

What to Expect During a Disaster

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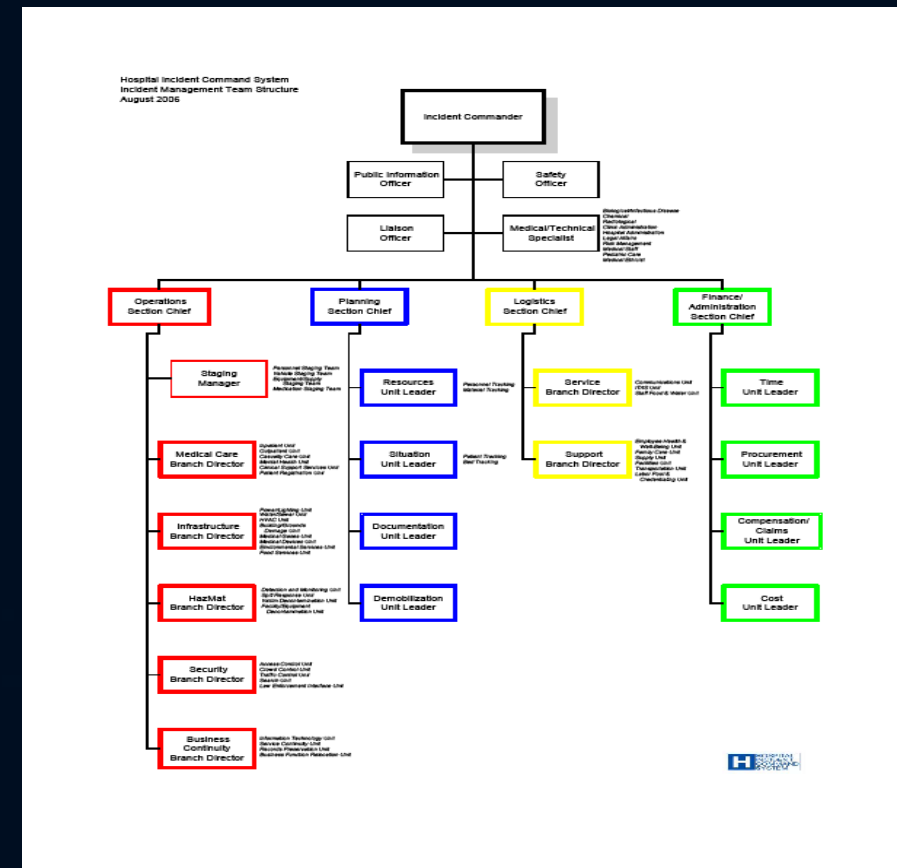
EISENHOWER HEALTH

Topics

- Overview of *Emergency Operations Plan* (EOP)
- Influx of patients
- Emergency communication
- What to expect: your home, your community*
- What to expect: healthcare availability
- Eisenhower response and public communication

Emergency Operations Plan

- Overview:
 - All hazards plan
 - Utilize Hospital Incident Command System (HICS)*
 - May respond to single or multiple emergencies for an extended length of time without reliance on community support



Emergency Operations Plan

- Tactical activities and actions taken to address a disaster event, including:
 - Activation of Incident Command System
 - Situational assessment
 - Patient triage, treatment, and tracking
 - Assess areas in need of support and provide resources
 - Coordinate response with other response agencies

Emergency Operations Plan

- Some assumptions:
 - “On our own for a minimum of 96 hours with minimal to no support from external response partners*
 - Influx of patients likely to exceed resources- resources will need to be “triaged” **
 - Staffing ratios will also be modified to meet demand
 - Move from high tech care to symptom based care
 - Communication will be challenged with conflicting information possible early on
 - Some staff will not be available to respond***

Influx of Patients

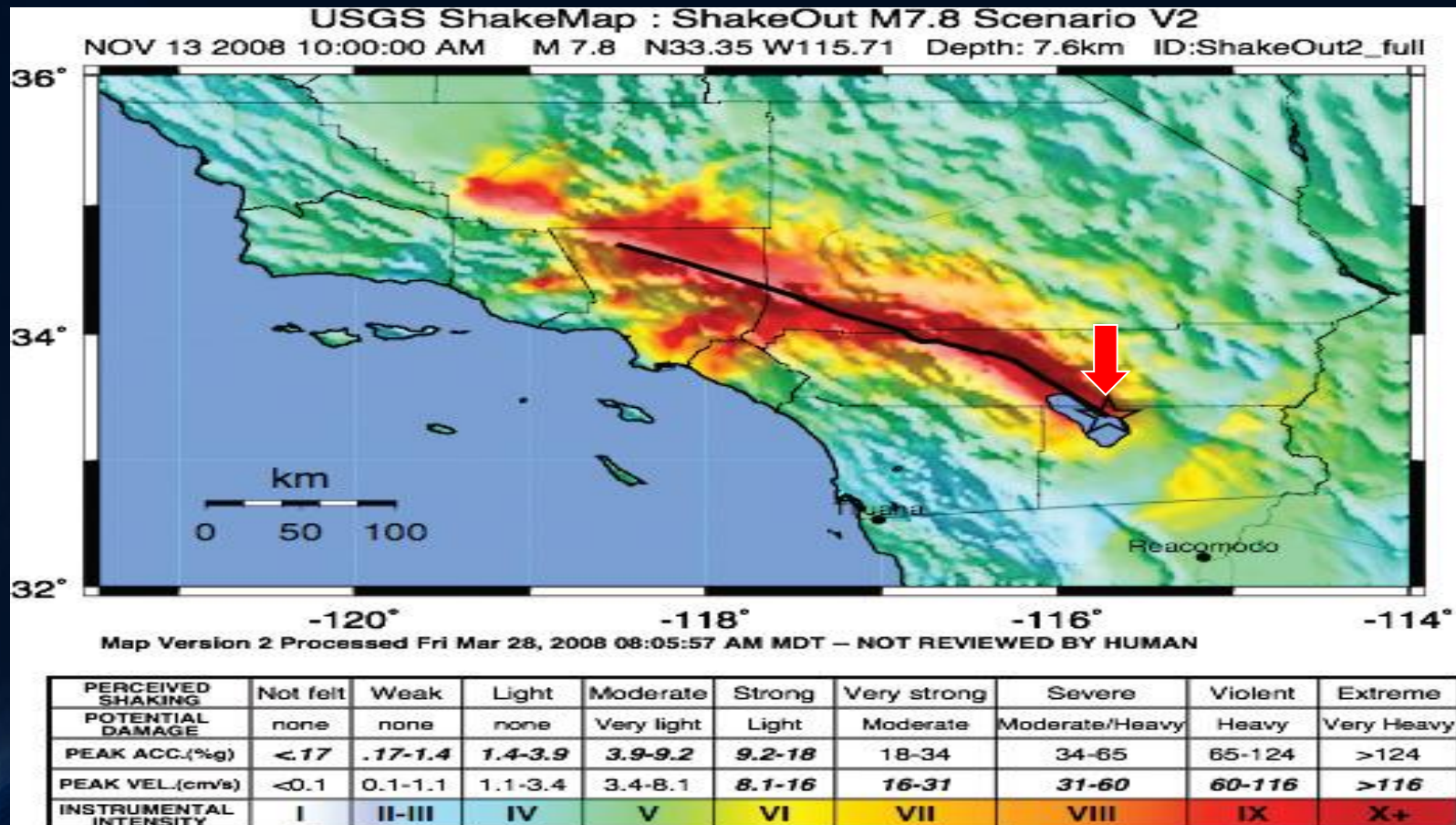
- Rapid Discharge plan
- Cancel elective surgeries
- Close clinic operations
- Utilize Urgent care locations*
- Patient transfers to other institutions
- Staff Labor pool including volunteers
- Alternate care locations
- Adjust staffing ratios
- “Worried-well” management

Communication

Multiple alternate communication venues :

- Red telephones (analog)
- Reddinet
- EMC Emergency radios
- LiveProcess mass notification and incident management software
- Satellite dish- PBX backup
- Satellite telephones
- Amateur (HAM) radio: RACES and ARES
- 700 MHz radio

HAZUS SCENARIO



What To Expect

- Nearly a minute of violent to extreme shaking
- Major damage to older buildings
- Loss of utilities*
- Gridlock
- Fires
- Flooding



What to Expect

- Loss of Communication:
 - Cell phones
 - Land lines
 - TV and Radio
 - Internet
- Inaccurate and conflicting information
- Hazardous materials spills and releases
- First Responders overwhelmed; slow or no response*
- MD offices, Clinics, and Urgent Care locations closed
- Hospitals and Emergency Departments overwhelmed

What to Expect

- No gasoline- pumps require electricity
- Inadequate lighting
- All transactions will be in cash
- No cash available
- Civil unrest
- Looting
- STRESS
- Care of injured will be delayed
- Ethical issues will surface regarding who gets high tech life sustaining care
- Handicapped and disabled are at risk
- Dialysis patients

Family Readiness

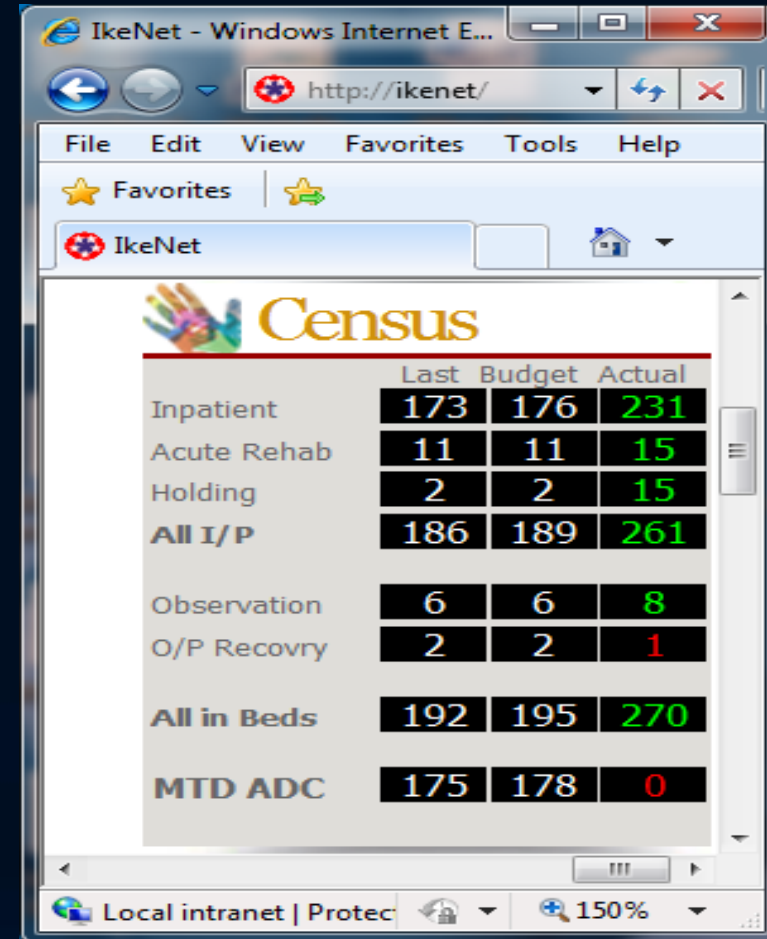
- FEMA Directive:
 - Get a Kit
 - Contents?
 - How long to plan for
 - Make a Plan
 - Where to meet up?
 - Out of State Contact
 - Community training: CERT, first aid, survival, etc.
 - Stay Informed

Hospital Response



Hospital Status Before Disaster

- Hospitals run near to capacity on a daily basis
- Staffed beds
- “Just-in-time” materials management
- Staff availability after disaster



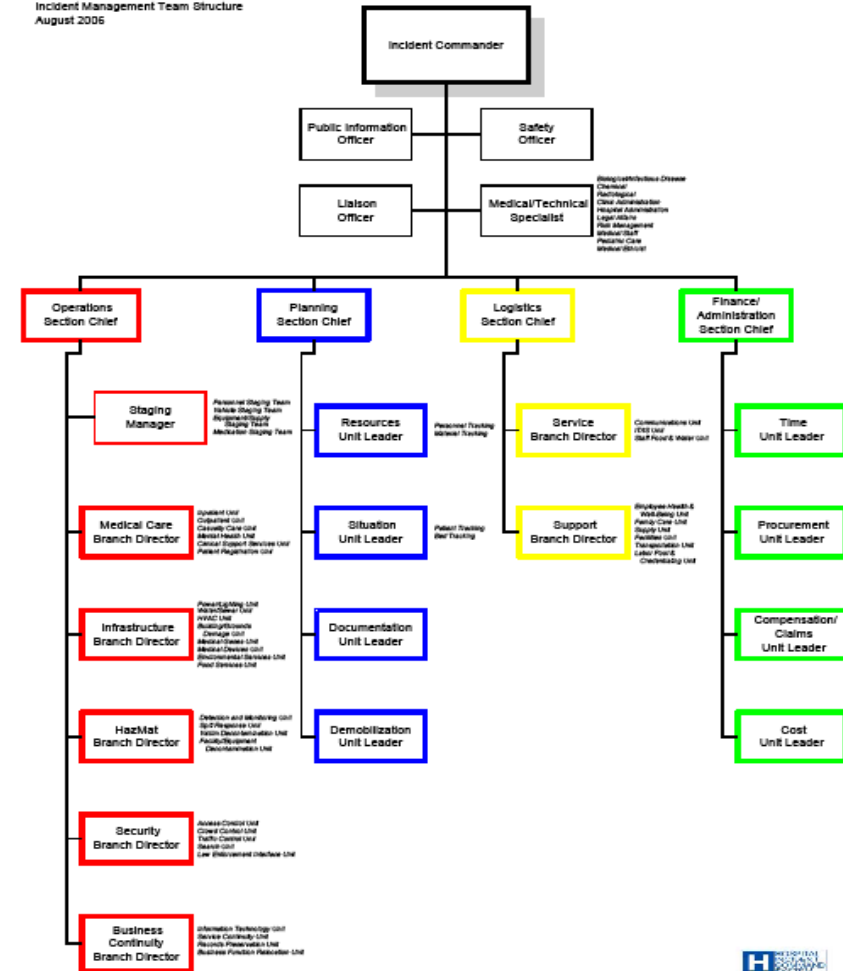
The screenshot shows a web browser window titled 'IkeNet - Windows Internet E...' with the address bar displaying 'http://ikenet/'. The browser's menu bar includes 'File', 'Edit', 'View', 'Favorites', 'Tools', and 'Help'. The address bar shows 'IkeNet' as the current page. The main content area displays a 'Census' report with a table of hospital data. The table has three columns: 'Last', 'Budget', and 'Actual'. The data is organized into sections for Inpatient, Observation, and All in Beds, with a final row for MTD ADC. The 'Actual' column values are highlighted in green or red to indicate variances from the budget.

	Last	Budget	Actual
Inpatient	173	176	231
Acute Rehab	11	11	15
Holding	2	2	15
All I/P	186	189	261
Observation	6	6	8
O/P Recovry	2	2	1
All in Beds	192	195	270
MTD ADC	175	178	0

The browser's status bar at the bottom shows 'Local intranet | Protec' and a zoom level of '150%'.

HICS Incident Management Team Structure

Hospital Incident Command System
Incident Management Team Structure
August 2006



Utility Failure IMT


Incident Management Team Chart- Utility Failure

Position	Immediate	Intermediate	Extended	Recovery
Incident Commander	X	X	X	X
Public Information Officer	X	X	X	X
Liaison Officer	X	X	X	X
Safety Officer	X	X	X	X
Operations Section Chief	X	X	X	X
Medical Care Branch Director	X	X	X	X
Infrastructure Branch Director	X	X	X	X
Security Branch Director	X	X	X	X
Business Continuity Branch Director				X
Patient Family Assistance Branch Dir.				X
Planning Section Chief	X	X	X	X
Resources Unit Leader	X	X	X	X
Situation Unit Leader	X	X	X	X
Documentation Unit Leader		X	X	X
Demobilization Unit Leader			X	X
Logistics Section Chief	X	X	X	X
Service Branch Director	X	X	X	X
Support Branch Director	X	X	X	X
Finance /Administration Section Chief	X	X	X	X
Time Unit Leader		X	X	X
Procurement Unit Leader		X	X	X
Compensation/Claims Unit Leader				X
Cost Unit Leader		X	X	X

Job Action Sheets

- Systematic guide to each HICS position assigned
- Outlines key objectives for that position
- Organized in step by step fashion to aid decision making

INCIDENT COMMANDER		
Mission: Organize and direct the Hospital Command Center (HCC). Give overall strategic direction for hospital incident management and support activities, including emergency response and recovery. Authorize total facility evacuation if warranted.		
Date: _____ Start: _____ End: _____ Position Assigned to: _____		
Signature: _____ Initial: _____		
Hospital Command Center (HCC) Location: _____ Telephone: _____		
Fax: _____ Other Contact Info: _____ Radio Title: _____		
Immediate (Operational Period 0-2 Hours)	Time	Initial
Assume role of Incident Commander and activate the Hospital Incident Command System (HICS).		
Read this entire Job Action Sheet and put on position identification.		
Notify your usual supervisor and the hospital CEO, or designee, of the incident, activation of HICS and your HICS assignment.		
Initiate the Incident Briefing Form (HICS Form 201) and include the following information: <ul style="list-style-type: none">• Nature of the problem (incident type, victim count, injury/illness type, etc.)• Safety of staff, patients and visitors• Risks to personnel and need for protective equipment• Risks to the facility• Need for decontamination• Estimated duration of incident• Need for modifying daily operations• HICS team required to manage the incident• Need to open up the HCC• Overall community response actions being taken• Status of local, county, and state Emergency Operations Centers (EOC)		
Contact hospital operator and initiate hospital's emergency operations plan.		
Determine need for and appropriately appoint Command Staff and Section Chiefs, or Branch/Unit/Team leaders and Medical/Technical Specialists as needed; distribute corresponding Job Action Sheets and position identification. Assign or complete the Branch Assignment List (HICS Form 204), as appropriate.		
Brief all appointed staff of the nature of the problem, immediate critical issues and initial plan of action. Designate time for next briefing.		
Assign one of more clerical personnel from current staffing or make a request for staff to the Labor Pool and Credentialing Unit Leader, if activated, to function as the HCC recorder(s).		
Distribute the Section Personnel Time Sheet (HICS Form 252) to Command Staff and Medical/Technical Specialist assigned to Command, and ensure time is recorded appropriately. Submit the Section Personnel Time Sheet to the Finance/Administration Section's Time Unit Leader at the completion of a shift or at the end of each operational period.		
Initiate the Incident Action Plan Safety Analysis (HICS Form 261) to document hazards and define mitigation.		

HOSPITAL
INCIDENT
COMMAND
SYSTEM

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Incident Response Guides

Incident Response Guide: Utility Failure

Mission

To safely manage patient care through effective and efficient hospital operations during the loss of a major utility within the hospital.

Directions

- Read this entire response guide and review the Hospital Incident Management Team Activation chart.
- Use this response guide as a checklist to ensure all tasks are addressed and completed.

Objectives

- ☐ Identify extent of outage and consider evacuation
- ☐ Maintain patient care capabilities
- ☐ Minimize impact on hospital operations and clinical services
- ☐ Communicate the situation status to patients, staff, and the public

Department Situation Assessment Form

Emergency/Disaster Primary Status Report					
Unit/Area Name:		Reporting Person:		Ext:	
Date of Report:		Time of Report:			
*AFTER DISASTER OCCURS, COMPLETE PRIMARY SURVEY IMMEDIATELY. HAND-CARRY FORM TO HOSPITAL COMMAND CENTER (HCC) WITHIN 15 MINUTES.					
PRIMARY SURVEY					
Status			Explanation		
Patients:					
Total # Patients on Unit:					
# of Patients Injured:					
Beds:					
Total # Beds on unit:					
Total # Beds available:					
Staff:					
Category	# Staff on Unit	Available Staff	# Staff Injured	# Additional Staff Needed	
Ancillary					
Clerical					
MDs					
PCTs					
RNs					
Volunteers					
Immediate and Critical Needs					
Category	Yes	No	Comments		
Structural Damage (list)					
Hazardous Materials Clean Up					
Search and Rescue					
Communication Needs:					
Supplies needed (circle):	Flashlights	Drinking Water	IV Fluids	Fire Extinguishers	
	Batteries	Blankets	Food	First Aid Supplies	
Others (list)					
Additional Needs/Comments:					
THIS SECTION FOR USE BY HCC ONLY					

External Treatment Area

- Location outside of the ER where patients are initially triaged and receive treatment
- Most critical patients are moved to ED ASAP after initial triage
- More stable patients treated at the ETA
- Minor injuries discharged home from ETA



Urgent Care and Primary Care Locations

Depending on the disaster itself, clinics may or may not remain open:

- Is the building safe to provide care?
- Are utility systems functioning?
- Do we have enough trained staff available?
- Do we have adequate supplies for the type of emergency at hand?
- More likely that Urgent Care locations better prepared to operate during disasters

Emergency Communication to the Community

- Our public information officer communicates in concert with County and first responder PIOs
- Public educated on status of healthcare institutions and where to go for help*
- Ideally, minor injuries treated at Urgent Care or Primary Care locations**
- CERT trained individuals in communities
- Individual preparedness and training is key to survive an area wide disaster!