

**ALERT,
PARTIAL ACTIVATION
&
FULL ACTIVATION OF
THE
COMMAND CENTER**

IDENTIFICATION AND COMMUNICATION OF A POTENTIAL DISASTER

A. What to do if you learn of a potential Disaster

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

- The nature of the occurrence
- Estimated number of casualties
- Type of injuries
- Expected number and estimated time of arrival of victims

B. Who to notify of a potential Disaster

- The same action shall be taken for all potential Disasters.
- The employee who learns of the occurrence must notify Senior Administration during the day at ext. 2403 or 1515, on off-tours will notify the Administrator on Duty (AOD) at 4683 or by pager (917) 218-4439 and Hospital Police at ext. 2626.
- On Weekends, Holidays. Evenings and Nights (WHEN) the Senior Administrator or AOD will decide if the occurrence requires partial or complete activation of the hospital's Emergency Management Plan.
- On WHEN/off hours the AOD will confer with the Senior Administrator on Call, the Senior ED Physician on site, the Nursing Supervisor and the Disaster Director before activation of the plan. He/she should confer with at least 3 of these 4 people.
- **The AOD opens the Incident Command Center and becomes the Incident Commander until relieved.**
- **The Incident Commander will be responsible for notification using the Disaster Information E-mail System. Instructions to log on are included in the Incident Commander's Packet.**
- The Nursing Supervisor in-house will report to the Incident Command Center for assignment by the Incident Commander.
- The Nursing Office Clerk will report to the Incident Command Center and assume position of Recorder. He/She will retrieve Recorder Packet which contains specific duties, notification lists and telephone numbers.
- **The AOD, after consultation with the above 4 in-house personnel, has the authority to initiate complete activation of the Emergency Management Plan until the following personnel has been contacted:**
 1. **Chief Executive Officer (CEO)**
 2. **Chief Operating Officer (COO)**
 3. **Chief Medical Officer (CMO)**
 4. **Chief Administrative Officer (CAO)**
 5. **Senior ED Physician and**

6. The Disaster Director

INITIATION OF THE EMERGENCY MANAGEMENT PLAN:

The Emergency Management Plan (EMP) may be initiated in three distinct phases, **Alert**, **Partial Activation** and **Complete Activation**.

Alert:

The Alert Phase of the EMP is for notification purposes only. A text message will be sent to all on the "Key Personnel List" and will not require a response to the Incident Command Center.

The Alert Phase of the EMP is when a potential disaster situation exists that could affect the medical center but does not warrant activation of the plan (distant severe weather, terrorist threat, major event in the city).

Partial Activation:

The Partial Activation Phase of the EMP is when a disaster situation exists that could affect the medical center but **does not warrant full activation** of the plan. (severe weather, environmental issues e.g. flooding).

The Partial Activation Phase is also for situations where there is an emergency situation at the medical center that partially compromises our ability to fulfill the hospital's mission e.g. Emergency Department overcrowding, VIP patient, partial utility failure, planned utility shutdown, equipment failures, etc.

The Partial Activation Phase is to be utilized as a time for senior administration to evaluate the potential needs of the facility and make contingency plans for the specific event. This will include, but not be limited to:

- Appointment of the Incident Commander – AOD until relieved.
- Notification of the Control Room Ext. 2810 (depending on nature of incident).
- Key Personnel List (at the end of this section) text paged by operator with notification of partial opening. Those key personnel, based on conversations with their respective departments will make the decision on whether they will present to the hospital during WHEN hours.
- Appointment of the following four (4) positions:
ONE PERSON MAY ASSUME MORE THAN ONE ROLE.
 1. Incident Commander
 2. Safety and Security Officer
 3. Logistics Chief
 4. Operations Chief
- Review of the Job Action Sheets for appointed positions.
- Operations Chief conducts review of staffing and bed count.
- Opening the command center when sufficient staff becomes available.

A special package to assist with partial activation of the EMP will be located in the Incident Commander's Package.

FULL ACTIVATION:

Activation of The Emergency Management Plan

The Activation Phase of the Emergency Management Plan is to be utilized when a disaster has occurred at the medical center or outside the facility and it is expected to compromise or impact the operations of the hospital.

The Administrator on Duty (AOD) or the Senior Administrator is responsible for the following actions to initiate the **full** activation of the Emergency Management Plan:

Do these tasks in this order.

1. Assume the role of Incident Commander.
2. Appoint a Command Center Recorder – Use Nursing Office Personnel.
3. Incident Commander notifies Hospital Police to activate the disaster bells (**call 2626**).
4. Notify the Page Operator to page Key Personnel to the Incident Command Center, to sound CODE D and instruct personnel to follow their departmental plans via the overhead page (**call 2121**).
5. Appoint the following 3 positions of the T/O
 - Safety and Security
 - Logistics Chief
 - Operations Chief
6. Ensure that each person reviews the Job Action Sheets for appointed positions.
7. Ensure Operations Chief conducts review of staffing and bed count immediately.
8. Ensure each department will activate their disaster plan under the administrative control of the Incident Commander.
9. Ensure that Control Room Personnel has been notified (depending on nature of incident) at extension 2810.
10. Open the Command Center and initiate the National Incident Management System (NIMS) using the HEICS terminology and job titles.

Hospital Police:

Shall ring the disaster bells once notified by the Incident Commander that the Activation Phase of the EMP has been initiated (4-4-4-4).

The Hospital police shall have a representative in the Command Center who is to be appointed as the Safety and Security Officer. They should verbally confirm with the Incident Commander that the bells were activated.

Hospital Police will follow their internal SOPs related to disasters (refer to Public Safety SOPs).

Page Operator:

For any disaster situations called into the Page Operator, they will notify the

Executive Suite or the AOD during WHEN hours, at extensions 2403, 1515 or page (917) 218-4439 and Hospital Police at ext 2626.

The Page Operator maintains a copy of and shall page the "Key Personnel" List (at the end of this section) at the instruction of the Incident Commander.

Supplies

The Incident Command Center, the Emergency Department, Facilities Management, and all other departments shall all have and maintain essential supplies such as additional lighting sources (e.g. flashlights and batteries) in order to implement their departmental plans.

Clearly marked storage cabinets in the Incident Command Center and the Emergency Department can be accessed 24 hours, 7 days per week.

Communication

The hospital maintains redundant communication through 2-way digital pagers, Blackberries, 2-way radios, speaker-phones and an overhead speaker system. A listing of hospital personnel's address and telephone numbers is available in the Command Center and in the Security Office. This list is updated quarterly by Human Resources and is maintained by the staff assistant to the Emergency Preparedness Committee. Numbers on the Organizational Table are reviewed and updated monthly in the Emergency Preparedness Committee. Communication will be maintained with state agencies through HERDS, which maintains inventories, with the city and OEM through 800Mhz Radios and the internet. The NYC Department of Health and Mental Hygiene has a conference phone number which is e-mailed to us as needed via the Health Alert Network (HAN).

Summary of Phases of EMP Initiation:

Phase	Notification	Staff	Clinical Space
Alert	Notification only	Not called, no change of activity or function	N/A
Partial Activation	Limited notification to key personnel	Text Paged. Minimum opening of the ICC with modified Job Action sheets	Prepared to expand
Complete Activation	Key personnel text paged and all staff via bells and overhead page	Notified and departmental plans activated	Expand as required

Partial Activation Check List

This sheet is to be completed by the Senior Administrator who is opening the Command Center

ACTIONS TO BE COMPLETED IN FIRST 5 MINUTES OF DECLARING DISASTER	YES
Appoint Incident Commander/AOD will assume until relieved	
Key Personnel paged by operator to Command Center (See Page 3)	
Top of TO appointed	
Job Action Sheets reviewed for appointed positions	
Operations Chief conducts review of staffing and bed count	
Open Command Center/ when staff becomes available	

SERVICES	AVAILABLE BEDS	IS STAFFING ADEQUATE YES/NO
Medical/Surgical		
➤ NS 61		
➤ NS 62		
➤ NS 71		
➤ NS 72		
➤ NS 73		
➤ NS 81		
➤ NS 82		
ICU		
➤ NS 24		
➤ NS 26		
➤ NS 33		
➤ NS 43		
➤ NS 83		
Pediatrics		
➤ NS 41		
➤ NS 42		
OB/GYN		
➤ NS 31		
➤ NS 32		
# of admitted patients in ED		

Page Operator's List

Revised 12/28/07

The page operator will page the following personnel. Please record time calls are returned to the Command Center

Key Personnel	Name	Pager #	Cell Phone #	Home #	Time Call Returned
Chief Executive Officer	Debra Carey				
Interim Chief Medical Officer	Michael Lucchesi				
Senior Administrators:					
AVP of Nursing & CNO	Margaret Jackson/Designee				
AVP Perioperative Services	Anny Yeung				
AVP Ambulatory Care Svcs. & Interim CAO	David Conley				
Deputy Nursing Director for Operations	Janis McPherson-Miller				
Deputy Nursing Director	Dianne Woods				
Nursing Director	Pat McCauley				
Assoc. Adm. Parkside Dialysis	Kathleen DeConcilio				
Adm. Respiratory	Julie Eason				
Pt. Safety Officer	Muhammad Islam				
SA Admitting	Daniel Graves				
SA N.S. 72, 82, 81, Surgery	Jocelyn Alleyne				
SA N.S. 71, 73, 74, 83, Stroke	Cheryl Rolston				
SA Environmental Svcs/Const. Capital Mgmt.	Robert Richards				
SA Ancillary Services	Maria Mendez				
SA Materials Management	William Gerdes				

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Key Personnel	Name				Time Call Returned
SA Psychiatry	Cynthia Margalit				
Hospital Epidemiologist	Michael Augenbraun, M.D.				
Director of Nursing for ED	Judy Drummer				
Medical Director of ED	Roger Holt				
Director of Pediatrics	Gloria Valencia				
Disaster Director	Bonnie Arquilla				
VP for Facilities	Alvin Berk				
AVP for Facilities Operations	Thomas Farrell				
Chief of University Police	Tom Dugan				
Manager of Human Resources/ Regulatory Compliance	Anthony Parker				
Chief Information Officer	Bert Robles				
Telecommunication Administrator	Melanie Scott				
ED Materials Manager	Clarence Bryant				
Administrator on duty					
Director of Marketing	Jacqueline Lennon				
Press Officer on duty	Ron Najman				
Associate Dean	Ellen Watson				
	Ross Clinchy				
Dir. of Academic Fiscal Affairs	Richard D. Katz				