Emergency Management Plan For Mass Casualty Incidents

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A. EXTERNAL/LARGE NUMBER MASS CASUALTY/BIOLOGICAL/ CHEMICAL INCIDENTS

Once the Emergency Management Plan for Mass Casualty Incidents has been activated and a disaster declared. The University Police will activate the disaster bells 4-4-4-4. Each department will activate their disaster plan under the medical control of the Disaster Medical Officer (DMO) and administrative control of the Incident Commander 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 Attending Physician on duty serves as DMO until relieved by the next shift or the Medical Director of Emergency Services.

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   - This role shall include management of disaster operations and workflow, not to be superseded by an authority or directive of outside agencies participating in said disaster at hospital site.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 of the hospital will assume this role from the AOD upon arrival to the hospital.

3) **Emergency Department Disaster Cabinet and MCI Packets**
   The Emergency Department Charge Nurse will open the Disaster Cabinet located at the ambulance entrance **(Keys in Pyis Machine)** upon activation of the Emergency Management Plan.
   - The MCI packets in the disaster cabinets are to be opened and given to assigned personnel.
   - Preexisting MCI Charts and numbers are to be used at this time.

DISASTER CABINET
The Disaster Cabinet is located at the entrance of the UHB ED, and keys are located with:
1. The ED Medical Director
2. ED Director of Nursing
3. ED Assistant Director of Nursing
4. Hospital Police
5. AOD
6. Pyxis Machine

The cabinet contains:
1. Three (3) Command vest
2. Three (3) Triage vests

3. One hundred (100) patient charts with medical record numbers and wristbands
4. One hundred (100) disaster triage tags

The Disaster Cabinet is to be opened for all MCI and when required for internal disasters that require medical support.

CONTENTS OF DISASTER CABINET

I. MCI Packets

The envelopes contain Job Action Sheets with specific duties and responsibilities to be accomplished immediately by key personnel when the Emergency Management Plan is activated. The Job Action Sheets are at the end of the Mass Casualty Incident Plan and outline duties for:

DMO/ED Senior Attending Physician
ED Administrator/ Nursing Supervisor
ED Charge Nurse
ED Triage Nurse
ED RN
ED Registrars
ED Technicians/PCAs
PA/NP
Triage Officer/ED Attending
AOD
Chief Medical/Senior Residents
Surgery Residents
Pediatric Residents
Patient Representative
Social Workers
Medical Students Support Team

II. VESTS:

1. **DMO Vest:** The ED Attending will assume command and be clearly identifiable by wearing the command vest until the Director of UHB Emergency Services arrives on scene. Duties are outlined in the DMO MCI packet.

2. **Triage Vests:** The DMO will designate another Attending as the Triage Officer, who will wear a triage vest. The Triage Officer will then determine how many other physicians and nurses are needed in the 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 plan 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 (911or 718– 636-1700). The Chairman of Emergency Medicine, the Department of Emergency Medicine's Disaster Coordinator (Dr. Jamil Ibrahim 917-760-1039) and the Chair of the Disaster Committee (Dr. Bonnie Arquilla 917-760-1454) will serve as liaison to coordinate decontamination effort between Kings County Hospital and University Hospital of Brooklyn.
SEE SECTION 6 – Decontamination Protocol – for complete Instructions

5) **Security:** When the Emergency Management Plan is activated with respect to MCI, the University Police may (based on their SOP) secure all entrances to the University and restrict access to the OPD building. All persons seeking emergency care will be directed to the 37th Street ambulance entrance for triage.
No family or visitors will be admitted to the OPD or main hospital. Hospital. All family will be directed to the main University entrance at 450 Clarkson and escorted to the family area. (See University Police Section 8)

6) **Expanded Facilities:** For MCI there may be a need to expand the care area to prepare for the influx of patients. If the Emergency Management Plan is activated with respect to MCI or Internal Disasters requiring full activation of the plan, the Incident Command Center will close the OPD Clinics and will utilize them as needed by The Emergency Department.
The Adult Critical Care and Pediatric areas will be used only for seriously ill patients. The Fast Track Area will continue to care for minor injuries and illnesses until it reaches capacity.
The clinics will then be utilized as follows:

OPD Lab Area	Waiting area/Discharge Planning
Suite A:	Minor Medical
Suite B:	Family Practice
Suite D:	Pediatric medicine and minor trauma
Suite G	OB/GYN
Suite I:	Behavioral Health
Suite J:	Minor Trauma, Eye. Ear and Dental

SURGE CAPACITY

When the OPD area is at capacity with patients being evaluated or patients have been admitted, waiting for beds, there have been identified areas in the hospital that may be utilized as expanded care or observation space.

See Appendix A (Surge Plan) at the end of this section.

Total Count: 200 patients
The total count is based on the ability to discharge thirty (30) per cent of the hospital's stable patients, utilizing the OPD suites, the ED capacity and the areas mentioned in the surge plan.

7) TRIAGE PLANS – When Joint Triage is established see Surgery Plan for levels of activation

Traffic Pattern and Set Up
Traffic flow routes predetermined with NYPD for mass transit, ambulances, employees, and press will be set up. In coordination/cooperation with New York Police Department (NYPD) and hospital police from both institutions (KCH and UHB) the main street between the facilities (Clarkson Ave) will be shut down to traffic immediately. Police will begin towing/flat bedding any vehicles on the street between the two hospitals within the hour. Lanes for ambulance triage will be set up by wooden barricade. Traffic will be diverted to streets south of the hospital. City Bus routes will likewise be diverted around the Hospitals. The street immediately north of KCH (Winthrop) will be closed for arrival of supplies, equipment, employee parking, and the dialysis entrance. This traffic flow will allow ambulance and patient flow to be directed toward the centralized triage station, while diverting press and the convergence phenomenon to the periphery and around the hospitals, away from the entrances. Waterproof signs for key areas kept by hospital security will be posted designating the triage areas. Patients will be funneled/directed into a central ambulatory triage. In the event of chemical exposure this will help ensure safety of hospital personnel and avoid contamination of the treating facility. Location of central/ambulatory triage is in front of the D Building at KCH. Here in this central location patients are equidistant from the entrances of UHB and KCH, and can be sent to either as designated.

JOINT TRIAGE

The staff and facilities of State University Hospital of Brooklyn (UHB), Kings County Hospital (KCH), Kingsbrook Jewish (KBJ), and Kingsborough Psychiatric Center (KPC) will be integrated with consideration of patient services available, resulting in better patient flow and distribution. Duplication of services will be minimized in order to maximize resources. No need for prehospital personnel to make designation decisions because unique/individual resources of each of the institutions are familiar to the triage staff, therefore patients can be brought to one centralized area.
After receiving notification, the Command center will activate joint triage, a single ambulatory triage station will be set up between KCH and UHB. The first arriving casualties will be directed out toward the site where the exterior triage will be established, so as to not contaminate the ER. All exposed and potentially exposed individuals should receive an initial brief triage, performed by medical personnel in PPE, before decontamination. Decontamination must be performed on all victims and responders before they cross into noncontaminated areas. KCH will provide four nurses and one attending for ambulatory triage. UHB will provide 2 attendings, a

nurse and a technician with equipment. Gloves, masks and protective equipment necessary are supplied in case a chemical, biological, radioactive, or unknown agent is involved in the disaster. Because this triage station is outdoors, accumulation and ventilation of contaminants is not a concern. A single ambulance triage will also be set up between the two institutions for quick review in ambulance by physician, direction of priorities, which hospital to be seen in and in what order.
Triage is a dynamic process therefore, a number of wheelchairs and stretchers with transporters are set aside at the ambulatory site for upgrades of previously stable patients, or if an occasional “immediate” is brought by civilian means, to be transported. Centrally (strategically) placed observers are used to watch ambulatory patients from one spot to another, not escorts, which are, too labor intensive. Clear lanes of traffic are (cordoned off) set up connecting the key areas for this purpose. Ambulatory patients presenting by taxi, walk in etc. will be funneled to ambulatory triage by NYPD and University Police. The front lobby of B building and cafeteria of D building at KCH can serve as holding areas, or triage in inclement weather. Triage personnel are identified with labeled vests.
Two decontamination tents will be deployed, each in front of the respective institutions ER entrance to supplement the permanent Decontamination Showers. The tent in front of the trauma bay at KCH holds fewer patients, but can accommodate stretchers.
The decontamination tent for UHB is designed/set up for higher volume ambulatory patients. All areas are staffed by personnel with PPE and suit supporters.

The Simple Triage and Rapid Treatment (START) triage will be used as well as triaging patients into geographic areas. The standard four-color triage categories are used; red for immediate, yellow for urgent, green for minor injuries, black for deceased. Separate treatment areas are designated for each. Triage tags are made up of three copies. One, of course stays with the patient, the triage officer keeps one, and one is given to the institution designated at triage at the time of arrival.

The Triage officers will have a recorder assigned to them, (a clerk, medical student, etc,) to keep track of names, number of total ambulance patients, and how many went to each institution, how many went to pediatrics, etc. The Triage officers will be given radios by University Police to communicate to the Command Center, so that the above information is readily accessible. Ambulance triage occurs away from the ER arrival bay, so as to not clog access. There are two ambulance lanes, critical and delayed, in this way vehicles carrying higher priority patients will have unencumbered access to both EDs.

Ambulances approach from the west, stopping in front of the Medical school. A senior resident or attending will perform ambulance triage. Rapid evaluation (30 seconds or less) consisting of:
1) type of injury ex. Penetrating, burn, crush, etc.
2) Anatomic location ex. head, torso, extremity.
3) vital signs as presented by EMS.
The ambulance triage officer will then make a determination of:
1) critical/immediate – open lane into ambulance bay of facility with the appropriate resources.

2) delayed – slower lane, waiting in line
3) walking wounded – ambulatory triage.
The triage officer will proceed from vehicle to vehicle tagging the patients, and based on this protocol the patients will be directed to the appropriate institution. In general multi-trauma patients will be admitted to KCHC, and nonurgent/ambulatory patients will be directed to UHB depending on both institutions level of stress with patient influx.

Psychiatric patients and distraught patients who are medically cleared will be triaged to KPC. Patients with isolated extremity fractures and orthopedic injuries not requiring hemodynamic stabilization will go to KBJ. Hospital transport vans will be made available by Hospital Police to transport ambulatory, nonurgent patients to receiving facilities.
Patients should be decontaminated before being transported for obvious reasons.

Conversely KBJ and KPC will have facility vehicles (depending on resources) on standby to transport any patients needing resources found at the trauma/cardiac center. Communication between the facilities' Command Centers will be ongoing and convey how many casualties are being transferred and what types of injuries are to be expected.

PRIMARY TRIAGE AND PATIENT FLOW POST DECONTAMINATION:

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)

All victims should be received through the ambulance entrance to the Primary Triage area.

The Triage Officer and Triage Nurse will assign patients at triage to one of the following categories:

Triage Priority and Tags:

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

From Primary Triage the patient will be taken to:

- **Major Casualty (Red and Yellow tags)** will be taken to the main ED

- **Minor Casualties (Green tags)** will be sent to the Fast Track area until it is overwhelmed. The suites will then be utilized as follows:

  i. OPD Lab-Waiting Area/Discharge Planning
  ii. Suite A-Minor medical

iii. Suite B-Family Practice
iv. Suite D-Pediatric, medicine and minor trauma
v. Suite G-OB/GYN
vi. Suite I - Behavioral Health
vii. Suite J - Minor Trauma

- After treatment is complete, minor casualties will be taken to the discharge planning area (to be determined by ICC based on volume) for discharge, and assistance with contacting the families

- Psychiatric cases will be initially referred to Suite I

PRE-TRIAGE SCREENING – See Biohazard Plan for additional guidance.

In the event of a biological event that threatens the hospital community the Incident Command Center (ICC) will activate a pre-triage screening protocol.

This process provides for pre-triage screening of highly contagious/highly dangerous infectious diseases which is aimed at insuring early detection and treatment of persons with these highly infectious agents, and interruption of their transmission to others by appropriate screening and adherence to specific precautions.

a. Upon notification by the Incident Commander the University Hospital Police will lock down all entrances.

For all persons entering

- All Entrances will be closed except the ambulance bay and the swinging doors on Clarkson Ave and Lenox Road. (employee use only) The revolving door will be closed and the Hospital Police manning that entrance will move outside the facility in PPE to direct employees to the 445 Lenox Road entrance. Employees will be screened by nursing personnel (or other clinical staff).

Staff

- In conjunction with public safety before being permitted entrance to the facility. Employees who are ill/symptomatic will be referred back to the Clarkson Avenue entrance. Those who are not sick will have a sticker placed on their ID card by Public Safety affording them either unlimited institutional access or restricted access to critical areas. Decision regarding restrictions will be made by the ICC. Employees will be directed to report to their stations unless otherwise instructed.
- The Director of Pharmacy or designate will be notified by the ICC that employee antibiotic prophylaxis may be necessary and will set up a dispensing station in the pharmacy offices in the basement of the hospital. A log will be kept of all employees receiving prophylaxis. Supervisory staff will be instructed to let their staff

leave their work station in a staggered fashion to go to the pharmacy.

Patients

- Ambulatory patients will be directed to the screening nurse and if necessary to isolation.
- Clinic areas may be closed to normal functions at the direction of the CMO/Med Director/ AOD
- Elective admissions may be cancelled at the direction of the CMO/Medical Director/AOD
- Early discharge plan will be activated at the discretion of the CMO/Medical Director/AOD.

Medical School

- The only open University entrance will be at 395 Lenox Road where screening of staff for symptoms in a fashion similar to that conducted at 445 Lenox Rd will take place. Public Safety and Clinical staff assigned by the CMO or designate will conduct this screening.

Emergency Department Screening

Ambulatory

b. At the Hospital Police desk inside of the swinging doors the RN and Hospital Police will be in PPE (level D) and establish if the patient needs isolation.
    - If the patient is in need of isolation (criteria to be set by ICC based on event) he/ she will be given a mask and directed to PED (Pediatrics) waiting area [Acute Care Isolation Evaluation Area]. In-depth triage will take place in the PED triage area. If the patient can be downgraded as a BT risk then they can go to regular waiting area or taken directly to the main Emergency Department.

Ambulance

c. For Ambulance patients there will be a RN or a Physician in the PPE at the ambulance entrance who will determine if the incoming patient needs to stay on a stretcher and/or needs isolation.
    - If the patient is in need of isolation (criteria to be set by ICC based on event) he/she will be masked in the ambulance bay and proceed to the acute care area-designated isolation rooms to be triaged and registered
    - If the patient does not need isolation but does need a stretcher the patient will proceed to the main Emergency Department and will be triaged and registered.
    - If the patient does not need isolation, or stretcher care the patient will go to ambulatory triage and proceed with registration

d. In the event that the Emergency Department becomes overwhelmed the surge capacity plan will be enacted at the direction of the Incident Command Center.

8) **Registration of Patients:** The disaster cabinet contains 100 MCI charts that have active medical record numbers and can be used with only minimal demographic information. Registrars supplemented with Ambulatory Care and Admitting staff will assist in the tracking and registration of disaster patients. The patients can be cared for and discharged without complete registration in the Eagle System, but **the patients must complete the registration process in the Discharge Area. Registration of patients should never prevent the rapid triage and assignment of patients to care areas.**

9) Coordination of care with inpatient services:

Medical Staff

- The ICC will coordinate the preparation, notification and care of inpatient services.

- The ICC will confirm notification of the Hospital Medical Director, Director of Medicine, Directors of Surgery and Pediatrics of an MCI to ensure adequate staff is available for optimum patient care; these departments will follow their departmental Disaster Plans.

- The inhouse Residents and Physicians Assistants in Medicine, Surgery and Pediatrics will follow their departmental Disaster Plan when the disaster bells or overhead announcement is heard. These residents and PAs will be given assignments in their MCI packets that will include but not limited to:
  a. Facilitating pending admissions
  b. Preparation to receive patients
  c. Care of patients.

Nursing Services

The ED Nursing Administrator or, on off-tours, the Assistant Director of Nursing will be responsible for coordinating and dispatching nursing personnel to the ED and support services to all routine and disaster care-related Hospital areas, per the priorities established through the DMO and the Incident Command Center.

Support Services

The Incident Commander will be responsible to ensure the departmental disaster plans are activated and appropriate staff and supplies are brought to the ED, OR and other areas as needed

- **Materials Management:** Four (4) ED disaster carts are brought from central sterile to the ED. Assign personnel to the ED to bring required supplies and equipment to the ED.

- **Blood Bank:** The Blood Bank is alerted to the MCI via bells and announcements 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**: Dispatches two technicians to the ED with portable machines. Also ensure rapid availability of CT scanner.

- **Messenger Services:** Bring all available stretchers and wheel chairs to ED.

- **Respiratory:** A technician shall report to the ED and the supervisor shall compile a list of available ventilators, additional tanks and nebulizer sets.

- **Lab services:** Is prepared to receive a large influx of samples, and prepare for downtime procedures if CERNER system or EAGLE system are not functioning.

- **Admitting:** Conducts a rapid evaluation for available ICU and Med/Surg and Pediatric beds.

10) Discharge Office

- A discharge office will be set up in the OPD Waiting Area
- 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 where discharge of ambulatory patients will take place.

11) Public Relations and News Media

- At no time will the media be allowed unescorted through any patient care or treatment area. Hospital Police will direct all media to the Special Functions Room in the Health Science Education Building or an alternate site will be set up in the University Student Center.

- The Office of Institutional Advancement and the ICC will handle all media calls, news releases, press conferences and interviews.

12) Family Reception Area

- Once the Emergency Management Plan for mass casualty incidents is activated no visitors will be allowed into the ED or OPD and hospital visiting hours will be suspended.

- A Family Reception Area will be set up initially in the Lenox Road Waiting Area and later established in the auditorium at KPC.

The Patient Relations Department and other support personnel such as Mental Health, Pastoral Care and Social Services will staff this area.

- Once KPC is functional, All family arriving at the hospital will be directed there. University Police will assist by providing escorts/transportation.

- The Patient Relations Department with admitting (via KPC) will be responsible for notifying families if patients are moved or relocated.

13) Manpower Resource Pool

- A nursing/medical resource pool will be established by the ICC based on event and availability of space. Personnel will be assigned to required areas at the direction of the DMO and Nursing administration.

- All employees without specific new assignments are to stay at their jobs.

- A volunteer pool will be established in the UHB Conference Rooms to coordinate medical center volunteers. (Refer to volunteer section)

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 ICC

B. De-escalation (Stand-Down):

- The Incident Command Center will authorize and the Telecommunication unit will sound the all-clear signal (1-1-1-1) via the institution-wide bell system and the overhead announcement, 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.

C. Recover Phase

- Continue to assist employees and community with behavioral health needs

- Assist with the compensation of employees

- Assist employees with benefits needs

- Assist employees with employee assistance support

D. Evaluation Phase

- Debrief involved staff
- Collect MCI sheets as documentation
- Contact OEM for community evaluation of plans
- Review incident in Emergency Preparedness Committee Meeting
- Submit written evaluation of incident to The Emergency Preparedness Committee
- Integrate improvements into Emergency Management Plan and as required into departmental plans

MCI PACKETS CONTENTS

ED Registrars

Date: _____ Name:_____(Print)

Mission: To ensure the most efficient use of available resources and to provide an organized system whereby all patients presenting to the Emergency Department are treated based upon SUNY Disaster Triage Protocol

Responsibilities	Done	Time
Read entire Job Action Sheet		
Put on vest		
Attempt to obtain the Mass Casualty Alert level		
Notify the ED Attending Physician. (*The Attending will retrieve assignment sheets and determine if a limited or full Mass Casualty (MCI) is necessary*		
Notify the ED Charge Nurse		
Confirm notification of Hospital Police *X2626 Advise them to initiate their department procedures).*		
Page ED Medical Director and Assistant Medical Director – Roger Holt (917) 7601994 and Nizar Kifaieh (917) 761-1287		
Page ED Disaster Cooordinators – Bonnie Arquilla (917)760-7454; Clarence Bryant (917) 760-0177; Rajesh Mittal (917) 219-4232		
Page Director of ED Pediatrics – Dr. Nooruddin Tejani (917) 760-0800		
Page ED Administrator and Manager – Vikki Small (917) 761-1603 and Uraina Jones (917) 219-4388		
Confirm notification of Administrator on Duty (917) 218-4439		
Confirm notification of Hospital Operator x2121 • Advise them to implement their department procedures and page the following: • Hospitalist • Medicine Chief Resident (on call) • Surgery Chief Resident • Pediatric Chief Resident		
Call Housekeeping Ext. 2997		
Call Messenger Escort Transportation Service (METS) Ext. 1873; on off- tours call AOD for assistance		
Notify the OR Supervisor of event: Ext. 1684 or 3875		
Notify Pharmacy for Disaster Cart: Ext. 2856		

**** Return Completed Sheet and Vest to Disaster Coordinator or designee**

Disaster Medical Officer (DMO)/ ED Senior Attending Physician

Date: _____ **Name:_____(Print)**

Responsibilities	Done	Time
Read entire Job Action Sheet		
Put on vest		
Is responsible for organizing overall disaster response with assistance of administrative and nursing staff in the ED		
Will obtain situation report and organize meeting with staff		
Will ensure notification of the Medical Director and Assistant Medical Director of Emergency Services at UHB Dr. Roger Holt – 917) 760-1994 and Dr. Nizar Kifaieh		
Confirm notification of Disaster Coordinators – Dr. Bonnie Arquilla 917-760-1454, Clarence Bryant 917-760-0177, Dr. Rajesh Mittal (917) 219-4232		
Assign a Triage Officer **Name:_____**		
Direct the Charge Nurse to provide an immediate ED bed count to DMO and to the Command Center		
Notify the Nursing Supervisor and/or AOD of the situation and obtain a house-wide bed count.(*e,g, # of available telemetry, unit, Med/Surg)*		
Prepare the ED for MCI Victims		
Will direct Registrars to notify the following to report to the ED for assignment:		
Chief Resident Internal Medicine		
Chief Resident General Surgery		
Chief Resident Pediatrics		

**** Return Completed Sheet and Vest to Disaster Coordinator or designee**

Nursing Supervisor on Off-Tours

Date: _____ **Name:_____(Print)**

Responsibilities	Done	Time
Read entire Job Action Sheet		
Put on Vest		
Obtain a house bed count and provide information to the ED Charge RN.		
Notify the CEO/CNO		
Notify the appropriate Unit Charge Nurse		
Consult with the ED Charge Nurse for additional nursing staffing needs		
IF THERE IS NO AOD ON DUTY THE OFF TOUR NURSING SUPERVISOR WILL ASSUME THE RESPONSIBILITIES OF THE AOD.		
Discuss with Administrator on Duty, Disaster Medical Officer (Senior ED Attending) and Chief Medical Officer if disaster should be declared		
Authorize Disaster Page and Bells to be sounded.		

**** Return Completed Sheet and Vest to Disaster Coordinator or designee**

ED Charge Nurse

Date: _____ Name:_____(Print)

Mission:

- To ensure the most efficient use of available resources
- To provide an organized system whereby all patients presenting to the Emergency Department are treated based upon SUNY Triage Protocol
- Will serve as Senior Disaster Nurse and is responsible for ED Nursing Resources

Responsibilities	Done	Time
Read entire Job Action Sheet		
Put on Vest		
Hold Situation Status Report Meeting with DMO and Staff		
Review patients in the ED and Fast Track with attending to see which patients can be discharged or moved out of the Emergency Department		
Obtain the bed count from the AOD and report this number to DMO/ED attending		
On Off-Tours will call the Nursing Supervisor and AOD (notify him/her of the Mass Casualty Incident) and ensure the house bed count process is initiated.		
Confirm that registrar has notified: • ED Director & Assistant Director – Drs. Roger Holt and Nizar Kifaieh • Director of Pediatric ED – Dr. Nooruddin Tejani • Disaster Coordinators – Dr. Bonnie Arquilla, Dr. Rajesh Mittal and C. Bryant • ED Administrator – Vikki Small • ED Manager – Uraina Jones • Administrator on Duty • Housekeeping • Messenger Escort Transportation Service (METS), • OR Supervisor • Pharmacy		

**** Return Completed Sheet and Vest to Disaster Coordinator or designee**

Registered Nurse (RN)

Date: _____ **Name:_____(Print)**

Mission: To ensure the most efficient use of available resources and to provide an organized system whereby all patients presenting to the Emergency Department are treated based upon SUNY Disaster Triage Protocol

Responsibilities	Done	Time
Read entire Job Action Sheet		
Put on Vest		
Attend Situation Status Meeting		
Report to Charge Nurse for assignment		
Assist Charge Nurse to prepare the Emergency Department for casualties		
Check all areas to ensure functioning equipment and adequate supplies		

**** Return Completed Sheet and Vest to Disaster Coordinator or designee**

Triage Officer/ED Attending

Date: _____ **Name:_____(Print)**

Mission: To ensure the most efficient use of available resources and to provide an organized system whereby all patients presenting to the Emergency Department are treated based upon SUNY Disaster Triage Protocol

Responsibilities	Done	Time
Read entire Job Action Sheet		
Put on Vest		
Attend Situation Status Meeting		
The Attending in the ED triages patients as they arrive at the ambulance dock		
Be available for patient care needs as directed by the DMO		
Evaluates current patients in the ED to determine their status and report status to DMO*(e.g. needs to stay send to floor or discharge*		
Ensures set up of Decon tent and system if necessary		

**** Return Completed Sheet and Vest to Disaster Coordinator or designee**

Triage Nurse

Date: _____ **Name:_____(Print)**

Mission: To ensure the most efficient use of available resources and to provide an organized system whereby all patients presenting to the Emergency Department are treated based upon SUNY Triage Protocol

For disaster victims: Use DISASTER TRIAGE FORM
For non-event patients: Use regular triage forms

Responsibilities	Done	Time
Read entire Job Action Sheet		
Put on Vest		
Attend Situation Status Meeting		
Complete Disaster/Regular Triage Form		
Reassess all patients every 15-20 minutes if covering non-acute triage area		
Instruct Recorder to do patient tracking (name, time of arrival etc.)		
Pictures (3 copy) for identification of patients unable to give their name Cameras and Film located in Disaster Cabinet		
If inquired, triage nurse will have the information of the number of the patients waiting to be triaged		

**** Return Completed Sheet and Vest to Disaster Coordinator or designee**

ED EKG Associates/Tech

Date: _____ **Name:_____(Print)**

Mission: To ensure the most efficient use of available resources and to provide an organized system whereby all patients presenting to the Emergency Department are treated based upon SUNY Triage Protocol

Responsibilities	Done	Time
Read entire Job Action Sheet		
Put on Vest		
Attend Situation Status Meeting		
Receive assignment from ED Charge Nurse		
Performs all required EKGs		
Perform phlebotomy as directed by RN/MD		
Assist with transportation of patients as needed		
Assist with transportation of blood products/ lab samples		
Assist with patient care as needed		
Communicate with Charge Nurse and all nursing/medical staff		

**** Return Completed Sheet and Vest to Disaster Coordinator or designee**

ED Transporters

Date: _____ **Name:_____(Print)**

Mission: To ensure the most efficient use of available resources and to provide an organized system whereby all patients presenting to the Emergency Department are treated based upon SUNY Disaster Triage Protocol

Responsibilities	Done	Time
Read entire Job Action Sheet		
Put on Vest		
Attend Situation Status Meeting		
Receives assignment from charge Nurse		
Responsible with transportation of all Emergency Department patients as instructed		
Assist with transportation of blood products/ lab specimens as requested by Charge Nurse, RN, MD		

**** Return Completed Sheet and Vest to Disaster Coordinator or designee**

PAs and Nurse Practitioners

Date: _____ **Name:_____(Print)**

Mission Statement: To facilitate patient care and continuity for event and non-event patients

Responsibilities	Done	Time
Read entire Job Action Sheet		
Put on Vest		
Attend Situation Status Meeting		
Receive assignment from physician in charge		
Be ready to take on additional assignments as dictated by event		
Prepare situation report for DMO		

**** Return Completed Sheet and Vest to Disaster Coordinator or designee**

The Medical Student Support Team

Purpose: It is expected that during any disaster declaration, there will be a need to utilize medical personnel for help. The Medical Student Support Team will consist of first and second year SUNY medical students. They will have valid SUNY Downstate ID, with orange "dot" on face allowing bearer into the Emergency Department during a disaster and special clothing to identify them.

MSST Will:

1. Activate themselves and meet at the SUNY Downstate Library
2. Will divide themselves amongst the KCH and SUNY hospitals
3. Report to the E.D. command officer in both hospitals

Mission: Organize and direct those operations involving patient recording and transport

Responsibilities	Done	Time
Immediate:		
Receive appointment from the DMO/Emergency Department Attending		
Read this entire Job Action Sheet		
Obtain briefing from EM Attending on incident		
Record incident related activities and specific problems as dictated by the assigned supervisor		
If assigned to triage, record patients' names and their ultimate location as they arrive at pre-triage screening		
Assist the ED attending in any paper-type activity as required		
During Joint Triage will transport patients to their ultimate hospital (SUNY, KCHC etc)		
Transport patients to CAT Scan, X-Ray or other places as needed		
Transport specimens (Blood Products, etc.) to the lab		
Serve as communication go-between as necessary, should telephone service not be operating		
Extended:		
Ensure triage and other signs are in place and visible		
Take pictures as necessary – As directed by ED physician		
Provide other support – As directed by ED Physician		
Serve as support to ancillary staff		

**** Return Completed Sheet and Vest to Disaster Coordinator or designee**

Chief Medical Residents/Senior Medical Residents

Date: _____ **Name:_____(Print)**

Responsibilities	Done	Time
Read entire Job Action Sheet		
Put on Vest		
Obtain briefing from DMO/ED Attending		
The Senior Resident in Internal Medicine & Family Practice will turn over all of his/her patients to a Junior Resident or Physician Assistant after identifying which patients can be discharged immediately		
Discharge all eligible patients as directed by the Incident Command Center		
Report to the Emergency Department for direction from the Disaster Medical Officer.		
Care for patients as assigned by DMO		
Establish which patients are eligible for early discharge		

**** Return Completed Sheet and Vest to Disaster Coordinator or designee**

Pediatric Residents

Date: _____ **Name:_____(Print)**

Responsibilities	Done	Time
Read entire Job Action Sheet		
Put on Vest		
Obtain briefing from DMO/ED Attending		
Will assist in identification of patients for immediate discharge		
Care for patients as assigned by DMO in pediatric acute and intermediate care		
Discharge all eligible patients as directed by DMO/ICC		

**** Return Completed Sheet and Vest to Disaster Coordinator or designee**

Surgery Resident

Date: _____ **Name:_____(Print)**

Responsibilities	Done	Time
Read entire Job Action Sheet		
Put on Vest		
The Senior Resident in Surgery will turn over all of his/her patients to a Junior Resident or Physician Assistant		
Report to the Emergency Department for direction by the Disaster Medical Officer.		
Obtain briefing from DMO/ED Attending		
Care for patients as assigned by DMO		
Follow Surgery Plan		

**** Return Completed Sheet and Vest to Disaster Coordinator or designee**

University Police

Responsibilities	Done	Time
Read entire Job Action Sheet		
Put on Vest		
Participate in ED briefing		
Consult with the ED Attending Physician and the AOD as to the magnitude of the disaster and what plan to implement.		
Secure hospital entrances/exits		
Survey available equipment: radios/lights/emergency generator		
Follow University Police Plan		

**** Return Completed Sheet and Vest to Disaster Coordinator or designee**

Patient Representative

Date: _____ **Name:_____(Print)**

Mission: To ensure the most efficient use of available resources and to provide an organized system whereby all patients presenting to the Emergency Department are treated based upon SUNY Disaster Triage Protocol

Responsibilities	Done	Time
Read entire Job Action Sheet		
Put on Vest		
Participate in ED briefing		
The Patient's Representative will serve as a liaison and information resource for families of the victims		
Offer emotional support for the family members and significant others		
Help to direct family members to the appropriate locations		
Communicate with the Emergency Department staff to provide status update to the family members regarding patient's condition or location		
Maintain confidentiality of patient's information		
Will assist in maintaining Patient Tracking Lists to be repeated to DMO/ICC		

**** Return Completed Sheet and Vest to Disaster Coordinator or designee**

Social Worker

Date: _____ **Name:_____(Print)**

Mission: To ensure the most efficient use of available resources and to provide an organized system whereby all patients presenting to the Emergency Department are treated based upon SUNY Disaster Triage Protocol

Responsibilities	Done	Time
Read the entire sheet		
Put on vest		
Participate in ED briefing		
Assess emotional, social state of the patient		
Provide crisis intervention		
Provide emotional and social support to the patients and their families		
Refer patients and families to appropriate social services		
Contact with family, school, friends per patients request		
Communicate with all medical and professional staff for the best interest of the patients or their family		
Maintain confidentiality of the patient		

**** Return Completed Sheet and Vest to Disaster Coordinator or designee**

Specific External Events That May Affect Downstate Medical Center and Require a Full or Partial MCI Reponse

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 UHB 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 Causality 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 log on to the HERDS reporting system regarding bed availability as well as listen to the 800 MHz Radio for announcements. Early evaluation of the incidents, impact on staffing and need for department heads to activate their departmental plans.

Patient Care:

- The process of triage, patient flow and coordination of care will be as outlined in the MCI and Surgery Plans.
- The ED must be ready to receive numerous patients with multisystem traumatic injuries. It is expected that a large portion of these patients may also have burn injuries.
- Joint triage will be activated when greater than twenty (20) critical patients are expected at either UHB or KCH.

NYC Burn Centers:
Jacobi Hospital – (718) 918-5000
New York Cornell Medical Center - (212) 746-5454
Staten Island University Hospital - (718) 226-9000

Hyperbaric Chambers:
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 Downstate Medical Center given it is located in the largest metropolitan area of the country. If civil unrest is imminent the Emergency Management Plan would be activated. The University Police would be expected to secure the institution as per their protocol.

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 Institution and its staff.

Patient Care:

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

University Police:

- The Institution would use the security policy outlined in the EMP for Mass Casualty Incidents with suspension of visiting hours.
- It is also understood that 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 University and Hospital.
  c. Assign specific officers to pharmacy, and areas containing hazardous materials and dangerous gases.

C. Extremes of Weather

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. Essential personnel are expected to report to work irrespective of the University being open or closed.

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 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.

Heat Emergencies:
Once the mayor's Office of Emergency Management has put out a heat advisory the Command Center is to authorize the UHB Emergency Department as a cooling center.

Snow Emergencies/Cold: (See complete policy at end of this section)
Once the mayor's office of emergency management has put out a winter storm advisory or cold weather alert the Command Center is to authorize the UHB 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.

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.

Patient Care:
The process of triage, patient flow, and coordination of care will be as outlined in the MCI plan. It is expected that, in addition to caring for any patients with traumatic injuries, the hospital would, serve as a place of refuge for displaced persons. The ED would be the initial point for receiving displaced patients, screening and directing them to Kingsboro State Psychiatric Center, where a family center would be established in concert with the CBPP hospital network.

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 UHB will provide acute care up to its bed capacity. In situations where a neighboring healthcare facility requires evacuation that potentially will require UHB to care for patients at or above the hospitals capacity the Emergency Management plan will be activated for Mass Incidents.

Command Center:
The command center is to be established as per EMP protocol. The command center will establish contact with the Evacuating Facility and coordinate the transfer of patients to UHB with the Disaster Medical Officer. It will be important that the Command Center identify the resources available at UHB for these patients and try to coordinate the receiving of patients with other area hospitals.

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

E. VIP Patients

Command Center:

- The Command Center is to be established and the Emergency Management Plan activated.

- The Command Center will determine the needs for special measures to ensure any special needs of the VIP.

- The Command Center is to place special emphasis on the news media. It is assumed the media aspect of the Emergency Management Plan 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 Institutional Advancement and the Incident Commander.

- In the event of discharge, special consideration should be given to the exit location of the VIP.

University 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 telephones and visitor passes may be required.

- Normal personnel screening will continue with possible increased screening in the area of the VIP.

F. Regional Power Outage

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 Center. Emergency phones have been installed in the Command Center.

The extension is 1515.

One or more special officers, with portable radio units, shall report to the command post to provide and/or augment communication requirements.

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

INFORMATION AND COMMUNICATIONS:

All requests for information and all communications relative to a power failure emergency shall be directed to the Command Center to be answered by Institutional Advancement.

NOTE:
The main hospital telephone number is not to be used for emergency information requests or communications.

STAFFING:
All Supervisory Hospital Administration/Unit Managers must contact the Command Center as soon as possible in the event of a power emergency and activate their departmental plans. 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 Incident Commander. **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).

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 Command Center 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 University Police. All visitors will be requested to leave the Hospital.

PLAN #1 – CON EDISON BLACKOUT:

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.

UNIVERSITY HOSPITAL

1. All critical care units
2. Strategic outlets on each floor (Ivory or Red colored)
3. Lights at each nurses station
4. Elevator #'s 8 and 9
5. Fire alarms
6. Switchboard and paging systems
7. Narcotic cabinet alarms
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 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.

Lanterns, extension cords, and portable pumps are to be kept in a locker in the Environmental Services Office (extension 2997). These are to be used only for emergency cases in wards.

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 2345.

If a "blackout occurs at other than normal working hours, emergency calls should be directed to The AOD or extension 1515."

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)

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 Incident Commander 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) - Will come from the Incident Commander.

THE FOLLOWING ANNOUNCEMENT WILL BE MADE:

"Emergency electrical plan No. _____ is now in effect. All Departments are required to reduce the use of electricity in accordance with the written procedures for plan No. _____.

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 Incident Commander will notify the operator who will then make the following loudspeaker announcement:

"The emergency electrical plan has been changed. All departments will now follow procedures for plan No. _____."

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.

SHEDDDING OF ELECTRICAL LOADS

POLICY: The establishment of a policy for the shedding of non-essential electrical loads during periods of potential utility brownout.

FM&D shall implement this protocol of load shedding during times when electrical usage on the building's switchboards nears full capacity. Additionally, the campus may elect to implement this protocol if requested by Consolidated Edison to participate in an area-wide attempt to reduce usage during summer peak demand periods.

Implementation of this protocol and to what stage (1 through 4) implementation is to be taken shall be performed at the direction of the Assistant Vice President for Physical Facilities or their designee with approval of the Senior Vice President for Administration. Others to be notified should include the Hospital Executive Director, the Senior Vice President for Biomedical Research and Education, and the Chief of University Police.

Appropriate signage shall be posted by FM&D personnel implementing the planned shutdown to inform the public of conditions.

PROTOCOL:

STAGE 1

Stage 1 will consist of shedding alternate light fixtures in public corridors, elevator lobbies and other public areas of the Basic Sciences Building and University Hospital. Basic Sciences Building escalators will be taken out of service. Stage 1 will be implemented by Electric Shop staff.

STAGE 2

Stage 2 will consist of shedding non-essential plant equipment and machinery in mechanical rooms, penthouses and boiler rooms areas. Equipment to be taken off line shall be identified by the Associate Director of Physical Plant. Stage 2 will be implemented by the Power Plant and Electrical Shop staff.

STAGE 3

Stage 3 will consist of shedding select vertical transportation systems. Stage 3 will be implemented by the elevator service contractor with the cooperation of the Associate Director of Physical Plant and the Chief of University Police.

STAGE 4

Stage 4 will be implemented only under conditions of extreme emergency and/or pending power power failure. Stage 4 will consist of transferring essential loads in the Basic Sciences Building and University Hospital onto campus emergency generators. This is the same mode of operation as during a complete Con Edison Power failure. This stage will be implemented by the Associate Director of Physical Plant at the direct request of the Director of Physical Plant and the Assistant Vice President of Physical Facilities. Coordination with the Senior Vice President for Administration, the Senior Vice President for Biomedical Education and the Hospital Executive Director will be required. A command center will be established as mandated in SOP – " Power Failure Contingency Plan".

Snow Emergency Plan

I. Purpose:
To ensure that the hospital may continue to provide comprehensive patient care services efficiently, as well as meet the needs of staff during a snow emergency, the following procedures are to be adhered to.

II. POLICY & PROCEDURE

1. Upon issuance of a National Weather Service snow warning which will result in a significant accumulation, is imminent (e.g. within 24 hours), and has the potential to adversely impact normal operations of the organization, the highest administrative authority in the hospital shall activate the Command Center. This individual shall assume the role of Incident Commander and notify the Hospital operator.

2. A Command Center shall be established and shall serve as the central location for coordination of activities. Command Center location is at the discretion of the Incident Commander in accordance with the hospital's Emergency Operations Plan.

3. Other HEICS positions shall be activated at the discretion of the Incident Commander, as per the activation matrix and incident command structure. However, the minimum positions to be activated include Public Information Officer, Safety & Security Officer, Logistics Chief, Operations Chief, and Planning Chief. Job Action sheets are to be distributed by the IC to appropriate personnel.

4. The Command Center shall include, at a minimum, the following personnel: an officer of UHB (vice president or assistant vice president); two senior associate administrators; an AOD; and a nursing supervisor.

5. The Incident Commander shall convene a preliminary briefing with representation from all Hospital departments. Key issues for planning include:

    - Hospital-wide staffing
    - Internal and external communication
    - An emergency employee transportation system
    - Snow removal procedures
    - Facility management
    - Equipment & supplies

    Subsequent briefings shall be convened at the discretion of the incident commander based upon current weather and organizational conditions, as well as planning needs.

III. Responsibilities: (Include all departments/services involved in development/implementation and/or monitoring

1. **Staffing:** It is the responsibility of each Department Head to adequately staff their department.
2. **Snow Removal:** Priorities will be as follows: (1) all fire exits; (2) ambulance ramp; (3) supply services ramp; (4) all other public access; (5) other priorities as established by the Command Center.

3. **Staff Sleeping Accommodations and Meals:** The hospital will attempt to arrange for rest/sleeping accommodations for those employees who are stranded or otherwise unable to leave the facility. The Staff Support Unit Leader, (under direction of the Operations Chief) will designate areas which may be utilized for rest/sleeping. The Incident Commander will make a determination regarding what, if any, arrangements will be made for provision of meals for staff.
4. **Department Specific Plans:** Each department will be responsible for developing their own snow emergency plans. Information Services will provide each department with an employee address list by zip code upon request.

5. **The AOD will issue a supplemental report on each Tour during a Snow Emergency.** The Supplemental Report will provide status each shift of the following areas: Public Information Officer; Ancillary Support Services (including status of laboratory services, radiology services, and facilities' access with special attention to ambulance ramp in the Emergency Department, the service delivery ramps for food and supplies; and the public access entrances); Security; Planning (including status of food, patient relations, discharges, social services, temporary housing for staff); Operations (including admissions, respiratory therapy, pharmacy, dietary, housekeeping, telephone/communications, bed availability); and Medical Care (including adequacy of housestaff and attending coverage on all clinical services).

IV. Procedures/Guidelines

Termination of Snow Emergency: Upon conclusion of emergency phase of operations, the Incident Commander will terminate the operation of the Command Center. In addition, a post event debriefing/critique will be convened within one business day to evaluate organizational performance, adherence to the Emergency Operations Plan, and identify opportunities for performance improvement.