

Emergency Management Plan For Mass Casualty Incidents

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Purpose: The Emergency Management Plan for Mass Casualty Incidents (MCI) is for events occurring inside and outside the hospital requiring additional staff, resources, communication, and preparation.

Policy: This plan includes all areas of Kings County Hospital Center.

Procedures/Guidelines:

1. Obtaining and Relaying Information:

Any employee who learns of an occurrence that might constitute a disaster should attempt to obtain the following information:

- What was the occurrence?
- What is the location of the occurrence?
- How many casualties are estimated?
- What type of injuries?
- How many victims may the hospital expect, and when?

There are various means to notify a community disaster or mass casualty incident. Besides the obvious notification via casualties and emergency personnel arriving from the scene, another way is by New York City's communications center to call the hospital Administration or ED. The same action shall be taken however, regardless of the means of notification.

An employee who learns of the occurrence must notify Administration (ext. 3986/7) or during off-hours, page the Administrator on Duty (AOD). The AOD will then notify the ED attending on duty and the senior administrator on site. They will decide if the occurrence requires activation of the hospital's Emergency Management Plan. Only the Disaster Medical Officer (DMO), AOD, Senior Trauma Attending, Senior ED Attending, and CEO have the authority to initiate the Emergency Management Plan for Mass Casualty Incidents.

2. **Phases:** The Emergency Management Plan for Mass Casualty Incidents consists of two distinct phases:

- **Phase I:** alert of a possible disaster
- **Phase II:** the actual disaster when all portions of the plan are put into effect.

PHASE	NOTIFICATION	STAFF	SPACE
Potential Disaster	Limited Notification	No Change	Prepared to expand
Actual Disaster	Limited notification/response (or) Complete notification response	Call in as required	Expand as required

C. Alert and Notification of Personnel

1) Potential disaster (Limited Notification)

NOTE: Communications Department has the official Contact List with telephone extensions. For purposes of this plan, these names and numbers will be kept confidential.

Page operator to page

TITLE	NAME
CEO	
Medical Director	
Senior V.P. Clinical Affairs	
Senior Administrators:	
&AVP Nursing and Patient Care Services	
&AVP Perioperative Services	
&SA and DON Women/Children Services	
&SA and DON Adult Services	
&SA Emergency Services	
&SA Ambulatory Care	
&SA Environmental Svcs./Const. Capital Mgmt.	
&SA Ancillary Services	
&SA Materials Management	
Medical Director of ED	
Emergency Medicine Disaster Coordinator	
AVP for Physical Facilities	
Chief of Hospital Police	
Office of Communications and Business Development	
Department of Surgery	
Department of Medicine	

Department of Anesthesiology	
Department of Pediatrics	

- 2) Actual disaster (Complete Notification)
 - As above through page operator
 - Fire Bell system through Communications Dept

D. Disaster Management

Once the Emergency Management Plan for Mass Casualty Incidents has been activated and a disaster declared, the Communications Dept. will activate the disaster bells (2-2-2-2, and 'Code Yellow') at the direction of the Incident Command Center. Each department will activate their disaster plan under administrative control of the Incident Command Officer in the Command Center

- 1) **The Disaster Medical Officer (DMO)** or appointed representative, is in total command of all available hospital medical personnel and resources during a disaster. The ED Senior Attending Physician on duty serves as DMO until ICC is operational.
- 2) **The Administrator on Duty (AOD)** is responsible for establishing the command center and initiating protocols outlined for the command center.
 - The AOD shall remain in the command center and assume the role of the incident commander until relieved.
 - This role shall include management of disaster operations and workflow, not to be superseded by an authority or directive of outside agencies participating in said disaster at hospital site. It is expected that the CEO or designee of the hospital will assume this role from the AOD upon arrival to the hospital.

3) Emergency Department Disaster Cabinet and MCI packets.

Upon activation of the Emergency Management Plan, the Emergency Department Nurse will open the disaster cabinet located at the KCHC ambulance bay entrance.

- The MCI packets in the disaster cabinets are to be opened and given to assigned personnel.
- MCI Charts in Disaster Cabinet (with active numbers) are to be used at this time.

DISASTER CABINET

The Disaster Cabinet 1 is located at the entrance of the Kings County ED ambulance bay, and keys are located on the charge nurse's key ring with the letters 'DC' engraved on it. Disaster Cabinet 2 is located in the EMS room.

The Disaster Cabinet is to be opened for all disasters.

CONTENTS OF EMERGENCY DEPARTMENT DISASTER CABINET

I. MCI Packets

The envelopes contain specific duties and responsibilities to be accomplished immediately by key personnel when the Emergency Management Plan is activated. The MCI packets are outlined at the end of the mass casualty incident plan. The packets outline duties for:

DMO(C1/ED attending)
ED Administrator/Nursing Supervisor
ED Charge Nurse
Triage Officer/ED attending
ED Senior RN
Ambulatory Triage Nurse (RN)
AOD
Trauma Residents
Medical Residents
Pediatric Residents
Patient Representative
C1 Clerk
Hospital Operators
Chief Inpatient Resident
Senior Emergency Resident
Hospital Police Patrol supervisor

II. VESTS:

1. ED/DO Vest: The senior ED Attending will assume command and be clearly identifiable by wearing the command vest until the Director of Kings County Hospital Emergency Services arrives on scene. Duties are outlined in the EDDO MCI packet.
2. Triage Vests: The ED/DO will designate another Attending or Senior Resident to be the Ambulance Triage Officer, and he/she will wear the designated triage vest. The Triage Officer will then determine how many other

physicians and nurses are needed in the ambulatory triage area, and distribute the other two triage vests accordingly. Duties are outlined in the Triage Officer MCI Packet.

4) Decontamination: The appropriate Personal Protective Equipment will be utilized based on the nature of the required decontamination. (Refer to the Hazmat/Decontamination section of this plan) Until the Hazardous material decontamination equipment is fully operational, patients contaminated with Hazardous Materials will be decontaminated to best of the hospital ability and supplemented with a FDNY Mobile HAZMAT unit (911 or 718 –636-1700). The Chairman of Emergency Medicine and the Department of Emergency Medicine's Disaster Chairperson (Dr. Bonnie Arquilla 917-760-1454) will serve as liaison to coordinate decontamination effort between Kings County Hospital and University Hospital of Brooklyn.

5) Security: When the Emergency Management Plan is activated the Hospital Police will secure all entrances to the Hospital Campus. All ambulatory people seeking emergency care will be directed to the D-building entrance. No family or visitors will be admitted to the main Hospital. All family visitors will be directed to the U-building lobby. OPD will close and all patients will be asked to leave. (See Hospital Police Section).

SURGE CAPACITY

If the Emergency Dept. is at capacity with patients being evaluated or patients have been admitted and awaiting beds, there are areas in the hospital that are to be utilized as expanded care or observation space.

Patients Requiring Monitors go to:

- a). New ER

Non-Monitored patient beds go to:

- a). Treatment Room and/or
- b). B-building lobby and/or
- c). Hall to B-Building

7) Primary Triage and Patient Flow: All Patients arriving via EMS will be rapidly triaged by the Ambulance Triage Officer at the Ambulance Triage Area on Clarkson Ave, outside the Main Medical School Entrance. All Ambulatory Patients will be directed to the D-building entrance to be triaged by the Ambulatory Triage Officer.

TRIAGE PLAN

Any disaster victim exposed to radioactive and/or other contaminated materials or poisons will be transported to the decontamination area prior to being transported to the general treatment area. (see HAZMAT Protocol)

The Triage Officer and Triage Nurse will assign patients at triage to one of the following categories at either UHB or KCHC and dispatch accordingly.

Triage Priority and Tags:

- **Green:** Minor injuries that can wait for appropriate treatment
- **Yellow:** Relatively stable patients needing prompt medical attention
- **Red:** Critical patients in need of immediate life-saving care
- **Black:** Deceased patients and those who have no chance of survival. These patients will be taken to the morgue.

From Ambulatory/Ambulance Triage the patient will be taken (after decontamination) to:

- **Major Casualty (Red and Yellow tags)** will be taken to the Adult ED or Pediatrics ED children <13
- **Minor Casualties (Green tags)** will be sent to:

- | | | |
|------|----------------------|--------------------------|
| i. | (Minor Trauma) | ED/Treatment Room |
| ii. | (Minor Medical) | Waiting Area |
| iii. | (Minor Pediatrics) | Pediatric ED and Clinics |
| iv. | (Behavioral Health). | G-building |

- After treatment is complete, minor casualties will be taken to the U-building Lobby to obtain further inpatient information, discharge, and assistance with contacting family.
- Psychiatric cases will be referred to the G-building or Project Health. Regular clearance may be waived based on patient flow. See Department of Psychiatry Plan.

- 8) Registration of Patients:** The disaster cabinet contains 200 MCI charts that have active medical record numbers and can be used with only minimal demographic information. Registration and ED Clerks supplemented with Hospital Finance and Admitting staff will assist in the tracking and registration of disaster patients. The patients must complete the registration process before discharge. Registration of patients should not prevent the rapid triage and assignment of patients to care areas.

9) Coordination of care with inpatient services:

Medical Staff

- The ED/DO will coordinate the preparation, notification of inpatient services.
- The ED/DO will contact the Hospital Medical Director, Director of Medicine, Directors of Surgery and Pediatrics upon notification of a disaster and ensure opening of the incident command center in efforts to provide adequate patient care. MCI to ensure adequate staff is available.
- The ED/DO will immediately notify the in-house Chief residents (or senior residents) in Medicine, Surgery and Pediatrics of any disaster, and they are to report to the ED. These residents will be given assignments through the MCI packets that will include:
 - a. Facilitating pending admissions
 - b. Preparation to receive patients
 - c. Care of patients.
- All other services will be notified via the paging system at the Chairman/Director level through the Incident Command Center and called in on an as-needed basis.

Nursing Services

The ED Senior Administrator or, on off-tours, the nursing supervisor, will be responsible for coordinating and dispatching nursing and support services to all routine and disaster care-related Hospital areas, per the priorities established through the Incident Command Center(ICC). Specific initial duties include:

- Conduct accurate bed count for available med/surg beds
- Conduct accurate count of available ICU/Step down/ Isolation beds
- Contact the Director of Perioperative service to assess readiness of OR and recovery room
- Coordinate with inpatient services the evaluation of patients who can be rapidly discharged from inpatient services.
- Ensure ED Charge nurse has required staff and supplies.

Support Services

The ED Senior Administrator or off tours nursing supervisor will be responsible to ensure the emergency department disaster plan are activated and appropriate staff and supplies are brought to the ED.

- **Materials Management:** Four (4) ED disaster carts are brought from central supply to the ED. Assign personnel to the ED to bring required supplies and equipment to the ED. See Materials and Management Plan.
- **Blood Bank:** The Blood Bank is alerted to the Disaster Activation and will coordinate the distribution of blood and contact outside blood banks if necessary.
- **Pharmacy:** Dispatches required personnel and medications to the ED. Also prepares for use of possible antidotes in HAZMAT and Biohazard incidents (See specific subsections).
- **Radiology:** Follow departmental plan.
- **Messenger Services:** Bring all available stretchers and wheel chairs to ED and report to the ICC.
- **Respiratory:** Follow departmental plan.
- **Lab services:** Is prepared to receive a large influx of samples, and prepare for downtime procedures if HDS system is down and report to the ICC.
- **Admitting:** Conducts a rapid evaluation for available ICU and Med/Surg beds and report to the ICC.

10) Discharge Office

- A discharge office will be set up in the U-building lobby
- The discharge office will obtain additional patient information for discharge. A designated representative from the treatment area will escort patients ready for discharge to the discharge office.

11) Public Relations and News Media Contact

- At no time will the media be allowed unescorted through any patient care or treatment area.
- The Office of Communications and Business Development will handle all news releases, press conferences and interviews. The media will be directed to the T-building Auditorium.

12) Family Reception Area

- Once the Emergency Management Plan for mass casualty incidents is activated no visitors will be allowed into the ED and hospital visiting hours will be suspended.
- A Family Reception Area will be set up in the U-building lobby. The Patient Relations Department and other support personnel such as Mental Health, Pastoral Care and Social Services will staff this area.
- All family arriving at the hospital will be directed to the U-building lobby by Hospital Police and via existing signs.
- The Patient Relations Department will be responsible for notifying families if patients are moved or relocated.

13) Manpower Resource Pool

If volunteer pool is established by ICC, volunteers will be sent to T-Building cafeteria.

14) Communications Should the telephones not be operable, in part or in full, the Emergency Management Plan for communication failure shall be initiated under the direction of the command center.

E. De-escalation (Stand-Down):

- The Command Post will authorize and the Telecommunication unit will sound the all clear signal ("This is an all clear.") via the institution-wide PA system, when the disaster has been declared over. If the alarm is inoperable, appropriate telephone and/or messenger notification will be used. It is the ICO's responsibility to call for stand-down and to deactivate the Emergency Management Plan.
- The Triage/Receiving area and MCI treatment areas will be deactivated at the direction of the ICC.

F. Recovery Phase

- Continue to assist employees and community with Behavioral Health needs
- Assist with compensation of employees
- Assist employees with benefits needs

G. Evaluation Phase

- Debrief involved staff

- Contact OEM, NYPD, FDNY, SEMA, FEMA for community evaluation of plans
- Review incident in Emergency Preparedness Committee
- Submit written evaluation of incident to Safety Committee
- Integrate improvements into Emergency Management Plan and as required into departmental plans

MCI JOB ACTION SHEET PACKETS FOR THE EMERGENCY DEPARTMENT

C1 Clerk

Responsibilities	Done	Time	Confirmed
Attempt to obtain the MCI Alert level			
Notify the ED Charge Nurse of MCI level/Disaster			
Notify NER, Treatment Room, Pediatric ED and University Hospital ED (for purposes of joint triage)			
Notify Administrator on Duty/ ED Administrator			
Notify Hospital Operator (preparing to do call back list) <i>Advise them to implement their department disaster procedures</i>			
Notify Medical Director of Emergency Services (Dr. Orlando Adamson, Dr. Binita Shah)			
Document conformation to Board -ED Disaster Coordinator (Dr. Arquilla, 917-205-9957 or 917-760-1454) contacted			
Document conformation to Board- Chairman of Emergency Services contacted			
Document conformation to Board- Chairman, Department of Surgery contacted			
Document conformation to Board- Director of Medicine contacted			
Document conformation to Board- Director of Pediatrics contacted			
Document conformation to Board- Medicine Chief Resident contacted			
Document conformation to Board- Trauma Chief Resident contacted			
Document conformation to Board- Pediatric Chief Resident contacted			

Hospital Operators

Responsibilities	Done	Time	Confirmed
Will Page:			
CEO			
COO			
AOD			
ED Chairman			
Medical Directors of ED (Dr's Adamson and Shah)			
Senior Associate Administrator (Ms. Hinds)			
Emergency Medicine Disaster Coordinator (Dr Arquilla)			
Disaster List			
Chief of Hospital Police (Mr. Jones)			
Hospital Department Heads			

C1/Senior Attending Physician

Responsibilities	Done	Time	Confirmed
Is responsible for organizing overall disaster response with assistance of administrative and nursing staff (until relieved by DMO)			
Review Disaster Notification telephone call Log for information completeness			
Will check if the Medical Director of Emergency Services at KCHC (Dr. Adamson) was notified			
Will Notify Disaster Coordinator – Dr. Bonnie Arquilla (917-205-9957 or 917-760-1454)			
Assign a Triage Officers Ambulatory and Ambulance- Hold pre-incident briefing			
Obtain Head Count of Available ED Attendings			
Assign an attending to evaluate current patients in the ED to determine their status (<i>e.g. needs to stay, send to floor or discharge.</i>			
Confirm that the Nursing Supervisor/ED Administrator of the situation and obtain a house-wide bed count.(<i>e,g, # of available telemetry, unit, Med/Surg</i>)			
Prepare the ED for MCI Victims/ Assign teams			
Will assign the following to head teams in ED and hold a briefing:			
Chief Resident Internal Medicine			
Chief Resident General Surgery			
Chief Resident Pediatrics			

ED Administrator or Nursing Supervisor on Off-Tours

Responsibilities	Done	Time	Confirmed
Obtain a house bed count and provide information to the ICC.			
Confirm notification COO/CNO			
Notify the appropriate ICU Nursing Director(s)			
Confirm notifications and report to the ICC Notify: (or appoint designee to notify)			
Laundry for additional linen			
Pharmacy for Disaster Cart			
Laboratory Supervisor			
Blood Bank			
Each Unit Manager			
Respiratory Therapy Supervisor			
Materials Manager			
Environmental Services			
Dietary Supervisor			
Radiology Supervisor			
Chaplain on duty			
Transportation Supervisor			
Consult with the ED Charge Nurse for additional nursing staffing needs			
Collect Stretchers, Wheelchairs from unused areas of the hospital including outpatient departments			

Administrator On Duty

Responsibilities	Done	Time	Confirmed
Consult with the ED Attending Physician as to the magnitude of the disaster and what plan to implement.			
Establish Command Center and assume role of Incident Commander (until relieved)			
Ensure Nursing Supervisor or designee has notified:			
Laundry for additional linen			
Pharmacy for Disaster Cart			
Laboratory Supervisor			
Blood Bank			
Each Unit Manager			
Respiratory Therapy Supervisor			
Materials Manager			
Environmental Services			
Dietary Supervisor			
Radiology Supervisor			
Chaplain On Duty			
Confirm notification of the Vice President/COO or President/CEO			
Assess and determine if additional AOD support is needed			

ED Charge Nurse/ED Administrator

Responsibilities	Done	Time	Confirmed
Confirm bed count from Admitting/staffing office and report this number to ICC			
On off hours Call the Nursing Supervisor(notify him/her of the MCI) and initiate the house bed count process. <i>It is acceptable for the Nursing Supervisor to call back</i>			
Confirm the ICU bed availability.			
Assign Senior registered nurse (provide him/her with MCI packet)			
Notify the OR of MCI X4386			
Notify Central Supply for Disaster Cart and Linen			
If a medical MCI occurs, the Emergency Department Manager or designee will direct the coordination of the ED for orderly and expeditious care of casualties.			
Shall assign a Senior Registered Nurse to establish ambulatory triage (outside of D building or lobby for inclement weather)			
Assign ED Tech(s) to report to Triage for transport of ambulatory and pediatric patients			
Review patients in the ED and Fast Track with attending to see which patients can be discharged or moved out of the Emergency Department			
Direct clerical staff to call in extra nursing and clerical staff as needed.			

Ambulatory Triage Nurse (RN)
as assigned by Charge Nurse

Responsibilities	Done	Time	Confirmed
Prepare the Ambulatory Triage in front of D Building for casualties			
Call for disaster carts (Central Supply and Pharmacy)			
Call in extra nurses as needed			
Triage patients			

Ambulance Triage Officer

Responsibilities	Done	Time	Confirmed
Reports to the center of Clarkson Ave and rapidly triages patients			
Assign team leader to set up Decontamination system if necessary			
Communicate with Ambulatory Triage, UHB and C1			
Keeps track of all patient flow with Recorder			

Recorder

Responsibilities	Done	Time	Confirmed
Completes triage tag documentation			
Collects top copy of triage tags			
Assists in communication with other areas			

Chief /Senior Inpatient Residents

Responsibilities	Done	Time	Confirmed
The Senior Resident in Internal Medicine will turn over all of his/her patients to a junior resident or physicians assistant after establishing which patients can be discharged			
Report to the Emergency Department for direction by the ED.			
Care for patients as assigned by DMO			

Pediatric Residents

Responsibilities	Done	Time	Confirmed
The Pediatric ED will contact the inpatient Pediatric Resident and report to the ED after determining			
Care for patients as assigned by DMO in pediatric acute and intermediate care			

Trauma Team

Refer to Dept of Surgery's disaster plan

Hospital Police Patrol Supervisor

See Hospital Police Plan.

Senior Emergency Medicine Resident

Responsibilities	Done	Time	Confirmed
Confirm notification of Chief Residents			
Confirm notification of Residency Directors			
Head Count all ER residents			
Report number of members to DMO for assignment and attending supervision.			
Find out from DMO if additional residents need to be called from home and report to residency directors.			
Assign a census officer in emergency room – work with ED administrator/charge nurse/DMO			

Questions to ask During Disaster Notification:

1. Time of Incident
2. Location of Incident
3. Estimated Number of Casualties expected at KCHC
4. Estimated Number of critically ill patients
5. Type of Disaster:
 - A) Atomic
 - B) Biologic
 - C) Chemical
 - D) Mass Casualty
6. Estimated Time of Arrival

Specific External Events That May Affect Kings County Hospital Center and Require a Full or Partial MCI Response

Specific external disasters that may result in a Mass Casualty Incident in Central Brooklyn or the surrounding New York Metropolitan area include Commercial Transport Disaster, Civil unrest, Hurricanes, Snow Storms, Regional Power Outage, Transit Strike and various hazardous material situations. The Emergency Management Plan (EMP) assumes that most external disasters will lead to patients presenting for care to the ED initially and thus the Plan for Mass Casualty Incidents will be activated when a large influx of patients is expected with adaptation to the special requirements that may result from specific situations. Hazardous material incidents will be addressed separately under the Hazardous material and decontamination section of this handbook

A. Commercial Transport Accident

A commercial transport accident in the area of the medical center would most likely lead to an increased number of patients presenting to KCHC who require care for traumatic injuries. The two most likely transportation accidents to require activation of the Emergency Management Plan would be a commercial aviation accident or a commuter/subway accident. The general EMP for Mass Casualty Incident is to be followed with the following special requirements noted:

Command Center:

- The Command Center would be established as per EMP protocol.
- It will be the Command Center's responsibility to contact the NYC Burn and Hyperbaric facilities' administrations to assess capacity for transfer. Early evaluation of incidents, impact on staffing and need for department heads to activate recall policy.

Patient Care:

- The process of triage, patient flow and coordination of care will be as outlined in the MCI Plan.
- The ED must be ready to receive numerous patients with multisystem traumatic injuries. It is expected that a large portion of these patients would also have burn injuries.

NYC Burn Centers:

Jacobi Hospital – (718) 918-5000

New York Cornell Medical Center - (212) 746-5454

Staten Island Hospital Hospital - (718) 226-9000

Hyperbaric Chambers:

Brookdale Hospital – (718) 240-5000

Jacobi Hospital – (718) 918-5000

Cabrini Medical Center - (212) 995-6000

Mount Sinai Medical Center (212) 241-6500

B. Civil Unrest

There is a real possibility for civil unrest affecting KCHC given it is located in the largest metropolitan area of the country. If civil unrest is imminent the Emergency Management Plan would be activated and the command center established. The Hospital Police would secure the campus. If a large influx of patients was expected the senior ED attending would assume the role of the Disaster Medical Officer until relieved and MCI aspects of the plan would be activated.

Command Center:

- The command center is to be established as per EMP protocol.
- The command center will work closely to ensure the safety and security of the Hospital and its staff.

Patient Care:

- The process of triage, patient flow, and coordination of care will be as outlined in the MCI plan.

Hospital Police (See Hospital Police Plan):

- The Hospital would use the security policy outlined in the EMP for Mass Casualty Incidents with suspension of visiting hours.
- It is also expected the Hospital Police would:
 - a. Secure all exterior doors
 - b. Have early liaison with NYPD to ensure appropriate resources are available to ensure security of the Hospital.
 - c. Assign specific officers to pharmacy, and areas containing hazardous materials and dangerous gases.

C. Extremes of Weather (For additional information see Internal Disasters Appendix)

Given the geographic location of the medical center the most likely extremes of weather that will impact the facility are Tropical Storm/ Hurricanes, Snow Emergencies, and Severe Heat. All essential personnel are expected to report to work.

Command Center:

The command center is to be established as per EMP protocol. Given the nature of most extreme weather it is assumed there would be time to establish a command post before the expected impact of the severe weather condition. The command post is to be established at the very least 24 hours before the weather emergency. The command post is to be established early to try to mitigate the impact the incident will have on the facility. The command center will ensure adequate food, water, and medical supplies are available for the impending incident. This includes contacting key vendors to review plans for deliveries during the incident. The command center will review, through the department heads, the staffing plan for the incident. It is expected the CEO or (Incident Commander when a command center has been established) will cancel elective admissions, OR cases, and clinics when the severe weather is imminent and of a severity that warrants activation of the EMP. In addition to caring for the sick or injured the command center will determine where the place for people seeking refuge from the

weather are to be housed if the ED resources are overwhelmed. (For example, the T-building cafeteria).

Heat Emergencies:

Once the mayor's office of emergency management has put out a heat advisory the CEO (or command center if the EMP is activated) is to authorize the Kings County Hospital ED as a cooling center.

Snow Emergencies/ Cold:

Once the mayor's office of emergency management has put out a winter storm advisory or cold weather alert the CEO (or command center if the EMP is activated) is to authorize the KCHC ED as a warming center. The command center will coordinate with physical plant the plan for snow removal prioritizing areas such as the ambulance ramp as high priority. In addition to caring for the sick or injured the command center will determine where the place for people seeking refuge from the weather are to be housed if the ED resources are overwhelmed. (For example, the T-building cafeteria).

Tropical Storm/Hurricane:

The command center in concert with physical plant will ensure that areas of the hospital that are at risk from damage by high winds are reinforced or protected. In addition to caring for the sick or injured the command center will determine where the place for people seeking refuge from the weather are to be housed if the ED resources are overwhelmed. (For example, the T-building cafeteria).

Patient Care:

The process of triage, patient flow, and coordination of care will be as outlined in the MCI plan once activated by the command center.

Department Heads:

The department heads are to communicate with staff about up-coming severe weather and review their specific roles in the EMP. The department head is also to address staffing needs and ensure adequate number of essential personnel are available for the duration of the severe weather incident.

D. Evacuation of Neighboring Healthcare Facility

If a neighboring healthcare facility is to be evacuated Kings County Hospital will provide acute care up to its bed capacity. In situations where a neighboring healthcare facility requires evacuation that potentially will require Kings County Hospital to care for patients at or above the hospitals capacity the EMP will be activated for Mass Casualty Incidents. Administration needs to be contacted as soon as possible to establish the command center to coordinate the transfer of these patients.

Command Center:

The command center is to be established as per EMP protocol. The command center will establish contact with the Evacuating Facility's command center and coordinate the transfer of patients to Kings County Hospital with the DMO. It will be important that the command center identify the resources available at Kings County Hospital for these patients and coordinate the receiving of patients into all areas of the hospital in order to avoid ED congestion.

Patient Care: The process of triage, patient flow, and coordination of care will be as outlined in the EMP plan.

E. VIP Patients**Command Center:**

- The command center is to be established at the direction of the CEO of the hospital and activation of the EMP as required.
- The command center will determine the needs for special measures to ensure any special needs of the VIP are met without compromising the overall function of the hospital.
- The command center is to place special emphasis on the news media. It is assumed the media aspect of the EMP will be activated. The media should be kept outside of the facility and they shall not interfere with the health and welfare of the VIP or the general patient population.

Patient Care:

- The process of triage, patient flow, and coordination of care will remain as is standard ED policy. If the Emergency Management Plan is activated then the triage policy will be in effect.
- Special consideration will be given to the needs of the VIP while in the ED and inpatient floors. There will be a need to ensure the privacy and safety of the VIP.
- Information regarding the VIP will not be released to the news media without the permission of hospital administration.
- In the event of discharge, special consideration should be given to the exit location of the VIP.

Hospital Police:

- Assesses needs for special security measures and/or restrictions. Coordinate any special arrangements with the hospital administration or incident command officer if a command post is established.
- Special visitor passes may be required.
- Normal personnel screening will continue.

F. Regional Power Outage (See Internal Disasters Appendix)

This plan shall be implemented immediately upon notification or occurrence of an actual or anticipated power failure. The following policy and procedures apply to hospital personnel.

COMMAND POST:

In the event of a blackout or brownout the senior administrator will open the command center. Emergency lighting is supplied to the command post. Emergency phones have been installed in the command post.

In the event of a power failure, the Chief Operating Officer (CEO) and the Director of Facilities Management and Operations Dept (FM&OD) shall immediately assume responsibility for the command post. One or more special police officers, with portable radio units, shall report to the command post to provide and/or augment communication requirements.

The ED attending and charge nurse on duty is to be notified of the opening of the Command Center to prepare for possible activation of entire Emergency Management Plan.

RESPONSIBILITIES:

Senior Administrator (Incident Command Officer until relieved): Shall open Job Action Sheet and follow the instructions. Shall notify key personnel to prepare for possible activation of the Emergency Management Plan. Notify the telephone operator. Maintain close contact with facilities.

Supervising Telephone Operator Shall make three (3) repeat announcements every two (2) minutes for six (6) minutes announcing "Code Yellow" and initiating the disaster alarm (2-2-2-2).

Director of Facilities Management and Operations Dept: Shall follow the emergency plan for power outage and maintain contact with the ICC.

Chief of Hospital Police (or designee): Shall make rounds in all buildings to see that all procedures are followed and advise supervisors of each area to comply with written plans.

All Other Personnel: Shall follow their departmental emergency plan. Use telephone only for emergency calls. Use stairs instead of elevators.

INFORMATION AND COMMUNICATIONS:

All requests for information and all communications relative to a power failure emergency shall be directed to the Incident Command Center (ICC).

NOTE:

The main hospital telephone number is not to be used for emergency information requests or communications. The switchboard is not equipped to handle the volume.

STAFFING:

All Supervisory Hospital Administration/Unit Managers must contact the ICC as soon as possible in the event of a power emergency. All hospital personnel shall be prepared to function on a 12-hour tour basis, if required.

Department heads are authorized to adjust schedules where necessary, and to use overtime to extend employees' hours, with prior approval from the (ICC). It is essential that accurate time and leave records be kept during this period. No misunderstandings should arise after the fact as to who was or was not to work. Sign-in sheets should be reviewed daily and a note should be made of those individuals not reporting to work. A list of key personnel in each department/service shall be submitted by the department head to the Personnel Office immediately upon implementation of the Disaster Plan. The list should include home addresses and phone numbers as well as work extensions

TRANSPORTATION:

Department Heads, Chiefs and Directors of Clinical Services, and supervisory staff shall survey personnel to determine the number of employees able to report to work by foot, automobile, or other means if public transportation is affected by power failure. Anticipated attendance shall be reported to the appropriate administrator and ICC as soon as possible.

SECURITY:

Hospital entrances and egresses will be restricted to main building entrances only. All other entrances and exits shall be secured, monitored, and patrolled by Hospital Police. All visitors will be requested to leave the Hospital.

PLAN #1 – CON EDISON BLACKOUT (See Internal Disasters Appendix):

If a blackout occurs, all power will be off and the emergency generators will automatically activate, supplying power to limited critical services and areas.

The following areas or services will have power as indicated. See the Disaster Plan of the Department of FM&O.

KINGS COUNTY HOSPITAL CENTER

1. All critical care units
2. Strategic outlets on each floor (Ivory or red colored)
3. Lights at each nurses station
4. Elevators as per the FM&O Disaster Plan.
5. Fire alarms
6. Switchboard and paging systems
7. Narcotic cabinet alarms and Pixus systems.
8. Cold rooms and environmental boxes
9. Corridors, stairwells, and exit lights
10. Essential mechanical and medical gas system

PERSONNEL:

Shall ask all visitors to leave the premises. Turn off power to equipment immediately. All areas without power will immediately turn off all air conditioners, lights, fans, and all other electrical equipment. (This will prevent an overload when power is restored).

SUPERVISORS:

Are responsible for their areas to see that the above is complied with.

REFRIGERATORS AND ICE MACHINES:

Door to refrigerators and ice machines shall remain closed except when absolutely essential for use and then shall be opened for the shortest possible period. If the doors are kept closed, minimum use of refrigerators will prolong the reserve cooling for 4 to 5 hours.

SPECIAL NOTES

These procedures are not intended to cover all possible contingencies. All departments are responsible for setting up their own emergency procedures in order to cover circumstances within their own jurisdictions.

If there is a "blackout during normal working hours," emergency maintenance call should be directed to extension 4928.

If a blackout occurs at other than normal working hours, emergency calls should be directed to the AOD.

All calls should be limited to emergency calls. Otherwise, the switchboard will get tied up and emergency calls will not get through.

PLAN #2 –CON EDISON EMERGENCY: BROWNOUT (See Internal Disasters Appendix)

Severe power reduction required to prevent blackout (report from Con Edison, Central Office or when there is a power reduction from Con Edison, 5% power reduction or more). **Please refer to SOP “Shedding of Electrical Loads” for specific protocol.**

1. Operating and delivery rooms will continue to function.
2. All other staff and services will continue to function.
3. Turn off non-essential equipment such as copying machines, air conditioners, fans, electric toaster, coffee pots, etc., consistent with patients’ needs and safety. Central water-cooling systems will be shut down. Minimize use of non-essential patient care equipment.
4. If a severe power reduction is necessary, building occupants will be asked to turn off all non-essential equipment in order to selectively shed load on plant equipment.
5. The executive director may institute a more severe power cutback in progressive stages.

Possible further cutbacks to be instituted in stages (in patient areas) are as follows:

1. Ask visitors to leave
2. Turn off water coolers and ice machines.
3. Cutback elevator service.
4. Turn off air-conditioners and fans.
5. Turn off x-ray equipment.
6. Postponement of elective admissions.

INSTRUCTIONS FOR TELEPHONE OPERATOR – (ANNOUNCEMENT OF ELECTRICAL EMERGENCY)

When an electrical emergency occurs, the CEO or ICO will instruct the operator to make a loudspeaker announcement. The ICC will also tell the operator which plan is in effect. The ICO shall also notify all key departments.

THIS MESSAGE IS REPAEATED FOR THE NEXT 6 MINUTES, EVERY 2 MINUTES!

CHANGE IN EMERGENCY PLAN:

If the electrical emergency plan is to be changed, the ICC will notify the operator who will then announce over the loudspeaker the details of the change in plan.

After 1 minute, repeat the announcement.

END OF EMERGENCY

Operators message over loudspeaker system:

“The electrical emergency is over. All departments may resume normal operations.”

After 1 minute, repeat the announcement.

