



EMERGENCY PREPAREDNESS

UPMC Systemwide Annual Mandatory Training

OBJECTIVES

- This program will outline Emergency Preparedness topics such as:
 - Types of disasters
 - Types of disaster plans
 - Preparations to take in case of emergency
 - Condition Pink (Children's Hospital of Pittsburgh of UPMC)
 - Bronze Alert and active weapons incidents
 - Visitor Code of Conduct (Children's Hospital of Pittsburgh of UPMC)

CHP Emergency Preparedness Program (EPP)

Children's Hospital of Pittsburgh of UPMC Emergency Preparedness Program is in place to ensure appropriate planning and response to unexpected emergencies or “disasters”.

If you have any questions related to **CHP Emergency Preparedness**, please contact:

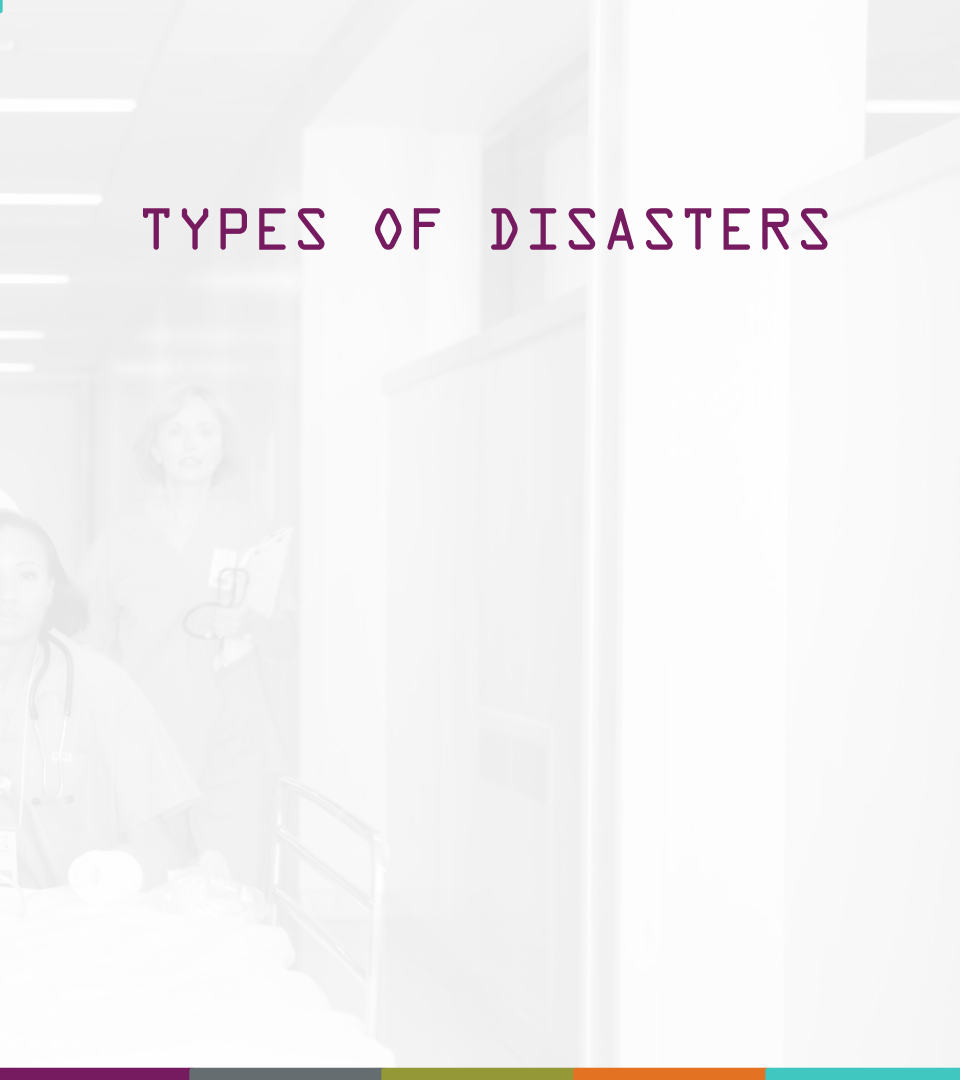
EPP main office: 412-692-5729

EPP Medical Director
Kimberly Roth, MD, MPH

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TYPES OF DISASTERS



CHP Emergency or “Disaster” Plan

At Children’s Hospital of Pittsburgh of UPMC, the following hospital-wide emergency alerts fall under the scope of the Hospital’s Emergency Operations Plan.

- HICS Team Activated (Hospital Incident Command Structure Team activated, used for an Internal Disaster with NO victims needing immediate medical care)
- Condition Triage (Internal Disaster with 1 or more victims on scene requiring immediate medical care)
- Condition D (External Disaster with influx of victims to the hospital)
- Decon Response Team Needed
- Bomb Threat Plan Activated
- Condition Pink (Missing or Abducted Patient)
- Bronze Alert (Critical Security Incident, including Active Weapons Situation)

INTERNAL DISASTER

- Internal Disaster are classified as incidents that occur in or affect the interior of a hospital or facility complex.
 - Examples:
 - Building structural collapse
 - Utility loss (Telephone, Electric, Water)
 - Explosions
 - Fires
 - Floods
 - Chemical spills
- Internal incidents are reported to the local emergency number by the person discovering the incident.

Internal Disaster with NO Victims

- At Children's Hospital of Pittsburgh of UPMC, an internal disaster, such as structural collapse or global utility failure, that does not result in victims requiring medical care at the scene, is managed by the **CHP HICS Team**.
- **CHP HICS Team is the Hospital Incident Command Structure Team** appointed by hospital leadership
- If the HICS Team is activated in response to an internal disaster, the appointed group will immediately gather to:
 - Rapidly assess the situation and determine the response needed
 - Communicate information to staff, patients, and families
 - Ensure safety of staff, patients, families and visitors during the emergency
- Medical providers do not report to the scene of the internal disaster in this situation as there are no victims on scene requiring immediate medical care.

Internal Disaster with Victims on Scene

At Children's Hospital of Pittsburgh of UPMC, any internal disaster resulting in 1 or more victims requiring immediate medical care at the scene is called a **Condition Triage**.

- A **Condition Triage** alert will list the location of the incident.
- The following individuals respond to the location of a Condition Triage:
 - Public Safety – assess scene, ensure safety, determine when medical staff can safely enter the area to care for victims
 - Trauma physicians – medical command of scene, delegate triage and evacuation
 - Condition A/C team (all team members) – assist trauma with on-scene medical triage, BLS stabilization of victims, victim tracking and evacuation to definitive care sites (i.e. ED, OR, PICU, or another hospital facility)

EXTERNAL DISASTER

- External Disasters are events that occur outside of the facility but can cause an impact to UPMC operations.
 - Examples:
 - Mass Casualty Incidents
 - Severe Weather
 - Motor Vehicle Accidents
 - Civil Disturbance
 - Industrial Emergencies
 - Terrorist Attack
- External incidents may be reported via the emergency services authority.

External Disaster - Condition D

At Children's Hospital of Pittsburgh of UPMC, an external disaster is a **Condition D**.

- An external disaster may be activated to rapidly augment staffing and supplies when we anticipate a situation where current healthcare needs will likely exceed our current resources
- Typically, this is a sudden influx of acutely ill or injured patients to the ED

CHP Staff Encountering a Potential Disaster

- Any CHP staff member that encounters an unexpected emergency or potential disaster should do the following:
 - Ensure immediate safety of self and others
 - Call CHP Public Safety at 692-5191 and report the situation

CHP Staff Encountering a Potential Disaster

- While awaiting response and instructions from Public Safety or Hospital Leadership, staff should:
 - Clearly designate an “emergency leader” for your area
 - Reference your emergency plans
 - Assign a staff member to monitor the computer for e-Pigeon and CHP email communications
 - Remain on your unit (unless there is a threat that dictates otherwise)
 - Limit background noise and talking to promote situational awareness
 - Keep phone lines open (no unnecessary calls)
 - Notify patients, families, and visitors of the situation (if appropriate)

Authority to Activate the CHP Emergency Operations Plan (EOP)

- Only the following individuals have the authority to formally activate the CHP EOP or “disaster” plan and issue a hospital-wide emergency alert
 - Administrator on Call (AOC)
 - Administrator on Duty (AOD)
 - EPP Director
 - Public Safety Supervisor
 - ED Red Attending (ED critical care/trauma attending)
- Should a hospital-wide emergency alert be activated, staff are immediately notified 3 ways:
 - Announcement on the overhead fire alarm
 - Page to the Disaster Pager Group
 - E-Pigeon message banner on staff computers

UPMC Emergency Notification System (ENS)

- In addition to internal notifications at Children's Hospital, staff may be notified of a plan activation through the UPMC Emergency Notification System (ENS).
- ENS enables the distribution of emergency messages to staff using text (SMS), voice and email.
- Employees are encouraged to opt-in to receive ENS messages by going to the [Infonet/My HUB](#) and registering their mobile telephone number.



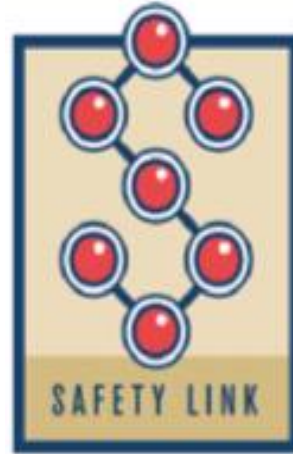
Safety Link

Disaster Plan



SAFETY LINK IS...

Safety Link is the UPMC Emergency Preparedness program that helps us perform job duties in a disaster situation. The community we serve, as UPMC employees, expects us to be there for them in time of need to ensure the continued safe operation of the facilities and to provide treatment and support to any victims of the disaster.



EMPLOYEE RESPONSIBILITIES

- Finish your current duties.
- Refer to your Emergency Operations Plan and the Emergency Reference Guide on what to do in case of the specific emergency.
- Report to your immediate supervisor and await further instructions.
- If possible, return patients to their rooms.
- Ask patient visitors to remain in the rooms with the patients.
- Maintain patient confidentiality.
- Discuss disaster information only with appropriate employees.
- Only use telephones out of necessity and keep at least one line open at all times.
- Initiate your own, personal family emergency plan.
- Direct questions and information to the appropriate department(s).

WHY HAVE A FAMILY EMERGENCY PLAN?

- **Consider this:**

- A disaster or road closure, due to severe weather, may prevent you from leaving work and returning home. It is important that you develop and prepare in advance, a Family Emergency Plan, so that your family will be cared for in event of an emergency.

WHERE SHOULD YOU BEGIN?

Questions to ask when developing your plan:

- What are your community's warning signals?
- What do you do when you hear them?
- What disaster plans are used at your child's school, daycare, eldercare etc.?
- Determine who will pick up and watch over children if they have to leave school.
- Who will care for your child and/or elderly family members if you remain at work?
- Ask about animal care after a disaster. Animals may not be allowed inside emergency shelters because of health regulations.



More information about Family Emergency Planning can be found on the [UPMC Infonet](#).



Preparations in Case of Emergency

PERSONAL PROTECTIVE EQUIPMENT

- Some types of disasters may require additional personal protective equipment (PPE) and measures.
 - For example, in event of a nuclear, biological, or chemical release, certain hospital areas may be closed to routine access. It may be necessary to wear PPE to protect yourself from these hazardous agents.



You should check with your supervisor to see if you will be required to wear PPE in emergency situations. If so, there is additional training to be completed by employees in these positions.



MASS CASUALTY INCIDENTS

- A greater number of affected patients than the facility can handle on an normal basis with routine resources/staffing.
- Notification of an incident that may generate a large number of injured persons, such as a bus accident or plane crash.

EMERGENCY OPERATIONS PLANS

- All facilities have a set of plans that cover actions to be taken in the event of internal and/or external disasters. These cover such things as:
 - Mass Casualty Events
 - Utility Loss
 - Security Events
 - Evacuation
 - Infectious Disease Outbreaks
- You should familiarize yourself now with these plans and how to get to them in an emergency.

BOMB THREAT

- Bomb threats are often used by disgruntled persons as a way of interrupting normal business operations. They may, however, represent an actual danger to the building and occupants. It is for this reason that all threats are assumed to be serious and are afforded full attention.

NO BOMB THREAT SHOULD BE TAKEN LIGHTLY
OR IGNORED.

RECEIVING A BOMB THREAT

If you receive a threat via telephone:

- Remain calm.
- Ask a co-worker to contact security immediately.
- Try to keep the caller talking as long as possible. **DO NOT HANG UP**—even if the caller does.
- Try to gather as much information from and about the caller as possible (voice/speech, accents, nasal, foul language, and any background noises).
- Leave the phone off the hook, even after the call has ended.

SUSPICIOUS PACKAGE

If you see a suspicious package, make sure to **turn-off** all two-way radios, cell phones, and pagers to avoid accidental detonation.



UTILITY FAILURES

- Utility failure response plans cover such things as:
 - Power Loss
 - Check all critical care equipment and make sure each is properly functioning and plugged into the red emergency outlets. If the facility is equipped with emergency generators there may be a 10 second delay before restoration of power to the red outlet.
 - Obtain emergency extension cords and flashlights if necessary. These items should be located in your department.
 - Water Loss
 - Use of water should be minimized
 - Communications / Information System Loss
 - Follow down time procedures.

CIVIL DISTURBANCE

- There are three categories of Civil Disturbances:
 - Demonstration & Protest, Rioting, Picketing
- Things to consider during times of civil unrest:
 - Follow directions given by your supervisor or security department.
 - You may be directed to an alternate entrance/ exit
 - you may want to limit your display of UPMC-branded items, such as ID badges.
 - Advise visitors or guests to remain inside the facility until it is safe to leave.
 - Stay away from lower level windows and glass doors.

SEVERE WEATHER: NON-HOSPITAL

- Follow the procedures in your Emergency Reference Guide.
- If your supervisor activates your department's disaster plan, be prepared to implement your Family Emergency Plan.
- Refer to UPMC policy: [Disasters/Severe Weather/Emergencies: Communication and Staffing](#) for additional information.
- If you are unsure of what you should do, contact your supervisor.

SEVERE WEATHER: HOSPITAL

- In hospital buildings, prepare for electrical power loss by confirming that all patient care equipment is plugged into red outlets.
- Prepare emergency extension cords and flashlights for use.
- If the severe weather involves heavy snow or ice, it may be necessary to implement departmental plans for employee call-in.
- Wind:
 - Close all drapes or curtains to protect against flying or shattered glass.
 - Lower patient beds to the lowest position and move them away from windows.
 - Provide blankets for patients that do not have them so that they may cover themselves.
 - Open the doors to rooms with outside windows.
 - Secure any loose items that may become airborne in high wind conditions.

SHELTER-IN-PLACE

- “Shelter-in-place” may be required if there are large amounts of debris or contaminated air.
- **If local authorities call for shelter-in-place:**
 - Air handling systems may be shut down to minimize building contamination.
 - Exterior doors may be locked against entry; all occupants should be asked to stay inside.
 - Employees should be prepared to activate their Family Emergency Plan for childcare and other home care needs.
 - Information or official instructions may be available through TV, local radio or through the Internet.

EVACUATION PLAN: HOSPITAL

- Hospitals should attempt to limit evacuations if at all possible.
- **When evacuation becomes necessary:**
 - Patient *Safe Discharge to Other Facility* forms should be kept with the patient during evacuation.
 - Maintain a record of all patients moved.
 - Assess patient medication needs and transport appropriate meds with patient.
 - Assist with movement of patients as needed.
 - Patients who cannot be moved due to life support systems, traction, or the danger from trauma of movement should be left in place (with attendants if possible) until the emergency is over.
 - Obtain additional support equipment such as portable oxygen and pumps.

EVACUATION PLAN: NON-HOSPITAL

- Evacuation plans have been developed for all buildings.
- In non-patient care buildings evacuation may be the first response to some emergencies.
- Move to your designated assembly area.
- Notify your supervisor or the person in charge of anyone who may be missing.
- Remain at the assembly area until an official states it is okay to return to the building.



CHP - Condition Pink

Condition Pink: Missing/Abducted Patient

At Children's Hospital of Pittsburgh of UPMC, the alert for a missing or abducted patient is called **Condition Pink**.

- The Condition Pink policy is in place to ensure a timely search and timely notification to CHP Public Safety and external law enforcement
- **Condition Pink should be activated for any patient who is not where staff or family believes he or she should be after an initial quick search of the area (<5 min quick search)**
- This situation will be treated as a missing patient or as a possible abduction until another cause can be determined
- Note: Patient removal against medical advice (AMA) is not a Condition Pink.

The Condition Pink policy is located on CHPLink under Policies & Procedures. Please refer to the policy to determine your departmental responsibilities.

Immediate Response to a Missing Patient

- If staff or a family is concerned a patient is not where he or she should be
 - Staff in the affected area should perform an immediate quick search of the area (<5 minute quick search). Remember time is critical in these situations.
 - Once it is determined the patient is missing, call CHP Operators Emergency Line at 692-5151 to report a Condition Pink has occurred
- CHP Operators will conference in CHP Public Safety. Staff will be asked to provide:
 - Your name and location
 - Full description of patient and abductor, if known (age, sex, race, clothing, etc.)
 - Last known location or direction of flight of the patient and/or abductor

Condition Pink Alert

A Condition Pink alert will be announced 3 ways, similar to other hospital-wide emergency alerts at CHP:

- Announcement on the overhead fire alarm
- Page to the Disaster Pager Group
- e-Pigeon message banner on staff computers

Condition Pink - Hospital Wide Response

If a Condition Pink hospital-wide emergency alert is announced:

Staff in the affected unit/area of the missing patient, should:

- Continue search efforts while awaiting CHP Public Safety assistance
- Question family and other staff as to other possible locations that the child may have gone
- Protect the “crime scene”. Do not let anyone in the room or immediate area until CHP Public Safety or external law enforcement has arrived on the scene

Staff within all other units or departments should:

- Conduct a head count of all patients in their area
- Systematically search their unit/area including designated stairwells
- Email the area search form to the Public Safety Command Center within 15 minutes

Condition Pink - Hospital Wide Response

If a Condition Pink hospital-wide emergency alert is announced:

CHP HICS Team (Hospital Incident Command Structure Team) is notified and will:

- Designate an incident commander (typically Public Safety Supervisor for this situation)
- Oversee management of the situation and ensure appropriate resources are in place
- Perform video review to assist in locating the patient and/or abductor
- Collect and review the area search forms
- Ensure timely notification of external law enforcement (if applicable)
- Address any media inquiries received by staff

A Witnessed Abduction

In the event of a witnessed patient abduction:

- Staff should immediately notify CHP Operations Emergency Line at **692-5151** of their location and description
- Staff should attempt to follow the abductor at a safe distance within the Hospital
- Staff should attempt to delay departure of the patient and abductor
- Staff should never attempt to forcibly stop an abductor



Bronze Alert & Active Weapons Incidents



ACTIVE WEAPON INCIDENT

An active weapon incident refers to an individual actively engaged in killing or attempting to kill people in a populated area, typically through the use of firearms.

BRONZE ALERT - Critical Security Incident

- “Bronze Alert” is the term for a critical security incident, which includes an active weapons situation or hostage situation
- This includes any security incident in which an individual(s) is actively threatening and/or engaging in use of a deadly weapon to inflict bodily harm (including death) on any individual, including him or herself
- These incidents are extremely rare, but when they occur, require rapid response and management to ensure safety

Reporting a Potential Bronze Alert

- If staff encounters a critical security incident or active weapons situation, staff should
 - Get to safety
 - Call CHP Public Safety Command Center at 692-5191 to report the situation
- Staff will be asked to provide:
 - Your name and location
 - Description of the actor (age, sex, race, clothing, type of weapon)
 - Last known location or direction of flight of the actor
 - If there are victims needing medical assistance

Bronze Alert Notification

A Bronze Alert will be announced 3 ways, similar to other hospital-wide emergency alerts at CHP:

- Announcement on the overhead fire alarm
 - Page to the Disaster Pager Group
 - e-Pigeon message banner on staff computers
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- A Bronze Alert notification will include the location of the incident. **Staff should not enter or travel near the location until an “all clear” has been issued.**

MAXIMIZE EFFECTIVENESS

- **To maximize the effectiveness of Bronze Alert:**
 - **Discuss** - Have candid discussions in your department about how to handle a bronze alert.
 - **Be part of the solution**, not part of the problem.
 - All levels of leadership should get involved.
 - **Be proactive** - recognize warning signs.
 - “If you see something, say something.”
 - **Become familiar** with everyday objects and how they might become improvised weapons.
 - Used by you or against you.

IN THE AREA OF THE EMERGENCY

If you are in the same area as the person with a weapon, remember the three E's.

Evacuate "Run"	Evade "Hide"	Engage "Fight"
<p>Have an escape route/plan in mind. Leave your belongings behind. Keep your hands visible—especially when law enforcement is on site.</p>	<ul style="list-style-type: none">• Try to enter a room with no windows.• Close and lock door.• Barricade door with a heavy object.• Turn off lights.• Do not talk on phones. <ul style="list-style-type: none">• During non-emergent time, you should look for places to shelter, if a situation should occur.• It may take quite an extended time to clear the building, so you may be in this hiding place for a long while. Try to remain calm.	<p>Take offensive action as a last resort and ONLY if your life is in imminent danger.</p>

OTHER AREAS

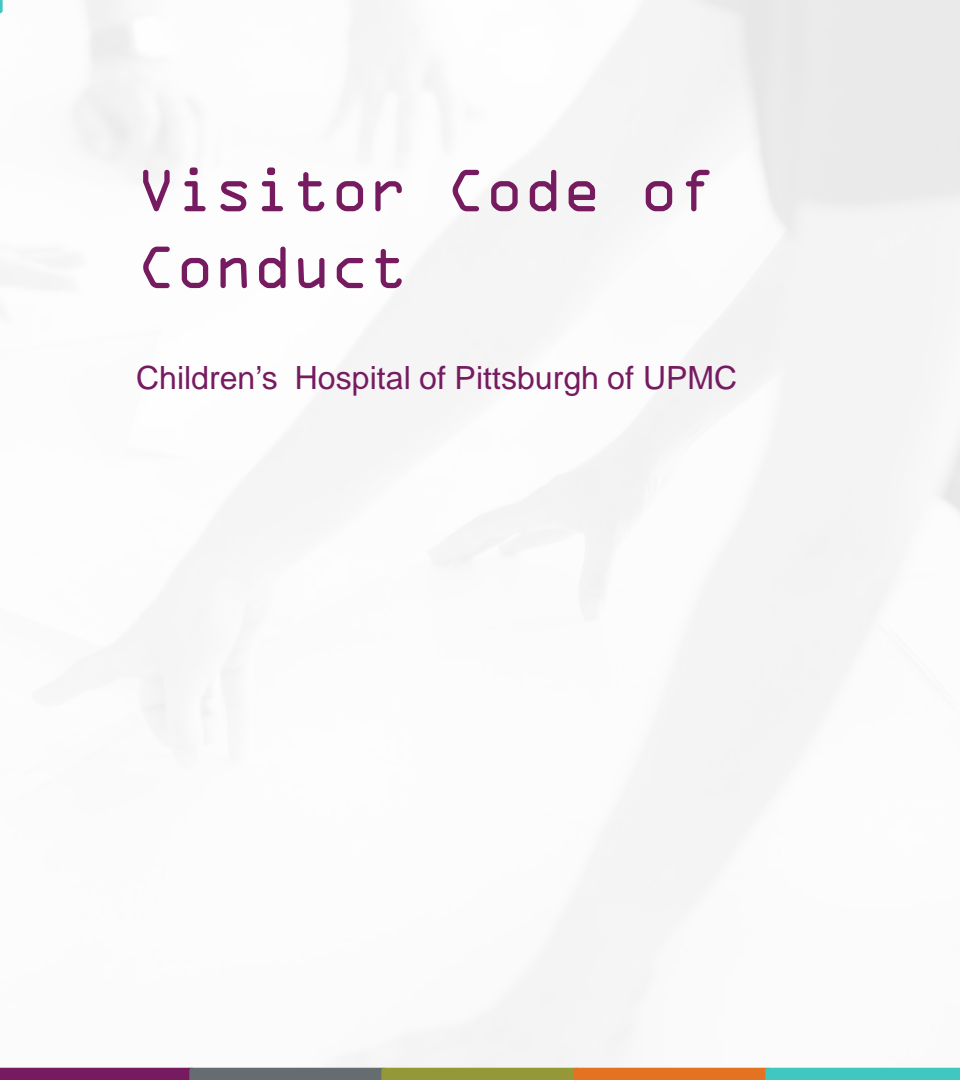
DO NOT SEND PATIENTS OR EMPLOYEES TO INCIDENT SITE.

- Adjacent areas (same floor, one floor above, one floor below):
 - Quickly round patient rooms and assure people they are safe.
 - Ask them to remain quiet and stay off the telephone.
 - Close corridor fire doors.
 - Close and lock office doors. If applicable, attempt to block door.
 - Other areas
- Assure patients and visitors they are safe.
- Stand by for further instructions provided by management, leadership and/or law enforcement.



Visitor Code of Conduct

Children's Hospital of Pittsburgh of UPMC



Visitor Code of Conduct

One of the goals of Children's Hospital of Pittsburgh of UPMC is to create a safe environment for patients, parents, visitors and staff by:

- De-escalating crisis situations
- Maximizing the time for parent and child interaction
- Minimizing exposure of the patient, parent, visitor, and staff to violent and aggressive behavior
- Creating an environment with zero tolerance for threats and physical violence

The Visitor Code of Conduct policy is located on CHPLink under Policies & Procedures.

Please refer to the policy to determine your departmental responsibilities.

Staff Encountering a Situation

A staff member encountering a parent or visitor using loud, aggressive, or threatening behavior should do the following:

- Call CHP Public Safety at 692-5191 and report the situation
- Push the Public Safety panic button located on the unit for immediate assistance
 - Panic buttons are located under the desk. Staff should become familiar with the exact location on their unit.
 - Some units are also equipped with panic buttons on designated computer keyboards.

Categories of Threatening Behavior

Inappropriate behavior or threats of violence will be categorized as:

Level 1 (Yellow)

A parent or visitor has used loud, profane, or aggressive verbal language in interactions with a staff member or another individual

Level 2 (Red)

A parent or visitor has behaved in a manner where the staff feels afraid to be alone with the individual or the staff feels physically threatened

Level 1 (Yellow): Hospital Response

- Public Safety will escort the parent or visitor to a private area for discussion
- Public Safety will involve appropriate hospital leadership in the discussion (examples: AOD, Unit Director, patient's physician)
- A cool down period for a few minutes may be recommended to promote more reasonable discussion with the team
- Public Safety and Hospital Leadership will attempt to resolve the issues that led to the individual's aggressive behavior
- The team will clearly review with the individual the CHP visitor conduct guidelines
- The discussion will be documented in the patient's electronic medical record

Level 2 (Red): Hospital Response

- Level 1 (Yellow) response procedures will be followed as outlined in the previous slide
- For Level 2 (Red), these additional steps will occur:
 - The parent or visitor displaying threatening behavior will typically be removed from the area and escorted off-site
 - The parent or visitor will be instructed to contact CHP Social Work to arrange a meeting to discuss reinstatement of visitation privileges
 - A “team huddle” involving Public Safety, Hospital Leadership, Social Work and/or Legal Services will occur after the parent or visitor is removed to determine the conditions for return and conditions for future patient visitation
 - The visitation plan will be documented in the patient’s electronic medical record

Code of Conduct at CHP Satellite Locations

- Staff at a CHP satellite location encountering a Level 1 or Level 2 code of conduct issue should immediately notify their leadership
- Level 1 (Yellow) issues are typically able to be managed with on-site hospital leadership
- Level 2 (Red) issues that can not be reasonably managed with on-site leadership, should be dealt with by:
 - **Calling 911 and requesting assistance of local law enforcement**
 - **Calling CHP Public Safety at 692-5191 to inform them of the situation and that they requested 911 support**
 - CHP Public Safety and/or CHP Hospital Leadership may choose to send additional resources to the satellite location if deemed necessary

EMERGENCY MANAGEMENT QUESTIONS

- If you have additional questions on Emergency Management in your area, contact your Emergency Management Coordinator or Safety Officer.

CHP Contact Information

If you have any questions related to the **CHP Emergency Preparedness Program (EPP)**, you may contact:

EPP main office: 412-692-5729

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