

Hospital Disaster Plan

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DEFINITIONS USED IN THIS PLAN

1. **STANDBY ORANGE ALERT:** Prepare for the possibility of an **ORANGE ALERT**. Usually precedes the alert. Dispense in-house employees to the Personnel Pool for sign in, call in on-call staff, and lock all doors except the Front Entrance and the Emergency Room doors.
2. **ORANGE ALERT:** Impending disaster with a count of victims being rescued and transferred to the hospital. Organize treatment and triage areas, continue with Disaster Plan assignments, initiate calling of employees, prepare to triage and treat victims. Establish Control Center.
3. **ALL CLEAR:** Discontinue Disaster Plan. Disaster is finished. All victims have been treated. Disaster treatment areas can be dismantled.
4. **MESSENGER:** Writes down messages and transports them to the intended receiver.
5. **TRANSPORTER:** Transports victims by carts, wheelchairs or accompanies them ambulatory and remains with the victims until released by the person in charge of the area.
6. **GUARD:** Stationed at doors and checks identification of persons attempting to gain entrance to the facility. Sends people without proper identification to Control Center for identification.
7. **INTERNAL DISASTER:** A need for extra hospital personnel to care for patients and possible evacuation of them due to an accident within the facility such as fire, tornado or explosion. (See specific Standard Operating Guidelines)
8. **EXTERNAL DISASTER:** A disaster which occurs outside the hospital, somewhere in the community, when there is a disproportionate amount of hospital staff to care for the incoming Emergency Room patients or victims.
9. **ON-CALL STAFF:** The members of the various hospital departments who are on call for hospital business on a 24 or 48 hour basis.
10. **CRITICAL:** Vital signs are unstable and not within normal limits. Patient is acutely ill or unconscious. Indicators are questionable or unfavorable.

11. **NONCRITICAL:** Vital signs are stable and within normal limits. Patient is conscious and can be either comfortable or uncomfortable. Indicators are favorable or excellent.

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HOSPITAL DISASTER PLAN

I. Purpose:

- A. To provide policy for response to both internal and external disaster situations that may affect hospital staff, patients, visitors and the community.
- B. Identify responsibilities of individuals and departments in the event of a disaster situation.
- C. Identify Standard Operating Guidelines (SOG's) for emergency activities and responses.

II. Situations and Assumptions:

Several types of hazards pose a threat to the hospital:

1. Internal disasters: fire, explosions, and hazardous material spills or releases.
2. Minor external disasters: incidents involving a small number of casualties.
3. Major external disasters: incidents involving a large number of casualties.
4. Disaster threats affecting the hospital or community (large or nearby fires, impending tornado, flooding, explosions, etc.).
5. Disasters in other communities.

III. General Considerations:

A. Lines of Authority: The following persons, in the order listed, will be in charge:

1. Administrator.
2. Director of Nursing.
3. Nursing Supervisor on duty at time of disaster.
4. Emergency Room Supervisor.

B. Communications:

1. A Command Center will be set up at the Security Desk to handle and coordinate all internal communications. All department heads or their designee will report to this office and call as many of their employees as needed.
2. The person in charge when the disaster happens will assign a nurse to the communications system in the E.R. This nurse will answer all radio calls from this station.
 - o The radio shall be manned immediately at the nurse's station by a unit coordinator but only for informational purposes and she should not verbally respond.
3. At least one messenger will be assigned to each radio operator to deliver messages, obtain casualty count from triage, etc.
4. Person directing personnel pool shall send a runner to all departments to advise them of the type of disaster and number of victims and extent of injuries when this information is available.
 - a. Nursing will be notified by the Unit Coordinator or designated persons.
 - b. Department Heads will be notified by the Supervisor or designated staff.
 - c. Department Heads will notify their key personnel.
5. A "Visitor Control Center" will be set up in the front lobby. Families of casualties will be instructed to wait there until notified of patient's condition. Normal visiting hours will be suspended during the disaster situation (orange alert).
 - o A hospital staff member will stay with the family members. (Social Services will be assigned here after reporting to the Command Center and other personnel assigned as needed)
 - o A list of the visitor's names in association with the patient they are inquiring about should be kept. Volunteers may be needed to escort visitors within the facility.
6. Telephone lines will be made available for outgoing and incoming calls. One line will be designated as the open line to the external Command Center. The person in charge will designate assigned staff to monitor the phones.
7. Assistance in providing additional radio communications to all departments within the hospital may be obtained by requesting

Emergency Government RACES (Radio Amateur Civil Emergency Services) personnel from the county Emergency Government Office.

C. Supplies and Equipment:

1. Extra supplies will be obtained from Purchasing personnel through runners.
2. Outside supplies will be ordered by the Purchasing Director and brought into the hospital via the loading dock.

D. Valuables and Clothing:

1. Large paper or plastic bags are available in the treatment Areas and the storeroom for patient's clothing and valuables.

E. Public Communication Center:

1. A communication center for receiving outside calls and giving information to the press, radio and relatives shall be set up in Medical Records.
2. The press can use the restaurant as their headquarters.

F. Morgue Facilities:

1. Patients pronounced DOA will be tagged with a Disaster Tag...do not remove personal effects. The top sheet from the tag will be taken to the Command Center in Emergency Department for casualty list purposes.
2. Bodies will be stored in the hallway by Purchasing. Personnel will remain with bodies until removed by Funeral Director.
3. After bodies have been identified, the information will be filed on the Disaster Tag and Medical Records notified as to the identification of the patient.
4. The bodies will be removed via the loading dock to the Funeral Director. A complete record of all bodies must be maintained along with the name of the agency removing them, e.g., police, fire department, undertaker, etc.
 - o Be sure appropriate paperwork is filled out.

IV. Responsibilities of Individuals and Departments:

A. Administrator:

In a **major disaster** will do the following functions:

1. Check with local authorities to verify the disaster and obtain additional information.
2. Authorize announcement of disaster to hospital personnel.

3. Ask for help from local police and volunteer organizations as deemed necessary.
4. Stay in the area of administrative offices to be available to assist, as requested, by disaster coordinator.

B. Director of Nursing:

1. In a **major disaster** will do the Administrator's functions, if he is absent.
2. Is responsible for notifying all department heads or alternates.
3. In a **major disaster** be responsible to see that families of victims are notified as soon as possible. These calls may be made by the physician who treats the victim, the Director of Social Services, or the Director of Nursing or her designee.
 - o The Command Center Director will coordinate these efforts and notify Medical Records personnel as to when information can be released to the press.

C. Nursing Supervisor:

1. Is responsible for determining the extent of the disaster, whether it is a "major" or a "minor" disaster. If it is a major disaster, then the Administrator and Director of Nursing will be notified (if not present at time of disaster).
 - o (The **Director of Nursing** would then notify all department heads or alternates as noted above.)
2. Will set up a Command Center - All department heads would report in to the supervisor before going to their departments.
3. Will attempt to find adequate numbers of nursing personnel. (This can be assigned to the Unit Coordinator or another nurse but the Supervisor must be aware of the number of nurses coming in.) Have them keep a list of those notified.
4. Leave extension "xxx" open to outside Command Center.

D. Admitting Office

1. Assign responsible person to switchboard as soon as possible.
2. Department head or designee will call in their own personnel as needed after having reported to the Command Center.
3. Notify Emergency Communications Center if internal disaster is involved.
4. After notification of disaster by authorized person, you are responsible for sounding the "Orange Alert" alarm.
5. Do not accept routine non-emergency admissions except OB's.
6. Refer all public information calls and press to desk in Reception Area.
7. Direct press to the restaurant.
8. Call local clergy as requested.

9. Assign an admissions person to aid with discharge of hospital patients from the east solarium, if requested by Med/Surg.

E. Dietary

1. Department head or designee will call in their own personnel as needed after reporting to Command Center.
2. Prepare to serve nourishments to ambulatory patients, house patients and personnel as need arises.
3. Clear hallway of all tray carts.
4. Utilize T.C. dining room and west hospital solarium for extra eating space.
5. Be responsible for setting up menus in disaster situation and maintain adequate supplies.

F. Maintenance

1. Department head or designee will call in their own personnel as needed after reporting to Command Center.
2. Maintain full operation of all facilities.
3. All doors should be locked immediately **except** employee entrance, Emergency Department door, and front lobby.
4. Be responsible for setting up extra beds in hospital if needed, as well as transporting storeroom supplies and bringing in extra supplies from other areas.
5. Be willing to help with movement of victims from ambulance to Triage.

G. Housekeeping and Laundry

1. Department head or designee will call in their own personnel as needed after reporting to Command Center.
2. Be available to help clean receiving area, and clean rooms between cases in treatment areas.
3. Be sure all hallways or traffic areas are clear of cleaning carts, equipment and etc.

H. Operating Room, CSR, PAR, Anesthesia, & OP

1. Supervisor or RN will supervise Operating Room and call all needed personnel after reporting to Command Center.
2. Call additional surgeons as needed.
3. Check area for supplies and equipment.
4. Ask for additional help to carry out surgery and treatments in Operating Rooms and Recovery Room.
5. Assign and direct scrub nurses and circulate.
6. Notify Triage when Operating Rooms and Recovery Room is available for more patients.

7. Keep minimum list of supplies on hand and be prepared to process additional sterile supplies quickly.
8. Notify anesthetists who will maintain adequate anesthesia and drug supplies.

I. Hospital Unit - Supervisor will:

1. Assign nurse or unit coordinator to communications system in E.R.
2. Prepare for expansion by notifying maintenance of number of extra beds needed and where to set them up.
3. Discharge and movement of hospital patients to create more room for casualties.
4. Send for extra supplies needed from Purchasing, CSR, Laundry, and Dietary.
5. If internal, prepare for evacuation of patients to safe area.
6. Send designated personnel to Command Center with wheelchairs.
7. Periodically send messenger to Command Center to check for update.
8. The elevators will be used ONLY for the transportation of patients or equipment...all personnel will use the stairway.

J. ICU - After notification of disaster, the ICU nurse will:

1. Evaluate patients in the Intensive Care Unit for possible discharge. Use established discharge criteria as a guide. Transfer patients out if indicated.
2. Prepare to admit more critically ill patients.
3. Send runner to Command Center or phone for help.

K. Swing Bed Unit

1. Know current empty bed count and number of personnel available who could assist in other units. Send number to Command Center.
2. Remain in your unit until notified differently.
3. Will make wheelchairs available.

L. OB Unit

1. Staff from OB can be used to assist in triage if department is covered. Volunteers can be used from OB to assist in disaster.
2. Patients other than OB's will be triaged by Command Center before being transferred to OB.

M. Chemical Health Recovery Unit

1. Department Head or designee will call in their own personnel as needed after reporting to Command Center and staff holding area.

2. Department Head will send designated personnel to Triage with wheelchairs to hold in ER waiting room until needed.

N. Medical Imaging

Day Shift:

1. The department head or designee will find out the number of patients involved and any other pertinent information from the Command Center.
2. The department head or designee will be responsible for calling in any and all personnel needed to sufficiently handle the patient load.

Evening Shift:

1. The technologist on duty or on call for the Radiology Department will be alerted by the night supervisor. This technologist will be considered the designee of the x-ray department and will report to the information center for further information.
2. It will be the duty of this technologist to call in extra help as needed. All extra help called in will report directly to Radiology.

Duties of Medical Imaging Personnel

Department Head will:

1. Call any or all personnel needed.
2. Arrange for extra supplies to be brought in if needed.
3. Coordinate flow of work and delegation of work areas.
4. Other Technologists will:
 - a. Perform all x-ray exams as needed and assigned.
 - b. Perform all clerical duties.

O. Laboratory

1. Department Head or designee will call in their own personnel as needed after reporting to Command Center.
2. Call personnel from nearby hospitals and clinics as necessary.
3. Have arrangements made to obtain additional blood, equipment and supplies from area agencies.

P. Materials Management - Purchasing

1. Department Head or designee will call in their own personnel as needed after reporting to Command Center.
2. Be prepared to supply all departments with needed supplies.

3. Director will designate assistant to supply runners or volunteers to deliver supplies.
4. Have an up-to-date list of suppliers who can quickly supply extra materials.
5. Have Kardex in Storeroom up-to-date.

Q. Pharmacy

1. Report to Command Center, then remain in department.
2. Have list of drug suppliers that can provide emergency supplies quickly (list is in Procedure Manual).
3. Keep minimum supply of emergency drugs on hand at all times.
4. Pharmacy should remain open and have a runner to deliver needed meds to areas.

R. Respiratory Therapy

1. Department Head or designee will call in their own personnel as needed after reporting to Command Center.
2. Keep adequate supply of bubblers, cannulas, masks and flowmeters available in Respiratory Therapy Department.
3. Be prepared to obtain additional respirators and equipment as needed.
4. Be prepared to assist in treatment areas.
5. Keep resuscitation equipment in good operating condition and well marked.

S. Physical Therapy

1. Department Head or designee will call in their own personnel as needed after reporting to Command Center.
2. Be prepared to accept walking wounded victims. Be prepared to provide assistance to RN's as needed.
3. Request a runner from Command Center as needed.

T. Occupational Therapy

1. Department Head or designee will call in their own personnel as needed after reporting to Command Center.

U. Stress/EKG Department

1. Reports to Respiratory Therapy Head or designee.
2. Be prepared to obtain additional equipment and supplies.
3. Be prepared to assist in treatment areas.

V. Social Services

1. Report to the Command Center and be prepared to stay with relatives of victims in hospital lobby.
2. Will provide Command Center with a list of the family members that are here.

W. Director of Community Relations

1. Department Head or designee will call in their own personnel as needed after reporting to Command Center.
2. Be prepared to call in volunteers who are familiar with physical plant of hospital to serve.
3. Have volunteers set up downstairs classroom for babysitting personnel's children.

X. Quality Improvement/Risk Management - Utilization Review

1. Report to Command Center and assist with relatives of victims in hospital lobby. Also assist Education Coordinator with press information.

Y. Security

1. Report to Command Center.
2. Assist RN's as needed.

Z. Infection Control

1. Report to Command Center.
2. Be prepared to assist in Pharmacy as needed.

AA. Nursing Personnel Assigned to Disaster Victims

1. Obtain information and fill out available information and time on disaster tags. Even if no information is available as to identity, give information as to condition, types of injuries, etc.
 - If top sheet on tag has already been picked up, use O.P. record (may use ER Nurses notes) to record changes in patient's condition, additional information, etc.
 - Be sure to use hospital disaster tag number for identification (the tag is in triplicate).
2. BE SURE top sheet of disaster tag is made available to Medical Records with pertinent information.
3. **DO NOT** leave your patient unattended. Patient may be signed off to person in charge when admitted to a unit.
4. Give aggressive first aid treatment.
5. Make out the appropriate lab slips and x-ray requisitions with disaster number. It is essential that they have these slips made out.

6. Patients who have been admitted to the hospital should have the information slips placed with the Command Center in the Emergency Department.
7. If a patient is transferred, be sure to indicate on the tag to which hospital he has been sent.
8. If a patient is admitted to our hospital, be sure and send all oxygen equipment to his room with him.
9. Sign disaster tags.

AB. Medical Records

1. Department Head or designee will call in their own personnel as needed after reporting to the Command Center.
2. Assign person to be responsible for maintaining casualty lists and assist with paperwork as needed at Command Center.
3. Supply extra forms as needed.
4. Be responsible for releasing information to the press after the families of the victims have been notified.

V. Plan Development and Maintenance:

- A. This Disaster Plan was developed by the Disaster Subcommittee of the Safety Committee and with the cooperation of all departments in the hospital.
- B. All departments are responsible for maintaining an up-to-date disaster manual and notifying the Disaster Subcommittee of changes in their departments.
- C. This plan will be updated annually or as changes in departments occur.

http://www.dhfs.state.wi.us/rl_dsl/hospital/hospitaldisastrplng.htm