Title: Code Triage-Disaster Plan

Purpose

The purpose of the FirstHealth Moore Regional Hospital Code Triage (Disaster Plan) is to provide Hospital personnel with guidelines in the event of: Internal Disaster; External Disaster; Influx (or the risk of influx) of infectious patients; and National Disaster Management System (NDMS) activation. The Plan outlines staff responsibilities necessary for effective care of mass casualties.

Classification

NORMAL OPERATIONS – Involves a moderate incident that may or may not warrant Code Triage activation, as local resources are available and adequate.

CODE TRIAGE STAND-BY (Alert) - Defined as an extraordinary situation managed within the Emergency Department (E.D.) with pre-existing manpower and supplies. Emergency response levels are determined by the Emergency Physician and Clinical Nurse Leader/Charge Nurse.

CODE TRIAGE – (Emergency Operations Plan activated) Defined as a situation that necessitates hospital-wide involvement and resources. Plan of activation and deactivation is performed by the Emergency Department Physician and Clinical Nurse Leader/Charge Nurse.

CODE TRIAGE DECON TEAM – (Emergency Operations Plan activated) Defined as an event of a chemical or biological situation managed within the Emergency Department (ED) with pre-existing manpower and supplies or necessitates hospital-wide involvement and resources. Plan of activation and deactivation is performed by the Emergency Department Physician and Clinical Nurse Leader/Charge Nurse. (Refer to departmental procedures in the Decontamination Plan).

ALL CLEAR – Operations of the area or hospital have returned to normal or near normal status. Implement recovery processes, as necessary.

Activation

- Information is normally received through the pre-hospital Emergency Medical System (EMS), National Disaster Management System (NDMS) officials, or public communication networks.

- The individual who receives such information transfers the call to the Emergency Physician or ED Charge Nurse at 715-7869. The Emergency Physician or Charge Nurse records the nature of the event, location, and number of potential casualties.

- Activation then proceeds based on the Emergency Team’s assessment of information. Code Triage may also be activated by the Hospital Administrator on-call, Patient Placement Coordinator, Safety Officer, and/or Radiation Safety Officer.
Incident Command/Administrative Command Center (ACC) (Attachment A)

During the first fifteen minutes of a disaster, the hospital must investigate and organize its resources to prepare for expected and unexpected problems. The Incident Command (ACC) is established for external or internal disasters or where deemed necessary by the Incident Commander (IC).

Notification Guidelines

The Emergency Physician or Emergency Charge Nurse notifies Switchboard Services (Operator) via the “4444” phone line. The Operator then notifies the appropriate personnel.

Identification of Casualties

- All patients should be identified using the Smart Tag System
- Patients not presenting with the Smart Tag will receive one in the triage area.
- A patient’s condition is indicated by color coded tags:
  - RED – EMERGENT / Requires immediate care
  - YELLOW – URGENT / Provide care A.S.A.P
  - GREEN - NON-URGENT/ Treatment can be delayed
  - BLACK – Expired

- Each tag lists patient’s name/age/address, when available/appropriate. All information on the Smart Tag will be completed as much as possible.
- The patient will be registered using an account number with the Julian date and the last five digits of the number on the Smart Tag. The Smart Tag should stay with the patient’s record throughout their stay and will be scanned into the legal medical record.
- If the patient’s name is unknown they will be entered on the Unknown Patient Log and identified as Doe, Alpha – Zulu, middle initial M or F (male or female)

Clothing and Valuables

Casualties’ clothing and valuables are placed in a patient belongings bag, labeled with the patient’s name, and remain with the patient except in HAZMAT situations.

National Disaster Management System Activation

- FirstHealth Moore Regional Hospital voluntarily participates in the National Disaster Management System (NDMS) and have executed a Memorandum of Understanding (MOU) with the Federal Government. Participating hospitals have agreed to provide medical treatment for patient casualties resulting from a national disaster and participates in developing and testing N.D.M.S. Operation Plan.
- N.D.M.S : VA Medical Center, Salisbury, {704-638-3310}.
- In accordance, FirstHealth Moore Regional Hospital designates a staff member to serve as an N.D.M.S. representative (Executive Director, Clinical Operations).

Deactivation/Termination of Mass Casualty Plan

1. When the ED Physician in charge determines that additional personnel are no longer needed, the ED Charge Nurse will notify the IC/ACC to determine if the personnel pool may be released. If it is determined that additional personnel are no longer needed the IC will release the personnel pool members to return to their respective units/departments.
2. When all victims have been treated, the ED Charge Nurse notifies the ACC that the Code Triage may be terminated.
3. The ACC notifies the Switchboard Operator to announce 3 times, “**CODE TRIAGE - ALL CLEAR**”.

**DEPARTMENTAL GUIDELINES**

**Admitting (Attachment B)**
- Assigns one staff member as liaison to the Emergency Department
- Communicates available beds and forwards to the Patient Placement Coordinator/Administrator Supervisor.

**Biomedical (Attachment C)**
The Director will be notified and will provide available personnel, as directed, for delivery and maintenance of equipment.

**Clinical Performance/Case Management (Attachment E)**
- Assists patient care units with discharges/transfers
- Offers follow-up services for patients and families as needed
- Infection Control staff to assist with patient placement and isolation precautions

**Critical Care Units (Attachment F)**

**Emergency Department**

**Emergency Physician**
- Confers with the ED Charge Nurse to determine the stage of the disaster based on the number of victims and available resources
- Discharges/transfers, whenever possible, existing Emergency Department patients
- Acts as charge person of disaster operations until relieved by the Emergency Department Medical Director or his/her designee
- Assigns a triage physician and responding physicians to overflow areas (OP, FirstAdmit, OP Cath)

**Executive Director, Clinical Operations**
- Assists with IC/ACC operations

**Emergency Department Clinical Nurse Leader**
- Assists the ED Charge Nurse with management of the mass casualty plan

**Emergency Charge Nurse**
- Confers with Emergency Physician to determine the stage of the disaster and available resources
- Notifies Switchboard Services of the disaster activation and stage via the 4444 phone
- In the event the Emergency Department is in high census; identifies an alternate treatment area (i.e., FirstAdmit, Outpatient) and communicates this to the IC/ACC.
- Assigns a staff member to notify the Executive Director, Clinical Operations and Clinical Nurse Leader and off duty Emergency Department personnel. Assigns disaster triage nurse for ambulance entrance.
- Supervises and coordinates activities within the Emergency Department triage area
- Communicates Emergency Department staffing needs to the personnel pool
- Assigns Emergency Department nurses/personnel pool to cover overflow areas
• Communicates with the IC/ACC when resources are needed

**Triage**
- Located at the Emergency Department ambulance entrance
- Staffed by an Emergency Department physician, an Emergency Department nurse, and a registrar
- Patients are identified with smart tag, and recorded in the log by the Registration Secretary
- Triage personnel are identified by wearing orange vests (located in the decontamination room).
- Smart tags are applied if a tag has not been applied prior to arrival.

**Emergency Staff Nurses**
- Are identified by red hats (located in the decontamination room)
- Are assigned individual rooms or patients by the charge nurse
- Are assigned specific duties by the charge nurse
- Act as a resource for assigned nurses from the personnel pool
- Triage and treat all patients presenting to the ED
- Assist in seeking additional identification information from victim, if needed
- Communicate with admitting personnel
- Request additional resources and supplies through the charge nurse

**Registrar**
- Responsible for placing an identification band on each victim’s wrist and a Smart tag if not already in place
- Documenting the following in the Emergency Department Disaster Log:
  - Name (use the Doe name log to identify unknown patients)
  - Nature of injury
  - Disposition
  - Smart Tag number
- Log information is forwarded by Public Relations to the IC/ACC every 15 to 30 minutes during the plan.
- Upon deactivation of the plan, copies of the log are forwarded to COO/President, Bed Control, and Health Information Management (HIM)

**Emergency Nursing Assistants and Transporters**
- Transport patients
- Procure additional supplies from Supply Distribution
- Assist nursing personnel as directed

**Patient Family Communicators**
- Communicate with members of the public entering the ED through the walk-in entrance
- Control traffic to the treatment areas
- Act as liaison between the medical personnel and victims’ families or significant others

**Environmental Services (Attachment G)**
- The Supervisor will:
  - Assign personnel to prepare all available in-house beds for admissions
  - Sends one housekeeper to the designated disaster treatment area
Facilities Management (Attachment H)
During normal operating house, the Director, Facilities Management is notified by Switchboard Services and is prepared to call designated personnel as needed on direction from the Emergency Department. Facilities Management will identify areas with negative air flow and assist with isolation precautions as needed including barriers, HEPA filters, etc.

FirstHealth Regional EMS System (Attachment I)
FirstHealth Regional EMS is responsible for transportation of the injured away from FirstHealth Moore Regional Hospital. All transport requests are made to FirstComm. FirstComm maintains a current list of the capabilities of all neighboring agencies. If additional units are needed beyond the capacities of FirstHealth Regional EMS, FirstComm does the coordination. If FirstHealth Regional EMS requests mutual aid from an air transportation service or other regional ground transport service, FirstComm makes every effort to assign personnel to meet these units and facilitate their arrival and departure. FirstComm is responsible for maintaining a list of personnel to be notified in the event of a disaster. This includes home telephone and cellular numbers.
- FirstComm shall be notified by Switchboard Services (Operator).
- FirstComm notifies additional staff as requested.
- FirstHealth Regional EMS staff assists in the disaster as deemed necessary by the Emergency Department Medical Director/Executive Director/Clinical Nurse Leader.
- Requests for transports from the Emergency Department will be communicated to FirstComm by the Patient Placement Coordinator/AOC.

Food & Nutrition
The supervisor will:
- Cease all use of the 1990 building elevators so they can be utilized for disaster victims and medical personnel.
- Prepare food/drinks for disaster personnel and disaster victim families as directed by the IC/ACC.

Imaging
- Obtain information from the Emergency Department on the expected number and type of procedures
- Alert all divisions in Diagnostic Imaging
- Clear X-Ray Department of all non-critical patients
- Assign radiologist and technologists to Emergency Department
- Call additional personnel as required

Laboratory
The Supervisor will:
- Notify the on-call pathologist
- Evaluate blood inventory - type and quantity of blood available
- Provide available phlebotomists as requested by the IC/ACC
- Instruct the blood bank to notify the Red Cross of the nature and extent of the disaster if situation warrants.
- Call in additional personnel as needed
Materials Management Supply/Distribution/Sterile Processing (Attachment J)
Provide and deliver supplies as directed by the IC/ACC

Medical Staff (Attachment K)
- Upon activation of “Code Triage”, all available staff reports to the Emergency Department.
- The Emergency Department physician assigns physicians specific rooms or patients.
- Each physician identifies himself/herself with a nametag including his/her specialty area.
- Code Triage—Additional physician call back will be initiated by a Patient Placement Coordinator/Administrative Supervisor

National Disaster Management System (NDMS) (Attachment L)

Patient Care Units (Attachment M)
- Regardless of the time of day, once a Code Triage disaster has been announced, each unit sends one nurse (utilizing the stairways) to the personnel pool, located in the cafeteria. Nurses assigned to the personnel pool are to bring a stethoscope with them.
- The Charge Nurse on each unit is responsible for generating a list of available beds, identifying isolation beds and if patients on isolation, and potential discharges occupy them and reporting this information to the Admitting Office.
- The hospitalist for unassigned medicine makes rounds on the patient care areas to review the discharge/transfer lists. Personnel on units arrange transportation, notify families, and advise patients of necessity for transfer or discharge, per protocols.
- All personnel remain on duty until “ALL CLEAR” is announced

Patient Placement Coordinator/Administrative Supervisor
- Departments located in the Hospital initiate their disaster “Telephone Tree” upon announcement of Code Triage. Departments are responsible for keeping their “Telephone Tree” current.
- Verify bed availability through Admitting, logging beds immediately available and beds which can be made available.
- Identify isolation bed availability, if necessary
- Follow up with Patient Care units to assure personnel are responding
- Staff PACU for admissions if critical care/house beds are fully occupied
- Act as troubleshooter/liaison with the Emergency Department charge personnel
- Notify the IC/ACC of insufficient bed capacity
- Contact hospitals to receive transfers due to insufficient bed capacity at FirstHealth Moore Regional Hospital.

Pharmacy (Attachment N)
The Administrative Director/Associate Director, Pharmacy or designee assigns personnel to prepare and distribute additional medication as requested.

Personnel Pool
- The Patient Placement Coordinator/Administrative Supervisor appoints a person to act as coordinator for the personnel pool. This person functions as the liaison between the Emergency Department/treatment areas/Patient Care units, and personnel pool.
Pool members are assigned to a patient based on their area of expertise. Four nurses from the pool are assigned to the Emergency Department with an Emergency Department nurse identified as a resource.

Additional personnel are assigned patients or duties as needed.

Each pool nurse has an Emergency Department nurse identified as a resource by the ED Charge Nurse.

Public Relations (Attachment O)
The on-call individual reports to the IC/ACC and is responsible for the following:

- Ensure the remaining members of the Public Relations team are notified.
- Sets up the three Public Relations posts:
  - Administrative Command Center (Cancer Center Classroom)
  - Press Center (Administrative Conference Center, Rooms A & B)
  - Temporary office in the ED Administrative Office suite
- Responds to and coordinates press inquiries
- Coordinate press releases every 30 minutes throughout the CODE TRIAGE
- Handle incoming calls from press, police, and families (these calls should be directed to the Public Relations Office (ext. 1478) by the switchboard operators.)
- Works closely with HAOC or CCMT member in the ACC
- Works with other departments in directing family members to Family Surgical Waiting Room or Outpatient Conference Room.
- Assigns appropriate personnel to the three Public Relations posts
- Handles other Public Relations functions as required

Radiology/Diagnostic Imaging (Attachment P)
- If directed by ED personnel, Nuclear Medicine personnel will deliver a Radiation Survey Meter to the ED to be used to confirm radioactive contamination.
- Identifies contaminated patients as per policy

Rehab Services (Attachment Q)

Respiratory Care Services (Attachment R)
The Supervisor:
- Assigns at least one tech to the Emergency Department
- Provides/maintains equipment as necessary

Secondary Triage Site (Attachment S)

Security (Attachment T)
Security is an essential component of any mass casualty plan. The Security Charge Officer shall:
- Assign one guard to the 211-ambulance entrance to the Emergency Department to limit traffic to only essential personnel and emergency vehicles.
- Report to the Emergency Department triage area
- Ensure that the Administrative Command Center is opened.
- Directs family members to Family Surgical Waiting Room (or Outpatient Conference Room as backup).
- Directs press, public officials to Administrative Conference Center A & B or C
Surgery/Operating Room  (Attachment U)

The Shift Charge Nurse:
- Assesses OR workload (cases currently running) and staff availability
- Immediately notifies Anesthesiologist-on-call
- Places all pending non-emergency cases on hold pending go/no go decision by on call anesthesiologist
- Notifies PACU Charge Nurse
- Notifies OR Administrator-on-call
- Initiates personnel disaster recall roster as directed by Anesthesiologist-on-call
- Coordinates workload and space with Anesthesiology-on-call until relieved

PACU/Shift Charge Nurse:
- Assess PACU workload and space availability
- Initiates PACU disaster recall roster
- Coordinates workload and space with OR Charge Nurse

Anesthesiologist-On-Call:
- Communicates with the Emergency Department charge physician or the Emergency Department Medical Director relaying availability of OR rooms
- Coordinates placement of patients with OR and PACU Charge Nurse

OR Administrator-On-Call
- Obtain brief assessment of situation from OR Charge Nurse
- Report to Main OR to relieve OR Charge Nurse as needed
- Initiate Outpatient recall roster after hours

Outpatient Clinical Nurse Leader/designee
- Initiate disaster recall roster
- Report workload and space capability to Patient Placement Coordinator/Administrative Supervisor
- Do not initiate preparation of additional elective patients (all specialties) until directed to do so by OR Administrator-on-call.
- Send one RN, with stethoscope, to personnel pool
- Send two RNs to OR holding area unless this will compromise the safety of patients already under care in Outpatient Department
- Preadmission RNs will report to Outpatient Department for assignment

Switchboard Services  (Attachment V)
The Emergency Department notifies Switchboard Services via “4444” phone line. The operator verifies the call, then announces an alert “Code Triage Standby, Emergency Department; Code Triage” or “Code Triage Decon Team” and repeats the announcement three times every 30 minutes. The operator notifies, via telephone, specific personnel.
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Attachment A-Administrative Command Center

MEMBERS: INCIDENT COMMAND
COMMAND CENTER MANAGEMENT TEAM (CCMT)

TELEPHONE: ADMINISTRATIVE COMMAND CENTER (ACC)
Ext. 3333 or 1-866-FHSTORM

LOCATION: Cancer Center Classroom, FHMRH

RESPONSIBILITIES:

The ACC, shall be established for the purpose of monitoring all incident-related activities at FHMRH. The ACC telephone number is 1-866-FHSTORM or locally 715-3333. In the event additional support is needed for FHMMH or FHRMH then the FHMRH ACC may be activated to provide needed support. It is supervised by the Administrator-On-Call (AOC) or PPC/AS until the Incident Commander is determined.

- The following members may staff the ACC:
  
  Incident Command (IC) (President/CEO, or designee)
  Liaison Officer
  Public Information Officer
  Safety/Security Section Chief
  Medical/Technical Specialist
  Operations Section Chief
  Planning Section Chief
  Logistics Section Chief
  Finance/Administration Chief

- The IC will determine other members as defined by the incident.

Administrative Command Center Functions:

The ACC functions shall include, but not be limited to:
1. Monitor and communicate all activities as needed within each FHC entity.
2. Determine overall status of hospital facilities, supplies, equipment, and personnel.
3. Activate mutual aid agreements with outside agencies as necessary.
4. Make decisions regarding additional personnel.
5. Contact and monitor media within service area.
7. Coordinate transportation plans.
8. Determine, declare, or authorize specific emergency action, including discharge of patients.
9. Establish additional beds in normally non-patient areas.
10. Evacuation decisions.
11. Interface and coordinate with community organizations.
12. In coordination with the Emergency Department Physician in charge declares the end of emergency and institute recovery activities.
**ACC Supplies:**
The following supplies (located in the ACC cabinet in the Cancer Center Classroom) shall be available at all times for the ACC:

- Disaster Plans
- Status Board
- Two-Way Radio/Scanner
- Television and Radio
- Weather alert radio
- Laptop Computers (2)
- LCD Projector
- A “Code Triage Box” containing:
  
a) Flashlights/Batteries
b) Tape Recorder
c) Updated Personnel Lists
d) Blueprints of the Facility (available in Facilities Management if needed)
e) Office Supplies (paper, pens, tape, etc.)

The IC serves as Administrative Liaison to the Emergency Department Physician in charge; coordinates with other key staff—Emergency Department Charge Nurse, Security, Public Relations, and makes administrative decisions as appropriate.

The IC assures the following:
1. The notification of other departments who need to be prepared to respond to an incident.
2. The cataloguing of beds *immediately* available and beds that *can be made* available.
3. Follow-up with Patient Care Units who have not responded with available beds.

Hospitals to be contacted to receive transfers due to insufficient bed capacity at FirstHealth Moore Regional Hospital include:

**FirstHealth Montgomery Hospital, FirstHealth Richmond Memorial, Central Carolina Hospital, Scotland Memorial Hospital, UNC Hospitals, Anson County Hospital, Sandhills Regional Medical Center (Hamlet), NC Baptist, Randolph Hospital, or Womack Hospital.** Patients requiring care or services (i.e., Pediatric Surgery/Radiation/Extensive Burns) not available at FirstHealth Moore Regional Hospital should be transferred to a facility where definitive care can be rendered. Such transfers would ordinarily be to one of the major medical centers such as UNC Hospitals. These transfers should be coordinated through the PPC/AS on duty and the staff Physician.
Attachment B-Admitting

Telephone: Bed Control, Ext. 1130
Director, Ext. 1133—Pager 827

The Admitting Office will be notified and be responsible for the following:

1. Prepare a list of available beds
2. Limit admissions to those patients who are critically ill or pregnant patients requiring admission
3. Depending upon the hour of the disaster, either an admissions office person or an Emergency Department registration staff member will present a list of available beds to the Emergency Department Zone 1. This person will be available to the back desk to assign beds as needed.
4. Assign beds as appropriate to each disaster victim.
5. Patients will be admitted as beds become available for occupancy.
Attachment C-Biomedical Services

Telephone: Ext. 1298
Fax: 715-4382
After Hours: 1-800-604-7212 (Director)
1-800-614-3347 (On-Call Technician)

The Director of Biomedical Services and the on-call Biomedical Engineering Technician are notified and responsible for the following:

1. Maintain and supply needed areas with required medical equipment
2. Perform repair and maintenance functions necessary to ensure the correct operation of medical equipment in the Emergency Department
3. Assist personnel assigned to the Emergency Department who are not familiar with the medical equipment through in-servicing of the medical equipment to be used in the Emergency Department
Attachment D-Child Development Center

Telephone:   Ext. 1538   Pager 680

The Director of the Center, or designee, shall be notified by Switchboard Services and will ensure that the Center is open and staffed appropriately.
Attachment E-Clinical Performance/Case Management

Telephone: Ext. 1280

The Case Management Department will be responsible for the following:

1. The Case Management Discharge Planner-on-call will notify the Director if after hours.
2. The Case Managers/Discharge Planners will assist nursing units in planning discharges for those patients able to be discharged from the hospital.
3. The Case Managers/Discharge Planners will offer follow up services such as counseling, referrals, and placement on an ongoing basis to victims and families.
4. The Quality staff will assist in the Patient/Family areas as needed.
5. The Infection Control staff will assist with patient placement and identifying patients that need isolation precautions as appropriate.
6. The Infection Control staff will assist with airflow requirements, barriers, etc. that may be necessary to separate infectious patients if isolation rooms are not available.
Attachment F-Critical Care Units

Critical Care Units: CCU, CVT, MICU, Robins

Step-Down Unit: ISU

Charge Nurse Duties:
- Call the Clinical Director and Service Line Director
- Send one staff nurse, with stethoscope, to the cafeteria for the personnel pool
- Evaluate the patients for transfer or discharge. (See specific unit protocol)
- Notify the Admitting Office by fax of vacant beds and potential for transfers and discharges.
- Delegate the initiation of the phone tree and initiate the unit-specific protocols.
- Round with the physician to facilitate appropriate transfers and discharges as necessary
- Keep the telephone lines open
- Assist and facilitate rapid and safe designated transfers
- Limit and restrict visitors as appropriate

Staff Nurse Duties:
- Continue all necessary patient care
- Prepare patients for rapid transfer/discharge and prepare necessary paperwork in anticipation of the transfer
- Assist in the cleaning and setting up of the room for new patient
- Assess rooms/units for availability of anticipated supplies and/or equipment
- Remove all non-medicated IVs (non-drips) from IV pumps and use the regulator clamp to titrate infusion rate

Transfer Criteria for Patients in CVT and CCU During A Code Triage:
Level I (Easily Transferred to Med/Surg Floor)
- Patient has been hemodynamically stable over the past two hours without vasoactive support
- No vasoactive drips
- Oxygen requirements are less than 60% by facemask

Level II (Transfer to a Stepdown/Telemetry Monitor)
- Patient is hemodynamically stable over the past two hours without active titration of vasoactive drips or
- Has no more than one antiarrythmic or vasoactive drip that is not actively being titrated up or
- Is intubated and ventilated but not actively being weaned or
- May have invasive lines that can be discontinued without compromise to the patient’s condition

Level III (Requires ICU Care)
- Patient is not hemodynamically stable and requires constant monitoring
- Patient is on multiple antiarrythmic or vasoactive drips that require titration
- Patient has oxygen requirements of greater than 60%
- Face mask or constant monitoring of airway management is required
Attachment G-Environmental Services

Telephone: Ext. 1040

The department director/designee is notified by the on-duty supervisor and is responsible for the following:

- Notifies other members of the Environmental Services Department as appropriate
- Adjusts the employee’s schedules to prepare in-house beds for potential admissions
- Maintains linen supply in the Emergency Department and the hospital itself
Attachment H-Facilities Management

Department: Facilities Management
Telephone: Office-Ext. 1540, Director-Ext. 1544

The Facilities Management office is contacted and notified by Switchboard Services to the extent of the disaster via extension 1540 if it is during normal operating hours (7:30am-4:30pm Monday-Friday). All requests for assistance are to be directed through the department. The on-call Maintenance Mechanic is notified by telephone (at home) or via the beeper system through Switchboard Services if it is between the following times:

- 4:30pm-11:30pm Monday-Friday
- 3:30pm-7:30pm Saturday and Sunday

The Maintenance Mechanic contacts the Director of Facilities Management and activates the Facilities Management “telephone tree.”

The following is a designation of assigned personnel tasks to be performed, as required, dependent on location, type, etc. of the disaster:

1. Elevators
2. Electrical Distribution, Doors, Lights, etc.
3. Energy Plant Operations/HVAC
4. Equipment Repairs/Movement of Equipment
5. Plumbing/Water/Sanitary
6. Nurse Call System
7. Paging System
Attachment I-FirstHealth Regional EMS System

Telephone:  910-715-8747 (TRIP)  Fax:  910-715-8849
1-800-543-3672

FirstHealth Regional EMS System is responsible for transportation of the injured away from FirstHealth Moore Regional Hospital. All transport requests are made to FirstComm. FirstComm maintains a current list of all critical care transport teams and their capabilities. If additional units are needed beyond the capacities of FirstHealth Regional EMS System, then these are coordinated by FirstComm. If FirstComm requests mutual aid from an air transportation service or other regional ground transport service, FirstComm makes every effort to assign personnel to meet their units at the hospital and facilitate their arrival and departure.

FirstComm is responsible for maintaining a list of personnel to be notified in the event of a disaster. This includes home telephone and cellular numbers. FirstComm is based off campus and cannot hear overhead pages. The only method of notification will be by phone.

1. FirstComm is notified by Switchboard Services.
2. FirstComm notifies additional staff as requested.
3. FirstHealth Regional EMS staff assists in the disaster as deemed necessary by the Emergency Department Medical Director/Charge Nurse.
4. Requests for transports from the Emergency Department are communicated to FirstComm by the Patient Placement Coordinator/AOC.

FirstHealth Regional EMS is obligated by county ordinance to respond to scene calls if so directed by county EMS communications. Depending on the scope of the disaster, they may originally be requested to respond to the scene. If this occurs, FirstHealth Regional EMS will strive to minimize scene time and, if necessary, transport to FH Moore Regional Hospital as soon as possible. At that point, they will ready the unit(s) for transfer of patients to other facilities.
1. The emergency on-call system shall contact the Supply/Distribution tech on duty at ext. 1080.
2. The Supply/Distribution tech will, in turn, contact appropriate Materials Management personnel to assure necessary resources are forthcoming to service the supply distribution requirements imposed on the disaster scenario. Persons contacted include the operating directors and/or designees in the Supply/Distribution Department.
3. The Supply/Distribution tech on duty initiates the process required to assemble and distribute those supply items requested by the IC/ACC. Such supplies are secured from stock or, as needed, from the hospital’s supplier community. In the event that supplies are secured from other than existing hospital inventories, the Assistant Director of Purchasing, the Director of Materials Management, or appropriate designee, arranges for the delivery of such supplies.
4. Supplies and equipment are dispersed as required.
5. The mobilization of management and operating personnel is as determined necessary, contingent upon the degree and severity of the disaster scenario at hand and in accordance with the direction of the Administrator-On-Call/IC or the respective department director from the area of Supply/Distribution.
6. Long term communications and coordination for the procurement and distribution of supplies is as identified at the time of the disaster. Other immediate responses will be in accordance with internal operating protocols for the area specifically identified as Supply/Distribution.

Supply/Distribution/Sterile Processing Technician Responsibilities:

1. Notify the Director, Materials Management, or designee. If disaster occurs after hours, additional technicians will be called as needed to assist in the department.
2. Deliver disaster supplies as determined by the IC/ACC.
3. Sterile Processing tech decontaminates, cleans, assembles, wraps, and sterilizes all instruments and equipment needed and makes ready for re-use as soon as possible.
4. If supplies are running low or not available in the Supply/Distribution Department, contact the Director/Manager.
## Attachment K-Medical Staff Disaster Call

### Emergency Department On-Call

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Attachment L-National Disaster Management System (NDMS)

The National Disaster Management System is a Federal program to provide a nationwide, coordinated response of Emergency Medical Services in the event of a disaster of great magnitude. FirstHealth Moore Regional Hospital is a participant in NDMS and has agreed to provide resources for casualties. In the event of NDMS activation, FirstHealth Moore Regional Hospital will be contacted to provide for patients based on the following criteria:

- The Patient Placement Coordinator/Administrative Supervisor determines the number of beds available. FHMRH has stated that we accept 25 minimum and 50 maximum patients on an average day.
- Categories of beds available:
  - Will Accept—Medical, Surgical, Orthopedic, OB/Gyn, Neuro, and Psychiatric
  - Will Not Accept—Burns, Plastic Surgery

In the event of a military conflict (not nuclear war), combat casualties in excess of Armed Forces medical capacity are treated at NDMS participating hospitals. A Military Patient Administrator and Personnel Staff Officer are provided to coordinate military procedures.

1. The Patient Placement Coordinator/Administrative Supervisor receives the request that NDMS is activated and a bed assessment is needed.
2. The Patient Placement Coordinator/Administrative Supervisor notifies Switchboard Services and Admitting Department that NDMS has been activated.
3. If the system is down, the Admitting Department calls all patient care units to determine the number of beds available and
4. The Admitting Department provides bed availability information to the Patient Placement Coordinator.
5. The Administrative Nursing Supervisor determines the number of beds available and categories of patients that can be received.
6. The bed availability and patient category information is faxed to the NDMS Operation Center.
7. Upon notification that NDMS casualties are being sent to FirstHealth Moore Regional Hospital, the Code Triage plan is followed accordingly.
Attachment M-Patient Care Units

Each unit is responsible for maintaining a list of personnel to be notified in the event of a disaster. This list should include home phone numbers, cellular phone numbers, and beeper numbers.

1. Charge Nurse of a Patient Care Unit
   - Calls Assistant Director/designee at home, if not present
   - Evaluates unit for potential discharges/transfers, and prepares a list for review by the physician-on-call for unassigned medicine, and faxes a list to Admitting (fax-1984)
   - Evaluates the need for additional resources:
     a. May require additional RNs or ancillary staff (i.e., Social Workers, Occupational Therapists, Psych counselors)
     b. Tools to evaluate staffing needs—1) number and type of casualties being brought to Emergency Department, Critical Care bed availability, number of empty beds and/or transferable patients
     c. Assistant Director/designee, using the phone tree, begin calling staff with shortest travel time first.
     d. Prepares a list of patients for discharge/transfer
     e. Identify available isolation rooms and patients that can be moved from these rooms, if needed. Faxes information to Admitting at ext. 1984
     f. Rounds with physicians to facilitate safe patient discharges/transfers and notifies of available beds
     g. Keeps phone lines open
     h. Assists and facilitates in transfers
     i. Evacuates visitors from unit as deemed necessary

2. Unit Secretaries phone for back-up staff as directed by charge nurse.

3. Staff Nurses
   - Maintain necessary patient care
   - Prepare patients for rapid discharge pending physician’s order
   - Notify receiving unit of transfer and immediacy of transfer
   - Assist in stripping and setting up rooms for admissions
Attachment N-Pharmacy

Telephone: Ext. 1064

The Administrative Director/Associate Director, Pharmacy (or designee):
1. Assigns pharmacists to work with treatment areas to provide needed medications/consultation
2. Arranges for additional resources (i.e., for outpatient prescriptions, etc.)
3. Arranges for additional drug supply to be shipped from wholesalers/manufacturers/other hospitals as needed
Attachment O-Public Relations

Telephone: Corporate Communications (910) 715-1478 or ext 1478
(8:30am to 5:00pm)
Director, Public Relations (910) 715-5463 or ext 5463
Cell: (910) 639-1508
Assistant Director, Public Relations (910) 715-5376 or ext 5376
Cell: (910) 639-1102

The Public Relations Department is contacted during the initial notification process when a Code Triage is declared. The department is notified by Switchboard Services in order to most efficiently establish communications between the Emergency Department and the IC/ACC, and to establish communications between the hospital and the press.

The department can be notified by reaching one of these people in the order listed below. Leslie Deane is to be contacted in the absence of the director or staff.

<table>
<thead>
<tr>
<th>Name</th>
<th>Extension</th>
<th>Home Phone</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gretchen Kelly</td>
<td>5463</td>
<td>(910) 215-5508</td>
<td>(910) 639-1508</td>
</tr>
<tr>
<td>Emily Sloan</td>
<td>5376</td>
<td>(919) 718-5945</td>
<td>(910) 639-1102</td>
</tr>
<tr>
<td>Tara Cameron</td>
<td>5452</td>
<td>(910) 245-3071</td>
<td>(910) 639-1134</td>
</tr>
</tbody>
</table>

Public Relations Responsibilities:
- Acquire/set up fax machines or networked computer terminal for the IC/ACC (2), press room (1), and the Emergency Department station
- Establish, staff, and run the Press Center to be located in Administrative Conference Center, Room A & B, or C.
- Set up the “Press Information Box” and camera in Administrative Conference Center, Room A, B, or C.
- Direct the press to the MRH Rehab Conference Room and establish locations for TV crews/reporters
- Keep reporters/TV crews out of the driveway and entrance area of the Emergency Department
- Handle all press request(s) and give press reports every 30 minutes from the IC/ACC (on the hour and half-hour)
- Establish, staff, and run a temporary office in the ED Administrative Office Suite
  - Receive log of disaster victims from the Emergency Department Registration Secretary after triage and registration
  - Report condition update every 15 minutes (or as needed) to the IC/ACC
  - Direct family, friends or clergy to Family Surgical Waiting Room or Outpatient Conference Room
  - Field all questions from the police and family members in the Emergency Department
  - Serve as liaison between the hospital, public, emergency activities, and administration as requested
  - Assist the Emergency Department as needed
Public Relations Activities:

The casualty information can consist of up to three areas according to need as determined by the Emergency Department and Public Relations.

1. **Incident Command/Administrative Command Center—located in the Cancer Center Classroom**
   Leadership for the Command Center will be shared with HAOC or CCMT member. The IC/ACC will be headquarters for the HAOC or CCMT member and other management personnel who need to make reports to the center.

2. **Patient/Family Area—located in Family Surgical Waiting Room (or Outpatient Conference Room)**
   The patient/family area will be operated by the Risk Management Patient Advocate and a designee from the Quality/Clinical Performance Department for the purpose of giving patients’ families a place to rest, wait, and receive information about their family members. The Patient Advocate will work with the Food & Nutrition (Dietary) Department as needed to ensure the comfort of the patients’ families.

3. **Press Center—located in Administrative Conference Center A & B**
   The Press Center is operated by the Public Relations Department for the purpose of providing an efficient and convenient means of informing the press of the disaster situation and providing an interview setting or press conference as needed.

The Public Relations Director acts as a go-between among the three areas for the purpose of updating members of Administration and maintaining organization and providing assistance.

As the urgency of the disaster subsides, the three areas are consolidated into Public Relations Management for follow up on final phone calls from the Press and additional calls from friends and family. These functions are handled by the Public Relations Department and, if needed, an additional member of the Quality/Clinical Performance Department.
Attachment P-Radiology/Diagnostic Imaging

Telephone: Director, Ext. 1403-1400

1. The supervisor or his/her designee responds as follows:
   - Obtain information from the Emergency Department physician regarding the number and type of radiographic procedures that might be necessary
   - Clear the department of all patients who are not critical and of unnecessary personnel
   - Assign appropriate technologists to the Emergency Department with a portable machine, and two technologists, if available, to the Emergency Department X-Ray
   - Call in any additional personnel as deemed necessary to handle the anticipated workload
   - Assign technologists and imaging rooms to the patients as they arrive
Attachment Q-Rehab Services

Telephone:
- Administration: Ext. 1600
- Rehab Center Nursing Station: Ext. 1621
- Therapy Gym: Ext. 1640

The director or designee is responsible for:
- Determining the need to initiate the recall list for the department according to the information provided by the nursing staff (off hours) and/or administration (regularly scheduled hours)
- Contacting the appropriate discipline manager or designee to initiate discipline specific recall list as needed
- Ensuring that the Resource/Charge Nurse prepared a list of available beds for the Admitting Office. These beds can serve as holding areas for stable adult medical/surgical patients awaiting discharge
- Assigning available staff to the personnel pool
- Assigning appropriate therapists to the Emergency Department to assist with orthotics, splints, etc. and to provide patient/family education in the use of assistive devices (e.g., crutches)
Attachment R-Respiratory Care Services

Telephone: Page the Shift Supervisor

The Respiratory Care Services Department will participate in Code Triage Standby and Code Triage immediately when notified by the overhead announcement. At that time, all Respiratory Care Services personnel report immediately to the Respiratory Care Department for specific assignments.

The Shift Supervisor delegates the responsibility of contacting off-duty employees, if needed, according to the telephone tree.
Attachment S – Secondary Triage Site

Location: Outpatient Department

Diversion of ED Patients to Outpatient During Disasters
Once Diversion Plan activated.

- Security to Outpatient → Traffic control inside and outside building
- Stop prep of surgery patients
- Stop receiving of PACU patients
- PACU discharge patients from PACU
- Patients awaiting surgery will be discharged
- Patients that have returned from PACU will remain recovering on surgery side
- GI will stop pre and recovery and send recovering patients to surgery side for discharge
- Preadmission will stop seeing patients and go help in minor and Outpatient surgery
- EKG (Phlebotomist) will assist in major and minor to obtain blood and EKG’s
- GI will convert to major ED with assistance of Outpatient staff

GI
Point of contact GI Supervisor (Extension 4296)
- Designated major emergency room.
- Ability to control and convert in a timely manner
- PMC computer capability
- No open traffic
- Procedure rooms converted to trauma, cardiac, x-ray room
- 8 bed capability
- 1 lead line room x-ray
- Procedure room convert cardiac
- 1 to trauma
- 1 OR room (Major emergency – Extension 5092)
- GI staff will send recovering /pre patients to surgery side
- Stop procedures and convert to major emergency area
- Outpatient staff will be assigned to assist GI staff by Clinical Nurse Leader/designee and/or Supervisor
- Days – 4 RN’s, 3 Techs, Routine posted staff, 1 Secretary assist at desk

Outpatient – Designated Minor ED
Point of contact – Outpatient Supervisor (Extension 3085 or 3086) PORTABLE 4294
- More space to accommodate present patients and expected ED patients
- 10 rooms for minor emergency
- 1 procedure room
- 1 isolation room
- 1 bronchoscopy room
- 8 rooms for present patients
- Supervisor, RN, Tech
- Role triage –
  - Assessment of patients to direct flow to designated area.
  - GI/Major Outpatient/Minor (outpatient procedure side)
Assignment of staff to minor or major.
- Days – Routine Staff, 3 Techs, 8 RN’s, 1 Secretary – role – stop posting, assist at front desk

Preadmission – Stop Preadmission flow
- Assist Outpatient with flow of outpatient procedures that are present
- Routine day staff, 3 RN’s, 1 Tech EKG/Phlebotomist, assist major/minor with EKG/Blood draws

Security
- To Outpatient to control traffic at front of Outpatient
- To allow flow of ambulance services
- To bring in major patients
- Call switchboard to have cars moved from parking area

Pastoral Care – Report to Outpatient Conference Room
- To Outpatient to assist with families, directions, pastoral needs, activate in system

Registration
- Activate in system
Attachment T-Security

Duties/Responsibilities:

1. Charge Officer
   - Activates the “call tree”
   - Assigns officers/designees to the following locations (in order)
     - Emergency-Ambulance entrance
     - Emergency Department triage
     - Main entrance/drive
     - Page Road
     - Media Information Center
   - Ensures that all other security personnel are in position and are aware of responsibility
   - Reports to Emergency entrance/triage area to assist in pedestrian control

2. Emergency Drive/Main Drive Officers
   - Clear drive and parking area of all vehicles except EMS, Police, and ambulances
   - Report to Highway 211 drive entrance—restrict all incoming traffic except as outlined above
   - Alert supervisor of any media activity in the area
   - Direct traffic as follows:
     - Employees to employee parking
     - Visitors to visitor parking
     - Physicians to physician parking

3. Security Officer
   - Ensures that the following areas are opened:
     - Cancer Center Classroom
     - Administrative Conference Center Rooms A, B, C
     - Outpatient Conference Room
Attachment U-Surgery and Operating Room

Telephone:   Ext. 1200

The duties for the respective divisions of the Department of Surgery during Code Triage situations, and in the occasion of any disaster, are relegated to the surgeon-on-call or on-second-call in that specialty. These individuals report to the main Operating Room or are stationed in the Surgeon’s Lounge for immediate availability.

4. OR Shift Charge Nurse/Supervisor
   - Assesses OR workload (cases currently running) and staff availability
   - Immediately notifies Anesthesiologist-on-call
   - Places all pending non-emergent cases on hold pending go/no go decision by on call anesthesiologist
   - Notifies PACU Charge Nurse
   - Notifies OR Administrator-on-call
   - Initiates personnel disaster recall roster as directed by Anesthesiologist-on-call
   - Coordinates workload and space with Anesthesiologist-on-call until relieved

5. Anesthesiologist-on-call
   - Communicates with the Emergency Department Charge Physician or the Emergency Department Medical Director relaying availability of OR rooms
   - Coordinates placement of patients with OR and PACU Charge Nurse

6. PACU Shift Charge Nurse
   - Assess PACU workload and space availability
   - Initiates PACU disaster recall roster
   - Coordinates workload and space with OR Charge Nurse

7. OR Administrator-on-call
   - Obtain brief assessment of situation from OR Charge Nurse
   - Report to OR to relieve OR Charge Nurse as needed
   - Initiate Outpatient recall roster after hours

8. Outpatient Clinical Nurse Leader/designee
   - Initiate disaster recall roster
   - Report workload and space capability to Patient Placement Coordinator/Administrative Supervisor
   - Do not initiate preparation of additional elective patients (all specialties) until directed to do so by OR Administrator-on-call.
   - Send one RN, with stethoscope, to personnel pool
   - Send two RNs to OR holding area unless this will compromise the safety of patients already under care in Outpatient Department
   - Preadmission RNs will report to Outpatient Department for assignment
   - Picks up one two-way radio from the Safety Officer, take to Administrative Command Center and give to person in charge. Ensure they are aware of proper radio operation
- Assists in reviewing other Security posts and completing unlocks/assistance as needed
- Reports to the Emergency Department and assists in securing patient valuables
- Duties at each post are as follows:
  - Observe and limit media activity
  - Assist with directions for families/others
  - Keep areas clear of non-essential personnel
Attachment V-Switchboard Services

Telephone: Ext. 4444 (Operator)

- **Code Triage Standby (Alert)** —The Emergency Physician or Emergency AD/Charge Nurse notifies Switchboard Services (Operator) via the “4444” phone line. The Operator verifies the call, logs in the time of the call, caller’s name and any other explanation given by the caller, then announces three times the alert, “ATTENTION, ATTENTION, CODE TRIAGE STANDBY” and additional calls in 30 minute increments state: “ATTENTION, ATTENTION, CODE TRIAGE STANDBY IN PROGRESS, EMERGENCY DEPARTMENT.”

- Personnel notified by ED personnel include:
  - Patient Placement Coordinator/Administrative Supervisor (PPC/AS)
  - Medical Director, Emergency Department, or designee
  - Executive Director, Clinical Operations, or designee

- Switchboard Services (Operator) Notifies:
  - Security
  - Patient Placement Coordinator
  - Administrator-On-Call (AOC)
  - Safety Officer
  - FirstComm
  - Public Relations
  - Facilities Management
  - Discharge Planning
  - Hospitalist on Duty
  - The following positions may serve in the role of Incident Command:
    - President, FHMRH
    - CNO/Vice President, Patient Care Services
    - Chief Medical Officer, FHC
    - Vice President, Hospital Finance
    - Chief Executive Officer, FHC
  - If the AOC cannot serve in the role of IC, notify one of the above positions until one is reached and agrees to assume IC if needed.

- **Code Triage**—The Emergency Department Physician or Emergency Department Charge Nurse notifies Switchboard Services (Operator) via the “4444” phone line. The Operator verifies the call, logs in the time of the call, caller’s name and any other explanation given by the caller, then announces three times the alert, “ATTENTION, ATTENTION, CODE TRIAGE” and additional calls in 30 minute increments state: “ATTENTION, ATTENTION, CODE TRIAGE IN PROGRESS, EMERGENCY DEPARTMENT.”

  Emergency Personnel Notify:
  - Patient Placement Coordinator/Administrative Supervisor (PPC/AS)
  - Medical Director, Emergency Department, or designee
Switchboard Services (Operator) Notifies:
- Security
- Administrator-On-Call (AOC)
- Safety Officer
- Facilities Management
- Discharge Planning
- Hospitalist on Duty
- Public Relations

The following positions may serve in the role of Incident Command:
- President, FHMRH
- Vice President, Professional Services
- CNO/Vice President, Patient Care Services
- Chief Medical Officer, FHC
- Vice President, Hospital Finance
- Chief Executive Officer, FHC

If the AOC cannot serve in the role of IC, notify one of the above positions until one is reached and agrees to assume IC.
- Patient Care Services Director On-Call
- Executive Director, Clinical Operations
- Bio-Medical Technician On-Call

**Code Triage Decon Team** - In the event of a chemical or biological situation the Operator will announce three times “ATTENTION, ATTENTION, CODE TRIAGE DECON TEAM” and additional calls in 30 minute increments state: “ATTENTION, ATTENTION, CODE TRIAGE DECON TEAM IN PROGRESS, EMERGENCY DEPARTMENT” (Refer to departmental procedures in the Decontamination Plan).

**Code Triage – All Clear** - Once the IC/ACC terminates the Code Triage, the ACC notifies the Switchboard Operator to announce three times, “CODE TRIAGE - ALL CLEAR ”.

Original  6/2001
Revised  5/2009
Approved Disaster Committee 5/2009
Revised  8/2009
Approved Disaster Committee 8/2009
Provider-Based Consolidation 8/09
Approved Quality Committee 10/14/09