EMERGENCY MANAGEMENT TRAINING
(What you need to know)

Definitions:

FOUR STAGES OF EMERGENCY MANAGEMENT –

MITIGATION – Steps taken to reduce impact and severity of an event, i.e., training, planning

PREPAREDNESS – State of readiness, i.e., disaster drills

RESPONSE – reaction to an event, i.e., plan activation and implementation of contingency plans

RECOVERY – Restoration to normal operations, i.e., completion of repairs, completion of patient assignments or transfers, "All Clear" order is given and Emergency Operations Center (Command Post) is shutdown

DISASTER – In a hospital setting a disaster can be broadly defined as any natural or man-made event that would have an adverse impact on our ability to provide patient care.

Examples of disaster situations include:

Fire	Steam failure
Flood	Snowstorm
Loss of electricity	Earthquake
Bomb threat	Loss of water supply
Hurricane	Tornado

Mass casualty incidents in the community such as a Weapons of Mass Destruction (WMD) Event, chemical spill, building collapse, etc.

Disaster Responsibilities:

Any staff member becoming aware of a situation that will interfere with the continuity of patient care, and/or poses a risk to patients, visitors, and staff is to immediately notify the Director, VAMHCS through the switchboard operator or Medical Administrative Assistant (MAA).

The **Director, VAMHCS** (or designee) will assess the situation and direct the switchboard operator or MAA to initiate the Cascade Callback Plan, notifying key individuals and essential services that the Disaster Plan has been activated. **The Director, VAMHCS (or designee) has the sole authority to declare an emergency and activate the Disaster Plan and the Emergency Operations Center (EOC)** so that an appropriate response is developed and implemented to maintain patient care and protect life and property.

Disaster Notification:

CASCADE CALLBACK PLAN – This is the primary means of notification when the disaster plan is activated. Upon the order of the Director, VAMHCS or designee, the cascade callback plan will be implemented and the members of the Hospital Emergency Incident Command System (HEICS) are notified and provided instructions.

Secondary methods for staff notification are overhead announcement systems, verbal notification via phones and two-way radios.

Service-level SOP's and Callback Plans will be activated based on the direction of the Incident Commander.

DISASTER SIGNALS – At the Baltimore Medical Center, the "CODE GREEN" announcement is made over the public address system. Perry Point, Loch Raven and CBOC's are notified via the Cascade Callback Plan that the disaster plan has been activated.

Hospital Emergency Incident Command System (HEICS – see attachment): Will be activated to the extent determined necessary by the Incident Commander based on the size and severity of the emergency.

EMERGENY OPERATIONS CENTER – is established between the campuses using the following locations so an appropriate response is developed and implemented to maintain patient care and protect life and property:

Baltimore VA Medical Center: Director's Office, room 6D-154
Perry Point VA Medical Center: Building 5H, Executive Conference Room, Room 203
Loch Raven Campus: BRECC Conference Room, Room 1A-20

The Emergency Operations Center is staffed as follows:

Incident Commander	Director, VAMHCS
Operations Section Chief	Chief of Staff, VAMHCS
Logistics Section Chief	Associate Director for Operations
Planning Section Chief	Associate Director for Finance
Finance Section Chief	Chief, Finance and Accounting
Medical Staff Director	Deputy Chief of Staff
Medical Care Director	Chief, Nursing Service
Public Information Officer	Chief, Public & Community Relations
Safety and Security Officer	Chief, Police Service
Liaison Officer	Safety and Occupational Health Manager

DISASTER CHANNELS – The disaster channel for communications on the two-way radios is as follows:

Baltimore and Loch Raven: Turn two-way radio to Channel 11
Perry Point – Turn two-way radio to Channel 1

MANPOWER POOL – Individuals assigned to the manpower pool are assigned as runners, litter bearers, etc. and may be dispatched to any area of the Medical Center where their services are needed. Locations of Manpower Pools are as follows:

Baltimore: 2nd Floor Auditorium
Perry Point: 1st Floor Lobby of Building 23H
Loch Raven: Determined by the Manpower Pool Unit Leader

Emergency Operations Plan:

The VAMHCS Emergency Operations Plan (VAMHCS Policy 512-138/ENG-016) has been developed by performing a risk assessment of those events determined to have the greatest impact on patient care.

COVER POLICY DOCUMENT – This section assigns responsibility and covers implementation of the plan. It establishes procedures for responding and managing emergencies occurring on, or directly affecting, Medical Center property and assigns responsibility to key services and clinical centers.

CONTINGENCY PLANS – Contingency plans outline general procedures for response to system failures and other emergencies that directly affect our ability to continue patient care.

VA/DoD Contingency Plans:

In a time of military conflict, VA provides primary medical back up to Department of Defense (DoD). These plans outline how VA and individual Medical Centers will respond to DoD's request for hospital beds. Facilities such as Baltimore and Philadelphia VAMC's serve as Primary Receiving Centers (PRC's) and may receive active duty military casualties. Facilities like the Perry Point VAMC and the BRECC serve as Secondary Receiving Centers (SRC's) and are responsible for supporting the needs of primary receiving centers.

"NDMS" – National Disaster Medical System:

NDMS is designed to guide response to natural or man-made disasters where the number of casualties would overwhelm the resources of hospitals in the immediate area. Disaster casualties are sorted and flown to coordinating centers where they are again sorted and transported to area hospitals.

Service/Clinical Center Disaster Plans:

These plans establish an internal system for notification of staff and outline specific procedures for employees to follow when the disaster plan is implemented. It is vitally important that employees become thoroughly familiar with their respective service or clinical center level disaster plan.

For additional information, the points of contact are:

	Office Number	Pager
John Magness Safety and Occupational Health Manager VA Maryland Health Care System	410-642-2411, ext. 6576	410-447-3184
Jeffrey Meddin Emergency Preparedness Coordinator VA Maryland Health Care System	410-605-7000, ext. 4014 jeffrey.meddin@va.gov	410-447-6117
Emmanuel Mbong Fire Safety VA Maryland Health Care System	410-605-7000 ext. 4548 emmanuel.mbong@va.gov	410-447-4470

VA MARYLAND HEALTH CARE SYSTEM (VAMHCS)
EMERGENCY RESPONSE PROCEDURES

EMERGENCY CODES	TYPE OF INCIDENT	ACTION	Baltimore	Per Poi
RED	Fire Emergency	• Rescue any person from danger • Activate the fire alarm; dial fire emergency number • Close all doors as persons are removed from area • Extinguish the fire, if small	**6999**	**222**
BLUE	Medical Emergency	• Dial emergency number • Request Medical Assistance	**6999**	**699**
GREEN	Emergency Plan Activated	• Return to duty station/meeting place, if safe • Turn portable radios to disaster channel • Complete accountability for patients/staff • Complete bed availability • Follow service-level SOP; wait for instructions	**Channel #11** (Disaster Channel)	**Chan #1** (Disa Chan
ORANGE	Violent Behavior/ Physical Threat	• Remove self from danger • Protect patients/staff/visitors • Call emergency number/press panic alarm	**6999**	**100**
ADDITIONAL EMERGENCY INCIDENTS		**ACTION**	**Baltimore**	**Per Poi**
Hazardous Materials Spills		• Evacuate persons in immediate danger • Use Shower/Eyewash to clean contaminated persons • Dial emergency number and provide medical assistance • Secure affected area to prevent unauthorized entry • Complete accountability for personnel • Wait for instructions from responding authorities	**6999**	**222**
Bomb Threat		• Complete Bomb Threat Call Checklist • Have co-worker notify Police in effort to maintain contact with caller for monitoring • Turn off cell phones, two-way radios, PDA, and blackberries • Return to Duty Station, if safe • Wait for additional instructions	**6999**	**100**
Patient Elopement		• Notify Police	**6999**	**100**
Security Threat		• Notify Police	**6999**	**100**
Child Missing		• Notify Police • Secure all buildings and Campus exits • Secure/inspect stairwells, bathrooms, work areas	**6999**	**100**