SAMPLE HOSPITAL DISASTER PLAN

OBJECTIVE
To provide a plan for the mobilization of the resources of the Hospital to respond to a major community disaster. This Disaster Plan will be activated when the number of ill or injured exceeds the capacity of the Emergency Department or the normal operations of multiple departments to provide the quality of care required.

SCOPE
Administration; Emergency Department; Security; and all employees, medical staff, volunteers, tenants and other constituents.

INTRODUCTION
This plan provides institutional direction for identified external emergencies and is to be used when the event has escalated to such a degree as to require additional coordinated hospital-wide support.

RESPONSIBILITY
It is the responsibility of the Environment of Care - Emergency Management Committee to develop, maintain and evaluate the effectiveness of the facility’s emergency management plans.

It is the responsibility of each department to develop specific directives to complement this master plan.

DEFINITIONS

**Incident Command System (ICS):** A management system that is applicable to small incidents as well as very large complex incidents/disasters. The system consists of procedures for controlling personnel, equipment and communications during disasters. It is designed to begin developing from the time an incident occurs and continues until the incident/disaster does not require management.

**Incident Commander (IC):** The person that is on site at the time of the emergency and assumes overall responsibility of the incident, situation or disaster. The IC will be passed upward to the most senior person until the designated IC arrives. The IC sets the strategic goals of the emergency situation.

**Information Officer:** The information officer provides a valuable interface with the media to disseminate accurate, timely and consistent information.

**Safety Officer:** The safety officer ensures personnel observe safety procedures and safe practices, identifies unsafe or hazardous conditions that may exist or develop, develops measures to protect the safety of personnel and takes immediate action to stop or prevent unsafe acts. The safety officer position must be appointed whenever there is a hazardous material incident.

**Liaison Officer:** The liaison officer is the point of contact for assisting and/or coordinating with the responding agencies. The liaison officer provides lines of authority, responsibility and communication.

**Emergency Operations Center (EOC):** Center that is activated to provide support to the IC in managing the emergency situations. The EOC will be located away from the emergency situation.

**Incident Command Center (ICC):** The Incident Command Center is in close proximity to the emergency situation. The Incident Commander and command staff is located in the Incident Command Center.

**NOTE:** The Incident Command Center and Emergency Operations Center may operate from one location as a combined function.

**General Staff:** Individuals assigned to assist, advise, obtain personnel/supplies and finance necessary to complete the established goals of the emergency situation. The five general staff positions are Planning Chief, Logistics Chief, Operations Chief and Finance Chief. The general staff implement the goals set by the IC.
**Operations Chief:** The person most knowledgeable about the emergency situation. This person provides information to the IC on how to manage the emergency situation. The operations chief is the key driver of the emergency situation. Individuals are appointed to this position based on the nature of the emergency situation. The operations chief manages tactical operations and coordinates operations.

**Logistics Chief:** The person that obtains supplies, equipment, people, lodging, food, etc., whatever is required to accomplish the goals of the emergency.

**Planning Chief:** The person that implements the goals established by the IC and the Operations Chief. This person also identifies any problems that may be encountered in trying to accomplish the goals of the emergency situation. Planning responsibilities include collection, evaluation and dissemination of information. This information is used for incident development and resource status.

**Unified Command:** Unified command allows all agencies responding to the incident to establish common goals and objectives, develop a single plan, share resources and establish specific responsibilities.

**PROVISIONS**

1. **INCIDENT COMMAND CENTER**
   A. The Hospital uses the Incident Command System (ICS) a management program designed to control, direct and coordinate emergency response operations and resources.
   B. Use of the ICS allows for more efficient interfacing with local, state and federal emergency response agencies by providing a standard operating procedure for transition from small incidents to major incident management.
   C. The ICS uses common terminology and logistics to respond to keep operational and maintenance impacts to a minimum.

2. **LEADERSHIP**
   A. **During Normal Business Hours (8A – 5P Monday through Friday):**
   
   B. **During Non-Normal Business Hours**

   The Administrator/Designee will assume the position of the Incident Command Center (ICC) Director. If the Administrator or designee is not available, the Nursing Administrative Supervisor is to be contacted at pager number XXXX and assumes the role of the Incident Commander.

   Hence forward, the Administrator/Designee will be referred to as the Incident Commander.

   The Chief of the Medical Staff/Designee order of succession:
   - Chief of the Medical Staff
   - Past Chief (President) of the Medical Staff
   - Chief of the Medical Staff Elect

3. **NOTIFICATION AND ACTIVATION**

   A. **EXTERNAL DISASTER**

   Notification of an external disaster/event may come via telemetry, EMS, radio system, Security, telephone, Centrex police phone or by unannounced presentation at the Emergency Department door.

   Upon notification, the Senior Emergency Physician will relay information to the Administrator (see notification protocol in disaster box). Together they will determine the need for disaster plan activation. The Administrator officially orders the implementation of the disaster plan and notifies media relations XXX-XXXX.
B. INTERNAL DISASTER

Security is to be notified in the event of an emergency or disaster occurring within the facility. Additionally, employees are to notify their immediate supervisor. Security notifies the Administrator, who orders implementation of the appropriate emergency plans and notifies media relations at 578-3800. If the Administrator or designee is not available, the Nursing Administrative Supervisor is to be contacted at pager number 9860 and assumes the role of the Incident Commander.

4. ACTIVATIONS

A. ALERT STATUS

A local disaster/event with a potential threat of unknown magnitude. Available information indicates that normal hospital resources are adequate to handle the incident. The Emergency Operations Center (EOC) is not activated. Personnel remain on duty through their normal shift and continue routine work. No recall of staff.

Planned community events with the potential of mass casualties will place at minimum, Administration, the Emergency Department, Nursing, Security and Trauma Services on Alert Status.

B. ACTIVATION

A disaster/event that may exceed the resources of a department or have operational impact on several departments. The EOC may be activated. Portions of the disaster plan are implemented as appropriate. The following departments will perform personnel and resource assessments and relay information to the EOC, this includes determining the need to retain or call-in staff:

Administration, Emergency Department, Security, Respiratory Care Services, Laboratory, Radiology, Transportation, Operating Room, Anesthesia, Nursing, Facilities Engineering and Media Relations.

Other department staffs continue routine activities unless notified by the EOC.

When disaster/event significantly impacts the operations and/or resources of more than one department the EOC is activated. The Code Yellow plan is fully implemented. All staff report to and remain in their own departments awaiting assignments. The following departments may be directed to retain and call-in personnel.

Administration, Emergency Department, Security, Respiratory Care Services, Laboratory, Radiology, Transportation, Operating Room, Anesthesia, Nursing, Facilities Engineering and Media Relations.

All other departments, including ambulatory services and tenants will perform personnel and resource assessments (including number of staff available to release for general support) and relay information to the EOC. The EOC will call for additional staff as needed.

5. ACTIVATION ANNOUNCEMENT

The Security Department will, upon being notified by the Incident Commander/EOC Director, announce "Code Yellow" via the emergency paging system. The announcement will be repeated at regular intervals throughout activation of the disaster plan.

6. DE-ACTIVATION
Security, upon the determination and direction of the Incident Commander/EOC Director, will announce "Code Yellow All Clear" to deactivate the functions of the Disaster Plan. The announcement will be repeated at regular intervals for approximately 30 minutes.

Employees will return to their departments and assume normal assignments.

For additional information, contact the Hotline for disaster plan status.

7. EMERGENCY OPERATIONS CENTER (EOC) OVERVIEW

A. GENERAL CONCEPTS
   1) The location from which the Incident Commander exercises direction and control in an external/internal emergency.
   2) The administrator is known as the Incident Commander.
   3) The function of the Command Center/EOC will be to determine what services should be modified or discontinued: when and where patients, visitors or staff should be relocated both within and outside of the facility; when and to what extent staff or other resources should be obtained.
   4) The Command Center/EOC will be located in Hospital Administration. An Alternate site for the EOC is the Security Department if Hospital Administration is rendered unusable.
   5) The Command Center/EOC will coordinate its activities with the City's Emergency Operations Center as appropriate.
   6) The EOC will coordinate communications with other operating units when necessary.
   7) Note: A disaster box containing an abbreviated plan, call lists and supplies will be brought to the EOC by the Nursing Administrative Supervisor.

B. RESPONSIBILITY
   1) Administrator/designee, as incident commander, will be responsible for the overall management of the EOC.
   2) The incident commander will determine the need to activate the master notification list (located in President's office, and Nursing Administration).
   3) The incident commander will coordinate and monitor the release of information to the press, staff and agencies.
   4) The incident commander will contact the President of the Medical Staff/designee.

8. INCIDENT COMMAND SYSTEM

A. GENERAL CONCEPTS
   1) During an external disaster, a secondary communications area known as the Emergency Operations Communications Center (EOCC) will be set up in the Emergency Department Nursing Station and Physician Desk Area. (The Senior Emergency Physician or the Emergency Medical Officer of the Day assumes Operation's Chief).
   2) During an internal disaster, an EOCC, designated by the senior physician, may be set up near the scene of the emergency, in the Security Department or in the Emergency Department to facilitate communications and assessment.

B. RESPONSIBILITY
   1) The Incident Commander will provide timely communications and updates to the EOC.
   2) During external disasters, the Incident Commander will contact the administrator or designee, who will activate the plan.

9. CITY EMS DIVISION MASS CASUALTY NOTIFICATION PROCEDURE
10. SPACE UTILIZATION

A. EMERGENCY DEPARTMENT

1) TRIAGE DESK AREA: Location for triage and admitting functions for disaster victims.

2) RESUSCITATION AND CARDIAC OBSERVATION UNIT: Victims assessed with immediate life threats will be triaged to the resuscitation room, which can accommodate a maximum of 3 patients. Overflow will be triaged to the cardiac observation unit (COU), which can accommodate an additional 3 patients. In the event capacity is reached in resuscitation and COU, module 1 will receive overflow.

3) MODULES 1, 2, 3, 4 & 5: Location for triage of non-critical victims based upon the module census. Disaster victims will be combined with current emergency patients requiring care in the modules.

When Code Yellow is implemented, the following patient dispositions should occur immediately:
   a) patient discharges as deemed medically appropriate
   b) patient admissions to the hospital acute care and special care units
   c) emergency patients awaiting consultation, transfer to the observation care unit (OCU)
   d) Psychiatric patients transfer to the Emergency Crisis Center.

4) OCU, HALLWAY ADJACENT TO OCU, AND POLICE DETAIL: The OCU may accommodate a maximum of 12 patients. The adjacent hallway may be utilized to handle OCU overflow as deemed appropriate. Police detail-unit patients will be evaluated and dispositioned. One emergency department registered nurse will be in charge of this aggregate area, and will work collaboratively with responding physicians and nurses assigned from the (physician and nursing) staff assembly location.

5) AMBULATORY RECEPTION CENTER (ARC) AND E.D. WAITING LOBBY: Non-patients must leave this area and be escorted to the main hospital waiting area or leave the hospital grounds. The ARC emergency physician will prioritize the care of non-urgent patients. **Non-urgent patients and / or victims will be taken to the clinic site during normal clinic business hours. At all other times, these patients must be evaluated, treated, and dispositioned from the emergency department.

6) DECONTAMINATION ROOM: Location for victims requiring decontamination either during or prior to treatment. If there is no hazmat occurrence, this area may be used as necessary.

7) ORTHOPAEDIC CAST ROOM: Additional treatment area, supply staging area or temporary morgue.

8) HALLWAY BETWEEN RECOVERY (PAR), STAT LAB AND EMERGENCY DEPARTMENT: supply staging area for the emergency department.

9) E.D. NURSING STATION AND PHYSICIAN DESK AREA: site of the ED Communication Center (emergency disaster control).

B. ASSIGNED AREAS OUTSIDE OF THE EMERGENCY DEPARTMENT

1) EMERGENCY DEPARTMENT STAFF LOUNGE (3R): location for debriefing of employees involved in the disaster.

2) ADMINISTRATION debriefing will be located in the Hospital Emergency Operations Center (3M).

3) BURN UNIT (4S): Burn and inhalation victims will be stabilized in the emergency department and transferred to the burn unit.
4) **EMERGENCY DEPARTMENT CONFERENCE ROOM AND RESIDENT’S LOUNGE (3R):** Physicians, nursing staff and employee support from other hospital departments and emergency department personnel called to provide support will be directed to this location in the E.D. Administrative offices for further instruction from the senior physician.

5) **EMERGENCY DEPARTMENT WAITING ROOM:** First aid will be provided for non-urgent victims or those with minor injuries in the Emergency Department Waiting Room.

6) **HOSPITAL ADMINISTRATION (3M):** Location for the Incident Command Center (IOC).

7) **HOSPITAL LOBBY WAITING AND INFORMATION AREA:** The area immediately adjacent to the hospital information desk will be the Family/Visitor Center for the visitors and families of victims.

8) **CROCKETT CENTER:** Classroom B (Auditorium) in the Health Center has been designated the Media Center.

9) **DISCHARGE CENTER (Optional):** The patient waiting area on level 2 of the Health Center can be designated as a waiting area for patients discharged from in-patient units or the Emergency Department awaiting transportation.

10) **MORGUE:** The hospital morgue will be used. If the number exceeds the capacity, the Autopsy Rooms will be used for temporary holding.

**C. ALTERNATE CARE SITE**

1) The Health Center has been designated as an alternative care site. (Logistics are under review.)

11. **TRIAGE/MEDICAL ASSESSMENT**

A. In the event of an internal disaster, immediate medical assessment at the scene may be provided by the CODE BLUE team prior to the arrival of the Fire Department (activate Code Blue page overhead). The Emergency Department will maintain an alert status and provide at the scene support as needed.

B. The triage flow will begin with the assessment and assignment of patients in a manner that can quickly and efficiently utilize already existing designations.

C. The Emergency Department will establish triage protocol for the receipt of patients into the Emergency Department. Triage location is the Emergency Department Entrance Lobby. Incoming victims will be examined and initial care determined and prioritized. A Disaster Tag and green disaster bracelet will be attached to the patient. The patient is moved to the designated location for initiation of care. This is to ensure the tracking of all disaster related victims.

D. Triage protocol is identified in the Hospital Evacuation Plan for internal disasters or receipt of patients from an adjoining hospital.

12. **MEDICAL STAFF RESPONSIBILITIES**

A. The Chief of Staff/Designee will assume the responsibilities of Medical Staff Director for the EOC upon notification from the Administrator.

B. Physicians may be called upon to assume assignments deemed appropriate by the President of the Medical Staff/Designee.

C. The Operations Director will contact the Chief of Staff/Designee.
D. Activation levels and response

1) **Alert:** No additional support needed.

2) **Activation:** AVAILABLE PHYSICIANS IN THE HOSPITAL REPORT TO THE PHYSICIAN SUPPORT POOL LOCATED ADJACENT TO THE EOC AREA.

13. **STAFF/VOLUNTEER SUPPORT POOL**

A. Follow the specific procedures outlined in your department plans.

B. Unless otherwise directed to do so (authorized by the EOC) report to your department.

C. Those departments (other than nursing) specified in the activation level (section D) should provide a report of resources to EOC.

D. Those departments contacted by the EOC to provide additional support will report to the EOC for further assignment.

E. Staff at home are **not** to report unless contacted by your department supervisor/manager/director.

F. Staff that have been "called in" are asked to report through the XXXX Entrance Emergency Department waiting area doors. If doors are locked, entrance with proper identification will be allowed through the Emergency Department Entrance.

14. **ASSIGNED DEPARTMENT RESPONSE**

A. The following Departments have specific responsibilities for response as indicated by the activation levels (section C).

   1) Administration
   2) Anesthesia
   3) Emergency Department
   4) Facilities Engineering
   5) Laboratory
   6) Nursing
   7) Operating Room
   8) Radiology
   9) Respiratory Care
   10) Security
   11) Transportation

B. The Emergency Department clinical coordinators will be responsible for the coordination of activities with the departments listed above.

15. **SECURITY SERVICES**

A. A Security representative will deliver one two-way hand held radio to the EOC and to the Incident Command Center located in the Emergency Department.

B. The EOC will be informed of the current available staffing level and the equipment resources available, e.g., security vehicles, extra two-way radios, traffic cones, etc.

C. Security will restrict access to the facility as much as possible.
D. Security will maintain access to the building for staff and physicians through the Plaza Entrance doors by the Emergency Department waiting area. If this entrance had been determined to be secured then authorized entrance will be provided through the Emergency Department Entrance.

E. **While Code Yellow is operational, the E.D. will remain a closed and secured area.** All medical and nursing personnel seeking access to the E.D. should be directed to the E.D. Administrative Offices (3R).

F. Security will be responsible for initiating a check point to record entry into the building. Support for these areas can be assigned through the EOC.

G. Security will be responsible for updating the HEOC.

H. Security will be responsible for alerting other main campus operating units of the disaster plan activation through the security radio system.

I. Security will activate assigned sections of the disaster notification protocol.

16. **COMMUNICATIONS**

A. This section is to provide resource information as to types of communication systems available to the facility in time of disaster. In the event of a disaster, the telephone system is the method of choice for communication.

B. Communication during disasters can be arranged by any of the following:

1) EOC telephones  
   Purpose: to provide EOC personnel with means to communicate with hospital staff and outside agencies.

2) Two-Way radios  
   Purpose: primarily, to communicate between the EOC and the Incident Command Center.  
   Additional assignment of radios may occur.  
   Distribution: by security officers.

3) Portable cellular phones used by the ED  
   Purpose: to communicate between treatment areas within the Emergency Department

4) Voice-mail  
   Purpose: to provide information to and reduce congestion of emergency phone lines during disasters.

5) Hot-line  
   Purpose: to provide information and timely updates to and reduce congestion of emergency phone lines. This hot-line is the voice mail system of the public relations department.

6) Pager system  
   Purpose: to provide a means to reach personnel and communicate staffing, supply and resource needs.

7) AM/FM radios  
   Purpose: to provide information and updates during a disaster event

8) Televisions  
   Purpose: to provide information and updates during a disaster event

9) FAX Machines
Purpose: To provide an alternate means of communication to update staff and send information to and from the EOC.

10) Computers on the L.A.N.
   Purpose: To provide an alternate means of communication to update staff and send information to/from the EOC.

11) H.E.A.R. Radio
   Purpose: to monitor, send and receive information between the City EMS and the emergency department.

12) Runners
    Purpose: to communicate special needs between departments and the EOC. Runners will be assigned from the staff/volunteer support pool.

   NOTE: Primary communications between departments and the HEOC will be with assigned "runners". Phone inquiries to the HEOC via routine Hospital Administration telephones should be restricted to emergencies only. Security will provide initial communication services until telephones can be staffed in the HEOC. Staff are asked to refrain from calling Security unless it is an emergency. Emergencies will be reported by using the "111" phone line or the Red Emergency Phones located throughout the building.

17. DISASTER SUPPLIES AND RESOURCES

   A. The Emergency Department shall stock emergency supplies related to Hazardous Materials events within the department. A list of the supplies, as well as notification call lists will be kept in the emergency department disaster box labeled code yellow.

   B. To facilitate the management of transportation equipment, stretchers in the E.D. treatment areas will be used first. Patients located in emergency psychiatry not requiring stretchers will be placed in chairs. The Patient Transportation Department will supply additional stretchers as needed.

   C. Communication Equipment

      1) Two-Way radios - Security Department will maintain a list of radios available for use in the event of a disaster.
      2) The EMS radio system is located in the Emergency Department triage area.
      3) Televisions are located throughout the facility.
      4) AM/FM radios are located in designated areas throughout the facility.

   D. Obtaining additional supplies:

      1) Central Supply can be contacted for additional supplies.
      2) The Materials Management Department, Dietary Services and Environmental Services will maintain a list of vendors to obtain additional supplies.
      3) Maintain general inventory lists for restock/recovery.

          a) Departments will be responsible for restocking all supplies during and after a disaster event or drill.
b) Departments will be responsible for keeping an inventory of supplies used during the full disaster event.

18. PATIENT DISCHARGE

A. The Emergency Department will be responsible for determining the discharge status of patients within the department.

B. Upon Alert of Code Yellow, Administrative Supervisor or designee will evaluate the number of beds available.

C. Upon activation of Code Yellow, Administrative Supervisor or designee will coordinate the discharge of in-patients, internal transfer to another facility and/or external transfer out of facility.

D. Administrative Supervisor or designee, in cooperation with the EOC, will determine the need to establish the DISCHARGE CENTER and determine appropriate staffing.

19. FAMILY/VISITOR CENTER

A. The Family/Visitor Center will be located in the Lobby.

B. The center will be staffed and coordinated by Volunteer Services, Pastoral Care and Patient Relations.

C. Additional consideration may need to be given to children that may accompany families of the disaster victims.

D. The Center will provide information to families of casualties and other appropriate parties as authorized by the EOC.

E. This Center will provide counseling as needed to families, friends, visitors and staff.

F. This center will provide escort service for families awaiting to see patients, once it is determined that a patient can be seen.

G. A log of visitors to this Center is to be maintained for tracking purposes.

H. Nutritional provisions may need to be arranged through the EOC, if the center is to remain open for an extended period of time.

I. If the disaster becomes extensive, a decision can be made to initiate a Rest Center for staff. Possible locations include the Health Center Clinical areas.

20. MEDIA/INFORMATION CENTER

A. The purpose of the media center is to provide a single, coordinated, source of information to the news media concerning Hospital involvement in the disaster.

B. The Media Center will be located in the XXXX. The Center will be staffed by Media Relations.

C. All media representatives will be restricted to the Media Center unless accompanied by a Public Relations or Administrative representative.

D. Periodic releases to the media will be authorized by the EOC.
E. Staff are prohibited from releasing information to the public unless authorized by Administration and accompanied by a representative from Public Relations.

21. DEBRIEFING

A. Regular briefing/debriefing sessions within the EOC for those responsible for coordination of operations.

B. Debriefing of staff directly involved with the disaster events will be offered support session coordinated by Pastoral Services and/or the Social Work Department. Staff debriefing will occur in the Emergency Department Staff Lounge.

C. A joint debriefing will be scheduled as soon as possible following the All Clear. The debriefing will be located in the board room.

22. RECOVERY

A. Upon return to normal level of operations an impact assessment (checklist) will be conducted by all participating departments to assess damage and replacement needs (ie. overtime, supply replacement).

B. Departments will perform performance evaluations and critiques to determine if response was appropriate or where improvements need to be made.

C. Departmental summaries and evaluations are to be submitted to the President and Chairperson of Environment of Care - Emergency Management Committee.

D. It should be noted that "return to normal level of operations" may take several days, weeks or months, depending on the extent of the disaster.
ADDENDUM A

23. MASS CASUALTY NOTIFICATION PROCEDURE

A. Upon receipt of information, from any source, of a possible Mass Casualty Incident (MCI), the EMS Dispatcher shall:

1) Dispatch nearest available medic units and the appropriate area supervisor.*

2) Upon arrival at scene, area supervisor shall evaluate the situation, estimate the number of casualties, and confirm or cancel PLAN ZEBRA.

3) If medic unit arrives before the supervisor, they shall communicate their observations to EMS Dispatch as soon as possible.

B. CONFIRMATION

1) Supervisor shall designate location for the Medical Command Post and appropriate vehicle staging area. This information shall be transmitted to EMS Dispatch.

   a) Dispatcher will respond additional medic units to staging area.

   b) Activate all pagers of series 1100

   c) Broadcast:

      i) "PLAN ZEBRA IS NOW IN EFFECT. PLAN ZEBRA IS NOW IN EFFECT."
      ii) SITUATION
      iii) ESTIMATED NUMBER OF CASUALTIES
      iv) LOCATION OF COMMAND POST
      v) LOCATION OF STAGING AREA

   d) Confirm the response of all on-duty supervisory personnel.

   e) "Dispatch all available TMS Units for extra personnel, transport, and extrication tools."

   f) Dispatch the department command vehicle.

   g) Contact the Project Medical Director (or senior designee) and the Associate Project Medical Director (or senior designee).