



EOP Annex: CH:DIS:01

**Children's National
Mass Casualty Incident**

CODE ORANGE

**(Internal or External)
EOP Annex**

July 5, 2012

**Children's National
Code ORANGE MCI (Internal or External) EOP Annex
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I. PURPOSE

Children's National utilizes the Incident Command System to respond to incidents in an appropriate and timely fashion. This annex contains department specific instructions for a mass casualty event and is designed to be used concurrently with the Base EOP (CH:DIS:00) when the organization is responding to a mass casualty incident.

A. TRIAGE OF INCIDENT VICTIMS and CLEARING OF EMTC PATIENTS

For external incidents, triage will be done as patients arrive at the ambulance doors. NOTE: If victims require decontamination (see Code Green annex) they will be quickly checked for ABCs and sent to the decon area. DO NOT bring them into the ED until decontamination is done. If event is due to an infectious agent, see Code Navy Plan.

EMS Field triage assesses victims according to the following categories for treatment:

RED tag = Priority 1 patients, life threatening injuries requiring immediate treatment.

YELLOW tag = Priority 2 patients, Friedrich's time patients, require treatment in 4-6 hours.

GREEN tag = Priority 3 patients, walking wounded, having sustained minor injuries.

BLACK tag = Priority 4 patients, pronounced dead. (Not transported from the scene)

For internal incidents, ED personnel trained in triage will immediately go to the scene of an internal incident to assess victims. Personnel shall not enter the scene until it is deemed safe to do so either by the Executive Director of Safety & Emergency Management, the plant engineer in charge, or the security officer in charge. Once the scene is safe for entry, ED will begin triage. Victims should be quickly assessed and sent on to the EMTC.

The Code Blue and Trauma Stat Teams will report to the EMTC COMMAND TEAM (ED Charge Physician and ED Charge Nurse) to assist with triage and patient care. The EMTC Attending Physician or designee (Triage Officer) will triage patients to the appropriate clinical area for definitive treatment. The Triage Officer will be stationed at the EMTC/hospital corridor (internal incident) or the ambulance corridor (external incident).

The Chief Medical/ Surgical Resident of the most appropriate service will assist in the triage process.

Children's National will re-triage patients as follows:

RED, Priority 1 patients with severe injuries/ conditions are directed to the EMTC resuscitation code rooms.

YELLOW, Priority 2 patients with minor injuries/ conditions are directed to the EMTC treatment area for further clinical assessment and disposition. (Use treatment rooms 1-6 and 11-15.)

GREEN, Priority 3 patients (walking wounded) are directed to the EMTC Family Waiting Room (or overflow to Ortho Clinic EXAM rooms, depending upon volume per ED Charge RN) for further clinical assessment, treatment and potential discharge. Ortho clinics patients must be rescheduled if necessary.

BLACK, Patients that are pronounced dead are taken to the morgue.

Patients with impending death are directed to a private room within the EMTC to be with the family members.

Psychiatric, Patients whose primary condition is psychological will be taken to EMTC rooms 18 and 19.

Patients "**in custody of police**" will be taken to EMTC side C.

Burn patients may be among those triaged above. The trauma/burn team will determine patient disposition based upon patient presentation. The SCU unit has 31 staffed beds, and can flex any or all of those beds into burn beds. We have an additional 6 surge beds on SCU that may also be used for burn beds, as well as beds in critical care. Contact the nursing staffing office for bed assignments.

The EMTC Charge Nurse and the EMTC shift attending/ fellow will assess current patients being treated in the EMTC and determine whether they are to be admitted or discharged and action taken immediately. **Remaining ED patients will immediately be transferred to ETU beds 1-8.** ED Charge RN will assign a nurse to ensure continuity of care for these patients. ED Charge RN will assess current ED staffing, ensure personnel called from floors are assigned appropriately in the ED, order initiation of call lists as needed, and contact the Hospital Command Center (HCC) for additional staffing as needed.

NOTE: The Children's Health Center will serve as the alternate ED in the event the ED is the site of the incident. If the Children's Health Center and/or the Orthopedic Clinic must be used in incident response, those respective patients with appointments will be discharged and their appointments will be rescheduled.

B. DEPARTMENT SPECIFIC ROLES AND RESPONSIBILITIES

Personnel who are at the end of their shift shall check with their supervisor before leaving the hospital.

NOTE: Hospital departments/personnel on-site at the time of the incident who do not have specific roles and/or are not involved in patient care shall check with their supervisor and if able report to the Auditorium to be available for reassignment as part of the Employee Deployment Center personnel pool.

The following departments will immediately implement their department-specific plans when notified of a mass casualty incident:

1. Administration

- a. In charge of the conduct of the entire hospital. Hospital administrator-in-charge on site at the time of a disaster is the automatic immediate administrative Incident Commander. Once additional resources arrive, the Incident Commander may delegate this role if appropriate. Open the HCC on the first floor across from the Dental clinic.
- b. Incident Command team members may be pulled from Administration and other available areas as deemed necessary by the Incident Commander. See Base EOP, CH:DIS:00, page 4, Hospital Command Center.
- c. May alter hospital policy if necessary.
- d. May authorize emergency purchase orders.
- e. May be responsible for communication with other area hospital administrators and resources.

2. Admissions

- a. At the EMTC Hospital Triage corridor, or following decontamination of the victim(s), the admissions representative will assign each victim an acute patient pack, and place a corresponding identification band on the appropriate patient. This information will promptly be given to Medical Records at the tracking board.
- b. Obtain necessary patient information from patients in the treatment areas, if possible.
- c. Forward patient information to the Hospital Command Center Planning Chief at ext 6800 or via runner.
- d. Obtain necessary patient information from parents/family when they have been identified by Social Work and Family Support Center staff.
- e. Bed Control and the Admissions/ Discharge Nurse Coordinator will determine the current in-house bed status and notify the Planning Chief (ext 6800) in the Hospital Command Center.
- f. Coordinate bed assignments, admissions and discharges.
- g. During the evening and night shifts Admissions will monitor and maintain the Tracking Board until Medical Records personnel arrive, and will continue to assist with updating it once Medical Records has arrived.

3. Anesthesiology

- a. Provides definitive airway management.
- b. Administers anesthesia in the operating rooms.
- c. Will report to the OR unless on the Trauma Code Response Team.
- d. Will provide portable monitor/ defibrillators to the EMTC as requested.
- e. Assigns a staff member to act as Medical Director to Recovery Services (PACU and SSRR)
- f. If volunteer practitioners are assigned, ensure their professional practice is appropriate through direct observation. Report any concerns immediately to Human Resources.

4. Biomedical Engineering

- a. Available to repair medical equipment or fill other roles as assigned.
- b. Accessed by contacting Biomedical Engineering or hospital operator.
- c. Provides additional medical equipment to patient care areas as needed.
- d. If volunteer practitioners are assigned, ensure their professional practice is appropriate through direct observation. Report any concerns immediately to Human Resources.

5. Clinical Resource Management

Identifies and expedites all potential discharges and transfers in conjunction with the health care team.

6. Communications

- a. Directs incoming and outgoing calls, with the exception of calls to the Hospital Command Center or ECIC.
- b. Activates on-call pagers as needed.
- c. Coordinates use of the public address system.
- d. Notifies by telephone Public Relations, Social Worker, Medical Records, Clinical Resource Management and

other pertinent areas not reached by the public address system.

- e. Records updates on hospital status and instructions for staff on the " Disaster Information Line" (ext 4444).
- f. Sets up a HOTLINE upon request of the Hospital Command Center or Public Information Officer.
- g. Set up phones for parent/family use in Family Support Center if directed by Incident Command Center.

7. Central Supply Service

- a. Delivers one EMTC disaster supply cart to the EMTC and other designated areas, as requested.
- b. Delivers two resuscitation carts to expanded patient areas, if requested.
- c. Obtains additional supplies from the warehouse and other hospitals, when necessary.
- d. Emergency purchase orders are authorized by the administrator-on-call.
- e. Call Hospital Command Center (ext 6823) to have runners dispatched to deliver additional supplies.
- f. Sends sterile supplies to units and treatment areas as requested.
- g. Upon request from EMTC, prepares to deliver suture trays, minor surgery instrument trays, or other items

8. Dietary

- a. Provides patient meals.
- b. Provides refreshments to disaster patients and staff with authorization from the Incident Command Center.
- c. Refreshments may be served in the EMTC lounge, Cafeteria, or Employee lounges in patient care areas.

9. ECIC

- a. Acts as EMTC response coordination center.
- b. Accesses hospital and outside resources if directed by the Hospital Command Center.
- c. Keeps EMTC Team informed of number of victims, their conditions, and the estimated time of arrival.
- d. If necessary, upon request of Incident Command Center, arranges transfer of patients by emergency vehicle (including Pediatric and Neonatal Transport Service as appropriate).
- e. Ascertain bed status of area facilities if requested to do so by the administrative Incident Command Center.

10. EMTC (EMTC has four radios, more are available from the Hospital Command Center if needed)

- a. Provides for triage, assessment and stabilization of incoming victims.
- b. EMTC staff respond to directions of the EMTC Command Team (ED Charge Physician and ED Charge Nurse).
- c. The EMTC Charge Nurse and the EMTC shift attending/ fellow assess current patients being treated in the EMTC, determine whether they are to be admitted or discharged and take immediate action. **Remaining patients will immediately be transferred to ETU beds 1-8.** ED Charge RN will assign a nurse to ensure continuity of care for these patients. Send ETU patients to nursing units as appropriate, or discharge.
- d. ED Charge RN will assess current ED staffing, order initiation of EMTC call lists and contact the Incident Command Center for additional staffing (including Residents for transport) and supplies as needed.
- e. Charge RN assigns an ED staff member to the corridor by elevator 8 to give incoming personnel assignments.
- f. EMTC Command Team/designees coordinate and direct physician and nursing practice in all areas involved in assessment and stabilization of disaster victims. If volunteer practitioners are assigned, ensure their professional practice is appropriate through direct observation. Report any concerns immediately to Human Resources.
- g. Incident victims will be triaged; then transported (by Resident pool or other designated personnel) to the following locations for treatment unless otherwise directed by the EMTC Command Team:
 - RED** victims (Priority 1) → EMTC resuscitation CODE rooms, overflow REDs to the two FLEX rooms.
 - YELLOW** victims (Priority 2) → EMTC treatment rooms 1- 6 and 11-15.
 - GREEN** victims (Priority 3) → EMTC Family Waiting Room and connecting corridor on chairs.
 - BLACK** victims (pronounced dead) are taken to the morgue (unless contaminated, see Code Purple).Victims with impending death are directed to a private room within the EMTC to be with the family members.
Psychiatric, patients whose primary condition is psychological will be taken to EMTC rooms 18 and 19.
Patients **"in custody of police"** will be taken to EMTC side C if possible.
- h. Prior to transport to the Ortho waiting room to meet family members and final discharge, all treated victims will receive Final Processing (final medical overview) by an experienced physician in the CAST ROOM. If parents are not identified, those patients who received final medical processing will be transported to the PMR Gym. Parents will be asked to report to the Family Support Center to complete discharge. Social work staff will be responsible for locating and assisting parents/legal guardians arrival as appropriate to claim child(ren).

Alternate ED: In the event the ED is the site of the disaster, the Pediatric Health Clinic serves as the alternate ED.

If the Children's Pediatric Health Clinic and/or the Orthopedic Clinic exam rooms must be used in disaster response, those respective patients with appointments will be discharged and their appointments will be rescheduled.

11. Engineering Services / Facilities Management

- a. Responsible for building maintenance and assessment of internal damage as needed.
- b. Prepares to supplement hospital utilities and emergency power as needed.
- c. Notifies Hospital Command Center and Epidemiology/Infection Control if water supply is contaminated.
- d. May serve as security guards or runners if necessary.
- e. May access Biomedical Engineering, if necessary.
- f. Will operate elevators 8 and 9, if necessary.
- g. Will supply electrical extension cords or extra radios, if necessary.
- h. Will facilitate recovery activities utilizing inside resources and outside contractors as needed to restore hospital facility operational capacity as rapidly as possible.

12. Environmental Services

- a. Immediately cleans all vacant in-patient rooms.
- b. EVS supervisor assigns 5 staff to the EMTC to bring wheelchairs and stretchers to the trauma bay hallway, upon arrival they should report to the ED Charge Nurse. Assign 2 staff as runners outside the HCC room.
- c. Assigns staff to EMTC and other designated patient care areas to keep areas clean and to allow quick turnover of patients. Be prepared for large volumes of waste/linens that require removal from the area.
- d. May serve as runners after initial housekeeping is complete, these staff should report to the Auditorium personnel pool for potential assignment as runners, others may be reassigned to EVS to assist with ongoing patient room cleaning/room turnover assignments.

13. Epidemiology/ Infection Control

- a. Should be notified when a diagnosed or suspected communicable disease is encountered during a disaster response or in the event of a natural disaster with risk of or breakdown of normal disease control factors (e. g.: contaminated water).
- b. Assists in determining the source or cause of the infection and limiting its spread in the community and hospital. Assists in an advisory capacity in the Hospital Command Center upon request.
- c. Provides consultation for bed assignment of patients.
- d. Provides consultation for placement of portable negative air equipment in patient areas, if needed.
- e. Notifies appropriate outside agencies (including EMS agencies) and serves as liaison with other agencies when communicable diseases are seen during a disaster.
- f. If volunteer practitioners are assigned, ensure their professional practice is appropriate through direct observation. Report any concerns immediately to Human Resources.

14. Family Services

- a. Will provide emotional support to patients and families.
- b. A social worker and child life specialist shall report to the EMTC to direct family or guardians to the area designated for them (Family Support Center is located in the PMR Waiting Room).
- c. EMTC social worker may request additional social workers and child life specialists.
- d. Use social worker form from disaster packets to obtain victim information. (Victim names acquired by admitting/registration personnel in the EMTC and/or from Family Services must be provided to the HCC on an ongoing basis. Family Services may use runners to send updated information to the HCC as needed.)
- e. Will keep parents/guardians and family informed of the status of their casualty victim.
- f. Will assist in reuniting parents and children as soon as possible.
- g. Will document identification/ notification efforts and final disposition.
- h. Assesses the need for and notifies Family Services and Volunteers.
- i. InterFaith Chaplain Services
 - 1. The Senior Chaplain or designee shall report to the EMTC to assess spiritual/cultural needs of victims, request additional chaplains from CNMC Chaplaincy staff (or on-call chaplains, tradition-specific religious personnel as needed) and ensure all chaplain services are properly documented in patient records.
 - 2. All chaplains shall work cooperatively with Social Workers, Child Life Specialists, Language Services personnel and clinical personnel to assess needs, provide services and documents services provided.

3. Under the supervision of the Senior Chaplain, all chaplains shall be trained and supported in disaster response protocols for chaplains; and shall provide sensitive and appropriate service and support to patients, families and staff.

15. Human Resources Department

The Human Resources Director/designee and HR staff will be prepared to report to the Auditorium and initiate the Employee Deployment Center. When the pool is activated the person in charge will immediately notify the Hospital Command Center (HCC) at x6800 that the deployment center is operational and advise them of the number of personnel available in the personnel pool. They will then update the HCC every 30 minutes of available personnel for assignment. (Note: nursing personnel will be deployed via the nursing office, physicians are deployed via the physician pool in the Main Atrium through the Medical Staff Officer.)

HR/designee shall deploy personnel to the main atrium phone banks to contact personnel/family members as needed. Personnel at this phone bank will establish an area marked "Volunteer Practitioner Identification" to perform emergency identification of volunteer practitioners, including DC Medical Reserve Corp, to be assigned disaster responsibilities as indicated by patient needs. Volunteer must present a valid photo ID issued by a state/federal agency AND any of the following:

1. A current picture hospital ID card with professional designation;
2. A current license, certification or registration;
3. Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), or MTC, ESAR-VHP or other recognized state or federal group or organization.
4. Identification indicating that the individual has been granted authority to render patient care, treatment and services in disaster circumstances (such as authority having been granted by federal, state or municipal entity);
5. As a last resort when the above are not immediately available, identification by current hospital or medical staff member(s) with personal knowledge regarding practitioner's identity.

Non-staff providers granted disaster privileges shall be given specific temporary ID badges with their name printed legibly on the card at the time disaster responsibilities are assigned. Such persons shall display the ID on their person at all times. Staff within each area where volunteers are assigned will oversee by direct observation the professional performance of volunteer practitioners. Problems will be immediately reported to HR and an aid in determining whether the volunteer practitioner will remain as assigned within 72 hours of appointment. Primary source verification shall be done as soon as possible, at least within 72 hours of appointment.

Guideline for physician volunteers: The MSO/designee assigns physician credentials and privileges. Extending emergency privileges to non-staff providers and emergency privileges to medical staff members beyond their current privileges should be documented. Those privileges extended should be limited but sufficient to meet the important institutional and patient needs. As the MSO/designee extends emergency privileges, the provider being granted the privilege should provide to the MSO/designee's satisfaction information to support the ability to perform the emergency privilege being granted.

Critical Incident Stress Management (CISM) team will report to the Auditorium. Requests for CISM assistance will be managed by HR Training and Organizational Development Manager/designee who will dispatch teams of 2 individuals as needed to provide defusing sessions during the incident. Formal debriefing sessions will be available for employees directly involved in the incident two to three days later. Managers contact HR to schedule sessions.

16. Intensive Care Units

Attend to the most critical patients. Report staff availability to the nursing staffing office and be prepared to be reassigned to the ED if needed. Bring your stethoscopes (if non-disposable) if reassigned. If volunteer practitioners are assigned, ensure their professional practice is appropriate through direct observation. Report any concerns immediately to Human Resources.

17. Laboratory/ Pathology

- a. Non point-of-care testing should be directed to the main lab.
- b. Blood bank will ascertain in-house blood status as well as blood availability from the usual resources.
- c. Blood bank keeps the Hospital Command Center updated on blood availability and blood needs.
- d. Pathology will be responsible for temporary morgue facilities and notifying the City Medical Examiner.

- e. If the incident involves suspected bioterrorism agent(s), specimens from affected patients should be labeled as such. Lab will handle specimens accordingly.
- f. If volunteer practitioners are assigned, ensure their professional practice is appropriate through direct observation. Report any concerns immediately to Human Resources.

18. Legal - Receives MCI page, reports to Hospital Command Center for support issues from a legal perspective.

19. Nursing Transport Technicians

- a. Accessed through the Administrative Manager/ NAOC.
- b. Will serve as runners (i. e. transporting patients, lab work, x-rays, supplies, messages, etc.).
- c. Other potential sources of runners are Volunteers, New Horizons, Engineering or Personnel Pool.

20. Operating Room (OR)

- a. General supervision will be the responsibility of the Perioperative Service Director (or designee). Acting Service Director will assess the availability of surgeons and anesthesiologists and report this to the Incident Command Center Medical Staff Officer immediately. If volunteer practitioners are assigned, ensure their professional practice is appropriate through direct observation. Report any concerns immediately to Human Resources.
- b. Patients will receive triage for surgery by the senior in-house surgeon.
- c. The Senior Anesthesiologist and acting Clinical Manager/ Service Director will determine the disposition of elective surgery.
- d. The hall monitor and charge nurse will assign ORs. During off-hours, it will be the OR Trauma nurse.
- e. Surgeons and anesthesiologists should report to the OR lounge.
- f. Acting Perioperative Service Director or OR Trauma nurse shall assess the need to activate the Recovery Services call-in tree.

21. Patient Services

- a. Nursing administrative person in charge/NAOC duties:
 - 1. The Administrative Manager/ NAOC will report to and collaborate with the Hospital Command Center (HCC) to coordinate the inpatient nursing resources and response of the Hospital.
 - 2. The Administrative Manager/ NAOC will evaluate the hospital-wide situation and will work with the HCC Planning Chief to assign nurses and unit clerks according to need, availability, and specialty. (The AM/NAOC may be assigned to act as the Planning Chief in the HCC).
 - 3. Provide regular updates on staff and bed availability to the Planning Chief in the HCC.
 - 4. One nurse should be assigned to each of the following areas:
 - 7 East to receive inpatient discharges,
 - NCU (5 East) and/ or 4 Main (Blue quad) Playroom to receive inpatient discharges
 - Ortho Clinic and PMR/Suite 1300 waiting rooms for incident patient discharge in order to monitor patients and answer questions they and/or their parents may have.
 - 5. At the direction of the Administrative Manager/ NAOC, the Nursing Staffing Office will order refreshments for staff involved in the incident.
- b. Service Director/designee duties:
 - 1. Determine how many nurses can be taken from that unit and/ or how many nurses must be called in. Report that number to the Nursing Staffing Office immediately.
 - 2. Assist physicians in determining which patients may be discharged/moved from that unit. Inpatients to be discharged will be sent to either 7 East, 4 Main (Blue quad) or NCU (5 East) to await discharge. Notify admissions of all discharges per usual protocol.
 - 3. If volunteer practitioners are assigned, ensure their professional practice is appropriate through direct observation. Report any concerns immediately to Human Resources.
- c. Patient unit duties:
 - 1. Prepare to receive victims admitted from the EMTC.
 - 2. Prepare to receive ETU patients from the EMTC, expect to receive these patients with only a chart (i.e., without orders, without report). ETUs may sit at a nursing station if space constraints prohibit bed availability.
 - 3. Provides nursing care in all areas of the hospital. Every effort should be made to have nurses serve in their area specialty. If reassigned, bring your stethoscope (if non-disposable) with you.
 - 4. In-house nurses (including advanced practice nurses and other RNs from non-clinical areas) as well as nurses called in from home should report to the Nurse Central Staffing Office, not to the EMTC, for

assignment. Nurses voluntarily coming in from home should report to their regular unit to await assignment.
NOTE: Building will be in lockdown, all personnel must bring and wear their access ID badges to gain entry.

22. Pediatric and Neonatal Transport Service

- a. Provide ambulance transport of patients as assigned by the EMTC Charge Physician.
- b. Peds Team reports to EMTC Charge Nurse to assist as needed; staff will remain available for transport assignment.
- c. On-call Transport Physician may be called in at discretion of the Medical Control Physician (EMTC Attending).
- d. Neonatal transport team will continue to report through the NICU.

23. Pharmacy

- a. The pharmacy Shift Team Leader (STL) immediately contacts EMTC Charge Nurse to ascertain the degree of Pharmacy involvement.
- b. If the Strategic National Stockpile is activated by the Mayor, upon arrival of the stockpile the STL will assign a pharmacist to go to the loading dock to receive it. See Base EOP CH:DIS:00, Appendix B.
- c. If Pharmacy involvement is required, the pharmacy Shift Team Leader arranges delivery of the four medication supply boxes from the Main Pharmacy to EMTC and report to the EMTC Charge Nurse. If additional medications are needed, the Pharmacy will obtain the medication supplies needed to respond to the incident. A pharmacist will remain in the EMTC to assist until dismissed by the EMTC Charge Nurse.
- d. If volunteer practitioners are assigned, ensure their professional practice is appropriate through direct observation. Report any concerns immediately to Human Resources.

24. Physician Staff

- a. Medical Fellows, Interns, Specialty Service Fellows and Residents not assigned to units will report to the Main Atrium by stairwell #1 and will serve as the primary physician pool to be assigned as needed. Medical Attendings report to the Main Atrium also and serve as the secondary physician pool.
- b. The appropriate (Medical or Surgical) Chief Resident will assist the EMTC Attending with Triage. The EMTC Attending will assign other Medical Staff to the most appropriate treatment areas.
- c. House staff will assist in the assessment and stabilization of the patients in areas assigned.
- d. Fellows and Residents will consult with Attendings to determine which patients may be discharged.
- e. Surgical Attendings, Fellows, and Residents will report to the OR lounge for surgical assignment.
- f. Medical students will report to their regularly scheduled units.
- g. CEO/MSO/designee provide emergency credentialing/grant temporary privileges as needed per Medical Staff Bylaws policy. If volunteer practitioners are assigned, ensure their professional practice is appropriate through direct observation. Report any concerns immediately to Human Resources.

25. Post Anesthesia Care Unit (PACU), i.e., Surgical Preparation and Recovery Unit

- a. Will serve as a holding area for patients awaiting surgery. The PACU has a 35-bed capacity, all of which are monitored. Three of these are also isolation beds.
- b. May serve as an overflow for the ICU for post-operative patients.
- c. The EMTC Command Team will assign a physician here, if necessary.
- d. Security needs to unlock this area during off hours.
- e. If volunteer practitioners are assigned, ensure their professional practice is appropriate through direct observation. Report any concerns immediately to Human Resources.

26. Psychiatry and Behavioral Sciences

- a. Inpatient psychiatry units report staff and bed availability to the Hospital Command Center (x6800).
- b. Division Chief/designee will coordinate departmental response activity as needed per the ICC.
- c. If volunteer practitioners are assigned, ensure their professional practice is appropriate through direct observation. Report any concerns immediately to Human Resources.

27. Public Relations

- a. Upon notification of a MCI by the hospital operator, will activate the Public Relations Crisis Response Plan. The on-call PR representative initially becomes the PIO and will prompt the Incident Commander for staff messaging within 5 minutes of the first Code Orange announcement, followed with prompts for updates at 10-15 minute intervals thereafter as appropriate to the situation. Ensures messages are posted to the intranet, line 4444, and overhead as needed to communicate with staff. May use alternate communication as necessary to reach staff.

- b. An interim Public Information Officer (PIO) will be appointed if necessary by the Vice President, Government and External Affairs. Upon arrival, the on-call Public Relations representative will assume the role of PIO.
- c. The PIO reports to the Hospital Command Center, then establishes the Media Center from the Main Atrium.
- d. The PIO determines the media location based upon the situation. If the Michigan Avenue entrance is used, media may be directed to park in the construction lot. A satellite uplink is available in the Auditorium, if needed.
- e. No press personnel shall be allowed in patient care areas. A security officer is assigned to the Main Atrium to prevent media entry to patient care areas.
- f. Business hours: direct calls to Public Relations. Off-hours: request operator page the PR representative.
- g. Medical Spokesperson: The Vice President, Government and External Affairs (or designee) will identify the appropriate medical spokesperson; brief that person; and coordinate all interviews.
- h. Public Information Officer may request Communications establish a family information HOTLINE.

28. Radiology

- a. Will respond to the EMTC with two portable x-ray machines. An additional one is available upon request.
- b. Medical Director of Radiology in conjunction with the EMTC Attending will prioritize use of radiology facilities.
- c. In the event of a radiation emergency, contact the Radiation Safety Officer (or designee) immediately.
- d. Radiation Safety Officer/designee responds to the EMTC ambulance doors with a Geiger counter and chemical detection equipment to screen incoming victims for possible exposure. Any positive readings must immediately be communicated to the EMTC Charge Physician and the Hospital Command Center. (see also Appendix C). If victims are positive for radiation, the Radiation Safety Officer will secure and distribute temporary dosimeter badges to personnel working directly with contaminated victims.
- e. If volunteer practitioners are assigned, ensure their professional practice is appropriate through direct observation. Report any concerns immediately to Human Resources.

29. Respiratory Care

- a. Will assist anesthesiologist with airway management.
- b. Will provide ventilatory support.
- c. Will assign one staff member to EMTC and the PACU to assist Nursing Staff with airway management. At least one therapist must remain in each ICU (NICU, PICU, and CICU).
- d. Remaining staff will continue providing patient care on the units unless paged to assist with disaster victims.
- e. If volunteer practitioners are assigned, ensure their professional practice is appropriate through direct observation. Report any concerns immediately to Human Resources.

30. Regional Outpatient Clinics (ROC) and Satellite Clinics

- a. The Ambulatory Manager of Ambulatory Nursing (or designee) will contact each ROC and clinic to determine manpower availability at each location.
- b. ROC and clinic staff will remain at their locations. If additional staffing is needed at the hospital, the ROC and clinic staff will be instructed to report to the hospital, travel conditions permitting.
- c. ROC and clinic staff are not expected to provide emergency care at their locations, but should utilize the local emergency response (911).

31. Security

- a. Officers will be stationed at primary hospital entrances and limit access to essential authorized personnel.
- b. An Officer immediately opens the Hospital Command Center and delivers radios for distribution.
- c. An officer will be stationed at the designated Media Area for the duration of the event.
- d. Responds to the helipad per protocol.
- e. Monitors and directs traffic at ambulance entrances and assists with crowd control.
- f. Identifies parents/guardians of disaster victims and guides them to the designated location.
- g. The engineering department may provide additional support personnel and portable radios, as needed.

32. Surgical Staff

- a. TRAUMA STAT team members report to EMTC. Other surgical staff report to the OR lounge.
- b. Assists with triage and patient care.
- c. Interns shall write discharge and transfer orders and shall provide in-house care on units as needed.
- d. If volunteer practitioners are assigned, ensure their professional practice is appropriate through direct observation. Report any concerns immediately to Human Resources.

33. Volunteer Services

- a. Report to the Volunteer office to be efficiently deployed.
- b. Coordinate with family services for assignment of staff.
- c. Will assist all personnel as requested.
- d. Will be responsible to the unit director or charge nurse where assigned.

V. TERMINATION OF INCIDENT RESPONSE PLAN

The Incident Commander shall initiate termination of the incident response by contacting the hospital operator and requesting announcement over the PA system (3 times) "ATTENTION, ALL CLEAR FOR CODE ORANGE MCI". Hospital operators will also send this message out over the same pager groups used to announce the initial incident response. In determining when to terminate the incident response, the Incident Commander will communicate closely with the EMTC regarding victim treatment and EMTC status. When outside AHJ are involved in incident activities, the Incident Commander will coordinate termination of the incident response with the AHJ.

VI. Plan Review and Revision

1. Incident responses and incident drill observations will be critiqued and plans revised as needed.
2. The Executive Director of Safety & Emergency Management, respective departments with Code Orange plan responsibilities and the Safety & Emergency Management Committee, including members of the Medical Staff will review the plan at least annually.
3. Each department will submit suggestions for changes to the Executive Director of Safety & Emergency Management.
4. Departmental call in phone lists will be updated as information becomes outdated. They should be reviewed bi-monthly by a designated person within each department.
5. At least every three years, or with major plan revisions, the Leadership Council will review this plan.

Approved/reviewed by:

Safety & Emergency Management Committee:

Date: _____

Kurt Newman, MD, President & CEO

Date

Original: 08/08/00
Revised: 01/16/03
Revised: 10/28/03
(HVA updated 06/11/04)
Revised: 01/12/05
Revised: 07/27/05
(HVA updated 5/10/06)
Reviewed: 06/14/06
(HVA updated 05/07)
Revised: 07/01/07
Revised: 10/01/07
Reviewed: 11/01/08
Revised: 07/16/09
Revised: 09/23/10
Revised: 06/20/11
Revised: 07/05/12

Cross Reference:

Disaster Planning Policy; Base EOP CH:DIS:00, Code Red (fire plan), Code Black (evacuation plan), Code Purple (shelter-in-place plan), Code White (bomb threat plan), Code Green (decontamination), Code Navy (epidemic/pandemic plan), Code Gray (tornado warning plan), Code Pink (infant / child abduction plan), Telephone Failure Emergency Communications Plan.