Welcome to the Emergency Management Learning Module.

Emergency Management, Safety and Security are critical areas of operation within Lehigh Valley Health Network. LVHN provides resources to staff, patients, and visitors to provide and maintain a safe healthcare environment. Each person at LVHN has a role in Emergency Preparedness, Safety and Security on a daily basis.

The information covered in this training module will help you understand what your role is and prepare you to use the available resources to take quick action in an emergency situation.
This training fulfills the OSHA training requirements for Emergency Response. The course should take approximately 15 minutes to complete. If you have any questions about this course, please contact the appropriate number listed on this screen.
Upon completion of this course, you should be able to:
• Discuss the Emergency Management Program (EMP) for Lehigh Valley Health Network.
• Describe what LVHN’s response is in an emergency situation.
• Define the Emergency Codes used at LVHN.
• List the appropriate actions that you should take in both internal and external emergency events.
What is an emergency? An emergency is a sudden and unexpected event that requires immediate response. At LVHN emergency situations may include events such as fires, weather related emergencies, acts of violence or missing children. It is vital that you understand what your role is in an emergency situation and what actions you should take.

Lehigh Valley Health Network Emergency Management, Safety and Security Departments all maintain plans and policies to prevent and respond to specific emergency situations.
Regulatory Agencies for Hospital Emergency Management

- The Joint Commission (TJC)
- National Fire Protection Association (NFPA)
- State Department of Health: Bureau of Public Health Preparedness (BPHP)
- Department of Homeland Security (DHS)
- Occupational Health and Safety Administration (OSHA)

**Click on the Arrow buttons in the top right on this screen to read more information about some of the regulations.**

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Regulatory Agencies for Hospital Emergency Management

**EM Standard**

The Joint Commission EM Standards provide detail on health system specifics.

“An emergency in the hospital or its community could suddenly and significantly affect the need for the hospital’s services or its ability to provide those services. Therefore, a hospital needs to have an emergency management plan that comprehensively describes its approach to emergencies in the hospital or in its community.”

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EM Key Components:

- Hazard vulnerability analysis
- Procedures that describe mitigation, preparedness, response and recovery strategies
- Development of an emergency management plan
- Notification of staff and external authorities
- Define the hospital's command structure

Key Concepts:

- Adopted the broader context of comprehensive emergency management
- Included a hazards vulnerability assessment
- Required use of an Incident Command System (ICS) that is consistent with the ICS in use by the local community
EM Standard

- The hospital conducts drills regularly to test emergency management
- The hospital tests the response phase of its emergency management
- Participation in at least one community-wide practice drill a year relevant to the priority emergencies identified in its Hazard Vulnerability Assessment (HVA)
- Communication, coordination and effectiveness

NFPA Emergency Management Standards

- **NFPA 99, Chapter 12**: Healthcare Emergency Management
There are several regulatory agencies that outline Emergency Management rules and regulations to be followed by hospitals.

These include:
• The Joint Commission (TJC)
• National Fire Protection Association (NFPA)
• State Department of Health: Bureau of Public Health Preparedness (BPHP)
• Department of Homeland Security (DHS)
• Occupational Health and Safety Administration (OSHA)
LVHN uses an “All Hazards Approach” for emergency situations and critical incidents. The “All Hazards Approach” is used to maintain command and control over any situation, under any circumstance. This approach organizes a team of specific emergency managers to make decisions based on the details of the incident.

This approach is the most flexible and responsive way to handle an emergency situation. It is flexible enough to deal with day-to-day situations as well as larger network-wide emergencies.
LVHN's goal is to develop and maintain a risk-based, all-hazards Emergency Management System. This system includes information on the prevention of, preparation for, response to and recovery from major risks and threats. Risks and threats include both natural emergencies and man-made situations.

LVHN supports setting standards for Emergency Management Processes. Especially those related to equipment, technology and patient care resources.

LVHN also promotes the National Incident Management System for critical incidents within the network.
The Emergency Management Program, or EMP, organizes and addresses all activities related to emergency preparedness and emergency response within LVHN. The EMP develops relationships, policies and actions in preparation for emergency events. It is designed to manage a critical or potentially critical incident at LVHN through command and control.

The Network Emergency Management Committee was developed as part of the Emergency Management Program.
EMP Director

- Operational understanding of the hospital, local, state and federal response
- Member of the Incident Management Team
- Network Authority for Incident Management Team
Administrator On-Call (AOC)

- Network Administrator with an operational knowledge of the Emergency Management Program
- Member of the Incident Management Team
- Responsibility and Authority within LVHN
Safety Director

5 seconds

- Responsibility and authority within LVHN
- Responsible for all network safety initiatives
- Member of the Incident Management Team
Security Director

5 seconds

- Responsibility and authority within LVHN
- Responsible for all security-related responses
- Member of the Incident Management Team
Network Fire Marshal

- Responsibility for all Fire Prevention, Interim Life Safety Measures and Fire Investigations
- Member of the Incident Management Team
Medical Director

5 seconds

- Provides medical direction and oversight to LVHN for Emergency Management
- Member of the Incident Management Team
Emergency Management is a cycle that includes four components of operation: Mitigation, Preparedness, Response, and Recovery.
Mitigation

To mitigate means to make something less severe or harsh. In terms of Emergency Management, mitigation includes pre-event planning and taking actions that will reduce the impact of the potential hazard.

Preparedness

Preparation and planning can help you know what actions to take in an emergency situation. Preparedness will provide you with the ability to address the event and the patient care needs that occur as a result of the event. Preparedness includes the creation of policies and protocols, education and training, and exercises and drills to prepare for real events.
**Recovery**

Recovery is the process of returning to "normal" operations, including personnel, supplies, equipment and the facility.

**Response**

Response includes the actions taken in an attempt to resolve the incident or potential incident.
The Hospital Emergency Operations Plan, or EOP, is the network’s response to an event or potential event. The event may be external, internal, or a combination of both. In any emergency situation, it is important that you perform your assigned job until directed by an Emergency Manager or your Department Director.

The EOP includes guidance documents for the initial response to an emergency. The EOP can be found in LVHN’s Policy Tech.

EOP Goals are:
• Protect staff, patients, and visitors
• Receive, evaluate and treat victims of the event
• Adhere to regulatory requirements and risk management issues
• Outline planning assumptions for consistency among all staff
• Coordinate activities with community agencies and other healthcare organizations
The National Incident Management System outlines the national model that will facilitate each phase of the Emergency Management cycle with an emphasis on Recovery.

The Incident Command System, or ICS, was adopted in March 2004 and was federally mandated in 2005 as a presidential directive. ICS must be used for federal support of recovery. It defines the need for mitigation, preparedness, response and recovery.
Incident command is a system designed to give leadership and structure when responding to a critical or potentially critical incident.

The elements of ICS include:
- Definition of “Who is in charge” – the Incident Commander
- Common Terminology
- Integrated Communications
- Modular Organization of “Who is in charge”
- Unified Management Structure
- Integrated Plans
Lehigh Valley Health Network Emergency Management adopted the Team approach to Incident Command. The Network Incident Management Team is a multi-disciplinary team that will assist any department within LVHN during a time of crisis or prior to an anticipated crisis.

The Network Incident Management Team can be contacted through Emergency Dispatch by dialing 555 or through the Hospital Emergency Operator at 402-1199. When using a cell phone, please call 402-5555.

Dial 555 for any emergency to staff, patients, visitors, or the facility. 1199 is an emergency number for the Hospital Operator. This number can be used to stat page the nursing supervisor, the administrator on call, or unit directors.
Hazard Vulnerability Assessments identify the hazards that can cause emergencies and disasters. The result describes the natural, technological and man-made hazards that have the potential to impact staff, patients, visitors and operations of Lehigh Valley Health Network as well as the surrounding community.

Knowing the potential hazards assists in developing processes and actions for each step in the Emergency Management Cycle. This will help to minimize the effects of disasters and emergencies.
This table shows the top three hazards in each category for LVHN.

The top three natural hazards are:
• Snow Storms
• Ice Storms
• Heavy rain and flooding

The top three man-made hazards are:
• Mass casualty incidents
• Hazardous material incidents
• Hostile situations

The top three technological hazards are:
• Communication failures
• Power outages
• Flooding
Depending on the severity of the incident, different levels of response will be required. The response levels range from field response and first responders all the way up to the national level.

The response levels are:
• Field Response / first responders
• Hospital. The hospital responders include:
  • LVHN First receivers - MedEvac, Emergency Department, Decontamination Team and Emergency Department colleagues
  • LVHN Incident Management Team, and
  • LVHN Patient Care Departments / Business Services
• Local Government
• County
• Region
• State
• Federal Region
• National
How to Respond to an Emergency

1. Ensure your own safety

2. Notify Emergency Dispatch by dialing 555
   (Call 610-402-5555 from a Cell Phone)

Only dial 911 if you are located in an off campus location that is not a hospital exchange ((610) 402, 969, (484) 884, 862) or if the 555 service is not working.

When responding to an emergency, the first and most important step is to ensure your own personal safety.

In any emergency situation, you should notify Emergency Dispatch by dialing 555. Report your emergency to the dispatcher and stay on the phone. You can also call from a cell phone by dialing 610-402-5555. You should only hang up if your life is in danger or if the dispatcher tells you to.

You should only call 911 if you are located in an off campus location that is not a hospital exchange ((610) 402, 969, (484) 884, 862) or if the 555 service is not working.
After you call 555, the Emergency Dispatch will contact the 911 center while you are on the line and provide you with emergency instructions. Security officers will also be sent to your location.

LVHN Emergency Management will respond to the emergency with the appropriate personnel for the event. They will act as the Incident Management Team and will assist in controlling the situation. Emergency Management will also request and obtain any additional resources needed to handle the situation.

After the incident, Emergency Management will follow up with you or your department.
In case of a communication outage, your **Inpatient Unit Emergency Radio** should be set to “on” and in charging base at all times for back-up communications. Confirm that your radio channel matches your location.

**In the event of a critical incident, you will hear a paging tone followed by additional communication.**

**It is critical that all radios remain on and charged at all times.**

LVHN will utilize a variety of communications methods in order to alert colleagues, patients, and visitors of an emergency condition. These may include overhead paging, alpha-numeric paging, E-Mail, and reverse notification via our ServPA system.

**INPATIENT UNIT EMERGENCY RADIOS:**
Inpatient units at our Cedar Crest, Tilghman, and 17th St., and Muhlenberg sites have an assigned emergency radio. This radio is meant for redundant emergency alerting and communications during disasters.

**Radio Operations:**
The radio should be in the “On” position (front display lit) and seated in its charging base at all times. Please familiarize yourself with the location of the emergency radio in your unit and ensure it is plugged in and charging. A charging radio will be identified by a red or green light illuminated on the charging base.

**Radio Channel:**
The channel displayed on your emergency radio should be listed as your campus alert channel. For example, units at the Cedar Crest Campus should note that their radio is monitoring the “CC ALERT” channel, units at the Muhlenberg Campus should note that their radio is on the “Muhl Alert” channel, etc.

The radio will not make any noise while it is on the alert channel, however in the event of a critical incident, the communications center can activate a paging tone on all radios and open the channel for communications to each unit. It is critical that all radios remain on and charged at all times.
LVHN uses a system of codes to identify different emergency situations. The following section will describe each of the codes and how you should respond.
Code 45 is LVHN's code designation for a potentially dangerous situation, where it is necessary for people to remove themselves from, and stay away from, the affected area. This situation may include: an individual with a weapon, a structural collapse of part of a building, discovery of a suspicious package, or release of chemical or biological agent or release of a gas.

It is important for all staff to know how to respond to a Code 45 situation. If a Code 45 occurs in your area:
• You will hear “Code 45” announced
• Security officers will respond
• If possible, leave the area as quickly and safely as possible
Security officers will be the only personnel authorized to be in the area. Security will call upon outside agencies such as law enforcement, fire departments or EMS, if needed.
• After a Code 45 situation, “CODE 45 ALL CLEAR” announcement will be made. This will signify to you it is safe to return to that area.

LVHN Security and Office of Emergency Preparedness are taking a proactive approach in responding to such critical incidents.
• The Security Department and local Law Enforcement agencies utilize preventative actions and try to deter such incidents
• LVHN has introduced a new policy to the Network Safety manual title “Code 45.” This policy can be found on the LVHN intranet in the Emergency Operations and Public Safety Manual.
When placed in a dangerous situation at a hospital exchange ((610) 402, 969, (484) 884, 862) call 555 or, from a cell phone, call 610-402-5555.
If you are NOT located at a LVHN location with a hospital exchange, please call 911.

Over recent years, many healthcare facilities have experienced violent crisis situations, such as domestic relation disputes, bomb threats, hostage incidents, and shootings. Lehigh Valley Health Network Security and Office of Emergency Preparedness are taking a proactive approach in responding to such critical incidents. Our Security Department and local Law Enforcement agencies utilize preventative actions and try to deter such incidents within our organization. However, the reality is that they may happen.

OPTIONAL: Please review the video link provided so that you may be better prepared if a code 45 does occur.
What to Do in Code 45

You hear the “Code 45” announced.

If in immediate danger, evacuate or shelter in a safe place!

If not in immediate danger, secure area and await further instruction.

After the Code 45 situation, you will hear the “CODE 45 ALL CLEAR” announcement. This will signify it is safe to return to that area.

The LVHN Code 45 Response Plan as well as the Evacuation Policy can be found in the Emergency Operations and Public Safety Manual.

How to Get Help in Code 45

At LVHN phone exchanges (5610 402,969 or 484 884,862)
call 555
or 610-402-5555 from a cell phone.

At a non-LVHN phone exchange location, call 911.
To view video with close captioning, click here.
A Code Pink is the emergency code for a missing child. This definition includes many different scenarios. For example, infant abduction, suspected kidnapping, or a reported missing child.

There are very sophisticated security measures in place in our Labor and Delivery, Pediatrics and other high risk areas from preventing this type of emergency from happening. However, it is important that you know what to do and how you can play a role in a Code Pink.
What to do:

*Code Pink*

If you suspect a missing child emergency, dial 555 and provide as much information as possible.

For example:
1. Do you have a description of the child?
2. Do you know when and where they were last seen?
3. Did you see anyone in the area who did not belong there?

If you hear the Code Pink announcement immediately begin a search of your area. Look down corridors and entrances to elevators and stairwells. Report any suspicious activity to Emergency Dispatch by calling 555. Secure all exits in your area. No one will be allowed to exit the building or campus until they are cleared by Hospital Security or the “Code Pink All Clear” is given.
Code Orange is the emergency code for a patient who is exhibiting behavioral dyscontrol and poses a threat or harm to themselves and/or others. LVHN personnel who have completed Code Orange training respond to these emergencies.
What to do:

1. Dial 555 - Explain to Emergency Dispatch that there is a Code Orange and specify the location.
   - If you are not sure if a Code Orange should be called, dial 555 and allow the Security staff to evaluate the situation and take the appropriate action.
2. When responders arrive, provide a summary of the situation to them.
3. If you are not directly involved with the Code response, you can assist other patients or perform other duties assigned by your supervisor.

Other Ways you Can Help:

Stay clear of the area where the Code Orange is taking place to allow the responders to quickly and efficiently do their job with minimal obstruction and delay.
A Code White is the Emergency Code for a bomb threat. An overhead page for a Code White will only be announced when it has been determined that the nature of the threat will require an area or facility wide evacuation.

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Bomb Threat:

What should you do if you receive a bomb threat call?

If you receive a bomb threat phone call, refer to the bomb threat card to gain information to assist in the investigation and response. Dial 555 and notify the Emergency Dispatcher of the bomb threat phone call.

Click the Attachments tab above to view the Bomb Threat Card.

What to do:

During a Code White Alert, a search team will be organized to walk through all areas of the site(s) determined by the emergency manager, the local police, and fire departments having jurisdiction.

You should continue normal operation unless you are instructed otherwise by your Supervisor. Each employee can assist in the search by helping identify anything out of place or unfamiliar in their respective areas. Do not touch or disturb any suspicious or unfamiliar packages or containers. Immediately inform the Emergency Dispatcher by dialing 555 if a suspicious or unfamiliar package or container is found.
The “Code White - All Clear” will be announced when the site or area has been determined to be safe and secure by the Administrator-on-Call, the emergency manager, the local police and fire departments.
A Code Green is the partial or total loss of “piped in” medical gases. The medical gases available include oxygen, medical air, nitrous oxide, nitrogen and vacuum.

When one or more of these systems fail, and activates an alarm, a Code Green will be announced. This will alert the appropriate departments to investigate and implement their contingency plan.

All patient care areas, which receive centrally supplied medical gases via wall mounted gas outlets, can experience a system failure. This failure activates an audio/visual alarm on the alarm panel, located in each patient care area. Each area is known as a ZONE.

When an oxygen supply is lost, our response must be immediate, almost second nature.
What to do: Step A

**Code Green**

Dial 555 (Give the following info):
1. Name
2. Site
3. Location
4. “We have a Code Green in progress. The alarm panel on the wall is indicating a/an [type of gas] alarm.”

Allow the 555 operator to disconnect first.

What to do: Step B

**Code Green**

Within 30 seconds you should hear an open announcement made through the hospital public address system. “Code Green” along with your location. If this does not occur, immediately repeat step A.
What to do: Step C

**Code Green**

Assign the following tasks:

- Check all patients known to be on oxygen to see if they are receiving the proper flow. If not, set patients up on available oxygen cylinders. Triage when necessary.
- Conduct a room-to-room patient inventory and document all patients on oxygen.
- Print oxygen work list from computer and have available in your area for the Respiratory Coordinator.
- You may stat page the Respiratory Coordinator and Engineering.
- Make sure your existing oxygen cylinders are full.

What to do: Step D

**Code Green**

The Respiratory Coordinator will arrange for the delivery of additional oxygen supplies to your area at CC, 17th, & MHC sites.

- Do not send personnel to the oxygen storage rooms for additional cylinders.

At LVH Tilghman, the clinical staff will retrieve oxygen supplies from the med-gas room.

The “Code Green - All Clear” will be announced when the system is fully functional.
A Code Yellow is a fire/smoke emergency situation. A Code Yellow will be announced if a pull box is activated, a heat or smoke detector is activated, or the Emergency Dispatcher is notified by the 555 emergency phone line.

A more detailed explanation of what you should do in a fire or smoke emergency is covered in the Fire Safety: Code Yellow Annual Training course.
**At the Point of Origin**

**Code Yellow**

If you discover a fire, your responsibility is to:

- **R** - Rescue everyone in immediate danger by moving to a safe fire/smoke compartment.
- **A** - Activate the fire alarm pull box(s) which is located by each exit and stairwell entrance.
  - Dial 555 and give the location of the emergency (*911 is for off-site facilities only)
- **C** - Contain the fire and close all doors and windows.
- **E** - Evacuate or extinguish small fires IF TRAINED

**Away From the Point of Origin**

**Code Yellow**

If you are in an area away from the fire emergency, exercise your department fire plan which would include:

- **C - Containment** - Close doors in your area and stand by for instructions to assist or aid in the evacuation or response.
- Do NOT use elevators in the same building as the fire under any circumstances!
All Clear

The “Code Yellow - All Clear” announcement will be made when it has been determined what the cause of the alarm was and the area has been determined safe by hospital and/or fire emergency personnel.

At announcement of the “All Clear” please complete a Code Yellow form for your unit or floor. Code yellow forms can be found in Policy Tech under the “Code Yellow Policy” in the Emergency Operations and Public Safety handbook.
In the event of a cardiopulmonary arrest within LVHN, it is necessary to have an organized, trained team with appropriate equipment to respond to these events immediately. The LVHN Code Blue response procedure is designed to formalize this response, designating the appropriate personnel and equipment as well as alternatives when simultaneous events occur.
What To Do Within the Hospital:

1. Press the Code Blue Button where applicable.
2. Dial 555 and provide the following information:
   - Adult or Pediatric Code Blue
   - Building Location
   - Wing (pavilion), floor, unit, room number

The Emergency Dispatcher will:
- Announce three times via public address system:
  - “Code Blue” - Building Location - Wing (pavilion) floor, unit, room number
- Notify the appropriate responders through a group page.

Code Blue Response Team

At Cedar Crest and Muhlenberg campus, the response team will consist of:
- Code Team Leader
- Physician In Charge - assigned as a member of the Code Team by the Department of Medicine
- Code Team Members
- Clinical Services Staff

At LVH Tilghman campus, the response team will consist of a physician, DO, or CRNA, and clinical staff.

When an attending physician is at the bedside, he/she may assume the role of Team Leader.
At the 17th street campus only, the Medical Quick Response Service (MQRS) will consist of a nurse and technician from the Emergency Department, a security guard, and a respiratory technician. Other clinical services staff should also report as available.

Please Note: There is no Code Blue Response Team at the 17th Street Campus.

If you hear a Code Blue announcement and are not involved in the response, you can help by:

- Not using the elevators to allow for a quicker response to the area
- Clearing the corridors of any obstruction to allow the responders to move quickly to the Code Blue location
Code Purple is an audio code designation alerting the organization to an elopement of a patient with cognitive impairment. Code Purple is intended for the patient with Alzheimer's disease, dementia or memory impairment who is missing or eloped.

These patients who may be at risk for elopement will be identified with a purple circle on their hospital wrist band. This alerts all hospital personnel of the patient's cognitive impairment and risk for elopement. Elopement is when a patient leaves the hospital without a discharge order or notification of intent to leave.
What to do:

**Code Purple**

If you believe a patient is missing,
Dial 555 to contact the LVHN Emergency Communications Center

- Identify yourself & your location
- Request a code purple notification
- Provide a physical description of the patient
- The mental state of the patient
- Anything else you think may be helpful to locate the patient

Search your entire area including stairwells, lobbies, other close departments. Secure the department, including all means of egress & exits
If Code Purple Called:

*Code Purple*

If you hear the Code Purple announcement immediately begin a search of your area. Look down corridors and entrances to elevators and stairwells. Report any suspicious activity to emergency dispatch by calling 555. Secure all exits in your area. No one will be allowed to exit the building of the campus until they are cleared by hospital Security or the "Code Purple All Clear" is given.
If a visitor is injured on hospital property, you must call 555, report the location of the accident and type of injury. Staff must stay with the injured individual until someone of an equal or higher level of training takes over care of the patient. Security will be dispatched to the scene of the injury and will assess the situation. If there is a need for the rapid response team or medical quick response team to respond, the emergency dispatcher will request the response at the discretion of the security officer on the scene, or if warranted by the nature of the patient’s condition as relayed by the caller.
Severe weather can also cause an emergency situation. Tornados and winter storms are two events that you should be prepared for.

**Tornado (or Wind Storm)** Listen to local radio and television reports for tornado watch and warning alerts. Your local radio and television stations will provide further details on the storm event and what you should do. If there is a tornado or severe wind storm, you should seek shelter in a basement or a hallway. If possible, avoid areas with windows. You can also shelter yourself under sturdy furniture. Use your arms to protect your head and neck. If a tornado warning is issued, quickly move all patients into the hallway and away from windows. Close all patient room doors.

**Winter Storms:** During severe winter snow or ice storms, you should avoid any unnecessary travel. If you must go out, remember to protect yourself by dressing in layered clothing. It is also a good idea to be prepared and travel with extra food, water and clothing in case you get stuck in the storm.


Tornado (or Wind Storm):

- Listen to local radio and television reports
- Your local stations will provide further details and what you should do
- Seek shelter in a basement or hallway
- Avoid areas with windows
- Seek shelter under sturdy furniture
- Use your arms to protect your head and neck

- If a tornado warning is issued, quickly move all patients into the hallway and away from windows. Close all patient room doors.
Winter Storm:

- Avoid any unnecessary travel.
- Protect yourself by dressing in layered clothing.
- Be prepared and travel with extra food, water and clothing in case you get stuck in the storm.
Critical Incidents (such as severe weather, active shooter events, infrastructure disruptions, etc.) have the ability to interrupt day-to-day operations of our health network. These incidents require quick and decisive decisions by leadership to ensure the safety of our patients, visitors and staff, while still providing high quality care and continuity of operations. A mass notification system will allow the Network Incident Management Team and Emergency Communications Center to mass communicate important messages and instructions to ensure a safe response to critical incidents.

The mass notification system that Lehigh Valley Health Network has chosen to utilize for this process is ServPa. Notifications can be sent to your work or personal: pager, home, cell, or office phone via automated phone voice messaging, email, or burst text message to your cell phone. Each staff member registered will have the ability to select what type of messaging they prefer (more than one can be chosen) to ensure you receive critical communications quickly and efficiently.
The Joint Commission has implemented new safety standards for handling of oxygen because of documented serious events in which patients who needed oxygen were endangered due to low or empty oxygen tanks. You must make sure patients have enough oxygen at all times. Everyone must know how to transport and store oxygen safely.

Make sure that you choose a tank from the FOR USE bin to make sure there is enough oxygen for transport of patient.

Make sure that when you return a tank, you place all tanks with less than 800 PSIs in the cart labeled empty.
Regulated Cylinder Storage Area Requirements

Regulated Cylinder: Cylinders that have a permanently attached regulator.

Choose a tank from the **FOR USE** cart maintained at greater than 800 psi to make sure there is enough oxygen for transport of patient.

When you return a tank with less than 800 psi, place tank in the cart labeled **EMPTY**.

Stem Valve Storage Area Requirements

Stem-Valve Cylinder: Cylinders that contain a valve without a permanently attached regulator.

Make sure that you choose a tank from the **FULL** cart that has a seal over the valve outlet.

Make sure that when you return a tank, you place all tanks **without a seal or regulator** in the cart labeled **EMPTY**.
Transport of Oxygen Cylinders

- Do Not Carry Oxygen Cylinders over shoulder
- Do Not Carry Oxygen Cylinders by regulator
- Do Not Lay Oxygen Cylinders on patient's stretcher or lap
- Do Not Drag or roll Cylinders

Do use a cylinder cart or hand truck with a chain/belt in place!

Security of Medical Gas Cylinders

- Do not store cylinders lying down horizontally or stacked, unless in an approved rack limited to 6 feet in height
- Ensure the location is where there is no danger of being knocked over, damaged by passing or falling objects or subject to tampering by unauthorized persons
- Secure all cylinders whether FULL, FOR USE, or EMPTY
- Secure all cylinders in an approved cylinder cart

The racks need to be maintained in close proximity and should not be touching, and should be clearly labeled.
Thank you for participating in the Emergency Management course. You should now be able to:

• Discuss the Emergency Management Program (EMP) for Lehigh Valley Health Network,
• Describe what LVHN’s response is in an emergency situation,
• Define the Emergency Management Codes used at LVHN, and
• List the appropriate actions that you should take in both internal and external emergency events.