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DISASTER PLANNING TASK FORCE

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**YOU HAVE JUST BEEN DELEGATED THE RESPONSIBILITY OF WRITING YOUR HOSPITAL'S
EXTERNAL DISASTER PLAN!**

WHAT DO YOU DO?

HOW DO YOU START?

WHY DO YOU HAVE TO DO THIS?

HOW CAN YOU EVALUATE YOUR WORK?

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INTRODUCTION

Disasters are very much a part of our everyday lives. They take many forms and come in many sizes. It can be a natural calamity such as a flood, earthquake, tornado, hurricane, or blizzard. It can be caused by a plane crash, structural collapse, hotel fire, or gas explosion. It can occur in the form of a large-scale food poisoning or an infectious disease. These tragedies happen and there is little that can be done to prevent them or even control them. However, we can be prepared to cope with the effects of them.

In the event of a disaster situation a hospital becomes the community's focal point. Community members turn to the hospital for a number of reasons: first, to seek medical attention for the injured and second, to seek food and temporary shelter. Consequently, all hospitals, large or small, metropolitan or rural, must be prepared at all times to respond to any conceivable disaster situation.

The key to meeting this community responsibility is good, comprehensive, coordinated planning.

This is where your task begins.

Unless you are at a facility which has recently opened its doors, there should already be a written external disaster plan. All hospitals meeting the standards of the Joint Commission on Accreditation of Hospitals (JACH) have both written and rehearsed their disaster plan. However, most disaster coordinators have wondered at least once before a JCAH or State survey whether there is anything missing that a surveyor may wish to see. Up to now there has not been a comprehensive checklist by which the

INTRODUCTION (cont'd)

disaster coordinator can assess the disaster plan's completeness. For this reason, perhaps, disaster plans vary substantially from hospital to hospital.

This manual is designed to offer the disaster coordinator as complete a checklist as possible. It should not be construed that each and every item must be included in your disaster plan. Disaster coordinators are urged to review all checklists to determine the need for each item in their disaster plan. In some cases an item mentioned may not be appropriate. Hence, disaster plans must be tailored to: (1) meet the hospital's particular needs; (2) address community expectations; and (3) remain consistent with the hospital's limited resources.

The optimum way to review a disaster plan is to test it under a simulated disaster situation. Organization and evaluation of a disaster drill is presented in Section II. The results of the exercise will help determine specific weaknesses in your disaster plan. This information will help you decide whether to revise, update, or modify your disaster plan.

Many hospitals find that testing particular sections of the disaster plan can be very helpful. It is not necessary to activate the entire disaster plan. For instance, the disaster coordinator may wish to test the communications system, the disaster control center, or just the triage set up. Eventually, however, all sections should be tested within one year. Whatever you decide, REMEMBER, you want a workable and valuable plan, a plan that your community can depend on in the event of a disaster.

SECTION I

Developing an External Hospital Disaster Plan

OVERVIEW

A common question hospital disaster coordinators ask is "What does a good External Disaster Plan look like?" Unfortunately, there is no such thing as the "definitive" model Disaster Plan. Therefore, it would be impossible to furnish one single model than can be of substantial benefit to the disaster coordinator.

Instead this manual is designed to simplify your task of assessing, updating, modifying or even writing your hospital's External Disaster Plan. All hospitals differ in their services, capabilities, and location. There are also differing state and local requirements that must be adhered to. Each hospital is unique. Therefore, each plan should be tailored to fit the individual requirements of its employees and its community.

Guidelines and suggestions found in this manual are in accordance with 1983 J.C.A.H. requirements. However, you should also reference appropriate state and local requirements in revising or writing your plan.

While this is not a model External Disaster Plan, several samples and forms are provided. They may be modified, or adopted as necessary by your facility.

THE FIRST STEP

Disaster Planning Committee

Does your hospital have a formal Disaster Committee? If not, form one. While JCAH does not require a Committee, effective planning cannot be done alone! Few people have the time or the knowledge to address all disaster planning needs. Planning with other hospital members will not only simplify your task, but will also provide input from their own areas of expertise.

While the committee should be kept reasonable in size, several departments should be considered key to effective interaction: Administration, Medical Staff, Nursing, the Emergency Department and Security. Depending on your hospital's specialized services and needs, other departments can also serve an important function to the committee.

CHECKLIST FOR DISASTER PLANNING COMMITTEE REPRESENTATION

<u>YES</u>	<u>NO</u>	
_____	_____	Is Administration represented
		Note: This individual should have sufficient authority to ensure compliance if any action is recommended.
_____	_____	Is the Medical Staff represented
		Note: To help ensure broad-based input from the Medical Staff this should be a rotating position. Many hospitals rotate this every one or two years.
_____	_____	Is Nursing Administration represented
_____	_____	Is the Emergency Department represented
_____	_____	Is there representation from: Engineering/Maintenance/Security
_____	_____	Is the Business/Admitting Office represented
_____	_____	Have other departments important to your facility been considered for permanent or ad hoc representation (e.g. Dietary, Houskeeping Personnel, Volunteers)
		Departments: _____ _____ _____ _____
_____	_____	Is there a chairman
_____	_____	Is there a rotation schedule for chairmanship

CHECKLIST FOR COMMITTEE ACTIVITIES

<u>YES</u>	<u>NO</u>	
_____	_____	Does the committee meet on a regular basis (i.e. not just when an exercise is being planned)
_____	_____	Are minutes maintained Note: Minutes should reflect action to be taken, when, and by whom.
_____	_____	Does the committee establish policy by which the plan can be implemented Note: The committee should state overall goals/objectives for the year. These can include correcting known problems, identifying new ones, interfacing with certain services, etc.
_____	_____	Does the committee ensure that the plan meets current J.C.A.H., state and local requirements Note: Minutes should reflect at least once per year the committee's review of most current requirements and any necessary action to comply with.
_____	_____	Does the committee review and revise the Disaster Plan at regular intervals
_____	_____	Does the committee oversee and coordinate the development of the hospital's disaster planning activities (e.g. employee orientation program, disaster exercises)

CHECKLIST FOR COMMITTEE ACTIVITIES

(cont'd)

<u>YES</u>	<u>NO</u>	
_____	_____	Does the committee ensure that the plan is tested through properly coordinated exercises Note: Scenarios should be carefully thought out to assure realism but should not unreasonably disrupt normal hospital activities.
_____	_____	Does the committee assure a disaster orientation program for new employees and review the disaster planning program regularly with all employees Note: Minutes should reflect review of hospital's current procedures to ensure all employees and medical staff are familiar with respective disaster responsibilities.
_____	_____	Does the committee assist in the development of the department plans and coordinate them with the Disaster Plan Note: If possible, committee should review all department plans and document approval.
_____	_____	Does the committee coordinate its planning activities with emergency medical staff

Include Your Community

In the development of the External Disaster Plan contact your community agencies.

Local community agencies can assist you in preparing various sections of your disaster plan.

Be familiar with the resources they have available and roles they will assume and/or offer in the event of a disaster.

Whatever planning strategy you decide on DON'T PLAN IN THE VACUUM OF YOUR OWN HOSPITAL!

COMMUNITY AGENCY CHECKLIST

YES

NO

Have you consulted with your local Emergency Medical Services Agency

Note: Counties normally have a community-wide Disaster Plan. Try to obtain and review this to ensure your hospital's plan is consistent with this plan.

Have you consulted with the local fire department

- Ask about specific role they have once at your facility
- Be clear as to who will coordinate evacuation activities

Have you consulted with neighborhood law enforcement agency

Ask about specific role they have with crowd control, traffic control, unauthorized persons, etc.

- Be clear about circumstances which require law enforcement to be called and be stationed in your facility

Are local ambulance services aware of any pre-established changes from normal vehicle routes and entrances into hospital during a disaster

Note: Establish entry and parking protocols when several ambulances arrive simultaneously. Avoid ambulances being blocked in by later arrivals

COMMUNITY AGENCY CHECKLIST
(cont'd)

<u>YES</u>	<u>NO</u>	
_____	_____	Have you planned with neighboring hospitals
_____	_____	Have you sought information from utility companies i.e. 24-hour number for emergencies. Make this number easily accessible in the Disaster Plan and the switchboard.
_____	_____	Have you consulted with local church, school and grocery store: -school cafeteria can provide kitchen capabilities in the event hospital kitchen is damaged -grocery store can provide additional food, if needed, when regular services are not available -church auditorium could serve as first aid station, family center, etc., in event hospital designated area is damaged
_____	_____	Do you know what kind of help volunteer agencies (Red Cross, Salvation Army) will offer and when they will be able to offer assistance (e.g. inquire whether Red Cross volunteers can assist in the First Aid station.

Note: Many of these agencies have their own
disaster plans. Be sure such plans are consistent
with yours.

COMMUNITY AGENCY CHECKLIST
(cont'd)

YES

NO

_____ _____ Have you consulted with the local Medical Association to determine their potential resources

Note: Physician resources may be limited since physicians are not normally assigned to hospitals without prior individual arrangements.

_____ _____ Have you discussed possible arrangements with neighboring skilled nursing facilities to help vacate hospital beds

_____ _____ Has an identification mechanism for employees entering the hospital, during a disaster, been coordinated with law enforcement

_____ _____ Have field triaging and disaster tagging systems been coordinated with all potential transport personnel

Note: Uniformity of system(s) can minimize confusion for hospital personnel seeing such systems for the first time.

The External Disaster Plan Itself

Here's your chance to use those hidden creative talents!

There is no magic formula for developing or evaluating your hospital's External Disaster Plan.

All hospitals should structure their plan as best meets individual needs. The Plan can be as few or as many pages as you see appropriate. However, the following areas should appear and be addressed in all External Disaster Plans.

EXTERNAL DISASTER PLANNING CHECKLIST

<u>YES</u>	<u>NO</u>	
_____	_____	Is manual easily identified by a distinctive cover to facilitate accessibility
_____	_____	Is manual in loose leaf binding to facilitate revisions
_____	_____	Is manual arranged so that information can be found quickly i.e. Tabbed for quick reference
_____	_____	Is plan simple and flexible
_____	_____	Are all instructions clearly spelled out Note: Is it clear who is responsible for every activity. Eliminate all possibilities of a mistake and/or misinterpretation of roles.
_____	_____	Have abbreviations been kept to a minimum Note: In times of crisis, recall about abbreviations sometimes fails.
_____	_____	Have your hospital capabilities been identified Note: One hospital might only provide first aid treatment whereas another hospital might have emergency capabilities of treating many casualties. Each plan should address identified needs appropriate to resource limits.
_____	_____	Does the plan take into consideration disasters most common to your geographical area Note: Southern California hospitals might give special emphasis to earthquake planning whereas gulf coast hospitals might give special emphasis to hurricane planning. More common emergencies, such as fires, however, should not be ignored.

EXTERNAL DISASTER PLAN GENERAL INFORMATION CHECKLIST

<u>YES</u>	<u>NO</u>	
_____	_____	Has your disaster plan been given a clear title (e.g. Mass Casualty Plan, External Disaster Plan)
_____	_____	Are the dates of review and revision included-in the manual itself or on the first page (See Sample 1)
_____	_____	Has the last revision/review occurred within the past year
_____	_____	Is there a Table of Contents
_____	_____	Is there a Statement of Purpose for the Manual in the plan. Is there a statement of objectives for the year (See Sample 2)
_____	_____	Does the plan define an "external" disaster Note: What some hospitals consider a disaster others handle on a daily basis. It depends on the capabilities and size of your hospital.
_____	_____	Are there definitions for all technical terms found in the plan Note: This list should include terms or activities that might not be everyday hospital terminology. e.g. triage, mass casualty, first-aid, casualty, disaster control center, medical control, triage officer, external and internal disaster

EXTERNAL DISASTER PLAN GENERAL INFORMATION CHECKLIST
(cont'd)

<u>YES</u>	<u>NO</u>	
_____	_____	Are all public address codes spelled out in the plan (e.g. Triage ...code 1)
_____	_____	Is there an established procedure for implementing the Disaster Plan (e.g. who initiates, who terminates)
_____	_____	To avoid implementing the entire plan for every disaster, are there identified levels or stages of implementation, depending on extent of emergency
_____	_____	Is there a procedure for announcing a disaster i.e. -Who will authorize such a disaster announcement -Who will announce the disaster -How will disaster be announced Suggestion: Announcement should be repeated three times at 30 second intervals -Who will cancel announcement -Who will terminate disaster response activities (See Sample 3)
_____	_____	Is there a Summary in the Disaster Plan to facilitate quick reference in times of crisis (See Sample 4)

EXTERNAL DISASTER PLAN GENERAL INFORMATION CHECKLIST
(cont'd)

<u>YES</u>	<u>NO</u>	
_____	_____	Are there established lines of Authority i.e. -Designate person(s) responsible for each area -Make assignments for all hospital shifts -Designate an alternative
_____	_____	Are there floor diagrams of key areas Note: A diagram should be provided whenever/wherever possible. They can be used to illustrate: -Physical set-up of a triage area -Traffic flow (See Sample 5) -Emergency vehicle traffic control -Location of temporary emergency signs (See Sample 6) -Hospital entrances and exits in disaster situation -Where security has been assigned Note: Avoid using personnel names as much as possible in the body of the Disaster Plan. Necessary revisions can easily be made if names are referenced in an appendix.

EXTERNAL DISASTER PLAN

This manual has been written and prepared in accordance with current requirements of the State Licensing Agency and Joint Commission on Accreditation of Hospitals.

Reviewed _____

Date _____

Revised _____

Date _____

Reviewed _____

Date _____

Revised _____

Date _____

Reviewed _____

Date _____

Revised _____

Date _____

Reviewed _____

Date _____

Revised _____

Date _____

SAMPLE 1

PURPOSE OF MANUAL

Disasters cannot be planned with any exactness as to time, size or character. Operational planning therefore should include a basic plan that can be utilized in the severest type of disaster with each person knowing his/her function and responsibility. The character and size of the disaster will alter certain elements in the plan, but the basic components can be referenced as a guide to provide effective and efficient action.

The hospital has developed an External Disaster Plan based on the participation of all employees. This manual outlines emergency measures to be taken in the event of a disaster. Department Heads and Supervisors must be responsible for the employees under their supervision. These employees should be completely informed, trained, and familiar with each of his/her duties.

The protection of life and property in all cases of emergency is everyone's business. The conduct and action of trained personnel may not only save lives and property but also insure the security of our livelihood.

SAMPLE 2

DECLARATION OF DISASTER

Person to announce.

Announce the following 3 times at 30 second intervals.

"Attention Please, Attention Please: Respond to (name of disaster plan)

Located _____."

"Attention Please, Attention Please: Respond to (name of disaster plan)

Located _____."

"Attention Please, Attention Please: Respond to (name of disaster plan)

Located _____."

SAMPLE 3

Summary Of Overall Plan

As soon as the Disaster is declared, the following steps will be taken:

1. Employees will be alerted and called from home, if necessary.

Key personnel will be called by switchboard operator.

Other employees will be notified through the departments.

A personnel pool will be established in _____ (location) _____.

2. A triage station will be set-up in _____.

3. Traffic control will be handled by

_____.

Traffic control shall include the placement of directional signs at all patient care areas, parking lots, elevators, and entrances.

In addition, pedestrian and vehicle control shall be maintained by personnel from _____.

4. An out-patient area for first-aid casualties will be set up in the

_____.

5. Disaster Control Center: A control center shall be set up in the

_____.

SAMPLE 4

Summary of Overall Plan
(cont'd)

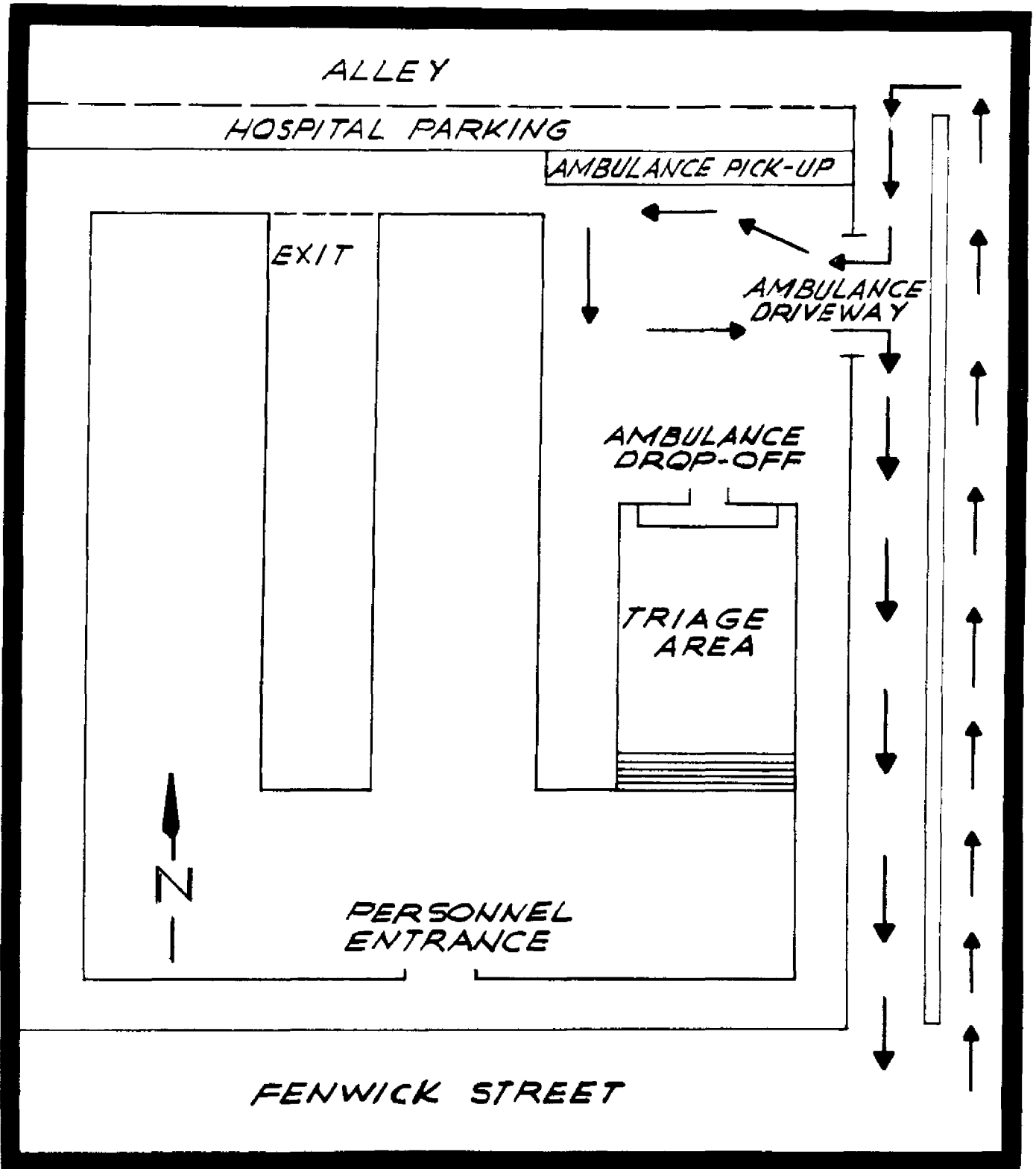
6. A Public Information Center (Family Center) will be established at _____ and be directed by _____.
This family center shall be established for relatives and friends of casualties.

7. A Media Relations room will be set up in the _____.
_____ will be the spokesperson for the hospital.
Photographs will not be permitted unless authorized by the Administrator-in-Charge. All press releases must be given in writing and also signed by the Administrator-in-Charge.

8. Discharge Assembly Area: A discharge assembly area for patients being discharged shall be established in _____.

SAMPLE 4

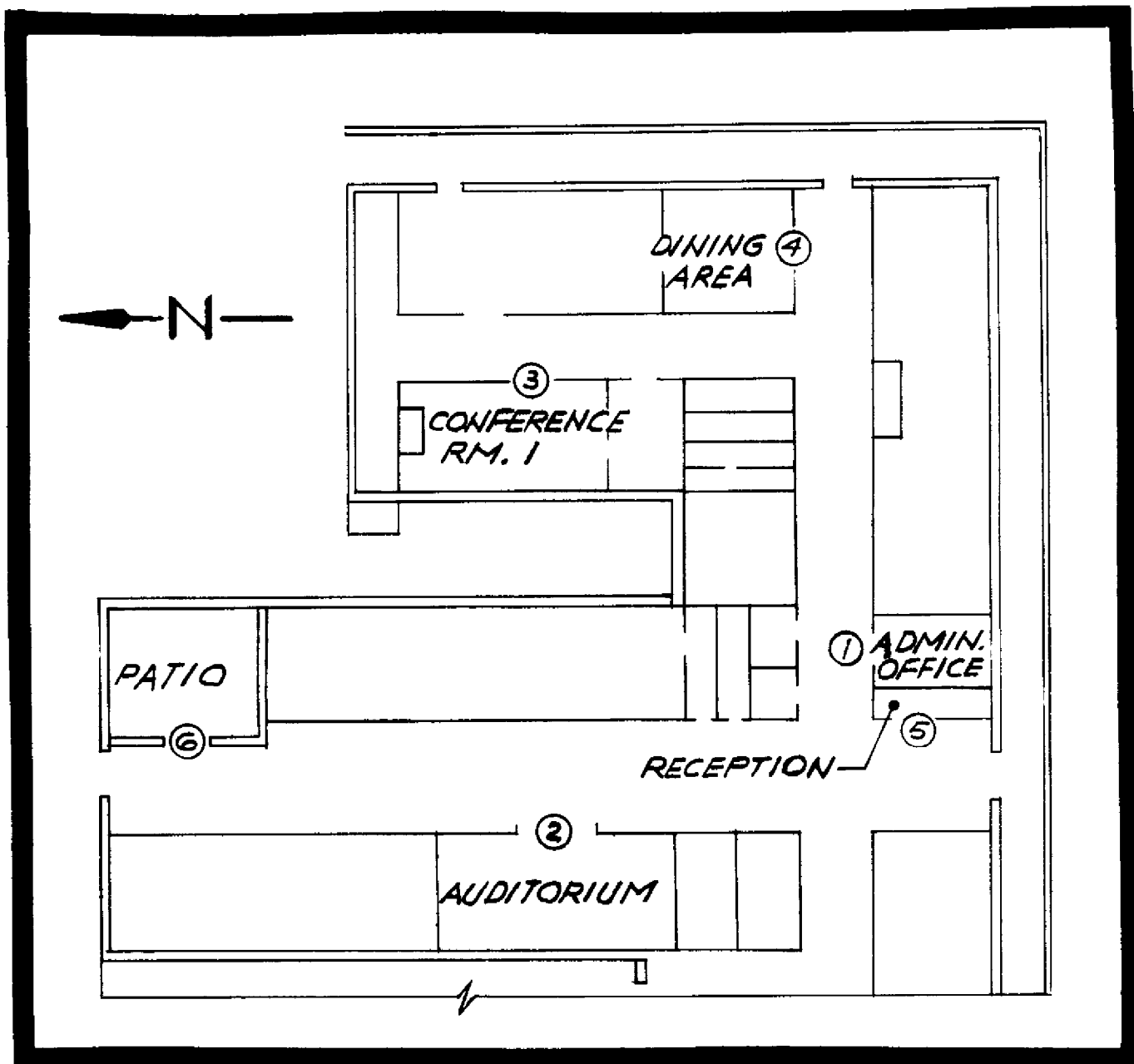
TRAFFIC FLOW



RONA ADAMS, "A Sample Disaster and Mass Casualty Manual for Convalescent Facilities" (unpublished report, California State University-Los Angeles, 1979)

SAMPLE-5-

LOCATION OF TEMPORARY EMERGENCY SIGNS



1. ADMINISTRATION =
DISASTER CONTROL
CENTER.

2. AUDITORIUM = TRIAGE
AREA

3. CONFERENCE RM. 1 = PRESS
ROOM.

4. DINING AREA = FAMILY CENTER
5. RECEPTION = PUBLIC INFO.

6. SCREENED PATIO = DISCHARGE
ASSEMBLY AREA.

RONA ADAMS, "A Sample Disaster and Mass Casualty Manual for Convalescent Facilities"
(unpublished report, California State University-Los Angeles, 1979)

CONTENT OF MANUAL

The following sections are areas which need to be addressed in the External Disaster Plan.

NOTIFYING PERSONNEL

In-House Notification

All employees should be familiar with all possible announcements used by the hospital.

Upon notification of a disaster announcement, employees should know what role to assume, where to go, whom to report to, etc. Employees should not have to refer to a Disaster Plan the first time such an announcement is made.

Recall Procedures

Determine when and to what extent a recall process should be initiated.

A staff recall roster (see Sample 7) should be available for all departments. This staff recall roster should identify all employees of that department by alphabetical order and title. The roster should list a current address, phone number and date of last revision. Determine in advance when rosters are to be reviewed and updated. To facilitate this, many hospitals put the date of the next revision on the roster itself.

Remember to update this roster as changes occur.

When developing the recall roster, it is helpful to distinguish (e.g. color shade) the names of those employees who live most proximate to the hospital or who are most willing and able to come on short notice. These persons should be called first.

NOTIFYING PERSONNEL (cont'd)

Employees Off-Duty

A hospital policy should address prearranged callback procedures for off-duty employees. Hospital policy could require that employees keep home phone lines open, after a known natural disaster has been reported in the media or other means.

Preplanning could include local public media (radio, television). Discuss with them possible broadcasting arrangements for conveying information to hospital employees, in the event of a disaster.

CHECKLIST FOR NOTIFYING PERSONNEL

<u>YES</u>	<u>NO</u>	
_____	_____	Are there general procedures for hospital staff when a disaster is announced e.g. On-Duty Personnel shall: -End all telephone conversations -Do not use telephones or elevators -Remain in working area unless otherwise instructed -Proceed to preset assignments or posts
_____	_____	Is there a policy for initiating a recall of appropriate personnel through a Staff Recall Roster (See Sample 7)
_____	_____	Is there a procedure addressing the following questions: -At what point should employees be called back and how many -How should they be called -Who should call them -Who makes the decision to initiate callbacks -Where should they go
_____	_____	Is there a policy for all off-duty employees when they hear of a disaster situation involving their hospital: -Keep home phone lines open -Turn on radio (indicate which station) Note: Discuss possible broadcasting arrangements with public media to help effect callbacks, (e.g. "ATTENTION HOSPITAL-Y-EMPLOYEES...")

STAFF RECALL ROSTER

Name	Telephone No.	Beeper No.	Time Called	Response		ETA	Comments
				WBI	No Ans.		
Sample, Joe Title	(213) 323-1111		10:40 pm	x		5 min.	
Jones, John Title	(213) 874-8833		10:42 pm		x		Road inaccessible
Smith, Jane Title	(213) 342-8351		10:45 pm		x		Mother states she is out of town
Lindsey, Rob Title	(213) 395-6458		10:46 pm	x		15 min.	

Reprinted from "Disaster aspects in emergency nursing" by Joan Kelley Simoneau, R.N., Barber/Budassi, Emergency Nursing Practices and Principles, 1981

MEDICAL STAFF

In disaster situations a hospital becomes the community's focal point, primarily because of the medical attention sought by the injured. A prompt and effective response will depend on the number of available physicians.

The following considerations can assist in the selection and assignment of physicians. First, ask if physician is accountable to another hospital's disaster plan. If so, this could limit availability to your hospital. Second, relate the area of responsibility to area of medical expertise as much as possible (e.g., the triage officer may an Emergency Medicine physician.) Third, ensure all assigned physicians remain familiar with the hospital's disaster plan.

MEDICAL STAFF CHECKLIST

<u>YES</u>	<u>NO</u>	
_____	_____	Is someone designated to oversee overall medical direction during a disaster
_____	_____	Is there a system establishing which physicians will be called back to the hospital
_____	_____	When preparing physician assignments were the following taken into consideration:
_____	_____	Physician status at the hospital
		Note: A physician with an "active" status will generally be more familiar with a hospital's External Disaster Plan whereas a physician with "consulting" status may not.
_____	_____	Physician's present commitment to another hospital
		Note: A physician could be assigned a role in another community hospital's External Disaster Plan. Will this be in conflict with your assignment for the physician.
_____	_____	When assignments are made are they kept within the physician's regular area of expertise
_____	_____	Have provisions been made to continue providing medical care to inpatients
_____	_____	Is there a policy for identifying and authenticating outside medical personnel to grant temporary privileges, if necessary
_____	_____	Have alternative physicians within each department been designated
_____	_____	Is there a procedure for assuring that new medical staff become familiar with the hospital's External Disaster Plan
_____	_____	Is there a current medical staff roster in the Disaster Plan

PERSONNEL POOL

A centralized reporting area exclusively for employees should be established. This area can function as a reporting area for call backs. It can also facilitate recruitment and dispatch of employees. All staff should be familiar with the reporting area, how to get there, how to identify themselves and protocols to follow upon arrival.

PERSONNEL POOL CHECKLIST

YES

NO

_____ _____ Are responsibilities for the personnel pool area designated

_____ _____ Does someone have the responsibility and authority for the personnel pool

_____ _____ Does this person have a means of easily communicating with large numbers of people in the personnel pool area, (e.g. bullhorn)

_____ _____ Is a location designated for the personnel pool area

_____ _____ Is this location easily accessible

Note: This area should be near the parking area, on first floor or on ground level, if possible.

_____ _____ Have provisions for necessary supplies to this area been made (e.g. bullhorn, employee master list)

e.g. -Where will they be stored
 -What are they
 -Who will replenish them when necessary

_____ _____ Is there a policy for delegation of contingency assignments

Note: In the event of a large-scale disaster, personnel may need to be reassigned to different responsibilities.

_____ _____ Is there a policy and procedure for relieving personnel in event of large scale disaster

Note: Is this consistent with the hospital policies and labor laws?

DISASTER CONTROL CENTER

The Disaster Control Center (or Command Post) refers to an area where predesignated personnel can coordinate or direct disaster responses activities. This area should be centrally located to facilitate communications with other hospital departments and outside agencies. It should not be too close to major patient care activities as the latter can detract from important administrative functions within the Disaster Control Center. Traffic will on occasion be heavy in the Disaster Control Center and appropriate personnel should not be unduly hampered by unrelated activities. Ideally it should be on the ground floor and reasonably secure from unauthorized personnel.

The key to an effective hospital disaster response will depend on the effectiveness of the Disaster Control Center; and the ability of the assigned personnel to implement the Disaster Plan. In most disaster situations the only contact outside agencies will have with the hospital will be with these people. Therefore, people assigned to the Disaster Control Center should be carefully considered.

DISASTER CONTROL CENTER CHECKLIST

<u>YES</u>	<u>NO</u>	
_____	_____	Is a centrally located area designated
		Note: In choosing a location take into consideration how many people are going to be assigned there and its accessibility to other key areas of the hospital.
_____	_____	Is there an alternate location in the event the primary location is damaged, unsafe or temporarily inaccessible
_____	_____	Does the center and the alternate site have communication equipment capabilities to assure contact with outside agencies
_____	_____	Is key equipment connected to auxiliary emergency power
_____	_____	Is it established who has responsibility for activating the Control Center, and when
_____	_____	Is one person designated to direct the responsibilities and activities of the Control Center
_____	_____	Has it been established which personnel are authorized in the Control Center
_____	_____	Is there a list of responsibilities for the Control Center
_____	_____	Is there a system for assuring that only authorized persons are allowed entry to the Control Center

DISASTER CONTROL CENTER CHECKLIST
(cont'd)

<u>YES</u>	<u>NO</u>	
_____	_____	Is there a system to maintain communications with other hospital departments in the event telephones are inoperable (e.g. runners)
_____	_____	Is there a system for assuring that the Control Center has timely updates on hospital capacity and status of casualties received (e.g. number of patients sent to surgery, X-ray, morgue, etc.)
_____	_____	Is it established what equipment and supplies will be needed and where i.e. Hospital status board, writing utensils, transistor radio, portable television, flashlight, extra batteries, walkie-talkies

COMMUNICATIONS

An efficient communications system is most important to facilitate a quick and effective response in a disaster situation.

When developing your hospital's communications system, provisions need to be made for communications within the hospital as well as communications with outside agencies.

Communications within the hospital should be maintained between key disaster activities such as the triage area, disaster control center, personnel pool, public information center.

Telephone communications within the hospital as well as out are ideal, provided the system remains operational. However, be aware that if the telephone system is operating the switchboard will become swamped with incoming calls, thus limiting the use of telephones. An alternative resource for telephone communication is the pay telephone, since in most regions these are given preference for restoration by utility companies. Pay telephones can usually be found in the hospital lobby or corridors. If pay telephones are included as a mode of communication, be sure to store a small supply of coins in an accessible location. Other means of communication in the hospital include walkie-talkies, runners, beepers and the Public Address (P.A.) system.

To maintain communications with outside agencies, hospitals should be equipped with a two-way radio network system. This radio network should facilitate communications with a regional emergency operations center.

COMMUNICATIONS CHECKLIST

<u>YES</u>	<u>NO</u>	
_____	_____	Does the hospital have a regional emergency radio network
_____	_____	If not, has a system been established to maintain communications in emergencies
_____	_____	Can emergency communications be established with the following, if necessary:
_____	_____	a. other hospitals
_____	_____	b. local Emergency Medical Services, Department of Health
_____	_____	c. law enforcement agencies, fire authorities, civil defense
_____	_____	d. water, gas and other city utility companies
_____	_____	e. community resources (i.e. Salvation Army, Red Cross)
_____	_____	Is someone responsible for ensuring communications
_____	_____	Is a system established to maintain communications within the hospital
		i.e. P.A. system, messenger, phone, walkie-talkie(s), beepers
_____	_____	If messengers/runners are utilized, will they be clearly identified and will they be familiar with all key locations of the hospital

COMMUNICATIONS CHECKLIST
(cont'd)

- | <u>YES</u> | <u>NO</u> | |
|------------|-----------|---|
| _____ | _____ | Are all nearby payphones identified within the hospital and within offsite walking distance. |
| _____ | _____ | Are coins readily accessible for emergency payphone use. |
| _____ | _____ | Will an amateur radio group(s) facilitate hospital communications within the hospital and with outside agencies |
| _____ | _____ | Is there an area for storing emergency communication equipment when not needed |
| _____ | _____ | Are all emergency equipment components on auxiliary power or on other backup system (e.g. D.C. conversion) |

TRIAGE AREA

Triage refers to the process of sorting the injured to determine the priority of treatment. It includes the assessment of injuries, assignment of priority, and designation of the area (either within the hospital or elsewhere) where patient shall be sent.

This activity is critical since most of the initial patient care activity will be concentrated in the triage area. Plans must address the strong likelihood that many obstacles will be presented at this point by congestion of employees and non-employees, equipment, general confusion, etc.

Considerations towards implementing the effective triage activities are: 1) a clear understanding of triage staff roles; 2) knowledge of patient information; 3) patient tracking systems; 4) understanding of field tags placed on casualties; and 5) overall coordination by one person.

TRIAGE AREA CHECKLIST

<u>YES</u>	<u>NO</u>	
_____	_____	Is the triage area location designated
_____	_____	Is there an alternative location i.e. In case of damage to initial location or to avoid inclement weather
_____	_____	If area is outside, is adequate lighting available
_____	_____	Is the size of the triage area adequate, in accordance with hospital capabilities
		Note: Many hospitals designate triage areas away from the normal emergency department
_____	_____	Is it immediately available to hospital and ambulance transportation personnel
_____	_____	Is there reasonable privacy for incoming casualties
_____	_____	Will security services be available to minimize unauthorized personnel
_____	_____	Is it established who will coordinate the area's activities
_____	_____	Can the triage coordinator, physicians and nurses be clearly identified from both the front and back, at a distance of at least twenty feet
		Note: Many hospitals issue pull-over vests with "M.D.", "R.N.", etc., imprinted on front and back
_____	_____	Can the triage coordinator be readily heard during peak activity periods
		Note: A bullhorn may be helpful

TRIAGE AREA CHECKLIST
(cont'd)

<u>YES</u>	<u>NO</u>	
_____	_____	Is the staff for the triage area assigned
		Note: Delegation of responsibilities should be done prior to entering the triage area.
_____	_____	Is an individual(s) assigned to set up the triage area
_____	_____	Is a disaster cart set up and ready to go (See Sample 8)
_____	_____	Is a layout of the area available for setting up the triage area (e.g. diagram of triage area in External Disaster Plan)
_____	_____	Is there a policy for restocking ambulances after transporting casualties
_____	_____	Is a traffic flow pattern established for the following: -Ground transport -Personnel -Disaster and non-disaster arrivals -Medical records

TRIAGE AREA CHECKLIST
(cont'd)

<u>YES</u>	<u>NO</u>	
_____	_____	Is there a system for immediate communication in and out of the area e.g. -To and from nursing stations and surgical area -With disaster control center -To and from Emergency Department
_____	_____	Is the triage category system developed in coordination with all medical staff and local disaster agency representatives
_____	_____	Are policies and procedures written for assessment, treatment, documentation and distribution of casualties
_____	_____	Is there a system for tracking disaster casualties until discharge
_____	_____	Is a first-aid area designated for walk-ins

TRIAGE DISASTER CART

— each Ace Bandages 3", 4", 6"
— each Stockinette Bias 2", 4", 6", 8"
— each Add-a-Foley tray
— each Foley Catheter 16 - 18Fr
— each Subclavian tray
— each Levin tubes 16 - 18Fr
— each stethoscopes
— each unsterile basins
— each bedpans
— each urinals
— Adhesive tape - all kinds
— each Airway #3-4-5-6
— boxes Alcohol swabs
— each Angio Cather 14-16-18-40g
— each Venikit 19-21-23g
— box Steri Strips 1/4 x 3
— pkt. Cotton Balls Sterile
— pkt. Cotton Rolls Unsterile
— each 1500cc Distilled Water
— each 1500cc Normal Saline
— box Eye Pads
— each Emesis basins
— box face masks
— each Flash light
— each Pen lights
— box Applicators 6"
— each Arm Slings
— each Cervical Collars
— box Bandaids Strips 1"
— box Bandaids Strips 2"
— packs 4 x 4 Dressing unsterile
— each Telfa surgipads
— pack Exam gloves
— each Sterile gloves 6-1/2, 7, 7-1/2, 8
— each cold packs
— each Suture sets disposable
— each Kling Bandages 3", 4", 6"
— box Ky Jelly
— each Disposable needles 18-22-25g
— box Syringes Disposable 3-6-20cc
— each Penrose Drains
— bottles PhisoHex
— each Razors
— Disposable Knife blades
— each Knife handles
— each Sutures box 3.0 - 4.0 Silk with cutting needle
— box Telfa Dressing 2 x 3
— box tissues

SAMPLE 8

Policy and Procedures: External Disaster Plan
Serra Memorial Hospital, Sun Valley, CA. 1983

OTHER SUPPORT AREAS

The following checklist addresses security, media relations, Public Information Center, traffic control, clergy and morgue.

SECURITY

Security planning for disaster situations assures the patients' and employees' safety. Security measures should include keeping unauthorized people out of restricted areas, authentication of all medical and non-medical personnel and the capability of keeping track of all non-hospital employees entering the hospital.

SECURITY CHECKLIST

- | <u>YES</u> | <u>NO</u> | |
|------------|-----------|--|
| _____ | _____ | Is there a method for properly identifying authorized personnel (i.e. hospital identification with photo, master checklist) |
| _____ | _____ | Do you have a method for identifying and authenticating volunteers (including all medical and non-medical personnel) |
| _____ | _____ | Is there a registration system to keep track of all persons entering the hospital during peak periods, (e.g. Sign-in sheet for media and other agency personnel) |
| _____ | _____ | Have you consulted with local law enforcement to help develop hospital security measures |
| | | Note: Under disaster situations, security officers in uniform have proven more effective in crowds than those in plain clothing. |
| _____ | _____ | Are there procedures for securing all entrances and exits from unauthorized persons |
| _____ | _____ | Is there a system to prevent entry of unauthorized people to restricted areas of the hospital (e.g. triage, Disaster Control Center) |
| _____ | _____ | Is there an employee entrance, separate from public entrance, during peak periods |
| _____ | _____ | Are there procedures for callback of additional security personnel, if needed |
| _____ | _____ | Are there procedures for securing valuables of incoming casualties once they arrive |

MEDIA RELATIONS

Because of the vast public interest when disasters occur, a hospital should be prepared to answer inquiries from the news media. To handle these inquiries, a hospital should establish a Media Relations Center and designate a spokesperson for the hospital.

MEDIA RELATIONS CHECKLIST

YES

NO

_____ _____ Is there an individual designated to address all media inquiries

_____ _____ Is a site designated where media personnel can assemble in an orderly manner

_____ _____ Is there a system for identifying authorized media personnel

_____ _____ Is there a hospital policy on handling media or public inquiries regarding status of casualties

_____ _____ Is there a press release policy on the type of information which can be provided

Note: Names of victims should not be released over the phone until the family has been informed.

_____ _____ Is there a procedure for issuing statements over the phone or in writing

_____ _____ Is there a policy for allowing photos or cameras within the hospital

Note: Be aware of potential risks for the invasion of patient privacy.

_____ _____ Is there a hospital policy that allows or restricts entry of media personnel depending on status of hospital (e.g. unsafe or crowded conditions)

MEDIA RELATIONS CHECKLIST
(cont'd)

<u>YES</u>	<u>NO</u>	
_____	_____	Are media personnel aware of your hospital's policy referencing release of information and other related activities
_____	_____	Is there a policy on temporary media parking facilities to avoid confusion with visitor or personnel parking facilities

PUBLIC INFORMATION CENTER

A Public Information Center (Family Center) should be established in a disaster situation. Disaster situations increase the number of visitors to the hospital. These visitors include disaster victims, relatives and friends. The key responsibility of this center is to communicate information on patient status to relatives and friends.

PUBLIC INFORMATION CENTER CHECKLIST

<u>YES</u>	<u>NO</u>	
_____	_____	Is there a policy on when a Public Information Center (Family Center) will be set up and by whom
		Note: Take into consideration nature of disaster and number of casualties.
_____	_____	Is the designated assembly area easily accessible and away from other peak hospital activity areas
_____	_____	Is there a backup assembly area in the event primary site becomes unsafe or inaccessible
_____	_____	Is there a procedure to efficiently direct the public to the assembly area
_____	_____	Is there a person designated to address inquiries from the public
_____	_____	Is there a list of personnel who are to staff the assembly area
_____	_____	Will these personnel be clearly identifiable to the public
_____	_____	Is there a policy on allowing patient relatives to enter the facility's patient care areas during the disaster situation
_____	_____	Is there a communications link with the Disaster Control Center
_____	_____	Is there a system of expediting the collection of patient status information to permit prompt responses to family inquiries

PUBLIC INFORMATION CENTER CHECKLIST

(cont'd)

YES

NO

_____ Are there means of counseling patient relatives at
_____ or away from the general assembly area

_____ Does the assembly area have adequate restroom
_____ facilities

Note: After an earthquake plumbing may be damaged.

_____ Is there an established list of supplies needed to
_____ assure welfare and safety of patient relatives,
(e.g. heaters, light, cots, blankets, medicines,
refreshments)

_____ Is there a policy on overnight stays for patient
_____ relatives

TRAFFIC CONTROL

Planning efforts for traffic control should facilitate the ability to direct pedestrians (i.e., disaster victims, relatives, visitors, and news media) to establish assembly points. Additionally, all vehicle routes (e.g., ambulance, private and public transportation) to and from the hospital should be established and controlled. To facilitate the traffic flow for pedestrians and vehicles, temporary directional signs, arrows, ropes and traffic controllers can be used. These should be placed at all patient care areas, parking lots, elevators, exits and entrances.

TRAFFIC CONTROL CHECKLIST

<u>YES</u>	<u>NO</u>	
_____	_____	Is there a person designated to coordinate all traffic control activities during a disaster
_____	_____	Will normal traffic flow patterns (i.e. vehicles, employees, public) be changed in emergency situations
_____	_____	Are alternative routes diagrammed Note: Sample 9 communicates traffic flow patterns quickly and effectively.
_____	_____	Is there a system for redirecting traffic flow, (e.g. using signs, arrows, ropes, traffic controllers)
_____	_____	Is there a list of personnel who will actually direct traffic flow
_____	_____	Is there a designated storage area for equipment and/or supplies
_____	_____	Will traffic controllers be aware of individuals authorized entry to triage areas and those not authorized
_____	_____	Will they be easily identified with armbands or vests
_____	_____	Is there a list of personnel who will set-up equipment and signs for redirecting traffic flow (i.e. arrows directing employees and non-employees to designated areas)

TRAFFIC CONTROL CHECKLIST
(cont'd)

<u>YES</u>	<u>NO</u>	
_____	_____	Is there a traffic flow pattern to and from parking lot(s) Note: Normal exits may have to become entrances and stationary barriers may have to be temporarily indisposed.
_____	_____	Will elevators be staffed by designated personnel to facilitate movement of casualties being transported on gurneys, wheelchairs, litters, etc. Note: If elevators or special routes are used, personnel may have to be stationed there to restrict use or to avoid doors from closing automatically on the litter bearers who themselves will have their hands full.
_____	_____	Is there a policy on removing potential obstructions in the patient route areas (e.g. chairs, I.V. poles, carts)

TRAFFIC PATTERNS

1. Ambulances and vehicles bearing casualties will enter the hospital grounds via _____ and discharge their patients at the Triage Area. In case of congestion, ambulances will be directed to discharge patients on _____.
 2. Physicians may drive their cars to _____.
 3. Employees are urged to approach the hospital from the _____ and use _____.
 4. All personnel will use stairways instead of elevators to free elevators for transportation of casualties or evacuation of patients.
 5. If it becomes necessary to evacuate large numbers of patients, they will be evacuated via the _____.
- Friends or relatives arriving to pick up discharged patients will be directed to the _____.
6. Personnel Entrance to Hospital
Employees will be required to show identification cards on entering the hospital. Employees are advised to use the _____ entrance.

SAMPLE 9

CLERGY

Provisions for clergy personnel should be made in the disaster plan. Clergy personnel can assume the role of administering last rights, if needed, or help console victims, relatives and friends.

CLERGY CHECKLIST

YES

NO

Are there criteria on when to contact clergy

Is it clear who will notify clergy and initiate clergy
callback procedures

Is there a list of community clergy that could be
contacted as needed

Is there a clergy reporting area

In the event normal clergy assistance areas are disrupted
is there an alternative site

MORGUE

Morgue facilities should always be available in a disaster plan. Alternative provisions need to be planned in case regular facilities become inaccessible, filled, or the hospital does not have a regular morgue. Planning should also include a procedure for identifying if additional staff or supplies are needed.

MORGUE CHECKLIST

- | <u>YES</u> | <u>NO</u> | |
|------------|-----------|---|
| _____ | _____ | In the event normal/temporary morgue facilities have reached capacity or otherwise are inaccessible, is there an alternative site

Note: Is it out of public access and not visible to arriving casualties? |
| _____ | _____ | Has a policy been established for identifying additional staffing needs |
| _____ | _____ | Are there means for acquiring additionally needed supplies (e.g. body bags, labels, containers, tables) |
| _____ | _____ | Is the current record keeping system adequate if the workload substantially increases |

IMMEDIATE PATIENT CARE

During an emergency situation hospital employees must respond quickly to decisions affecting incoming and outgoing patients. The following checklists should assist you in the development and coordination of prompt patient relocation, evacuation, discharge and/or transfer. A checklist has also been provided to assist you in addressing admitting procedures for incoming patients.

CHECKLIST FOR PROMPT RELOCATION, EVACUATION, DISCHARGE
OR TRANSFER OF PATIENTS ALREADY IN THE HOSPITAL

<u>YES</u>	<u>NO</u>	
_____	_____	Is there a policy on early discharge during a disaster situation when major casualties are anticipated
_____	_____	Is there a policy as to who can authorize the discharge or transfer of patient if attending physician is not present
_____	_____	Are there criteria to help determine which patients may be discharged or transferred to another facility
_____	_____	Are there mutual transfer agreements with other facilities
_____	_____	Is there a procedure for expediting paperwork to accompany these patients
_____	_____	Is there a system for notifying relatives about early discharges (i.e. is an individual designated to address inquiries from concerned relatives)

**CHECKLIST FOR PROMPT RELOCATION, EVACUATION, DISCHARGE OR TRANSFER
OF PATIENTS ALREADY IN THE HOSPITAL**

(cont'd)

YES

NO

_____ _____ Are there prior arrangements for transportation

Note: Normal transportation agencies may be inaccessible so alternative modes may be necessary (e.g. taxies, buses, vans, etc.)

_____ _____ Has a traffic route been designated for these vehicles

_____ _____ Is there a system to minimize congestion between early discharges and arrival of casualties

IMMEDIATE ADMITTING PROCEDURES CHECKLIST

<u>YES</u>	<u>NO</u>	
_____	_____	Is there a procedure for immediate admissions of casualties
_____	_____	Is there an emergency patient tagging system Note: Have sample of the tag in External Disaster Plan, if one is going to be used. Provide simple and clear instructions for use of this tag.
_____	_____	Is there a policy for collecting and storing valuables for casualties e.g. Valuables are taken from all admitted casualties, placed in paper bags, and marked properly with patients name, tag number, and the signature of the person taking the valuables. The bags are sent to the business office or other designated place for safekeeping.
_____	_____	Is there a system of relaying admitting information to appropriate locations (e.g. Disaster Control Center, Public Information Center)

TRANSFER OF CASUALTIES FOR DEFINITIVE
TREATMENT CHECKLIST

YES

NO

_____ _____ Are there criteria for transfer of casualties

_____ _____ Is there a current list of referral centers (e.g. burns, pediatrics)

_____ _____ Has a transportation system been established for these casualties

_____ _____ Is there an established process for the transfer of these casualties (i.e. appropriate paperwork, notification of ground transport)

_____ _____ Is there a system of notifying appropriate departments (e.g. Public Information Center, Disaster Control Center) of casualty(ies)