Cop 04b: The organisation Manages community emergencies, epidemics and other disasters.

1. **Purpose:**

   Inodaya Hospital has an established and comprehensive system for identifying, preparing for, and managing community emergencies, epidemics, and disasters. The hospital follows an all-hazards approach to ensure safety of patients, staff, visitors, and the surrounding community.

2. **Scope**: Hospitalwide

3. **Situations and Assumptions:**

Several types of hazards pose a threat to the hospital:

- Internal disasters: fire, explosions, and hazardous material spills or releases.
- Minor external disasters: incidents involving a small number of casualties.
- Major external disasters: incidents involving a large number of casualties.
- Disaster threats affecting the hospital or community (large or nearby fires, impending disasters, flooding, explosions, earth quake, cyclone, civil unrest etc.).
- Disasters in other communities.

4. **General Considerations and procedure:**

4.1. Thehospital define and implement the plan for handling the disasters, this plan includes:

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- Hospital will be planed the disaster management to handle the internal and external disaster situations and these plans are approved by the Managing director.
- Disaster manual should be prepared and available at all locations of the hospital.
- Staffs are trained regarding these plans (through mock drills and regular trainings)
- These plans are tested by the hospital at least once in six months and document the variations and deviations for proper corrective actions.

4.2. **ActionplansintheDisasterPhase**:-

When the hospital identifies any internal, external disaster or any mass emergency situations, immediately reception is informed to announce code green then the concerned disaster management team members are assembled in the command center ER only. The announcement *call 9* will be made immediately with reasonable clarity and precision to enable all concerned personnel to respond as quickly as possible with in shortest possible time.

a) Lines of Authority:

The following persons, in the order listed, will be in charge:

- Managing Director/ Medical director
- CEO
- Managers
- Nursing superintendent

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- Nursing In charges on duty at time of disaster.
- Emergency Room Incharge.

b) Communications:

- A Command Canter will be set up at the Medical Director office to handle and coordinate all internal communications. All department heads or their designee will report to this office and call as many of their employees as needed.
- The person in charge when the disaster happens will assign a clerical staff to the communications system. This clerical staff will answer all telephone calls from this station.
- The telephone shall be manned immediately at the Medical director office by an administrative staff but only for informational purposes.
- At least one messenger will be assigned to the telephone operator to deliver messages, obtain casualty count from triage, etc.
- Person directing personnel pool shall send a runner to all departments to advise them of the type of disaster and number of victims and extent of injuries when this information is available.
    - Nursing will be notified by the NS or designated persons.
    - Department Heads will be notified by the Supervisor or designated staff.
    - Department Heads will notify their key personnel.
- A "Visitor Control Centre" will be set up in the front lobby near causality. Families of casualties will be instructed to wait there until notified of patient's condition. Normal visiting hours will be suspended during the disaster situation.
    - A hospital staff member will update, educate and counsel the family members.

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- A list of the visitor's names in association with the patient they are inquiring about should be kept. Volunteers may be needed to escort visitors within the facility.

- Telephone lines will be made available for outgoing and incoming calls. One line will be designated as the open line to the external Command Centre. The person in charge will designate assigned staff to monitor the phones.

c) Supplies and Equipment:

- Extra supplies will be obtained from purchasing personnel through runners.
- Outside supplies will be ordered by the store in charges and brought into the hospital.

d) Valuables and Clothing:

- Large paper or plastic bags will be made available in the treatment Areas and the storeroom for patient's clothing and valuables.

e) Public Communication Centre:

- A communication centre for receiving outside calls and giving information to the press and relatives shall be set up in front office.

f) Morgue Facilities:

- Patients pronounced DOA (Death on arrival) will be tagged with a Disaster Tag - Do not remove personal artifacts.
- Bodies will be stored in a designated place by Security. Security Personnel will remain with bodies until removed by proper authority.

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- After bodies have been identified, the information will be filed on the Disaster Tag and Medical Records notified as to the identification of the patient.
- The bodies will be handed over to the relatives after proper identification in presence of representatives from the police department. Bodies which remain unclaimed will be handed over to the police after following the required procedures.

g) Maintaining bed capacity in emergencies:

The newly arriving patients would require admission for definitive treatment therefore plans should be there to increase the bed capacity when needed.

This can be achieved by the following actions:

- Discharge elective cases.
- Discharge stable recovering patients.
- Stop admitting non-emergency patients.
- Convert waiting/non-patient care areas into makeshift wards.

h) Responsibilities of Individuals and Departments:

i. Asst. Administrator:

Does the following functions in a **major disaster**:

- Check with local authorities to verify the disaster and obtain additional information.
- Authorize announcement of disaster to hospital personnel.
- Ask for help from local police and volunteer organizations as deemed necessary.
- Stay in the area of administrative offices to be available to assist, as requested, by disaster coordinator.

ii. Nursing Superintendent:

- Is responsible for notifying all department heads or alternates.
- In a major disaster be responsible to see that families of victims are notified as soon as possible. These calls may be made by the physician who treats the victim or nursing in-charge or her designee
- The Command Center in-charge will coordinate these efforts and notify Medical Records personnel as to when information can be released to the press.

iii. Nursing Incharge:

- Is responsible for determining the extent of the disaster, whether it is a "major" or a "minor" disaster. If it is a major disaster, then the Hospital Administrator and Nursing Superintendent will be notified (if not present at time of disaster).
- Will set up a Command Center - All department heads would report in to the supervisor before going to their departments.
- Will attempt to find adequate numbers of nursing personnel. Have them keep a list of those notified.

iv. Reception

- Assign responsible person to switchboard as soon as possible.
- Department head or designee will call in their own personnel as needed after having reported to the Command Center.
- Notify Emergency Communications Center if internal disaster is involved.
- Do not accept routine non-emergency admissions.
- Refer all enquiries and press to desk in Reception Area.
- Assign an admissions person to aid with discharge of hospital patients from the wards, if requested by Medical Team.

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v. Dietary

- The Department in charge or designee will call in their own personnel as needed after reporting to Command Center.
- Prepare to serve nourishments to ambulatory patients, house patients and personnel as need arise.
- Clear hallway of all tray carts.
- Be responsible for setting up menus in disaster situation and maintain adequate supplies.

vi. Maintenance

- Department head or designee will call in their own personnel as needed after reporting to Command Center.
- Maintain full operation of all facilities.
- All doors should be locked immediately except employee entrance, Emergency Department door, and front lobby.
- Be responsible for setting up extra beds in hospital if needed, as well as transporting storeroom supplies and bringing in extra supplies from other areas.
- Be willing to help with movement of victims from ambulance to Triage.

vii. Housekeeping and Laundry

- Department head or designee will call in their own personnel as needed after reporting to Command Center.

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- Be available to help clean receiving area, and clean rooms between cases in treatment areas.
- Be sure all hallways or traffic areas are clear of cleaning carts, equipment and etc.

viii. Operating Room, CSSD

- Supervisor or Nurse will supervise Operating Room and call all needed personnel after reporting to Command Center.
- Call additional surgeons as needed.
- Check area for supplies and equipment.
- Ask for additional help to carry out surgery and treatments in Operating Rooms and Recovery Room.
- Assign and direct scrub nurses and circulate.
- Notify Triage when Operating Rooms and Recovery Room is available for more patients.
- Keep minimum list of supplies on hand and be prepared to process additional sterile supplies quickly.
- Notify anesthetists who will maintain adequate anesthesia and drug supplies.

ix. Housekeeping

- Know current empty bed count and number of personnel available who could assist in other units. Send number to Command Center.
- Remain in your unit until notified differently.
- Will make wheelchairs / trolleys available.

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x. Hospital Health & Safety Unit

- Head or designee will call in their own personnel as needed after reporting to Command Center and staff holding area.
- Head will send designated personnel to Triage with wheelchairs to hold in ED waiting room until needed.

xi. Medical Imaging

- Day Shift:
  - The department head or designee will find out the number of patients involved and any other pertinent information from the Command Center.
  - The department head or designee will be responsible for calling in any and all personnel needed to sufficiently handle the patient load.
- Evening Shift:
  - The Radiologist on duty or on call for the Radiology Department will be alerted by the Emergency Medical Officer on duty. This Radiologist will be considered the designee of the x-ray department and will report to the information center for further information.
  - It will be the duty of this Radiologist to call in extra help as needed. All extra help called in will report directly to Radiology.

xii. Laboratory

- Department Head or designee will call in their own personnel as needed after reporting to Command Center.
- Call personnel from nearby hospitals and clinics as necessary.
- Have arrangements made to obtain additional blood, equipment and supplies from area agencies.

xiii. Materials Management - Purchasing

- Department Head or designee will call in their own personnel as needed after reporting to Command Center.
- Be prepared to supply all departments with needed supplies.
- The Medical Superintendent will designate assistant to supply runners or volunteers to deliver supplies.
- Have an up-to-date list of suppliers who can quickly supply extra materials.

xiv. Pharmacy

- Report to Command Center, then remain in department.
- Have list of drug suppliers that can provide emergency supplies quickly
- Keep minimum supply of emergency drugs on hand at all times.
- Pharmacy remains open and has a runner to deliver needed medicines to areas.

xv. Physical Therapy

- Department Head or designee will call in their own personnel as needed after reporting to Command Center.
- Be prepared to accept walking wounded victims. Be prepared to provide assistance to Nurses as needed.
- Request a runner from Command Center as needed.

xvi. Public and Media Relations

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- The Medical Superintendents will be responsible for all public and media relations affairs. They will call in the required personnel for assistance as needed after reporting to Command Center.
- Be prepared to call in volunteers to serve.

xvii. Security

- Report to Command Center.
- Assist staff as needed.

xviii. Infection Control

- Report to Command Center
- Be prepared to assists in Pharmacy when needed

xix. Nursing Personnel Assigned to Disaster Victims

- Obtain information and fill out available information and time on disaster tags. Even if no information is available as to identity, give information as to condition, types of injuries, etc.
- BE SURE disaster tag is made available to Medical Records with pertinent information.
- DO NOT leave your patient unattended. Patient may be signed off to person in charge when admitted to a unit.
- Give aggressive first aid treatment.
- Make out the appropriate lab slips and x-ray requisitions with disaster number. It is essential that they have these slips made out.
- Patients who have been admitted to the hospital should have the information slips placed with the Command Center in the Emergency Department.

- If a patient is transferred, be sure to indicate on the tag to which hospital he has been sent.
- If a patient is admitted to our hospital, be sure and send all oxygen equipment to his room with him.
- Sign Disaster tags.

xx. Medical Records

- Department Incharge or designee will call in their own personnel as needed after reporting to the Command Center.
- Assign person to be responsible for maintaining casualty lists and assist with paperwork as needed at Command Center.
- Supply extra forms as needed.
- Be responsible for releasing information to the press after the families of the victims have been notified.

xxi. Plan Development and Maintenance

- This Disaster Plan was developed by the Hospital Safety Committee and with the cooperation of all Departments in the Hospital.
- All the Departments are responsible for maintaining an up-to-date Disaster manual and notifying the Hospital Safety Committee of changes in their Departments.
- This plan will be updated annually or as changes in departments occur.

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- Mock drill will be undertaken once in every six months to test the adequacy of the plan this will help the hospital safety committee to assess the utility of the plan and introduce desired changes as per the demand of the situation.

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