



Title: SHELTER IN PLACE	EMP Appendix F
Manual: Emergency Management Plan	Effective Date: 1-26-15
Scope: Housewide	Replaces: 2/2006
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Policy:

The purpose of this policy is to outline guidelines for evacuation/shelter in place procedures to be followed in case of a disaster. The focus of the policy is an event necessitating movement of patients, staff and visitors being relocated as the result of a crisis threatening the well-being of occupants at St. Mary Medical Center. Evacuation is to leave the facility or go side to side in hospital. Shelter in Place is to stay in the hospital to avoid danger.

Procedure:

Persons threatened by immediate danger, risk, smoke, flame or threat will be removed to a safe location at the direction of the highest ranking administrator on scene. Evacuation maps are positioned in the halls at critical points.

I. Responsibilities

A. The Administrator-On-Call or the Incident Commander is responsible for:

1. Initiating the Evacuation Plan in collaboration with Fire Department if it is a fire or hazardous materials event or law enforcement if it is a safety risk.
2. Directing the Facilities Director, Security Manager and Nursing Supervisor in an Incident Command structure.
3. Identifying safe locations to direct evacuees.
4. Initiating the "All Clear" once the crisis is over.

B. Employees are responsible for:

1. Assisting in the evacuation as directed by the Administrator-On-Call, Incident Commander or Chief Nursing Executive
2. Conducting themselves in a safe and rational manner during evacuation proceedings.
3. Assuring safety for all persons involved.



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II. Decision to Evacuate

The decision to evacuate an area of the hospital or the entire hospital will be made by the Administrator- On- Call in collaboration with the others listed below:

- Long Beach Fire Department /Fire Agency
- Long Beach Police Department /Law Enforcement
- Incident Commander
- Director of Nursing
- Nursing Supervisor
- Facilities Director
- Security Manager
- Department Manager
- Supervisor of affected area

III. General Procedures

1. Remove persons in immediate danger first
2. Direct ambulatory persons to follow an assigned staff member to safe area
3. Assess priority for moving of non-ambulatory and ambulatory patients
4. Direct ambulatory visitors toward safety
5. Have wheelchair bound patients pushed to the chosen safe area
6. Move stretcher/non ambulatory patients to the chosen safe area
7. All staff evacuates
8. Reconvene in safe area and count numbers of staff, patients and visitors

A. Horizontal Evacuation

1. Follow evacuation maps if appropriate for the crisis
2. Move ambulatory patients, visitors and staff horizontally (on the same floor) to an area of refuge beyond a set of fire doors and close the doors
3. Move patients in order of most easily relocated to most critically ill. Critically ill patients should be moved by clinical staff in conjunction with ancillary staff and fire personnel if present
4. Use wheelchairs to move patients. After getting them to a safe area, patients should be removed from the wheelchairs, if possible. The wheelchairs should then be taken back for other patients.



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5. Gather equipment appropriate for area being evacuated (e.g. Weevac evacuation sleds in NICU/ baby kangaroo aprons, evacuation chairs/evacuation sleds located in the Disaster Resource Center storage area in bottom of parking garage).
5. An assigned person should check each room of the evacuation area to assure all persons have left the area.
6. Charge nurse/area supervisor should be able to account for numbers of staff, patients and visitors for report to incident command and fire department or police department.

B. Vertical Evacuation

1. Vertical evacuation shall be used as directed by supervisor of an area during an event involving possible violence, weapon or hostage crisis. In the event of fire, vertical evacuation may be considered if horizontal evacuation is not an option. The priority for evacuating patients shall be the same as described in horizontal evacuation.
2. Evacuation shall be to a lower floor and out of the building to a safe location
3. Elevators may not be used for evacuation unless advised by Administrator-On-Call, Fire Department or Law Enforcement.
4. Specialized evacuation equipment is available at St. Mary Medical Center including sleds, slides, chairs, kangaroo pouches and evacuation devices.

Shelter in Place Plan:

Mitigation/Preparedness:

During certain emergency situations, particularly chemical/HAZMAT, biological, radioactive events or weather emergencies, it may be advisable for employees to shelter-in-place rather than evacuate the building. Shelter-in-place is a strategy taken to maintain patient care within St. Mary Medical Center and to limit the movement of staff and visitors to protect life and property from hazard. Shelter-in-place is an ideal method of self-protection from airborne contaminants, such as a toxic airborne chemical or a person with a weapon. It may be necessary to evacuate certain parts of the medical center and shelter-in-place in another part of the facility.

Criteria for Implementation:



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In situations posing an immediate threat to the safety of employees and visitors shelter in place procedures must take priority. Shelter in place will be determined by the Administrator - On- Call

Pre-Event Information:

Potential terrorist incidents, such as the release of a chemical hazard may be preceded by alerts issued by local or state authorities. Information may be disseminated to St. Mary Medical Center via the Los Angeles County Reddinet system in the Emergency Department. Notification may also be made from law enforcement, HAZMAT teams or fire department via telephone.

Activation of Emergency Response Procedures:

Upon notification that a suspected/confirmed airborne chemical/biological hazard is likely to impact St. Mary Medical Center the Emergency Plan will be activated and "Internal Triage/Shelter in Place" will be announced overhead. Notification may be made by Mass Notification system and email.

Response Measure
Identify nature of incident and determine necessary level of response and protection.
Coordinate safety and security with law enforcement entities as appropriate.
Implement the following activities: <ul style="list-style-type: none"> • Close air vents, windows, and doors. • Facilities department to shut down Hospital Vacuum and Air Conditioning Unit. (HVAC)
Notify employees, visitors and vendors as to nature of the danger and reason for the shelter-in-place.
Assess capabilities and identify personnel resource requirements and staff availability
Develop and implement public-information plans for employees and the media to provide information on disease recognition, necessary infection-control



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measures, treatments, and home-care/after-care instructions

Reassessment of Event:

External communication via, news media, CAHAN notifications, Reddinett, email notification, landline communication may provide additional information critical to the assessment and reassessment of the shelter in place response activities.

Recovery Strategies:

Assess staffing requirements and provide an organized reporting structure.

Ensure that the HVAC system and ventilator systems have returned to normal operations.

Take down signs from all building entrances and exits.

Notify employees, patients and vendors of the ability to enter and exit the building.

Provide safe re entry pathways to the building in an organized manner

Education & Training

New employees at St. Mary Medical Center receive emergency preparedness training at hospital orientation. All staff receives emergency preparedness training annually with self-learning modules. During department orientation and training staff learn about the location of their stair wells and fire evacuation routes and their role in emergency preparedness. Unit specific in-service regarding evacuation and shelter in place is done annually at St. Mary Medical Center. Evacuation, Active Shooter and Shelter in place as well as fire safety trainings are done on each unit annually.



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IMMEDIATE SHELTER IN PLACE RESPONSE CHECKLIST

The following general checklist identifies priorities during a shelter-in-place event:

TASK	Completed Time	Reassessed during Recovery
Employees, vendors and visitors are to be advised to stay within the building until further notice		
Facilities and Security should ensure that all doors, including internal doors and all windows are locked.		
Vents should be sealed if possible.		
Ideally, use of elevators should be kept to a minimum, as they can act as pistons pulling air in from the outside.		
Telephone use should not be limited (except for emergency purposes) to avoid overloading the phone system.		
Ensure easy access to radio and television for announcements for information.		
Establish communications plan for all St. Mary Medical Center staff utilizing Everbridge X matters or other forms of mass notification, overhead paging or mass email notifications		