

## LOCAL DISASTER

General Considerations - This plan is based upon the assumption that all facilities of the hospital are in working order at the time of the disaster, including lights, heat, water, and communications. In the event any facilities are impaired, the provisions of the plan will be complied with as nearly as possible, utilizing improvisation where necessary until restoration is achieved.

### I. Notification of Disaster

- A. When notice of a disaster has been received at the hospital by the Switchboard or Emergency Room personnel, the following information shall be obtained by the person receiving the information.
  - 1. Person making notification and telephone number from which calling.
  - 2. Name of company involved and/or location of disaster.
  - 3. Estimated number of casualties.
  - 4. Type of disaster (Fire, Explosion, Plane Crash, etc.)
  - 5. Time of call.
- B. The person receiving the call shall then notify the Director of Nursing or in her absence the Nursing Supervisor on-duty and the Emergency Room Assistant Manager, who will proceed in preparing the Emergency Room for receipt of casualties by augmenting personnel and supplies. The Nursing Supervisor will also ascertain that the Operating Room, Central Service, X-Ray, Pharmacy, and Lab are notified of the disaster and apprised of the types and probable number of potential casualties. If the on-duty Nursing Supervisor, after evaluation of the nature and number of casualties, suspects that further assistance may be required, she shall notify the Hospital Director, during normal working hours, or the Administrator on call outside normal working hours, and shall provide him with full details regarding the disaster. The Director, or Administrator on call, will make the decision regarding implementation of the Disaster Plan after consulting, if possible, with one of the physicians of the Disaster Committee and the Chief of Staff.

## II. Activation of the Disaster Plan

A. If the decision is made by the Hospital Director or the Administrator on call to implement the Disaster Plan, the following action shall be taken:

1. Switchboard operator will announce clearly and distinctly six times, "Attention, Dr. Astor".
2. If the Disaster Plan is implemented OUTSIDE NORMAL WORKING HOURS, the Switchboard Operator will notify those persons indicated on the Disaster Call List under "To Be Called By Switchboard".
3. Switchboard will notify the Nursing Office. If the Disaster Plan is implemented OUTSIDE NORMAL WORKING HOURS, the Nursing Supervisor shall be notified. The Nursing Office shall ensure that all nursing units are notified.
4. Switchboard operator will call Central Communications, who will then call each department (with the exception of Nursing Units, to ensure that they were informed of the disaster and are making necessary notifications to personnel in their department. If the department is closed because of the hour, the department head or assistant will be notified at home by the Disaster Headquarters. Each department will maintain a current disaster call list, using the departmental call list for contacting responsible individuals or alternates and it will be each department's responsibility to notify their personnel of the disaster.

IF LINES ARE BUSY DURING NOTIFICATION PROCEDURES,  
TELL OPERATOR THAT AN EMERGENCY EXISTS AND ASK THAT  
SHE BREAK IN ON LINE!

5. All Department Heads will, upon arrival, report their presence and location to the Disaster Headquarters.

## III. Discharge of Patients to Make Room for Casualties

A. When the Disaster Plan has been announced, and when notified by the Disaster Headquarters, it will become a responsibility of the Nursing Office to notify the Chief of each service (Medical, Surgical, Ob, etc.). The Chief of each service should be notified to report to specified units to evaluate list prepared by Head Nurse of patients that may qualify for discharge or be candidates for transfer to another Hospital in our area. A list of other medical facilities in our area and the types of patients which may be transferred to them are listed in Appendix 7. Transfer responsibilities are addressed later in this section.

- B. The head nurse in each unit will have prepared a possible discharge list for use by the Chief of the service upon his arrival. The Chief of the service will upon arrival decide which patients may be discharged if later determined necessary. He will enter on the patient's chart, "Emergency Discharge", and shall sign the entry. The head nurse shall maintain the potential discharge list and take no further action until notified by the Nursing Office. When the charge nurse has been instructed by the Nursing Office to effect a certain number of discharges, it will be her responsibility to decide which of the physician-approved discharges shall be effected, and her responsibility to then accomplish the discharges.
- C. All discharge notifications will be sent to Central Communications, who will then hand carry them to the Admitting Office. Admitting Office personnel will call relatives and request they provide transportation for discharged patients, and further instruct that the transportation should be brought to the hospital's rear discharge area. No patient will be discharged until responsibility for care is assumed by a relative or other person. All hospital owned vehicles will, if necessary, be utilized in providing transportation for discharged patients and employee owned vehicles will be requested and coordinated by the Chief of Security if needed. A list of discharged patients will be kept current in the Admitting Office and a copy of this list will be forwarded to the Information Control Center as changes occur.
- D. Discharged patients will leave via the public elevators to the service floor, and will assemble in the cafeteria to await transportation home. Use of the corridor between Pharmacy and Discharge Area will be utilized in discharged patient evacuation to transportation.
- E. The Director of Volunteers, or her designee, will be responsible for providing personnel to meet outgoing patient transportation and assisting in getting to the cars.
- F. The Admitting Office will notify the Nursing Office of additional bed space needed. If cots, blankets, etc. are needed from the Packaged Disaster Hospital, it should be noted that time will be required for approval before these may be obtained.
- G. The Admitting Office shall have responsibility for maintaining the current status of beds available, and notify all patients scheduled for elective admissions that their admission is cancelled until facilities are available.

#### IV. Transfer of Patients to Other Institutions

- A. As mentioned previously, it may become necessary to transfer some non-critical in-house patients to other local medical facilities to make room for serious disaster victims. It shall be the responsibility of the Chief of each Service

to determine what patients may be transferred to another hospital and to make necessary arrangements for transfer with an appropriate Physician at the other institution. Communications should be between the transferring Physician and the receiving Physician. Nursing personnel may, however, be utilized to expedite a transfer upon the order of the Chief of the Service or the attending Physician. A list of other area and regional hospitals and their capabilities are listed in Appendix 7-1 and 7-2.

- B. Depending upon the nature of injuries to disaster victims, it may also be necessary to transfer certain patients to Comprehensive or specialized hospitals, i.e., Chapel Hill, Duke. Should this be the case, it shall again be the responsibility of the Chief of the appropriate Service to arrange the transfer. In most cases this type of transfer will be accomplished by helicopter through the MAST (Military Assistance to Safety and Traffic) program. The procedures to follow in this instance are outlined in the Nursing Service Procedure Manual and the Emergency Department Procedure Manual and may be referred to if necessary. In the event a patient's medical condition warrants more expeditious travel time, or if the receiving hospital is not within a 100 nautical mile radius, air ambulance service via private plane may be arranged through Air Wilmington (763-0146) located at the New Hanover County Airport. A list of other hospitals and their capabilities is listed in Appendix 7-1 and 7-2.

It shall be the responsibility of this Hospital to ensure that qualified and competent Emergency Medical Services personnel accomplish the transfer of any type patient to another Medical Facility.

#### V. Triage Area and Treatment Areas

- A. In the event that patients arrive before the triage and treatment areas are manned and supplied, the patients will be directed to the Emergency Room. As soon as triage and treatment areas are ready, casualties will be diverted to the Ambulatory Care Lobby.
- B. The triage area is designated as the Ambulatory Care Lobby. A minimum of fifty (50) canvas folding litters are stored in a cubicle across the hall from Audiology. There are also five hundred (500) casualty tags stored in the Outpatient Registry. Incoming casualties will enter the Ambulatory Care front door. As casualties are brought in, they will be taken as far to the right of the lobby as possible, in order to prevent blocking the entrance. The triage area will be staffed as follows:

<u>TYPE</u>	<u>LOCATION</u>	<u>STAFF*</u>
Triage	Ambulatory Care Lobby	4-MD 2-RN 1-LPN 8-Male Attendants

\* This staff will be augmented as personnel arrive and needs arise.

During the triage, the patients will be tagged, sorted and assigned to one of the following treatment areas, staffed as indicated:

<u>TYPE</u>	<u>LOCATION</u>	<u>STAFF</u>
Burn Treatment	Physical Therapy (Hydro-Therapy)	3-MD 2-RN 1-LPN 1-Aide 4-Male Attendants 2-P. Therapist 2-P.T. Assts. 2-P.T. Aides
Medical Treatment	Medical Clinic	6-MD 3-RN 3-LPN 4-Aides 4-Male Attendants
Surgical Treatment	Physical Therapy (Electro-Therapy)	4-MD 2-RN 1-LPN 1-Aide 4-Male Attendants
Fracture Treatment	Physical Therapy (Mechano-Therapy)	3-MD 2-RN 1-LPN 2-Aides 4-Male Attendants
Walking First Aid	Main Lobby	4-MD 1-RN 2-LPN 3-Aides
Ob-Gyn Treatment	Ob-Gyn Clinic	2-MD 2-RN 1-Aide 2-Male Attendants
Psychotic Center	Psy. Unit (7th Floor)	2-MD NP Staff
Coordinator	All Initial Treatment Areas	1-RN
Morgue	Morgue and Adjacent Halls and Rooms	1-MD 1-Security Officer 2-Male Attendants

In all treatment areas, housekeeping personnel shall be utilized as the need arises. Each respective area may call for assistance from housekeeping when necessary.

Expanded Special Care areas shall be those patient floors appropriate to the in-house treatment of each individual injury or as ordered by the Physician Disaster Chairman.

- C. Upon activation of the Disaster Plan, all personnel assigned to the triage and treatment areas as initial staffing shall proceed to the areas and make immediate preparations for receipt of casualties. These assignments are pre-planned by departmental disaster plans and only personnel on duty are utilized in order to prevent delay. Upon arrival at assigned areas and during the early stages of the disaster plan implementation, there may be some overlapping of duties required, but all persons must bear in mind the necessity for quick action in preparing the space for receipt of casualties.
- D. Supplies and equipment for each of the above areas shall be delivered promptly upon activation of the plan. Lists for supplies and equipment for these areas have been preplanned by the Director of Nursing, Chief Pharmacist, Central Service Director, Emergency Room Manager, Director Material Management, and the lists bear the approval of the Physician Disaster Chairman. Recommendations for revision of these lists shall be directed to the individual department concerned, and revision will be effected only after approval by the Physician Disaster Committee. Copies of these lists are included in the plan as Appendix 2.
- E. The Standards for Treatment prepared by the physicians of the Disaster Committee shall be adhered to in each of the initial treatment areas. These standards are located on each of the disaster carts. Personnel responsible for the supplies and equipment to be used in each of the treatment areas will use the Standards for Treatment as a guide in preparing their lists.
- F. One coordinator appointed by the Nursing Service shall proceed to the triage and each treatment area immediately upon activation of the plan. This coordinator shall provide liaison between these areas and the departments providing supplies and services. Increasing requirements for certain types of supplies and services (instrument sets, burn dressings, blood, drugs, x-rays, personnel needs, etc.) will be noted. When such increases are evident, the coordinator shall provide the responsible department with immediate notification in order that the supply items with a high demand will not be exhausted prior to re-supply.

VI. Lines of Authority

- A. When the Disaster Plan has been activated and personnel arrive, a headquarters for disaster operations will be established in the Hospital Director's Office. Lines of authority and responsibility are as follows:

ADMINISTRATIVE	MEDICAL
(Control and Coordination <u>Administrative Functions</u> )	(Control and Coordination <u>Medical Staff Functions</u> )
Hospital Director	Chief of Staff
Associate Hospital Director	Physician Disaster Chairman (Alternate-Disaster Committee)
Fiscal Hospital Director	President Elect-Medical Staff
Assistant Hospital Director	University Teaching Service-Surgery

- B. In addition to the above, the Disaster Headquarters Staff shall include a Secretary (Director's Secretary), and the Hospital Public Information Officer, and upon arrival in the headquarters area, promptly after activation of the plan, these persons shall perform their duties as assigned by this plan.
- C. In all departmental areas of the hospital, normal lines of authority and responsibility shall prevail, with the exception of some deviation from normal responsibilities which may be required by the following paragraphs regarding specific functions and duties.

VII. Specific Functions and Duties

- A. The Hospital Director shall:

1. Make the decision regarding implementation of the Disaster Plan in accordance with Section I of this plan, and shall ensure that the switchboard operator is aware that this decision has been made.
2. Upon arrival, assume overall responsibility for the control and coordination of all administrative functions during the disaster period.
3. Be responsible for coordinating the effort of this hospital with that of other hospitals in the area, in cooperation with local Civil Defense Officials.

4. Be responsible for authorizing requests to local radio and television stations for appeals to be aired in connection with obtaining assistance. The Personnel Director (personnel), Pathologist (blood, etc.), and other department heads who might require such assistance shall make their request only through the Hospital Director.
  5. Be responsible for any contacts for assistance directed to the American Red Cross or the N.H.M.H. Auxiliary, and all requests for such assistance shall be made to the Hospital Director.
  6. Be responsible for contacting the Local Police Departments with request for any assistance deemed necessary.
  7. Be responsible for requests for assistance directed to:
    - a. Civil Defense Officials - (Packaged Disaster Hospital, Emergency Food, Personnel, Transportation, Communications, Radiological Defense Materials and Personnel, other supplies.)
    - b. City and County Officials - (Utilities, Water, Electricity, Waste Disposal, etc.)
  8. Ensure that responsibilities of the Public Information Officer are carried out until his arrival.
- B. The Associate Director of Hospital shall:
1. In the absence of the Hospital Director assume the responsibilities for control and coordination of all administrative functions during the disaster period.
  2. Upon arrival of the Hospital Director, assist the Director in the accomplishment of any administrative functions assigned.
- C. The Chief of Staff in conjunction with the Physician Disaster Chairman shall:
1. Upon arrival, assume responsibility for the control and coordination of the medical and surgical functions of the hospital.
  2. As medical staff and house staff physicians arrive and report, make assignments in order to ensure that personnel in the receiving and initial treatment areas are augmented as necessary.



3. Assign one or more reporting physicians to examine and review casualties who have been treated in the initial treatment area to determine the level of continued care required and whether such care can be effected only as an inpatient, in an extended care facility, or in the home.
  4. Assign one or more physicians to direct the reallocation of patients to expanded areas, in accordance with the acuity of the patients.
  5. Assign one or more physicians to each continued care area of the hospital, who will assume responsibility for overall care and treatment of the patients who are transferred from initial treatment areas.
  6. Ensure that each physician assigned to the initial treatment areas is familiar with the Standards for Treatment prepared for the area to which assigned.
- D. The President Elect of the Medical Staff shall:
1. During the absence of the Chief of Staff, assume the responsibilities for control and coordination of the medical and surgical functions of the hospital and all related specific duties of the Chief of Staff.
  2. Upon arrival of the Chief of Staff, assist in the performance of any medical and surgical functions assigned by the Chief of Staff.
- E. The University Teaching Service Representative (Surgery) shall:
1. Assume responsibility for the control and coordination of the medical and surgical functions and all related specific duties during the absence of the Chief of Staff and the President Elect of the Medical Staff.
  2. Upon arrival of the Chief of Staff or President Elect of the Medical Staff, assist him in the performance of any duties required.
  3. Maintain current assignments to ensure that all initial receiving, sorting, and treatment areas are covered by House Staff physicians either present or on call. These assignments will be by position rather than by name, and shall be incorporated into this manual as Appendix 3.

- F. The Records and Personal Effects Coordinator shall be the responsibility of the Director of Finance and Ambulatory Care, and staffing will be comprised of his normal staff. The Records and Personal Effects Coordinator shall:
1. Maintain current assignments of personnel to report to the Receiving and Sorting Area to tag all incoming casualties with Form 876, Disaster Tag.
  2. Ensure that two "Records Officers", the Controller and Internal Auditor, shall be assigned to the Triage Area for the purpose of maintaining a Master Log of all incoming patients' names.
  3. Be responsible for maintenance and distribution of records during and following the disaster. Initial record keeping will be kept to a minimum by utilizing Form 876, Disaster Tag, which will be completed and affixed to the patient in the sorting area. The tag will remain with the patient until such time as admission is effected, and will then be incorporated into the regular chart. If casualties are not admitted, the Disaster Tag shall be delivered to the Medical Records Department.
  4. Implement the plan for care, storage and disposition of all valuables and clothing of casualties, including those casualties who are dead on arrival. (See Appendix 5).
- G. The Director of Nursing, or his/her designee in his/her absence, shall effect immediate implementation of the Nursing Service Disaster Plan upon notification of a disaster. Staffing will be comprised of the normal Nursing Service staff. This plan shall include, but not be limited to, the following specific functions:
1. Staffing, for Nursing Service and messenger requirements of the Receiving and Sorting area, the Initial Treatment Areas, and the Coordinator for these areas, utilizing on-duty nursing personnel. This staffing shall be by position rather than name and shall be incorporated into this manual as Appendix 4.
  2. Staffing, for Nursing Service requirements, of the Surgical Suite (to include general surgery, orthopedic surgery, obstetrics-gynecology) and for staffing of the Labor and Delivery Suite.

3. Staffing, for Nursing Service requirements, of a holding area in the Recovery Room for patients who are awaiting surgery. (See Appendix 4).
  4. Bed expansion, to include floor plans for bed expansion utilizing cots in existing patient rooms, classroom, etc.
  5. Means of assisting and advising the physician responsible for the reallocation of patients to expanded areas.
  6. Formation and utilization of "blanket brigades" if necessary, in order to effect rapid and efficient transfer of patients from treatment areas to floors, or from floor to floor.
  7. Provisions for assignment of off-duty nursing personnel as they arrive and report, ensuring that all nursing area staffs are augmented as needs arise.
- H. The Chief Pathologist, or his designee in his absence, shall effect immediate implementation of the Laboratory Service Disaster Plan upon notification of a disaster. This plan shall include, but not be limited to, the following specific functions:
1. Notification of departmental personnel, utilizing the departmental call list.
  2. Staffing, for Laboratory Service personnel, or those areas of the Lab which would function during the disaster period. Such staffing should be by position rather than by name.
  3. Pre-determinations of which Laboratory and Pathological services would be available during a disaster.
  4. Pre-arrangement for blood service, to include potential donor sources, a bleeding center, and personnel and facilities for typing and cross-matching, collection, storage, and delivery of blood (coordinated with American Red Cross). Such plan should also include provisions for acquiring assistance from the American Red Cross. If any outside assistance is required, contact for such service shall be made through the Hospital Director.
  5. Provisions for operating the morgue, including expansion of the morgue to specific areas outside the hospital (mortuaries, etc.) should the need arise.
  6. Provisions for all liaison with the Coroner to be effected only by the Chief Pathologist or his designee during the disaster. All requirements imposed upon the hospital by the Coroner and the County Health Director, in connection with releasing of remains, shall be listed together with the methods for meeting these requirements.

7. Provisions for obtaining additional departmental supplies and equipment needed.
- I. The Chief Radiologist, or his designee in his absence, shall effect immediate implementation of the X-Ray Services Disaster Plan upon notification of a disaster. This plan shall include, but not be limited to, the following specific functions:
  1. Notification of departmental personnel, utilizing the departmental call list.
  2. Provisions for X-Ray examinations of mass casualties.
  3. Provisions for resupply of emergency supplies.
- J. The Director of Materials Management, or his designee during his absence, shall effect immediate implementation of the Purchasing Department Disaster Plan upon notification of a disaster. Staffing will be comprised of the normal Purchasing Staff. The plan shall include, but not be limited to, the following specific functions:
  1. Notification of all departmental personnel, utilizing the departmental call list.
  2. Provisions for issuing and delivering, upon verbal request, necessary emergency supplies and equipment and maintaining records of all such supplies issued giving quantity and department or areas receiving the issue.
  3. Provisions for emergency procurement of supplies and equipment from local supply companies, drug stores, and other facilities capable of providing rapid resupply for the hospital.
  4. Provisions for furnishing adequate amounts of chemical disinfectants and sterilizing solutions.
- K. The Central Service Director, or his designee during his absence, shall effect immediate implementation of the Central Service Disaster Plan upon notification of a disaster. Staffing will be comprised of the normal Central Service Staff. The plan shall include, but not be limited to, the following specific functions:
  1. Notification of all departmental personnel, utilizing the departmental call list.
  2. Provisions for delivery of pre-stocked carts to initial treatment areas. These carts shall be stocked in accordance with the inventories included as Appendix 2 to this manual and provision shall be made to rotate stock as necessary.
  3. Provisions for resupply of initial treatment areas, as needed, and for handling increased requests for supplies from expanded patient areas.

4. Provisions for rapid processing of used instrument sets and other items of medical and surgical supplies.
  5. Provisions for preparing and processing a large increase in linen packs, instrument sets, and other items normally processed for the Operating Room.
- L. The Chief Pharmacist, or his designee during his absence, shall effect immediate implementation of the Pharmacy Disaster Plan upon notification of a disaster. Staffing will be comprised of the normal Pharmacy Staff. The plan shall include, but not be limited to, the following specific functions:
1. Notification of all departmental personnel, utilizing the departmental call list.
  2. Provisions for delivery of pre-stocked containers to initial treatment areas. These containers shall be stocked in accordance with the inventories included as Appendix 2 to this manual and provision shall be made to rotate stock as necessary.
  3. Provision for re-supply of initial treatment areas, as needed, and for handling increased requests for drugs from expanded patient areas.
  4. Provisions for emergency procurement of drugs from local supply companies, drug stores, and other facilities capable of providing rapid re-supply for the hospital.
- M. The Public Information Officer, or his designee during his absence, shall effect immediate implementation of the Public Information and Press Coordination Disaster Plan upon notification of a disaster. Staffing will be comprised of the hospital's Information Office, Speech and Hearing Department, one messenger from Volunteer Service, and one Security Officer when available. This plan shall include, but not be limited to, provisions for the following specific functions:
1. Establishment of an Information Center in the Cameron Education Building's Auditorium for news media. Phones and typewriters will be available for news media use, as needed, in the AHEC offices across the hall from the auditorium.
  2. Establishment of an Information Office in the Administrative suite for PIO's staff.
  3. Maintenance of casualty lists and data on victims provided from the Disaster Headquarters.
  4. Notification of local clergymen, including at least one Minister, one Priest, and one Rabbi.
  5. Release of authorized information to the press, radio, and television personnel, and establishment and maintaining liaison between these representatives and hospital authorities.

- N. The Personnel Director, or his designee in his absence, shall effect immediate implementation of the Personnel Department Disaster Plan upon notification of a disaster. Staffing will be comprised of the normal Personnel Office staff. This plan shall include, but not be limited to, the following specific functions:
1. Notification of all departmental personnel, utilizing the departmental call list.
  2. Establishment of an assembly point for reserve personnel in and immediately adjacent to the small dining room in the cafeteria.
  3. Upon request, effect assignment and distribution of personnel from the personnel reserve pool.
  4. Provisions for the distribution of identification tags for employees from the reserve manpower pool.
  5. Provisions for maintaining records of hours worked by employees during the disaster period.
  6. Provisions for stationing of employees at key areas to direct flow of discharged patients.
  7. Provisions for initial training of new employees in the overall Disaster Plan, and development and maintenance of a continuing educational program relative to general considerations during a disaster, including use of films and slides when appropriate. This training shall be adjunct to regular departmental training.
- O. The Chief Engineer, or his designee during his absence, shall effect immediate implementation of the Engineering Department's Disaster Plan, upon notification of a disaster. Staffing shall be comprised of the normal Engineering staff. The plan shall include, but not be limited to provisions for the following specific functions:
1. Notification of all departmental personnel, utilizing the departmental call list.
  2. Maintenance of facilities during the disaster period.
  3. Alternate emergency sources of water, power, heat, steam and lights, including sufficient stand-by power for elevators, communication systems, Laboratory, X-Ray, Central Service, Emergency Room, Operating Room equipment, and initial triage and treatment areas.
  4. Substitute method of sewage/waste disposal and incineration.
  5. Availability of emergency keys for General Stores, Pharmacy, Laundry, and operator-control elevator keys.

6. Availability of reserve fuel for at least fourteen (14) days.
  7. Standards regarding water conservation, provisions for storage of water, use of hospital well, and chlorination of potable water if required.
  8. Insect and rodent control.
- P. The Chief of Security, or his designee during his absence, shall effect immediate implementation of the Security Department Disaster Plan upon notification of a disaster. This plan shall include, but not be limited to, provisions for the following specific functions:
1. Notification of all departmental personnel, utilizing the departmental call list.
  2. Provisions for sending an officer, if requested and feasible, to the scene of the disaster for the purpose of transmitting pertinent information via radio back to the hospital.
  3. Provisions for alternate external and internal communication facilities.
  4. Maintaining information pertaining to potential sources of assistance for personnel and transportation.
  5. Utilization of all hospital vehicles for transportation of supplies and discharged patients, and coordination of utilizing employee-owned vehicles if necessary for discharged patient transportation.
  6. Facilities and personnel for receipt of helicopters if required.
  7. Provisions for control of internal and external traffic.
  8. Provisions for control of entrances and exits.
  9. Provisions for assignment of security personnel or persons from the personnel pool to man and control elevators.
  10. Assign one officer to assist, as needed, the Public Information Officer in the control of News Media personnel.
- Q. The Director of Food Service, or his designee during his absence shall effect immediate implementation of the Dietary Department Disaster Plan upon notification of a disaster. Staffing will be comprised of the normal Dietary Staff. This plan shall include, but not be limited to, the following specific functions:
1. Notification of all departmental personnel, utilizing the departmental call list.

2. Provisions for mass feeding of patients and staff, including pre-established menus and dispensing routines and exclusion of the general public from cafeteria facilities, if necessary. Assistance from the Red Cross Mobile Canteen or Salvation Army may be considered and requested through the Hospital Director.
  3. Provisions for procurement of bulk, easily prepared food items locally available.
  4. Provisions for chemical sanitization of eating, cooking, and drinking utensils.
  5. Provisions for alternate methods of garbage and waste disposal
- R. The Director of Volunteer Services shall effect immediate implementation of the Volunteer Services Disaster Plan upon notification of a disaster. This plan shall include, but not be limited to, provision for the following specific functions.
1. Notification of all departmental personnel, utilizing the departmental call list.
  2. Assistance in evacuation of discharged patients, and aiding patients to reach their transportation.
  3. Providing volunteer personnel to be available in the personnel manpower pool and to Public Information Office.
  4. Orientation of newly acquired volunteers in the general considerations included in the disaster plan of the hospital, as well as the specific considerations of the Volunteer Service Disaster Plan.
- S. The Executive Housekeeper, or his designee during his absence, shall effect immediate implementation of the Housekeeping Department Disaster Plan upon notification of a disaster. This plan shall include, but not be limited to, provisions for the following specific functions:
1. Notification of all departmental personnel, utilizing the departmental call list.
  2. Assignment of personnel to initial treatment areas as needed.
  3. Increase of housekeeping intensity in areas of the hospital affected by the flow and treatment of casualties.
  4. Assistance in setting up cots, moving beds, and other work related to expansion of bed facilities.
  5. Assumption of laundry coordination duties, including emergency delivery of items of laundry upon request, and arrangement for additional laundry shifts if required.



- 6 Delivery of one laundry cart containing sheets and bath or thermal blankets to treatment areas as needed.
- T. The Director of Social Work Department shall effect immediate implementation of the Social Work Department Disaster Plan upon notification of a disaster. Staffing will include normal departmental staff. This plan shall include, but not be limited to, the following specific functions:
- 1 Notification of departmental personnel, utilizing the departmental call list.
  - 2 Assist Admitting Office with discharge of patients when head nurse has been instructed to effect a certain number of discharges; i.e., to home, to extended care, to motel and any appropriate accommodations.
  - 3 Assist with discharges from triage area after physician examines and reviews casualties who have been treated and determines level of care can be effected in home or extended care.
  - 4 Perform such duties as may be required in assisting casualties, relatives and friends in minimizing emotional trauma of situation.
- U. The Director's Secretary shall, upon notification of a disaster report immediately to the Disaster Control Headquarters in the office of the Director. Her duties shall include, but not be limited to, the following specific functions:
1. If outside normal working hours, initiate calls to department heads as indicated on the disaster call list under "To Be Called By Disaster Headquarters".
  2. Establish contact with all department heads, upon their arrival, and ensure that a roster is kept current indicating the whereabouts of each department head.
  3. Performances of such other duties as may be required by the Disaster Control Headquarters team.
- V. All Department Heads not assigned specific functions by this Disaster Plan shall maintain a departmental disaster plan including, but not limited to, provisions for the following specific functions:
1. Notification of all departmental personnel, utilizing the departmental call list.
  2. Performance of such duties as may be required of their department during a disaster.
  3. Assignment of all non-essential departmental personnel to the reserve personnel assembly area immediately adjacent to the small dining room in the cafeteria.

- W. Each Department Head will prepare a Departmental Disaster Plan for submission to the Disaster Committee for approval. These departmental plans shall be reviewed and brought up to date as necessary, and at least annually. Such review shall be in writing, in order that it may be included in the minutes of the committee meeting.

VIII. Families and Friends of Victims

- A. In any emergency situation the families and friends of our patients must be considered. These concerned and anxious people can sometimes be more of a problem than the patients themselves, particularly when there are large numbers involved. It shall be our responsibility to keep these individuals informed and consoled appropriately.
- B. In the event of a disaster and upon arrival of family members and friends to the Hospital, they should be directed by Security and any other appropriate employees to the South Classroom located beside Social Services and across from the Coronary Care Family Waiting Area. The Coronary Care Waiting Area may be used if additional space is needed. The name(s) of the family and the victims's name should be obtained by the employees assigned to this area (Quality Review Department and Patient Representative) and given to the Records and Personal Effects Coordinator or the most Senior Administrative Official present in the Emergency Triage Area. A master list of family shall be maintained in conjunction with the master log of victims prepared by the Records Officers.
- C. All efforts shall be made to keep family members informed on the status of their loved one. This shall be accomplished by utilizing the Hospital's Patient Representative and the Quality Review Department's staff in close communication with appropriate nursing and medical staff within the various treatment areas. Should the need arise for a family member(s) to be "isolated", the Bereaved Family Room outside the Medical Clinic or the Solomon Room off of the Main Lobby may be utilized.