

NCOEMS EMERGENCY OPERATIONS PLAN (NCOEMS – EOP)

TAB G2E:

SMSS SAFETY GUIDELINES

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Fire

PURPOSE: To provide guidelines in responding to fires and define responsibilities of the SMSS IMT and staff in the activation of this policy.

DESCRIPTION OF THE THREAT: Fires are extremely destructive and have the potential to spread and rapidly become a hazard to life and property. If a fire develops, smoke production is the first and greatest hazard to patients, staff, and visitors.

EQUIPMENT: Fire extinguishers

RESPONSIBILITY: SMSS Incident Commander and Incident Management Team are responsible for managing all mitigation, preparedness, and response activities related to fire/threat of fire in an SMSS (see SMSS IC/IMT sections under **RESPONSE** below).

MITIGATION/PREPAREDNESS:

- Fire safety issues will be included as part of the SMSS Site Security Assessment
- The Safety Officer will be responsible for the resolution of any fire hazard issues noted during the inspection and ensure that:
 - All fire extinguishers provided by the SMSS are properly placed.
 - Staff are aware of the locations of all available fire extinguishers and Fire Alarm Pull Boxes and how to utilize them.
 - SMSS staff are familiar with this policy especially as it pertains to response and Fire Safety Guidelines

Fire Safety Guidelines:

- **"FIRE"** will be the signal word for verbal notification of a fire in progress:
- **"Attention, Attention, FIRE and (location)"** will be used for notification over the radio of a fire in progress to all SMSS work areas. This notification may be made by any SMSS staff.
- **"Attention, Attention FIRE All Clear!"** will be used for notification over the radio that a fire in progress has been extinguished and it is safe to return to SMSS work areas. This notification may only be made by the SMSS Incident Commander or the Safety Officer
- Firefighting: SMSS staff should not fight a fire unless:
 - The fire can be fought effectively with portable extinguishers.
 - They have knowledge or training on using a portable fire extinguisher.
 - They can safely fight the fire in normal work clothing.
- Operating a Fire Extinguisher:
 - Pull the pin on the fire extinguisher.
 - Aim the fire extinguisher nozzle at the base of the fire.
 - Squeeze the handle trigger.
 - Sweep the extinguisher from side to side at the base of the fire.
- Checking Work Areas: If doors are closed, feel the door and the doorknob before entering. If either is hot, DO NOT open the door. If the door and the doorknob are cool, stand to the side of the door and open the door slowly.

Response:

SMSS Staff: Staff responsibilities will vary depending on whether they are working in an area affected by a fire or not. Responsibilities, in these situations, are as follows:

Directly Involved in a Fire:

1. Call out the fire signal **"FIRE!"**
 - a. All other area staff will relay that call and ensure that their Unit Leaders are notified.
2. Notification
 - a. Staff will activate the facility fire system by pulling down on the nearest fire alarm pull box. Staff should also ensure that 911 is activated to start a Fire Department response.
3. Extinguish the fire.
 - a. If the fire is small enough to be put out by a fire extinguisher, appropriately trained staff may use a fire extinguisher, or other available fire suppression equipment to put out the fire immediately if they deem it safe.
 - b. If the fire cannot be extinguished immediately, it is deemed too dangerous, personnel are not trained, or the fire is too large to be put out by a fire extinguisher,
 - i. Evacuate any person(s) in immediate danger (if it can be done safely)
 - ii. Contain the fire (close doors to patient rooms, offices, hallway closets, smoke doors, fire doors, windows, etc.)

Not Directly Involved in the Fire:

1. Proceed to your area of responsibility; if you do not have an assignment outside your unit, remain in your work area for instructions
2. Close doors to patient rooms, offices, hallway closets, smoke doors, fire doors, windows, etc.
3. Leave the lights on
4. Clear hallways of equipment, carts, etc. If equipment and carts cannot be removed from hallways, move them along the wall opposite any fire stairwells to create the widest possible space for movement of patients.
5. Request that all visitors report to a waiting area or remain in the patient's area until the "All Clear" is announced.
6. Remain in your area of responsibility until notified of all clear

SMSS Unit Leaders: In areas directly involved with a fire, Unit Leaders are responsible for the following, if deemed safe to do so, until relieved by fire department staff.

1. Ensuring the fire is reported to 911 and the SMSS ICP
2. Directing internal patient movement
3. Shut off medical gas valves in the Patient Care Area

SMSS IMT: When notified of a fire or potential fire event, the SMSS IC will take the following actions to maintain direction and control over SMSS operations and the health and safety of patients, staff, and visitors:

1. Ensure contact to 911, report the situation, and coordinate local fire department support.
2. Direct the Logistics Section Chief or Communication Specialist to broadcast notification of the fire ("**Attention, Attention, FIRE and (location)**") over radio to all SMSS areas, if not already done.

- a. If radio communications are down, direct the Logistics Section Chief and Finance/Admin. Section Chief to assign runners from available non-medical support staff to communicate with Unit Leaders in other SMSS areas.
3. Direct the Logistics Section Chief or Communication Specialist to broadcast notification of all clear ("**Attention, Attention FIRE All Clear!**") over radio, to all SMSS areas once the fire has been extinguished.
4. Contact the SEOC ESF8 Desk to report the incident, provide status, and request any necessary support needs. This should be done once the situation has been mitigated or all persons evacuated.

Infection Control Plan

Health Screening and PPE Use

To prevent the spread of infectious disease, neither patients, staff, nor visitors will be allowed into the facility except in specific circumstances:

- All staff and visitors will be screened for symptoms of acute respiratory illness (e.g., fever, cough, difficulty breathing) before entering the facility.
- Recommendations on PPE procedures will be set by the Chief Medical Officer, to minimize the spread of infectious disease when applicable.
- Infection control measures should be congruent with those provided in the Infection Prevention Toolkit for Long-Term Care (LTC) facilities.

Workplace Violence

PURPOSE: To provide guidelines for maintaining the safety of staff, patients, visitors, and other members present in the SMSS. At times to ensure this safety the use of force may be required. In most cases this should be the responsibility of the Security Officers onsite. Force refers to the application of physical techniques, chemical agents, or weapons to a subject.

POLICY:

1. **Follow North Carolina State Law and Agency Associated Guidelines per agency training. If this does not exist, the below guidelines may be considered.**
2. Attempt verbal de-escalation techniques to calm situation.
3. Employ only the minimum level of force necessary to assume control of situations that threaten the security of SMSS while:
 - a. Protecting the Security Officers
 - b. Protecting staff and patients
 - c. Protecting the subject from himself or herself
 - d. Protecting others in the immediate area from danger
4. Limit the use of force to those instances when Security Officers reasonably believe that it is the most appropriate method to assure the safety of the environment and control the situation.
5. When faced with an incident that may require the use of force, Security Officers are expected to assess the situation, determine the level of force that will most effectively de-escalate the situation and bring it under control with the least risk of injury to the Security Officers and others, including the subject.

6. Security Officers must never escalate to a greater level of force without first exhausting all less severe alternatives or reasonably believing that any lesser degree of force would be ineffective.
7. Use of force against patients should be limited to defensive techniques. Chemical sprays should not be used inside SMSS patient care areas.

Reporting the Use of Force: Whenever a SMSS Security Officer uses any level of force the Security Unit Leader and SMSS IMT will be notified. An unusual event report and any agency specific reports should be completed. When a person is removed from the facility or escorted off the facility and no force is used, a statement that “no force was used” should be included in the appropriate report.

Missing Person

Scope: This procedure addresses missing patients admitted to the SMSS. A missing person at the SMSS is a serious event, requiring immediate response.

Situation: Each deployment is unique, requiring differing planning and response. This plan should be seen as a guideline and can be altered by the SMSS IMT as needed. Weather and SMSS deployment location are among the factors to be considered in planning efforts.

Concept of Operation: In the event of a missing person is discovered to be missing, the following actions will be taken:

1. Conduct initial search and notification.
 - a. Restricting facility access.
 - b. Gather information, and
 - c. Expand/contract search resources as situation dictates.
2. Maintain search operations to conclusion.
 - a. Provide situation updates until search concludes (e.g., every 30 min.)
 - b. Report results of search to the SEOC ESF8 Desk

Initial Search and Notifications

Affected SMSS Area: The staff member discovering that a person is potentially missing will notify their Unit Leader and other area staff to immediately confirm that the person is not in the area. The Unit Leader will provide the SMSS IMT with the following information:

- Name
- Age
- Sex
- Skin and hair color
- Clothing type and color
- Time last seen.
- Photo, if available

Security Unit Leader or designee

- Report to the affected SMSS area to interview staff to collect information about what happened and,

- Dispatch on-shift Security Officers (Security Officer) to establish restricted access to the SMSS with one entry/exit into the facility and begin a perimeter search.
- Notify off-shift Security Officers of the potential need for their assistance and contact local law enforcement to assist if deemed necessary or if requested by the SMSS IC.
 - Abduction: If abduction is suspected, the Security Unit Leader will notify local law enforcement immediately

Search Operations Responsibilities

All SMSS Areas:

- Unit Leaders or designee will:
 - Coordinate with CMO to identify staff not critical to patient safety and make them available to participate in searches of surrounding areas.
 - Direct the search their unit areas.
 - Report the results of their area searches back through their chain of command.

SMSS IMT:

- SMSS Incident Commander or designee will:
 - Contact the SEOC ESF8 Desk to report the event, provide status, and request any necessary support needs.
 - Coordinate with SEOC ESF8 Desk on plans to inform missing individual's family if person is not found in one (1) hour from start of search.
 - At close of search, ensure completion of a SMSS Unusual Event Report is submitted to the SEOC ESF8 Desk
- Security Unit Leader or designee will:
 - Coordinate with local law enforcement for additional support as necessary.
 - Report to the affected SMSS area to interview staff, develop report, and report any additional information to the Operations Section Chief
 - If necessary, establish a command post and notify the Operations Section Chief of its location.
 - Report status of search every thirty (30) minutes to the Operations Section Chief
 - At close of search, work with Operations Section Chief to update the SMSS Unusual Event Report in ReadyOp

Facility Evacuation

Purpose and Scope: To provide basic guidelines for action if an operational SMSS facility has to conduct an external evacuation (planned or no-notice) or an internal evacuation (horizontal or vertical).

Planned Evacuations

Situation: Due to internal (e.g., expected loss of power) or external (e.g., expected rise of flood waters) circumstances the SMSS must be evacuated within a known but not immediate time period.

Decision to Evacuate: This decision will be made by ESF8 lead in coordination with NCEM. The potential negative impacts on patient health outcomes must be considered in any decision to evacuate. Depending on these impacts, it may be decided to shelter in place and provide additional assistance as needed to “ride out the storm” and continue operations as indicated.

Roles and Responsibilities: Once the decision to evacuate has been made the following actions must be taken:

ESF8 Operations Manager will:

1. Identify secondary locations that meet the established need and support SMSS standards for operation.
2. Request any additional resources (e.g., staff, material handling equipment, trucks, etc.) necessary to relocate the SMSS within the available time window.

SMSS IMT will:

1. Provide the ESF8 Operations Manager with the following minimum information:
 - a. Number of ambulatory and non-ambulatory patients (to identify needed patient transportation units)
 - b. Number of additional staff required.
 - c. Material-handling equipment needs (forklifts, trucks, etc.)
 - d. Staff transportation needs
 - e. Estimated time it will take to prepare patients, staff, and equipment for evacuation.
2. Develop an evacuation IAP and brief all SMSS Unit Leaders
3. Direct the packing and loading of SMSS equipment and supplies.
4. Coordinate the staging of patient transportation units as close as possible to the SMSS if the designated patient drop-off/pick-up area is unsafe.

SMSS Patient Care Unit Leader will:

1. Ensure that the Patient Care area maintains a limited operational capability until all patients are transported from the SMSS facility.
2. Document what transportation unit transported each patient and what facility the patient is moved to. This document must be verified by the Operations Section Chief before the Charge Nurse leaves the SMSS facility.

No-Notice Evacuations

Situation: Due to internal (e.g., fire) or external (e.g., flash flood) circumstances the SMSS must be evacuated immediately.

Decision to Evacuate: This decision will be made by SMSS IC in coordination with the ESF8 Lead. The potential negative impacts on patient health outcomes must be considered in any decision to

evacuate. Depending on these impacts, it may be decided to shelter in place and provide additional assistance as needed to “ride out the storm” and continue operations as indicated.

Roles and Responsibilities: Same as for Planned Evacuations. Immediate life safety concerns are the priority, patients must be moved rapidly. Non-ambulatory patients may need to be moved in their beds or on litters with four-person carries. Semi-Ambulatory patients may be evacuated in wheelchairs if available.

Horizontal Evacuations

Situation: The extent of the hazard (e.g., fire, loss of power, etc.) is limited and does not affect the entire facility housing the SMSS. Evacuation of a portion of the SMSS may need to happen immediately or within a known time period.

Decision to Evacuate: Same as for No-Notice Evacuations.

Roles and Responsibilities: Same as for Planned Evacuations. Patients must be moved as quickly as possible to protected areas of the facility (e.g., areas beyond firewalls, areas with functioning HVAC, etc.).

Vertical Evacuations

Situation: Same as for Horizontal Evacuations.

Decision to Evacuate: Same as for No-Notice Evacuations.

Roles and Responsibilities: Same as for Planned Evacuations. For patients being moved from areas above the first floor, SMSS staff should utilize any vertical evacuation equipment available (e.g., stair-chairs, etc.). For larger, non-ambulatory patients, the use of four-person carries with the patients secured on a bed/litter using 9 ft. straps or sheets folded in 4–6-inch straps may be necessary.