

Emergency Management in Healthcare: It's NOT All Clinical!

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Introduction

- In hospitals, there is a great temptation to view all emergencies as being about surge capacity
- For some codes, the entire emergency is about facility services!

Introduction

- In others, Facility Services provides an essential 'seamless' background in which the clinicians can work...even if they DON'T think about it!
- In fact, clinicians typically show an amazing level of ignorance about the environment in which they work!

Introduction

- Three main areas of interest:
 - The Role of Facilities Services in hospital emergencies
 - Command and Control models, and your role within them
 - Emergency Codes which are the primary responsibility of Facilities Services and some proposed changes

Your Role in Emergencies

- Keeping everything running!
 - Power Systems
 - Telecommunications
 - Alarm/Safety Systems
 - Water and Sewers
 - Medical Gases
 - HVAC
 - Physical Structure

Your Role in Emergencies

- Clinical people may know how to conduct your facility's 'core business'.....

BUT

- Facilities people know how to make everything happen!

Your Role in Emergencies

- In some emergencies, your role is supporting but essential:
 - Mass Casualties
 - Evacuation
 - Pandemic/Outbreak
 - Search Scenarios (Missing Patients, Bomb Threats)
 - In some cases, aggressive behaviour

Your Role in Emergencies

- Supporting roles can take many forms
- Assembling and establishing incident-specific resources (Command Centre, Family Information Centre, Media Information Centre, Staff Staging Areas, Patient Triage Areas, Temporary Treatment Areas)
- In others, your staff may be pressed into service to assist with the moving or evacuation of patients, traffic control, access control, etc.

Your Role in Emergencies

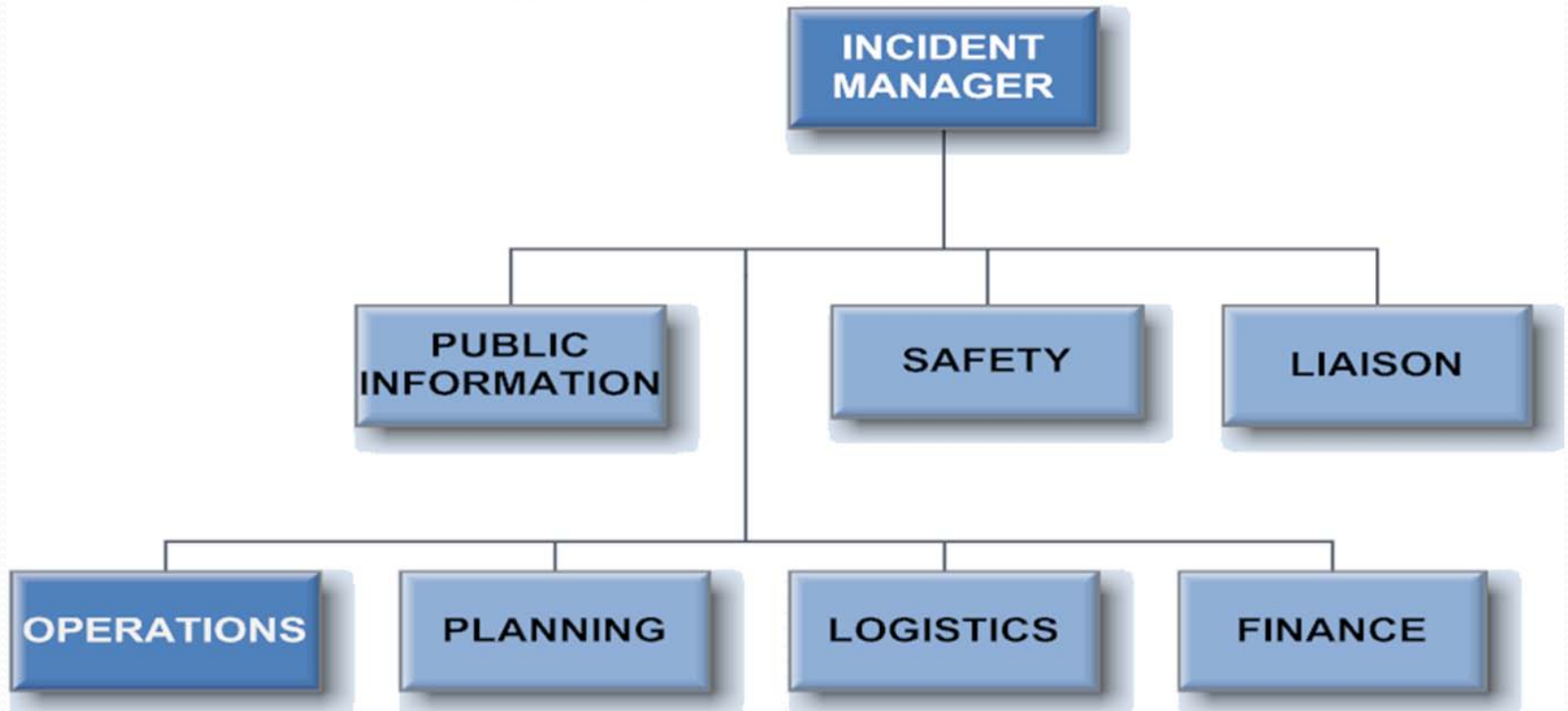
- In other cases, your special expertise will often place you in a leadership role:
 - Hazardous Materials Spills
 - Utility Failures
 - Structural Failures
 - External Air Exclusion
 - Fire

Command and Control

- The Ontario Hospital Association has developed a model called the Healthcare Emergency Command & Control System (HECCS)
- Essentially a hospital/healthcare-centric version of the Incident Management/Incident Command System
- Meets the needs of the healthcare system better than the mainstream models

Command and Control

The HECCS Team



The Role of Facilities

- In the HECCS model, senior Facilities staff will most often fill the role of Logistics Lead
- In this role they do what they do on a daily basis; make sure that the building runs
- In some cases, they might be the Incident Manager
- Command relates to the nature of the emergency.....NOT to the 'core business'
- 'Core Business' resides with the Operations lead!

The Role of Facilities

- They are an expertise resource to the Incident Manager
- The Incident Manager is generally senior Clinical, and really doesn't have much idea how the building actually functions, what is possible, and what is not!
- You would be hard pressed to find a clinical person in most facilities who could explain how the HVAC works, how emergency power works, how water and sewers are supplied, how to turn off medical gases, etc.

The Role of Facilities

- In some cases, Facilities staff are the logical people to guide the facility through the emergency, and may even be asked to be Incident Manager
 - Fires
 - Structural Failures
 - Major Utility Failures
 - Hazardous Materials Spills

Facilities-Specific Emergency Codes

- Red
- Grey
- Brown

Code Red - Fire

- In this scenario, Facilities may very well take a complex role with multiple duties
- Some will be leaders
- Some will be liaison
- Some will be lifters and carriers
- Often clinical staff will be pre-occupied with the movement of patients to safety!

Code Red

- Fire is about the building!
- Facilities staff understand the building better than anyone else!
- Fire Command Officers are going to want to have access to someone with that type of knowledge; firefighting is more engineering than anything else!
- At a minimum, the Liaison role should be filled by Facilities staff, in this circumstance

Code Red

- Other Facilities staff may be tasked with ensuring the function of critical communications systems (e.g. overhead paging), or evacuation routes and facilities
- Others may be pressed into service as ‘stretcher bearers’!
- Initial firefighting (particularly in rural hospitals) is often performed by Facilities staff until the Fire Department arrives!

Code Grey – The ‘Catch-All’

- Has been used for internal utility failures, external air exclusion, weather emergencies, and anything else that didn't have its' own Code!
- Should still be used for power failures, telecommunications and IT failures, HVAC, water and sewer, medical gases failures, structural failures

Code Grey

- External air exclusion should be moved to the Code Brown procedure
- The Code Brown procedure itself should be modified to to types: Internal and External
- This will leave Grey solely for utility and structural failures; clearly the province of Facilities staff

Code Brown – Hazardous Materials

- In internal hazardous materials spills, Facilities staff often play a major role in the response
- This is true whether the spill is internal or external
- In external scenarios, Facilities staff are the only people in the organization who understand how the ventilation system functions and how to exclude external air, permitting other staff and patients to 'shelter-in-place'

Code Brown – Hazardous Materials

- These days, many hospitals have a Code Brown Response Team; many of the staff are from Facilities
- Facilities staff often have the best understanding of what materials specifically are in the building!
- Facilities staff understand the physical fabric of the building, how to limit access and air flow
- Facilities staff are often, unlike clinical staff, accustomed to working with potentially hazardous materials, and the safety procedures and PPE that go along with those jobs

The Future

- OHA has introduced a credentialling process for emergency managers working in healthcare settings
- Certificate in Healthcare Emergency Management
- Intended to become a professional credential within healthcare settings

The Future

- 3 short (2 day) courses:
 - Emergency Planning and Response
 - Emergency Exercise Design and Education
 - Hospital Command Centre Design & Operations
- Multiple choice online exam with 70% pass
- Permits use of the post-nominals 'CHEM'
- 3 year recertification by rewriting the exam or by continuing education points

Proposed New Codes

- Bronze – Pandemic/Outbreak Scenario
- Silver – Active Shooter/Armed Individual on the Premises
- Gold – All Natural Hazards

Code Bronze – Pandemic/Outbreak

- Facility lockdown
- Air management issues (Negative Pressure)
- Major building maintenance issues
- Waste management issues
- Staffing and Supply Chain Issues

Code Silver – Active Shooter

- Major lockdown and restriction of movement issues
- Major safety issues
- Major communications issues
- Requires re-thinking of access controls
- Requires re-thinking of building design

Code Gold – Natural Hazards

- Separates natural hazards from Code Grey
- All types of natural hazards:
 - Earthquakes
 - Subsidence
 - Flooding
 - Severe Weather
 - Hurricanes
 - Tornados
 - Severe Summer Storms
 - Severe Winter Storms
 - Lightning Strikes

Code Gold – Natural Hazards

- Finally addressing building structural issues
- Mandates re-thinking of support/safety systems
- Likely to affect future hospital/facility design
 - Placement of facilities within the structure
 - Multiple layers of redundancy
 - Technological separation

The Future

- Each of these new Codes will have a role for Facilities Staff:
 - Key Player in Preparedness and Mitigation Efforts
 - Key Player in Response and Recovery
- Other challenges include:
 - P3 Facility Construction
 - Integration of Response Activities with the Community
 - Creating Facilities Which Are Resilient!

Questions?

Further Information

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