ENVIRONMENT OF CARE
&
EMERGENCY MANAGEMENT

QUICK REFERENCE GUIDE

Rev. 01/2015

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INSIDE:
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OBJECTIVE:
The purpose of this guide is to serve as a quick reference. It is recognized that this guide is a supplement to established and approved policies and procedures in the Environment of Care Manual and Emergency Management chapter. Further, under no circumstances should the contents of this guide be used to fulfill all the requirements of compliance with the Environment of Care/Emergency Management functions and situations, because each situation will have varied circumstances that will require approaches not included in this guide.

THANK YOU,
Your Environment of Care Committees and Your Emergency Management Committees

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THE ENVIRONMENT OF CARE FUNCTIONS
1. SAFETY MANAGEMENT – General safety policies- Actions undertaken by the organization to prevent harm

2. SECURITY MANAGEMENT – Keeping employees and patients secure; do not tolerate threats of violence. Security sensitive areas are those that have special security needs ... HIPAA medical records – confidential records, pharmacy – narcotics, OR – limited access.

3. HAZARDOUS MATERIALS – Working safely with chemicals. Information is obtained from SDSs. Employees are trained before working with chemicals.

4. LIFE SAFETY – Everything that protects us from fire ....smoke detectors, fire drills, evacuation plans, fire doors, working extinguishers, clear exits, etc.

5. MEDICAL EQUIPMENT – Policies and procedures that deal with maintenance and use of patient care equipment (ventilators, IV pumps, monitors), and what to do in case of a failure.

6. UTILITIES MANAGEMENT – Policies and procedures that deal with maintenance and use of utilities (medical gases, water, electricity, elevators), and what to do in case if a failure.
In the event you suffer a work-related injury or illness, it is most important that you follow this procedure:

1. Notify your supervisor immediately
2. Call the Intake Service Coordinator toll free at 1.888.373.8282.
3. Go to the Employee Health Nurse or Emergency Room, if necessary.
4. Complete the Employee Injury Report Form

NOTE: Employees may not self-direct or refer themselves to any medical provider for care associated with a work-related injury or illness.

If your injury is an emergency, proceed to the nearest emergency room. In any event, you will be assigned a Primary Care Physician who will manage your care related to the injury. Notify your supervisor of your health status and maintain regular contact.

If your injury results in lost time from work, Broward Health is committed to assisting you in recuperating as quickly as possible so that you may return to full, productive capacity.

Our Workers’ Compensation Department will work closely with you to ensure that you get the appropriate medical care so that you can continue your active employment with us. Should you have any grievance regarding your care associated with a work-related injury, refer to the Worker’s Compensation Grievance policy and procedure in Human Resources Administrative Manual.

If an employee is exposed to blood or body fluid by way of a sharp object or splash they must proceed IMMEDIATELY to Employee Health (EH) or to the Emergency Room if EH is closed. There is no time to waste for testing, counseling, and/or treatment.

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CODE ASSIST, STRONG, or SHOOTER - SECURITY EMERGENCY

This constitutes a situation where security personnel are needed on an emergency basis to deal with a combative individual(s).

If the threat is immediate and presents with a weapon, the employee should dial 22 and report a CODE STRONG.

If the threat is immediate and present, but no weapon is involved, the employee should dial 22 and report a CODE ASSIST.

Give information about event and state your name and location.

If the situation is not safely and quickly resolved, the local police department will be called.

At all satellite or office sites employee should dial 911 and call Security at site (if available). When time permits, call District Protective Services at 954.355.5350.

**CODE: ACTIVE SHOOTER**

1. Remain calm
2. Clear personnel and patients from view
3. Seek immediate shelter behind locked doors
4. Barricade the door with furniture
5. **Call 911 or 22** (Operator) to identify your location from a landline, if available, and only if safe to do so. Call on a cell phone, if a landline is not available, give location of shooter(s), etc; and then remain silent.
6. Turn off lights and hide
7. Keep away from windows
8. Remain silent; no speaking
9. Turn OFF or SILENCE all electronic devices – phone, pager, Vocera, radio, etc.
10. Remain in place until given the “all clear” by a page or identifiable police or security officer
11. **When the police arrive at your location:**
   - Listen carefully
   - Do exactly what the officer is stating – follow instructions
   - Remain quiet; no pointing, screaming, yelling
   - Put down any items you may be holding
   - Immediately raise hands and spread fingers
   - Keep hands visible at all times
   - Avoid making quick movements toward the officers

**When you hear Code Active Shooter announced or you see event in progress…**

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**SECURITY EMERGENCY**

**CODE ASSIST, STRONG, SHOOTER**
The individual receiving the threat should record the details of the call. Try to identify:

- Location of the device
- Time set for detonation
- Type of device or appearance
- How the device can be deactivated
- Why the device was placed
- Background Sounds: street noises, kitchen noises, PA system, music, engines, etc.
- Characteristics of the caller’s voice: Tone: calm, angry, slow, soft, crying, familiar accent, etc.,
- Threat Language: well spoken, foul, irrational, taped, etc.

Immediately after the caller hangs up, report CODE BLACK to the Operator by dialing 22 and then notify your Manager/Nursing Supervisor. All satellite sites should call 911, Security on site (if available) their Administration, and District Security at 954.355.5350. As soon as possible also notify Corporate Emergency Preparedness at 954.818.5119.

You should immediately begin to search your work area for any unusual or out-of-place object, and report any findings to your supervisor. If the location of the bomb threat is unknown or very general, public areas such as doorways, waiting rooms, rest rooms, and unlocked closets should be searched first.

Search by dividing the room by height – floor to waist, waist to chin, chin to ceiling, and lastly above false ceiling.

**DO NOT TOUCH A STRANGE OR SUSPICIOUS OBJECT**

Record and report any findings to your Manager, who in turn will report to Security and/or Administration.

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OSHA has revised the Hazard Communication Standard to reflect its adoption of the Globally Harmonized System of the Classification and Labeling of Chemicals (GHS). The SDS contains 16 sections and describes physical and health hazards, personal protection, safe handling, storage and disposal guidelines.

Prior to working with a chemical, read the label for signal words such as Danger or Warning; as well as hazard and precautionary statements for their safe usage. Consult the SDS as needed for more details. Do not clean up a chemical spill unless you know what chemical you are dealing with and are familiar with the appropriate clean up procedure.

If you need a SDS, have the chemical container available with the labeling information including the manufacturer’s name, address and telephone number. Call 1.800.451.8346 to have a SDS faxed or access the SDS look up tool on the intranet under the General tab and select SDS Lookup icon to access the most current Safety Data sheet.

For your safety, ask your Supervisor or Safety Officer if you have any questions about the chemicals in your area.
CODE SPILL – HAZARDOUS MATERIAL SPILL

In the event of a chemical spill employees are instructed to activate the spill response action plan and internal notification system EAR, as outlined below:

E – **EVACUATE** and secure the affected area
A – **ALERT** necessary personnel:
   - At Medical Centers, dial 22
   - All Satellite sites call Corporate Safety at **954.831.2782**

Communicate spill chemical name, department, extent of area where spill occurred, staff or patients affected, and telephone number where you may be reached.

R – **Remain** close to a phone until contacted.

BLOOD AND BODY FLUID SPILL
To inactivate potential infectious pathogens as a result of a blood or body fluid spill apply approved disinfectant, use gloves, and dispose of gloves and clean up materials as biohazard waste. Place waste in **RED** bags with the biohazard symbol. Be sure to keep spilled area covered with the disinfectant wet for the contact time listed by the manufacturer on the disinfectant container.

 Radioactive Material Spill
In the event of a radioisotope spill, secure area and contact Radiation Safety Officer and/or the Nuclear Medicine Department Supervisor for further instructions.

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CODE RED – FIRE

PULL THE FIRE ALARM IMMEDIATELY IF YOU DISCOVER FIRE OR SMOKE.

WHEN THE ALARM SOUNDS:

• REMAIN CALM; DO NOT SHOUT “FIRE”
• PREPARE TO RESCUE PATIENTS and/or OCCUPANTS
• IF RELOCATION OF PATIENT IS REQUIRED AND ORDERED, RELOCATE PATIENTS IN DANGER TO ANOTHER SMOKE COMPARTMENT
• ASSUME IS ACTUAL FIRE, NOT A DRILL
• CLOSE ALL DOORS AND CLEAR ILLUMINATED EXIT HALLWAYS
• DO NOT USE ELEVATORS
• FOLLOW DEPARTMENTAL FIRE PROCEDURES
• AWAIT THE “ALL CLEAR” BEFORE RESUMING NORMAL DUTIES

IF SAFE TO DO SO, USE FIRE EXTINGUISHER:

R  RESCUE             A  ALERT
    ANYONE IN DANGER,     PULL FIRE ALARM
    while you alert & DIAL

A  ALERT
Call 22 (9-911 for all Satellite Facilities)

C  CONFINE             THE FIRE, close doors

E  EXTINGUISH          THE FIRE IF POSSIBLE

PULL THE SAFETY PIN ON THE EXTINGUISHER

AIM AT THE BASE OF THE FIRE

SQUEEZE THE HANDLE TO DISCHARGE AGENT

SWEEP FROM SIDE TO SIDE

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**MEDICAL EQUIPMENT FAILURE**

**IF MEDICAL EQUIPMENT FAILS, USE APPROPRIATE CLINICAL INTERVENTIONS TO CARE FOR THE PATIENT**

**Procedure for reporting medical equipment failure:**

1. Double-check your procedure technique to assure there is a true malfunction.
2. If malfunction continues to occur, a service request is done via a phone call, followed by attaching a piece of paper reading **DO NOT USE** or **OUT OF ORDER** – Service Required.
3. Remove equipment to designated storage area.
4. If the equipment is suspected of causing injury to anyone, immediately alert the Biomedical Engineering Department and your supervisor. Retain any equipment peripherals (accessories) and complete an incident report. Place equipment in a secured area for Risk Management.
5. Decontaminate equipment when exposed to body fluids as per hospital protocol.
6. Contact the Biomedical Engineering Department for service with the following information:
   - Equipment Control Number (affixed to the front of equipment)
   - Equipment Description
   - Location of Equipment
   - Brief Explanation of problem
7. Call Biomedical Engineering Dept. - **954.355.5955**; Off-Hours: Call Regional Medical Facility Operator
8. Complete an **Occurrence Variance Report** with all aforementioned information.

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<thead>
<tr>
<th>Failure of:</th>
<th>What to Expect:</th>
<th>Whom to Contact:</th>
<th>Responsibility of User:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer System</td>
<td>System down</td>
<td>Information Systems</td>
<td>Follow downtime procedures.</td>
</tr>
<tr>
<td>Electrical Power Failure-Emergency Generators</td>
<td>Many lights are out. Only RED plug outlets and switches work.</td>
<td>Facilities Services</td>
<td>Ensure that life support systems are on emergency power (red outlets). Ventilate patients by hand as necessary. Complete cases in progress A.S.A.P. Use flashlights</td>
</tr>
<tr>
<td>Electrical Power Failure-Total</td>
<td>Failure of all electrical systems.</td>
<td>Facilities Services &amp; Respiratory Care Services</td>
<td>Utilize flashlights &amp; battery lanterns, hand ventilate patients, manually regulate IV’s. Do not start new cases.</td>
</tr>
<tr>
<td>Elevator Out of Service</td>
<td>All vertical movement will have to be done by stairwells.</td>
<td>Facilities Services &amp; all Managers</td>
<td>Staff shall anticipate delays in accessing remaining functional elevators. Staff is encouraged to use stairs to minimize demand for elevators.</td>
</tr>
<tr>
<td>Elevator Stopped Between Floors</td>
<td>Elevator alarm bell sounding</td>
<td>Facilities Services</td>
<td>Keep verbal contact with personnel still in elevator &amp; let them know help is on the way.</td>
</tr>
<tr>
<td>Fire Alarm Systems</td>
<td>No fire alarm audio or visual signals in the event of alarm</td>
<td>Facilities Services</td>
<td>Institute Fire Watch; minimize fire hazards, use phone or runners to report fire.</td>
</tr>
<tr>
<td>Medical Gases (Oxygen, Nitrous Oxide, Medical Air)</td>
<td>Gas alarms, no O2 or medical air or Nitrous Oxide (NO).</td>
<td>Facilities Services, Material Services &amp; Respiratory Care Services</td>
<td>Hand Ventilate patients. Transfer patients if necessary. Use portable O2 &amp; other gases. Call for additional portable cylinders.</td>
</tr>
<tr>
<td>Medical Vacuum</td>
<td>No Vacuum, vacuum systems fail &amp; in alarm.</td>
<td>Facilities Services, Respiratory Care &amp; Processing Services</td>
<td>Utilize portable vacuum in areas of greater needs. Finish cases in progress, do not start new cases.</td>
</tr>
<tr>
<td>Nurse Call System</td>
<td>No patient contact.</td>
<td>Facilities Services</td>
<td>Use bedside patient telephone if available. Move patients, use bells, detail a rover to check patients.</td>
</tr>
<tr>
<td>Sewer Stoppage</td>
<td>Drains backing up.</td>
<td>Facilities Services</td>
<td>Do not flush toilets or release water into drains.</td>
</tr>
<tr>
<td>Steam Failure</td>
<td>No building heat, hot water, laundry, steam sterilizers inoperative.</td>
<td>Facilities Services</td>
<td>Conserve sterile materials &amp; all linens, provide extra blankets.</td>
</tr>
<tr>
<td>Telephones</td>
<td>No phone service.</td>
<td>PBX-Telecommunications</td>
<td>Use overhead paging, pay phones, power failure phones, Nextel phone system &amp; runners as needed.</td>
</tr>
<tr>
<td>Water-Pressure Loss</td>
<td>Sinks &amp; toilets inoperative.</td>
<td>Facilities Services</td>
<td>Institute Fire Watch. Conserve water, use bottled water for drinking, be sure to turn off water in sinks &amp; use RED bags in portable toilet.</td>
</tr>
<tr>
<td>Water-Contamination</td>
<td>Tap water unsafe to drink.</td>
<td>Facilities Services, Nutritional Services &amp; all Managers</td>
<td>Place “Non-Potable Water-Do Not Drink” signs at all drinking fountains &amp; wash basins.</td>
</tr>
<tr>
<td>Heating, Ventilation, &amp; Air Conditioning</td>
<td>No ventilation, no heating or cooling.</td>
<td>Facilities Services</td>
<td>Restrict use of odorous/hazardous materials.</td>
</tr>
</tbody>
</table>

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CODE STORK – INFANT/CHILD ABDUCTION

In the event an infant, child, or teen is reported missing or abducted, the employee will activate “CODE STORK” by:

Medical Centers – Dial 22 (OPERATOR) to report

Satellite sites – Call Security and Administration in your region

• Give information about age, gender of missing child, and department affected.
• Be prepared to provide a description of the abductor and the infant, child, or teenager abducted.
• The Operator (for Medical Center) or the designated person (at Satellite sites) will immediately announce verbally or over the public address system “Code Stork” (gender, age, and department) three times.
• After making the announcement, the operator will notify appropriate personnel, including Protective Services and the local police department.
• Employees will immediately respond to entrances and exits in their areas.
• Entry into and exit from the affected unit/department will be prevented by employees.
• Security, Guest Relations, Facilities Management and designees in the hospitals will monitor facility doors.
• Security or designee will direct and initiate a systematic and thorough search of the facility and the adjacent environment.
• All employees shall be aware of their surroundings. Look for people carrying items that could conceal an infant (e.g., suitcase, bulky coat, tote bag, box, blanket, gym bag). If a suspect and/or the missing/abducted individual is observed, the employee shall note a description, location, and any vehicle information (if available) and report this to the Operator (Medical Center), Security and/or Administration (Satellite Sites).
CODE ELOPEMENT: MISSING VULNERABLE PATIENT

This policy provides specific guidance to staff in the event that a vulnerable patient elopes from a Broward Health Facility. (Response required by staff is similar to that of a Code Stork).

A vulnerable patient is one whose ability to perform the normal activities of daily living or to provide for his or her own care or protection is impaired due to a mental, emotional, long-term physical, or developmental disability or dysfunction, or brain damage, or the infirmities of aging.

In the event a vulnerable patient is reported missing, staff will activate the “CODE ELOPEMENT” process by:

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Satellite Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Dial 22 (Operator) to report</td>
<td>1. Call Security and Administration in your region</td>
</tr>
<tr>
<td>2. Provide information about age, gender of missing patient, and department affected.</td>
<td>2. Provide information about age, gender of missing patient, and department affected.</td>
</tr>
<tr>
<td>3. Be prepared to provide a description of the patient.</td>
<td>3. Be prepared to provide a description of the patient.</td>
</tr>
<tr>
<td>4. The Operator will immediately announce verbally or over the public address system “Code Elopement” (gender, age, and department) three times.</td>
<td>4. The designated person will immediately announce verbally or over the public address system “Code Elopement” (gender, age, and department) three times.</td>
</tr>
<tr>
<td>5. After making the announcement, the Operator will notify appropriate personnel, including Protective Services and/or the police department.</td>
<td>5. After making the announcement, the designee will notify appropriate personnel, including Protective Services and/or the police department.</td>
</tr>
<tr>
<td>6. Employees will immediately respond to entrances and exits in their areas.</td>
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</tr>
<tr>
<td>7. Security, Guest Relations, Facilities Management and designees in the hospitals will monitor facility doors.</td>
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</tr>
<tr>
<td>8. Security or designee will direct and initiate a systematic and thorough search of the facility and the adjacent environment.</td>
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</tr>
</tbody>
</table>

All employees shall respond by observation and report sighting of the eloped individual to Operator at ext. 22

All employees shall respond by observation and report sighting of the eloped individual to Security and Administration.

NOTE: Your location may have additional facility specific actions to be taken
1. Clinical staff having specific Code Green roles should follow their hospital’s policy.
2. Management and Support Staff may be called to Administration or the Incident Command Center.
3. Patient care areas are to assess and report the following information to the Nursing Supervisor or designee:
   - Current patient census, number of possible discharges, and potential number of empty beds.
4. All employees will report to their respective departments.
5. If needed, Transportation will collect all available stretchers, wheelchairs, and IV poles for Emergency Department.
6. Do not call the operator unless absolutely necessary.
7. All questions from the media shall be directed to the Marketing Department.
8. Visiting hours may need to be suspended and visitors may be asked to leave the hospital.
EMERGENCY PREPAREDNESS

In the case of an incident directly affecting your department or facility, on-site management should immediately contact the Emergency Preparedness Department: 954.712.3931 or 954.818.5119.

The mission of The Emergency Preparedness (EP) Department is to:

- Ensure the health and safety of staff, patients, visitors, vendors, and the community
- Lead efforts in local, county and state preparedness initiatives
- Ensure planning and policies address all hazards

**EP Responsibilities:** Establish the core model for and coordinate the prevention, preparedness, response, mitigation and recovery activities of Broward Health in the event of natural, technical, or man-made critical incidents, including acts or threats of terrorism.

**Manager Responsibilities:** Understand the mission critical functions of your department. Identify the “down time” work processes. Review departmental responses. Evaluate disaster supplies. Know your role in the Incident Command Structure, the Incident Command Center’s location and how to communicate with it.

**WHEN AN INCIDENT IS IMMINENT:** Ensure that each unit has the most updated required documentation/hard copies of labor forms for staff to sign. **BE FLEXIBLE** and allow your staff time to activate their family emergency plan such as securing the home, acquiring supplies and assuring care for all dependants. Ensure that you as a manager activate your personal emergency plan and are available to assist staff with concerns and answering questions.

**DURING AN INCIDENT WHILE AT WORK:** Monitor departmental operations and areas and ensure the safety of patients and staff. Communicate all needs (e.g., supplies, staffing) to your facility’s Incident Command Center. Ensure that your staff signs off on your FEMA labor forms when appropriate. Provide clear, concise and accurate (validated) information to staff and patients/families.

**Employee Responsibilities:** Create and practice a family emergency plan including communications (notification) list, meeting place, escape routes, alternative care for dependants, and emergency supplies. Notify manager of changes to contact information. An incident creates schedule changes; know if you are scheduled to work “Before, During, or After.” Contact your manager after the incident to see if your work schedule has changed. Know the phone number to the employee information line established before or during an incident.

Emergency Preparedness Department: 954.818.5119
Emergencypreparedness@browardhealth.org or visit the “Training” tab and click on the preparedness icon on Broward Health’s Intranet for more documents and information. We are available 24/7/365 to assist with any incident or emergency need.

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EMERGENCY PREPAREDNESS

SUSPICIOUS SUBSTANCES
If you think you have been exposed to unknown or suspicious powder, liquid or gas, remember what your actions are in the event of an incident, use the acronym R-A-I-N - Recognize-Avoid-Isolate-Notify. Remember: protect yourself, communicate the hazard, and don’t contaminate others!

WEAPONS OF MASS DESTRUCTION (WMD)
WMD is defined as terrorist activities described as Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) incidents. A weapon intended to be used to cause significant mass human destruction, or severe structural damage. At the Regional level, authority over implementation of all or part of the WMD plan rests with the Regional Chief Executive Officer or Administrator on Call. At the Corporate level, it is the responsibility of Broward Health President/CEO or designee. You may be called to help out during a WMD incident depending on the nature and the severity of the incident. The Incident Command Center will be responsible for assigning personnel as needed.

HURRICANE PREPAREDNESS
- Staff members should make arrangements for family members and pets prior to the start of hurricane season.
- A list of staff available to work during or after a hurricane will be completed by each department manager at the beginning of hurricane season and verified at the beginning of any hurricane alert stage.
- Upon receipt of a Hurricane Alert, Watch or Warning for the Broward County area, the Broward Health President/CEO notifies all the medical center administrators to initiate their hurricane plans.
- **Working During:** After the BH President/CEO has authorized the Broward Health facilities to initiate their hurricane plans, all employees should listen to the radio or TV for the hurricane warning. At that time, all employees should immediately complete their preparations at home and report for duty at the medical center. They will remain on duty until a replacement arrives. Employees who are at work will be given time to return home and complete their hurricane preparations.
- **Working After:** Personnel assigned to be working after the hurricane will report for duty as soon as the “ALL CLEAR” is announced over the Broward Health hot line at 954.355.5111, it is day light, and roads are safe to pass. The employees should not wait to be called or for the beginning of their shift, but come in as soon as possible. However, constant communication with your manager is essential during all phases of disaster activation.

HOSPITAL EVACUATION
Find out the location of your department’s Evac Pac. It contains **green, yellow, red, and black** wrist bands, signs and instructions for patient triage and movement in case of hospital evacuation, either horizontal, vertical, or to another location.