

# **Hospital Emergency Management Plan**

- Title:** Hospital Disaster Plan and Disaster Preparedness Committee General Information
- Purpose:** This policy intends to ensure that all departments are familiar with both the hospital-wide Emergency-Management Plans (internal and external), and their own departmental emergency plan.
- Policy:** All employees will annually review the disaster plans as related to their department and the campus facilities.

**Procedures/Guidelines:**

**1. Disaster Preparedness Committee:**

The Disaster-Preparedness Committee functions to coordinate all disaster planning activities within the hospital as well as citywide agencies. Minimally, the committee will meet once monthly and report to the Safety Committee subsequently.

**2. Hospital Departments**

Each department will be responsible for developing its own set of detailed procedures, to be followed whenever the hospital-wide disaster plan is activated. All departmental disaster plans will be submitted to the Disaster-Preparedness Committee for approval. Both the Chairperson of the Disaster Preparedness Committee and the Hospital-Safety Officer will keep each department's disaster plan. Any department without specific plans during a disaster will refer to the general policy, directing all employees and staff to report to the Manpower Pools (see definitions at end of chapter).

Each department director will review, maintain, and update their Manpower recall telephone list.

**3. Declaration Authority:**

The Senior Adult Emergency Department (ED) Attending on duty, Administrator on Duty (AOD), Chief Executive Officer (CEO), or his/her designees may authorize the activation of the hospital disaster plan, external or internal.

**4. After-Action Reporting:**

Data will be compiled and evaluated by the Disaster-Preparedness Committee to determine if there are any problems or opportunities for improvement in the service.

**Plan of Corrective Action:**

If an opportunity to improve care and/or service is identified, a plan of corrective action will be implemented.

**Assessment of Action and Evaluation of Effectiveness:**

The Emergency Preparedness Committee will evaluate data for effectiveness after the plan of corrective action and follow-up is implemented. Reports pertaining to evaluation of corrective action will be documented in the minutes and forwarded to the Executive Safety Committee.

**5.Evaluation of the Emergency Preparedness Management Plan:**

The plan shall be evaluated continuously to assure it meets the Emergency Department, Safety, Risk Management, and Performance Improvement needs of the institution.

At minimum, the Emergency Preparedness Management Plan shall be reviewed annually. The appraisal will identify components of the program that need to be instituted, revised or deleted. The annual report will be combined with the safety committee's annual report to the administration and governing body.

The hospital will test the external disaster plan twice a year, including one drill in conjunction with community agencies; i.e. Mayor's Office of Emergency Management, SEMA, FEMA

Internal disaster drills will be conducted according to standard, code, or regulation.

**6.Organization of the Plan**

The hospital disaster plan is divided into two categories: **Internal and External.**

Specific events are addressed under one of the main headings:

**A. External Disaster****General Information****Command Post****Emergency Preparedness for Mass Casualty Incidents**

- I) Definitions**
- II) General Instructions**
- III) Mass casualty incidents**
- IV) Extremes of Weather**
- V) Regional Power Outage**
- VI) Transit Strike**
- VII) Commercial Transport Accident**
- VIII) Evacuation of neighboring Hospital**
- IX) Civil Disturbance**

## **B. Internal Disaster**

- I) Smoke, Fire, and/or Fumes**
- II) Loss of Environmental Support Services**
- III) Loss of Medical Gases**
- IV) Explosion**
- V) Hostage Situation**
- VI) Work-Place Violence**
- VII) Telecommunication Failure**
- VIII) Infant abduction**
- IX) Hazardous Material/Decontamination**
- X) Public Safety**
- XI) Volunteers**
- XII) Behavioral Health-plan**

## **7. Definitions and Responsibilities:**

### **A. Disaster:**

Any time the medical needs of the community or needs of the hospital exceed available resources.

### **B. Disaster Medical Officer (DMO):**

The ED attending shall serve as DMO when a disaster is declared. The medical director of the ED or his designee shall assume the role of DMO once on campus. Responsibilities include: communication with EMS, triage, allocation of ground floor resources (ED), directing the physician staff of the ED, assisting the AOD with other hospital-wide issues and decisions.

### **C. Incident Command Officer (ICO):**

The incident command officer shall be the senior administrator on campus when a disaster is declared. The CEO or his/her designee shall assume the role of ICO once on campus. The ICO is responsible for opening the command center and coordinating the hospital's emergency response in support of the DMO. The ICO has total command of all hospital personnel and resources during a disaster.

### **D. External Disaster Plan:**

Any disaster outside the hospital (natural or man-made) requiring the activation of the Emergency Management Plan;

e.g., hurricane, plane crash, chemical spill, mass casualty incident, etc.

**E. Internal Disaster Plan:**

Any event inside the hospital or on campus endangering patients or staff, creating a need for evacuation or relocation. Additionally, it may be any situation where additional staffing is needed. Examples of internal disasters are fire, flood, or hostage situation.

**F. Mass-Casualty Incident (MCI):**

Any event of large enough scope requiring the community and hospital disaster plans to be implemented

**G. Manpower Pool:**

Any hospital employee or staff without specific duties during a Disaster shall report to their immediate supervisor, who shall assign them as needed. In turn, supervisors will be directed by the Incident-Command center.