DEPARTMENT OF VETERANS AFFAIRS
VA MARYLAND HEALTHCARE SYSTEM (VAMHCS)

Fire Safety and Emergency Management Training

Presented By:
Emmanuel Mbong and Jeffrey D. Meddin, CSP, CHEP
January 12, 2015
Fire Safety and Emergency Management Training

- WHAT WOULD THIS DO TO YOUR RESEARCH PROJECT ???

- WOULD YOU BE ABLE TO RECOVER OR CONTINUE WORKING ???

- YOUR FUTURE ???
Texas Tech Lab Fire
It Can Happen in Your Lab!
Participants will be able to describe or demonstrate:

- Knowledge of Fire Response Procedures
- Role and responsibilities of the Incident Command System elements and location of the Emergency Operations Center (EOC)
- VAMHCS disaster notification procedures
- Disaster Responses
- Individual Roles and Responsibilities during an Emergency Event
An Emergency can be broadly defined as:

Any internal or external, natural or man-made event that would have an adverse impact on our ability to provide appropriate patient care.
In the event of a fire or suspected fire, staff members will:

- **Rescue** - Patients, Visitor and Staff utilizing smoke and fire barriers. On inpatient wards staff will close patient room doors and clear halls of equipment in case of the need to prepare for an evacuation.

- **Alarm** - Sound the fire alarm:
  - Pull stations
  - Alert staff by enthusiastically by loudly saying “Code Red”
  - Call ext. 6999 (Balt VAMC/LR CLC); ext. 222 (PP) or dial 911 (CBOCs & LR outlying buildings) AND let others know as soon as you do!

- **Confine** - Confine the smoke/fire by closing doors, laying down wet towels at the base of doors to prevent the travel of smoke (closing windows if applicable). (Defend in Place)

- **Extinguish** - if the fire is small and can be extinguished with one fire extinguisher. Be sure to have an escape route before trying to extinguish. If more than one extinguisher is required-you need the fire department.

- **Evacuate** - Get everyone out, leave the scene and close the doors behind you. (Horizontal Evacuation to another Smoke Zone)
PASS the Fire Extinguisher

PULL THE PIN
IM AT THE BASE
QUEEZE TRIGGER
WEEPING MOTION
It's just like squirting liquid cheese on nachos.

KNOW HOW TO USE A FIRE EXTINGUISHER
FOLLOW THE **P**ULL **A**IM **S**QUEEZE **S**WEEP
LIFE SAFETY and EMERGENCY OPERATIONS PLAN (EOP)

FIRE RESPONSE and STAFF RESPONSIBILITIES INFORMATION are located in the LIFE SAFETY MANAGEMENT PLAN

512-001/OPS-114 New!

FIRE RESPONSE INFORMATION can also be found in the VAMHCS EMERGENCY OPERATIONS PLAN (EOP) 06/2014

512-001/OPS-112 ATTACHMENT D New!
Typical Hospital Emergency Scenarios Include:

- **Fire** (5)
- **Flood** (9)
- **Generator Failure** (4)
- **Bomb Threat** (6)
- **Hurricane** (16)
- **Mass Casualty** (12)
- **Pandemic** (8)
- **Steam failure** (14)
- **Loss of Water Supply** (7)
- **Earthquake** (10)
- **Severe Winter Storm** (1)
- **Severe Weather** (2)
- **Terrorist Event** (11 & 15)
- **Active Threat Response** (3)

Based on the annually reviewed HVA (Hazard Vulnerability Analysis)
Mitigation - steps taken to reduce the impact and severity of an event (training and planning)

Preparedness - maintaining a state of readiness (disaster drills)

Response - reaction to an event (plan activation and implementation of contingency plans)

Recovery - restoration of normal ops (completion of repairs, pt transfers, returning to normal operations)
EMERGENCY OPERATIONS PLAN

- VAMHCS Policy 512-001/OPS-112 new!

- **Hazard Vulnerability Assessment (HVA)** - Conducted annually by the Emergency Management Committee for each site. It helps to ensure that the plan addresses the various vulnerabilities faced by the VAMHCS system and prioritizes.

- **All Hazards Approach** - Every emergency has similar reactions in common. The attachments at the back address specific emergencies to guide the staff through the emergency.

- **Hospital Incident Command System (HI CS)** can be used to manage planned (exercises) and unplanned emergency events in compliance with the National Incident Management System (NIMS)
PLAN IMPLEMENTATION

- Anyone becoming aware of an event that could cause or threaten to cause disruption to our ability to provide patient care should immediately notify the switchboard operator or MAA/AOD.

- The Switchboard Operator (ext. BT 6999 / PP 2222), NOD (BT 6107 / 6577 PP 443-455-0421) or MAA/AOD (BT 7316 / PP 5032) will immediately notify the Director (ext. 7016) who will implement the applicable portions of the disaster plan.
DISASTER NOTIFICATION

- The VANS (VA Notification System) is our primary means of notification. At the direction of the Director, the VAMHCS Emergency Operations Plan (CODE GREEN) is implemented and members of the HOSPITAL INCIDENT COMMAND SYSTEM (HICS) are called to the Emergency Operations Center (EOC).

- Primary and Secondary members of the HOSPITAL INCIDENT COMMAND SYSTEM (HICS) have listed their cell phone or text pager numbers and will be notified as a part of the VANS or manual CASCADE CALLBACK PLAN.

- Depending on the emergency, the Incident Commander may order a Full Code Green. At that time, all services will activate their Internal Emergency Plans that includes their Service Level Cascade Callback plans.

- All Radios are to be switched to the Disaster Channel: Balt & LR: Ch. 11, Perry Point: Ch. 1.

- Public Address Announcements will be made in Baltimore, and The Message Boards will be used at Perry Point.
# VAMHCS EMERGENCY CODES

## CODE RED
### FIRE
- Baltimore/BRECC – ext. 6999
- Perry Point - ext. 222
- CBOCs/Loch Raven - 911

### R.A.C.E.
- Rescue
- Alarm
- Confine
- Extinguish

### P.A.S.S.
- Pull
- Aim
- Squeeze
- Sweep

## CODE BLUE
### MEDICAL EMERGENCY
- Baltimore/BRECC – ext. 6999
- Perry Point – ext. 6999
- CBOCs/Loch Raven - 911

## CODE ORANGE
### VIOLENT BEHAVIOR
- Baltimore/BRECC – ext. 6999
- Perry Point - ext. 6999
- CBOCs/Loch Raven - 911

## CODE GREEN
### EMERGENCY
- Baltimore & BRECC ext. 6999
- Perry Point ext. 6999
- CBOCs & Loch Raven - 911

### REPORT TO MEETING PLACE
### TURN RADIOS TO DISASTER CHANNEL:
- (BT/BRECC – CH.11 - PP – CH.1)
### OBTAIN ACCOUNTABILITY
### OBTAIN BED COUNTS
### AWAIT FURTHER INSTRUCTIONS
The Director or his designee is usually the incident Commander (IC). The Nurse Of the Day (NOD) or senior police officer/fire fighter may serve as the Incident Commander until relieved by the Director or his designee. There may also be an “On Scene Incident Commander” to take charge of the actual scene of the incident.

The Incident Commander notifies the staff when assuming command, puts on the Incident Commander’s vest and begins to complete the Tasks on the Incident Commander’s Job Action Sheet and IAP. The Incident Commander is in charge of the emergency.

Emergency Operations Center (normally in the director’s office at Baltimore VAMC unless the situation dictates an alternate site)
– LR CLRC conference room;
Perry Point Bldg 5 (19) (ADF’s Office or Executive Conference Room or any location deemed appropriate to control the situation.

All staff will be notified of the location of the EOC (Emergency Operations Center) via VANS, Overhead Page or from your supervisor.
CONTINGENCY PLANS
The VAMHCS Emergency Operations Plan contains contingency plans for:

- Loss of water supply
- Loss of electricity
- HVAC system failure
- Med Gas system failure - Fire
- Radioactive materials
- Telecom failure
- Child Abduction
- Severe weather
- Toxic external atmosphere
- Loss of computer center
- Total facility evacuation
- Bomb threat
- HazMat Spill
- Civil disturbance
**EVACUATION**

- **INPATIENT FACILITIES** should only evacuate if the situation dictates and then **EVACUATE HORIZONTALLY** (to a different quad or hallway) utilizing smoke and fire barriers to protect patients and staff.

- **Vertical Evacuation** should only be done when directed and under the most dire of circumstances and if possible with the assistance of the fire department. Once the fire department arrives, they share command.

- **Inpatients are not to be left unattended or outside in the elements**

- **Baltimore** initially evacuates patients to UMMC via the bridge if safe.
- **LR CLRC** evacuates to new Rehab section or front of the building.
- **Perry Point** will follow directions of the Perry Point Fire Department.

- **OUTPATIENT FACILITIES** and office buildings should evacuate in the event of an emergency unless doing so would cause the patients or occupants more harm (example: tornado or hazardous chemical release).
KNOW YOUR ROLE

- Keep **YOUR contact information** current on the VA-PAS System (Personnel Accountability System) and with your Service or Clinical Director. YOU update your VISTA information.

- Know your **Service Level Emergency Operations Plan** before an emergency strikes

- Report to your muster place immediately or call in if unable to report so that you can be accounted for.

- Make sure all staff is aware of the emergency

- Provide direction to patients and visitors to limit their anxiety and possible injury

- Be personally prepared for an emergency so you may help others (childcare plan, transportation plan, medication, etc.)
Questions