

WHAT TO DO IF A DISASTER IS DECLARED

- **Your department has a plan. Do not leave your regular post/job unless you are instructed to do so by your departmental plan or supervisory personnel.**
- **Do not under any circumstances speak to news media. Refer them to the Office of Institutional Advancement at (718) 270-2567.**
- **No visitors are allowed in the hospital during a disaster. Send Visitors to the exits to be directed to the Family Reception Area by Hospital/University Police.**
- The Hospital Disaster Plan is an all hazards plan and consists of a number of procedures designed to assist in the effective response to events that pose an immediate danger to the health and safety of staff, patients and visitors.

Activation of the plan may be initiated in three phases:

1. Alert – for notification purposes only - no staff changes.
 2. Partial Activation – Limited departmental notification – no staff changes expected.
 3. Complete Activation – Limited or complete notification – staff changes expected.
- Anyone 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 types of injuries are there?
 - How many people were injured?

The employee who learns of the occurrence must notify Senior Administration during the day at ext. 2403 or 1515; on off-tours, notify the Administrator on Duty (AOD) at 4683 or by pager (917) 218-4439 and Hospital Police at ext. 2626.

In the emergency department the Senior Attending can declare a disaster, if unable to contact the AOD.

- **4-4-4-4 Bells and/or an overhead announcement of Code D** mean an **Actual Disaster** is in progress in UHB.
- The Command Post coordinates all resources during a disaster and functions under the National Incident Management System (NIMS).

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- The Disaster Cabinet and Mass Casualty Incident (MCI) Packets are in the Emergency Department Ambulance Entrance.
- **All patients/victims will enter through the ED entrances for primary triage.** Direct all victims to those locations (not through hospital corridors) to assure that they are evaluated and treated in order of need, given the best and fastest care possible and prevent hospital contamination.

Where will overflow patients at UHB be evaluated and treated?

OPD Lab-Waiting Area/Discharge Planning
Suite A-Minor medical
Suite B-Family Practice
Suite D-Pediatric, medicine and minor pediatric trauma
Suite G-OB/GYN
Suite I - Behavioral Health
Suite J - Minor Trauma

- After the evaluation and treatment of minor injuries, patients must go to the OPD Lab-Waiting area to complete the proper paperwork, be discharged and have follow up care arranged.
- The Nursing Staff Resource Pool is in the Nursing Office.
- De-escalation and Stand Down: At UHB the All Clear signal is 1-1-1-1 Bells.
- Debrief: Report helpful comments recommended changes to your Department Head.