In order to satisfy your annual training and education requirements from CMS (42 CFR 482.15) and HFAP (09.03.01), please read this entire course and quiz.

New employees must complete the quiz by the second week of employment.

Because there are several different locations within Covenant HealthCare, you will also need to review any departmental policies and procedures, specific to your area, for any of the topics covered in this newsletter. If you have any questions while reading the newsletter or taking the quiz, please contact your manager, Safety Officer / EM.

Quizzes are due by June 1, 2021.

Patient *Evacuation*

During an evacuation of a hospital many important decisions need to be made quickly, time is critical, nothing is more important that than the safety of staff, patients and visitors in our buildings. In the event that we have a situation that renders a building unsafe for occupancy, threatens life, or prevents the delivery of necessary patient care we need to evacuate to protect life safety of everyone involved. In this module you will learn of the different types of evacuation and how decisions are mode on evacuation.

Here are some examples of why we might need to evacuate:
- Building is rendered unsafe
- Gas leak
- Fire

Patient *Evacuation*

Types of evacuation:

Partial Evacuation – patients/visitors/staff are transferred within the hospital.
There are two levels of a partial response:

1. **Horizontal** - First response; patient movement occurs horizontally to one side of a set of fire barrier doors.
- Move to a safe area on the same floor level (Example 5 Main would move to 5 East or to 5 North).
- Use only one side of the corridor so that evacuation will be orderly, and firefighters can access the fire area.

2. **Vertical** - Movement of patients/visitors/staff to a safe area on another floor or outside the building.
- This type of evacuation is more difficult due to stairways which will require carrying of non- ambulatory patients
- Elevators cannot be used, unless deemed safe by the Fire Department

Patient *Evacuation*

Types of evacuation cont.:

Full Evacuation (Total)- patients/visitors/staff are transferred from the facility to an outside area, other hospitals, or other alternatives areas.

1. Paramedic escorted patients will be diverted from the Emergency Department due to internal disruption.

2. The building should be evacuated from the top down as evacuation at lower levels can be easily accelerated if the danger increases rapidly.

Controlled Evacuation- when there is enough time to develop a plan and distribute
Uncontrolled Evacuation- when patients, staff, visitors must be moved immediately because they are in danger or the building/area is uninhabitable

Patient *Evacuation*

The decision to evacuate

The decision to evacuate from unsafe or damaged areas shall be based on the following information:

1. Fire and smoke

2. The Engineering Department's evaluation of the utilities and/or structure of the area or building

3. The Medical Staff and/or Nursing Department's determination whether adequate patient care can continue.

4. Evacuation should only be attempted when you are certain the area chosen for the evacuees is safer than the area you are leaving.

Patient *Evacuation*

Communication of Evacuation

"Code White" and the location will be broadcast on all PA systems, and a message posted on NetPresenter. The emergency pager group would also receive a text message and Vocera Alerts for both phone and badges would be broadcasted.

Evacuation of any type will be reported to Region 3 Health Care Coalition, Saginaw County Emergency Management and Saginaw County Public Health.

If an alternate care site is setup Covenant will need to file CMS 1135 Waiver with, LARA Licensing, Region 3 Healthcare Coalition, Saginaw County Public Health and CMS.

Patient *Evacuation*

General Instructions:

1. Evacuate most hazardous areas first (those closest to danger or farthest from exit).

2. Use nearest or safest appropriate exit.

3. Order of evacuation should be:
   a) Patients in immediate danger
   b) Ambulatory patients
   c) Semi-ambulatory patients
   d) Non-ambulatory patients

4. Close all doors and place a piece of tape on empty room doors. If time permits, shut off oxygen, water, and lights and gas, if able.

5. Elevators may be used if deemed safe by the Fire Department

Patient *Evacuation*

Triage Levels

Priority for Evacuation off nursing unit –**REVERSED START PRIORITY**

Priority for Transfer from the transport staging area to another healthcare facility – **TRADITIONAL START PRIORITY**

RED (Critical Care Patients)– STOP

These patients require maximum assistance to move. In an evacuation these patients move LAST from the inpatient unit. These patients may require 2-3 staff members to transport

*These patients require maximum support to sustain life in an evacuation. These patients move FIRST as transfers from your facility to another healthcare facility.

YELLOW (Semi-Ambulatory) – CAUTION

These patients require some assistance and should be moved SECOND in priority from the inpatient unit. Patients may require wheelchairs or stretchers and 1-2 staff members to transport

*These patients will be moved SECOND in priority as transfers from your facility to another healthcare facility

GREEN (Ambulatory) GO

These patients require minimal assistance and can be moved FIRST from the unit. Patients are ambulatory and 1 staff member can safely lead several patients who fall into this category to the staging area.

*These patients will be moved LAST as transfers from your facility to another healthcare facility.

Patient *Evacuation*

Department specific evacuation plans:

For more information and department specific plans please review Safety Manual Policy DER.017 Evacuation.

Click to view the
Safety Manual Policy DER.017 Evacuation

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Safety Manual
Section: Disaster/Emergency Response
Policy Number: DER-025

EVACUATION

Objective: The removal of patients, staff and visitors in response to a situation which renders a building unsafe for occupancy, threatens life, or prevents the delivery of necessary patient care.

Scope: All Covenant Facilities

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Quiz Questions

1. In the event of a fire on a patient care unit, patients should be evacuated?

    a. Horizontally to the next smoke compartment

    b. Vertically to the floor above or below.

    c. To Bliss Park

    d. To the parking lot

2. Order of evacuation should be:

    a. Patients in immediate danger, Ambulatory patients, Semi-ambulatory patients and Non-ambulatory patients

    b. Semi-ambulatory patients, Non-ambulatory patients, Patients in immediate danger and Ambulatory patients

    c. Non-ambulatory patients, Patients in immediate danger, Ambulatory patients and Semi-ambulatory patients

    d. Patients in immediate danger, Semi-ambulatory patients, Ambulatory patients and Non-ambulatory patients

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Shelter in Place

Shelter-in-Place:

Shelter-in-Place: a protective strategy taken to maintain patient care within the facility and to limit the movement of patients, staff and visitors to protect people and property from a hazard. Leaving the area might take too long or put you in harm's way. In such a case it may be safer for you to stay indoors than to go outside.

To provide rapid, short term reduction of the risk of exposure to building occupants in the event the outside environment becomes lethal due to a Chemical, Biological, Radiological or Nuclear (CBRN) event.

Shelter-in-Place orders will be implemented upon order of the Office of Emergency Management, or the local Fire Department when action must be taken to limit exposure to a CBRN event. *Visitors, staff and patients make seek shelter during severe weather or civil unrest- this is not deemed shelter in place.*

"Shelter in place" means to make a shelter out of the place you are in. It is a way for you to make the building as safe as possible to protect yourself until help arrives.

Examples when you may need to shelter in place:
- Chemical spill inside or outside of the facility
- Biological, nuclear or radiological event in our community.

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Shelter in Place

Emergency Operations Plan – DER.001

The healthcare facilities have to shelter-in-place with its own resources and not to depend upon the assistance of resources outside the facility. It is critical that the healthcare facility have emergency operations plans and resources that allow it to function on its own for up to 72 hours (see policy DER.001). Other emergency response organizations may not be able to respond to the needs of the healthcare facility due to other competing demands for resources, caused by the hazard.

Shelter in Place

All Employees:

1. Stop all routine activity, complete surgery in progress as soon as possible. Restrict movement throughout the building to an emergent case only. Account for all staff and patients.

2. Open and close doors as little as possible.

3. Turn off any individual heating/cooling units

4. Do not go outside or attempt to drive unless you are specifically directed to do so, or an all clear has been broadcast.

5. If you smell chemicals, breathe through wetted washcloths or towels.

6. Pay attention to information via the computer Net Presenter, pager, Vocera phone or badge messages, PA system or phone fan.

7. Do Not turn oxygen or suction on for any reason except for patient care.

8. ECC and Patient Placement: divert all ambulance traffic. EM Resource will need to be updated and Region 3 Health Care Coalition update via 800Mhz Radio.

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Shelter in Place

- Once Shelter-in-Place has been initiated, all employees have the authority to stop anyone from opening an exterior door to leave until an ALL CLEAR has been issued.

- Please note: The Heating and Ventilation system may be shut down or changed to recirculate air to prevent drawing in outside air.

- The exterior doors will be locked to prevent persons from entering the buildings. Access to doors using card access will be limited.

Click to view the
DER.016 Shelter in Place policy

Check Your Knowledge

Quiz Questions

1. In the event Covenant HealthCare needs to shelter in place we should open all doors and windows to the building?
   a. True
   b. False

Tornado Talk

Even though we do not reside in "tornado alley" as Joplin, Missouri does, we could still have a disaster much like what they suffered in the spring of 2011. The 1953 Flint Beecher tornado was the worst in history in loss of life until the Joplin tornado.

The Safety Committee, when analyzing risks to our community, still places a tornado rather high on the list. Since tornados usually happen in the late afternoon and evening, you most likely will get instruction from Security in tandem with the Shift Administrator. They will make decisions together. But remember – tornadoes can happen at any time of the day or night.

Remember that a tornado watch means a tornado is possible and a tornado warning means a tornado has either been sighted or detected by radar.

When a watch has been issued for our area, you will receive a message on the NetPresenter.

Tornado warnings are issued by the National Weather Service for the part of the county that is affected. We monitor Doppler radar to determine the threat to the Cooper, Harrison, Michigan and Mackinaw campuses, since that is where our incapacitated patients are.

Evacuation of patients at these campuses to tornado safe places should happen only when the threat is for the northern half of the county.

Tornado Talk

Code Black will be used to signal a tornado warning is in effect for your facility and evacuation to a safe area is immediately required. Code Black will be broadcast by the PA system, NetPresenter, Vocera Alert and badge . If the warning is not for our immediate area, we will broadcast on the intranet that a tornado warning has been issued for a certain part of the county. A message will go out on the intranet and the emergency pager group.

Offsite locations should monitor their weather radios, local new stations or radio stations for information on current weather conditions. This will help each offsite location to determine when they will need to take shelter from the weather conditions.

Tornado Talk

Where is the Best Place to Shelter?

For off-campus offices and practices, go to the basement if you have one. If you don't have time, or don't have a basement, go to the most inner room in your building – like a bathroom, small room or closet. The idea is to place as many walls between you and the outside as possible.

For the Cooper, Harrison, Michigan and Mackinaw campuses, there are designated places on each floor. A hallway in the middle, without windows on either end is the best. Visitors, etc. in the lobbies and cafeterias should be guided to those interior hallways, away from the windows. If you are in the basement, stay there. Do not seek shelter in a corner stairwell. Stay off the elevators unless it is an emergency.

Once a watch is issued for the area, the charge nurse or manager on the unit/department should do a risk assessment to determine how to best protect patients. All equipment should be moved out of the hallways into clean utility rooms or storage rooms.

For patients who are bedridden or units with hallways with windows, move the bed as far away from the window as possible, close the blinds, patient curtains and cover the patients with blankets. Ambulatory patients can be moved into the bathroom if it is safe to do so.

You should offer people shelter, but you CANNOT prevent anyone from leaving your building. The only time you can prevent someone from leaving is if by opening the door to the outside, it increases the risks of injury/ damage to people and/or property.

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Tornado Talk

Tornadoes create debris, which can be hurled like a missile. This combined with the high winds, do the damage. Do what you can to protect your patients, visitors, fellow staff members and yourself from debris and the high winds.

The Safety Committee is continually looking for ways to reduce risks to you, our patients, visitors and anyone else who may be on our property. Pay attention to weather watches when they are issued, look at your workload and make a plan ahead of time in case you have to act fast.

Click to view policy **DER.007 Tornado Thunderstorm and Catastrophic Winds** for more specific information.

Quiz Questions

1. When a tornado watch is issued the charge nurse should?
   a. Move all patients into the hallway
   b. Move all medical equipment out of the hallway
   c. Do a risk assessment of patients in the department/unit
   d. B & C

2. How will offsite locations be notified of tornado watches and warnings?
   a. Weather Radios
   b. Local Media
   c. Radio
   d. All of the above

Weather Events

Snow and Ice Events

Saginaw County and Covenant HealthCare both list major snow and ice events as significant hazards for our community (see Safety Manual Policy DER.006).   In the event that we are going to have a major snow or ice event planning starts immediately. The nursing office will setup the snow desk to handle phone calls from staff members who are having a hard time driving in for their shift. If there is enough advanced warning sleep rooms are opened up for staff to stay at work if they need to.

For Snow events the volunteer four-wheel drive list is activated to help transport staff members to and from work. The nurse staffing office coordinates transportation lists for each volunteer. Employees are encouraged to help transport fellow coworkers if they live close to each other.

For ice events four-wheel drivers are not deployed to transport employees for the safety of our volunteers. See safety manual policies DER.006 and DER.009 for more weather emergency information.

Floods

Covenant HealthCare will heed all flood watches and warnings issued by the National Weather Service and Saginaw County Office of Emergency Management, and ensure employees are advised of the risks. In the event of local or county flooding Covenant HealthCare works directly with Saginaw County Emergency Management Office to get updated emergency route maps, daily briefings on current conditions in the county and any other information to protect the safety of our employees, patients and buildings. See Safety Manual Policy EU.007 for more information on external and internal flooding.

Click to view **Safety Manual Policy EU.007**

Quiz Questions

1. When there is a heavy snow predicted for the area the _____ will activate the snow desk.
   a. Security Office
   b. Nursing Office
   c. Administration
   d. Physical Therapy Department

You have successfully completed this course! Please use the button below to exit and return to Halogen in order to receive credit for this course.