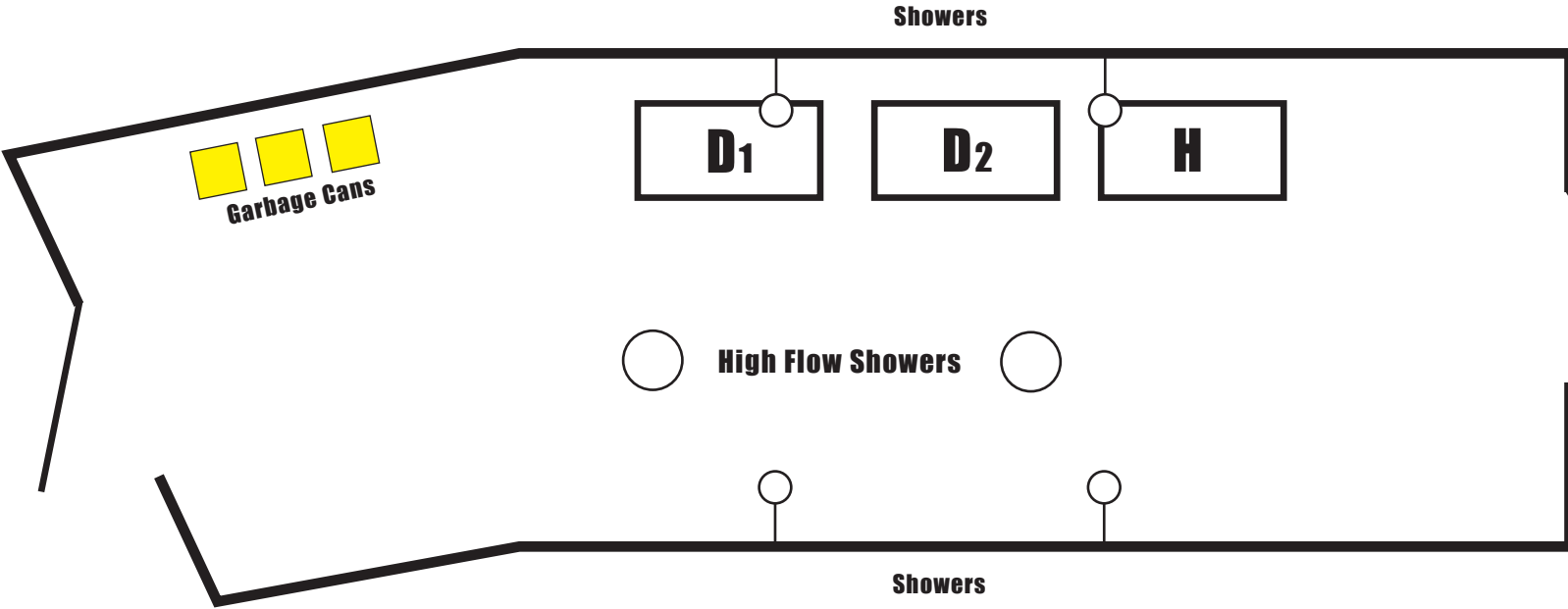
Start CWS Home Page - Micros... CWS Home Page - Micros... MSDSdirectOptions - ... Internet 9:55 AM

Type in name of chemical and hit search

The screenshot shows the MSDSdirect website interface in a Microsoft Internet Explorer browser window. The address bar shows the URL <http://www.msdsdirect.com/MainInventory.aspx>. The page title is "Inventory For: Yale - New Haven Hospital" and the logo for "RT Cotter and Associates, Inc." is visible in the top right corner. The main content area features a search bar with the label "Search Products and Manufacturers" and a "Keyword" input field. A red arrow points to this input field. To the right of the input field is a "search" button and a checkbox labeled "Include Master MSDSdirect database in search". Below the search bar, there are navigation controls showing "Records 1 to 50 of 8208" and a "Records per Page" dropdown set to 50. The main table displays a list of chemical products with columns for Product, Manufacturer, and Status. The table contains 19 rows of data.

Product	Manufacturer	Status
1 (-) - MENTHOL EXTRA PURE (15765)	Sigma / Aldrich / Fluka Chemical Co	✓
2 (-)-11-NON-9-Carboxy-THC in Methanol	Cerilliant Corporation	✓
3 (-)-Cotinine (C5923)	Sigma / Aldrich / Fluka Chemical Co	✓
4 (-)-Epicatechin (E1753) (Possible Emit Lidocaine Calibrator)	Sigma / Aldrich / Fluka Chemical Co	✓
5 (-)-Tetramisole hydrochloride / a/k/a Levamisole Hydrochloride (L9756)	Sigma / Aldrich / Fluka Chemical Co	✓
6 (+) Methamphetamine Hydrochloride / DEA Schedule II Item / a/k/a (+)-Methamphetamine Hydrochloride (M6750)	Sigma / Aldrich / Fluka Chemical Co	✓
7 (+/-) Arteranol Free Base (A2400)	Sigma / Aldrich / Fluka Chemical Co	✓
8 (+/-)-2-AMINO-1-PUTANOL (07176)	Sigma / Aldrich / Fluka Chemical Co	✓
9 (=+)-Amphetamine in Methanol (A-007)	Cerilliant Corporation	✓
10 (=+)-Methadone in Methanol (M-007)	Cerilliant Corporation	✓
11 (±)-Methadone hydrochloride (M0267)	Sigma / Aldrich / Fluka Chemical Co	✓
12 (2R,3R)-(-)-2,3-BUTANEDIOL, 97% (99% EE/GLC) (237639)	Sigma / Aldrich / Fluka Chemical Co	✓
13 (3-(3,5-DICHLOROPHENYL)-2,4-DIOXOIMIDAZO LIDINYL)-N- (METHYLETHYL) CARBOXAMIDE, 97% (559792)	Sigma / Aldrich / Fluka Chemical Co	✓
14 (Plus-Minus)-Amethopterin / a/k/a (+) Amethopterin (A7019)	Sigma / Aldrich / Fluka Chemical Co	✓
15 (R)-(+)-Cycloserine, 98% / a/k/a Cycloserine / D-Cycloserine (858579)	Sigma / Aldrich / Fluka Chemical Co	✓
16 0.2% Carboxack C	Supelco, Inc. div of Sigma/Aldrich	✓
17 0.4% Lidocaine HCL and 5% Dextrose Inj.	Abbott Labs / Hospira	✓
18 0.8% Reagent Red Blood Cells, Surgiscreen/Selectogen/Resolve Panel A/Resolve Panel B/Ortho Pooled Screening Cells/Diego Cells	Ortho-Clinical Diagnostics a Johnson & Johnson Co	✓
19 1,1,1-Trichloroethane	Baxter Healthcare	✓

Yale New Haven Hospital Emergency Department Haz Mat Room



D1 = Disaster Cart 1
D2 = Disaster Cart 2
H = Haz Mat Cart

ANNEX 11
YALE NEW HAVEN HOSPITAL

HAZMAT PLAN
Reference Numbers

- Poison Control (1800 222-1222)
- Chemtrec (800-424-9300) – provides advice on unknown chemical identification and proper initial response methods and procedures for specific chemicals and situations.
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- The Domestic Preparedness Chemical/Bio Helpline (410-436-4484).
- Online Information: www.cdc.bt.gov

HAZMAT Exposure Information Sheet

Name and phone number of caller*: _____

Type and nature of accident: chemical nuclear biological

Estimated Number of victims _____

Is the patient contaminated? : yes no

Route of contamination/exposure: Skin Oral Inhalation

If radiological, is patient contaminated? yes no **OR** only irradiated yes no

Nature of injuries. Are any open wounds present on victim? yes no

Other: _____

Name of chemical(s) agents involved:(spelling is important):

Is there an MSDS accompanying the patient? yes no

● Extent of pre-hospital decontamination: none local and/or spot only
 total and complete

● Is the contamination due to: solid liquid vapor powder

● Estimated time of arrival: _____

● Has the patient had any type of decontamination yes no

● Estimated time of arrival: _____

*Inform the caller of the proper entrance to use

Be prepared to give this information to the HAZMAT Coordinator and the ED Attending.

ANNEX 11

HAZARDOUS MATERIAL CONTAMINATED PATIENT Decontamination Team Member Job Action Sheet

Event _____ Date _____ Time _____

<p>Primary Assignee: ED Technical Associate Secondary Assignee: Staff R.N. Assigned Location: Emergency Dept. Function: Decontaminate patient</p>

Initial Information

_____ Receive briefing from Clinical Manager

_____ Report to HAZMAT Supply room SP 1-248-B

Activation

_____ Upon receiving order from Clinical Manager don Level C personal protective equipment

- Prepackaged Level C suits
- Powered Air Purification Respirators (PAPR)

_____ Once fully dressed and enter HAZMAT room and assist patients with directed self decontamination

- Have patient remove all clothes.
- Personal effects such as watch and jewelry need to be placed in specimen bag with patient's name on it.
- Have patient stand in first shower and get thoroughly rinsed
- Have patient lather up with soap paying special attention to inguinal folds, gluteal cleft and axillae
- Patient should rinse completely
- Patient should move to second shower and thoroughly rinse again
- Hand patient towels, booties and a pair of paper scrubs. Once patient is dressed they may exit the room for further evaluation

Recovery:

_____ Discard all clothes in yellow containers.

_____ Decontaminate personal effects such as jewelry etc

_____ Upon completion of decontamination of all patients the EDTA should stand under the shower to rinse off.

_____ Doff PPE by removing boots, outer gloves and respirator, followed by tyvek suit and finally inner gloves

_____ Place all PPE except respirators in corresponding yellow container

_____ Place PAPR's in corresponding yellow container

_____ Report any signs or symptoms to DECON Team leader for further evaluation

ANNEX 11

HAZARDOUS MATERIAL CONTAMINATED PATIENT ENVIRONMENTAL ASSOCIATE

Event _____ Date _____ Time _____

<p>Primary Assignee: Float EA Secondary Assignee: Section C EA Assigned Location: Emergency Dept. Function: Assist Nursing Staff in setting up decontamination facility</p>

Initial Information

- _____ Open HAZMAT Room at the direction of nursing staff
- _____ Move both disaster carts out of DECON room and store in MRI hallway
- _____ Move HAZMAT patient supply cart to hallway end of DECON room
- _____ Move blue chairs to MRI hallway

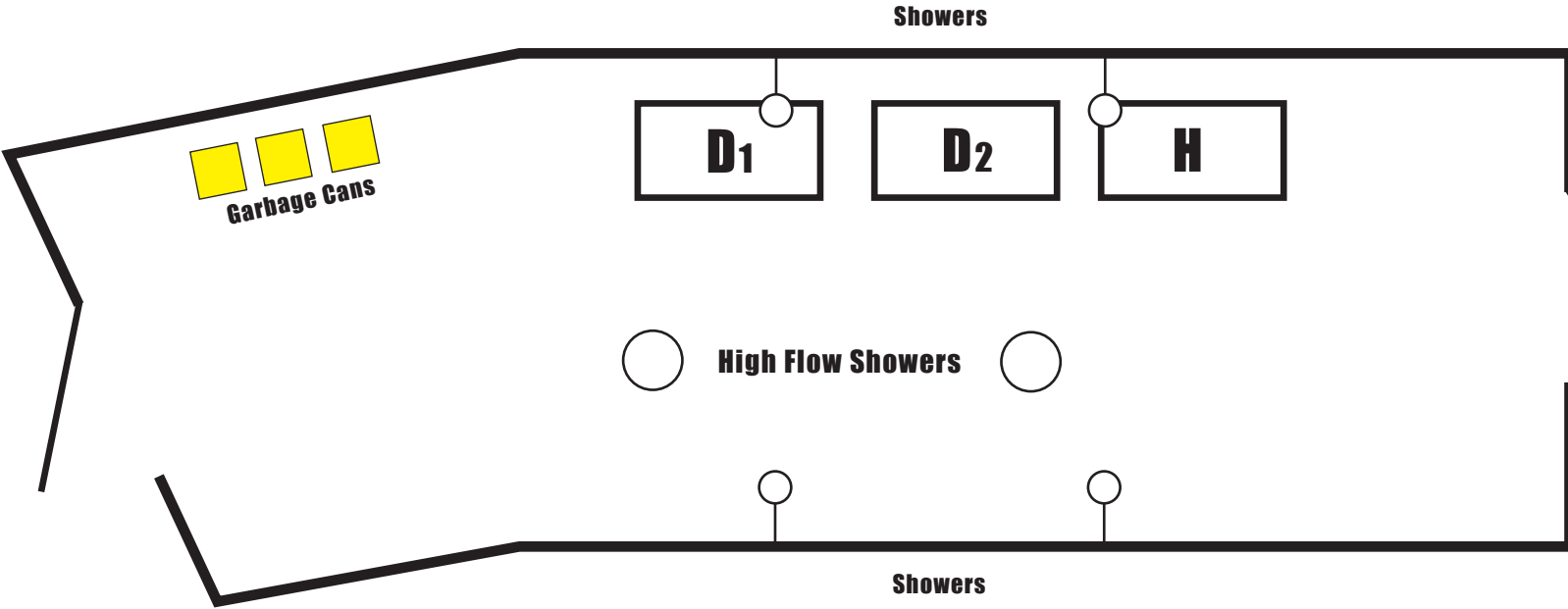
Activation

- _____ Standby in Hallway (cold-zone) awaiting further assignment from nursing staff

Recovery:

- _____ Upon termination of incident remove all contaminated supplies located in yellow bucket and put in a new yellow bag.
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- _____ Close up DECON room and report any missing items or problems to Clinical Manager

Yale New Haven Hospital Emergency Department Haz Mat Room

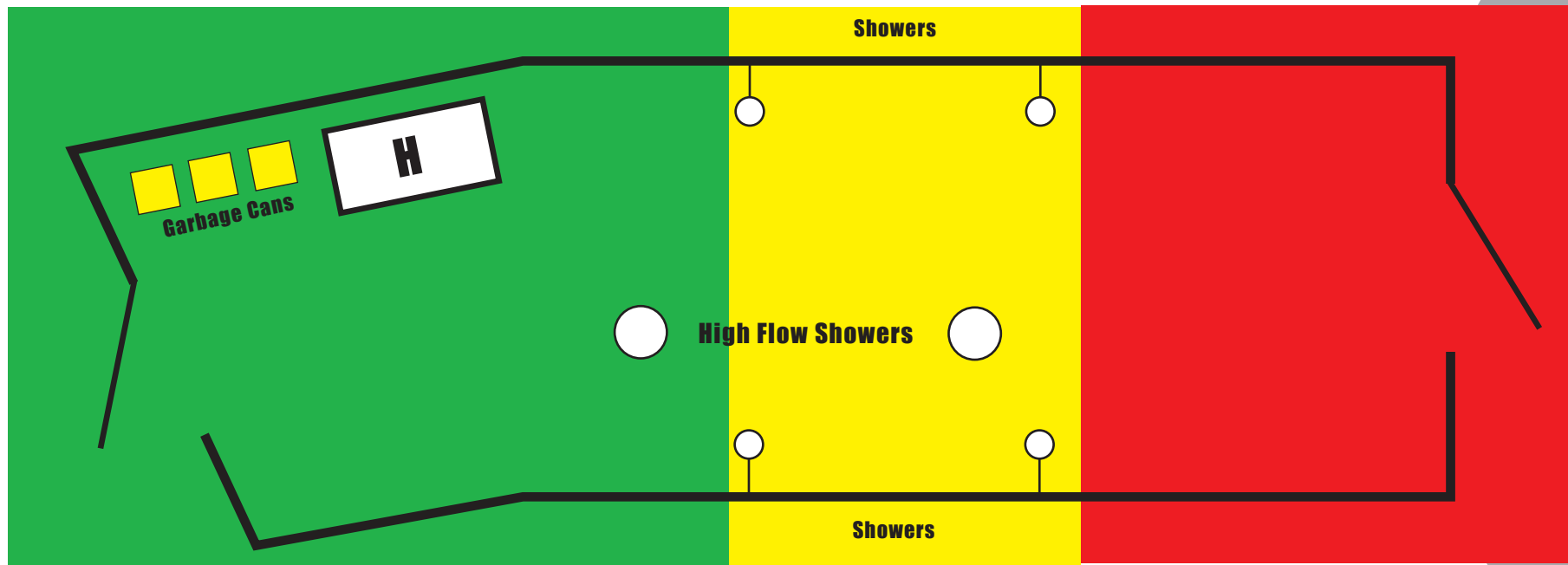


D1 = Disaster Cart 1

D2 = Disaster Cart 2

H = Haz Mat Cart

Yale New Haven Hospital Emergency Department Haz Mat Room During Decontamination



D1 = Disaster Cart 1
D2 = Disaster Cart 2] **Moved to MRI Hallway**
H = Haz Mat Cart

Yale New Haven Hospital Hurricane Preparedness Checklist

Phase I: Steady State

- Review all applicable plans, policies and guidelines
- Review and revise playbook
- Coordinate with finance/risk management to review insurance policies for applicability to hurricanes (wind, flood, labor)
- Ensure Command Center equipment is functioning properly
- Update all Command Center staff contact information
 - Facilities/Logistics
 - Review all applicable plans
 - Review gap analysis
 - Review dormant contracts
 - Review all MOUs, MOAs, Mutual Aid Agreements and dormant contracts.
 - Update staff contact information

Phase II: Monitor; 5 Days prior to Projected Landfall

- Ensure that all Command Center equipment is operational and functioning
- Consider partial activation of the Command Center
- Contact Command Center staff and advise of the situation and current activities
- Participate in conference calls with SIRC and stakeholders as appropriate
- Consider distribution of personal preparedness materials/information to staff
 - Facilities/Logistics
 - Conduct inventory of supplies, medical gas and fuel reserves
 - Verify status/schedule of all deliveries

- Test all emergency systems to ensure full functionality, make any necessary repairs

Phase III: Preparation; 5-4 Days prior to Projected Landfall

- Consider partial or full activation of the Command Center
- Contact SIRC and determine status of operation and other necessary information
- Update methods of information dissemination (e.g. website) to inform staff and patients of the hospital's status
- Review EOP
- Verify staff contact information and availability
 - Facilities/Logistics
 - Inventory current resources and supplies
 - Verify anticipated deliveries' quantity and arrival
 - Validate current fuel levels for generator systems
 - Determine operational capacity based on inventories

Phase IV: Prepare; 4-3 Days prior to Projected Landfall

- Consider partial or full activation of the Command Center
- Draft and maintain IAP for next operational period
- Contact SIRC and determine/obtain status of operation and other necessary information
- Update methods of information dissemination (e.g. website) to inform staff and patients of the hospital's status
- Review planning and determine staff availability prior to, during and after the event.
 - Facilities/Logistics
 - Contact necessary vendors and ensure that all necessary supplies are fully stocked prior to TS conditions starting
 - Ensure generator fuel storage is at full capacity
 - Ensure that the following supplies are sufficient to support partial or full operational for at least 72 hours
 - Medical Supplies
 - Linen

- Water
- Food
- Pharmaceuticals
- Medical Gases

Phase V: Prepare; 3-2 Days before Projected Landfall (Hurricane Watch)

- Consider partial or full activation of the Command Center
- Draft and maintain IAP for next operational period
- Contact SIRC and determine/obtain status of operation and other necessary information
- Update methods of information dissemination (e.g. website) to inform staff and patients of the hospital's status
- Update staff on activities of the Hospital.
- Review Hospital Staffing for day of storm
- Consider to begin messaging if not already done. Make sure you include personal preparedness, including pet and dependent care
- Encourage staff to inventory/stock preparedness kits and update plans
- Discuss the potential for cancelling elective procedures; determine the timeframe and how it will be communicated.
- Discuss with Clinic and Off-site leadership when clinics will be closed and how that will be communicated to staff and patients
 - Facilities/Logistics
 - Ensure all deliveries have been made or will be made to allow the facility to operate independently for at least 72 hours
 - Begin completion of pre-storm checklists
 - Ensure all rooftop, street level and interior floor drains are clear of debris and operating properly
 - Contact all departments and ensure that all systems are operating properly
 - Review staffing procedures and ensure sufficient staffing levels are present on all shifts

Phase VI: Prepare; 2-1 Days before Projected Landfall (Hurricane Warning)

- Consider full activation of the Command Center

- Draft and maintain IAP for next operational period
- Contact SIRC and determine/obtain status of DN's and YNHHS
- Utilize meetings, websites, dedicated phone numbers and other methods to update staff.
- Determine staff availability for operations post-impact
- Update WebEOC with necessary information at the YNHHS and State level.
- Determine the last shift that will be available to report to work before TS conditions begin.
- Make sure all units are reporting confirmed and projected staff shortages to the Central Staffing and Scheduling Department (CSSD)
- Ensure Parking Services has their plan in place with respect to opening and closing of lots and shuttle bus activities
 - Facilities/Logistics
 - Verify that all deliveries have been made and stock is sufficient to support self-sustained operations.
 - Complete pre-storm checklists
 - Ensure all rooftop, street level and interior floor drains are clear of debris and operating properly
 - Contact all departments and ensure that all systems are operating properly
 - Review staffing procedures and ensure sufficient staffing levels are present on all shifts
 - Contact staff and determine availability post-impact.

Phase VII: Prepare; 24-12 hours before Projected Landfall

- Maintain full activation of the Command Center
- Draft and maintain IAP for next operational period
- Contact SIRC and determine/obtain status of DN's and YNHHS
- Review actions taken by all departments to date, determine outstanding items and prioritize actions.
- Determine staffing needs and other requirements post-landfall.
- Update WebEOC with necessary information at the YNHHS and State level.

- Facilities/Logistics
 - Conduct another round of inventories on all supplies and emergency fuel systems, determine additional needs and prioritize actions.
 - Prioritize and answer requests for assistance from the facility, coordinate actions through the Command Center
 - Maintain adequate staffing levels to take emergency protective measures as necessary
 - Conduct final building preparations

Phase VII: Respond; 12 Hours prior to Projected Landfall

- Maintain full activation of the Command Center
- Draft and maintain IAP for next operational period
- Contact SIRC and determine/obtain status of DN's and YNHHS
- Maintain close coordination with departments and address requirements
- Ensure Shelter in Place needs/provisions are in place and being met
- Ensure all staff present are able to remain on-site throughout the storm
- Update WebEOC with necessary information at the YNHHS and State level.

- Facilities/Logistics
 - Monitor all departments and portions of the facility, take appropriate actions to harden the facility and take any protective measures to prevent damages
 - Coordinate needs and actions through the Command Center
 - Ensure all staff present within the facility are able to stay and work throughout the storm

Phase IX: Respond Landfall; to 24 hours Post landfall

- Maintain full activation of the Command Center
- Draft and maintain IAP for next operational period
- Contact SIRC and determine/obtain status of DN's, YNHHS and area hospitals
- Maintain close coordination with departments and address requirements
- Ensure Shelter in Place needs/provisions are in place and being met

- Review staffing requirements
- Update WebEOC with necessary information at the YNHHS and State level.
- Consider BCP Activation
 - Facilities/Logistics
 - Monitor all departments and portions of the facility, take appropriate actions to harden the facility and take any protective measures to prevent damages
 - Coordinate needs and actions through the Command Center
 - Review staffing requirements
 - Assess facility functionality, determine operational capacity and requirements for repairs
 - Monitor emergency systems and determine fuel capacities to inform sustainability requirements

Phase X: Assess and Sustain; 24-72 hours Post Landfall

- Maintain full activation of the Command Center
- Draft and maintain IAP for next operational period
- Contact SIRC and determine/obtain status of DN's, YNHHS and area hospitals
- Maintain close coordination with departments and address requirements
- Ensure Shelter in Place needs/provisions are in place and being met
- Coordinate staff replenishment
- Update WebEOC and contact staff to relay needs and operability
- Consider BCP Activation
 - Facilities/Logistics
 - Coordinate and prioritize protective or temporary measures to ensure facility operability
 - Coordinate needs and actions through the Command Center
 - Contact staff and coordinate replenishment
 - Assess facility functionality, determine operational capacity, repair critical systems and prioritize other actions

- Monitor emergency systems and determine fuel capacities to inform sustainability requirements

Phase XI: Recovery; 3-6 Days Post Landfall

- Maintain full /partial activation of the Command Center
- Draft and maintain IAP for next operational period
- Contact SIRC and relay needs
- Maintain close coordination with departments and address requirements
- Determine facility status and time to return to full operations
- Coordinate staffing requirements and ensure needs are met
- Update WebEOC and contact staff to relay needs and operability
- Consider BCP Activation
 - Facilities/Logistics
 - Continue repairs to the facility, contact vendors and services necessary to bring the facility to full operational capacity
 - Coordinate Environmental Assessments to determine the status of departments and required actions or repairs
 - Coordinate staffing requirements and ensure needs are met
 - Coordinate all repair activities with the Command Center and Finance as appropriate

Phase XII: Recovery; Stabilization of Operations

- Demobilize the Hospital Command Center as appropriate
- Coordinate activities with YNH-CEPDR and YNHHS to ensure all necessary information is captured for After Action Reporting and continued response improvement
- Ensure transition of status does not hamper any temporary or permanent repair activities.
- Consider BCP Activation or De-Activation

Public Health Emergency Plan

I. STRUCTURE FOR PLANNING AND DECISION MAKING

Planning committee:

The response to a Pandemic flu outbreak will be treated as any other event that may impact the hospital. The structure to make the decisions that will determine our response is in place. The Hospital Incident Command System (HICS) is the management tool that is used to determine the response. As outlined in the emergency management plan the Incident Commander is a senior vice president and his or her staff consists of a wide range of personnel with a thorough knowledge of operations, planning, logistics and finance. Medical Technical specialists have been identified and are readily available on the system and hospital level for specific guidance.

The Emergency Management working group, which meets on a monthly basis, addresses the issue such as this plan and works on a continuous basis to improve the hospitals response. This group is a multidisciplinary group within the institution and represents a breadth of experience and knowledge that best prepare the institution for a wide variety of disasters including pandemic flu. If subject matter experts are required, the group will contact individuals on an as needed basis.

Linkage to the local state and federal partners:

The YNHHS System Center for Emergency Preparedness and Disaster Response is the primary linkage to a wide variety of communities. The System Information Resource Center would be activated in an event of significant impact on the operations of any of the delivery network hospitals. The linkages to the state and federal agencies are outlined in Section One of the SIRC Operating Guidelines. Linkages to the local agencies would be through the Liaison as outlined in the YNHHS Emergency Management Plan (See Attachment A). In the event that the SIRC is not activated then linkages would be through the Liaison as outlined above.

The activation of the SIRC will be at the discretion of the President CEO of YNHHS as outline on Section One pg. 4 of the SIRC Operating Guidelines. The incident commander may request the activation of the SIRC if he or she feels that the hospital would benefit from the resources. A list of contacts of local agencies is available in the *Emergency Management Communications Plan*.

II: PANDEMIC INFLUENZA PLAN

Activation of the Plan:

Continuous monitoring of the situation for pandemic flu is occurring. Key events outlined below may require activation of all or parts of the plan:

1. Novel influenza documented in avian species in North America
2. Novel influenza documented in avian species in the United States
3. Novel influenza documented in humans in North America
4. Novel influenza documented in humans in the United States
5. Documented cases of Novel influenza in humans in CT
6. Any intelligence obtained or information forwarded to the hospital that may impact Yale New Haven Hospital

Any of these events should initiate a Code D alert. The latest information and the determination of what parts of this plan as well as any other response or mitigation plans need to be implemented. A schedule for updates should also be promulgated and executed to make sure that all members of the HICS are kept up to date. The Incident Commander may activate all or parts of this plan at any time he or she feels appropriate.

Surveillance plan: the Laboratory Medicine department and particularly the section of virology monitors for novel strains of influenza. Criteria for distinguishing a variety of syndromes that may present to the hospital are identified in Annex 10 of this plan. The infection control department is responsible for monitoring hospital acquired infections. Any alteration to the plan based on the situation will be promulgated to the staff in accordance with the YNHH risk communications plan

Communication Plans

Healthcare risk communication will be authorized through the Incident Commander. The Internal Communications Leader will be responsible for delivering the message to staff. Several methods of communication will be used which include the following:

1. Face to face meetings with supervisory personnel exchanging information directly
2. Establishment of websites and transmitting important information to be every clinical workstation.
3. Distribution of handouts at the main entrances as well as signage may be incorporated.
4. Incorporating the message into the internal TV system including LCD monitors located throughout the hospital.

Consultation with Medical Technical Specialists will be requiring the Incident Commander and the appropriate Medical Technical Specialist to approve all information relayed to staff. Coordination with the appropriate logistics group will be required if there is going to be the distribution of PPE. In the event a screening process of staff is implemented the Internal Communication leader will communicate the plan to the staff.

In the event of a pandemic flu the current projections indicate that up to 40% of staff will not be able to report to work with a certain percentage refusing to report to work. In the absence of specific guidance the hospital will refer to its current policies when dealing with staff that refuses to report to work. Efforts need to be placed on maximizing staff

to provide patient care duties. The focus of the risk communication plan should be on providing a safe working environment to the maximum degree possible. All staff reporting symptoms of flu and that are not able to report to work will be required to follow the plan outlined in Appendix 2.

Staff Education and Training

All employees participate in annual web-based training on a variety of topics including emergency management and infection control. As the event unfolds, training based upon the situation, will be developed and implemented to make sure that each employee receives the necessary training.

A just-in-time training program for non employees has been developed to provide critical and non incident specific information. Event specific training will be included this training. It is the objective to rapidly train personnel so they may function at some capacity. Annex 13 outlines the JIT program. A list of web sites with up to date information is also included in Annex 12

Triage of Patients.

Depending upon the nature of the public health emergency triage of patients will occur per routine protocol. It may become necessary to identify a location where patients will be triaged or pre-screened prior to being allowed access to the hospital. The Zumro tent may be used as a potential offsite triage. Several outpatient clinics may serve as triage locations, especially if the clinic can be relocated to one of the ambulatory service division sites. As a last resort the clinic may be closed and arrangements for continuum of care will have to be made. How this is done is outlined in the individual clinic's emergency operations plan.

The procedure for activating the clinic or Zumro tent is outlined in Appendix 14.

Phone Triage:

Patients calling the hospital with questions regarding the public health emergency will be directed to specifically trained nurses and providers will provide guidance on whether the patients need come to the hospital for evaluation. If the patient does not meet the criteria then home care instructions or instructions to an alternative care site, should they be available, will be given.

The specific criteria determining prioritization of patients has been established for a variety of communicable disease including avian flu, SARS and fever with a rash. These criteria will be evaluated at least daily. Changing the criteria for access to the hospital will be made by the medical technical specialist on duty. He or she may consult any subject matter experts as he or she feels necessary. Much of the guidance may be coming from the State Department of Public Health or the Centers for Disease Control and should be included in the final calculus; however, local circumstances may require some inconsistencies across each facility within a specific region. It will be the responsibility of the Incident Commander to resolve any conflict of the myriad of agencies when developing the policy.

Tracking of patients:

Patients will be tracked using the current medical informatics system.

Closing of the facility or decreasing services

Similar to the triage protocols, the determination whether to close the hospital or decrease services depends upon a variety of factors including, but not limited to, adequacy of supplies, staff, and space to provide care, projections of ill or injured. The Incident Commander will be responsible for determining the level of services that can be provided. The Planning Sector Chief will be responsible for advising the IC on the expected ability to provide levels of services for the next 12, 24 and 36 hours. The level of services provided will be evaluated during every 12 hour planning cycle. Unexpected disruption of services may require the IC to close the facility prior to the next planning cycle.

Limiting Visitors

Protective Services will execute a partial lockdown procedure in order to ensure that only certain entrances and exits are available to visitors. Should the need arise, screening of visitors for symptoms of the particular agent will be implemented and the Incident Commander may close the hospital to all visitors. The External Communication Leader will be responsible for informing the public of the closure in conjunction with patient relations.

Mass Vaccination:

The mass vaccination protocol will be implemented should a vaccine be available. Prioritization of patients will be in accordance with guidance provided by the Centers of Disease Control or the State of CT Dept. of Public Health. In the absence of any guidance a Medical Technical Specialist or other subject matter expert will be consulted in order to determine priorities of vaccine administration or dispensing of any medication. Setting up of a mass vaccination clinic is outlined in Annex 1.

Screening of Visitors and Staff

It may become necessary to screen employees in order to prevent potentially sick staff from infecting patients. The Incident Commander will order voluntary, and if necessary, involuntary screening of employees. The procedure on the location and the process is outlined in Annex 2.

Disposition of Ill Staff:

Once a staff member has been diagnosed with documented and or presumed influenza he or she will be followed by Occupational Health Services. Based upon the latest information from the CT Dept. of Public Health and the Centers for Disease Control, a determination will be made as to when the employee may return to work. This may be based on a variety of factors including, age, work location, specific job requirements and the presence of any co-morbid conditions. In the lack of specific guidance, the Director of Occupational Medicine in consultation with any subject matter experts he or she feels necessary will determine the guidelines of fitness for duty. This also applies to any symptomatic patients that may be well enough to return to work.

Refusal to Work

In the absence of a specific policy addressing the refusal to work or perform duties based upon the specific emergency, and then the hospital will follow the Yale-New Haven Hospital Human Resources policy. If it becomes necessary to alter the policy the Incident Commander will convene a group of subject matter experts, including representatives from human resources, legal counsel and any required individuals, to develop a policy based upon the current circumstances. Once developed, the policy will be promulgated through the Internal Communications Leader to management in accordance with the communications plan to inform the staff of the change in any policy.

Furloughing of Staff due to Medical Conditions:

Upon initiation of a public health emergency by the Incident Commander the Hospital Epidemiologist, Infection Control Officer, Director of Occupational Medicine, a representative from Human resources and any subject matter experts will develop a method for furloughing or re-assigning duties to pregnant staff or staff who are immunocompromised. Once developed, the policy will be promulgated through the

Internal Communications Leader to hospital leadership in accordance with the communications plan to inform the staff of the change in any policy.

Mental Health Support:

Mental health support will be provided in accordance with the Mental Health Support Plan located in Annex 3.

Staff Housing

Staff housing will be provided should the need arise in accordance with the Staff Housing plan located in Annex 4.

Child and Elder Care:

Child and elder care issues will be addressed in accordance with the Staff Support Sector Plan located in Annex 5

Mass Vaccination

If a vaccine becomes available it will be distributed in accordance with the State of CT Department of Public Health Pandemic Influenza Response Plan. The number of doses required for both vaccine and anti-virals will be based upon the work force at the time of distribution. The mass dispensing plan and mass vaccination plan will be executed as outlined in Annex 1.

Meeting Staff Shortages

The hospital will be staffed in accordance with normal patient: physician: nurse ratios as the standard of care. These staffing ratios will be examined on a daily basis based upon projected patient admission and staff availability. Should the need arise to alter the patient: physician: nurse, the Nursing Unit Leader and Medical Care Director will determine these ratios on a daily basis. Each unit will be responsible for developing a staffing plan in accordance with the proposed ratios. Shortages for the next 24 hours will be communicated to the planning sector and the planning sector will implement it staffing plan outlined in Annex 6.

The overarching principle will be that the hospital will continue to provide care by Yale New Haven employees, but it is recognized that a variety of disasters, including pandemic flu, may require that non-employee staff may be needed to meet care requirements. Prior to critical shortages, the Incident Commander will make the request as outlined in Appendix 6. Execution of the just in time training program will be executed as outlined in the Planning section Pandemic Plan. The Incident Commander may waive the initial JIT and credentialing process when it is determined that this process would have a negative impact on patient care.

Surge Capacity Plan

The hospital will locate additional patient care space in accordance with the surge capacity plan outlined in Annex 6

The cancellation or decrease of services in order to make room for additional patient care space will be in accordance with the closing of the facility or decreasing services portion of this plan.

Supplies

Tracking of the supplies needed to meet the emergency will be done in accordance with the Materials Management Plan and the Department of Pharmacy Plan.

Upon the activation of the Yale New Haven Hospital Public Health Emergency Response Plan Coordination. Annex 13 outlines the types and quantity of equipment specifically used for public health emergencies.

When the census reaches such a point that rationing of equipment, supplies, or personnel may be needed the Yale New Haven Hospital ethics committee will develop a process consistent with its existing policies and procedures. The Incident Commander will have the responsibility of implementing their recommendations. Every effort will be made to communicate any major changes in the policies to the community through the External Communications Leader.

Increased Fatalities

Yale New Haven Hospital will execute its mass fatality plan located in Annex 8.

List of Annexes

- Annex 1: Mass Vaccination Plan
- Annex 2: Screening of visitors employees for communicable diseases
- Annex 3: Mental Health Support Plan
- Annex 4: Staff Housing Plan
- Annex 5: Staff Childcare and Eldercare plan
- Annex 6: Surge Staffing Plan
- Annex 7: Materials Management Plan
- Annex 8: Mass Fatality Plan
- Annex 9: Job Action Sheets for Public Health Emergencies
- Annex 10: Triage Procedure for Patients with Various Communicable Diseases
- Annex 11: Specific Bioterrorist Threats
- Annex 12: List of Website Addressing Public Health Emergencies
- Annex 13: Just in Time Training Program
- Annex 14: Public Health Emergency Supplies
- Annex 15: List of Negative Pressure Room

Emergency Response Guidebook



Safety Committee

2013

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EMERGENCY PREPAREDNESS

Each unit has its own emergency operations plan EOP. This document contains event specific information for each unit, patient care area, clinic or department.

Each unit should have a written copy of its plan placed in a central location that is readily accessible. Online versions of unit plans are available on the clinical work stations. To access this area:

1. Click on the Emergency Operations Plan on the main clinical workstation page
2. Click on New Haven
3. Click on your location. Plans are located based upon geographic location.
4. Click on your unit.
5. Once in your unit click on the type of event for specific actions that need to take.

An individual copy of each unit's emergency operation plan EOP is located on each clinical work station. Additional information and copies of forms used during disasters.

The three most important priorities in all emergencies are:

1. Save Lives
2. Stabilize the Incident
3. Protect and Preserve Property

Often time's decisions will need to be made quickly and without much time to think. If these three principles are kept in mind during emergencies, the right decision will often be made.

As a manager or supervisor you may be asked questions about what specific actions to take during a disaster. Although there are specific plans for most of the disasters the hospital is expected to encounter there are three basic rules that all staff should remember.

1. Save Lives
2. Stabilize the Incident
3. Protect Property

Staff Call Back;

It is very important to keep an accurate and up to date list with all the contact information of each of your staff. Ensure that all staff knows the location of the list.

1. When directed by the Charge Nurse or PSM:
 - a. Call the staff identified in your staff call back list

- b. If you speak with the staff member inform them of their need to report to work or when they need to report to work.
 - c. If you make contact with the individual ask them when they can be at work and record their estimated time of arrival.
 - d. If you leave a message ask the employee to call the unit as soon as possible.
2. Note any staff that will not be able to report when requested and inform the charge person of the reason.

Plan D/ Code D

1. For unit specific actions consult the emergency operation plan Annex 2
2. Keep your staff informed as information becomes available
3. Prepare your staff to:
 - a. Receive additional patients beyond normal capacity
 - b. Prepare patients to be discharged or moved to another location.
 - c. Respond to different departments such as the emergency department based upon the needs.

Patient Evacuation:

There are two types of patient evacuation:

1. Evacuation from one place in the hospital to another.
2. Evacuation from the hospital to another facility.

The primary evacuation that will be forced to deal with is from one unit to another unit. It is most important to remove the patient from immediate danger to an area where they are temporarily safe. This area is called a primary area of refuge and can be located in the Annex 3 of each unit's Emergency Operations Plan (EOP). If the primary area of refuge is not available in patient should be brought to the secondary area of refuge, also identified in Annex 3.

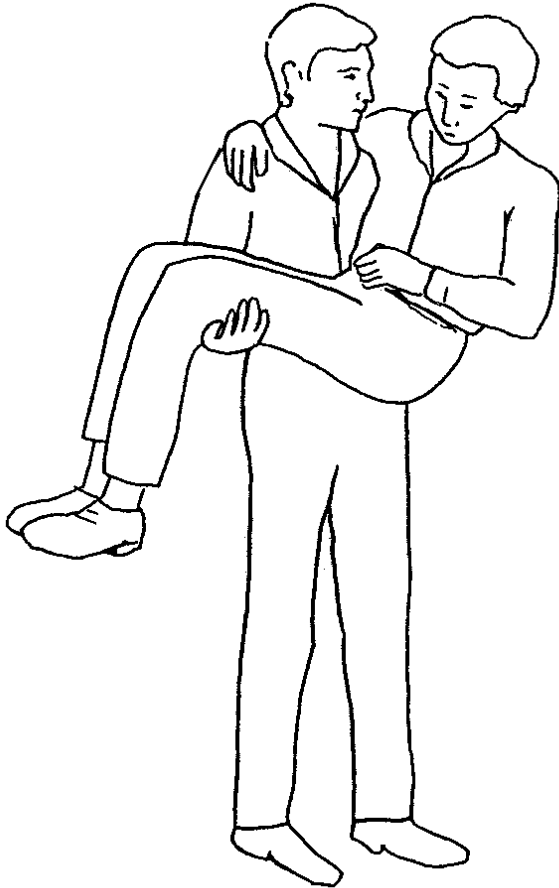
Other considerations may include:

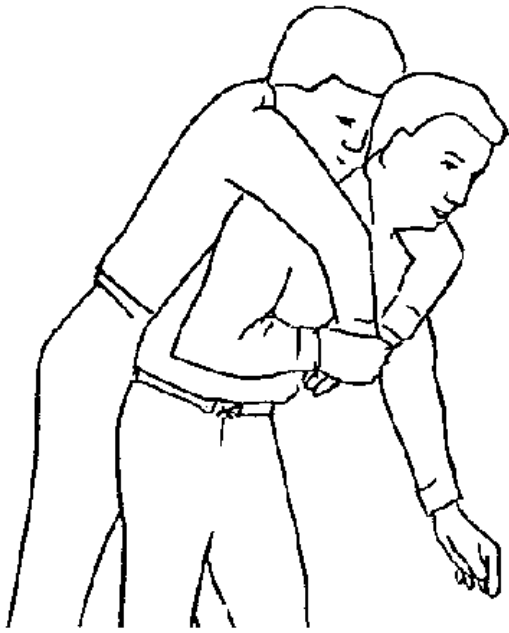
- Determine appropriate evacuation destination refuge area for each individual patient, based on patient acuity level and needs.
- Each unit has a primary and secondary area of refuge identified in their emergency operations plan
- Destination areas will be used as area of refuge until a permanent location is identified.
- Patient should be moved horizontally before they are moved vertically. Unless directed by the fire department or emergency management staff elevators should not be used.

During Emergencies it may become necessary to carry patients to safety. Below outlines effective methods for carrying patients during emergencies.

Techniques for evacuating patients

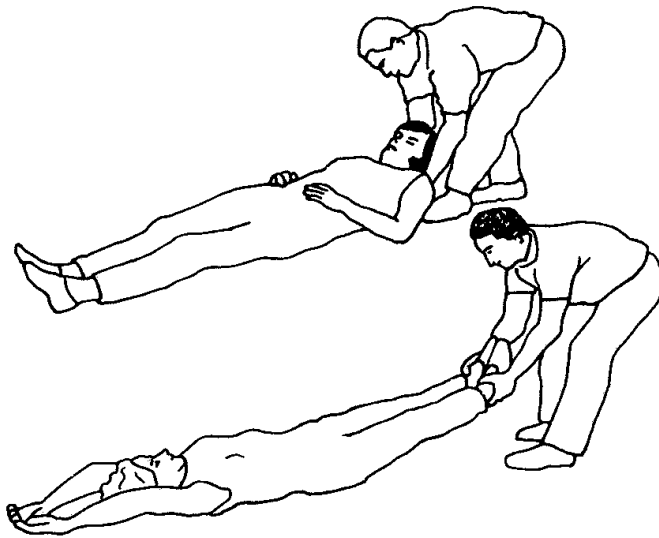
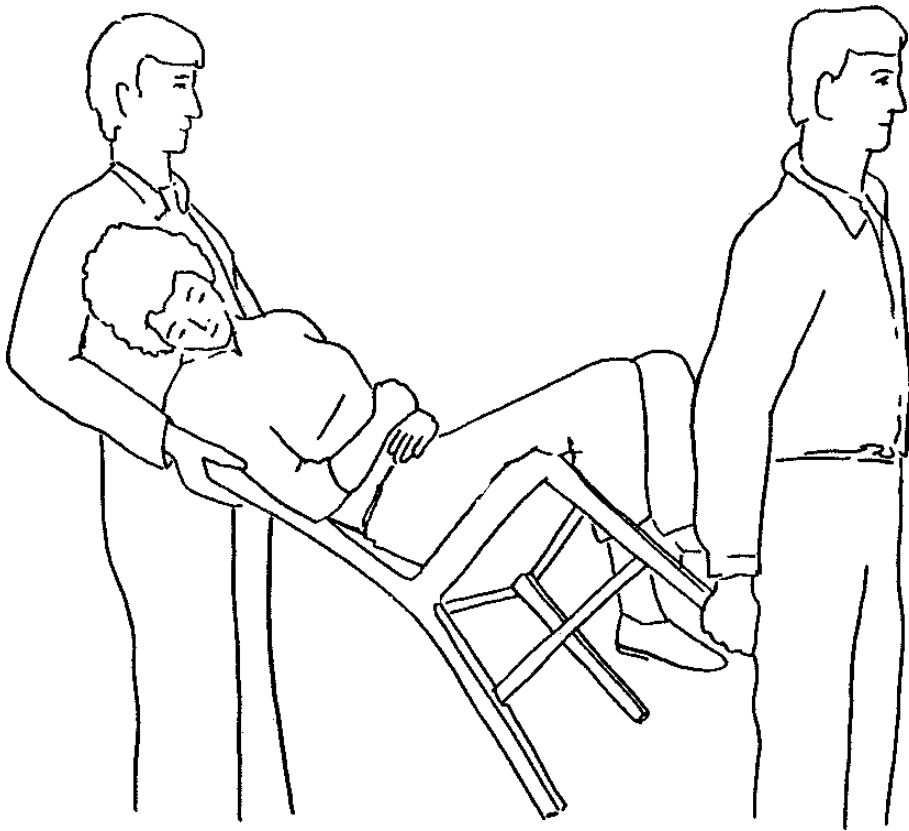
One Person Carries



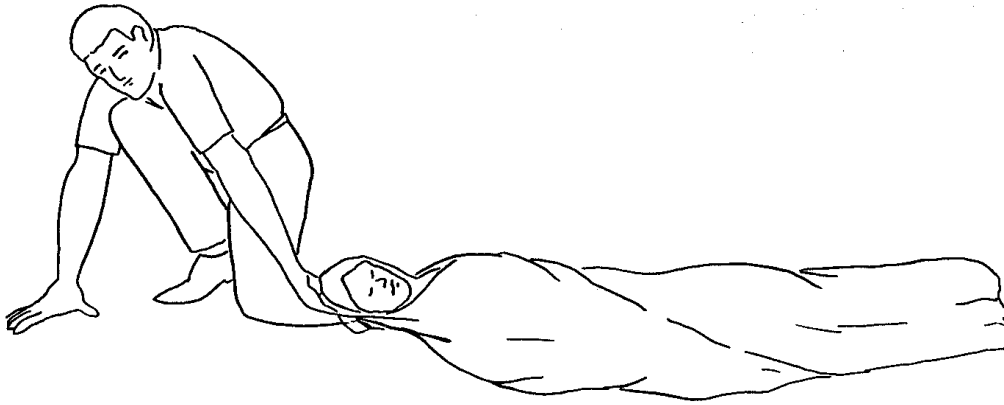


Two Person Carries





Patient



CODE RED

Fire or Smoke in non Patient Care Areas

- a. Activate the building fire alarm immediately. If alarm fails to operate, warn occupants by knocking on doors and shouting warnings.
- b. Call Protective Services by dialing 155.
- c. Do not assume someone has already made this call. Protective Services will immediately summon the Fire Department.
- d. Close doors as you leave to slow the spread of smoke and flames.
- e. Go to the nearest exit or stairway - do not use elevators unless directed by the Fire Department
- f. Keep low to the floor if smoke is present.
- g. If smoke, heat, or fire blocks your exit path, use an alternate exit.
- h. Remember these basic emergency procedures with the **RACE** acronym:
 - **RESCUE:** any injured persons, provided it doesn't put you in danger. Stop, Drop, and Roll for anyone with clothing on fire.
 - **ALARM:** Activate the fire alarm pull station.
 - **CONFINE** fire and smoke by closing doors as you leave the area.
 - **EXTINGUISH** the fire with a portable fire extinguisher after you have summoned emergency assistance, provided you have been trained on fire extinguishers and have a safe way out if this fails.

If a fire alarm sounds in your area and there are NO signs of fire including smoke, odd smells or visible flames you should not evacuate, but rather prepare to move your patients, and visitors. Patient evacuation should occur only if patients are in danger, you see an indication of a fire, or are directed to by supervisory staff.

Loss of Electrical Power

1. Notify **688-9000** of location of loss of power.
2. Assure that critical life safety equipment such as ventilators and pumps are plugged in to red outlets.
3. Move patient to area served by emergency power if patient life support systems are threatened. Be prepared to operate manually.

Loss of Telephone:

1. Notify **688-9000** on telephone from another area.
2. If all telephone service is interrupted, use Hospital pay telephone and dial the following outside numbers **688-9119** (Page Operator)
3. Plug in one of your single line phones into the in-house emergency phone lines which is a black jack located in every in-patient area. This phone can only be used for in-hospital calls. Every department that is directly related to patient care should have one of these phones.

Loss of Water:

1. Notify 688-9000 Identify location and the exact issue.
2. If patient area is involved, notify the Administrator On Call (AOC)/ Off Shift Executive (OSE) through the page operator.

Loss of Medical Air or Medical Gasses:

1. Remove patients and employees from immediate danger if the leak is large enough. Consider activating Annex 3 (Patient Evacuation).
2. Notify 688-9000. Describe exactly what the issue is.
3. If patient area is involved, notify your supervisor. Advise the Off Shift Executive and request portable oxygen and suction units required.

Loss of Heating Ventilation Air Conditioning (HVAC):

1. Call the Service Response Center (SRC) at 688-9000
2. Describe the nature and location of the incident
3. Be prepared to evacuate or relocate should the need arise

Inclement Weather

For All Departments Staff

1. Inform staff of situation. Charge person to utilize Job Action Sheet.
2. Develop plan for precautionary activities, as needed.
3. Review supply/equipment status (Phones, computers, beepers).
4. Activate Emergency Staffing Plan (Annex 1).
5. Review emergency procedures with staff.
6. Pre-assign duties for response phase, as needed.
7. Be prepared to provide staffing report to Supervisor as directed.
8. Provide scheduled updates to Supervisor/Chief of Service as directed.

HAZMAT Spills

If you are calling from **688-, 200- or 497- call 155.**

If you are calling from any other exchange dial **9-911**

Determine the type of Spill

- A. Routine Spill (coffee, Soda or other liquid or solid) Biohazard Spill (blood, or body fluids)
- B. Biohazard Spill (blood, or body fluids)
- C. Chemotherapy or Hazardous Materials Spills

Routine Spills:

1. Routine spills that do not contain blood or other body fluids (or any hazardous material), will be cleaned up by Environmental Services or the designated cleaning personnel in the following manner:
2. The department responsible for the spill should block off the area to prevent a safety hazard, and then notify Environmental Services to clean the area; if it's an area where cleaning is not the responsibility of the department.
3. The Environmental Services Aide will proceed promptly to the reported spill and place a wet floor sign(s) in the area.
4. The Environmental Services Aide will wear gloves while cleaning the spill.
5. Any solid content of the spill will be collected and discarded using a damp mop and dust pan.
6. The area will then be damp mopped using an EPA hospital approved germicidal solution.
7. Wet floor sign(s) will remain until area is completely dry

Biohazard Spills:

1. Blood or body fluid spills, 10 ml. or greater (but not containing hazardous material) will be cleaned up by Environmental Services personnel or department staff assigned for cleaning observing Universal Precautions, to include:
2. While wearing gloves gross spillage may be wiped up using the following methods:
3. Use disposable paper towel to collect any solid or liquid material and discard into a regulated medical waste (RMW) container.
4. Use an absorbent cleaning cloth to collect any liquid material and discard into a regulated medical waste (RMW) container.
5. Use an absorbent power spread over the spill, collect the material using a damp mop and dust pan and discard into a RMW container.
6. Use an EPA hospital approved germicidal solution to disinfect floors. Following damp mopping, the mop head will be removed and placed in a clear plastic liner and returned to the Environmental Services supply distribution area for laundering.

7. The dust pan and mop handle will be cleaned using a cleaning cloth sprayed with an EPA hospital approved germicidal solution.
8. The cleaning cloth will be placed in the clear plastic liner and the liner tied at the top, stored in the porter closet and returned to the Environmental Services supply distribution area for laundering.
9. The gloves if disposable will be removed and discarded, and if reusable washed with germicidal solution and hands will be washed thoroughly.
10. Wet floor sign(s) will remain until the area is dry.

Blood or body fluid spills which contain broken glassware

Blood or body fluid spills which contain broken glassware will be cleaned by Environmental Services personnel observing Universal Precautions to include:

1. Absorb Blood fluids by dispensing an absorbing powder over the contaminated spill area.
2. Collect broken glass and powder using a metal or plastic scrapper to push material into dust pan.
3. Discard the material into an empty "sharps" liner, fasten the lid and dispose of container into a RMW container.
4. Use an EPA hospital approved germicidal solution to disinfect floors. Following damp mopping, the mop head will be removed and placed in a clear plastic liner and returned to the Environmental Services supply distribution area for laundering.
5. The dust pan, mop handle, and scrapper will be cleaned using a cleaning cloth wrung out in germicidal solution.
6. The cleaning cloth will be placed in the clear plastic liner and the liner tied at the top and returned to the Environmental Services supply distribution area for laundering.
7. The gloves if disposable will be removed and discarded, and if reusable washed with germicidal solution and hands will be washed thoroughly.
8. Wet floor sign(s) will remain until the area is dry.

Chemotherapy or Hazardous Materials Spills

If the spill is:

- A. An unknown Chemical –or–
- B. Chemotherapy–or–
- C. Mercury–or–
- D. Is not an incidental spill

Then you should

1. If you are calling from **688-, 200- or 497- call 155.**
If you are calling from any other exchange dial **9-911**
2. Close off the area
3. Do not let anyone into the area unless they are from the fire department
4. Evacuate the area as directed by the fire department

ALL EMPLOYEES

1. A spill of Hazardous Materials involving large volumes, or of a type of material that precludes safe clean-up on the department level, constitutes a major chemical spill.
2. The discoverer should dial **155 if you are calling from a 688, 200 or a 497** exchange, otherwise dial **9- 911** to report the spill
3. The report will result in the notification of hospital staff that are designated and trained at the “First Responder Awareness Level” for hazardous waste spill response for the purpose of protecting persons, property, or the environment from the effects of the release.
4. Spill response personnel will investigate the spill, make the evaluation as to the clean-up procedure and may call in the New Haven Fire Department or a HAZMAT clean-up company contracted by the hospital.

Radiation Accident on Yale New Haven Hospital

1. If you are calling from **688-, 200- or 497- call 155.**
If you are calling from any other exchange dial **9-911**
2. Remove Patients/Personnel from immediate danger. Area Personnel should not leave the scene of the accident until they are determined to be free of radioactive contamination by the health physicist or his or her designee.
3. Notify ED Charge Nurse immediately. Transport injured or contaminated patient/personnel to the HAZMAT entrance of the Emergency Department. **Use an outside route of travel**, avoiding public and patient areas as much as possible.
4. Remove patients and personnel from immediate danger area.
5. Contain area by closing doors and deny access to other than authorized personnel.
6. Consider evacuation of Unit (Annex 3). It is imperative that all evacuees are kept in a single location in case they need to be monitored.
7. Notify Mike Bohan, Radiation Safety Officer at **688-2950**, or contact the page operator and ask for the Radiation Safety Officer on call.

Specific detailed actions for response to a Radiation Accident can be found on Page 19

Radiation Accident at YNHH Off-site locations and Clinics:

1. Notify:

A: If you are calling from a **688-, 200- or 497-** Call **155** and inform them that there may be a radiation accident.

B. If you are calling from any other number dial **9-911**

2. Remove Patients/Personnel from immediate danger. Area Personnel should not leave the scene of the accident until they are determined to be free of radioactive contamination by the health physicist or his or her designee.

3. Remove patients and personnel from immediate danger area.

4. Contain area by closing doors and deny access to other than authorized personnel.

5. Consider evacuation of Unit (Annex 3). It is imperative that all evacuees are kept in a single location in case they need to be monitored.

6. Notify Mike Bohan, Radiation Safety Officer at **688-2950**, or contact the page operator and ask for the Radiation Safety Officer on call

Biological Accidents:

Two types of biological incidents may occur. The first being one where a single person or small group of patients are exposed to a potentially contagious organism. This may occur as a result of a lab accident or a localized event. The second type is one of a more widespread nature such as a pandemic type like that of H1N1 or SARS.

Specific guidance regarding routes of exposure virulence, post exposure prophylaxis and protective equipment will be provided as information becomes available.

Several important factors must be considered when keeping your staff informed:

1. Often time's initial information will be incorrect.
2. Guidance from Federal state and local authorities will change as the situation evolves.
3. Be honest with you staff, telling them what you know and if they ask information you do not know, tell they you do not know but will try to get the information.
4. Conduct regular briefings with your staff.
5. In the event of that a biological incident, special consideration for evidence collection and potential crime scene preservation techniques may be required. Local state and federal law enforcement officials along with members of YNHH. Legal Affairs staff will provide guidance on these techniques and release of health

information.

Biological Accident/Potentially Infectious Patient

If the patient is triaged as a suspect or known case then:

- A. Place patient in an exam room
- B. Limit the number of healthcare worker contacts
- C. Arrange for transport to an ED
- D. Consider putting an N-95 respirator on the patient if tolerated or a paper surgical mask

Notify:

- A. If you are calling from a **688-, 200- or 497- 155** that the patient may have a communicable disease when arranging for transport to the hospital.
- B. If you are calling from any other number dial **9-911**
- C. Notify ED **688-2222** ask to speak to the charge nurse, advise them of the situation so they may make the necessary arrangements.
- D. Notify Hospital Epidemiology (**688-4634**) If during off-hours and weekends, call the page operator at 688-3111 and ask for the Hospital Epidemiologist or Hospital Epidemiology Staff to be paged.

Consult Hospital Epidemiology and Occupational Health for any questions Regarding:

- A. Health Care Worker prophylaxis
- B. Precautions for Patients
- C. Personal Protective Equipment for staff
- D. Disinfection procedure and possible PPE for staff performing disinfection.

Bomb Threat/Code Black

1. Attempt the following:
 - Keep the caller on line as long as possible
 - Signal co-worker to monitor call
 - Document as much of the call as possible
 - If not given voluntarily, ask:
 - Location of the bomb
 - When it will go off
 - What type of bomb is it?
 - Advise the caller that this is a hospital and many innocent lives are at stake because it is impossible to evacuate patients from the threatened area.
 - Listen Closely to determine
 - Callers identity (age, sex nationality, sex etc.)
 - Background noise cars, music etc.
2. Upon termination of the call dial 155 if you are calling from a **688, 200** or a **497** exchange, otherwise dial **9- 911** and give
 - Your name
 - Phone number where you can be reached
3. If you are located at an offsite location or a YNHH Clinics you should call **9- 911** report the bomb threat and give:
 - Your name
 - Phone number where you can be reached

Shelter in Place:

1. Account for all people within you unit. All family members and visitors should be instructed to remain in the unit until the all clear has been given.
2. Immediately shut all windows. Be prepared to seal windows with duct tape and plastic sheeting once directed. Turn off any window operated ventilation units.
3. Consider moving to an inside room without windows.
4. Turn on TV, monitor your computer and work stations for updates.

5. Limit your activity to your unit and avoid traveling to other units as much as possible.
6. Provide updates to staff, patients and family in your unit as often as possible. Make sure you notify your immediate supervisor of your location and your actions.
7. Upon receipt of the All Clear by the Incident Commander, return to normal operations.

INTRODUCTION AND ROLES OF HEALTH CARE PROVIDERS **RADIOLOGICAL EVENT**

This section provides a Plan which focuses on how health care providers in a hospital emergency department in the State of Connecticut should respond to patients who have been determined to be exposed to ionizing radiation or radioactive substances. In the case of a radiation event, individuals arriving on the scene of the incident will include members of the HAZMAT team, emergency medical services, local fire and police departments, and the Connecticut Department of Energy and Environmental Protection. It is assumed that communication between these “first responders” and hospital personnel will take place in order to provide a general appraisal of the type and number of victims who may arrive at the Emergency Room for evaluation and care.

The Plan is based upon the concept that personnel available in the Emergency Room are responsible for making initial decisions regarding activation of the Plan and initiating care of the patients, until individuals with specific expertise in radiation decontamination arrive. It assumes that Nursing and Physician personnel are trained in early management of radiation accidents, victims and are familiar with the operation of the Radiation Emergency Manual.

The primary individual responsible for initial activation of the Plan is the Emergency Department Charge Nurse who is responsible for assuring that the various aspects of the plan are properly implemented.

The primary individual responsible for the care of the patient is the Emergency Department Attending. This physician is responsible for assuring that medical and surgical care is administered in a timely and effective manner.

The primary individual responsible for radiologic monitoring is the Radiation Safety Officer or his/her designate. These responsibilities include monitoring radiation doses of patients and response personnel, assessment of contamination of areas used in the administration of care to patients, and reporting of level of risk to clinicians and medical caregivers.

Support for those implementing the plan include Nursing Staff, Housekeeping, Security, Hospital Administrative Staff, Technologists and Physicians from the Section of Nuclear Medicine and other physician specialists whose services may be required, as determined by medical personnel caring for the patients.

BASIC CONCEPTS FOR CARE OF RADIATION-EXPOSED INDIVIDUALS

An individual can receive a radiation dose from an external source. Such an individual is not contaminated, but has been “**exposed**” to radiation. The danger to a victim depends on the radiation dose received and the period of time (or duration) of the exposure. A person is “**contaminated**” when he/she has been physically covered by, or has absorbed or ingested radioactive material. Contamination confined to the skin is considered to be **external** contamination, while that taken into the body through ingestion; inhalation or transdermal absorption is considered **internal** contamination.

Unlike the toxicity from chemical or noxious gases, radiation causes little or no acute damage. Therefore, life-threatening conditions should be treated without regard to radiation exposure or contamination. Medical therapy should include **in or der of importance**: (1) first aid and resuscitation, (2) medical stabilization, and (3) definitive treatment of serious injuries. Thereafter, other issues should be addressed, such as preventing or minimizing contamination, treatment of minor injuries, and treatment of internal contamination. If a radiation dose has been received from an external source, the victim does not emit radiation, and treatment should be the same as that for any other patient in the Emergency Department.

For victims who are contaminated with radioactive material, medical therapy for serious conditions always takes precedence over decontamination. Although contaminated individuals may emit small amounts of radiation from their body, the risks to healthcare givers are commensurate with or below the risks commonly faced during the course of medical practice in an Emergency Department. It is virtually impossible for a victim to be so heavily contaminated that he/she is a radiation hazard to healthcare providers.

Use of standard **universal precautions** (including surgical gloves, masks, shoe covers and disposable gowns) protects healthcare providers from radiation contamination. A good approach to a contaminated individual is to act as though the victim has been contaminated with human blood, body fluids or raw sewage. Treatment of injured victims should take place according to standard triage guidelines. All medical decisions should be based solely on the physical condition of the victim, regardless of radiological contamination.

Preliminary **decontamination** of the victim includes simple procedures such as removal of clothes and washing. Rarely, highly radioactive metal may be present in a body wound, in which case the metal should be removed. Radiation victims should be then wrapped in a cloth sheet before transport to other areas of the Hospital. Open wounds should be covered with water proof dressings.

A **calm and reassuring attitude** is essential for the care of victims, family members and friends. Family and friends should be reassured that exposure to a contaminated victim is not a hazard to them.

Psychosocial needs should be addressed through establishment of trust and open communication with the victim, family and friends. A careful discussion with the patient about the early and long-term effects of radiation can be as important as any other therapeutic modality.

INITIAL CONTACT WITH VICTIM

In most communities, the first responders to the incident will be members of Hazmat units and the Fire Departments. They are responsible in the field for controlling the area and administering aid to the injured. The local authorities are equipped with the necessary radiation survey instruments and decontamination facilities to assist in cleaning victims, if required. Support will be provided by the State of Connecticut Department of Environmental Protection.

Once the Emergency Department has been notified of the arrival of a radiation casualty victim, the Department should inform the Hospital telephone operator. The telephone operator should be asked to contact everyone on the radiation accident list (See **Appendix B**).

MEDICAL STABILIZATION OF VICTIM

Resuscitation and medical stabilization with definitive treatment of serious injuries takes precedence over decontamination of the skin, assessment and prevention of contamination, treatment of minor injuries and containment of the treatment area. Owing to an anticipated decline in circulating blood counts (including granulocytopenia and thrombocytopenia) within days or weeks after exposure to moderate or high dose radiation, victims requiring **surgery** for traumatic injury, may be best managed by early surgical intervention, rather than by delayed surgery.

Critically injured victims may require direct access to the circulation for fluid administration, transfusion, medication and collection of blood samples. **Intravenous and intra-arterial access** sites may be secured (with local antisepsis as is routinely used for all patients) through contaminated skin. The amount of radioactivity introduced with a needle puncture is presumed to be minimal. If time permits, location of skin with a lesser degree of contamination (as determined by measurement with a Geiger counter) is preferred. The sites of traumatic injury, erythema, burns and contamination should be documented on a body map.

Contaminated penetrating metallic/radioactive fragments should be removed from the victim and placed in an appropriately marked container. Clinicians must wear appropriate protective clothing (gown, gloves, mask, etc.) and should remove radioactive

or potentially contaminated fragments using forceps or other instruments without directly touching contaminated objects. Following their removal, contaminated objects that have been placed in an appropriate receptacle will be monitored by the Radiation Safety Officer and sent for storage in the Nuclear Medicine Department or other appropriate radioactive storage area.

Local anesthetics and sutures may be used on contaminated skin and other organs, particularly in a life-threatening situation. Irrigation of the contaminated skin and wounds with normal saline is desirable. The effluent of normal saline should be collected in an appropriate container that is monitored by the Radiation Safety Officer.

Open wounds that are free of contamination should be covered with water-proof dressing to prevent cross-contamination. Contaminated wounds should be scrubbed gently with a surgical sponge and profusely irrigated. Debridement of contaminated tissue should be considered when surgically appropriate.

Burns should be gently rinsed and covered. Over the next several days, the exudates will surface and carry with it much of the contamination into the dressing. Blisters should be left closed, while open blisters should be irrigated gently and treated according to appropriate burn protocols.

A thorough washing of burns is **not** recommended. In addition to placing patients at risk for hypothermia and hypotension, such washing may remove potentially viable skin and also may impress contaminants into the layers of dead tissue, placing the victim at risk for internal contamination. Burns are best managed by a surgical team with expertise in this area.

DOCUMENTATION OF HISTORICAL INFORMATION

In most events involving radioactive material, the Emergency Department entrance of the Hospital will be accessed by victims. Essential information must be documented in the medical record of the Emergency Department (ED). This information includes demographic data that is obtained routinely for evaluation of any patient treated in the ED. However, additional information concerning exposure to radiation must be documented if known, including:

1. Location of incident.
2. Duration of exposure (number of days, hours and minutes).
3. Interval between exposure and clinical evaluation (number of days, hours).
4. Number of individuals involved in the exposure (if known).
5. Source of radiation (e.g., laboratory accident, medical spill, dirty bomb).
6. General description of accident: Was victim exposed to external penetrating radiation only, contaminated with radioactive debris on the body surface or contaminated by ingestion, absorption or inhalation of radioactive material?

7. Physical property of radioactive compound(s): Was victim exposed to liquid, solid or airborne particles?
8. Activity at time of exposure.
9. Occupation of victim.

Since the victim may not know much of this information, communication with the Connecticut Department of Environmental Protection official and the hospital Radiation Safety Officer often will be necessary to complete this information.

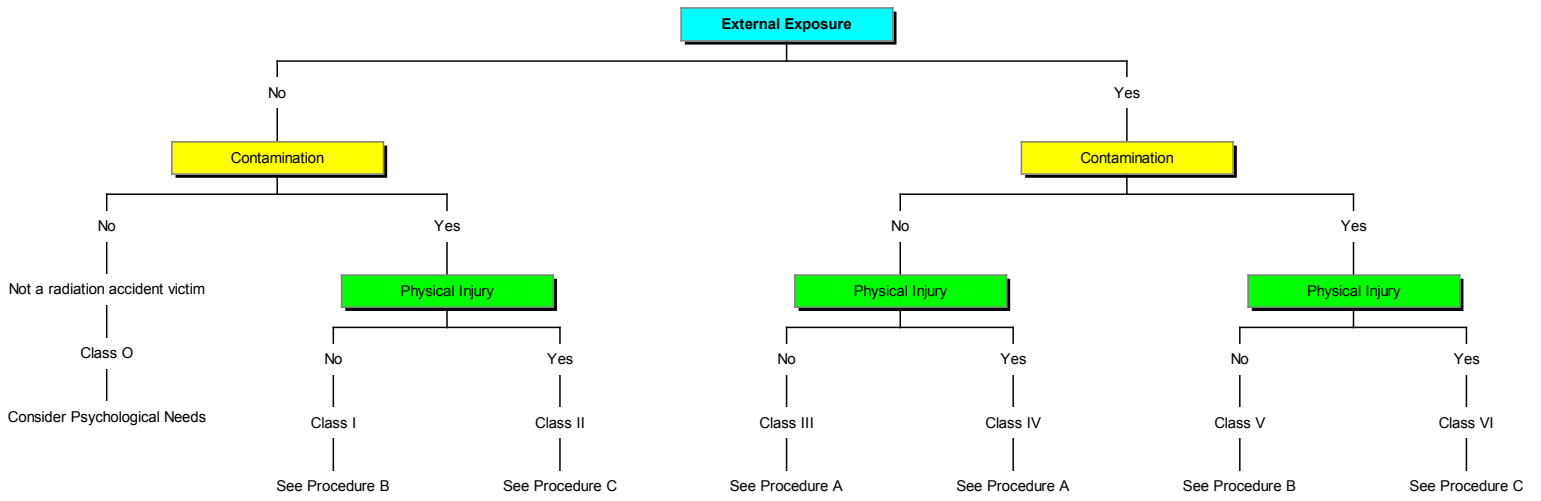
RECOGNITION OF A SIGNIFICANT EXPOSURE

Symptoms and signs of a serious exposure have been identified. These include nausea and vomiting, rash, fever, headache, hypotension, neurological deficits, impaired memory and cytopenias (in particular, absolute lymphopenia). A physical examination should focus carefully on vital signs (fever, hypotension, or thostasis), skin examination (erythema, blistering, edema, desquamation), neurologic examination (ataxia, motor/sensory deficits, pilledema), gastrointestinal examination (abdominal tenderness) and a hematologic examination (ecchymoses and/or petechiae of mucous membranes and skin). An approximation of radiation dose may be made by determining the rate of decline in absolute lymphocyte count over the initial 24-72 hours.

Based upon an integration of elements of the four systems, a radiation response category may be determined. Based upon this category, the patient may be discharged from the Emergency Department, admitted to a routine care medical/surgical floor or admitted to a critical care area of the hospital. For example, exposed individuals with absent or level 1 severity for each of the four systems may be monitored in an ambulatory setting. Individuals who have grade 3 or 4 severity of involvement of the cutaneous, gastrointestinal and/or neurovascular systems will require hospitalization. Among these latter individuals, the presence of grade 3 or 4 hematologic toxicity necessitates monitoring in a critical care area such as the medical intensive care unit or surgical intensive unit. Individuals with level 2 severity of disease may be monitored in either an ambulatory setting or in the hospital.

CLASSIFICATION OF RADIATION VICTIMS

Victims should be classified based upon whether they have been (1) exposed to external radiation, (2) contaminated and/or (3) physically injured. A radiation incident class is determined for each victim by the ED Physician in conjunction with the aid of the Radiation Safety Officer. Information supplied from informed personnel at the scene of the accident is also used in assigning a class for each patient, as follows:



TRIAGE OF RADIATION ACCIDENT VICTIMS BASED UPON CLASSIFICATION

- ◆ Class III and IV: The classification of a radiation incident victim as Class III or Class IV presents no contamination problem. These patients have received external exposure and it may be quite serious to the accident victim, depending upon the amount of radiation dose that the individual has received. VICTIMS SHOULD BE PROCESSED NORMALLY THROUGHOUT THE EMERGENCY DEPARTMENT AND TREATED FOR PHYSICAL INJURY, AS REQUIRED.
- ◆ Class I and V: These victims designated as Class I and Class V present a contamination hazard to the hospital; however, the victim is either free of physical injury or has injury of a minor nature (i.e. not life threatening). VICTIMS SHOULD BE TAKEN TO THE PORTABLE DECONTAMINATION AREA WHERE DECONTAMINATION PROCEDURES WILL BE FOLLOWED. THE PATIENT WILL THEN BE ADMITTED THROUGH THE EMERGENCY DEPARTMENT ENTRANCE.
- ◆ Class II and VI: These incidents are potentially the most serious. Victims are contaminated and they also have a serious physical injury. The Physician in the Emergency Department will determine the nature and seriousness of the injury. If the injury is life threatening, it shall be treated **prior to** decontamination with the advice of the Radiation Safety Officer and/or the Radiologist who shall make recommendations on methods to minimize the spread of contamination. VICTIMS SHOULD BE ADMITTED VIA THE EMERGENCY DEPARTMENT ENTRANCE TO THE HOSPITAL.
- ◆ Unknown conditions are to be treated as Class V I accidents, until additional information is made available.

RADIATION ACCIDENT EVALUATION/ADMISSION PROCEDURES

PROCEDURE A: EXTERNAL EXPOSURE (Class III and Class IV Accidents)

1. Class III or Class IV accident victims should be evaluated immediately without undergoing decontamination.
2. Physical injuries should be treated, as required, under the direction of the Emergency Room Physician.
3. Victims should be **admitted to the hospital, if significant clinical symptoms are evident** (i.e., nausea, vomiting, diarrhea, anorexia, abdominal cramps, change in consciousness, memory impairment, pruritis, skin discomfort/pain and bleeding into skin, urine or stool). These signs and symptoms should be documented and graded by severity and frequency.
4. The first urine passed after the accident should be saved and not mixed with subsequent specimens. The time of sample collection should be noted (The urine sample should be transported to the Laboratory for future testing).

PROCEDURE B: CONTAMINATION ONLY (Class I and Class V Accidents)

Victims assigned to Class I or Class IV have been contaminated but do not have significant physical injury. The following decontamination procedures (items 3-11) should be implemented to safeguard these patients, hospital personnel, and facilities. These procedures will be followed **only in the event that the local community's Hazmat team failed to decontaminate the victim** or survey by Hospital personnel in decontamination area, indicate contamination.

1. Since injury is either absent or minor, an Emergency Department Nurse will assume primary responsibility for the activities within the area designated for radiation accident decontamination, until such a time as assistance can be obtained from the Radiation Safety Officer, Radiologist and/or Nuclear Medicine Technologist.
2. A Security Officer will be assigned to the outside of the building by the ED entrance. Ambulances arriving at the hospital with a potentially contaminated victim having either no injury or minor injury will be referred to the ED entrance. Only authorized personnel (Radiation Safety Officer and any hospital employees required for the care and/or decontamination of the patient) will be permitted to enter this area.

3. A portable decontamination shower should be used for the initial decontamination of the accident victim.
4. Housekeeping personnel should remove all non-essential furniture and equipment from this area.

Plastic-lined waste containers (55-gallon or 30- gallon) should be placed in the decontamination area. One container shall be labeled "Patient Clothes and Belongings" and another container should be labeled "Contaminated Linen and Trash".

5. Personnel assigned to the decontamination area should consist of:
 - a) Radiation Safety Officer and/or Radiologist
 - b) Nuclear Medicine Technologist
 - c) One Registered Nurse
 - d) One LPN or Aid per patient

Each member of the decontamination team should wear a surgical scrub suit with plastic front (TYVEC recommended), surgical mask and cap, shoe covers and disposable examination gloves prior to entering the decontamination area.

6. Once within the decontamination area, the victim's clothing should be removed, if proven to be contaminated. Such articles will be placed in the plastic-lined waste container. The contaminated clothing will be held for decay in the radioactive waste storage areas of the nuclear medicine department.
7. Minor first aid care should be administered by the nursing staff members of the decontamination team.
8. The decontamination team should survey the patient's body to check for areas of contamination. If an area of contamination is found, it should be delineated with the black marker.
9. Once areas of contamination have been identified, decontamination will begin.

Complete decontamination is generally not possible because some radioactive material can remain fixed to the skin surface. Decontamination efforts that lower contamination levels to a level twice background are

considered adequate. In any case, decontamination procedures will be continued until either radiation levels have reached twice background or no further reduction in radiation levels can be achieved upon subsequent decontamination procedures (not to exceed 3 attempts).

Appropriate background is generally considered to be less than 0.05 mR/hr.

10. After the victim has been decontaminated, he/she will be monitored by the Radiation Safety Officer or the Nuclear Medicine Technologist prior to leaving the decontamination area.
11. No item within the decontamination area is to be removed from this area without this item being monitored by the Radiation Safety Officer or Nuclear Medicine Tech.

If contamination is found, the affected item shall be decontaminated prior to removal from this area, or stored in radioactive waste storage area.

12. After the accident victim has been removed from the decontamination area, he/she should be admitted to the hospital for observation.

PROCEDURE C: CONTAMINATION WITH INJURY (Class II and Class VI Accidents)

Victims who have been contaminated and who also have significant physical injury are assigned to Class II or Class VI. Upon classification of the victim into either Class, the following procedures should be implemented to safeguard patients, hospital personnel and facilities.

1. Since injury is believed to be serious, the Emergency Department Physician will assume primary responsibility for the activities within the area designated for radiation accident decontamination (i.e., the observation room of the Emergency Department) until such a time as assistance can be obtained from the Radiation Safety Officer and/or Radiologist.
2. Immediate life saving care will be initiated under the direction of the Emergency Department Physician.
3. A designated elevator will be reserved in case of emergency transport of the patient to the Operating Room. A Security Officer shall be posted at the elevator.

4. The portable decontamination shower adjacent to the Emergency Department entrance will be used for the initial decontamination of the accident victim if injuries do not require immediate attention.

Housekeeping personnel shall remove all non-essential furniture and equipment for this area.

5. Plastic-lined waste containers (55-gallon or 30-gallon) should be placed in the decontamination area. One shall be labeled "Patient Clothes and Belongings" and the other should be labeled "Contaminated Linen and Trash".
6. Personnel assigned to the decontamination area should consist of the Radiation Safety Officer and/or Radiologist, the Nuclear Medicine Technologist, one Registered Nurse, one LPN or Aide per patient, and the Emergency Department Physician.

Each of the decontamination team members will don a surgical scrub suit with a plastic front (TYVEC recommended), surgical mask and cap, shoe covers and disposable examination gloves prior to entering the decontamination area.

7. Ambulance personnel or vehicles involved in the transport of potentially contaminated individuals will not be allowed to leave the hospital grounds without being surveyed and wipe tested by the Radiation Safety Officer or Nuclear Medicine Technologist, provided that incident response does not require their further use.

If found to be uncontaminated, they will be allowed to leave the area.

If the vehicle is found to be contaminated and it is not needed for patient transportation, it will be secured and posted with a radiation warning sign and held for decontamination at a later time.

If ambulance personnel are found to be contaminated, it will be necessary for them to undergo decontamination at the earliest possible time after response has been completed.

8. Once within the decontamination area, the victim's clothing will be removed rapidly. These articles will be placed in the plastic-lined waste container.

The contaminated clothing will be held for decay in the radioactive waste storage area of the Nuclear Medicine Department.

9. The decontamination team will survey the patient's body to assess for contamination. If an area of contamination is found, it will be delineated with a black marker.
10. Once areas of contamination have been identified, decontamination will begin if injuries allow.

Decontamination will be continued until either radiation levels have reached background or no further reduction in radiation levels can be achieved upon subsequent decontamination. Do not attempt to decon more than three times with soap and water.

Background radiation exposure rate is generally considered to be less than 0.05 mR/hr.

11. After the patient has been decontaminated, he/she will be monitored by the Radiation Safety Officer Physicist and Nuclear Medicine Technologist prior to leaving the decontamination area if injuries allow.
12. No item within the decontamination area is to be removed from this area without itself being monitored by the Radiation Safety Officer. If contamination is found, the affected item shall be decontaminated prior to removal from this area or held in radioactive waste storage area.

Before leaving the decontamination area, the members of the decontamination team will remove outer protective garments. These items will be placed in a double plastic bag for disposal by the Radiation Safety Officer. Prior to leaving the decontamination area, the hands, feet and clothing of the decontamination team members shall be monitored with a GM-meter to check for the presence of contamination. If a member of the decontamination team is found to be contaminated, he/she will remove the affected article of clothing or decontaminate through washing the affected bodily part prior to leaving the area.

13. Upon removal from the decontamination area, a victim may be admitted to the hospital.

INTERNAL DECONTAMINATION

Victims who have ingested, inhaled or absorbed (transcutaneously) radioactive material require special decontamination measures. As with therapy for victims who have received external contamination, treatment of victims with internal contamination requires that first aid, resuscitation, medical stabilization and definitive care of serious injuries take precedence over internal decontamination. Internal decontamination may take place in an explicitly marked room in the hospital or in an ambulatory setting.

SECURITY

It is imperative that the decontamination area be kept physically isolated from the remainder of the hospital. Entry into and exit from this area must be restricted and it must be assured that no contamination is transferred from this area to the remainder of the hospital. Prior to entry into this area, personnel MUST don the protective clothing described previously. Upon exit from the decontamination area, the protective clothing must be removed and considered contaminated. It shall be placed in a plastic-lined trash container for subsequent disposal or decay. In addition, all personnel MUST survey their hands, feet and clothing prior to leaving the decontamination area with a survey meter, assuring that they are not contaminated.

IMAGING PROCEDURES

1. After all contaminated clothing has been removed and gross decontamination has occurred, the patient may be x-rayed.
2. If the patient is sufficiently decontaminated to be removed from the decontamination area, radiographic procedures can occur within the X-ray Department. If for any reason the Emergency Department Physician feels that moving the patient is unwise, radiography will occur within the decontamination room with the use of a portable x-ray unit.
3. The Emergency Department Physician in charge of the decontamination area has the authority to order radiographic examination of a patient prior to complete decontamination, if the victim's condition warrants such action.

CONTAMINATED VICTIMS REQUIRING SURGERY

1. All clothing and gross contamination shall be removed in the decontamination area, if the patient's condition allows it.

2. The Operating Room will be notified to prepare a table with a plastic covering.
3. A Transport Team (members of the Emergency Department who are not members of the decontamination team) will be assembled. This team will consist of patient transport personnel, security guards and other individuals involved in transport of the victim.
4. A large blanket shall be placed under and over the patient to contain any possible contamination prior to transport of the victim to the Operating Room.
5. The Radiation Safety Officer or his/her assistant will advise hospital personnel regarding appropriate contact with contaminated victims.
6. The Security Officer will accompany the patient on the designated elevator. The elevator will not be released to normal duty until surveyed and wipe tested for contamination by the Radiation Safety Officer or Nuclear Medicine Technologist. If found contaminated, the elevator will be secured (taken out of general service) and held for decontamination, if the situation allows it.
7. Blankets used in transporting contaminated patients, Operating Room gowns, and plastic gloves, etc. shall be placed, after use, into a large plastic bag(s), which shall be tightly sealed and labeled as radioactive. These items will be surveyed by the Radiation Safety Officer or his/her assistant with a GM-meter and if contaminated, will be stored in the radioactive waste storage area of the Nuclear Medicine Department or appropriate secured area of the hospital.
8. The Operating Room staff shall be notified of an estimate of the amount of contamination present on any victim requiring emergency surgery who was admitted into the hospital via the decontamination area.
9. The Operating Room staff shall monitor their hands, feet and clothing with a GM meter to assess for the presence of contamination. If a member of the OR staff is found to be contaminated, he/she will decontaminate through washing of the affected body part before leaving the area.

THE DECONTAMINATION TEAM

1. Before a patient or members of the decontamination team leave the decontamination area, they must be monitored by the Radiation Safety Officer for the presence of contamination.
2. The Radiation Safety Officer should be advised of the route to be used in transporting a patient who may not be fully decontaminated to various treatment areas of the hospital.
3. At the end of the event or work shift, personal monitoring devices will be given to the Radiation Safety Officer for processing. They shall be clearly identified as to whom they were issued during the decontamination procedure. Personal monitoring devices and/or recordings will be listed by the name of the staff member and the amount of exposure, if any, received during the treatment of radiation victims.
4. Contaminated protective gloves, surgical gowns, etc., will be stored in the radioactive waste storage area of the Nuclear Medicine Department or other appropriate radioactive storage area, until the Radiation Safety Officer authorizes disposal.

EQUIPMENT - LOCATION AND MAINTENANCE

Special equipment, used for the care of contaminated patients is located in the Adult Emergency Department HAZMAT room. This room can be accessed 24/7 by the charge nurse, or Protective Services.

PSYCHO-SOCIAL NEEDS

Depending on the scenario, up to 75% of radiation victims have some symptoms requiring psycho-social support. These include insomnia, impaired concentration and social withdrawal. Non-specific somatic complaints and behavioral changes may occur, including fatigue, fear, avoidance of travel and increasing substance use/abuse. In addition, acute stress disorder and post-traumatic stress disorder are

common among victims, families and friends. Those individuals at high risk for a psychological impact to an “invisible toxin” such as radiation include children, pregnant women, mothers of young children, clean up workers and victims with a prior medical history of a psychiatric disorder.

An individual who has been exposed to, but not contaminated by, radiation may have profound psychosocial needs. Since the majority of individuals exposed to radiation will have minimal or no organic toxicity, a major effort may be required on the part of mental health workers to provide needs assessment, outreach programs and services monitoring in the ambulatory setting. Therefore, human resources that must be made available to the hospital include Psychiatrists, Psychologists, Social Workers and Hospice Workers who can establish trust through open communication with the victim, family or friends. Treatment may include individual, family and group psychotherapy, pharmacotherapy and possibly, hospitalization.

A particular concern for psycho-social support personnel is the psychological well being of caregivers, including first responders, nursing staff, physicians, technicians, social workers, paraprofessionals, public health workers and community volunteers. Generalized training in the mental health aspects of trauma is recommended for these individuals. Specialized training may be necessary for screening for risk factors, providing support during death notification, and working with traumatized children and emergency services workers.

RESPONSIBILITIES

1. Radiation Safety Officer

- ◆ Assist the Emergency Department Physician and Radiologist in the determination of the classification of victims.
- ◆ Provide guidance in preparation of the decontamination room.
- ◆ Direct and conduct radiological monitoring.
- ◆ Estimate risk by measurement of dose-rate
- ◆ Document and record all measurements.
- ◆ Convey information on the level of risk to medical caregivers.

- ◆ Direct collection of blood and possibly, other biological samples that may be required for known cases of ingestion.

2. **Nuclear Medicine Personnel**

- ◆ Aid the Radiation Safety Officer in the collection, storage and/or analysis of samples.
- ◆ Provide assistance in routine monitoring of personnel and equipment exiting the decontamination area.
- ◆ Assist in the analysis of area and personnel contamination wipe tests.
- ◆ Provide assistance in the monitoring of the Emergency Transportation Vehicle(s) prior to leaving the hospital grounds.
- ◆ Perform other duties related to radiation safety and protection as directed by the Radiation Safety Officer.

3. Hospital Safety Coordinator (Administrator on Call)

- ◆ Oversee the security operations to restrict unauthorized personnel from entering the hospital radiation decontamination area or other critical care areas of the hospital.
- ◆ Notify the State of Connecticut, DEP if the situation requires assistance in excess of the hospital's capabilities.

State of Connecticut, Department of Environmental Protection

860-424-3333

Brookhaven National Laboratory

516-345-2200

Department of Energy/Radiation Emergency Assistance Center

/Training Site (REACT/S)

865-576-1005

- ◆ Assign adequate personnel at each entrance of the hospital to restrict entry to the hospital to only those persons that are required either for day-to-day operation of the hospital or for the implementation of the radiation disaster/accident plan.
- ◆ Direct incoming ambulances to the proper hospital entrance as directed by the Emergency Department Physician, the Radiation Safety Officer or one of their assistants or designees.
- ◆ Secure the EMS vehicle and prevent removal from the hospital grounds, if so directed by the Radiation Safety Officer.
- ◆ Reserve a designated route (stairwell, elevator, etc.).

4. Housekeeping

- ◆ Remove non-essential items of furniture from the decontamination area, prior to the arrival of the accident victim(s).

5. Engineering

- ◆ Organize and set up decontamination area/showers.
- ◆ Provide plastic-lined waste containers and other supplies in the Emergency Department entrance and other response areas.

6. Laboratory

- ◆ Assist in collection of samples from victims.

7. Nursing

- ◆ Provide staffing of Registered Nurses in the Emergency Department, operating room, routine care floors, and acute care areas of the hospital.
- ◆ Assist in decontamination, treatment and psychological support of victims.

POST RADIATION DISASTER REVIEW

The completion of the handling, treatment and decontamination of victim(s) of a radiation accident, the following checks and review shall be made:

1. All personnel of the decontamination team and all equipment used for victim contamination are to be surveyed by the Radiation Safety Officer or his/her assistant prior to exiting the decontamination room.

No person or piece of equipment shall be allowed to exit from the decontamination area without being monitored and found to be free of contamination unless authorized by the RSO.

Those areas of the decontamination room used for victim decontamination shall be surveyed and wipe tested for contamination by the Radiation Safety Officer or his assistant before the area is released for general use. All areas found to be contaminated shall undergo decontamination under the direction of the Radiation Safety Officer.

2. The Radiation Safety Officer shall direct the decontamination of the Emergency Transport Vehicle, the Operating Room and the designated elevator if required.
3. Those accident victims having areas of unremovable contamination at the time of the initial decontamination who have been admitted to the hospital shall be checked on a daily basis to control the potential spread of contamination.

In addition, all bed linen and bedclothes of such a patient shall be surveyed by the Radiation Safety Officer or his/her assistant prior to their removal from the room.

4. The area that houses the supplies for the handling of a radiation accident/disaster shall be restocked by a member of the staff of the Emergency Department.
5. Personal monitoring devices carried by members of the decontamination team during the incident will be collected by the Radiation Safety Officer and analyzed.
6. An estimate of the patient's dosimetry will be undertaken by the Radiation Safety Officer.

Employee Personal Safety and Security Practices

In the event of an emergency dial **155** if you are calling from a **688, 200** or a **497** exchange, otherwise dial **9-911**

Get in the habit of always knowing your surroundings at all times. Landmarks, street names and buildings that will aid emergency response personnel to locate you.

Always, always remain at a heightened state of awareness at all times. Be mindful of everything that is happening around you (for as far out as you can clearly see) Suspicious person(s), activity, accidents severe weather, driving conditions, and vehicle/pedestrian traffic.

If something doesn't seem right, it probably isn't. Use and trust your "sixth sense" when something or someone does not seem right. ***"If you see something say something"***

Two key factors determine success of reporting suspicious person(s), activity and emergencies:

1. Exact location
2. Details about what you are trying to report/get assistance

Be prepared! What would you do in certain types of emergencies? Create a scenario in your mind and develop a plan of action as to how you would react to that particular event. Keep in mind your skill level, physical ability to react and commitment to taking appropriate action.

In the presence of danger, be prepared! Know what you are going to do and then take proper action to succeed!!!

Avoid being preoccupied with other activities, such as cell phone conversations, text messaging, trying to place or remove items from your vehicle or other locations.

Descriptions: Try to gather as much information about the individual or individuals

Begin at the top of the head and work your way down

Include clothing, accents, hair style and color, facial features and jewelry/glasses

Is there any limp, pay close attention to stride or any other detectable sign?

Include if patient had any weapons (knife, handgun long gun or other weapon)

If you can safely do so, observe the person's last direction of travel.

Always carry a working cell phone wherever you go. Check the battery life, coverage area and purchase a car charger device.

Warning Signs for potential violent behavior include:

History of violence

Bullying and intimidating behavior

Exhibiting paranoia about what others think

Expressed interest in weapons and ability to desire to use them in settling disputes

Obvious interest in military and or survivalist groups

Approval about others who use violent behavior to settle disputes

Always blames others for their issues

Mentions that he/she has discontinued taking their medications for personality disorders

Deteriorating work habits

Easily distracted and exhibits elevated feelings of nervousness

Poor or deteriorating degree of personal hygiene.

Critical Incident/ Aggressive Person

Code Grey (Active Shooter)

An active shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area, typically through the use of firearms

Characteristics

- Victims are selected at random
- The event is unpredictable and evolves quickly
- Law enforcement is usually required to end an active shooter program

Considerations

- Be aware of your environment and any possible dangers
- Take note of the two nearest exits in any facility you visit
- If you are in an office when an incident occurs stay in your office and secure the door
- Attempt to take the active shooter down to as a last resort

How to React When an Active Shooter is in your Vicinity

1. Evacuate

- Have an escape route and plan in mind
- Leave your belongings behind

- Keep your hands visible
2. Hide Out
 - Hide in an area out of the shooters view
 - Block entry to your hiding place and lock the doors
 - Silence your cell phone and pager
 3. Take Action
 - As a last resort and only when your life is in imminent danger
 - Attempt to incapacitate the shooter
 - Act with physical aggression and throw items at the active shooter

How to Respond When Law Enforcement Arrives

- Remain calm and follow instructions
- Put down any items in your hands (i.e., bags, jackets)
- Raise hands and spread fingers
- Keep hands visible at all time
- Avoid quick movements toward officers such as holding to them for safety
- Avoid pointing, screaming or yelling
- Do not stop to ask officers for help or direction when evacuating

Information You Should Provide to Law Enforcement or 911 Operators

- Location of active shooter
- Number of shooters
- Physical of shooters
- Number and type of weapons held by shooters
- Number of potential victims at the locations

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Avoid being preoccupied with other activities, such as cell phone conversations, text messaging, trying to place or remove items from your vehicle or other locations.

Descriptions: Try to gather as much information about the individual or individuals

Begin at the top of the head and work your way down

Include clothing, accents, hair style and color, facial features and jewelry/glasses

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- Take note of the two nearest exits in any facility you visit
- If you are in an office when an incident occurs stay in your office and secure the door
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1. Evacuate

- Have an escape route and plan in mind
- Leave your belongings behind
- Keep your hands visible

2. Hide Out

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- Block entry to your hiding place and lock the doors
- Silence your cell phone and pager

3. Take Action

- As a last resort and only when your life is in imminent danger
- Attempt to incapacitate the shooter
- Act with physical aggression and throw items at the active shooter

How to Respond When Law Enforcement Arrives

- Remain calm and follow instructions
- Put down any items in your hands (i.e., bags, jackets)
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