

Simulating a NICU Emergency to Help Plan for the Worst



Nadia Othman, RN, moved one of the “babies” during the April 2 disaster exercise designed to test evacuation protocols in the Neonatal Intensive Care Unit (NICU) at NYU Langone Hospital—Brooklyn. Emergency Management and Enterprise Resilience spent weeks planning the drill.

A recent drill involving a group of babies on respiratory support tested the NYU Langone Hospital—Brooklyn nursing team’s preparedness for the most challenging scenarios.

At 1:07 pm on April 2, five nurses caring for infants in the Neonatal Intensive Care Unit got an emergency call. The team was instructed to move the babies to a different floor at NYU Langone Hospital—Brooklyn as quickly as possible.

It wouldn't be easy. Three of the four babies were receiving additional oxygen. One was intubated, with an endotracheal tube. A second was attached to a CPAP machine, offering continuous positive airway pressure. A third had a nasal cannula, a device used to deliver supplemental oxygen.

Nurse manager Erin Bergman, BSN, RNC-NIC, jumped into action, delegating tasks and making calls. While the nursing team moved each baby into "Med Sled" evacuation devices, a group of respiratory therapists assembled the breathing equipment for transport. Together they carefully carried the infants and machinery into the hall, down the "H" staircase, and into another suite one floor below—never once removing the babies from their respiratory support.

After just 23 minutes, Bergman confirmed via radio that the babies and the equipment had safely reached the new destination. Mission accomplished.

But that was only part of the story. This was a drill, and the "babies" were actually dolls. The complex scenario was part of the first Emergency Management and Enterprise Resilience (EM+ER) full-scale disaster exercise designed to specifically test evacuation protocols in the Neonatal Intensive Care Unit (NICU) at NYU Langone Hospital—Brooklyn.

"We do regular drills throughout the hospital to ensure we're as prepared as possible to evacuate patients in an emergency, but this time, we focused just on the NICU," says Melissa Griffith, MPH, emergency management specialist, EM+ER. "We wanted to put our Brooklyn team in a tough place and see how we can plan for something out of the ordinary, something of low frequency but high consequence. If there ever were such an incident, they'd have to adapt quickly."

The nursing team, which included a colleague from the mother-baby unit, was only made aware of the exercise earlier that day and was asked to act as though it were a real emergency. Two pediatric physicians, [Mona Rigaud, MD](#), chief of pediatric service, and [Bgee Kunjumon, MD](#), the NICU director, were also present, as well as chief medical officer [Joseph Weisstuch, MD](#).

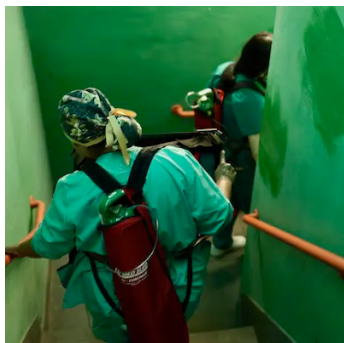
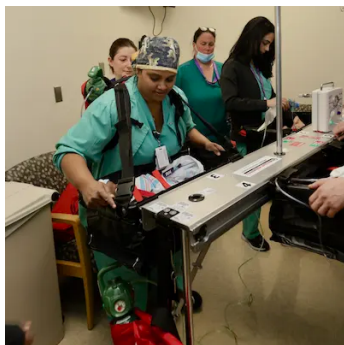
To plan for the event, EM+ER staffers worked for weeks with representatives from the security team, Environmental Health & Safety (EH&S), the Patient Relations Department, and a group of respiratory therapists, who helped set up the oxygen tanks, ventilators, and other equipment. The exercise got the nurses thinking through the what-ifs.

"It forced everyone to examine what actions they'd take in a true evacuation," says Ashley Castro, RN, clinical coordinator for the NICU. "They had to move fast and delegate and divide and conquer. For example, an intubated baby requires two people, one to move the baby and one to manage the equipment. It was a reminder to always know where the various devices are stored, since equipment often gets moved in a hospital, and to make sure the oxygen tanks are always full. Every element is important."

EM+ER worked hard to ensure the drill didn't disrupt hospital operations. "Exercise in progress" signs were posted at each of the tactical drill locations and Patient Experience staffers brought any visitors on the floor up to speed. By all accounts, the exercise was a success.

"The whole team showed immense adaptability, especially the clinical staff in our NICU and mother-baby units," says Carlos Cruz, MS, emergency management specialist, EM+ER. "Their willingness to work together and learn from this exercise left a great impression. We will be that much more prepared should we ever have an emergency in the NICU."

Check out more images of the first EM+ER disaster exercise designed for the Neonatal Intensive Care Unit (NICU)



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