

PREPARING FOR A CHEMICAL OR BIOLOGICAL EMERGENCY



Pay attention to the details upfront

By Sheryl S. Jackson

While chemical or biological incidents might not be among the top three hazards identified by hospitals in their emergency preparedness plans, environmental services professionals should be aware of the special preparation needed for chemical or biological events.

“In any event, the environmental services department is part of the facility emergency response team to identify current inventory and location of personal protection equipment (PPE) as well as decontamination supplies and tools, and coordinate the purchase of additional items needed,” says Greg May, CHESP, system director of environmental services and linen service at Swedish Medical Centers in Seattle.

While serving as environmental services director at her previous facility, Lisa Ford,

BS, CHESP, district manager for Sodexo, was an integral member of the hospital’s emergency preparedness planning committee. “The 100-page plan included detailed descriptions of each department’s scope of responsibility before, during and after an emergency,” she explains. “As director of environmental services, I was responsible for purchasing and maintaining the inventory of emergency supplies — everything from cots to respirators to traffic cones and a decontamination tent.”

Hospitals are required to have local, immediate access to 48 to 72 hours of supplies and equipment to handle an emergency, which gives time for state and federal agency assistance to arrive, explains May. “Most hospitals should have a cache of PPE and other supplies onsite for significant events, and at my hospital, my department has its own smaller cache that we can access for small events,” he says. “We also have a supply of HEPA [high

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efficiency particulate arresting] vacuums and filters for my staff that can be used in specific situations.”

Although it is critical to have supplies on hand, there are some items or some quantities that cannot be stored onsite. In these situations, be sure to have a memo of understanding with suppliers that will enable shipment of additional supplies in the event of a larger than expected patient exposure, suggests Ford. Agreements with other specialty vendors may also be necessary for items that will only be needed in specific events. “For example, in my previous position, I had an agreement with a company to provide a refrigerated trailer for use as a morgue if needed,” she says. “Other suppliers agreed to deliver specific amounts of items such as masks and gowns, if needed. Remember, too, that some supplies, such as hand sanitizers, have expiration dates so they can’t be purchased and stored indefinitely — be sure suppliers are available to deliver them.”

When establishing agreements, include suppliers outside your local area

or suppliers with national resources, suggests May. “In the case of a catastrophic event in one area, local supplies may disappear quickly, so your suppliers need the ability to pull from other areas of the region or country.”

Don’t forget to contract with a company to handle waste created by decontamination, suggests May. “Once you decontaminate patients exposed to hazardous materials, you have water that must be disposed of properly. Hospitals are responsible for the waste recovered, so you must make sure the containment, removal, transport and disposal are handled according to Environmental Protection Agency guidelines.”

However, even if a third-party provider is handling the actual disposal process, the hospital environmental services staff must have the equipment on hand to contain the water and be able to move it to a collection area for pickup. “You will have 55-gallon barrels of water to move, so employees will need carts or other equipment to enable movement,” says May.

With 500 environmental services employees, May is able to train about 50 people to handle emergencies and schedule them so that a team of people who have undergone proper training and practiced techniques through drills is on duty for all three shifts, seven days a week. “It’s not practical to train the full staff, but focusing on a smaller emergency response team who have the knowledge to handle situations is important,” he explains.

Finally, remember that purchasing emergency supplies is not a one-and-done event. “Be sure to perform a routine inspection and inventory of all emergency supplies,” says May. “My department serves as the spill response team so we do have a variety of absorbents for different types of spills.” Employees don’t always document use of a small amount. “The same thing happens with HEPA filters for our vacuums — they are ‘borrowed’ and not returned to their original location and filters are used. The only way to make sure you are prepared is to be sure your inventory is accurate.” ●

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