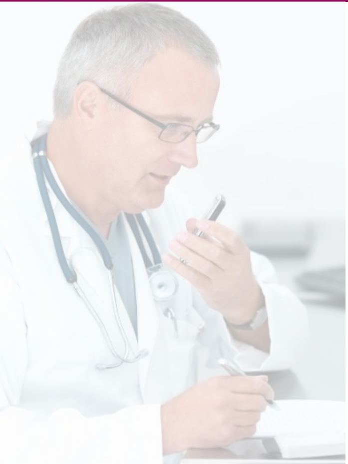
Managing the Mandatories

October 2024



EXTRAORDINARY CARE FOR EVERY GENERATION

In order to satisfy your annual requirements, please read this entire course.

Because there are several different locations within Covenant HealthCare, you will also need to review any departmental policies and procedures, specific to your area, for any of the topics covered in this course. If you have any questions, please contact your manager, Safety Officer/EM (3.7989), Safety Manager (3.6332), or Infection Prevention and Control. Quizzes are due by November 1, 2024. Newly hired employees must complete within 14 days of their start date.

Fire Control

Detection

- **SMOKE DETECTORS** are located throughout our facilities. Many of the medical practices also have smoke detectors. They are located in the ceilings (some are concealed). Activation of fire alarm is automatic.
- **HEAT DETECTORS** are located in ducts, stairwells, mechanical or furnace rooms. These will automatically activate at 150-180 degrees.
- **PULL STATIONS**. Be sure you know if your building has pull stations, and if so, where they are located. Even though they may look different, they operate in the same manner: grasp the lever or handle and pull.

Storage

- Must be 6 inches off the floor.
- Must be 18 inches from the sprinkler heads.
- Nothing can be placed in a hallway for longer than 30 minutes without being actively used.

Types of Extinguishers

- **ABC MULTIPURPOSE EXTINGUISHERS** can be used on any fire **excluding** OR surgical fires. These are found throughout every one of our facilities. These extinguishers are to be used on small fires.
- **Carbon Dioxide Extinguishers - BC Flammable Liquid/Electric Fires -** CO2 extinguishers are located in the OR's, electrical rooms and mechanical rooms.
- **K Fire Extinguishers** –used exclusively in our kitchen areas for **Grease Fires**.

These extinguishers are for one time use on small fires. Always send a used extinguisher to Facilities Services for replacement. Extinguishers without the plastic tab secured may not be reliable.

- Security checks every fire extinguisher on main campus, on a monthly basis.
- Clinics and medical practices shall check their extinguishers monthly.
- Annual fire extinguisher maintenance inspections are performed by a professional fire protection company.

P ull Pin

A im Nozzle

S queeze Handles

S weep Back and Forth at the Base of the Fire

Fire Control

A Word About Evacuation Part 1

Evacuate those in immediate danger first, then ambulatory, up with help, wheelchair, then bedridden.

a) Ambulatory patients – Each unit will have one employee that is assigned to lead patients to the evacuation area and there will be a second person assigned to follow the patients to assure that no one tries to return to the area.

b) Wheelchair patients – Each patient will be provided a wheelchair, and staff will safely push the patient out of danger.

- Wheelchairs will have to be sent to the area to help with evacuation.

c) Bedridden patients – Most of these patients will have equipment that has to be disconnected prior to being moved.

** All critical care areas have evacuation sleds.

*RNICU has evacuation aprons that will carry four infants.

Fire Control

A Word About Evacuation Part 2

- Always try a horizontal (lateral) evacuation first if possible. That means down the hall through smoke barrier doors (smoke barrier doors will keep back smoke for one hour). ***All smoke compartment barrier doors are identified with a blue magnet.*** Smoke Barrier
- If lateral evacuation is not possible, patients and staff will need to evacuate vertically (go down to the next floor or to the ground floor).
- If you must evacuate the building, go to your pre-designated area outside and account for staff, visitors and patients.
- Secure any utilities you are assigned to – such as gas to the cooking ranges, oxygen to the OR suites, oxygen to unit, etc.
- Evacuation chairs are located at Mary Free Bed at Covenant and some inpatient units by the stairwells.

Fire Control

Fire Response

If you are involved in a fire, remember R.A.C.E. to help you respond safely and correctly:

R = **R**ESCUE anyone in immediate danger from the fire, if it does not endanger your life

A = **A**ctivate the alarm in your facility

C = **C**ONFINE the fire by closing all doors

E = **E**XTINGUISH the fire with a fire extinguisher, or EVACUATE the area if the fire is too large for a fire extinguisher

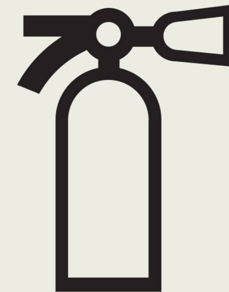
To use fire extinguishers correctly, remember the P.A.S.S. acronym:

P = **P**ULL the pin on the fire extinguisher

A = **A**IM the extinguisher nozzle at the base of the fire

S = **S**QUEEZE or press the handle

S = **S**WEEP from side to side until the fire appears to be out



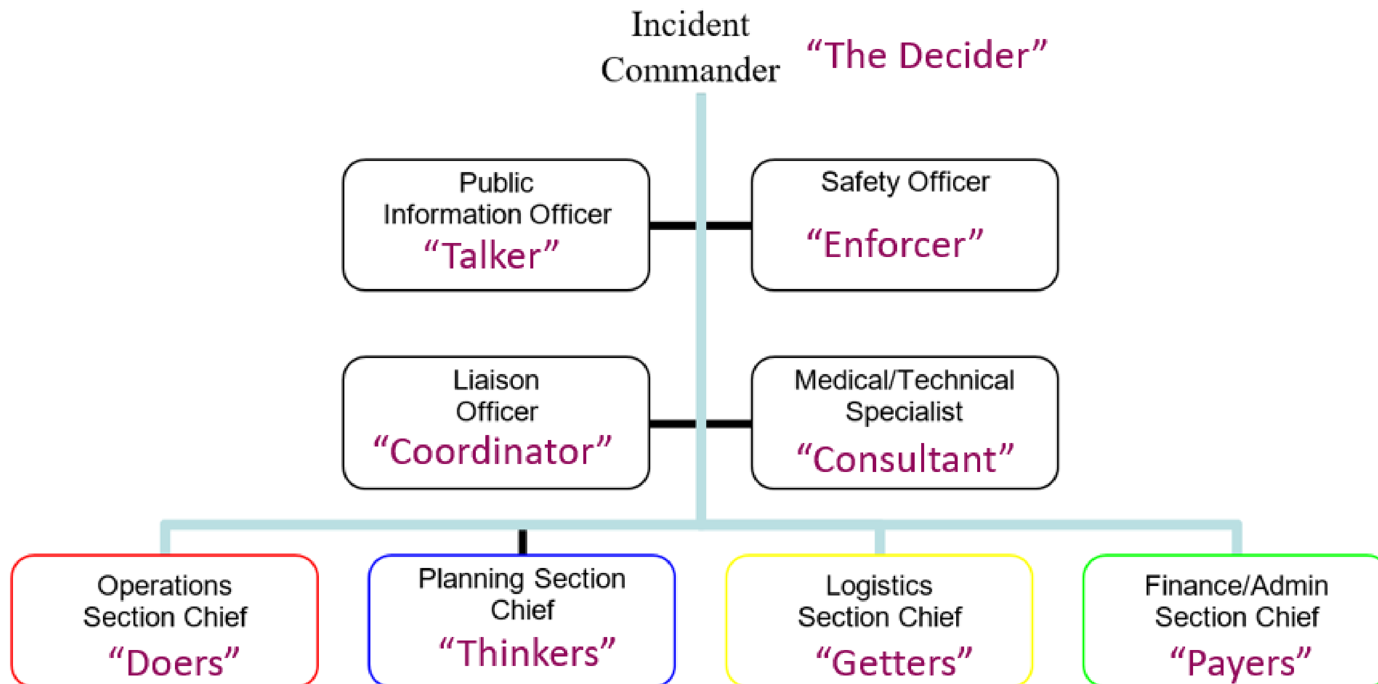
a) ABC Multipurpose Extinguishers
b) CO_2 – Carbon Dioxide Extinguishers
c) Class K Extinguishers
d) Class B:C Extinguishers

2. Who should be evacuated first?

a) Ambulatory patients
b) Wheelchair patients
c) Bedridden patients
d) Patients in immediate danger

Incident Command System

- Hospital Incident Command System (HICS) is based of the national standard for Incident Command System. Incident Command System was originally developed in the 1970's for fire service when maintaining wildfires. It was proven to be so effective that it was adopted by the federal government to be the national response management system for incidents. HICS is an incident management system that can be used by any hospital to manage threats, planned events, or emergency incidents.



Incident Command System

Incident Commander

- **Single incident commander** - Most incidents involve a single incident commander. In these incidents, a single person commands the incident response and is the decision-making final authority.
- Incident Commanders at Covenant HealthCare (**The Decider**):
  - Administrator on-call
  - Shift Administrator
  - Safety Officer/EM
  - Security Manager
  - Engineering and/or Safety Manger
- *Before incident command is activated and setup the Shift Administrator for the hospital is in charge and stands in for the incident commander.*
- **Unified command** - A Unified Command involves two or more individuals sharing the authority normally held by a single incident commander. Unified Command is used on larger incidents usually when multiple agencies or multiple jurisdictions are involved. Any incident involving first responders from the community responding to Covenant would have a Unified Command.
  - *Unified Command is used during our annual community exercises.*

Incident Command System

Command Staff

- **Safety officer – "Enforcer"** The Safety Officer monitors hospital response operations to identify and correct unsafe practices. He/she institutes measures for assuring the safety of all assigned personnel. *– Ensures the safety of staff, patients, and visitors, and monitors and corrects hazardous conditions.*
- **Public information officer – "Talker"** The Public Information Officer (PIO) is responsible for coordinating information sharing inside and outside the hospital. He/she serves as a conduit for information to internal personnel and external stakeholders, including the media or other organizations/agencies. – *Shares approved information about the incident with the media.*
- **Liaison Officer – "Coordinator"** is the hospital's primary contact for external agencies assigned to support the hospital during incident response. In some cases, a Liaison Officer may be assigned to the Hospital Command Center (HCC) and a Deputy Liaison Officer or Assistant (or an Agency Representative) assigned to represent the hospital at the field Incident Command Post (ICP) or local emergency operations center (EOC). – *Coordinates with outside organizations to support the operation.*
- **Medical-Technical Specialists – "Consultant"** person(s) with specialized expertise in areas such as infectious disease, legal affairs, risk management, medical ethics, etc., who may be asked to provide the staff with needed insight and recommendations. - *in-house consultant to the Incident Commander.*

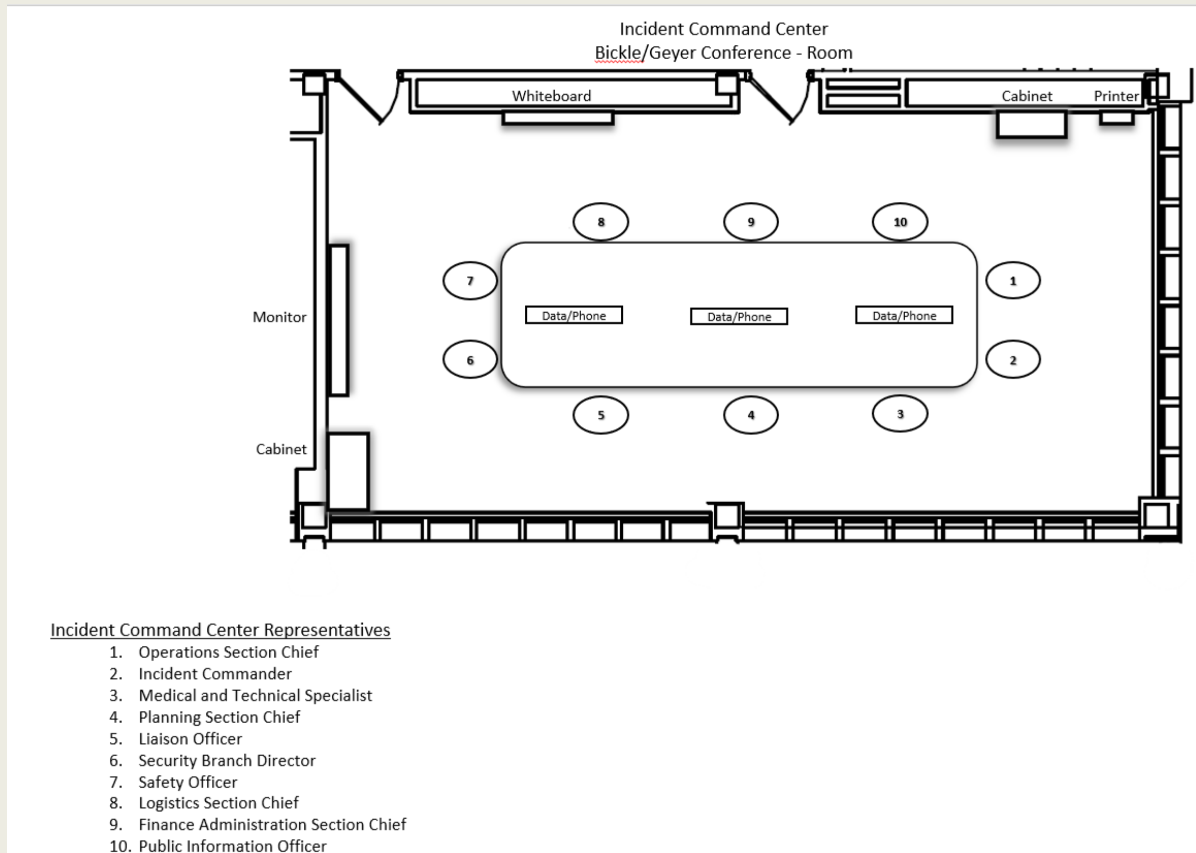
Incident Command System

General Staff

- **Operations Section Chief – "Doers"** manages all incident tactical activities and implements the Incident Action Plan (IAP). This section is typically the largest due to the role of management and coordination of immediate resources needed to respond to the incident.
- **Planning Section Chief – "Thinkers"** collects, evaluates, and disseminates situational information and intelligence regarding incident operations and assigned resources, conducts planning meetings, and prepares the Incident Action Plan (IAP) for each operational period.
- **Finance Section Chief – "Payers"** coordinates personnel time, orders items and initiates contracts; arranges personnel-related payments and Workers' Compensation; and tracks response and recovery costs and payment of invoices.
- **Logistics Section Chief – "Getters"** provides for all the support needs of the incident. These responsibilities include acquiring resources from internal and external sources, using standard and emergency acquisition procedures as well as requests to other hospitals, corporate partners, and the local emergency operations centers (EOC) or the Regional Hospital Coordination Center (RHCC) or equivalent.

Incident Command System

Command Center



*Covenant can utilize other areas for incident command if needed.

Incident Command System

Other areas included in incident command:

- Select Specialty
- CMU College of Education
- CMU Partners
- Local Police, EMS, Fire and utility management companies (Unified Command)

Incident Command:

- Incident Command is **scalable**
- Position = **role**
  - One person may have several roles, especially in smaller-scale response
- Activate **only** those positions you need for a given response
- Manageable span of control

Command Staff Training:

Incident command staff need to be National Incident Management System (NIMS) compliant. This is to ensure that the command staff use common terminology, response concepts and procedures.

Check Your Knowledge

Quiz Questions

1. After hours before incident command is activated and setup the ________________ for the hospital is in charge and stands in for the incident commander.
    a. Administrator on-call
    b. Shift Administrator
    c. Safety Officer/EM
    d. Security Manager
    e. Engineering Manger

Utility Outages and Failures

Losing power or potable water after a critical incident can have substantial effects on both healthcare facilities and patients. Either situation could lead to facility evacuation, as the utilities are significantly interdependent within healthcare facilities. Utilities are the foundation for patient care here at Covenant.

Hospitals are required to have emergency generator power and water sources.

- Cooper, Michigan, Mary Free Bed at Covenant and Harrison have two main power feeds from Consumers Energy. If one power substation fails, the other power feed is activated to power these facilities. When this happens, we have a short blink in the power (less than 10 seconds) and full power is restored from the secondary feed. We call this a nuisance power interruption.

- 700 Cooper, 800 Cooper, 900 Cooper, Mary Free Bed at Covenant, Houghton, Michigan and Mackinaw all have emergency generator power supplies. The generator will power anything that is plugged into a **red** electrical outlet. Egress lights in the stairwells and hallways are powered by the generators. There will be limited lighting in the facilities if we are on generator power. It is important for departments and units to have a plan in place to check the flashlights in their departments on a regular scheduled basis. Departments need to ensure that all critical life sustaining equipment is plugged into **red** emergency power outlets.

Utility Outages and Failures

Water

Michigan, Cooper, Mary Free Bed at Covenant and Harrison campuses have two water feeds that supply each building. The two water feeds are necessary to ensure that if one water main breaks in the community that the hospital is still supplied with water. If there is a time that both feeds are unavailable to supply the hospital, we have mutual aid agreements with several water hauling companies that would be able to bring water trucks to the hospital to supply us with water for sanitation purposes. We have enough drinking water in stock on any given day to supply patients and employees with drinking water for 72 hours.

For more information on utility outages please refer to Safety Manual Policies:

EU.002
Utility Failure

EU.002
Utility-Equip Failure Quick Look

EU.011
Loss of Water of Power

Check Your Knowledge

Quiz Questions

1. For life critical equipment to continue to operate in a power outage it must be plugged to the ___________ outlets?
   a. Normal power outlets
   b. Emergency power (red) outlets

2. Covenant HealthCare has Mutual Aid Agreements with local companies to provide us water in the event that we lose domestic water supplies?
   a. True
   b. False

Communications

The CMS guidelines for Emergency Preparedness requires that all hospitals have backup communications in the event of a disaster or loss of communications. The requirement is that the hospital has reliable communication systems, the systems must be maintained by the hospital during an emergency event and through to the recovery phase. Backup technology must be considered and utilized with the consideration that traditional methods of communication may not be available. The plan must include communication to external entities if telephones and computers are not operating or become overloaded. (ACHC Standard 09.02.03)

Communications, *cont.*

Communication Methods:

Internet based Communications:
- Internet based Communications:
- Vocera Voice (badges) –
- EPIC Secure Chat
- Email
- Cisco Phones (VIOP -Voice over Internet Protocol)
- AvaSys – Rehab
- Microsoft Teams
- Fax Machines
- MICIMS - WebEOC – Saginaw County Emergency Management
- MIHAN Alerts – From State of Michigan –Text, Phone and Email.
- MMR Chat Room
- EM Resource eHICS (Electronic Hospital Incident Command System)
- EM Resource Bed Tracking
- EM Resource Patient Tracking
- Net Presenter

Telephone
- **Plain Old Telephone Service** (POTS)
- **Trim line phones**
- **eFax**
- **In-house Pager System**
- **Government Emergency Telecommunications Service (GETS)**
- **Saginaw County mass notification system**

Cellphone:
- **Texting**
- **Voice**
- **Epic Secure Messaging**
- **Wireless Priority Service (WPS)**
- ***In the event of a disaster or local emergency cellphone towers will get overloaded immediately remember to utilize texting for communications.**

Social Media:
- **Facebook**
- **X**

Radios:
- **800 MHz Radio** (handheld and base station)
- **HAM Radio** (Amateur Radio)
  - Covenant has two stations for HAM Radio Operators
    - Cooper ECC
    - Harrison Campus
- **Handheld Portable UHF/VHF Radio**
  - General communications Repeater
  - Disaster Repeater
  - Radios have ability to communicate on both repeaters
  - Banks are in the Safety Office and Nursing Office at Cooper

Other Communication Methods:
- **Overhead paging**
- **Text to Voice Translation**
- **Hospital Television Network**
- **Electronic bulletin boards**
- **Local Radio**
- **Local television providers**
- **Runners**

Check Your Knowledge

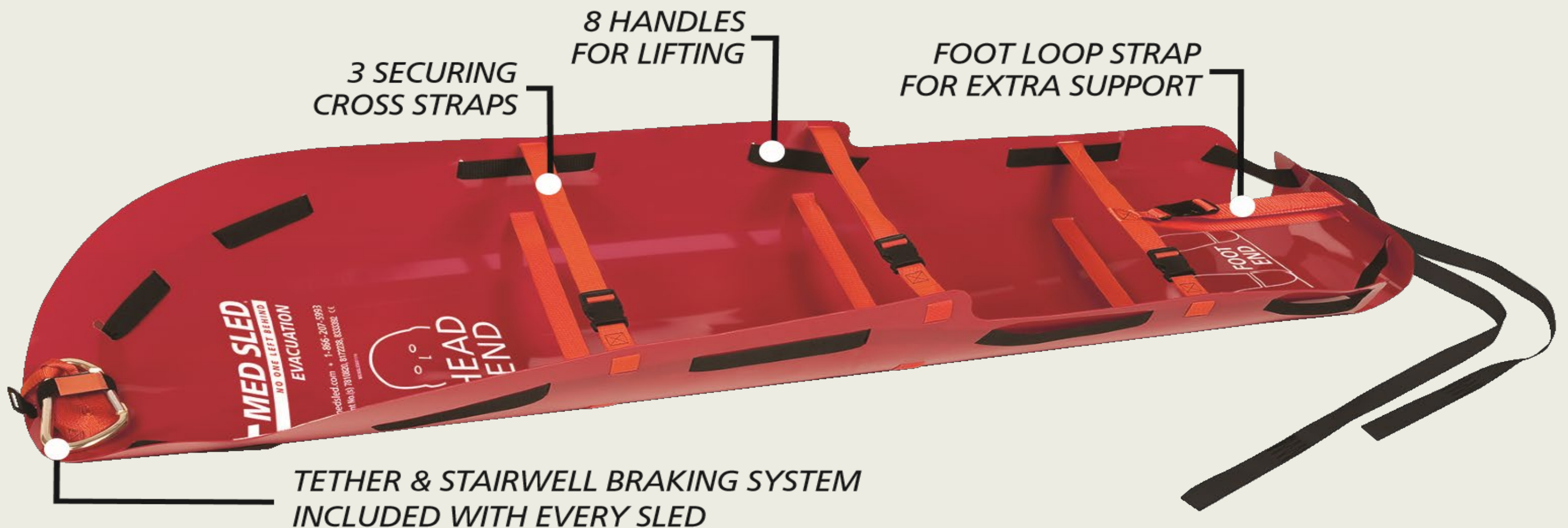
Quiz Questions

1. Covenant HealthCare has redundant internet, telephone, cellphone and radio communication methods?
   a. True
   b. False
2. In the event that all redundant communications fail, Covenant HealthCare can utilize _______________ for communicating with staff?.
   a. Carrier Pigeons
   b. Tin cans and strings from building to building
   c. Runners
   d. Paper airplanes

Evacuation Equipment

Med Sleds are stored on each inpatient unit.

If you are not aware where the sleds are stored, please ask unit leadership or call the Safety Officer (3.7989).



Med Sled

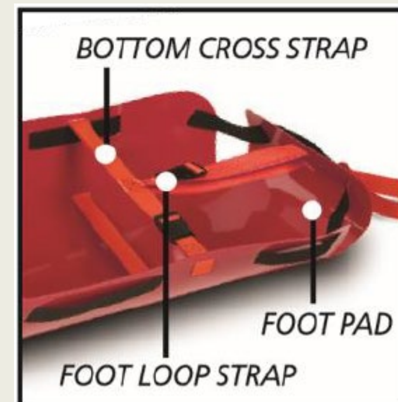
Step One: Secure the Patient in the Med Sled (2- person procedure)

1. Unroll the Med Sled
2. Safely log roll the patient and slide the Med Sled under the Patient

   If the sled begins to roll back up, fasten, or tighten the foot cross strap.

1. Slide Patient to the center and all the way to the foot end of the Med Sled
2. Place Equipment & IV Bags if necessary (Oxygen between legs, pumps, and IVs above patient's shoulders)
3. Tighten three cross straps firmly (make sure you are communicating with patient)
4. Secure Foot Loop Strap at the foot of the Med Sled and tighten.
   a. Strap should be above patient's feet from cross strap to foot pad.
   b. Cross strap should be connected and tight.
   c. Tighten foot loop strap until foot pad touches sled sides.

5. Tighten three cross straps firmly (make sure you are communicating with patient)
6. Secure Foot Loop Strap at the foot of the Med Sled and tighten.
   a. Strap should be above patient's feet from cross strap to foot pad.
   b. Cross strap should be connected and tight.
   c. Tighten foot loop strap until foot pad touches sled sides.



Med Sled

Instructions for taking equipment with the patient:

- If the patient is on oxygen (O2), put the tank between the patient’s legs (valve up towards groin). Place a pillow or blanket under the tank to protect the patient.
- Secure the tank under the cross straps.
- IV bags need to be placed between the arm and torso (close to the pit of the arm).
- Monitors and pumps will be secured under cross strap (between the patient’s legs) and resting on pillow or blanket.
- If the pump or monitor has a handle, the cross strap can be placed through the handle.
- Bariatric Sleds are best for critical care patients (e.g., connected to multiple pieces of equipment).

Med Sled

Step Two: Lowering the Med Sled to the Floor (2- person procedure)

1. Lower the Bed as low as possible and lock wheels.
2. Rotate the Med Sled 90 degrees using the perimeter tether as handles.
3. With one person on each side of the Med Sled, hold the perimeter tether near the head of the patient and slide the Med Sled off the bed so that the foot end makes contact with the floor. Do not grab the perimeter tether on the foot end of the Sled.
4. Once the foot end contacts the floor, slide the Patient off the bed to the floor in one continuous motion, bending at the knees while using proper body mechanics. Use the perimeter tether at the head end when lowering the Med Sled to the ground.

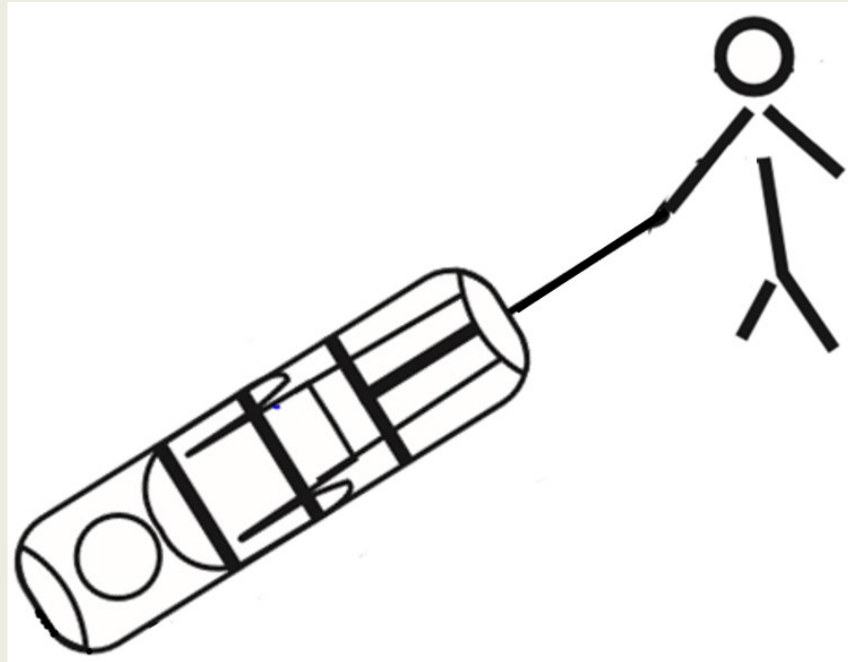
Second option:

1. *grab the entire mattress at the foot end and rotate the mattress toward door.*
2. *Make sure the sled is in the middle of mattress.*
3. *Standing on inside of mattress, guide sled down mattress in a "slide" fashion.*

Med Sled

Step Three: Pulling the Med Sled to the Stairwell

1. Pull the sled using the two black drag straps at the foot end of the Med Sled.
2. Utilize proper body mechanics: Stand straight up, fully extend arms, and face the direction in which you are heading.

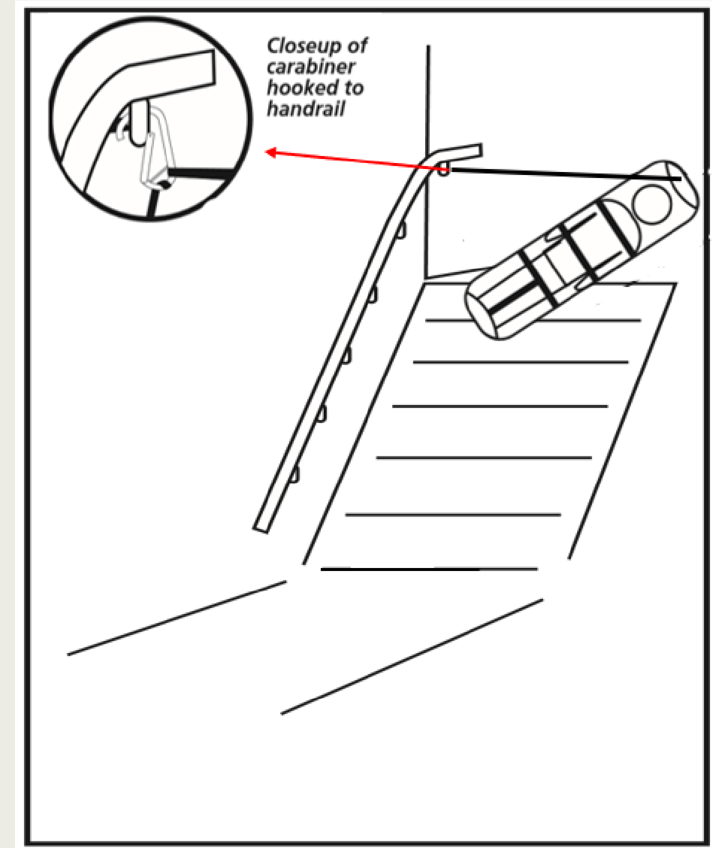


Med Sled

Descend the Stairs using the "Bucket Brigade" Technique

Step Four: Sender (Upper Landing -Top Position)

1. Open the exit door and pull patient to the top of steps feet first.
2. Position the Med Sled against the outside wall of the stairwell with foot end towards the stairs.
    a. Patient should be pulled over the first step no further than the knees.
3. Properly attach the Carabiner securing it to the highest Stairwell Bracket or designated anchor point with the Carabiner "gate" facing down the stairwell



Med Sled

Sender (Upper Landing -Top Position) Cont.

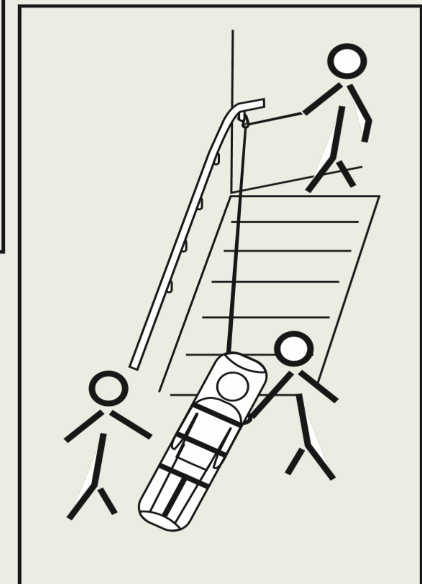
4. Pull all the slack out of the tether and maintain tension as descending begins.
5. Maintain "Tug of War"
6. Communicate with the "Receiver" (person guiding foot end of the Med Sled) while descending the Med Sled
7. Allow the Tether to slide through the Carabiner while descending the stairs. Do not let go of the Tether at any point in this process!

Some stairwells have designated anchor points

Med Sled

Step Five: Receiver (Lower Landing –Lower Position)

1. Stand to the side of the foot end of the Med Sled. DO NOT stand in front of the Med Sled
2. Hold the pull straps in one hand approximately 18” from the foot end of the Med Sled
3. While communicating with the “Sender,” use the other hand to pull the Med Sled over the top step.
4. When Med Sled “Surges” forward, guide the Med Sled with the pull straps until stable and then release the straps.
   - Do not attempt to lift the foot end of the Med Sled or utilize excessive force in attempting to restrain the Med Sled during the descent
5. When clear of the Med Sled, “Sender” will begin to lower the Sled. The receiver should guide the Med Sled around the stairwell landing corner and position it for the next descent.



Med Sled Training Video

Med Sled Evacuation Training Video

CONGRATULATIONS!

Congratulations!

You have successfully completed this course!

*To close the course, please use the **CLOSE PLAYER** button in the upper right corner of your screen in order to receive credit for this course.*