PURPOSE:

The purpose of this policy is to provide a structured response to internal and external disasters utilizing the Hospital Incident Command System.

DEFINITIONS:

A disaster is a natural or manmade event that suddenly or significantly disrupts the environment of care; utilities; disrupts patient care and treatment, or changes or increases demands for the organization's services. Our policy is to follow the DISASTER acronym to affect a swift and appropriate response

POLICY:

For all utility failure follow the procedure below:
D- Detect
I- Incident Command
S- Security and Safety
A- Assess hazards
S- Support
T- Triage and treatment
E- Evacuation
R- Recovery

1. DETECTION
If an event is suspected, local emergency response systems must be activated. Notification of a disaster may be received by the Nursing Supervisor or the Emergency Department.
   a. The Emergency Department charge nurse or Nursing Supervisor will ask the caller:
      i.   Who is calling?
      ii. What is the disaster?
      iii. Where is the disaster?
      iv. Approximately how many victims are there?
      v.   When will the victims arrive at the hospital? (external only)

   b. The Emergency Department charge nurse will then contact the Emergency Department physician and the nursing supervisor with the above information. If a decision is made to announce a CODE YELLOW:

      i. The Nursing Supervisor or Emergency Department charge nurse will dial 11111 and direct PBX to announce overhead "Attention all employees CODE YELLOW is now in effect," three times (3).
      ii. Request PBX notify the Administrator on Call (AOC).

iii. Request PBX perform an all call to KMCS Senior Management, Directors, Managers and Supervisors, Chief of Staff, and Decontamination teams as necessary.

iv. Incident Commander (IC) (initially IC will be the nursing supervisor or the ED charge nurse) will discuss with the KMCS Administrator on Call which agencies to notify. Once the agencies have been identified, IC will assign the Liaison role in the HICS structure and that assignee will immediately notify GDAHA (937) 228-1000 (see attachment for after-hours phone numbers) and the Montgomery County office of Emergency Management Agency (EMA) at _____ if necessary. All local, state, and federal resources if needed must be requested through the EMA.

v. Once the Incident Command is established the Incident Commander will determine if the EMA. is contacted. If contacted, the EMA. will notify (if needed):
   1. Local Police Department
   2. Local Fire Department
   3. Ohio State Patrol
   4. Montgomery County Offices
   5. Red Cross at (937) 372-9983 ext. 222 or (937) 222-5600
   6. Greater Dayton Area Hospital Association
   7. Ohio Department of Health
   8. CDC. Bioterrorism Hotline at (770) 448-7100

vi. Public Information Officer
   1. Information is provided to the public and media by the KHN Public Relations department ONLY, or the designated Public Information Officer (PIO). KHN Public Relations Coordinator will coordinate with state and local health agencies, local emergency services, and the news media.
   2. Media will be directed to a designated spot.

2. **Incident Command**
   a. The Administrator on Call will activate the Hospital Incident Command (HIC) in designated locations at each hospital.
   b. The Emergency Department Charge nurse or Nursing Supervisor functions as the Incident Commander until relieved by the Administrator on Call or their designee
   c. The HICS cart is located in behind Administration at Kettering and in Dinning Room 1 at Sycamore.
   d. PBX will announce overhead every fifteen minutes the location of the HCC and the employee, physician, and volunteer check in areas at the cafeteria.

3. **SAFETY AND SECURITY**
   a. The immediate safety and security of the building must be assessed. Protect self and coworkers, public, patients, and the environment.
   b. Visitors and family are directed to the Emergency Department.
   c. All traffic other than emergency vehicles will park in the southwest employee parking lots.
   d. Local Police Department will be notified if additional assistance is needed for lockdown.
   e. Visitors may be denied access at the discretion of the Incident Commander. Employee or physician badge may be requested to enter the building.

4. **ASSESS HAZARDS**
Awareness is the key to hazard detection. Protection is more valuable than identification, and personal protective equipment (PPE) should be used liberally. Hazards may not be immediately apparent. Hazards to assess for:
   a. Utility disruption, gas line rupture, power lines down, water contamination
   b. Debris and trauma
   c. Fire and burns
   d. Blood and body fluids
   e. Explosions
   f. Hazardous materials
   g. Structural collapse or damage
   h. Smoke and toxic inhalants
   i. Adverse weather conditions
   j. Snipers
   k. Secondary devices
   l. Nuclear, biological, or chemical exposure.
   m. Any suspicious behavior

5. **SUPPORT**
Maintaining essential personnel, supplies, facilities, vehicles, and other resources is vital to successful disaster management. Material Management, Respiratory Therapy, Pharmacy, and Nutritional Services have pre-planned standing contracts with secured vendors. During a disaster, support functions will be contacted and respond per HICS procedures.
   a. Bed Availability
      Nursing Supervisor will report initial bed availability data information to the HCC. Ongoing bed availability will be re-assigned with HICS initiation to the Inpatient Unit Leader.

   b. Physicians, Staff, and Hospital Volunteers
      Directors, Managers, Supervisors, and Charge nurses will send all non-essential personnel to the labor pool. Staff will be allocated to positions via the Labor Pool Unit

Leader and the Medical Staff Unit Leader from the HICS organizational chart. Administrators, Directors, and Supervisors report to the HCC. Additional staff and physicians are contacted following Employee call Back Log procedure. Staff and physicians enter the building through the employee entrance located at the southwest corner of the building.

c. Volunteer Credentialing
People with clinical licenses are directed to the cafeteria and organized by the HICS Labor Pool Unit.

d. Leader
Credentialing will be completed by showing one of the following:
   i.   A current picture hospital ID card with their credentials from the primary hospital.
   ii. A current license to practice in the State of Ohio, and a valid picture ID issued by a state or federal agency (such as a driver's license)
   iii. Verification of the volunteer's credentials will occur within 72 hours and will be completed by HR or designee from Incident Command. A name badge with credentials will be given to the volunteer. Labor Pool Unit Leader will access name badges from the HIC. This emergent credentialing will be evaluated within 72 hours to determine if volunteers are needed.

e. Medical Staff Credentialing/Emergency Privileges
Credentialing is addressed in the Medical Staff By-laws

f. Other Support
   i.   Montgomery County EMA
   ii. Greater Dayton Area Hospital Association (GDAHA)
   iii. Montgomery County Combined Health District: (GCCHD) may contact the Medical Reserve Corps for additional assistance.

g. Care of children and dependent family members of reporting staff
The Incident Commander can designate areas of the medical center for care of children and dependent family members and assign staff to oversee these areas via the HICS structure

h. Communications
Clear, rapid, concise communications are essential in a disaster event. Notification of local authorities must be made for support services. In the event phone service is disrupted other lines of communication must be available.

i. The Emergency Operations Center is supported by:
   i.   Analog phone lines (these phones are designated as disaster phones and are in key areas) (See attached Analog Phone List).
   ii. Wireless communications devices
   iii. 2 way radio with external supporters such as Fire, Emergency Medical Services, law enforcement, Emergency Management Association, Montgomery County Combined Health District.
   iv. BLS radio in the Emergency Department

v. MARCS (Multi-Agency Radio Communication System)-for state wide communication located in the Security Office and the ED

6. TRIAGE AND TREATMENT
In small scale events, routine patient placement and infection control policies should be followed. However, when the number of patients presenting to for the Emergency Department is too large to allow routine triage and isolation strategies it will be necessary to stage in different areas of the hospital.

a. Victims will be triaged utilizing a "disaster triage tag" for identification and tracking purposes. (This tag is developed in conjunction with the Greater Dayton Area Hospital Association and regional disaster planning agencies). The tags will be completed by the triage nurse with the date and arrival time, a preliminary diagnosis, which is defined here to include at a minimum, an acuity level of emergent, urgent, non-urgent, or DOA. If time permits, additional diagnostic information such as the patient injury or symptoms, if not obvious, may be added to the tag. (However, remember the purpose of the disaster triage tag is triage). It is expected that most disasters will occur outside of the hospital. In such instances patients will arrive via area rescue squad with a disaster triage tag already in place. These tags are completed by the first-responders at the scene of the disaster and should be used as indicated.

b. Critical and intermediate care is received in the Emergency Department.

c. Minor and "worried well" are to be triaged in the ED and sent to the ED waiting room for treatment under the supervision of an ED staff member and a physician assigned to the area.

d. Extra staff support is requested from labor pool by the ED staff member.

e. Physicians are notified of the disaster via the disaster paging system activated by PBX and by the Medical Center's on-call system. Additional physician staff will be notified at the discretion and direction of the Incident Commander.

f. The Beavercreek Health Park and Xenia Urgent Care will be considered for additional treatment areas as needed.

g. Environmental Services staff members will transport available stretchers and wheelchairs to the ED.

h. See Surge Capacity Plan for patient influx needs.

i. Contaminated waste is sorted and discarded in accordance with federal, state, and local regulations unless otherwise directed by the health department. Contact the Ohio Environmental Protection Agency for further direction.

j. In the event of failure of essential cardiac, respiratory, or oxygen monitoring equipment, physicians will be contacted for further orders or transfer options.

k. Decisions regarding the need for decontamination are made in consultation with the ED physician, ED Charge Nurse, EMS Coordinator, Poison Control and state and local health departments. Decontamination of patients and environment (refer to Code Orange for hazardous material spill/release) in a small scale event, patients who arrive to the emergency department prior to decontamination will be directed to enter the facility one at

a time through the outside entrance to the Decontamination room. In a large scale event the decontamination team and tent are deployed.

l. Early in house patient discharge and cancellation of outpatient services

m. A large scale event may also necessitate the early discharge of medical patients, cancellation of elective surgeries and outpatient services. This decision will be made by Administration or the Director on Call. Patients will be identified for early dismissal and physicians contacted. In house acute patients may be transferred to other Network facilities or GDAHA facilities or area nursing homes for care.

n. Post Mortem Care

   i. The Pathology departments and clinical laboratory should be informed of a potentially infectious outbreak before submitting any specimens for examination. The Montgomery County County Coroner and area funeral directors will be alerted by the pathologist.

7. EVACUATION

   a. The evacuation of the facility during a disaster may be necessary. Follow the Code Green policy.

8. RECOVERY

Recovery begins immediately after the incident occurs, and is a long term objective and overall goal of disaster management. Documentation is critical in securing reimbursement. The HICS structure provides documents necessary for this function. When the HICS can be discontinued, the Incident Commander will instruct PBX to announce overhead three (3) times "Attention all employees CODE YELLOW has been cancelled."

   a. Psychological support

   Following a disaster event, fear and panic can be expected from both patients and health care providers. Psychological responses may include horror, anger, panic, unrealistic concerns about infections, fear of contagion, paranoia, social isolation, or demoralization. Working relationships with the Employee Assistance Program and the chaplain will assist and collaborate with emergency response agencies, such as Critical Incident Stress Management (CISM), the Red Cross, and the media.

   i. Minimize panic by clearly explaining risks, offering careful but rapid medical evaluation/treatment, and avoid unnecessary isolation.

   ii. Treat anxiety with reassurance or medications as indicated for acute relief of those who do not respond to reassurance.

   iii. Provide readiness education and plans for protecting healthcare workers.

   iv. Invite active, voluntary involvement in disaster planning.

   v. Encourage participation in disaster drills.

Attachments: Emergency Call Back log, GDAHA emergency contact, Analog Phone Numbers, Amateur Radio Contact List, Code Yellow Areas, Facility Lock Down.

Code Yellow Utility Failure

PROCEDURES:

1. Dial 11111 to report a utility failure. Staff to assess for any hazards for example: utility disruption, gas line rupture, power lines down, and water contamination.
2. In the event of sewage, medical gases, or fuel failure refer to HCC Utility Plan.
3. Nursing Supervisors will contact:
   a. Facility Management
   b. Nursing Supervisor
   c. Administrator on Call
   d. Utility company
4. Administrator on Call or Nursing Supervisor will direct PBX to announce overhead "CODE YELLOW- UTILITY" is in effect three (3) times.
5. Emergency power is supplied through the outlets designated by the red outlet covers. Critical electrical equipment such as ventilators, pulse oximeters, monitors, IV pumps, and suction machines are to be plugged into red outlets during use. If monitoring systems fail, portable monitoring equipment is used when available. In the event of failure of essential cardiac, respiratory, or oxygen monitoring equipment, physicians will be contacted for further orders or transfer options.
6. In the event of electrical failure, hospital departments should turn off all non-essential electrical devices and computers.
7. Alternative Lighting/Communication Resource
   a. Emergency flashlights and extra batteries are stored within work areas.
   b. Nursing Supervisor to designate an employee to disperse the lanterns and flashlights to areas with deficits.
8. In the event of phone failure, communications are supported by:
   a. Analog phone lines (these phones are designated as disaster phones and are in key areas).
   b. Wireless communication devices
   c. 2 way radios (located in the control center)
   d. 800 MHz radios are located in the Control Center with external supporters such as Fire, EMS, Law Enforcement, EMA, and Montgomery County Combined Health District.
   e. MARCS for state wide communication (located in the Security office and the ED).

9. HICS Activation
   If prolonged utility failure is anticipated the Administrator on Call will activate the Hospital Incident Center (HIC).
   a. The Administrator on Call will activate the Hospital Command Center (HCC) in the Control Center
   b. The Emergency Department Charge nurse or Nursing Supervisor functions as the Incident Commander until relieved by the Administrator on Call or their designee

    c. The HICS cart is located in the Administration Board Room.

    d. PBX will announce overhead every fifteen minutes the location of the HIC and the employee, physician, and volunteer-check in areas at the cafeteria.

10. Staff/Equipment/Procedure Resources

    a. Discuss utility status with your supervisor before providing an elective procedure for a patient during CODE UTILITY.

    b. Nursing Supervisor to designate any available staff/security to secure any areas with needs.

    c. Each department to report essential equipment effected by the Code Utility to the Nursing Supervisor or HCC.

    d. Each department to determine additional needs for staff to report to Nursing Supervisor or HCC.

    e. Nursing supervisor will determine if department call trees need initiated.

    f. ED Director or designee should be alerted if any laboratory or radiology failures, for evaluation to determine if an ED re-route is needed.

11. Water Resource

In the event of main water service failure/contamination, follow these procedures:

    a. As directed by Nursing Supervisor, Nutritional Services shall deliver bottled water to patient care and/or staffed areas with assistance from Facility Management and/or Security.

    b. Facility Management and/or Security to access emergency water from storage as needed.

    c. All tap water should be restricted as unusable until clearance via Facility Management for use.

12. Evacuation: In the event of need for evacuation see Code Green.

LAST REVISED: Complete
REPLACES: Complete, if applicable
APPROVED BY:
EFFECTIVE DATE: