

HOSPITAL DISASTER PLAN

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GENERAL INFORMATION

Hospital Emergency Operations Plan (EOP)

1) PURPOSE OF THE EOP

This disaster plan is designed to clearly set out the roles and responsibilities of individuals, departments, and areas.

This General information section should be read by all staff. Individuals who will be responsible for particular areas of duties should familiarize themselves with the appropriate sections of the plan as well.

2) AIMS OF THE EOP

- The primary aim of this Emergency Operations Plan (EOP) is to save as many lives as possible given our resources and the nature of the incident.
- A secondary aim is to protect people – both our staff and the public – from post-incident injury by implementing decontamination, isolation, universal precautions, etc.
- Lastly, we will aim to protect property (the hospital, patient's belongings, vehicles) from harm.

3) DEFINITION OF DISASTER

A disaster is any event that disrupts the normal functioning of public health either by damaging the public health infrastructure or by resulting in enough casualties or illnesses to overwhelm our day-to-day operations.

The normal functioning of the public health system is inadequate to manage the demands placed on the health care system. This necessitates a different operating plan be used when a disaster occurs. This Manual is intended to explain how such a plan works.

4) DISASTER LOCATION

There are also two disaster locations – internal and external.

- An internal disaster is one occurring within the hospital; for example, a gas explosion, structural fire or terrorist action.
- An external disaster is one occurring outside the building; for example, a bus accident, chemical spill or typhoon.
- Mixed locations – A disaster may have both internal and external elements. A severe earthquake may cause major damage to both the hospital and the surrounding community. Disaster can also be on-island or off-island.

5) PLANNING ASSUMPTIONS

The disaster plan makes the following assumptions and attempts to minimize their impact:

- Many people may not have adequate housing in order to protect their family and would like to stay with their families.

- Key personnel may not be present
- The disaster response may be prolonged
- There may be communication failures
- Media may be present and information will be directed through the Governor's Task Force.
- Legal problems may arise subsequent to the response & recovery

GENERAL CONCEPTS OF OPERATION

a) SERVICES

- A. Until shift assignments are made, all employees will be on duty and will remain on duty until the shift is declared ended by the Incident Commander.
- B. All off-duty staff will try to come to the hospital immediately upon hearing of a disaster.
- C. If the disaster response is anticipated to be prolonged (i.e. More than 8 hours) Section Coordinators will set up shift assignment to allow for staff rest periods.

b) INCIDENT COMMAND

- A. All emergency operations will be managed by an Incident Command System (ICS). Incident command is a method for dealing with disasters when the situation requires coordination of all hospital activities through a command post.
- B. The principle of ICS is that hospital activities are managed by five main command post leaders:
 - COMMAND – Director, Health Services
 - OPERATIONS – Chief of DMS
 - LOGISTICS – Chief of Administration
 - FINANCE/ADMINISTRATION – Chief of Administration
 - INFORMATION – HIS Coordinator
 - PUBLIC HEALTH – Chief of Primary HealthCare
 - DENTAL – Chief of Dental Services
- C. Each other hospital unit, area or department maintains the same leaders or directors as per their regular routines. Some departments will naturally be managed by the director, chief, or head of that department.
- D. Whenever the hospital units, areas or departments need to communicate, they should do so by talking with the Command Post leader assigned to that particular function.

c) INCIDENT COMMANDER

- A. To oversee the response for the entire hospital, an Incident Commander is established who directs the Command Post, all emergency activities and assigns key personnel to be in charge of certain areas as needed.
- B. Ranking of Personnel eligible as Incident Commander
 - First Choice -- Director of Health Services
 - Second Choice -- Chief, Div of Medical Services

- Third Choice -- Chief, Div of Administration
- Fourth Choice -- Chief, Div of Primary Health Care

C. The Governor may elect to take charge of the Hospital disaster response in which case they supersede any other Incident Commander.

d) DISASTER DRILLS AND EXERCISES

- A. Disaster Activation drills will be held at least once a year, although they may be done as a tabletop exercise.
- B. When a disaster drill is staged, the Nurse shift supervisor will announce “Disaster Activation drill in effect. This is a drill”.
- C. The Hospital will respond exactly as if it were an actual Disaster Activation with two exceptions: No clinics will be closed and no patients or visitors will be turned away.
- D. If you are uncertain whether there is an actual Disaster Activation in effect, call the Health Director’s office to confirm.

HOSPITAL EMERGENCY OPERATIONS PLAN CONCEPT OF OPERATIONS TABLE (according to major function)

Function	Activities
ACTIVATE THE EOP	<ul style="list-style-type: none"> A. Authority to Activate the EOP B. Process for Disaster Activation C. Emergency Operations Alert
NOTIFY	<ul style="list-style-type: none"> A. Notification message B. Staff notification process C. Request volunteers D. External facility notification
MOBILIZE	<ul style="list-style-type: none"> A. Establish Hospital Command Post B. Staff assignments C. Volunteer reporting location D. Report hospital unit area status E. Clearing of routine functions F. Preparing equipment and supplies G. Securing unit areas & perimeter control
ORGANIZE	<ul style="list-style-type: none"> A. On-duty personnel <ul style="list-style-type: none"> 1. Establish Labor pool B. Off-duty personnel
HOSPITAL, COMMAND POST, (CP)	<ul style="list-style-type: none"> A. Primary location of Command Post B. Back-up location C. Command Post staff reporting process D. Command Post Staff

	<ul style="list-style-type: none"> E. Command Post security F. Initial management meeting G. 8 hour planning cycle
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Authority to Activate the EOP

- A. Only the Incident Commander has the authority to activate the hospital disaster response.
 - First Choice – Director of Health Services
 - Second Choice – Chief of Medical Services
 - Third Choice – Chief of Primary Health Care

- B. In the case when the Doctor on Call activates the Emergency Operations Plan (EOP), that person in charge assumes the role of Incident Commander until relieved by the Incident Commander that has been pre-designated in the EOP.

- C. Before activation of the EOP, the Doctor on Call is responsible for immediately fortifying the Incident Commander of the activation.

- D. Upon arrival at the hospital, the Incident Commander will assume command and maintain authority over all hospital emergency operations.

Process for Disaster Activation

A. EVENING AND WEEKEND ASSIGNMENTS FOR DISASTER ACTIVATION

The primary person responsible will be the Nurse Shift Supervisors during the after-hours and evening emergency response.

B. DISASTER ACTIVATION

1. The process for Activation of the Hospital Emergency Operations Plan is as follows:
 - a. Who has the authority to activate the Hospital Disaster Plan
 - i. Only the Incident Commander or the Doctor on Call can activate disaster response.
 - ii. This can be done in consultation with anyone but the order to activate must come from one of these three individuals only.
 - b. What will be announced
 - i. “Attention all personnel and visitors. Disaster Activation is now in effect. Implement the Hospital Disaster Plan”

- ii. One attendant per patient may stay with the patient. Visitors not staying as an attendant should proceed to the inpatient waiting area. The outpatient visitors should exit the building through the main entrance. (Repeat 3 times)
 - iii. Then repeat 3 times in local language.
- c. Who will make the announcement in the Hospital
 1. After notified by the Doctor on Call or the Incident Commander, the Nurse shift supervisor in the ER will announce that the disaster plan has been activated by announcing over the intercom

C. ACTIVATION OF EOP FOR INTERNAL DISASTERS

1. In the event of fire, hazardous materials spill, explosion or other incident within the hospital, the internal hospital disaster will take precedence.
2. The disaster plan will operate only as permitted by the severity of the internal disaster.
3. Dial Intercom "80" to notify the hospital of any internal disaster.
4. The person making the, Intercom 80 call, will make the following announcements over the intercom to inform staff of an incident within the hospital:
 - a. For fire
 - "Fire in the building, located at (give location of fire).
 - b. For hazardous material release
 - "Hazardous materials incident in the building" (give location of incident).
 - c. For violent incident in the building
 - "SECURITY, (give location), STAT"
5. In areas that do not have intercom access, Security will notify the people in these areas in person:
 - Dining room
 - Inpatient waiting room
 - Hallways
 - Restrooms
 - Outpatients and dental waiting area
 - Medical supply warehouse
 - Nurse's lounge
 - Laundry room

Emergency Operations Alert

- A. The purpose of an Emergency Operations Alert is to provide information to the hospital staff and/or patients that EOP activation is possible or anticipated in the near future.

- B. The process for an EOP Alert is the same as that for Full Disaster Activation EXCEPT that the following phrase is added to the Intercom announcement:
 - “This is an Emergency Operation Plan Alert”
 - “This is ONLY an Alert, please standby for emergency activation”.

This statement is followed by specific information like:

- a. type of incident
- b. number of people involved
- c. location

Staff Assignments

WHEN EMERGENCY OCCURS, STAFF SHOULD REPORT TO THE FOLLOWING AREAS:

Report to Their Departments

- a) OR
- b) Dental Services
- c) Radiology
- d) Lab
- e) Pharmacy
- f) Kitchen
- g) Housekeeping/Laundry
- h) Medical Supply
- i) Medical records

Report to the RED, YELLOW OR GREEN TREATMENT ZONES:

- j) All Physicians and nurses go to treatment zones or wards as assigned
 - o If you do not see your name on this list for treatment zones, then you are to work in the area that you usually do

Report to Labor Pool – computer lab

- a) Public health nurses and health assistants
- b) Mental Health
- c) Volunteers

- d) Physical Therapy

Report to Command Post

- a) Incident Command Staff
- b) Director's Secretary
- c) Fiscal officer

Report to ER

- a) Security
- b) Ambulance

STAFF NOTIFICATION OF DISASTER

I. Notification of All Staff Inside of Hospital,

- A. The Nurse Shift Supervisor will announce the disaster plan activation over the intercom

II. Notification of All Staff Outside of Hospital

- A. After the Nurse Shift Supervisor's announcement she then calls the:
 - o Director of Health Services (then call the chief, Medical Staff Services)
 - o Chief, Medical Staff Services (then call the Director of Health Services)
 - o Chief Nurse
 - o Field Incident Commander
 - o Local broadcast station (6am-12am)
 - o Health Director's office then notifies clerks
- B. One nurse for each ward will call nursing staff at home to notify them of the disaster. Medical supply, Medical records, Pharmacy, Maintenance.
- C. The Nursing Shift Supervisor will call all of the doctors at home to notify them of the disaster.
- D. Laboratory and radiology call their own supervisors and the supervisors call their own staff.
- E. Clerks calls supervisors of: kitchen, housekeeping/laundry, and the supervisors call their own staff.

Volunteer Requests

- ❖ Volunteers to assist in hospital emergency operations will be accepted only upon request.
- ❖ The Incident Commander will decide the need for volunteers.
- ❖ Whenever possible, potential hospital volunteers should be identified in advance of the disaster event. (private clinics (Need MOU), Red Cross Volunteers,)

- ❖ The process for requesting the assistance of volunteers is as follows:
 1. Incident Commander (IC) requests Command Post Chief of Administration to request volunteers
 2. Chief of Administration notifies volunteers by pager and telephone
 - “The hospital has declared a state of emergency. All pre-registered Volunteer Hospital Personnel are requested to report to the hospital conference room.
 - “Pre-registered volunteers should enter the hospital through the main entrance”.

Volunteer assignment

- ❖ Volunteers to assist in hospital emergency operations will be accepted only upon request.
- ❖ The Incident Commander will decide the need for volunteers.
- ❖ Whenever possible, potential hospital volunteers should be identified and pre-registered in advance of the disaster event.
 - Potential candidates may include retired healthcare providers, prior hospital employees and healthcare providers in training.
- ❖ All pre-registered Volunteer Hospital Personnel will report to the hospital Labor Pool
- ❖ Volunteers should enter the hospital through the main entrance.
- ❖ The CHC Labor Pool is located at the Continuing Education Room in the lower level of the CHC, next to the cafeteria.
- ❖ Requests from the Hospital Unit Areas for volunteer assistance should be directed through the Administrative Officer in the Hospital Command Post.
- ❖ Volunteers will be assigned by the Labor Pool Unit Coordinator according to requests made by the Command Post Administrative Officers and/or the Incident Commander.

External Notification of Disaster

1. Incident Commander (IC) notifies Governor’s Task Force to develop public message.
2. Governor’s Task Force sends message to media outlets

MOBILIZATION

Establish Hospital Command Post

- ❖ Security personnel (or Senior Administrative Staff) unlock space
- ❖ Command Staff arrives
- ❖ Incident Commander (IC) assigns Incident Command System positions
- ❖ Command staff assumes positions
- ❖ IC reports activation of command post to Governor Task Force.

Volunteer reporting location

- ❖ Only pre-registered Volunteer Hospital Personnel will report to the hospital Labor Pool
- ❖ Volunteers should enter the hospital through the main entrance.
- ❖ The Hospital Emergency Labor Pool is located at the Hospital conference room
- ❖ Volunteers may also be of assistance at the hospital and in addition at the site.
- ❖ Red Cross hospital volunteers may also be available for blood donation.

Reporting hospital unit status

Immediately upon activation, and every hour thereafter, the head nurse reports to the Chief, Div of Medical Services at the Hospital Command Post of the following information:

- Number of patients
- Number of staff currently available
 - Staff ratio (i.e. number of Registered nurses, LPN's)
- Patient acuity: (triaged according to red, yellow and green categories)
- Available beds: (differentiating pediatrics from adult beds)
- Any Unit-Specific critical resource needs

Clearing of routine functions

Critical response areas should move to clear as many of the current routine functions and delay impending functions (e.g. cancel clinic office visits, postpone elective surgeries; discharge non-emergent/non-urgent patients, etc.)

1. Emergency Room

- A. Triage
 - Patient's primary nurse should immediately triage their own patients in the ED
- B. Admissions and discharges
 - ER doctor evaluates all patients

- ER doctor discharges green category patients
- ER doctor admits yellow category patients to the YELLOW TREATMENT ZONE
- Doctor stationed in the GREEN TREATMENT ZONE discharges green category patients.

C. Prepare for surge capacity: (e.g. patient charts, infection control supplies, Personal Protective Equipment)

2. Laboratory

- Triage of pending lab work: (OR and ER) will have priority)
- Prepare for surge capacity

3. Operating Room(s)

- Cancel elective surgeries
- Triage pending surgeries
- Prepare for emergency surgeries

4. Wards

- In preparation for surge capacity, the attending physicians will evaluate their own patients for discharge of non-critical patients.

Preparing equipment and supplies

1. Pharmacy:

- Asses on hand quantities of critical disaster related equipment, reagents and supplies
- Call private clinics and pharmacies for potential backup.
- Call Chief, Div of Administration to stand up for disaster backup
 - Request for any additional resources are made through the Command Post Chief, Div of Administration

2. Medical and Lab Supply:

- Asses on hand quantities of critical disaster related equipment, reagents and supplies
- Call private clinics and pharmacies for potential backup
- Call Chief, Div of Administration to stand up for disaster backup
 - Requests for additional resources are made through the Command Post Chief, Div of Administration

3. Physical therapy:

- Prepare equipment and supplies for mass casualties involving fractures. (e.g. crutches, splints, cervical collars, etc)
- Requests for additional resources are made through the Command Post Operations Chief

Securing unit areas & perimeter control

1. Command Post

- Hospital Security reports to command post for assignment

2. Main entrance and ER entrance

- Hospital Security secures both entrances
- Hospital Security requests police backup through Command Post Chief, Div of Administration

3. Other entrances

- Security ensures that all other entrances remain locked

4. External grounds

- Until public safety arrives secure external grounds location
 - A. Only hospital staff, public health staff, pre-registered volunteers, and patients are to be allowed access

5. Securing unit areas

- Public announcement for all visitors to leave the hospital immediately
- Unit managers identify appropriate sitters
- Command Post notifies Governor's Task Force Emergency Operations Center (EOC) Public Information Officer (PIO) that hospital now has newly restricted visitor access

ORGANIZATION

Off-duty Personnel

All off-duty staff will try to come to the hospital immediately upon hearing of a disaster. If the Disaster is declared at night or during a weekend, all hospital employees must come to the hospital at once. Everyone's help will be needed. If you see or hear about a plane crash, bus wreck, hotel fire, or other mishap with the potential for multiple casualties on the news, or if the police tour your neighborhood announcing a disaster, come immediately to the hospital and report to your hospital unit area if notified to do so.

In the case of typhoons, staff may wait to be called by the hospital before reporting.

If the disaster response is anticipated to be prolonged (i.e. more than 8 hours) Shift supervisors will set up shift assignments to allow for staff rest periods.

1. Call to duty

- a. Advisories
 - (i) Travel route is safe or not?
 - (ii) Parking / entrance
 - Maintain designated employee parking
 - (iii) ID badges
 - Remind people to bring their Photo ID
 - Staff without photo ID should present to guard at hospital entrance
 - Guards confirm ID of staff without ID's
 - Administrative clerks will provide security or law enforcement with hospital personnel list at entrance
- b. Provide home contact and/or pick-up
 - If necessary, home pick up will be provided for those personnel who may not be able to travel to the hospital.
 - Primary responsibility for home pickup will be the hospital.
 - Employees unable to report in should call Labor Pool, if able.
- c. Reporting for duty
 - ◆ Location – Labor Pool – Hospital conference room
- d. Overtime policy
 - ◆ Personnel will be paid for overtime based on disaster differential

HOSPITAL COMMAND POST

Location of the Hospital Command Post

The PRIMARY LOCATION of the Hospital Command Post is the “Director’s Office”

The BACK-UP LOCATION is the “Hospital Conference Room”

Command Post Staff Reporting Process

1. Command Post Staff will report directly to the Command Post

Command Post Staff

1. Operations Chief – overseeing medical care

- a. Primary – Chief, DMS
 - b. Alternate – Chief, Administration
- 2. Logistic Chief – oversees supplies and support services
 - a. Primary – Chief, Administration
 - b. Alternate – Medical Supply Supervisor (MSS)
- 3. Admin/Finance Chief
 - a. Primary – Chief, Administration
 - b. Alternate – Fiscal Officer
- 4. Information and Planning Chief
 - a. Primary – HIS Coordinator
 - b. Alternate – Medical records supervisor
- 5. Public Health Chief – Chief of Primary Healthcare
- 6. Dental Chief – Chief of Dental Services
- 7. IT Technician
 - a. Primary – Hospital IT
 - b. Alternate – Bioterrorism IT Technician
- 8. Security (6)

Command Post Security

Command Post

- ◆ Hospital security provides security for Command Post

Initial management meeting

1. Discuss a situation with Command Post Staff
2. Establish action priorities
3. Define immediate objectives for the first 8 hour period.

8 hour planning cycle

(at the end of each shift)

1. Establish response actions for the next shift
2. Detail resources that are now available or in shortage
3. Provide event updates
4. Provide hospital unit updates
5. Develop and authorize safety messages for the next shift
6. Develop predictions of the event for the next 8 hours

TABLE FOR HOSPITAL EMERGENCY OPERATIONS

Function	Activities
INCIDENT COMMAND	1. Incident Command Positions (See Incident Command Organization Chart) 2. Maintaining concept of operations
OPERATIONS SECTION	A. DISASTER TREATMENT ZONES <ol style="list-style-type: none"> 1. TRIAGE Zone <ol style="list-style-type: none"> A. Disaster Triage B. Patient registration and processing 2. RED Treatment Zone 3. YELLOW Treatment Zone 4. GREEN Treatment Zone 5. BLACK Category Patient Holding Area 6. Disaster Field Site 7. Disaster Supply Cases of Carts B. OTHER HOSPITAL AREAS in OPERATIONS SECTION <ol style="list-style-type: none"> 1. Laboratory 2. Outpatient Clinics 3. Radiology 4. Mental Health 5. Wards 6. Operating Rooms (OR) 7. Morgue C. INDIVIDUAL DUTIES in OPERATIONS SECTIONS <ol style="list-style-type: none"> 1. Doctor on Duty 2. Chief, Division of Medical Services 3. Chief of Nurse 4. Chief of Surgery 5. Disaster Treatment Zone Nurses 6. Disaster Field Response Team 7. Physicians
LOGISTICS SECTION	A. Facility Maintenance and Repair B. Medical Supply C. Pharmacy D. Housekeeping and Laundry Services E. Kitchen F. Security G. Transportation
INFORMATION & PLANNING SECTION	A. Patient tracking report B. Ward status reports

	C. Supply tracking D. Personnel tracking E. External event information F. Expert information processing G. Hospital Emergency Operation Plan H. Internal event document I. Long term planning J. Administer hospital command post
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INCIDENT COMMANDER

CHAIN OF COMMAND

The ER Physician in Charge or the Chief Nurse Supervisor is the Incident Commander until relieved by the CEO.

RANKING OF PERSONNEL FOR INCIDENT COMMANDER

FIRST CHOICE ----- Director of Health Services

SECOND CHOICE ----- Chief, Division of Medical Services

THIRD CHOICE ----- Chief, Division of Administration

FOURTH CHOICE ----- Chief, Division of Primary Health Care

DUTIES OF THE INCIDENT COMMANDER

- 1) REPORT TO THE Command Post located in the Director's Office. Relieve the acting on duty of incident command responsibilities

- 2) ESTABLISH AUTHORITY OVER COMMAND POST and remain there to direct the disaster response.

- 3) Sets up Command Post along with Intelligence-Planning Chief

- 4) Set up includes:
 - ◆ The Hospital Emergency Operations Plan
 - ◆ The State Public Health Emergency Operations Plan
 - ◆ A map of the hospital and grounds
 - ◆ One to six land lines phones
 - ◆ Handheld VHF radios for each Command Post Position (At least 10 in the Command Post)
 - ◆ Six Iridium Satellite phones
 - ◆ Computer: at least one per command post officer position (7 total)

- 5) APPOINT THE FOLLOWING COMMAND POST OFFICERS:

- ◆ Public Information Officer
- ◆ Command Liaison
- ◆ Finance-Administration Chief
- ◆ Logistics Chief
- ◆ Intelligence-Planning Chief
- ◆ Operations Chief

6) ASSEMBLE THE FOLLOWING PERSONNEL in the Disaster Command Post

- ◆ IT Technician
- ◆ Two runners (or foot messengers) from the Labor Pool
- ◆ The Command Post officers listed above
- ◆ Security

7) DIRECT THE COMMAND POST LIAISON OFFICER TO COMMUNICATE WITH THE State EMERGENCY OPERATIONS CENTER (EOC) AND WITH THE DISASTER SITE.

- ◆ Identify the State EMERGENCY OPERATIONS CENTER (EOC) Incident Commander
- ◆ In cases of bioterrorism or epidemics, identify the Public health Incident Commander.
- ◆ Identify the Disaster Site Incident Commander.
- ◆ Exchange information and make State EOC Incident Commander and the Disaster Site Incident Commander aware of hospital readiness to receive victims.

8) ASSIGN PHYSICIAN STAFF in charge of the following areas:

- ◆ RED Treatment Zone
- ◆ YELLOW Treatment Zone
- ◆ GREEN Treatment Zone
- ◆ Operating Room (OR)
- ◆ TRIAGE Zone

9) Assign Command Liaison to call the State EOC for outside assistance (e.g. Military, Strategic National Stockpile, CDC, CDC-PEHI, WHO, Public Health Service) when the hospital's resources are overwhelmed.

10) STAFF ALL CRITICAL AREAS.

11) UPDATE STAFF, Keep the hospital staff informed of our current status and the status of the disaster through the Intelligence-Planning Chief.

12) TERMINATE Disaster Activation WHEN DISASTER SITUATION IS OVER. Announce termination over the P.A. System.

13) WORK WITH MEDICAL REFERRAL COMMITTEE TO TRANSFER PATIENTS OFF-ISLAND

Maintaining concept of operations

- The Incident Commander will oversee all procedures to ensure that hospital operations are consistent with the emergency operations plan.
- The Incident Commander will communicate with Command Post Section Chiefs to ensure incident command procedures are being utilized.

Mission: Organize and direct Emergency Operations Center (EOC). Give overall direction for hospital operations and if needed, authorize Evacuation.

Immediate actions:

- ◆ Initiate the Hospital Emergency Incident Command System by assuming role of Emergency Incident Commander
- ◆ Read this entire Job Action Sheet. Put on position identification vest.
- ◆ Appoint all Section Chiefs and the Medical Staff Director positions; distribute the four section packets which contain:
 - Job Action Sheets for each position
 - Identification vest for each position
 - Forms pertinent to Section & positions
- ◆ Appoint Public Information Officer, Liaison Officer, and Safety and Security Officer, distribute Job Action Sheets. (May be pre- established.)
- ◆ Announce to a status/action plan meeting of all Section Chiefs and Medical Staff Director to be held within 5 to 10 minutes.
- ◆ Assign someone as Documentation Recorder/Aide
- ◆ Receive status report and discuss an initial action plan with Section Chiefs and Medical Staff Director. Determine appropriate level of service during immediate aftermath.
- ◆ Receive initial facility damage survey report form Logistics Chief, if applicable, evaluate the need for evacuation.
- ◆ Obtain patient census and status from Planning Section Chief, Emphasize proactive actions within the Planning Section. Call for a hospital-wide projection report for 4, 8, 24, 48 hours from time of incident onset. Adjust projections as necessary.
- ◆ Authorize a patient prioritization assessment for the purposes of designating appropriate early discharge, if additional beds needed.
- ◆ Assure that contact and resource information has been established with outside agencies through the Liaison Officer.
- ◆ Authorize resources as needed or requested by Section Chiefs.

Intermediate actions

- ◆ Designate routine briefings with Section Chiefs to receive status reports and update the action plan regarding the continuance and termination of the action plan.
- ◆ Communicate status to chairperson of the Hospital Board of Directors or the designee.
- ◆ Consult with Sections Chiefs on needs for staff, physician, and volunteer responder food and shelter. Consider needs for dependents. Authorize plan of action.
- ◆ Approve media releases submitted by P.I.O.
- ◆ Observe all staff, volunteers and patients for signs of stress and inappropriate behavior.

Extended actions

- ◆ Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.

◆ Other concern:

LIAISON OFFICER

Positioned Assigned To: Chief, Division Admin.

You Report To: Director of Health Services (Emergency Incident Commander)

Command Center: Office Conference Room _____ Telephone: 320-2215

Mission: Function as incident contact person for representatives from other agencies.

Immediate

- ◆ Receive appointment from Emergency Incident Commander.
- ◆ Read this entire Job Action Sheet and review organizational Chart on back.
- ◆ Put on position identification vest
- ◆ Obtain briefing from Emergency Incident Commander.
- ◆ Establish contact with Communication Unit Leader in E.O.C. Obtain one or more aides as necessary from Labor Pool.
- ◆ Review county and municipal emergency organizational charts to determine appropriate contacts and message routing. Coordinate with Public Information Officer.
- ◆ Obtain information to provide the inter hospital emergency communication network, municipal E.O.C. and/or county E. O.C as appropriate, upon request. The following information should be gathered for relay:
 - The number of "Immediate" and "Delayed" patients that can be received and treated immediately (Patient Care Capacity).
 - Any current or anticipated shortage of Personnel, supplies, etc.
 - Current condition of hospital structure and utilities (hospital's overall status).
 - Number of patients to be transferred by wheelchair or stretcher to another hospital. Any resources which are requested by other facilities (i.e., staff, equipment, supplies).
- ◆ Establish communication with the assistance of the Communication Unit Leader with the inter-hospital emergency communication network, municipal E.O.C. or with territory Health Officer. Relay current hospital status.
- ◆ Establish contact with liaison counterparts of each assisting and cooperating agency (i.e., municipal E.O.C). Keeping governmental Liaison Officers updated on changes and development of hospital's response to incident.

Intermediate

- ◆ Request assistance and information as needed through the inter hospital emergency communication network or municipal/county E.O.C.
- ◆ Respond to requests and complaints from incident personnel regarding inter-organization problems.

- ◆ Prepare to assist Labor Pool Unit Leader with problems encountered in the volunteer credentialing process.

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OPERATIONS SECTION	A. DISASTER TREATMENT ZONES <ol style="list-style-type: none"> 1. TRIAGE Zone <ol style="list-style-type: none"> A. Disaster Triage B. Patient registration and processing 2. RED Treatment Zone 3. YELLOW Treatment Zone 4. GREEN Treatment Zone 5. BLACK Category Patient Holding Area 6. Disaster Field Site 7. Disaster Supply Cases or Carts B. OTHER HOSPITAL AREAS in OPERATIONS SECTION <ol style="list-style-type: none"> 1. Laboratory 2. Outpatient Clinics 3. Radiology 4. Mental Health 5. Wards 6. Operating Rooms (OR) 7. Morgue C. INDIVIDUAL DUTIES in OPERATIONS SECTION <ol style="list-style-type: none"> 1. Doctor on Duty 2. Chief, Division of Medical Services 3. Chief Nurse 4. Chief of Surgery 5. Disaster Treatment Zone Nurses 6. Disaster Field Response Team 7. Physicians
INFROMATION SECTION	A. Patient tracking report B. Ward status reports C. Supply tracking D. Personnel tracking

	<ul style="list-style-type: none"> E. External event information processing F. Expert information processing G. Hospital Emergency Operations Plan H. Internal event documentation I. Long term planning J. Administration hospital command post
ADMINISTRATION & FINANCE SECTION	<ul style="list-style-type: none"> A. ADMINISTRATION B. FINANCE <p>INDIVIDUAL DUTIES in ADMIN-FINANCE SECTION</p> <ul style="list-style-type: none"> 1. Administration 2. Medical records 3. Medical Referral 4. Personnel Support

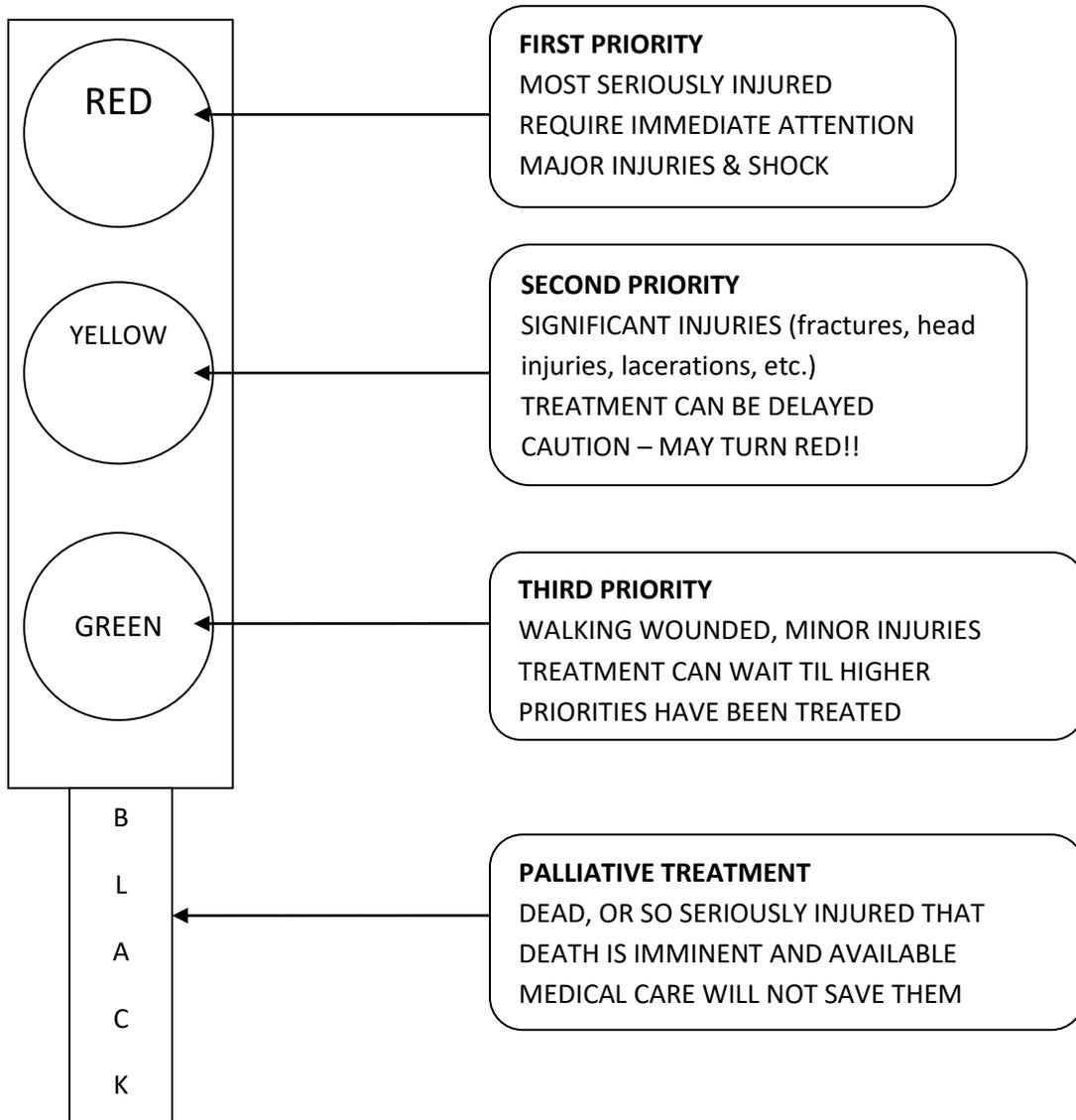
DISASTER TRIAGE

To triage means “to sort” Sorting patients into categories of injury severity is the first stage of disaster patient care.

In a disaster situation, patients will undergo PRIMARY TRIAGE and Initial treatment stated in the field by the Hospital Disaster Field Response Team.

Casualties will be triaged into one of four color-coded groups according to severity of their injuries. Each patient will be marked in the field with a colored triage tag. All casualties will be triaged again (SECONDARY TRIAGE) in the Hospital TRIAGE AREA located at the driveway near the hospital outpatient entrance.

THINK OF A TRAFFIC LIGHT and you will be able to remember the order of priority of the colors.



TRIAGE ZONE – Main Hospital Out-patient Entrance

(photo of TRIAGE ZONE)

DUTIES:

At the Main Hospital Outpatient Entrance, all patients will be triaged before entry into the hospital. Patients will be tagged and charts started when they are triaged in the Main Hospital Outpatient Entrance.

- 'RED' patients will be taken into the Emergency Room and
- Overflow 'RED' will be taken to the Red hallway (hallway near the ER)
- 'YELLOW' patients will be taken to Yellow hallway (hallway by the morgue) They Will not enter the Emergency Room
- 'GREEN' patients will be taken Outpatient Department (OPD) They will not Enter the Emergency Room
- 'BLACK' triage category patients will be triaged from the Main Hospital outpatient Entrance directly to the morgue or overflow will be sent to hemodialysis.

STAFFING; (list of TRIAGE ZONE team members)

TRIAGE AREA – EMERGENCY DEPARTMENT ENTRANCE

At the Main Hospital Lobby Entrance, all patients will be triaged before entry into the hospital. Patients will be wrist-banded and charts started when they are triaged in the Main Hospital Lobby Entrance.

- 'RED' patients will be taken into the Emergency Department through the back door of the Radiology Department.
- Overflow 'RED' will be taken to the main hospital hallway (located between lab and ER)
- 'YELLOW' patients will be taken to OPD (through the main OPD entrance). They will not enter the Emergency Department.
- 'GREEN' patients will be taken to Physical Therapy (through main outside walkway) They will not enter the Emergency Department.
- 'BLACK' triage category patients will be triaged from the Main Hospital Lobby Entrance directly to the morgue (or a field morgue if one is set up).

Triage Area staffed by:

- Triage physician
- Triage nurses (2)
- Triage registration clerk (2)
- Extra help as required
(call on radio to OPS Chief in Command Post to draw from labor pool)

Flow Diagram for Patient Transfers

RED ZONE:

Emergency Room and "RED hallway" near ER

The doctor on duty organizes the ER. They assume role of Incident Commander for the hospital until relieved by a ranking staff member.

The ER Nurse Shift Supervisor takes charge of emergency nursing. The chief Nurse assigns nurses to come immediately to the ER, according to availability and need.

Once the ER is activated during a disaster response staffing is as follows:

- List of RED ZONE team members
- Request extra help as needed by calling Hospital Operations Chief in the Command Post

Supplies: existing supplies in the Emergency Department
 Disaster case/cart from Emergency Room

RED ZONE Overflow Area

The following rooms will handle overflow REDS from

- #1 choice – the hallway nearest the ER
- (photo of RED ZONE HALLWAY)

1. The nurse in charge of this area will assume responsibility for organizing the overflow area
2. The nurse in charge of this area will call the Chief, Division Medical Services in the Hospital Command Post to request additional personnel.
3. The following preparations should be made for RED patient arrivals:
 - Supplies and equipment should be immediately moved into this area to include:
 - Mats, blankets or sheets w/IV stands
 - BP cuffs, stethoscopes
 - Thermometers
 - Intravenous fluids should be hung with blood tubing
 - Large bore iv catheters (14 and 16 gauge) should be available with tape and splints
 - Gauze and gauze wraps or ace elastic bandages
 - If burns are expected, sterile saline, silvadene and sheets should be obtained.
 - Disaster patient registration packet requested form Emergency room
 - One crash cart, including a defibrillator
 - Oxygen tanks and tubing
 - Flashlight
4. Staff with: <see chart for RED ZONE team members>
 - Nurse in charge will call the Chief, Division Medical Services in the Hospital Command Post to request more personnel.

YELLOW TREATMENT ZONE – (HALLWAY NEAR MORGUE)

Photo of (YELLOW ZONE)

Patients should leave TRIAGE ZONE and enter RED Zone through the hospital entrance near hemodialysis,

(Photo of entrance)

1. This area receives 'YELLOW' triaged patients.
2. The Yellow zone team leader takes charge of this area.
3. Staff with: Yellow Zone team members.
4. Call the Chief, Div of Medical Services in the Hospital Command Post to request more personnel.
5. The following supplies and equipment should be immediately moved into this area:
 - Mats, blankets, sheets w/IV stands or hooks or wire or strings
 - BP cuff, stethoscopes
 - Thermometers
 - Intravenous fluids should be hung with blood tubing.
 - Large bore IV catheters (14 to 16 gauges) should be available with tape and splints.
 - Gauze and gauze wraps or ace bandages
 - If burns are expected, sterile saline, "Solpadine" burn ointment and sheet should be obtained.
 - Disaster patient registration packet requested from the emergency room
 - One crash cart, including defibrillator
 - Flashlight
 - Disaster supply case/cart
 - Oxygen tanks and tubing

GREEN TREATMENT ZONE – (OPD)

Location: Outpatient department

(Photo of GREEN ZONE)

1. Any pre-existing patients who feel they can go home and return later in the week should be asked to do so by the Green Treatment Zone Doctor.
2. This area will receive and treat GREEN patients (ambulatory or wheelchair with minor injuries including minor fractures).
3. The patients will be registered, wrist banded/tagged and a patient chart will be established. Disaster patient registration should proceed just the same as normal patient registration. They are NOT to go to the Emergency Department.
4. The chief, DMS will appoint a doctor to be in charge of this area. The doctor must ensure the area is open and adequate staff is present to treat the patients.
5. Staff with: (list of Green zone team members)
6. Supplies and equipment should be immediately moved into this area:
 - BP cuffs, stethoscope
 - Tape and splints
 - Gauze and gauze wraps or ace bandages
 - Thermometer
 - Otoscopes
 - If burns are expected, sterile saline and silvadene should be obtained.
 - Disaster patient registration packet requested from ER

BLACK ZONE
(Holding area for deceased patients)

Location – Morgue

Overflow location is the Hemodialysis room

1. This holding area will receive BLACK TRIAGE casualties who are deceased.
2. This area should be prepared to receive “BLACK category” patients directly from the TRIAGE AREA.
3. List of BLACK ZONE team members
4. This area should be stocked with the following supplies:
 - Bed linens
 - Body bags
 - Backboards
 - Police tape

CHEMICAL DECONTAMINATION STATION

1. In event of a chemical exposure requiring decontamination, a decontamination station will be assembled outside of the hospital to prevent further casualties.
2. It will be located next to the ER; an on-site decontamination station may also be set up at the site of the disaster itself.
3. If the decontamination station is located in a parking lot, owners of autos parked in this area will be contacted by overhead announcement to “Move your vehicles immediately. Those not moved will be towed”.
4. Ambulatory casualties’ clothing that have been chemically exposed will be removed and sealed in plastic bags with identifying information affixed and the casualties will shower with soap and water for at least three minutes then don hospital gowns.
5. Exposures require only a thorough soaping and rinsing, not bleach or disinfectant.
6. Items that patients may not wish to surrender, such as valuables, keys or money, can be safely packaged and recorded and stored by hospital for further patient claims.
7. In the event of a possible chemical terrorist act, all bagged clothing will be kept for analysis as potential evidence.
8. The <hazmat team> will be responsible for supplying and assembling the station.
9. Staff assigned here will assist patients with undressing/dressing and bathing and will bag up contaminated clothing and shoes.
10. All staff working with contaminated clothing or patients are required to wear appropriate protective gear such as Personal Protective Equipment(PPE), gloves, impervious protective clothing, facemasks and respiratory and eye protection.
11. Staff with:
 - 1 hospital nurse
 - Hazmat team personnel

12. Supplies: Will be provided by hazmat team and include the following:
- 2 Hose
 - 1 Tent with shower attachments
 - 2 Tarps
 - Bucket
 - Soap
 - Sponge
 - PPE for responders will be provided by HazMat IC at Public Safety until the hospital has its own, which will then be held in Kathy Benjamin's office.

PRE-HOSPITAL CARE AT THE DISASTER SITE

1. A Hospital Disaster Field Response Team may be requested for the disaster site by the on-site Incident Commander.
2. The request will be delayed to the Incident Commander at the Hospital Disaster Command Post.
3. The Hospital Incident Commander will authorize the Chief DMS to assign Dr. Payne Perman to assemble a team to respond to a disaster only if hospital staffing permits.
4. The Hospital Disaster Field Response Team will be led by Dr. Perman.

B. OTHER HOSPITAL AREAS

LABORATORY

The laboratory disaster plan covers procedures to be followed by the Hospital lab staff in the event of a Disaster Activation. The plan forms part of, and are integrated with, the Hospital Emergency Operations Plan (EOP).

A. NOTIFICATION PROCEDURE FOR DISASTER ACTIVATION

1. during Office Hours:
 - a. Intercom announcement will notify lab of disaster
2. after Office Hours:
 - a. Lab tech on duty will notify Lab Supervisor at home of Disaster Activation
 - b. Based on information given at the time of notification, the Lab Supervisor will determine the number of staff needed and begin calling them at home.
 - c. A current list of Lab staff phone numbers is available to all lab personnel.
 - d. Lab tech(s) on duty do the following:
 - Coordinate the arriving staff and assign duties until the <Lab Supervisor arrives.
 - Prepare to send lab tech to the ER if/When requested.

B. DISASTER PROCEDURES

1. The Lab Staff member(s) reporting to the Emergency Room will:

- a. Proceed to the Emergency Room to collect samples on patients designated by the physician in charge. Patients classified as RED will receive priority attention, followed by YELLOW and then GREEN.
 - b. Label all tubes with the proper identifying information found on the patient tags which has been assigned to each respective patient on arrival. Initial, date and time the tubes on collection.
 - c. Place corresponding color coded (red, yellow, or green) stick-on labels from pre-packet on each patient requisition and specimen tubes. This will aid in specimen prioritization once the samples are received in the Lab.
2. Separate lab technicians will be assigned to do the following:
 - a. Phlebotomists (2)
 - b. Biochemistry/hematology (1)
 - c. Cross matching Blood Bank (2-3)
 - d. Urinalysis/microbiology (1)
3. The lab technicians will be assigned to do the following:
 - a. Depending upon blood stocks, initiate local volunteer blood drive in conjunction with the Red Cross.
 - b. Coordinate all lab activities to assure efficient operation and use of staff.
 - c. Inform Lab staff when the Disaster Activation is declared "all clear".

OUTPATIENT DEPARTMENT, OPD (or CLINICS)

Should a Disaster Activation be called during a working clinic day?

- Patient's primary nurse should immediately triage their own patients in the OPD to see if they can go home or to the GREEN TREATMENT AREA
- All other patients are to be asked to leave the OPD and return later in the week. If any patient feel they cannot wait a few days, inform them that they will have to stand by in the GREEN TREATMENT AREA while the situation is being assessed and that they may have to wait several hours before a physician is free to see them, (or they may choose to go to private clinics).
- This policy also applies to the behavioral health and dental health patients.

RADIOLOGY

1. The Disaster Activation will be announced overhead.
2. During after hours, the Radiology Technician on duty will call the radiology supervisor at home
3. The radiology supervisor will call the remaining radiology staff at home.
4. Preparations for a Disaster Activation should include:
 - Turning on the X-ray processors and radiology equipment
 - Fully charging the portable machine and ECG machine
 - Checking and replenishing the processor chemicals
 - Maintain the sign in sheet/log-sheet for tracking patients
5. Radiology supervisor assigns one radiology technician to RED ZONE with portable x-ray rooms.

6. Requests for additional personnel (i.e. patient lifting help and runners) should be made through the Chief, Div. Medical Services in the Command Post.

BEHAVIORAL HEALTH SERVICES

1. Notification of Disaster
In the event of a disaster:
 - A Disaster Activation message will be announced overhead
2. Staff should report and sign in at the Labor pool located in the Hospital Conference Room. They will log in and receive assignment to their appropriate locations, to provide immediate crisis intervention for the disaster victims and their families.
3. Family members of disaster victims should be referred to the Governor's Task Force Emergency Operations Center. Behavioral health will provide crisis intervention and counseling for the disaster victims' families at that location.
4. Behavioral health will notify the on-call chaplain/priest and traditional leaders to request their assistance, as needed.
5. When capacity is exceeded Behavioral health will request additional personnel through the Public Health Chief at the Command Post.
6. Mental Health Staffing at the Disaster Treatment Zones
 - Red Zone – 2 Crisis counselor(s)
 - Yellow Zone -- 2 Crisis counselor(s)
 - Green Zone – 2 Crisis counselor(s)
7. Behavioral health workers in each duty station should provide regular reports to the Public Health Chief at the Command Post.
8. The Behavioral Health Administrator should then provide regular (initially every hour) reports to the Operations Chief in the Command Post to update the Incident Command.
9. Two weeks after the Incident Commander terminates the Disaster response Behavioral Health will hold disaster debriefing for staff and volunteers trying to cope with post-disaster stress.

MEDICAL SOCIAL SERVICES

Notification of Disaster

In the event of disaster, the pediatric charge nurse will be responsible for notifying the medical social worker on-call of the disaster situation.

The medical Social Services administrator is to be notified and apprised of the situation by the on-call social worker. The on-call social worker will then call in the medical Social Work staff to serve the psycho-social needs of the disaster victims and their families.

Social services will notify the on-call chaplain/priest to request their assistance.

When capacity is exceeded Social Services will request additional personnel through the Operations Chief at the Command Post.

Duty Stations

One medical social worker and one in-patient psych nurse will be stationed in the GREEN area so as to provide appropriate crisis intervention, counseling and social support to disaster victims located in those areas.

A medical social worker and chaplain/priest will also be needed to circulate between the YELLOW Area and the BLACK Area.

Social workers in each duty station should report to the Operations Chief in the Command Center to update the Incident Command.

During the disaster response, the Social Work department and psychiatry will offer crisis counseling for staff and volunteers trying to cope with post-disaster stress.

WARDS

PATIENT WARDS

The most senior charge nurse on the ward when the Disaster Activation is called will be Unit Supervisor and will be in charge until relieved by a superior assigned by the Incident Commander. He or she must decide what the minimum staffing requirements are for the ward. All non-essential staff must be sent to the Labor Pool for reassignment within the hospital. Three nurses should be sent immediately to the ER.

The Unit Supervisor will look over patient charts to see which patients are stable enough so that they can be moved from either the surgical ward or medical/pediatric ward to the opposite ward. (I.e. trauma disasters move stable patients from surgery ward to medical ward. In medical disasters, stable medical patients are moved to the surgical ward. OB/GYN ward is used as a back-up for overflow of other ward patients.

Patients that are identified as stable for discharge should be discharged by the attending physician, Chief of Medical Staff or the ER Physician in charge.

LABOR & DELIVERY

The charge nurse remains in charge of this unit and will decide which staff is needed to maintain minimal ward functions. All other staff is to be sent to the Labor Pool for reassignment.

INTENSIVE CARE UNIT BEDS

1. The intensive care unit will serve as:
 - An overflow area for the ER RED Zone
 - Or, in absence of need for overflow, an admission point for critical care patients
2. The nurse in charge of the ICU when the Disaster Activation must decide what the minimum nurse staffing requirements are for the ICU.
3. The non-essential ICU staff will be sent to the Labor Pool for reassignment within the hospital.
4. The physician will look over patient charts to see which patients are stable enough so that they can be moved from the ICU to the wards.
5. Patients that are identified as stable for transfer to the wards should be discharged by the <attending physician or physician on call, Chief of staff or ER physician in charge>.
6. The ICU will otherwise operate according to standard procedures.

OPERATING ROOMS (OR)

1. Surgeon will activate the OR crew through the Nurse Shift supervisor
2. Staff that should be in OR:
 - a. Surgeon
 - b. Anesthesia staff, except those involved in other disaster treatment areas: (ER/RED Zone)
 - c. OR Nurses

MORGUE

Morgue Procedures during a Disaster

1. Duties of the Morgue/Lab Supervisor
 - Oversees morgue operations
 - Reports status of morgue and any needs to Chief, DMS in Hospital Command Post
 - Handling all paperwork and identification of deceased victims
 - Request additional personnel through the Chief, DMS in the Command Post
2. Assistant (if needed)
 - Assists Morgue/Lab Supervisor in handling deceased victims
3. Mass mortalities
 - Transport BLACK triage patients (covered with sheet) from TRIAGE area to morgue
 - Appropriately tag or mark bodies for identification
 - Place bodies into drawers or store in hemodialysis
 - Request assistance from the FEMA Disaster Mortuary Team (DMORT's) for more than ten foreign casualties.
 - Request assistance from the Governor's Task Force through Hospital Incident Commander for additional refrigerated storage containers.

Dental Services

1. In case of disaster, Dental services staff will work in the dental clinic.
2. Injuries involving minor dental procedures (like a tooth fracture) will be triaged to DENTAL CLINIC.
3. Injuries involving minor dental surgery or jaw fractures that are not life threatening will be triaged to YELLOW ZONE.
4. Whenever they need additional staff, supplies or assistance, Dental staff will report to the Chief, Dental Services in the Command Post.

OPERATIONS SECTION CHIEF

Job Action Sheet

Positioned Assigned To: Chief, Division of Medical Services

You Report To: Director of Pohnpei Health Services (Emergency Incident Commander)

Operations Command Center: at EMS training room

Mission: Organize and direct aspects relating to the Operations Section.
Carry out orders of the Emergency Incident Commander.
Coordinate and supervise the Medical and Nursing Services and Ancillary Services of the Operations Section.

Immediate

- Read this entire Job Action Sheet and review organizational chart.
- Obtain briefing from Emergency Incident Commander.
- Brief all Operations Section directors on current situation and develop the section's initial action plan. Designate time for next briefing.

Intermediate

- Ensure that the Medical and Nursing Services and Ancillary Services are adequately staffed and supplied
- Brief the Emergency Incident Commander routinely on the status of the Operations section

Extended

- Document all actions and decisions in your logbook.
- Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychiatry staff or social services.
- Provide for staff rest periods and relief.
- Other concerns:

C. INDIVIDUAL DUTIES

DOCTOR ON DUTY

1) ASSES THE SITUATION

- a. Upon notification that there is a disaster or potential disaster situation pending, the Doctor on Duty will make every attempt to gather information regarding the event:
 - Name and contact information of person reporting disaster
 - Cause
 - Number of persons involved
 - Site or location(s) of disaster
 - Accessibility of disaster site, etc.
 - Potential for chemical contamination of patients
- b. After consultation with the Chief, DMS or the Director of Health Services, the Doctor on Duty will make the decision that the disaster plan be initiated as a Disaster Activation.

2) ASSUME THE ROLE OF INCIDENT COMMANDER

- a. The Doctor on Duty is responsible for the entire Hospital mobilization until he/she is relieved by the Incident Commander.

3) TELL Nurse Shift Supervisor TO ANNOUNCE A DISASTER ACTIVATION

4) CLEAR THE ER OF PATIENTS. Admit or discharge.

5) BEGIN ER PREPARATIONS FOR MASS CASUALTIES

6) SET UP A TRIAGE TEAM.

7) ASSIGN NURSES as appropriate to patient numbers. Request additional nurses through Nurse Shift Supervisor and she will do so by contacting the Chief, DMS in the Command Post.

8) CONTROL THE AREA.

- a. At first, the primary function of the doctor on duty is to organize the ER disaster response.
- b. Direct preparations.
- c. Utilize hospital security staff to keep crowds under control. Unless it is an emergency, Security will call for police as necessary by contacting the Chief, Div Administration in the Command Post. The Command Post will contact the Governor's Task Force to request police assistance at the hospital.

CHIEF, DIVISION OF MEDICAL SERVICES

- 1) Provides consultation to Wards, OR and/or ER to assist in deciding early patient transfers and discharges, in association with appropriate physicians involved.
- 2) REPORTS TO THE INCIDENT COMMANDER IN THE COMMAND POST
- 3) Communicate with other Disaster Treatment Areas to ensure adequate medical care: (RED, YELLOW and GREEN zones)
- 4) ASSISTS Wards, and/or ER in deciding early patient transfers and discharges.
- 5) Triage and prioritize admissions according to severity and prognosis in consultation with attending physicians.
- 6) Ensure availability and scheduling of physicians on a round-the-clock basis so as to allow for adequate rest periods and optimum patient care.

CHIEF NURSE

NOTIFICATION

- 1) An overhead announcement of Disaster Activation will be made by Nurse Shift Supervisor
- 2) The Chief Nurse should report to the Command Post in the Director’s Office.

NURSING DUTIES

- 1) PROVIDE NURSING STAFF DIRECTION.
 - In a disaster situation, staff will be notified according to the disaster plan procedure.
 - Staff on duty will be remain in their units and stay for 8 hour shift.
 - Staff off duty will report at their regular times unless notified.
 - Excess staff may be directed to the Labor Pool.

All off-duty nurses that are called in from home	Reports to: Normal Units
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- 2) BED AVAILABILITY -- The Chief Nurse in association with Attending Physicians will ensure that all patients that can be discharged are discharged in order to make room for disaster victims.
- 3) ADMISSION OF VICTIMS -- Chief Nurse will ensure smooth patient flow from OR and Disaster Treatment Zones to appropriate admitting units.
- 4) CONTINUITY OF OPERATIONS:
 - a. Chief Nurse will be responsible to contact a back-up to ensure continuity of care.
 - b. Chief Nurse will be responsible to ensure that activation procedures are carried out by all nursing units.
 - c. Chief Nurse will be responsible to ensure that Nurse Shift Supervisors get adequate rest and break time.

CHIEF OF SURGERY

- 1) REPORTS TO THE OR to ensure adequate set-up for emergency surgery
- 2) Communicate with other Disaster Treatment Areas to ensure adequate surgical care: (RED and YELLOW zone)
- 3) Ensure availability of beds in surgical ward.
- 4) Request additional resources, beds and personnel through Chief, DMS in Command Post.
- 5) Triage and prioritize surgeries according to severity and prognosis.
- 6) Supervise and share in surgical operations.

DISASTER TREATMENT ZONE NURSES

- 1) WHEN POSSIBLE, ONE NURSE ASSIGNED TO EACH CRITICAL PATIENT in each of the RED Disaster Treatment Zones: ER and RED Hallway)
- 2) DOCUMENT ALL ORDERS
 - Fill out chart to include all assessment and therapies.
- 3) IF YOUR PATIENT IS LEAVING YOUR AREA:
 - Chart where they are going
 - Send patient chart with hospital personnel that is accompanying patient

L. DISASTER AREA NURSES

- 1) ONE NURSE ASSIGNED TO EACH CRITICAL PATIENT in each of the critical areas (Emergency Department, Physical Therapy and Recovery Room).
- 2) DOCUMENT ALL ORDERS and fill out chart and disaster patient flow sheets (see example in Appendices). Charting in a disaster becomes a primary task of nursing when physicians are busy with multiple patients. Most orders will be verbal. Insist on confirmation of any order that is unclear. It is vital that the patient's flow sheet be checked off to show which tests have been ordered, what blood work drawn and which tests have returned. Thorough documentation improves patient care and also allows better estimates of needed federal aid to help cope with a disaster.
- 3) IF YOUR PATIENT IS LEAVING YOUR AREA:
 - chart where they are going
 - Pull out and retain the yellow copy of the chart. Give it to the nursing coordinator in charge of your area so that they will know who is present and who has left.
 - the patient flow sheet goes with the patients when they leave your area so that the receiving staff know which tests have been ordered, have been drawn and are pending

DISASTER FIELD RESPONSE TEAM (DFRT)

1. A disaster Field Response Team (DFRT) is assembled by the Doctor on duty only if the Incident Commander at the hospital believes staffing permits.
2. A team must be assembled and deployed as quickly as possible.
3. The DFRT consists of the following staff. ([Click here for team members](#))
4. Steps to take when the DFRT is activated:
 - A. OBTAIN FIELD KITS from the <Emergency Room> and a handheld radio from <IC center>
 - B. GO TO THE DISASTER SITE in an ambulance vehicle.
 - C. REPORT IN. Notify the DISASTER SITE Incident Commander of your presence on arrival. The team should establish the on-site triage station
 - D. ESTIMATE CASUALTIES AND INFORM the Hospital Incident Commander, (via the chief, DMS in the hospital Command Post), of the casualty estimate.
 - E. PROVIDE MEDICAL AND NURSING CARE. The protocol for disaster site care should include a standard triage system (i.e. "Jump Start") and disaster field care.
 - F. RETURN TO HOSPITAL. Once the disaster site is considered cleared of patients, the team should return to the hospital and to their respective areas.

Social Services

- I. **Notification**
 - A. PCC delegates staff member to notify the social services member on call
- II. **Duties during a disaster:**
 - A. Report to high risk areas: (RED ZONES) – ER and ICU)
 - B. Identify patients involved and assess their level of orientation and ability to comprehend counseling.
 - C. Provide crisis counseling to the patient to comfort and decrease their fear during this period.
 - D. Provide consultation and collaboration with doctors and nurses regarding patient condition.
 - E. Provide family support to include counseling, explanation and updates involving patient status during treatment.
 - F. Maintain patient confidentiality
 - G. Notify family (in the community) that may be unaware of patient illness or injury, (this may also be in partnership with police or LBJ employees).
 - H. Reassure patient that social services will be ongoing during their hospital stay.

FACILITY MAINTENANCE

1. **PLANT AND ENGINEERING SERVICES**
 - a. **Mechanical**
 - Ensure that adequate fuel for facility is on hand or procured
 - Maintain inspection of generators on a monthly basis
 - Continue routine inspection and maintenance of facility medical equipment and machinery
 - Shut down non-essential equipment
 - Receive and deliver procured equipment
 - b. **Electrical**

- Ensure that all interior and exterior lighting is functional, as needed
 - Continue routine electrical and lighting maintenance of the facility
 - Request commercial back-up generators for stand-by, as needed.
- c. Water
- Verify water level with PUC
 - In case of break in line. Request PUC water supply to be made available to the hospital.
- d. Sewer
- Respond to sewage service requests as needed
 - Provide emergency flushing water (buckets) to each unit as required by existing sewage status
- e. Environmental Control
- Check and maintain functioning air conditioning in critical areas

2. DAMAGE ASSESMENT

- Facility Maintenance will assess structural damage to the hospital and grounds.
- Facility Maintenance will inspect damage to equipment as a result of the disaster
- A report of any damages assessed will be submitted by Facility Maintenance to the hospital Command Post through the Chief, Division of Administration.

MEDICAL SUPPLY

1. Medical Supply will:

- Receive and deliver procured supplies to all areas under the health services department.
- Work under Chief, Division of Administration in the Command Post to coordinate movement and procurement of supplies
- Upon activation of the disaster plan, all Central Supply personnel to report to the Central Supply Office
- Will maintain inventory of consumed supplies for administrative purposes
- Will reorder consumed supplies.
- Upon activation, will provide report of current stock needs to the Chief, Division of Administration in the Hospital Command Post.
- Will continually assess existing stocks to provide information to Chief, Division of Administration in the Command Post
- Inventory on hand backup oxygen supplies
- Provide operational supplies for the entire facility

PHARMACY

Activation

- During evenings and on weekends, one nurse for the ward will call the Pharmacy Supervisor and then the Pharmacy Supervisor will call pharmacy staff at home.

Pharmacy staff:

- Will make an assessment of existing stocks.
- Will provide all pharmaceutical supplies for the entire facility as needed
- Will report status of existing supplies to Chief, DMS in the Hospital Command Post.
- Will receive and service supply requests from various hospital treatment zones, (like RED, YELLOW AND GREEN ZONES).
- Will receive and service requests received from Chief, DMS in the Command Post
- Will place requests for additional assistance through the Chief, DMS in Command Post regarding procurement of additional pharmaceuticals form vendors as required.
- Provide Disaster Field Response Team with pharmaceuticals as requested.
- Follow regular policies and procedures involving special request forms for narcotics.

Housekeeping

Housekeeping Notification

Clerks call supervisors of: kitchen, housekeeping/laundry, and the supervisors call their own staff.

Housekeeping Supplies

- Housekeeping Supervisor will place requests for housekeeping supplies through the Logistics Section Chief, Division of Administration in the Command Post.
- Housekeeping will procure and stock their own supplies

Housekeeping duties

- Housekeeping Supervisor will assign housekeeping duties as requested by the units and the Command Post

LINEN AND LAUNDRY SERVICES

NOTIFICATION

Clerks call supervisors of: kitchen, housekeeping/laundry, and the supervisors call their own staff.

DUTIES

Laundry Services will:

- Immediately add to the existing supplies of floor linens to each area.
- Provide needed sheets, hand towels and washcloths to all RED, YELLOW and BLACK areas.
- Ensure adequate flow of laundry during the disaster.

KITCHEN

DUTIES

- Provide food & drink for all hospital patients as per normal procedures
- Hospital Area managers will track water and request additional water as needed through the Chief, Administration in the Command Post
- In case of food and/or water shortages, request for external assistance will be made through Chief, Administration in the Command Post
- Meals will be provided for: inpatients, staff on-duty, only those bonafide patient attendants that are escorting patients.

SECURITY

1. Assignments

Hospital security guards will be assigned to the following building entrances:

- ER entrance (RED Zone)
- TRIAGE Zone -- (Outpatient entrance)
- Command Post entrance – (Director’s office)
- Hospital entrance at the driveway will be guarded by hospital security, until relieved by public safety.
- Yellow zone entrance – (near morgue hallway)
- Security office to dispatch as needed

2. Procedures

- Only patients will be directed to the TRIAGE Zone.
- Direct all uninjured family members and friends to the site designated by the Governor or DPS.
- Direct onlookers and curiosity-seekers off premises immediately.
- Direct all media representatives to the Governor’s Task Force Command Post.
- Traffic flow on hospital grounds will be controlled by DPS and hospital. Additional DPS officers should be requested from the Chief, Div of Administration in the Hospital Command Post as needed to control crowding.
- Chief, Div of Administration will call DPS and request officers to be stationed at the hospital to restrict access to the hospital receiving area.
- All traffic will be directed in a one way pattern through the TRIAGE ZONE.
- Arriving staff will be directed to park in the designated parking lot.
- The receiving area, (TRIAGE Zone) will be restricted to emergency vehicles and private cares dropping off wounded.
- All other drivers will be directed to park off of hospital grounds. All family and visitors will be directed to the site designated by the Governor or DPS.
- Only hospital staff and emergency personnel will enter by other hospital entrances.
- Emergency requests for security assistance in Disaster Treatment Zones will be made by intercom announcement and VHF handheld radios.

3. Chain of custody in situations involving criminal evidence;

- In the ER, evidence will be sealed in an envelope that is to be timed, dated and signed by the collector. ER nurse in charge is responsible for maintaining the chain of evidence.
- DPS should be notified immediately upon suspicion of criminal evidence.
- All evidence will be signed and timed to each person in the chain of custody.
- In the OR, surgical specimens that may involve criminal evidence (e.g. bullets, knives or bomb fragments) will be treated as evidence in the chain of custody. Evidence will be sealed in an envelope that is to be timed, dated and signed by the collector. OR nurse in charge is responsible for maintaining the chain of evidence.

COMMUNICATIONS

1. Internal and External Communications

a. Radio

- Two-way handheld radios and flashlights will be made available by the hospital Operators as follows:
 - Command Post: (7 radios)
 - Hospital operator: (2)
 - Each Disaster Treatment Area: (4)
 - Operating Room (1)
 - ICU (1)
 - Labor Pool (1)
- Additional two-way handheld radios are also available on request:
 - Request for radios are routed through the Logistics Officer at the Command Post.

b. Telephone

- Internal calls will be made directly between all hospital areas
- External outgoing calls can be made from any hospital area telephone
- External incoming calls can only be made into all hospital area telephones through the hospital operator – need automated referral for extensions.

c. Public Address (PA)

- Outside the hospital –
 - Other sources of external public address are available upon request (by Command Post) from police vehicles.
- Inside the hospital –
 - The hospital makes overhead public address system announcements
 - All hospital areas have access to public address system, except:
 - ❖ Engineering office
 - ❖ Pharmacy
 - ❖ Medical supply
 - ❖ Dietary
 - ❖ Nursing office
 - ❖ Doctor's lounge
 - ❖ Dialysis clinic
 - ❖ Quality assurance
 - ❖ Lab
 - ❖ Conference room
 - ❖ Medical records
 - ❖ Infection control
 - ❖ Nursing education
 - ❖ EMS
 - ❖ Cashier
 - ❖ Security
 - ❖ Part C program office
 - ❖ Off island referral
 - ❖ HIIPA office
 - ❖ Finance office
 - ❖ Housekeeping

- ❖ Laundry
- ❖ Physical therapy
- ❖ MIS
- ❖ Mental health
- ❖ Diabetic office
- ❖ Maintenance office
- ❖ Morgue

SWITCHBOARD OPERATORS

1) ANNOUNCE THE CODE D. When the ER doctor notifies you that a Code D is in effect announce over the PA system three times:

“ATTENTION ALL CHC STAFF. CODE D NOW IN EFFECT”

2) CONTACT ADDITIONAL STAFF. After hours and on weekends the operators must call in all on-call staff, pager-, and radio-holders. On-call and departmental staff should be told to initiate a call in for the rest of their department. This should be done as quickly as possible from their current location. Hospital phone lines will be tied up and phone use within CHC will likely be difficult.

Staff should be informed to report to the following locations:

<p>Maintenance staff Nursing staff Support staff bio-medical engineering staff physiotherapy occupational therapy staff administrative staff</p>	<p>C.E. Room Beside cafeteria is the MANPOWER POOL</p>
<p>Laboratory</p>	<p>Report to their own departments</p>

Respiratory therapy Radiology Medical records Medical referral Pharmacy Social services Central supply	
Physicians/ surgeons Hospital Administrator DMA CGSS	Emergency Department Radiology alcove

3) CALL IN ALL OTHER OPERATORS.

4) PROVIDE DISASTER CALL GROUP RADIO TO DISASTER FIELD RESPONSE TEAM if one has been assembled.

5) THE SENIOR OPERATOR TAKES CHARGE. She/he will make every effort to determine who the Incident Commander for CHC is. The Emergency Physician on duty will be Acting Incident Commander until the Incident Commander is on site. All directives and announcements will come from the Incident Commander ONLY.

6) ANNOUNCE REGULAR UPDATES OVER THE PA SYSTEM. This is done only as directed by the Incident Commander.

7) ANNOUNCE THE ALL CLEAR. Again, this is only after the Incident Commander has notified the operator of this. Tell all staff to report to the Manpower Pool for logging out and de-briefing.

SAFETY

1. Staff safety

- a. Safety briefing
 - a. Safety briefing will be provided for all incoming staff regarding:
 - Potential hazards
 - Issues on hygiene and injury
 - b. Staff fatigue
 - Provide cots, blankets and pillows for staff. (see personnel support)
 - c. Staff hygiene
 - Provide soap, water, paper towels for staff.
 - d. Staff illness/injury reporting

- Employee injuries will be reported to the Nurse-in-charge at the unit they have been assigned to
- Nurse-in-charge informs Operations Chief in Command Post of injury
- Nurse-in-charge of workers unit will file a Workman's compensation report
- Immediate supervisor or nurse supervisor files a Workman's compensation report
- Infection Control Coordinator will keep a log of all infectious exposures.

2. Staff Personal Protective Equipment (PPE)

- Infection Control Coordinator will assess hazard and inform unit managers that PPE must be available and in adequate supply.

3. Infection Control

- Infection Control Coordinator will monitor appropriate use of PPE for task among staff

4. Patient safety

- Medical and nursing staff are responsible for ensuring patient safety during treatment
- Operator will announce overhead that movement in the hospital is restricted in public areas
 - In-patients are asked to remain in their rooms
 - All non-employees/visitors will be asked to leave the hospital
 - All ambulatory (green category) patients will be asked to leave the hospital and are asked to reschedule appointments with a doctor.
- Infection Control Coordinator and Housekeeping will monitor and ensure adequate supply of personnel environmental safety items (i.e. Sharps containers, biohazard, bags, masks, gloves, etc.)
- Infection Control Coordinator will monitor and ensure that all Infection Control policies are being followed by staff

TRANSPORTATION

1. Internal

- a. Patient – Nursing personnel will transport patients within the hospital
- b. Materials
 - i. Medical Supply transports materials to the individual units.

2. External

- a. Patients
 - Green zone patients that are discharged will self-transport to home
 - Yellow zone patients that are medical referrals are transported via the ambulance system (EMS)
 - Medical referral coordinator will notify ambulance personnel of time of flight and time of patient pickup and transport to airport pending transport.
 - Medical Referral coordinator is responsible for:
 - Ensuring that all necessary medical documentation/travel documents are in order, (including 24 hours in advance confirmation with airlines).

- Identifying escorts according to existing Medical referral policy and ensuring that their travel documents are in order.

b. Material

- i. All medical equipment and supplies including donated items are received and distributed through Hospital Medical Supply System.

LOGISTICS SECTION CHIEF

Positioned Assigned To: Chief of Administration

You Report To: Director of Pohnpei Health Services (Emergency Incident Commander)

Logistics Command Center: Office Conference Room Telephone: 320-2215

Mission: Organize and direct those operations associated with maintenance of the physical environment, and adequate levels of food, shelter and supplies to support the medical objectives.

Immediate

- _____ Receive appointment from the Emergency Incident Commander. Obtain packet containing Section's Job Action Sheets, identification vests and forms.
- _____ Read this entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain briefing from Emergency Incident Commander
- _____ Distribute Job Action Sheets and vests. (May be pre-established.)
- _____ Brief unit leaders on current situation; outline action plan and designate time for next briefing
- _____ Establish Logistics Section Center in proximity to E.O.C...

Intermediate

- _____ Obtain information and updates regularly from unit leaders and officers; Maintain current status of all areas; pass status info to Situation-Status Unit Leader.
- _____ Communicate frequently with Emergency Incident Commander.
- _____ Obtain needed supplies with assistance of the Finance Section Chief.

Extended

- _____ Assure that all communications are copied to the Communications Unit Leader
- _____ Document actions and decisions on a continual basis.
- _____ Observe all staff, volunteer and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
- _____ Other concerns

Patient tracking report

- A patient tracking report will be maintained in a summary spreadsheet to include the following information:
 - a. Types of injuries or illness
 - b. Numbers of patients in each zone
 - c. Condition of patients: RED, YELLOW, GREEN AND BLACK
 - d. Patients names of ID numbers
 - e. Location of patients by wards

Ward Area Status Reports

1. Upon disaster declaration, units will provide Unit Status Reports to the Health Information System Coordinator (through the Chief of Medical Services) to include:
 - Number of patients prior to the disaster
 - Number that can be discharged
 - Number of open beds
 - Number of staff currently in unit broken down by job title
 - Special needs of any patients (i.e. sitters)

2. Nursing units will initially submit hourly area status reports to Health Information System Coordinator via the Chief Nurse
 - Once situation is stabilized, tracking reports will be performed every 4 hours.
 - Ward status reports will include:
 - Patient tracking report
 - Staffing numbers according to job title
 - Any additional concerns or comments

Supply tracking

- a. Upon disaster declaration, ancillary units will submit initial Supply Status Reports to include:
 - Number of critical supplies on hand
 - Number of critical supply needs
- b. Reports will be routed to the Operations Coordinator through the Logistics Chief (Chief of Administration).
- c. Ancillary units will initially submit by (8 hours) shift area status reports to Operation Coordinator via Logistics Chief (Chief of Administration)
- d. The following ancillary units will provide Supply Status Reports:
 - In-patient pharmacy
 - Medical Supply
 - OR Supply
 - House-keeping
 - Laundry
 - Laboratory
 - Central supply

Personnel Support tracking

- a. Upon activation, Personnel Support will submit initial Personnel Support Status Reports to include:
 - Initial numbers of staff in the Personnel Support according to job title
 - Number of staff initially unable to be contacted
- b. Reports will be routed to the Incident Commander through the Chief Administration.
- c. Personnel Support will initially submit every 8 hours (by shift) area status reports to Incident Commander via Chief of Administration to include:
 - Number of staff available
 - Staff assignments according to unit areas

Expert information processing

1. Acquiring information

- Sources of information include:
 - CDC 24 hour emergency operation center (TEL #: 770-488-7100)
 - Governor's Task Force EOC
 - Closest Poison Control Center
 - FEMA
 - Joint Typhoon Warning Center
 - Tsunami Early Warning Center
 - FBI
 - US Military

2. Distribute information

- External reports will be provided through the Public Information Officer
- Internal reports will be provided via Intelligence Officer in Command Post

Long term planning

The Health Information system Coordinator will be responsible for giving the necessary information to the Incident Commander to conduct the following;

1. Health Information system Coordinator will gather information of patient projection and needs to help Chief of Operations (Chief Division of Medical Services); to project staffing and supply needs for:

- Following shift
- Following day
- Entire week

2. Close down planning

- Define threshold for close down according to patient numbers, injury types, staff numbers, acuity and continuing threat.

3. Recovery planning meeting

- Intelligence Officer will schedule Command Post transitional meeting based upon threshold for Close down

Administer hospital command post

1. Maintain status charts on Command Post walls:

- Wall charts of LCD projection of patient, supply, personnel and event status will be updated hourly.

2. Maintain incident command staff briefings

- Intelligence Officer will provide initial briefing upon activation of Command Post, followed by scheduled one-hour, 4-hour and 8-hour updates and per updates.
- Intelligence Officer will maintain Command Post meeting schedules

Health Information Systems Coordinator
JOB ACTION SHEET

Position Assigned To: Dr. Eliaser Johnson

You Report To: Dr. Elizabeth (Emergency Incident Commander)

Planning Command Center: The Hospital Conference Room _ Telephone: 320-2215

Mission: Organize and direct all aspects of Planning Section operations. Ensure the distribution of critical information/data. Compile scenario/resource projections from all section chiefs and effect long range planning. Document and distribute facility Action Plan.

- Immediate**
- Receive appointment from Incident Commander. Obtain packet containing Section's Job Action Sheets.
 - Read this entire Job Action Sheet and review organizational chart on back
 - Obtain briefing from Incident Commander
 - Recruit a documentation aide from the Labor Pool
 - Brief unit leaders after meeting with Emergency Incident Commander
 - Provide for a Planning/Information Center
 - Ensure the formulation and documentation of an incident-specific, facility Action Plan. Distribute copies to Incident Commander and all section chiefs.
 - Call for projection reports (Action Plan) from all Planning Section unit leaders and section chiefs for scenarios 4, 8, 24 & 48 hours from time of incident onset. Adjust time for receiving projection reports as necessary.
 - Instruct Situation – Status Unit Leader and staff to document/update status reports from all disaster section chiefs and unit leaders for use in decision making and for reference in post-disaster evaluation and recovery assistance applications.
- Intermediate**
- Obtain briefings and updates as appropriate. Continue to update and distribute the facility Action Plan
 - Schedule planning meetings to include Planning Section unit leaders, section chiefs and the Incident Commander for continued update of the facility Action Plan.
- Extended**
- Continue to receive projected activity reports from section chiefs and Planning Section unit leaders at appropriate intervals.
 - Assure that all requests are routed/documented through the Communications Unit Leader.

ADMINISTRATION

If a **Disaster Activation** is called during a working day Administration staff should remain within the Administration Office. On nights off, the Administration staff should report to the Administration Office.

Notification/Mobilization

- Administration staff should always report to the Labor Pool.

Duties

In addition to administrative duties, the Administration staff will also help manage all telephone operations.

1. Labor Pool

- A. This is located in the Hospital Conference Room
- B. All personnel except physicians and those with pre-designated reporting areas should report here.
- C. The Chief of Administration will act as set up and direct the Labor Pool. They are to sign in the log-book and then act as the Labor Pool Director Pool Directors.
- D. The Labor Pool Director will have each person sign in, recording name, job and time.
- E. As requests come in by phone or runner the monitors will assign personnel as needed to the various areas, give them a tag with name and duty clearly labeled and send them up.
- F. Personnel must report back to the Labor Pool after completing their assignments so they can be reassigned if necessary.
- G. When the Disaster Activation has been terminated, all employees will sign out at the Labor Pool noting the time before departing hospital.

Health Information System Coordinator
JOB ACTION SHEET

Positioned Assigned To: Dr. Eliaser Johnson

You Report To: Dr. Elizabeth (Emergency Incident Commander)

Planning Command Center: The Hospital Conference Room – Telephone 320-2215

Mission: Organize and direct all aspects of Planning Section operation. Ensure the distribution of critical information/data. Compile scenario/resource projections from all section chiefs and effect long range planning. Document and distribute facility Action Plan.

Immediate

- _____ Receive appointment from Incident Commander, Obtain packet containing Section's Job Action Sheets.
- _____ Read this entire Job Action Sheet and review organizational chart on back
- _____ Obtain briefing from Incident Commander
- _____ Recruit a document aide from the Labor Pool
- _____ Brief unit leaders after meeting with Emergency Incident Commander
- _____ Provide for a Planning/Information Center.
- _____ Ensure the formulation and documentation of an incident-specific, facility Action Plan. Distribute copies to Incident Commander and all section chiefs.
- _____ Call for projection reports (Action Plan) from all Planning Section unit leaders and section chiefs for scenarios 4,8,24, 48 hours for time of incident onset. Adjust time for receiving projection reports as necessary.
- _____ Instruct Situation – Status Unit Leader and staff to document/update status reports from all disaster section chiefs and unit leaders for use in decision making and for reference in post-disaster evaluation and recovery assistance applications.

Intermediate

- _____ Obtain briefings and updates as appropriate. Continue to update and distribute the facility Action Plan.
- _____ Schedule planning meetings to include Planning Section unit Leaders, section chiefs and the Incident Commander for continued update of the facility Action Plan.

Extended

- _____ Continue to receive projected activity reports from Section Chiefs and Planning Section unit leaders at appropriate intervals.
- _____ Assure that all requests are routed/documented through the Communications Unit Leader

ADMINISTRATION

If a Disaster Activation is called during a working day, Administration staff should remain within the Administration Office.

Notification/Mobilization

- Administration staff should always report to the Labor Pool.

Duties

In addition to administrative duties, the Administration staff will also help manage all telephone operations.

1. Labor Pool

- A. This is located in the Conference Room
- B. All personnel except physicians and those with pre-designated reporting areas should report here.
- C. The Chief of Administration will act as set up and direct Labor Pool. They are to sign in the log-book and then act as the Labor Pool Director.
- D. The Labor Pool Director will have each person sign in, recording name, job and time.
- E. As requests come in by phone or runner the monitors will assign personnel as needed to the various areas, give them a tag with and duty clearly labeled and send them up.
- F. Personnel must report back to the Labor Pool after completing their assignments so they can be reassigned if necessary.
- G. When the Disaster Activation has been terminated, all employees will sign out at the Labor Pool noting the time before departing hospital.

2. Payroll

- A. Employee time and wages will tracked and processed by payroll section according to existing hospital policy.

3. Licensure

- A. Administration will receive and process application s for all licensure and forward to the Licensure Board for approval.

MEDICAL RECORDS

The Medical Record staff is on duty during day shift including weekends and holidays and located in the medical records office.

I. Disaster Activation Duties

1) In a Disaster Activation, the Medical Records Department staff will:

- Issue medical record numbers
- Retrieve medical records of returning patients

2) MOBILIZATION

All patient registration kits will be distributed at TRIAGE ZONE

- a) When Disaster patients reach the hospital they will be registered and charted using the contents of pre-numbered disaster registration kits, one each for each Disaster Treatment Zone (Red, Yellow, Green, Black)
- b) These pre-packaged kits are kept in the Emergency Room and should be picked up there for use in TRIAGE ZONE.
- c) PICK UP DISASTER REGISTRATION PACKAGES from the Emergency Department and take them to the TRIAGE ZONE. While at TRIAGE ZONE, PLACE THE CHART WITH

THE DISASTER REGISTRATION PACKAGE ENVELOPE AT THE FOOT OF THE STRETCHER OR in the hands of the patient.

d) Each kit contains the following items all pre-marked with matching numbers:

- Patient encounter form
- Lab order form for: CBC, chemistry, U/A, blood cross-match
- X-ray form
- ECG form
- Consent form
- Narcotic prescription form
- Red, yellow and green stick-on labels for lab specimens
- Sealable plastic bag for clothing (garbage bag size)
- Sealable plastic bag for valuables, passports
- Valuables and clothing checklist form
 - Treatment zone nurse-in-charge will assigned someone for tracking valuables and chain of custody
- Sealable envelope for chain of custody items
- Chain of custody checklist form
- Disaster triage tag

e) RECORD THE FOLLOWING INFORMATION on each chart whenever possible:

- Name
- Age
- Date of birth
- Whenever patient identity is unknown, patient name is assigned a new number and a new temporary name.
- The temporary name for males will be “John Doe”, then the number.
- The temporary name for females will be “Jane Doe, then the number.

i. ENSURE THAT THE TRIAGE DOCTOR OR NURSE HAS TAGGED THE PATIENT with a disaster tag. Patients should be wrist-banded immediately on admission to TRIAGE zone. Thereafter, all patient identification will be based on the wristband number. Identification should not delay treatment.

- Tags will be pre-numbered
- Numbers must correspond to the patient chart and lab and x-ray request forms.

f) Every effort will still be made by hospital staff to obtain the usual identifying information on casualties (name, date of birth, hospital chart number, etc). All other information for registration and identification should be done in the Disaster Treatment Zones, (Red, Yellow, Green, Black)

g) On an hourly basis, Medical Records must conduct rounds for all treatment zones to ensure that all patients are properly identified for assignment of a HOSPITAL NUMBER.

MEDICAL REFERRAL

The medical referral personnel on call will call in the rest of their department and all should report to their departmental office where they will arrange the transfer of patients requiring off-island referral. The Head of Medical Referral will organize the initiation of the disaster plan for this area and will set-up a log sheet for arrival of all personnel. He or she will then report to the department's level of readiness and staffing to the Disaster Command Post.

Personnel Support

a) Clothing

- Staff requested to bring overnight bag and toiletries. Enough clothing for 72 hours.
- Staff will be responsible for storing their own clothing on individual units.
- In the case that staff does not have clothing available, the hospital will provide scrubs.

b) Sleeping area

- Sleeping is not authorized in patient care areas
- Staff may sleep in non-patient care areas as available

c) Bathing

- In designated showers such as:
 - a. Decontamination tent will be set up and made available for staff bathing.

d) Medical Care

- For all staff injuries and illness employees report to TRIAGE zone.
- Minor injuries will be referred to GREEN zone.
- Major injuries will be referred to YELLOW or RED zone.

e) Mental Health Care

- Jethro Poll will ensure that the unit is prepared to receive and treat emergency personnel.
- Unit Supervisor is responsible for monitoring staff mental health status.
- Incident reported to Jethro Poll.

h) REGISTRATION CLERKS

When RED OR YELLOW patients reach the hospital, they will be registered and charted using the contents of pre-numbered disaster registration kits, one each for the RED ZONE, YELLOW ZONE and GREEN ZONE. These pre-packaged kits are kept in the supply room in the Emergency Department and should be picked up there for use in each treatment area by the admitting clerks assigned to that area. Ambulatory patients without serious injuries (GREENS) will be registered in the Out Patient Area the same as regular hospital patients then sent to outside waiting area.

The Incident Commander will assign clerks as follows:

- 1) PICK UP DISASTER REGISTRATION PACKAGES from the Emergency Department and take them to their respective areas. Each package contains the following items all pre-marked with matching numbers:

- Wristband
- Emergency Department encounter form (chart)
- Lab requisitions for CBC, U/A, ABG's, blood cross-match
- X-ray requisition
- Plastic bag for personal effects
- Envelope for valuables

2) RECORD THE FOLLOWING INFORMATION on each chart whenever possible:

- Name
- Age
- Date of birth
- Complaints/injuries
- ALLERGIES (in red)
- Signature (if the patient is unable to sign, then PRINT IN RED INK: "PATIENT UNABLE TO SIGN", then sign as a witness to this statement.)

3) TAG THE PATIENT with a wristband. Patients should be wrist-banded immediately on admission to each treatment area. Thereafter, all patient identification will be based on the wristband number. Every effort will still be made by hospital staff to obtain the usual identifying information on casualties (name, date of birth, hospital chart number, etc.)

4) PLACE THE CHART WITH THE DISASTER REGISTRATION PACKAGE ENVELOPE AT THE FOOT OF THE STRETCHER OR UNDER THE FOOT OF THE MATTRESS.

i) SWITCHBOARD OPERATIONS

1) ANNOUNCE THE Disaster Activation.

"This is a Hospital Disaster Activation.
Implement the Hospital Disaster Plan".
(Repeated 3 times)

2) CONTACT ADDITIONAL STAFF. After hours and on weekends the operators must call in all on-call staff, pager, and radio-holders. On-call and departmental staff should be told to initiate a call in for the rest of their department. This should be done as quickly as possible from their current location. Hospital phone lines will be tied up and phone use within the hospital will likely be difficult.

Staff should be informed to report to the following locations:

Maintenance staff Nursing staff Dietary staff Support staff	C.E. Room Beside cafeteria
--	-------------------------------

Administrative staff	is the MANPOWER POOL
Laboratory Respiratory therapy Radiology Medical referral Pharmacy Social services Central supply	Report to their own departments
Physicians/surgeons	Emergency Department
Hospital Administrator DMA CGSS	Command Post

3) CALL IN ALL OTHER OPERATORS.

4) PROVIDE DISASTER CALL GROUP RADIO TO DISASTER FIELD RESPONSE TEAM if one has been assembled.

5) THE SENIOR OPERATOR TAKES CHARGE. She will make every effort to determine who the Incident Commander for the hospital is. The Emergency Physician on duty will be Acting Incident Commander until the Incident Commander is on site. All directives and announcements will come from the Incident Commander ONLY.

6) ANNOUNCE REGULAR UPDATES OVER THE PA SYSTEM. This is done only as directed by the Incident Commander.

7) ANNOUNCE THE ALL CLEAR. Again, this is only after the Incident Commander has notified the operator of this. Tell all staff to report to the Manpower Pool for logging out and de-briefing.

FINANCE

1. Billing and Collection

- A. Medical records register patients and put all patient info into system.
- B. Upon discharge, patient presents to collection window to pay bill according to services listed in the medical record.

2. Budget and Reporting

- A. Budget will make sure that there is adequate money available for medicines and supplies and equipment in times of disaster.
- B. Budget office must ensure that all financial activities comply with all regulations.

C. Budget office will track costs of all services related to disaster activities.

3. Procurement

A. Request for supplies (and provide justification as needed)

B. Request for quotations from vendors

C. Under declaration of emergency by the Governor procurement provisions regarding \$10,000 bid acquisition limits is waived.

D. Requisition forwarded to Finance chief in the Command Post

E. Upon certification by Budget Office the requisition will be sent to Procurement for assignment of a purchase order number.

F. Procurement will communicate the purchase order number to the vendor.

H. Medical Supply will ensure delivery of product.

I. Medical Supply will ensure adequate medical supplies to forward to Central Supply.

J. Medical Supply verifies receipt of goods then forwards product invoices and packing lists to Hospital Finance Office for payment to vendor.

ADMINISTRATION & FINANCE SECTION CHIEF

Positioned Assigned To: Jethro Poll

You Report To: Director of Health Services (Emergency Incident Commander)

Finance Command Center: Office Conference Room Telephone: 320-2215

Mission: Monitor the utilization of financial assets. Oversee the acquisition of supplies and services necessary to carry out the hospital's medical mission. Supervise the documentation of expenditures relevant to the emergency incident.

Immediate

- _____ Read this entire Job Action Sheet and review organizational chart
- _____ Obtain briefing from Emergency Incident Commander
- _____ Ensure that Finance staff resources are available and in place.
- _____ Confer with Unit Leaders after meeting with Emergency Incident Commander, develop a section action plan.
- _____ Ensure adequate documentation/recording personnel.

Intermediate

- _____ Report incident financial status to the Incident Commander every eight hours summarizing financial data relative to personnel, supplies and miscellaneous expenses
- _____ Participates in briefings and updates from Emergency Incident Commander as appropriate.
- _____ Relate pertinent financial status reports to appropriate chiefs and unit leaders.
- _____ Ensure regularly schedules meetings to include all Finance Section unit leaders to discuss updating the section's incident action plan and termination procedures

Extended

- _____ Observe all finance staff, volunteers for signs of stress and inappropriate behavior
- _____ Report concerns to Mental Health Unit
- _____ Provide for staff rest periods and relief
- _____ Other concerns:

PUBLIC INFORMATION OFFICER (PIO)

- ❖ The Public Information Officer will be assigned by the Incident Commander
- ❖ Report to the Disaster Command Post

1) BATHER AND RELEASE INFORMATION. All information is to be discussed with the Incident Commander before release

2) RELEASE INFORMATION ONLY TO the news agency, (including television, radio and newspaper). This is the only person who can give information to the media. All inquiries by the media are to be directed to the hospital Public Information Officer.

3) TALK TO MEDIA REPRESENTATIVES WHO INSIST ON SPEAKING WITH A HOSPITAL SPOKESPERSON. Only information previously cleared by the CEO can be discussed. Any new developments must be OK'd by the CEO before media release.

4) FOLLOW PUBLIC RELATIONS GUIDELINES. In non-disaster situations certain public or non-confidential information beyond the routine patient information (example; "he/she is doing well", "he/she is improving") may be released with the consent of the patient or his/her personal representative. These are listed below for completeness.

a) NATURE OF THE ACCIDENT

- Injured by automobile, explosion or shooting.
- If there is a fracture, MAY NOT be described in any way.

b) BURNS

- A statement may be made that the patient is burned.
- The general location of the burn may not be given.
- A statement as to how the accident occurred MAY NOT be made.
- No prognosis may be given

c) CASES OF POISONING

- A statement may be made that the patient is being treated for a suspected poisoning.
- Information as to the trade name of poisoning substances MAY NOT be given.
- Statements concerning the possibility of accident or suicide MAY NOT be made.
- Make no prognosis.

d) INJURIES TO THE HEAD

- A simple statement that the injuries are to the head may be made.
- No statement as to a possible fractured skull is to be made.
- No statement as to the severity of the injury is to be given until the condition is definitely determined.
- Make no prognosis

e) INTERNAL INJURIES

- A statement that there are internal injuries may be made.
- Specific locations of the injuries may not be made.
- Make no prognosis.

f) INTOXICATION

- No statement may be made as to whether the patient is intoxicated.

g) SHOOTING/STABBING

- A statement may be made that there is a penetrating wound.
- No statement may be made as to how the accident occurred (i.e., accidental, suicidal, homicidal, or in a brawl, nor may the environment under which the accident occurred be given).

h) UNCONSCIOUSNESS

- If the patient is unconscious when he/she is brought to the hospital, a statement of this fact may be made.
 - The cause of unconsciousness should not be given.
- i) ATTENDING PHYSICIANS
- + The hospital PIO may state to representatives of newspapers, radio stations, or television stations, the name of the medical director overseeing care of certain patients. The media are to be referred to the medical director for information about the patient.

PUBLIC INFORMATION OFFICER (P.I.O.)
JOB ACTION SHEET

Position Assigned To: Health Educator
You Report To: Emergency Incident Commander
Your telephone number in the Hospital Command Post: 320-2217/7843

Mission: Provide information to the news media.

Immediate

- Receive appointment from Emergency Incident Commander
- Read this entire Job Action sheet and review organizational chart on back. Put on position identification vest.
- Identify restrictions in contents of news release information from Emergency Incident Commander.
- Establish a Public Information area away from E.O.C and patient care activity.
- Issue an initial incident information report to the news media with the cooperation of the Situation-Status Unit Leader. Relay any pertinent data back to Situation-Status Unit Leader.
- Inform on-site media of the physical areas which they have access to and those which are restricted. Coordinate with Safety and Security Officer.
- Contact other at-scene agencies to coordinate released information, with respective P.I.O.s. Inform Liaison Officer of action.

Extended

- Obtain progress reports from Section Chiefs as appropriate.
- Notify media about casualty status.
- Direct calls from those who wish to volunteer to Labor Pool. Contact Labor Pool to determine requests to be made to the public via the media.
- Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
- Other concerns:

INTERNAL EMERGENCIES

Bomb Threat

Care of Disabled

Evacuation

Fire Emergencies

Hazardous Materials

Power Failure

Safety

Typhoons

Workplace Violence



THE EMERGENCY RESPONSE TEAM

The Emergency Response Team (ERT) is made up of employees who accept a special responsibility for their fellow workers and patients. It is their duty to assist in implementing emergency management procedures that assure safety in a time of crisis. In most facilities, all staff members are on the ERT.

The Administrator is the person responsible for coordinating the efforts of police and fire departments with the ERT while on the property.

Administrator

Life Safety Responsibilities

- Implement a program of general fire prevention for the building.
- Implement a program of training for Emergency Response Team members and employees regarding the Life Safety Plan.
- Provide training for designated persons to serve as assistants or alternates to the Administrator.
- Assure development of a program of regular inspections, maintenance, testing, and re-certification of all fire and life safety equipment and apparatus.
- Act as a liaison between the Fire Department and the facility.
- Put into effect the Life Safety Plan.
- Assures the building keys are presented to the Fire Department Officer in a fire emergency.

Floor Commander

Life Safety Responsibilities

The Floor Commander shall have the same life safety duties as the Administrator and/or Head Nurse and shall serve in his/her absence.

Emergency Response Team

Responsibilities

- Know the physical layout of the floor and adjacent floors.
- Know the location of the nearest stair exit, alternate stair exit, and the direct route to each.
- Know the location, condition, and use of the fire extinguishers.
- Know how to remove patients from machine and assist to exit.
- Know emergency telephone numbers and procedures.
- Know how to assume control, maintain calm and prevent panic.
- Instruct co-workers in their emergency roles.

Emergency Roles

The ERT will ask fellow employees for assistance in assuming the following roles in an emergency.

Assisting the Disabled

Remove patients from machines and assist to an exit. If patients require assistance, ask others to help.

Searching the Area

At the direction of the ERT begin a search of the area. Always work in pairs and search all work areas, coffee rooms, supply rooms, and rest rooms to confirm that everyone heard the alarm and is proceeding to evacuate. Be absolutely certain that no one is left on the floor. Close all doors and windows as you proceed. Advise the Floor Commander when the floor is vacant.

Elevator Lobby

If there is an elevator in your building, at the direction of the Floor Commander, assume a position at the elevator lobby to direct people away from the elevators and to the exit stairs. This is to remind persons that they must not use the elevator **during an emergency**.

Fire

If you smell smoke or see smoke or fire:

- ◆ Call the Fire Department 320-2222. Remain calm and identify yourself. Report the location and nature of the emergency.

- ◆ Notify Director (management)
- ◆ Warn others in the immediate area.
- ◆ Use an extinguisher only if it is a small fire.
- ◆ Begin evacuation procedures:
- ◆ Report status of evacuation to Fire Department.

If you hear the fire alarm or are told to evacuate due to fire:

- ◆ Begin evacuation procedures:
- ◆ Report status of evacuation to Fire Department.

What about silent alarms?

You still want to call the Fire Department after you have extinguished a fire.

Fire Fighting Procedures

GET OUTSIDE HELP

- ◆ If a fire is in progress, or if something is burning or smoking, CALL THE FIRE DEPARTMENT: 320-2221.

RESCUE THOSE IN IMMEDIATE DANGER

- ◆ Clamp and cut blood lines of patients in immediate danger and remove to a safe area.
- ◆ Close all-doors and windows.
- ◆ Clear hallways.

GET INSIDE HELP

- ◆ Calmly alert other personnel (NEVER SHOUT FIRE) to assign roles and tasks.
- ◆ Turn off oxygen.

TRY AN EXTINGUISHER

- ◆ Attempt to extinguish with a fire extinguisher, only if the fire is small (size of a small trash can)
- ◆ Use ABC extinguisher on any fire.
- ◆ Use BC Extinguisher on a fire in a dialysis machine, computer or any other “delicate equipment.”

Pull the retaining pin.

Aim the nozzle at the base of the flames, and

Squeeze the handle completely.

Sweep from side to side.

If ordered to evacuate patients, follow your clinic's disaster plan

Please post on a bulletin board.

Fire Emergencies

Use of Extinguishers

Dry chemical fire extinguishers are located at strategic points around the building. They are the first line of defense against fires. Each extinguisher is the proper type for the fire that will most likely occur in that vicinity. If a fire is discovered while it is still small enough for the extinguisher to be effective:

- ◆ Remove the extinguisher from its place and hold it upright. Stand back 8 to 10 feet from the fire. Follow the acronym P A S S.

- ◆ Pull the retaining Pin

- ◆ Aim the nozzle at the base of flames, and

- ◆ Squeeze the handle completely. This will discharge the extinguishing agent at the fire. Use a sweeping motion from side-to-side.

- ◆ Sweep from side to side. Go slightly beyond the fire area with each pass. Once the fire is out wait before leaving the area. You may need to make a further application in case the fire re-ignites.

Cover your mouth and nose whenever possible with a wet cloth. When you extinguish a fire, a great amount of smoke may be generated, so be very careful. The smoke may also generate noxious fumes, exercise caution. Smoke inhalation is the cause of fire deaths in this country.

Begin evacuation procedures if it is not feasible to use an extinguisher. Close as many doors and windows behind you as possible to contain the fire to the smallest area.

Sprinklers

- ◆ Independently activated sprinkler heads may release as much as 50 gallons of water every minute. If fire spreads to other areas, a different sprinkler head will automatically turn on.

- ◆ The action of a single sprinkler head is often sufficient to contain 95% of all fires. For a sprinkler to be fully effective there must be at least 18 inches between the ceiling and the top of any object. This allows for the widest coverage of water and minimizes the chance of fire spreading. If there are boxes or equipment stacked high enough to impede the effectiveness of any sprinklers, they must be moved.

BASIC LIFE, FIRE, AND SAFETY PROTECTION

OK NOT OK

Adequate lighting in corridors, exits and stairways. Exit signs illuminated as required.

Evacuation routes adequately posted

Evacuation signs maintained-none defaced or missing.

Fire doors in operable condition None wedged or blocked open, especially at stairwells.

Stairwells free of obstacles, storage, refuse, etc.

Corridors and exits maintained unobstructed.

Fire alarm systems tested regularly.

Fire sprinkler inlets and shut-off valves visible/accessible. Fire sprinkler heads clean and unobstructed.

Adequate clearance (3 feet) for all fire extinguishers/hoses.

Fire equipment in proper/legal locations, in undamaged condition and properly/regularly tested (see tag).

ERT personnel updated, fully staffed.

Patients/new employees instructed on emergency plans.

Other observations:

Reported Submitted By: Date: _____

Evacuation

Remain calm

- Head Nurse of Charge Nurse makes the decision to evacuate and method to be used.
- Close all doors as you exit.

- Don't use elevators.
- Move in an orderly fashion toward the stairs and exit the building. Move away from the building.

When evacuating use caution when you approach a closed door:

- Carefully check for heat with the back of your hand by lightly touching the door frame near the top. Then check the door knob. If it is hot, go to an alternate exit.
- Brace yourself against the door and open the door slowly if it is cool to the touch. You may need to shut it quickly if you encounter flame or smoke. Superheated gases may blow the door open.
- Enter the area carefully and close the door behind you if you find it filled with smoke.
- Drop to your hands and knees and keep your face near the floor whenever there is heavy smoke*. If it is possible, place a wet cloth over your mouth and nose; this will make breathing easier.
- Follow the wall to the nearest exit and leave the building.

*Heat will layer from the top of the room in a fire situation.

Temperature:	2000°F	
	1500°F	
	250°F	Are uncomfortable but capable
	200°F	of withstanding for short periods of time.

Evacuation

What to do if you are trapped in a building:

- First of all, stay calm. Guide patients and try to go to a room with an outside window and stay there.

- If there is a working telephone in the room, call the Fire Department at: 320-2221 and tell them exactly where you are, even if you see fire trucks below.
- To help rescuers find you, stay where they can see you and wave something bright and light-colored to attract their attention.
- To keep smoke out of your refuge area, use clothing, towels, newspapers, etc. to stuff the cracks around the door and cover the ventilators.
- If water is available, dampen a cloth and breathe through it to filter out smoke and gases.
- Above all, think before you act and be patient until help arrives. Rescue will take time, and rescuers will try to begin with those who are in the most immediate danger.
- Patient safety first.

Bomb Threat

- Remain calm and keep the caller on the line.
- Ask questions.

- Use the Bomb Threat Checklist to gather information. (Sample on next page.)
Determine as much about the caller as you can.

- Listen carefully for background noises.

- Notify Police: 320-2221

- Notify the management: 320-2215

- Wait calmly for further instructions and evacuate as instructed.

Bomb Threat checklist

QUESTIONS TO ASK:

THREAT LANGUAGE:

- When is the bomb going to explode?
- Where is it right now?

Well Spoken Incoherent
Foul Irrational

- What does it look like? Righteous Grammar
- What kind/size of **bomb** is it? Choice of Words Taped
- What will cause it to explode? Message Read
- Did you place the bomb?
Why?
- What is **your address**?
- What is your name?

CALLER'S VOICE:

BACKGROUND SOUNDS:

Calm	Angry	Street Noise	Booth
Excited	Slow	Café/Bar	Voices
Rapid	Soft	BA System	Music
Loud	Laughter	House Noises	Motor
	Normal	Animal Noises	Offices
Distinct	Slurred	Clear	Static
Stutter		Long Distance	Local
Whispered			Others
Raspy	Deep	Any words or phrases that stood out?	
Accent	Disguised		
Clearing	Throat Ragged		
Deep Breathing	Cracking		
Familiar	If familiar, who did it sound like?		

EXACT WORDING OF THE THREAT:

Sex of the caller, _____, Age: _____
 Length of call: _____ Tune of the call ended: _____
 Phone number where call was received: _____
 Date; _____

Hazardous Materials

- In event of a hazardous materials incident that is beyond your ability, notify Fire Department immediately by calling 9-1-1

- Report information. Give your name, the exact location of the material released, telephone number and your extension. Report any injuries. Identify the type of materials involved, if known. Describe the effect of the incident, i.e., the activity of the hazardous material and its reaction on the surroundings; describe the colors, smells or visible gases being produced.
- Identify the type of materials involved, if known. Describe the effect of the incident, i.e., the activity of the toxin and its reaction – colors, smells or visible gases being produced, and any injuries.
- Evacuate the immediate area if necessary and keep others out. If fumes are being produced, restrict the area. Remove patients from machines if necessary. Move away from the hazard. Do not enter a restricted area to get your belongings or go back for them. Only trained and properly equipped emergency personnel may enter an area that is contaminated.
- Refrain from smoking. Strike no matches or lighters.
- Do not eat, drink. Do not apply cosmetics that mask true skin color and tone.
- Stay clear of arriving emergency vehicles and remain out of the way. Make yourself available for questioning by the Fire Department and carefully document all details immediately.
- Keep copies of all MSDS's available for emergency personnel
- Use spill kits to clean up material if appropriate. How big a spill is too big to clean up? Consult your fire department, chemical suppliers or local health department.
- **IMPORTANT!** Don't become another victim. You will complicate the situation.

Refer to internal emergency procedure manual for handling of Formaldehyde and other toxic spills.

Civil Disorder

- Should you witness an unruly crowd or one that threatens your safety or the safety of the patients, notify Police by calling: 320-2221

- Remain within the building. Reassure the patients. Do nothing to antagonize the demonstrators. Inform all other personnel to do likewise.
- Close all drapes in exterior rooms and then avoid window areas. You could become a target. Lock all doors.
- Focus your attention away from the incident. Leave the area of disturbance to prevent injury or possible arrest.
- Report to the core area of the building (away from the exterior of the building).
- Stay off the phone. Avoid unnecessary inquiries that tie up communication systems.
- Use good judgment and remain calm. Stay in your office/department unless you are in an unsafe position or instructed to leave by the Police.
- Secure all valuable materials in a vault, safe place or at least out of sight.
- Cooperate. Certain services may be limited during a disturbance. Access will be restricted. Withdraw from the area until it is safe to enter. Your safety is the primary concern.
- If demonstrators enter the premises, keep calm, be courteous and avoid an incident. Avoid actions of verbal responses which may provoke the situation. Avoid arguments, provocative statements or entering into a debate with participants. They have entered the building to propagandize, confront or agitate the building's occupants... Let them make their point. Frustrating them is dangerous and provocative. Do not try to reason with them. Call the Police to have them removed if you can do so without incident.
- Avoid the habit of routinely leaving valuables on the desk unguarded. Carelessly hanging a purse or suit coat containing your wallet, keys or other items of value behind your desk chair, nurses' station, lockers or on a coat rack is asking for trouble.
- Valuables should not be left in your desk unattended or overnight. Rings, watches, money, pocket calculators and small radios are easy targets for thieves.
- Activate a "buddy system" when traveling to your car, throughout the building or in isolated areas after hours or call hospital security guards.
- Illuminate the main lobby and all main entrances and exit doors all night long
- Exercise caution and use the elevators over the stairs when it is safe to travel from floor to floor. If a suspicious person enters the elevator, exit before the doors close.
- Equip utility closets, especially those on common hallways, with dead bolt locks and keep them locked. These small areas are ideal hiding places.

- Insist that all deliveries and pickups be made at the reception desk or other designated area. No outside messengers should be allowed to roam the premises. Ask all visitors to check in at the nurse's station.
- Ask for identification. Anyone can purchase a uniform in order to gain admittance. Hard hats, tool belts, coveralls, school books, etc., tend to stamp a person above suspicion. Props and costumes are part of the criminal's stock in trade. Do not hesitate to challenge "strangers" or ask for ID.

Workplace Violence

IF A PERSONS BEHAVIOR BECOMES INAPPROPRIATE AND YOU FEEL THREATENED:

- Remove yourself from the area, if possible.
- Call the Police 320-2221

IF A PERSON ENTERS YOUR WORK SPACE WITH A WEAPON:

- Seek cover immediately under your desk or work area.
- Do not run, you will become a moving target
- Take the phone with you under the desk and call 320-2221
- Stay in your hiding place until you hear the all clear.

Power Failure

- Assess situation. Determine the need to remove patients from machines.
- If power failure is prolonged or patient is in danger, remove patient from machine using established hand crank procedures.
- Turn off and disconnect all electrical appliances and lights to prevent a power surge once electricity resumes. (same with computers)
- Re-established order and a sense of the familiar.
- Walk, do not run, to avoid falls. When evacuating, instruct or assist patients.
- Keep to the right in hallways, stairs, sidewalks, and all pedestrian walkways.
- Allow time for your eyes to adjust to the light before venturing forth into the darkness.
- If you are unsure of your safety in the dark, stay where you are and call for help. Instruct patients to do the same.
- Check to see if the situation you are experiencing is shared by your neighbors.

Earthquake

Once the shaking starts:

- Duck, cover and hold under a hard surface like a desk or table. —OR—Stand in an interior doorway of a load-bearing wall. Keep the door from swinging. With your back firmly against the door frame, extend your arms and brace yourself.
- Instruct patients to roll over to protect their access arm and stay seated until instructed by staff if possible, cover head with are or blankets or pillows.
- Assist patients if possible.
- Face away from any windows.
- Stay clear of tall objects that may tilt and topple over.
- Stay in the building. Do not run outside.

Once the initial shocks have subsided:

- Remain calm, be prepared for aftershocks.
- Assist patients, remove from machines if situation deemed appropriate.
- Check for injuries and give first aid.
 - After the quake subsides, get out flashlights. Even if the power is still on, it may not stay on long.
- Institute a thorough search of your floor, checking stairwells, bathrooms, elevator lobbies, closets, etc.
- Take out and turn on a battery operated radio. Assign someone to keep track of what is going on in the rest of the area.
- Prepare a condition report for your area. This report should contain:
 - The number of people on your floor or unit.
 - The number of injured people on your floor, with a brief description of their injuries. A brief description of any apparent structural damage on your floor, i.e. ceiling collapse, large cracks in core walls, broken glass. Any other immediate needs you have.

Provide this report to Management if possible.

Take inventory of your emergency supplies. Remember, you may be staying in the building for a few days. Conserve your supplies.

Do turn off any lighting or electrical devices.

DON'T use the telephone except in extreme emergencies.

Make mental notes of the scene i.e. gas smells, chemicals, damage, etc.

You may need to pass this information on to the hazardous materials team, *EMS 61 building inspector.*

Flash Flooding

- Care for patients as necessary. Follow standard nursing/medical procedures.

- Evacuate facility as advised. If leaving the facility, keep the following things in mind:
- Know where high ground is and get there immediately if you see or hear rapidly rising water.
- Get out of areas subject to flooding. This includes dips, low spots, canyons, washes, etc.
- Avoid already flooded and high velocity flow areas. Do not attempt to cross flowing stream on foot where water is above your knees.
- Do not drive through flooded areas or cross water which may be more than knee dep. If you have doubts, don't cross. Shallow, swiftly flowing water can wash a car from a roadway. Also, the roadbed may not be intact under the water. If the vehicle stalls, abandon it immediately and seek higher ground – rapidly rising water may engulf the vehicle and its occupants and sweep them away.
- Be especially cautious at night when it is harder to recognize flood dangers.
- Do not camp or park your vehicle along streams and washes, particularly during threatening conditions.
- Keep alert for signs of heavy rain (thunder and lightning), both where you are and upstream. Listen to commercial radio or TV, or NOAA Weather Radio for Watch and Warning Bulletins, Watch for rising water levels.

Flash Flood Watch means it is possible that rains will cause flash flooding in the specified area. Be alert and prepare for a flood emergency.

Flash Flood warning means flash flooding has been reported is occurring or is imminent in the specified area. Move to safe ground immediately and take the necessary precautions.

Typhoons

When a typhoon *threatens* your area, you will have to make a decision whether you should evacuate or

whether you can ride out the storm in safety. If local authorities recommend evacuation, you should leave! Their advice is based on knowledge of the strength of the storm and its potential for death and destruction. Evacuate the facility before the situation is deemed dangerous by professionals. The following information is for personal use as facilities should be closed in sufficient time to avoid having staff and patients at the site at the time of a typhoon.

In general:

- If you live on the coastline or offshore islands, plan to leave.
- If you live in a mobile home, plan to leave.
- If you live near a river or in a flood plain, plan to leave.
- If you live on high ground, away from coastal beaches, consider staying. In any case the ultimate decision to stay or leave will be yours. Study the following list and carefully consider the factors involved – especially the items pertaining to storm surge.

Pre-planning:

- Plan your time before the storm arrives and avoid the last minute hurry that might leave you marooned or unprepared.
- Learn the storm surge history and elevation of your area.
- Learn safe routes inland.
- Learn locations of official shelters.
- Trim back dead wood from trees.
- Check for loose rain gutters and down spouts.
- If shutters do not protect windows, stock boards to cover glass.

Typhoons

When a Typhoon Watch is Issued in Your Area

- Check often for official bulletins on radio, TV, or NOAA Weather Station.
- Fuel the car.
- Check home tie-downs.
- Move small craft or move to safe shelter.
- Stock up on canned provisions.
- Check supplies for special medicines and drugs. Check batteries for radio and flashlights.
- Secure lawn furniture and other loose material outdoors.
- Tape, board, or shutter windows to prevent their lifting from their tracks.

When a Typhoon Warning is Issued in Your Area

- Stay tuned to radio, TV, or NOAA Weather Radio for official bulletins.
- Stay home if sturdy and on high ground
 - Board up garage and porch doors.
 - Move valuables to upper floors
 - Bring in pets.
 - Fill containers (bathtub) with several days' supply of drinking water.
 - Turn up refrigerator to maximum cold and don't open unless necessary.
 - Use phone only for emergencies.
 - Stay indoors on the downhill side of house away from windows.
 - Beware of the eye of the typhoon

- Leave tin/light construction homes.
- Leave areas which might be affected by storm tide or stream flooding.
 - Leave early in daylight if possible.

- Shut off water and electricity at main stations.
- Take small valuables and papers, but travel light.
- Leave food and water for pets (shelters will not take them).
- Lock up house.
- Drive carefully to nearest designated shelter using recommended evacuation routes.

After the All-Clear is Given

- Drive carefully; watch for dangling electrical wires, undetermined roads, and flooded low spots.
- Don't sights see?
- Report broken or damaged water, sewer, and electric lines.
- Use caution re-entering home.
 - Check for gas leaks.
 - Check food and water for spoilage.

Tsunami

When a tsunami threatens, your immediate action can save your life. Follow these tips for safety.

- In hospitals, go to pre-designated shelter areas. Interior hallways on the lowest floor are usually best.
- Protect patients. Remove from machines if necessary.
- Stay away from windows, doors, and outside walls.
- Protect your head. Lie face down, draw your knees up under you, and cover the back of your head with your hands.
- Get under something sturdy.
- Go to the basement or to an interior part on the lowest level – closets, bathrooms, or interior halls in small buildings.
- Assist patients in the event of a relocation.
- Listen to your radio, television, or NOAA Weather Station for the latest National Weather Service Bulletins.
- Do not leave the building or your shelter area until an all clear is advised.

TSUNAMI WATCH: Tsunamis are possible.

- TSUNAMI WARNING: Tsunami detected, take shelter immediately.

Tsunamis often accompany severe thunderstorms and are only one of many thunderstorm hazards. Others include lightning, winds, rain or hail.

Care of Disabled Persons in an Emergency

- Prevent injury and further damage to a victim. Ensure safety for yourself and others.

- Keep a level head. A demand for immediate action often translates into insecurity and fear. Keep your focus and concentrate. Be patient. Speak clearly and directly about the emergency.
- When responding to assist a disabled person, identify yourself and your purpose for being there. Allow the individual the opportunity to establish your position before you continue. Describe your actions before you assist them and as you help them.
- Use “clock-face” directions to orient people. For example: “The door is at 3 o’clock”
- Use a pad and pencil as an alternative method to language. It enables you to describe a message in pictures. Be simple and clear. Write slowly and give yourself plenty of room for “comment.”
- Isolate hysterical people and deal with them in simple, firm, and clear language. Emergency situations disorient because of unexpected circumstances and lack of control.
- Wheelchairs are an exceptional challenge. An inexperienced person should only attempt to move a person in a wheelchair as a last resort, except in a fire evacuation situation. The Fire Department will evacuate a person from a stairwell in most situations.
- Secure the chair by settings the brakes anytime you attempt to move a person in or out of the chair and if you plan to leave them unattended for even a moment. If there is a seat belt, secure it around the person in the chair.