



San Joaquin General Hospital Emergency Management Program

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Objectives



Provide an Overview

Provide an overview of our Emergency Operations Plan (EOP)



Provide

Provide a brief introduction to the Hospital Incident Command System (HICS)



Review

Review SJGH's internal codes



Describe

Describe the role you as employees will play in a hospital emergency



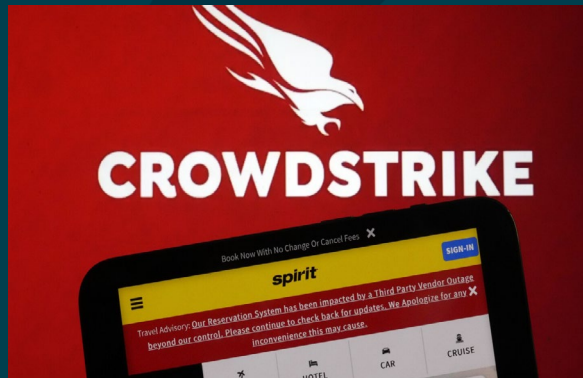
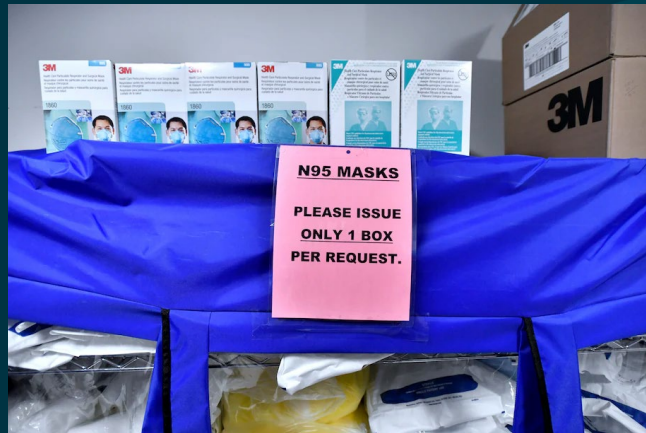
Why is this important for you to know...

Every employee here at San Joaquin General Hospital will play a role in responding to an emergency

It may be a drill, a routine emergency or an actual disaster

Depending on the situation you may also have the responsibility to be part of the Hospital Incident Command System

 *Life is unpredictable... THINGS HAPPEN!*



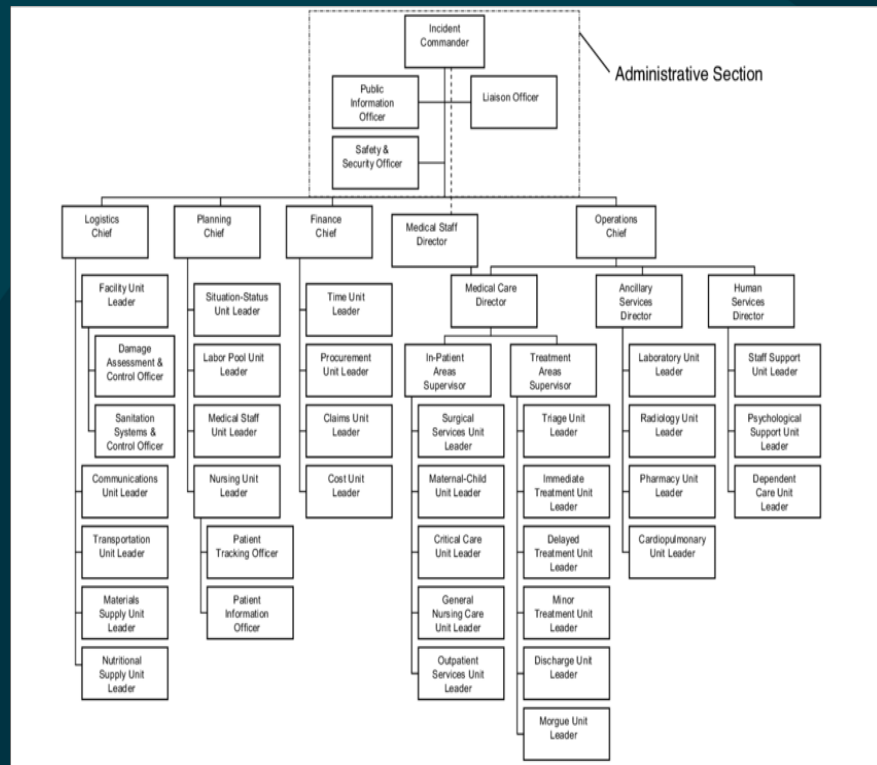
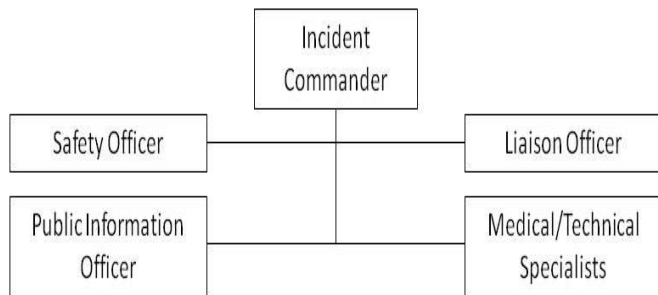


Code Triage Emergency Management Plan Activation

- This can be internal or external in which San Joaquin General Hospital will be impacted in some way.
- “CODETRIAGE” will be paged overhead three times in succession every five minutes.
- Command post activated, staff positions assigned.
- Staff callback initiated.
- Callback staff reports to command post.
- Job action sheets distributed.
- HICS



Hospital Incident Command System





WHAT DO WE DO TO STAY PREPARED?

Hazard Vulnerability
Analysis

Emergency Operations
Plan

Emergency Operations
and Exercises

Evaluate our exercises
to continually update or
revise plans



Internal Hospital Codes

- The best way to familiarize yourself with the internal codes AND activations is the Emergency Preparedness Flipchart
- If you are ever the one to come across a situation requiring additional staff/resources, call:

99

The operator will answer #99 immediately and you will tell them; your name, location, and the type of emergency.



Rapid Response Team



- The Rapid Response Team (RRT) responds to adult/adolescent medical emergencies within the hospital and buildings connected to the hospital, 24 hours/day.
- The Rapid Response Team provides clinical assistance and support in the care of an individual whose condition may be deteriorating, but who has not experienced, or is not believed to be in imminent danger of a cardiopulmonary arrest.
- Team members support patient care within their specific scopes of practice, functioning under approved standardized procedures.
- An ICU nurse responds to calls within the hospital. A nurse from the Emergency Department responds to calls within the Ambulatory Care Clinics, Cafeteria, Laboratory, and Bus stop.



Rapid Response Procedure



Any staff member may activate the team when rapid assessment and intervention is deemed necessary for a declining patient.



A patient, family member, or visitor can activate a rapid response alert by using the staff assist button located inside the room or escalating concerns to the nursing staff on the unit.



Signs posted in each room outline the process of escalation to patients, families, and visitors.



The response is activated by calling #99 and informing the operator of the need for the RRT and providing the location of the patient.



Who is on the Rapid Response Team?



An ACLS
trained ICU or
ED Nurse



A Respiratory
Therapist



Patient's assigned
nurse or nurse in
charge of
patient's location



The House
Supervisor



Rapid Response BOA

- Any patient that has delivered an infant outside of a sterile environment.
- Additional team members for BOA:
 - Labor Delivery Recovery Postpartum RN
 - NICU RN
 - ED RN
 - Respiratory Therapist
 - Patient's assigned nurse or nurse in charge of the patient's location (such as a clinic)
 - The House Supervisor will also physically respond if possible but may obtain a summary by telephone if necessary



Rapid Response TNKase

(inpatients only)



All inpatients identified as having an Acute Ischemic Stroke (AIS) and are deemed to be a candidate for receiving Tenecteplase (TNKase) will have a Rapid Response TNKase Alert initiated.



Additional team members for TNKase:

- a. PGI, PG II, and PG III
- b. ICU RNs assigned to be Code Blue Responders
- c. Patient's assigned nurse
- d. Pharmacist (when available)



Rapid Response White

Rapid Response WHITE will be activated for children and adolescents under 14 years of age.



Team members:

a) ED RN

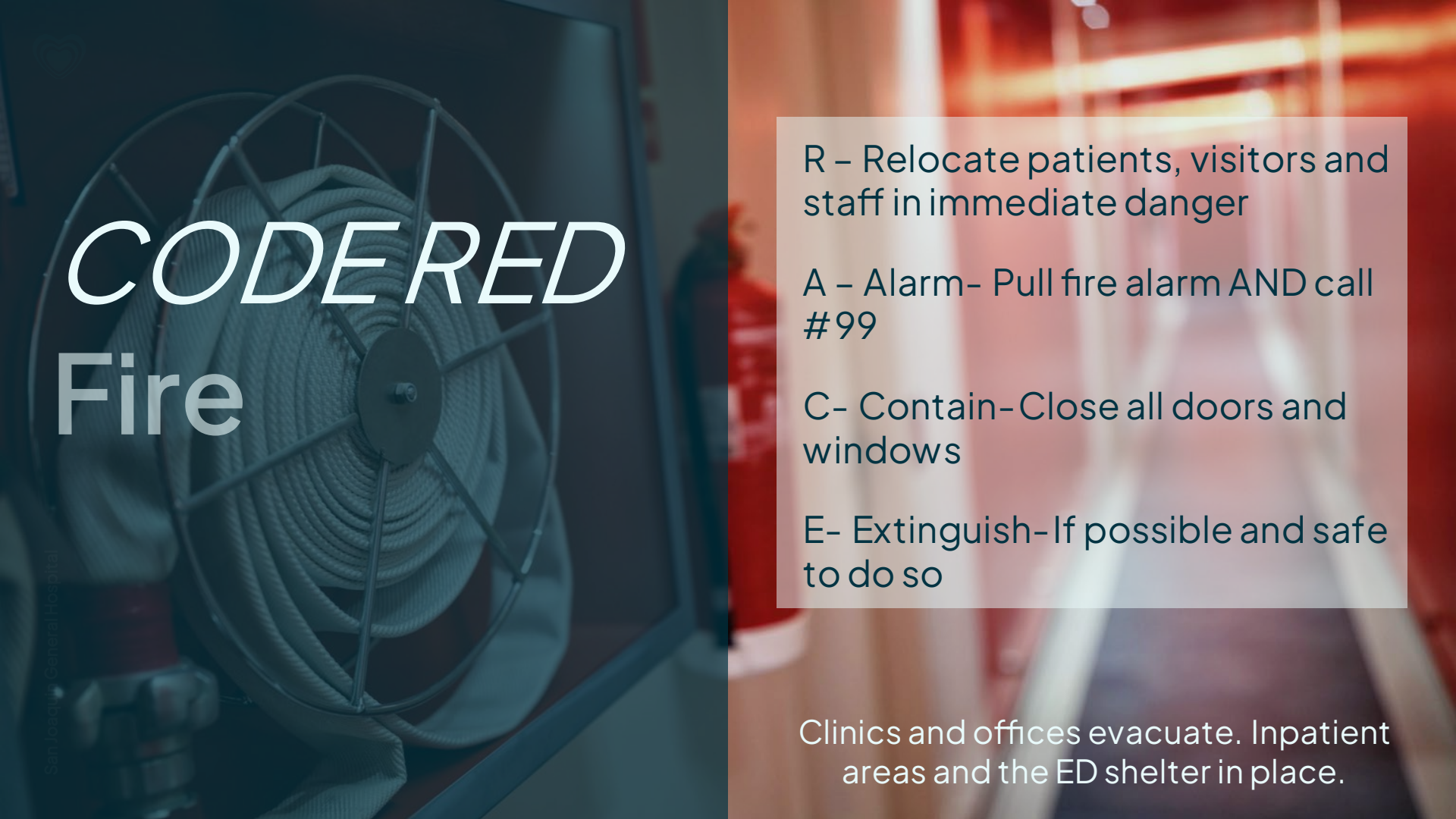
b) Respiratory Therapist

c) Patient's assigned nurse or nurse in charge of the patient's location (such as a clinic)

d) The House Supervisor will also physically respond if possible but may obtain a summary by telephone if necessary



SAN JOAQUIN GENERAL HOSPITAL DOES NOT HAVE A PEDIATRIC UNIT



CODE RED Fire

R – Relocate patients, visitors and staff in immediate danger

A – Alarm- Pull fire alarm AND call #99

C- Contain- Close all doors and windows

E- Extinguish- If possible and safe to do so

Clinics and offices evacuate. Inpatient areas and the ED shelter in place.



CODE BLUE

Cardiac Arrest

Initiate CPR immediately!

Yell for help, pull the Code Blue alarm,
dial # 99

Inpatient areas ICU team leads

Ground floor and attached buildings ED
leads

On hospital grounds but not attached to
the main hospital CALL 911 (Cafeteria,
Laboratory, Dialysis)

CODE WHITE: Pediatric Code – ED assists




CODE PINK & CODE PURPLE

INFANT/CHILD ABDUCTION

CODE PINK – INFANT ABDUCTION
CODE PURPLE – CHILD ABDUCTION

- Call #99
- Secure all exits in immediate area
- Do not let anyone leave the building. This includes hospital employees
- Stop and question anyone with infants, children, or suspicious packages, strollers, etc.
- Continue until “all clear” is announced



CODE ORANGE

Hazardous Materials Spill

Code Orange
Hazardous Materials
S.I.N.

Safety- This is priority. If possible, remove patients from area.

Isolate- Isolate the spill. Close doors, block area and deny entry to all unnecessary personnel.

Notify- Let others in the area know the spill has occurred. Dial #99 to report

Housekeeping and Engineering are
trained to respond



CODE GREY

Combative/Aggressive

Code Grey
Aggressive or Combative Person

- Call #99
- Security will respond
- Staff who are trained may assist in calming or controlling the person (MAB training)



CODE GREEN

Missing or Eloped Patient

Code Green
Missing or eloped patient

These patients include:

- on a legal hold
- suicidal or homicidal on a voluntary status
- gravely disabled
- confused/lacking mental capacity
- inmates

- Call #99
- Security, supervisor from unit and any available staff search facility for patient



Thank you!

Questions?

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