

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER

ELECTRICAL OUTAGE

Purpose: To provide guidelines to Administration for management of patient-related issues during an electrical outage where normal power is lost and Emergency Generator Power is available.

If you experience an electrical outage in your area immediately notify Physical Plant. After hours and on weekends notify the Switchboard who will notify the Physical Plant employee on site. During regular work hours Physical Plant will notify Hospital Administration. After hours and on weekend Switchboard will notify Administrator on call.

Policy: The Hospital Administrator shall first determine the approximate length of outage by information supplied by Physical Plant and/or AEP/SWEPCO. After reviewing this information, the administrator shall make the decision whether the outage will be a long-term or a short-term outage.

Short-Term Outage - the hospital with in-house resources will be able to adequately meet patient care needs with few if any terminations of services.

Long-Term Outage - hospital cannot adequately meet patient care needs with available in-house resources. The relocation of some or all patients may be necessary. The loss or termination of some or all services may be necessary. The Hospital Administrator shall establish the Incident Command Center.

Actions to be considered by Hospital Administrator during long-term outage:

1. No new admits to floors.
2. Surgery – cancel surgery schedule – only emergency in-house cases will be performed.
3. Visitation restricted or stopped.
4. Radiology – will be down – only available X-ray will be portable units – film processors will be down.
5. Emergency Room – cases shall be directed to other hospitals.
6. Clinical Lab – work load restricted to essential testing
7. Dietary will have limited capability.
8. Refer to areas affected to determine if other administrative response is required.
9. Special Procedures and heart Cath will be down.

10. During summer months, loss of HVAC shall be considered.

*If patient relocation/evacuation is being considered due to conditions or total loss of emergency power; refer to Hospital Emergency Preparedness Plan (Policy #2.14).

Effects of power loss in specific areas:

1. Patient Areas:
 - a. K-wing - adequate emergency power to meet patient care needs
 - b. G-wing - adequate emergency power to meet patient care needs
 - c. J-wing – adequate emergency power to meet patient care needs
2. All isolation rooms in the hospital are on emergency power.
3. Special Care Units (MICU, SICU, Burn Unit, PICU, NICU) - adequate emergency power to meet patient care needs.
4. Radiology - no emergency power except some corridor lights - only available source of X-ray will be portable X-ray units - film processors will be down.
5. Laundry - no emergency power - rely on outside vendors to supply linen needs.
6. Central Medical Supply – ETO, steam, and steris sterilizers will be partially down. (KG-04 switch for additional emergency power to CMS.
7. Emergency Room - adequate emergency power - but consideration should be given to diverting cases to other hospitals.
8. Clinical Lab - some emergency power - work load should be limited to essential testing only.
9. Dietary - little emergency power - will not be able to provide normal meal schedule.
10. Pharmacy - adequate emergency power to meet required services.
11. Operating Room - adequate emergency power.
12. Labor and Delivery - adequate emergency power.
13. Nuclear Medicine - little emergency power - should be shut down.
14. HVAC - in most areas will be shut down.
15. Fire Alarm System - on emergency power.
16. Elevators - refer to elevator outage plan.
17. FWCC – has adequate emergency generator power
18. ACC – has adequate emergency generator power
19. WCC – has adequate emergency generator power.