

**UCHC EMERGENCY DEPARTMENT  
GENERAL PLAN**

# **JOHN DEMPSEY HOSPITAL EMERGENCY DEPARTMENT HAZARDOUS MATERIALS RESPONSE PLAN**

## **INTRODUCTION**

The John Dempsey Hospital has established this Emergency Plan to properly treat patients in the Emergency Department who are contaminated with a hazardous material (radioactive, chemical, biological) and/or requiring medical care. The primary objectives of this plan are to

Provide Medical Treatment

Decontaminate Patients as is Practical

Protect the Staff from Contaminants

Protect the John Dempsey Hospital from Contamination Spread

Minimize the Number of Areas that are Restricted

To incorporate this Plan into the Existing UCHC Emergency Plan

In order to accomplish the above objectives various resource groups within the Health Center participate in appropriate training and emergency exercises to maintain a 24-hour state of readiness.

## IMPORTANT TERMS

<b>Command Post</b>	A separate room located within the Hospital that is activated when a code yellow is announced. This area is manned by hospital administrators, public safety and other individuals who can provide assistance to the ED should backup supplies and/or staff be needed.
<b>Decon or Decontamination</b>	This is the process by which a hazardous material would be removed from a patient or staff member's body or object. This usually involves removal of contaminated clothing and subsequent cleansing of the body using the Decon Trailer.
<b>Decon Trailer</b>	A trailer that is permanently located outside of the ED that can be activated to decontaminate patients as needed prior to their admittance to the ED. This trailer also is the storage area for PPE and PAPR units.
<b>ED Emergency Director</b>	This individual is the ED Attending Physician or delegate. This individual directs activities within the Hospital Post Decontamination Zone, directs all medical related activities within the Hospital Decontamination Zone and works under the direction of the Incident Commander in the Hospital Decontamination Zone.
<b>First Receiver</b>	This is a term defined by OSHA. Health Care workers at a hospital receiving contaminated victims for treatment and not involved with the primary location of a hazardous materials accident or event. These individuals have the possibility of becoming contaminated with a hazardous substance.

<b>Hazmat Specialty Team</b>	Individuals properly trained, as required by OSHA, to enter and cleanup an area where a hazardous material has been dispersed. Hospital First Receivers are not trained for such activities.
<b>Hospital Decon Zone</b>	This is a term defined by OSHA. Any area where the type and quantity of a hazardous substance is unknown and where contaminated victims, contaminated equipment or contaminated waste may be present. Goal is to keep this zone outside of the ED.
<b>Hospital Post Decon Zone</b>	This is a term defined by OSHA. An area considered not to be contaminated. The goal is to keep the ED a hospital post decon zone.
<b>Incident Commander</b>	This individual is usually the responding fire chief or the senior fire responder on the scene. This individual, or delegate, directs activities in the Hospital Decon Zone.
<b>PAPR</b>	Powered Air Purifying Respirator. This is a device that draws contaminated air through cleaning filters, and directs cleansed air through a hose to a hood placed on the head of an individual.
<b>PPE</b>	Personal Protective Equipment. This is the general term used to describe various types of devices and garments that provide protection from exposure to hazardous materials. Such equipment could include protective gloves, coveralls, shoe covers and a PAPR unit.

## **DESCRIPTION OF THE PLAN**

This plan was constructed to anticipate the arrival of patients at the Emergency Department under different scenarios with possible or known hazardous material contamination. The following situations have been considered in development of this plan:

### **Contaminated Walk in Patients**

#### **Expected Arrival of Patients Known to be Contaminated**

##### **Both of the Above**

1. The basis of the plan is to confine potential contamination to the area of the ED that received the initial hazmat patient and minimize the areas of the ED that will be designated the Hospital Decon Zone.
2. The ED Attending Physician will be the ED Emergency Director for the ED and will direct all patient related activities.
3. Requests for assistance will be made to the Command Post if a Code Yellow is activated.

### **Plan Activation**

The plan is activated when the ED Attending Physician, collaborating with the ED Charge Nurse, makes the determination that a potentially contaminated patient has entered the ED or is in transport and will be arriving. The plan recognizes that contaminated and possibly injured patients may just “show up” in the ED Admitting Area for which Section A of the plan may be activated. This involves restricting access to the Admitting Area, while keeping the Ambulance Entrance clear for patients who are not contaminated.

Section B of the plan addresses the receipt of a contaminated and possibly injured patient when the ED has knowledge that such a patient is in transit or has announced prior to entering the ED. In this case, patients will be met at the ED Ambulance Entrance and transferred to a clean stretcher or wheel chair. Section B of the plan is intended to keep the ED hallways free of contamination.

## **Section A - Handling Contaminated Ambulatory Patients (Walk-Ins)**

Response to these situations will be dependent upon the number of patients presenting and the ability of the ED staff to handle decon and treatment. If the patient load is expected to increase beyond the capabilities of the ED staff, a Code Yellow Alert would be called. The ED Attending Physician, in consultation with the Charge Nurse, may make the decision to escalate the emergency to a Code Yellow Level I.

The walk-in patient(s) would likely enter the ED through the “Patient Entrance Doors” into the Admitting Waiting Area. When such a patient informs the staff at the Admitting Desk of a possible hazardous materials contamination, the staff:

1. Directs the patient immediately to the Triage Room and closes both doors.
2. The staff then contacts the Charge Nurse via phone for assistance in determining the extent of the problem.
3. The Charge Nurse will delegate a properly trained nurse to don PPE and assess the patient and contamination.
4. The Charge nurse in conjunction with the ED Attending Physician may decide to isolate the Admitting Area from the rest of the ED and activate a Code Yellow.
5. Existing patients in the waiting room will be moved through the MRI hallway to the ED room 15.
6. Access to the Admitting Area will then be restricted to potentially contaminated patients and those in need of immediate medical attention. Others will be directed to the Decon Trailer and not permitted entry into the ED admitting area. The MRI door and the ambulatory door will be locked.
7. The Charge Nurse and the ED Attending Physician will then proceed to decon the patient, wearing full PPE and PAPR as appropriate.
8. Public Safety and EMS will respond to the ED.
9. Entry into any Hospital Decontamination Zone will be limited and will require protective equipment (PPE).
10. Additional potentially contaminated patients will be instructed by staff positioned near the entrance doors to enter the Decon Trailer. Non-contaminated patients will enter the ED through the MRI Hallway and ED door opposite GI/GU Suite.

11. Potentially contaminated patients in need of immediate medical care will be transferred to clean stretchers brought to the Ambulance Entrance by the ED Staff. Such transfers will be done OUTSIDE of the ED.

12. Contaminated Patients not in need of immediate medical care will remove their clothes in the decon unit. Contaminated patient clothes will be placed into plastic bags, sealed and stored in the Hospital Decon Zone. Patients contaminated with a hazardous substance requiring immediate decon (i.e.: caustic materials on skin) will be immediately taken to decon unit. Only those patients in need of immediate medical care will be permitted entry into the ED.

## **Section B - Patients Arriving With Prior Notification of Possible Contamination**

The ED would have prior knowledge of the arrival of a patient potentially contaminated with a hazardous material.

1. The ED Attending Physician may call a Code Yellow Alert and may escalate as deemed necessary.
2. In such cases, a patient in need of immediate medical treatment may walk or be transferred to a clean stretcher or wheelchair that has been previously draped with a sheet. ED Staff would be attired in appropriate PPE.
3. Patients medically unstable will go directly to room 18. Patients medically stable will go directly to the decon unit. Room 18 then becomes a Hospital Decon Zone.

### **Remediation**

Plans for a decontamination cleanup must be an integral part of a plan of this type. Various areas of the ED will be restricted as needs arise during a hazmat emergency. These areas must remain restricted until it is ascertained that no hazardous materials were actually involved or until it is determined by Hazmat Specialty teams what the extent of the contamination is and actions that must be taken to restore the ED to normal operation. The John Dempsey Administration, in collaboration with members of the Command Post Staff, shall determine the follow up actions that need to be taken to restore the ED to normal operation. These same individuals will assess the immediate needs of the JDH and implement actions that will adjust for the temporary loss of ED capabilities.

**SECTION A**

**EMERGENCY PLAN PROCEDURES (EPP)  
FOR  
HANDLING CONTAMINATED WALK-IN PATIENTS**

**Updated 9/08**

**SECTION A -EMERGENCY PLAN PROCEDURE**  
**MEDICAL ASSISTANT - ED ADMISSION SPECIALIST**

**EPP Activation:** This EPP is activated when a patient enters the admitting area and states they **are contaminated** with a hazardous substance. The admitting area and the triage room will be designated a Hospital Decon Zone.

**Procedure:**

1. Direct the patient to the Triage Room and instruct patient to remain there. Tell them that help will be coming to assist them. Close the doors to the triage room.
2. If the patient is contaminated with noxious fumes, if possible, direct the patient outside by the decontamination unit.
3. If the patient has a package that they think is contaminated, cover the package with either a blue pad or a garbage bag.
4. Call Charge Nurse, USING PHONE at the admitting desk, to provide details.
5. Remotely lock patient entrance walk-in door (switch behind the discharge desk) and close the admitting door to the hallway.
6. Don protective gloves and N-95 respirator mask. **DO NOT LEAVE THIS AREA UNTIL DIRECTED BY THE FIRE DEPARTMENT.**
7. Obtain the name(s) and DOB of the patient (s) in the triage room and complete the registration as much as possible to begin the ED record.
8. Do not enter the patient waiting area and do not permit other staff to enter this area unless properly protected. This area is now a Hospital Decon Zone.
9. Once the waiting room patients have been relocated by another ED staff member via the MRI door, lock this door with the key that is located in the top drawer of the registration desk.
10. Unlock patient walk-in doors as directed by the Fire Department/Police when access control has been obtained.

11. Other potentially contaminated patients in need of immediate medical care must enter via the patient entry doors. After removal of clothes and placement on a protected wheel chair or draped stretcher, they can be moved to room 18.

12. Patients proceeding to the decon unit will do so via the patient entrance.

NOTE: The thought here is that once the patient entrance becomes potentially contaminated due to a walk-in, it should be used for more contaminated walk-ins so that the ambulance entrance does not become contaminated. Only decontaminated patients or uninvolved patients should be permitted entry through the ambulance entrance. Transfer to room 18 would be a “clean” process, and once in room 18, this room would be a Hospital Decon Zone in addition to the triage room and the admitting area.

## **SECTION A-EMERGENCY PLAN PROCEDURE**

### **CHARGE NURSE**

**EPP Activation:** This EPP is activated upon the notification of the arrival of a patient **potentially contaminated** with a hazardous substance. The admitting area and the triage room will be designated the Hospital Decon Zone.

#### **Procedure:**

1. Instruct a medical assistant to get the PPE equipment from the Decon trailer and bring it into the ED.
2. Instruct the triage nurse or another assigned nurse who is in Personal Protective Equipment (PPE) to go to the triage room and assess the patient(s).
3. Based upon information received by the triage nurse, and in consultation with the ED Attending Physician and the Nurse Manager or Nursing Supervisor, activate an appropriate Code Yellow by dialing 7777 and states this is a “Hazmat Code Yellow”.

*On the night shift immediately contact the Supervisor and page the Action Nurse to assist in the ED.*

4. Instruct a staff member to direct patients in the waiting room to room 15. Do this via the ED/MRI hallway door. Obtain a list of names of all the patients/family members that were in the waiting room. Once the patients/family members are removed from the waiting room, the MA or ED Specialist in registration will lock the door from the ED waiting room to the MRI corridor.
5. Secure a C-Med radio set on channel 2, ED Intercom to communicate with other staff internally in the department. Secure radio and head set prior to putting on PPE.
6. Have ED staff involved with the decon don PPE and PAPR's that are located in the decon trailer. Batteries for the PAPR's are located in room 1 and must be inserted into the blower unit prior to use (Key to the decon unit is located in Pyxis). Additional PAPR's may be obtained by contacting the Environmental Control Center at 2338 or the Command Post.

7. Proceed with patient decon as outlined in the Decon Protocol.
8. Keep Command Post informed of situation and request personnel and/or equipment/supplies as deemed necessary.
9. Direct staff as they arrive and ensure that they are properly attired for anticipated duties. Also ensure that potentially contaminated equipment is not removed from suspected contaminated/restricted areas.
10. Consider calling additional resources:

Research Safety/chemical, toxic gas, radiation, biological agent

X 2723 normal hours (8-5)

Ken Price	205-6446 (cell) 203-230-2594 (home)
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Steve Jacobs	944-7908 (cell) 825-3938 (pager)
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Jim Fomenko	944-7905 (cell) 582-5044 (home)
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Andres Sinisterra	944-7912 (cell) 224-8378 (home)
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Ron Wallace, PhD, Biological Safety Officer	202-7802 (cell) 860-848-0012 (home)
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Infection Prevention Specialist, Nancy Dupont RN	x4376 normal hours (8-5) 860-519-7099 (cell)
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Infectious Disease Physician on call Dr. Garibaldi	Paged through operator Paged through operator
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11. Cancel the Hazmat Code Yellow when appropriate.

**SECTION A - EMERGENCY PLAN PROCEDURE**  
**ED ADMITTING PHYSICIAN**

**EPP Activation:** This EPP is activated upon notification of the arrival of a patient potentially contaminated with a hazardous substance. The ED Admitting Physician is the ED Emergency Director for operations within the ED and for medical decisions in the Hospital Decon Zone.

**Procedure:**

1. Decide if Section A (contaminated walk-in), Section B (expected arrival of known contaminated patient) or both action plans need to be activated
2. In conjunction with the Charge Nurse and/or other ED Staff, decide if a Hazmat Code Yellow at any level should be called
3. Call “7777” for a Hazmat Code Yellow Activation
4. Supervise and/or provide direct medical care of the patient(s).
5. Supervise and/or provide decon of patient(s).
6. Keep Command Post informed of situation and request personnel and/or equipment/supplies as deemed necessary if command post is activated.
7. Don personnel protective equipment and C-Med radio if entering a restricted area (a contaminated area), and remove protective equipment prior to leaving a restricted area.
8. Cancel the Hazmat Code Yellow when appropriate

## **SECTION A - EMERGENCY PLAN PROCEDURE**

### **ED TRIAGE NURSE**

**EPP Activation:** This EPP is activated when the Charge Nurse provides instructions to activate it due to a contaminated patient in the triage room. The admitting area and the triage room will be designated the Hospital Decon Zone.

#### **Procedure:**

1. Don personnel protective equipment and C-Med radio with head set (PPE and PAPR's are located in the decon trailer and batteries for the PAPR's are in room 1 and must be inserted into the blower unit prior to use) Set C-Med radio to channel 2, ED Intercom. Additional PAPR's may be obtained by calling the Command Post or the Environmental Control Center at 2338.
2. Proceed to the Triage Room through the door from the Registration desk. Do not enter without PPE and PAPR.
3. Evaluate patient condition and determine medical and/or decon needs.
4. Inform Charge Nurse of situation. Charge Nurse and/or ED Attending will provide instructions.
5. If instructed by the Charge Nurse/ED Attending, instruct the patient to exit patient entrance door to enter Decon Trailer. Follow procedure for patient decon.
6. Patients who have received decontamination may enter the ED via the ambulance doors.
7. Do not leave Admitting Waiting Room (decontaminated area) or Triage Area or reenter the ED without proper removal of PPE.

**SECTION A - EMERGENCY PLAN PROCEDURE**  
**ED STAFF NURSE**

**EPP Activation:** This EPP is activated when the Charge Nurse provides instructions to activate it due to a contaminated patient in the triage room. The admitting area and the triage room will be designated the Hospital Decon Zone.

**Procedure:**

1. If directed by the charge nurse, go to the ED waiting room via the ED/MRI hallway and remove all patients/family members to room 15. Get a list of all the patients/family members.
2. Don personnel protective equipment and C-Med radio with head set (PPE and PAPR's are located in the decon trailer. Batteries for the PAPR's are located in room 1, and must be inserted into the blower unit prior to use.) Set C-Med radio to channel 2, ED Intercom. Additional PAPR's may be obtained by calling the Command Post or the Environmental Control Center at 2338.
3. Have the patient (s) exit the ED from the patient entrance doors and proceed to the decon unit.
4. Assist/ direct patients through the decon unit. Clean patients may enter the ED via the ambulance entrance.
5. Do not reenter the ED without proper removal of PPE.

**SECTION A - EMERGENCY PLAN PROCEDURE**  
**ED MEDICAL ASSISTANT**

**EPP Activation:** This EPP is activated upon notification of the arrival of a patient potentially contaminated with a hazardous substance and the patient is stable to receive decon.

**Procedure:**

1. Don personnel protective equipment and C-Med radio with head set (PPE and PAPR's are located in the decon trailer. Batteries for the PAPR's are located in room 1 and must be inserted into the blower unit prior to use.) Set C-Med radio to channel 2, ED Intercom. Additional PAPR's may be obtained by contacting the Command Post or calling the Environmental Control Center at 2338.
2. Obtain wheelchairs and /or stretchers draped with sheets as directed by the charge nurse.
3. Assist with transporting patients to the ED Decon Trailer, as directed by the Charge Nurse.
4. Assist with clothing removal and labeling, and other duties as directed by the nurse.
5. Do not reenter the ED without proper removal of PPE.

**SECTION A - EMERGENCY PLAN PROCEDURE**  
**ED STAFF- PATIENT TRANSPORT**

**EPP Activation:** This EPP is activated when the ED Attending Physician and/or Charge Nurse decides to move a potentially contaminated patient into a treatment room for medical care prior to decontamination. If the Medical Assistant is just assisting with getting the patient to room 18 and will not be involved in the care then standard PPE is acceptable, otherwise full PPE is required

**Procedure:**

1. If necessary, don personnel protective equipment and C-Med radio with head set (PPE and PAPR's are located in the decon trailer and batteries for the PAPR's are located in room 1.) Batteries must be inserted into the blower unit of the PAPR prior to use. Set C-Med radio to channel 2, ED Intercom. Additional PAPR's may be obtained by contacting the Command Post or calling the Environmental Control Center at 2338.
2. Take wheel chair or stretcher draped with a sheet to the door to registration from the ambulance hallway.
3. Move patient onto the stretcher or wheelchair.
4. Drape patient with a sheet. AVOID TOUCHING THE PATIENT.
5. Transport patient to Room 18.
6. Once in Room 18, PPE must be removed and left there prior to exiting.
7. If you have not donned PPE, transfer patient into Room 18 without physically entering.

**SECTION A – EMERGENCY PLAN PROCEDURE**  
**ED STAFF – SECURITY**

**EPP Activation:** This EPP is activated when the Charge Nurse assigns this function to an ED Staff Member.

**Procedure:**

1. Don gloves and proceeds to the ED Patient Entrance. Do not enter the Hospital Decon Zone established outside of the ED entrance.
2. Visually monitor outside entrances to the ED.
3. Direct non-contaminated, non-involved patients to the Patient Entrance. **INSTRUCT EMS WITH POTENTIALLY CONTAMINATED PATIENTS NOT TO ENTER ED.** Medically unstable and potentially contaminated patients may be transported to the ED once they have been transferred onto a clean stretcher or wheel chair. The patient (s) may then be moved into room 18. Room 18 will then be an additional Hospital Decon Zone.
4. Inform the Charge Nurse that a potentially contaminated patient is awaiting entry.
5. Wait for relief from EMS personnel. Inform them of current conditions for entry in to the ED.
6. Report to the Charge Nurse for further assignments and notify Charge Nurse that Emergency Services have arrived.

**SECTION A - EMERGENCY PLAN PROCEDURE**  
**PUBLIC SAFETY - EMS**

**EPP Activation:** This EPP shall be activated when the dispatcher receives a call from the ED Attending Physician that requests a Code Yellow of any level and states it is a “Hazmat Code Yellow”. EMS support staff must be trained to a minimum First Responder Operations Level.

**Procedure:**

1. Immediately report to ED main Nursing Station via the MRI corridor.
2. An EMS responder may relieve the “ED Staff –Security” person. Directs non-contaminated patients to Patient Entrance and contaminated patients to the Decon Unit. As an alternative, and as directed by the ED Attending Physician, contaminated and injured patients may be admitted through the Ambulance Entrance into room 18 once they are transferred onto a clean stretcher or wheel chair.
3. Supervise and/or assist Decon Unit setup and patient decon if requested. Appropriate PPE must be worn if assisting in the decon of patients.
4. Assist in control of access to the ED.

**SECTION A - EMERGENCY PLAN PROCEDURE**  
**SUPPORT STAFF**

**EPP Activation:** This EPP will be activated when the ED, usually through the Command Post, requests assistance from departments external to the ED.

**Procedure:**

1. When requested, report to the ED entrance near Radiology.
2. Entry into the Hospital Decon Zone is not permitted unless support staff is properly trained in the use of PPE and PAPR's. In general, support staff should not enter a Hospital Decon Zone.
3. Equipment and/or supplies brought into a restricted area of the ED may not be removed until decontaminated and/or cleared by appropriate Staff.
4. Provide assistance and support as requested, but do not enter the Hospital Decon Zone!
5. Follow direction of the ED Attending Physician and/or Charge Nurse.

**SECTION A - EMERGENCY PLAN PROCEDURE**  
**PUBLIC SAFETY - POLICE**

**EPP Activation:** This EPP shall be activated when the dispatcher receives a call from the ED Attending Physician that requests Public Safety assistance or a Code Yellow of any level and states it is a “Hazmat Code Yellow”.

**Procedure:**

1. Immediately report to ED Radiology Entrance.
2. Do not enter any established Hospital Decon Zone.
3. Notify Charge Nurse and/or ED Attending that you are on station.
4. Guard entrance corridor from radiology entrance to ED and prevent entrance of non-essential personnel. Arrange for control of ED main access road.
5. Only those approved by the Charge Nurse and/or the ED Attending shall be admitted to the ED.

**DO NOT ENTER ANY HOSPITAL DECON ZONE!!!!**

6. Protective equipment is not necessary unless there is an immediate threat to the staff within the Hospital Decon Zone. In such cases, protective gloves and uniform will provide for temporary personal protection. If entry into the Hospital Decon zone is required, do not leave until cleared by a senior ED staff member. Follow advice of ED Staff.

**SECTION A - EMERGENCY PLAN PROCEDURE  
PUBLIC SAFETY DISPATCHER / UCHC OPERATOR**

**EPP Activation:** This EPP shall be activated when a call is received from the ED Attending Physician announcing a HAZMAT CODE YELLOW at any level.

**Procedure:**

1. Obtain name of the individual requesting the Code Yellow.
2. Verify authenticity of caller and the request for a Code Yellow (ED extension x2588) activation.
3. Announce “Code Yellow Alert” or other level of Code Yellow three times in succession over public address system. Repeat this a second time. DO NOT ANNOUNCE A “HAZMAT” CODE YELLOW!!!
4. Immediately Contact the Following and read the following statement:  
“This is a Hazmat Code Yellow. Please respond to the Emergency Department.”

Fire Department (EMS)	as per established procedures
Police	as per established procedures
Research Safety	x 2723 normal hours (8-5)
Ken Price	205-6446 (cell)
	203-230-2594 (home)
Steve Jacobs	944-7908 (cell)
	825-3938 (pager)
Jim Fomenko	944-7905 (cell)
	582-5044 (home)
Andres Sinisterra	944-7912 (cell)
	224-8378 (home)
Ron Wallace, Ph.D.	202-7802 (cell)
	860-848-0012 (home)
Nancy Dupont,	
Infection Prevention Specialist	x4376 normal hours (8-5)

Continue notification process according to UCHC Code Yellow procedures.

**SECTION B**

**EMERGENCY PLAN PROCEDURES**  
**FOR**

**HANDLING PATIENTS KNOWN TO BE POTENTIALLY**  
**CONTAMINATED PRIOR TO ENTRY INTO ED**

**Updated 9/08**

**SECTION B - EMERGENCY PLAN PROCEDURE**  
**CHARGE NURSE**

**EPP Activation:** This EPP is activated upon notification of the **pending arrival** of a patient potentially contaminated with a hazardous substance. The area outside the ED entrance will be set up as the Hospital Decon Zone.

**Procedure:**

1. Direct ambulance to park at the ED patient parking lot across from the elevator.
2. Call 7777 and report the incident. Provide as much information as possible.
3. Direct Medical Assistant to obtain the PPE containers and PAPR's from the Decon Trailer and place them in the hallway inside the ambulance entrance. Instruct Medical Assistant to obtain batteries for PAPR's from Room 1 and install them into the blower assemblies, verifying operation. Additional PAPR units may be obtained from the Environmental Control Center (2338) of the Command Post.
4. Direct ED Staff member to bring a wheel chair or stretcher draped with a sheet to the Ambulance Entrance.
5. Open the Decon Trailer prior to patient arrivals.
6. Have all ED staff entering the Hospital Decon Zone don PPE and PAPR units. Verify PAPR units are functioning.
7. Direct a Staff nurse to the Ambulance Entrance outside of the ED to evaluate the patient. The Staff Nurse will follow the "ED Staff Nurse" EPP.
8. Direct an ED staff member to go immediately to the ED entrance and direct contaminated patients to the Decon unit and non-contaminated and noninvolved patients to the Patient Entrance. This staff member will follow the "ED-Staff Security" EPP. This individual will not enter the Hospital Decon Zone that has been established outside of the ED entrance.

9. Place seriously injured and potentially contaminated patient (s) in room 18 if necessary for medical treatment. Patients not requiring immediate medical attention should be directed to the decon Trailer.

10. Based upon information received by Fire Department, and in consultation with the ED Attending and Nurse Manager or Nursing Supervisor activate an appropriate Code Yellow by dialing 7777 and state this is a “Hazmat Code Yellow” and make arrangement for diversion.

11. Consider calling additional resources. If the Command Post is set up, call them for assistance. If not:  
Research Safety for Chemical/toxic gas/Radiation/Biological Agents exposure.

X 2723 normal hours (8-5)

Ken Price 205-6446(cell)  
203-230-2594 (home)

Steve Jacobs 944-7908 (cell)  
825-3938 (pager)

Jim Fomenko 944-7905 (cell)  
582-5044 (home)

Andres Sinisterra 944-7912 (cell)  
224-8378 (home)

Ron Wallace, Ph.D. 202-7802 (cell)  
Biological Safety Officer 860-848-0012 (home)

Infection Prevention Specialist x4376 normal hours (8-5)  
Nancy Dupont, RN 860-519-7099 (cell)

Infectious Disease Physician on call Paged through operator  
Dr. Garibaldi Paged through operator

11. Direct support staff as they arrive and ensure they is properly attired for anticipated duties. Ensure that potentially contaminated equipment/samples are not removed from the Hospital Decon Zone or any other suspected contaminated areas.

12. Cancel the Code Yellow when appropriate.

13. Notify CMED that the ED is off ambulance diversion.

**SECTION B - EMERGENCY PLAN PROCEDURE**  
**ED ADMITTING PHYSICIAN**

**EPP Activation:** The ED Admitting Physician is the ED Emergency Director for operations within the ED and for issues involving medical care in the Hospital Decon Zone (working with the Incident Commander). The ED MD may activate this EPP.

**Procedure:**

1. Decide if Section A (contaminated walk-in), Section B (expected arrival of known contaminated patient) or both action plans need to be activated
2. In conjunction with the Charge Nurse and/or other ED Staff, decide if a Code Yellow at any level should be called.
3. Call “7777” for a Hazmat Code Yellow Activation.
4. Supervise and/or provide direct medical care and/or decontamination of the patient(s).
5. Ensure Command Post communication lines have been established.
6. Keep Command Post informed of situation and request personnel and/or equipment/supplies as deemed necessary.
7. Arrange for another hospital to accept ambulance diversion for patients that are being transported to JDH by ambulance who are not contaminated.
8. Don personnel protective equipment and PAPR if entering a Hospital Decon Zone, and remove protective equipment prior to leaving the Hospital Decon Zone.
9. Cancel the Hazmat Code Yellow when appropriate.

**SECTION B - EMERGENCY PLAN PROCEDURE**  
**ED STAFF NURSE**

**EPP Activation:** This EPP is activated upon notification of the pending arrival of a patient(s), who is potentially contaminated with a hazardous substance and arriving by ambulance.

**Procedure:**

1. Don personnel protective equipment and C-Med radio with head set. PPE and PAPR units are located in the decon Trailer and batteries for the blower motors are located in Room 1. Set C-Med radio to channel 2, ED Intercom. PPE and PAPR units may also have been placed near the ambulance entrance, depending on sequence of events. Check operation of the PAPR to insure it is functioning (i.e.: ensure batteries are in place).
2. Proceed to the Ambulance Patient Entrance and enter the Hospital Decon Zone. Do not leave Hospital Decon Zone without proper removal of PPE and PAPR units.
3. Patients who do not require immediate medical care must be directed to the Decon Trailer. Do not allow entry into the ED unless immediate medical care is necessary and transfer to Room 18 is done according to procedures.
4. Assist in the transfer of a contaminated and/or injured patient(s) to a clean stretcher or wheelchair that has been draped with a clean sheet, outside the ED for transport through the Ambulance Entrance. Drape patient with a sheet. **AVOID TOUCHING PATIENT.** Do not enter the ED with the patient. Other ED staff will assist in the transfer to Room 18.
4. Patient will be placed in room 18 for medical treatment. If a contaminated and seriously injured patient is moved to Room 18, Room 18 then becomes an extension of the Hospital Decon Zone and entry is restricted the same as for the main Hospital Decon Zone located outside of the ED.

5. If a medically unstable patient has not received dry decon prior to arrival, remove and place clothing into a plastic bag. Provide clean clothes for patient after they have showered. Place bagged and potentially contaminated clothing well away from personnel and outside the ED in the Hospital Decon Zone.

6. Remove PPE before leaving any Hospital Decon Zone.

**SECTION B - EMERGENCY PLAN PROCEDURE**  
**MEDICAL ASSISTANT - ADMITTING**

**EPP Activation:** This EPP is activated upon notification of the pending arrival of a patient(s), who is potentially contaminated with a hazardous substance.

**Procedures;**

1. Don personnel protective equipment and C-Med radio with head set. PPE and PAPR units are located in the decon trailer and batteries for the PAPR blower motors are located in room 1. Set C-Med radio to channel 2, ED Intercom. PPE and PAPR units may be located just inside the ambulance entrance, depending of the sequence of events. Ensure PAPR is functioning (i.e.: ensure batteries are in place). Additional PAPR units may be obtained by calling the Command Post or the Environmental Control Center at 2338. Once properly attired, you may enter the Hospital Decon Zone set up outside of the ED entrance.
2. Patients not requiring immediate medical attention should not be permitted entry into the ED. These patients should be directed to the Decon Trailer.
3. The contaminated and injured patient(s) will be transferred to a clean stretcher or wheelchair outside the ED for transport through the Ambulance Entrance. Do not assist in transferring these patients through the ED. These patients will be handed off to staff inside the ED clean area.
4. Do not permit contaminated patient(s) to handle paperwork, etc.
5. Do not allow regular ED patients/visitors to exit the ED until the contaminated patient is brought into the ED.
6. Perform other duties as necessary. Remove personnel protective equipment.

**SECTION B - EMERGENCY PLAN PROCEDURE**  
**ED STAFF - SECURITY**

**EPP Activation:** This EPP is activated when the Charge Nurse assigns this function to an ED Staff Member.

**Procedure:**

1. Don gloves and proceed to the ED Patient Entrance. Do not enter the Hospital Decon Zone established outside of the ED ambulance entrance.
2. Visually monitor outside entrances to the ED.
3. Direct non-contaminated, non-involved patients to the Patient Entrance. **INSTRUCT EMS WITH POTENTIALLY CONTAMINATED PATIENTS NOT TO ENTER ED.** Medically unstable and potentially contaminated patients may be transported to the ED once they have been transferred onto a clean stretcher or wheel chair. The patient (s) may then be moved into room 18. Room 18 will then be an additional Hospital Decon Zone.
4. Inform the Charge Nurse that a potentially contaminated patient is awaiting entry.
5. Wait for relief from EMS personnel. Inform them of current conditions for entry in to the ED.
6. Report to the Charge Nurse for further assignments and notify Charge Nurse that Emergency Medical Services have arrived.

**SECTION B - EMERGENCY PLAN PROCEDURE  
PUBLIC SAFETY - POLICE**

**EPP Activation:** This EPP shall be activated when the dispatcher receives a call from the ED Attending Physician that requests a Code Yellow of any level and states it is a “Hazmat Code Yellow”.

**Procedures:**

1. Immediately report to ED Radiology Entrance
2. Do not enter any established Hospital Decon Zone.
3. Notify Charge Nurse and/or ED Attending Physician that you are on station.
4. Guard entrance corridor from radiology entrance to ED and prevent entrance of non-essential personnel. Arrange for control of ED main access road.
5. Only those approved by the Charge Nurse and/or the ED Attending shall be admitted to the ED.

**DO NOT ENTER ANY HOSPITAL DECON ZONE !!!!!**

6. Protective equipment is not necessary unless there is an immediate threat to the staff within the Hospital Decon Zone. In such cases protective gloves and uniform will provide for temporary personal protection. If entry into the Hospital Decon Zone is required, do not leave until cleared by a senior ED staff member. Follow advice of ED Staff.

**SECTION B - EMERGENCY PLAN PROCEDURE**  
**PUBLIC SAFETY - EMS**

**EPP Activation:** This EPP shall be activated when the dispatcher receives a call from the ED Attending Physician that requests a Code Yellow of any level and states it is a “Hazmat Code Yellow”. EMS staff must be trained to a minimum First Responder Operations Level to be permitted entry into the Hospital Decon Zone.

**Procedure:**

1. Immediately report to ED Nursing Station via MRI Hallway.
2. Supervise and/or assist in Decon Trailer setup and patient decon if request is made. Appropriate PPE must be worn if assisting in the decon of patients (i.e.: entering the Hospital Decon Zone).
3. Assist in control of access to the ED.
4. Assist as requested by ED Attending Physician, Charge Nurse or other ED Staff.

## **SECTION B - EMERGENCY PLAN PROCEDURE**

### **SUPPORT STAFF**

**EPP Activation:** This EPP will be activated when the ED, usually through the Command Post, requests assistance from Departments external to the ED.

**Procedure:**

1. When requested, report to the ED entrance near Radiology.
2. Entry into the Hospital Decon Zone is not permitted unless support staff is properly trained in the use of PPE and PAPR's. In general, support staff will not be trained to enter a Hospital Decon Zone.
3. Equipment and/or supplies brought into a restricted area of the ED may not be removed until decontaminated and/or cleared by appropriate Staff.
4. Provide assistance and support as requested, but do not enter the Hospital Decon Zone.
5. Samples for assessment of a patient's medical condition must be bagged and labeled prior to removal from a restricted area (i.e.: swabs, blood, x-ray cassettes). Once bagged, such samples may be transported elsewhere as instructed. Do not enter Hospital Decon Zone to obtain samples. Surgical gloves should be worn if handling such samples.
6. Follow directions of the ED Attending Physician and/or Charge Nurse.

**SECTION B - EMERGENCY PLAN PROCEDURE  
PUBLIC SAFETY DISPATCHER / UCHC OPERATOR**

**EPP Activation:** This EPP shall be activated when a call is received from the ED Attending Physician announcing a HAZMAT CODE YELLOW at any level.

**Procedures:**

1. Obtain the name of the individual requesting the Code Yellow.
2. Verify authenticity of caller and the request for a Code Yellow (ED extension x2588) activation.
3. Announce “Code Yellow Alert” or other level of Code Yellow three times in succession over the public address system. Repeat this a second time. **DO NOT ANNOUNCE THAT IT IS A “HAZMAT” CODE YELLOW!!!**
4. Immediately Contact the Following and read the following statement:

“This is a Hazmat Code Yellow. Please respond to the Emergency Department.”

Fire Department (EMS)	as per established procedures
Police	as per established procedures
Research Safety	x 2723 normal hours (8-5)
Ken Price	205-3275 (cell) 203-230-2594 (home)
Steve Jacobs	944-7908 (cell) 363-3537 (pager)
Jim Fomenko	944-7905 (cell) 582-5044 (home)
Andres Sinisterra	944-7912 (cell) 224-8378 (home)
Ron Wallace, Ph.D.	202-7802 (cell) 860-848-0012 (home)
Infection Prevention Specialist	x4376 normal hours (8-5)
Nancy Dupont	860-519-7099 (cell)

Continue notification process according to UCHC Code Yellow procedures.