

CONTENT OF MANUAL

The following sections are areas which need to be addressed in the External Disaster Plan.

NOTIFYING PERSONNEL

In-House Notification

All employees should be familiar with all possible announcements used by the hospital.

Upon notification of a disaster announcement, employees should know what role to assume, where to go, whom to report to, etc. Employees should not have to refer to a Disaster Plan the first time such an announcement is made.

Recall Procedures

Determine when and to what extent a recall process should be initiated.

A staff recall roster (see Sample 7) should be available for all departments. This staff recall roster should identify all employees of that department by alphabetical order and title. The roster should list a current address, phone number and date of last revision. Determine in advance when rosters are to be reviewed and updated. To facilitate this, many hospitals put the date of the next revision on the roster itself.

Remember to update this roster as changes occur.

When developing the recall roster, it is helpful to distinguish (e.g. color shade) the names of those employees who live most proximate to the hospital or who are most willing and able to come on short notice. These persons should be called first.

NOTIFYING PERSONNEL (cont'd)

Employees Off-Duty

A hospital policy should address prearranged callback procedures for off-duty employees. Hospital policy could require that employees keep home phone lines open, after a known natural disaster has been reported in the media or other means.

Preplanning could include local public media (radio, television). Discuss with them possible broadcasting arrangements for conveying information to hospital employees, in the event of a disaster.

CHECKLIST FOR NOTIFYING PERSONNEL

| <u>YES</u> | <u>NO</u> | |
|------------|-----------|--|
| _____ | _____ | Are there general procedures for hospital staff when a disaster is announced e.g. On-Duty Personnel shall: -End all telephone conversations -Do not use telephones or elevators -Remain in working area unless otherwise instructed -Proceed to preset assignments or posts |
| _____ | _____ | Is there a policy for initiating a recall of appropriate personnel through a Staff Recall Roster (See Sample 7) |
| _____ | _____ | Is there a procedure addressing the following questions: -At what point should employees be called back and how many -How should they be called -Who should call them -Who makes the decision to initiate callbacks -Where should they go |
| _____ | _____ | Is there a policy for all off-duty employees when they hear of a disaster situation involving their hospital: -Keep home phone lines open -Turn on radio (indicate which station) Note: Discuss possible broadcasting arrangements with public media to help effect callbacks, (e.g. "ATTENTION HOSPITAL-Y-EMPLOYEES...") |

STAFF RECALL REGISTER

| Name | Telephone No. | Beeper No. | Time Called | Response | | ETA | Comments |
|-----------------------|----------------|------------|-------------|----------|---------|---------|----------------------------------|
| | | | | MBI | No Ans. | | |
| Sample, Joe Title | (213) 523-1111 | | 10:40 pm | x | | 5 min. | |
| Jones, John Title | (213) 874-8833 | | 10:42 pm | | x | | Road inaccessible |
| Smith, Jane Title | (213) 342-8351 | | 10:45 pm | | x | | Mother states she is out of town |
| Lindsey, Rob Title | (213) 395-6458 | | 10:46 pm | x | | 15 min. | |
| | | | | | | | |

Reprinted from "Disaster aspects in emergency nursing" by Joan Kelley Simoneau, R.N., Barber/Budassi, Emergency Nursing Practices and Principles, 1981

MEDICAL STAFF

In disaster situations a hospital becomes the community's focal point, primarily because of the medical attention sought by the injured. A prompt and effective response will depend on the number of available physicians.

The following considerations can assist in the selection and assignment of physicians. First, ask if physician is accountable to another hospital's disaster plan. If so, this could limit availability to your hospital. Second, relate the area of responsibility to area of medical expertise as much as possible (e.g., the triage officer may an Emergency Medicine physician.) Third, ensure all assigned physicians remain familiar with the hospital's disaster plan.

MEDICAL STAFF CHECKLIST

| <u>YES</u> | <u>NO</u> | |
|------------|-----------|--|
| _____ | _____ | Is someone designated to oversee overall medical direction during a disaster |
| _____ | _____ | Is there a system establishing which physicians will be called back to the hospital |
| _____ | _____ | When preparing physician assignments were the following taken into consideration: |
| _____ | _____ | Physician status at the hospital |
| | | Note: A physician with an "active" status will generally be more familiar with a hospital's External Disaster Plan whereas a physician with "consulting" status may not. |
| _____ | _____ | Physician's present commitment to another hospital |
| | | Note: A physician could be assigned a role in another community hospital's External Disaster Plan. Will this be in conflict with your assignment for the physician. |
| _____ | _____ | When assignments are made are they kept within the physician's regular area of expertise |
| _____ | _____ | Have provisions been made to continue providing medical care to inpatients |
| _____ | _____ | Is there a policy for identifying and authenticating outside medical personnel to grant temporary privileges, if necessary |
| _____ | _____ | Have alternative physicians within each department been designated |
| _____ | _____ | Is there a procedure for assuring that new medical staff become familiar with the hospital's External Disaster Plan |
| _____ | _____ | Is there a current medical staff roster in the Disaster Plan |

PERSONNEL POOL

A centralized reporting area exclusively for employees should be established. This area can function as a reporting area for call backs. It can also facilitate recruitment and dispatch of employees. All staff should be familiar with the reporting area, how to get there, how to identify themselves and protocols to follow upon arrival.

PERSONNEL POOL CHECKLIST

| <u>YES</u> | <u>NO</u> | |
|------------|-----------|--|
| _____ | _____ | Are responsibilities for the personnel pool area designated |
| _____ | _____ | Does someone have the responsibility and authority for the personnel pool |
| _____ | _____ | Does this person have a means of easily communicating with large numbers of people in the personnel pool area, (e.g. bullhorn) |
| _____ | _____ | Is a location designated for the personnel pool area |
| _____ | _____ | Is this location easily accessible |
| | | Note: This area should be near the parking area, on first floor or on ground level, if possible. |
| _____ | _____ | Have provisions for necessary supplies to this area been made (e.g. bullhorn, employee master list) |
| | | e.g. -Where will they be stored -What are they -Who will replenish them when necessary |
| _____ | _____ | Is there a policy for delegation of contingency assignments |
| | | Note: In the event of a large-scale disaster, personnel may need to be reassigned to different responsibilities. |
| _____ | _____ | Is there a policy and procedure for relieving personnel in event of large scale disaster |
| | | Note: Is this consistent with the hospital policies and labor laws? |

DISASTER CONTROL CENTER

The Disaster Control Center (or Command Post) refers to an area where predesignated personnel can coordinate or direct disaster responses activities. This area should be centrally located to facilitate communications with other hospital departments and outside agencies. It should not be too close to major patient care activities as the latter can detract from important administrative functions within the Disaster Control Center. Traffic will on occasion be heavy in the Disaster Control Center and appropriate personnel should not be unduly hampered by unrelated activities. Ideally it should be on the ground floor and reasonably secure from unauthorized personnel.

The key to an effective hospital disaster response will depend on the effectiveness of the Disaster Control Center; and the ability of the assigned personnel to implement the Disaster Plan. In most disaster situations the only contact outside agencies will have with the hospital will be with these people. Therefore, people assigned to the Disaster Control Center should be carefully considered.

DISASTER CONTROL CENTER CHECKLIST

- | <u>YES</u> | <u>NO</u> | |
|------------|-----------|---|
| _____ | _____ | Is a centrally located area designated |
| | | Note: In choosing a location take into consideration how many people are going to be assigned there and its accessibility to other key areas of the hospital. |
| _____ | _____ | Is there an alternate location in the event the primary location is damaged, unsafe or temporarily inaccessible |
| _____ | _____ | Does the center and the alternate site have communication equipment capabilities to assure contact with outside agencies |
| _____ | _____ | Is key equipment connected to auxiliary emergency power |
| _____ | _____ | Is it established who has responsibility for activating the Control Center, and when |
| _____ | _____ | Is one person designated to direct the responsibilities and activities of the Control Center |
| _____ | _____ | Has it been established which personnel are authorized in the Control Center |
| _____ | _____ | Is there a list of responsibilities for the Control Center |
| _____ | _____ | Is there a system for assuring that only authorized persons are allowed entry to the Control Center |

DISASTER CONTROL CENTER CHECKLIST
(cont'd)

- | <u>YES</u> | <u>NO</u> | |
|------------|-----------|--|
| _____ | _____ | Is there a system to maintain communications with other hospital departments in the event telephones are inoperable (e.g. runners) |
| _____ | _____ | Is there a system for assuring that the Control Center has timely updates on hospital capacity and status of casualties received (e.g. number of patients sent to surgery, X-ray, morgue, etc.) |
| _____ | _____ | Is it established what equipment and supplies will be needed and where i.e. Hospital status board, writing utensils, transistor radio, portable television, flashlight, extra batteries, walkie-talkies |

COMMUNICATIONS

An efficient communications system is most important to facilitate a quick and effective response in a disaster situation.

When developing your hospital's communications system, provisions need to be made for communications within the hospital as well as communications with outside agencies.

Communications within the hospital should be maintained between key disaster activities such as the triage area, disaster control center, personnel pool, public information center.

Telephone communications within the hospital as well as out are ideal, provided the system remains operational. However, be aware that if the telephone system is operating the switchboard will become swamped with incoming calls, thus limiting the use of telephones. An alternative resource for telephone communication is the pay telephone, since in most regions these are given preference for restoration by utility companies. Pay telephones can usually be found in the hospital lobby or corridors. If pay telephones are included as a mode of communication, be sure to store a small supply of coins in an accessible location. Other means of communication in the hospital include walkie-talkies, runners, beepers and the Public Address (P.A.) system.

To maintain communications with outside agencies, hospitals should be equipped with a two-way radio network system. This radio network should facilitate communications with a regional emergency operations center.

COMMUNICATIONS CHECKLIST

| <u>YES</u> | <u>NO</u> | |
|------------|-----------|--|
| _____ | _____ | Does the hospital have a regional emergency radio network |
| _____ | _____ | If not, has a system been established to maintain communications in emergencies |
| _____ | _____ | Can emergency communications be established with the following, if necessary: |
| _____ | _____ | a. other hospitals |
| _____ | _____ | b. local Emergency Medical Services, Department of Health |
| _____ | _____ | c. law enforcement agencies, fire authorities, civil defense |
| _____ | _____ | d. water, gas and other city utility companies |
| _____ | _____ | e. community resources (i.e. Salvation Army, Red Cross) |
| _____ | _____ | Is someone responsible for ensuring communications |
| _____ | _____ | Is a system established to maintain communications within the hospital |
| | | i.e. P.A. system, messenger, phone, walkie-talkie(s), beepers |
| _____ | _____ | If messengers/runners are utilized, will they be clearly identified and will they be familiar with all key locations of the hospital |

COMMUNICATIONS CHECKLIST
(cont'd)

- | <u>YES</u> | <u>NO</u> | |
|------------|-----------|---|
| _____ | _____ | Are all nearby payphones identified within the hospital and within offsite walking distance. |
| _____ | _____ | Are coins readily accessible for emergency payphone use. |
| _____ | _____ | Will an amateur radio group(s) facilitate hospital communications within the hospital and with outside agencies |
| _____ | _____ | Is there an area for storing emergency communication equipment when not needed |
| _____ | _____ | Are all emergency equipment components on auxiliary power or on other backup system (e.g. D.C. conversion) |

TRIAGE AREA

Triage refers to the process of sorting the injured to determine the priority of treatment. It includes the assessment of injuries, assignment of priority, and designation of the area (either within the hospital or elsewhere) where patient shall be sent.

This activity is critical since most of the initial patient care activity will be concentrated in the triage area. Plans must address the strong likelihood that many obstacles will be presented at this point by congestion of employees and non-employees, equipment, general confusion, etc.

Considerations towards implementing the effective triage activities are: 1) a clear understanding of triage staff roles; 2) knowledge of patient information; 3) patient tracking systems; 4) understanding of field tags placed on casualties; and 5) overall coordination by one person.

TRIAGE AREA CHECKLIST

| <u>YES</u> | <u>NO</u> | |
|------------|-----------|--|
| _____ | _____ | Is the triage area location designated |
| _____ | _____ | Is there an alternative location i.e. In case of damage to initial location or to avoid inclement weather |
| _____ | _____ | If area is outside, is adequate lighting available |
| _____ | _____ | Is the size of the triage area adequate, in accordance with hospital capabilities Note: Many hospitals designate triage areas away from the normal emergency department |
| _____ | _____ | Is it immediately available to hospital and ambulance transportation personnel |
| _____ | _____ | Is there reasonable privacy for incoming casualties |
| _____ | _____ | Will security services be available to minimize unauthorized personnel |
| _____ | _____ | Is it established who will coordinate the area's activities |
| _____ | _____ | Can the triage coordinator, physicians and nurses be clearly identified from both the front and back, at a distance of at least twenty feet Note: Many hospitals issue pull-over vests with "M.D.", "R.N.", etc., imprinted on front and back |
| _____ | _____ | Can the triage coordinator be readily heard during peak activity periods Note: A bullhorn may be helpful |

TRIAGE AREA CHECKLIST
(cont'd)

| <u>YES</u> | <u>NO</u> | |
|------------|-----------|--|
| _____ | _____ | Is the staff for the triage area assigned |
| | | Note: Delegation of responsibilities should be done prior to entering the triage area. |
| _____ | _____ | Is an individual(s) assigned to set up the triage area |
| _____ | _____ | Is a disaster cart set up and ready to go (See Sample 8) |
| _____ | _____ | Is a layout of the area available for setting up the triage area (e.g. diagram of triage area in External Disaster Plan) |
| _____ | _____ | Is there a policy for restocking ambulances after transporting casualties |
| _____ | _____ | Is a traffic flow pattern established for the following: -Ground transport -Personnel -Disaster and non-disaster arrivals -Medical records |

TRIAGE AREA CHECKLIST
(cont'd)

| <u>YES</u> | <u>NO</u> | |
|------------|-----------|--|
| _____ | _____ | Is there a system for immediate communication in and out of the area e.g. -To and from nursing stations and surgical area -With disaster control center -To and from Emergency Department |
| _____ | _____ | Is the triage category system developed in coordination with all medical staff and local disaster agency representatives |
| _____ | _____ | Are policies and procedures written for assessment, treatment, documentation and distribution of casualties |
| _____ | _____ | Is there a system for tracking disaster casualties until discharge |
| _____ | _____ | Is a first-aid area designated for walk-ins |

TRIAGE DISASTER CART

- ___ each Ace Bandages 3", 4", 6"
- ___ each Stockinette Bias 2", 4", 6", 8"
- ___ each Add-a-Foley tray
- ___ each Foley Catheter 16 - 18Fr
- ___ each Subclavian tray
- ___ each Levin tubes 16 - 18Fr
- ___ each stethoscopes
- ___ each unsterile basins
- ___ each bedpans
- ___ each urinals
- ___ Adhesive tape - all kinds
- ___ each Airway #3-4-5-6
- ___ boxes Alcohol swabs
- ___ each Angio Cather 14-16-18-40g
- ___ each Venikit 19-21-23g
- ___ box Steri Strips 1/4 x 3
- ___ pkt. Cotton Balls Sterile
- ___ pkt. Cotton Rolls Unsterile
- ___ each 1500cc Distilled Water
- ___ each 1500cc Normal Saline
- ___ box Eye Pads
- ___ each Emesis basins
- ___ box face masks
- ___ each Flash light
- ___ each Pen lights
- ___ box Applicators 6"
- ___ each Arm Slings
- ___ each Cervical Collars
- ___ box Bandaid Strips 1"
- ___ box Bandaid Strips 2"
- ___ packs 4 x 4 Dressing unsterile
- ___ each Telfa surgipads
- ___ pack Exam gloves
- ___ each Sterile gloves 6-1/2, 7, 7-1/2, 8
- ___ each cold packs
- ___ each Suture sets disposable
- ___ each Kling Bandages 3", 4", 6"
- ___ box Ky Jelly
- ___ each Disposable needles 18-22-25g
- ___ box Syringes Disposable 3-6-20cc
- ___ each Penrose Drains
- ___ bottles Phisohex
- ___ each Razors
- ___ Disposable Knife blades
- ___ each Knife handles
- ___ each Sutures box 3.0 - 4.0 Silk with cutting needle
- ___ box Telfa Dressing 2 x 3
- ___ box tissues

SAMPLE 8

Policy and Procedures: External Disaster Plan
Serra Memorial Hospital, Sun Valley, CA. 1983

OTHER SUPPORT AREAS

The following checklist addresses security, media relations, Public Information Center, traffic control, clergy and morgue.

SECURITY

Security planning for disaster situations assures the patients' and employees' safety. Security measures should include keeping unauthorized people out of restricted areas, authentication of all medical and non-medical personnel and the capability of keeping track of all non-hospital employees entering the hospital.

SECURITY CHECKLIST

- | <u>YES</u> | <u>NO</u> | |
|------------|-----------|--|
| _____ | _____ | Is there a method for properly identifying authorized personnel (i.e. hospital identification with photo, master checklist) |
| _____ | _____ | Do you have a method for identifying and authenticating volunteers (including all medical and non-medical personnel) |
| _____ | _____ | Is there a registration system to keep track of all persons entering the hospital during peak periods, (e.g. Sign-in sheet for media and other agency personnel) |
| _____ | _____ | Have you consulted with local law enforcement to help develop hospital security measures |
| | | Note: Under disaster situations, security officers in uniform have proven more effective in crowds than those in plain clothing. |
| _____ | _____ | Are there procedures for securing all entrances and exits from unauthorized persons |
| _____ | _____ | Is there a system to prevent entry of unauthorized people to restricted areas of the hospital (e.g. triage, Disaster Control Center) |
| _____ | _____ | Is there an employee entrance, separate from public entrance, during peak periods |
| _____ | _____ | Are there procedures for callback of additional security personnel, if needed |
| _____ | _____ | Are there procedures for securing valuables of incoming casualties once they arrive |

MEDIA RELATIONS

Because of the vast public interest when disasters occur, a hospital should be prepared to answer inquiries from the news media. To handle these inquiries, a hospital should establish a Media Relations Center and designate a spokesperson for the hospital.

MEDIA RELATIONS CHECKLIST

YES

NO

_____ _____ Is there an individual designated to address all media inquiries

_____ _____ Is a site designated where media personnel can assemble in an orderly manner

_____ _____ Is there a system for identifying authorized media personnel

_____ _____ Is there a hospital policy on handling media or public inquiries regarding status of casualties

_____ _____ Is there a press release policy on the type of information which can be provided

Note: Names of victims should not be released over the phone until the family has been informed.

_____ _____ Is there a procedure for issuing statements over the phone or in writing

_____ _____ Is there a policy for allowing photos or cameras within the hospital

Note: Be aware of potential risks for the invasion of patient privacy.

_____ _____ Is there a hospital policy that allows or restricts entry of media personnel depending on status of hospital (e.g. unsafe or crowded conditions)

MEDIA RELATIONS CHECKLIST
(cont'd)

YES

NO

_____ _____ Are media personnel aware of your hospital's policy referencing release of information and other related activities

_____ _____ Is there a policy on temporary media parking facilities to avoid confusion with visitor or personnel parking facilities

PUBLIC INFORMATION CENTER

A Public Information Center (Family Center) should be established in a disaster situation. Disaster situations increase the number of visitors to the hospital. These visitors include disaster victims, relatives and friends. The key responsibility of this center is to communicate information on patient status to relatives and friends.

PUBLIC INFORMATION CENTER CHECKLIST

- | <u>YES</u> | <u>NO</u> | |
|------------|-----------|---|
| _____ | _____ | Is there a policy on when a Public Information Center (Family Center) will be set up and by whom |
| | | Note: Take into consideration nature of disaster and number of casualties. |
| _____ | _____ | Is the designated assembly area easily accessible and away from other peak hospital activity areas |
| _____ | _____ | Is there a backup assembly area in the event primary site becomes unsafe or inaccessible |
| _____ | _____ | Is there a procedure to efficiently direct the public to the assembly area |
| _____ | _____ | Is there a person designated to address inquiries from the public |
| _____ | _____ | Is there a list of personnel who are to staff the assembly area |
| _____ | _____ | Will these personnel be clearly identifiable to the public |
| _____ | _____ | Is there a policy on allowing patient relatives to enter the facility's patient care areas during the disaster situation |
| _____ | _____ | Is there a communications link with the Disaster Control Center |
| _____ | _____ | Is there a system of expediting the collection of patient status information to permit prompt responses to family inquiries |

PUBLIC INFORMATION CENTER CHECKLIST
(cont'd)

- | <u>YES</u> | <u>NO</u> | |
|------------|-----------|---|
| _____ | _____ | Are there means of counseling patient relatives at or away from the general assembly area |
| _____ | _____ | Does the assembly area have adequate restroom facilities |
| | | Note: After an earthquake plumbing may be damaged. |
| _____ | _____ | Is there an established list of supplies needed to assure welfare and safety of patient relatives, (e.g. heaters, light, cots, blankets, medicines, refreshments) |
| _____ | _____ | Is there a policy on overnight stays for patient relatives |

TRAFFIC CONTROL

Planning efforts for traffic control should facilitate the ability to direct pedestrians (i.e., disaster victims, relatives, visitors, and news media) to establish assembly points. Additionally, all vehicle routes (e.g., ambulance, private and public transportation) to and from the hospital should be established and controlled. To facilitate the traffic flow for pedestrians and vehicles, temporary directional signs, arrows, ropes and traffic controllers can be used. These should be placed at all patient care areas, parking lots, elevators, exits and entrances.

TRAFFIC CONTROL CHECKLIST

| <u>YES</u> | <u>NO</u> | |
|------------|-----------|---|
| _____ | _____ | Is there a person designated to coordinate all traffic control activities during a disaster |
| _____ | _____ | Will normal traffic flow patterns (i.e. vehicles, employees, public) be changed in emergency situations |
| _____ | _____ | Are alternative routes diagrammed |
| | | Note: Sample 9 communicates traffic flow patterns quickly and effectively. |
| _____ | _____ | Is there a system for redirecting traffic flow, (e.g. using signs, arrows, ropes, traffic controllers) |
| _____ | _____ | Is there a list of personnel who will actually direct traffic flow |
| _____ | _____ | Is there a designated storage area for equipment and/or supplies |
| _____ | _____ | Will traffic controllers be aware of individuals authorized entry to triage areas and those not authorized |
| _____ | _____ | Will they be easily identified with armbands or vests |
| _____ | _____ | Is there a list of personnel who will set-up equipment and signs for redirecting traffic flow (i.e. arrows directing employees and non-employees to designated areas) |

TRAFFIC CONTROL CHECKLIST
(cont'd)

| <u>YES</u> | <u>NO</u> | |
|------------|-----------|--|
| _____ | _____ | Is there a traffic flow pattern to and from parking lot(s) Note: Normal exits may have to become entrances and stationary barriers may have to be temporarily indisposed. |
| _____ | _____ | Will elevators be staffed by designated personnel to facilitate movement of casualties being transported on gurneys, wheelchairs, litters, etc. Note: If elevators or special routes are used, personnel may have to be stationed there to restrict use or to avoid doors from closing automatically on the litter bearers who themselves will have their hands full. |
| _____ | _____ | Is there a policy on removing potential obstructions in the patient route areas (e.g. chairs, I.V. poles, carts) |

TRAFFIC PATTERNS

1. Ambulances and vehicles bearing casualties will enter the hospital grounds via _____ and discharge their patients at the Triage Area. In case of congestion, ambulances will be directed to discharge patients on _____.
2. Physicians may drive their cars to _____.
3. Employees are urged to approach the hospital from the _____ and use _____.
4. All personnel will use stairways instead of elevators to free elevators for transportation of casualties or evacuation of patients.
5. If it becomes necessary to evacuate large numbers of patients, they will be evacuated via the _____.

Friends or relatives arriving to pick up discharged patients will be directed to the _____.

6. Personnel Entrance to Hospital

Employees will be required to show identification cards on entering the hospital. Employees are advised to use the _____ entrance.

CLERGY

Provisions for clergy personnel should be made in the disaster plan. Clergy personnel can assume the role of administering last rights, if needed, or help console victims, relatives and friends.

CLERGY CHECKLIST

YES

NO

- | | | |
|---------------|---------------|--|
| <u> </u> | <u> </u> | Are there criteria on when to contact clergy |
| <u> </u> | <u> </u> | Is it clear who will notify clergy and initiate clergy callback procedures |
| <u> </u> | <u> </u> | Is there a list of community clergy that could be contacted as needed |
| <u> </u> | <u> </u> | Is there a clergy reporting area |
| <u> </u> | <u> </u> | In the event normal clergy assistance areas are disrupted is there an alternative site |

MORGUE

Morgue facilities should always be available in a disaster plan. Alternative provisions need to be planned in case regular facilities become inaccessible, filled, or the hospital does not have a regular morgue. Planning should also include a procedure for identifying if additional staff or supplies are needed.

MORGUE CHECKLIST

YES

NO

_____ _____ In the event normal/temporary morgue facilities have reached capacity or otherwise are inaccessible, is there an alternative site

Note: Is it out of public access and not visible to arriving casualties?

_____ _____ Has a policy been established for identifying additional staffing needs

_____ _____ Are there means for acquiring additionally needed supplies (e.g. body bags, labels, containers, tables)

_____ _____ Is the current record keeping system adequate if the workload substantially increases

IMMEDIATE PATIENT CARE

During an emergency situation hospital employees must respond quickly to decisions affecting incoming and outgoing patients. The following checklists should assist you in the development and coordination of prompt patient relocation, evacuation, discharge and/or transfer. A checklist has also been provided to assist you in addressing admitting procedures for incoming patients.

CHECKLIST FOR PROMPT RELOCATION, EVACUATION, DISCHARGE
OR TRANSFER OF PATIENTS ALREADY IN THE HOSPITAL

- | <u>YES</u> | <u>NO</u> | |
|------------|-----------|---|
| _____ | _____ | Is there a policy on early discharge during a disaster situation when major casualties are anticipated |
| _____ | _____ | Is there a policy as to who can authorize the discharge or transfer of patient if attending physician is not present |
| _____ | _____ | Are there criteria to help determine which patients may be discharged or transferred to another facility |
| _____ | _____ | Are there mutual transfer agreements with other facilities |
| _____ | _____ | Is there a procedure for expediting paperwork to accompany these patients |
| _____ | _____ | Is there a system for notifying relatives about early discharges (i.e. is an individual designated to address inquiries from concerned relatives) |

CHECKLIST FOR PROMPT RELOCATION, EVACUATION, DISCHARGE OR TRANSFER
OF PATIENTS ALREADY IN THE HOSPITAL
(cont'd)

- | <u>YES</u> | <u>NO</u> | |
|------------|-----------|---|
| _____ | _____ | Are there prior arrangements for transportation |
| | | Note: Normal transportation agencies may be inaccessible so alternative modes may be necessary (e.g. taxies, buses, vans, etc.) |
| _____ | _____ | Has a traffic route been designated for these vehicles |
| _____ | _____ | Is there a system to minimize congestion between early discharges and arrival of casualties |

IMMEDIATE ADMITTING PROCEDURES CHECKLIST

| <u>YES</u> | <u>NO</u> | |
|------------|-----------|---|
| _____ | _____ | Is there a procedure for immediate admissions of casualties |
| _____ | _____ | Is there an emergency patient tagging system Note: Have sample of the tag in External Disaster Plan, if one is going to be used. Provide simple and clear instructions for use of this tag. |
| _____ | _____ | Is there a policy for collecting and storing valuables for casualties e.g. Valuables are taken from all admitted casualties, placed in paper bags, and marked properly with patients name, tag number, and the signature of the person taking the valuables. The bags are sent to the business office or other designated place for safekeeping. |
| _____ | _____ | Is there a system of relaying admitting information to appropriate locations (e.g. Disaster Control Center, Public Information Center) |

TRANSFER OF CASUALTIES FOR DEFINITIVE
TREATMENT CHECKLIST

YES

NO

_____ _____ Are there criteria for transfer of casualties

_____ _____ Is there a current list of referral centers (e.g. burns, pediatrics)

_____ _____ Has a transportation system been established for these casualties

_____ _____ Is there an established process for the transfer of these casualties (i.e. appropriate paperwork, notification of ground transport)

_____ _____ Is there a system of notifying appropriate departments (e.g. Public Information Center, Disaster Control Center) of casualty(ies)