

## OUR LADY OF THE RESURRECTION MEDICAL CENTER

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## A Community Hospital's Perspective: Emergency Department Disaster Preparedness



### Our Lady of the Resurrection Medical Center

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- **A Community Hospital**
- **An Associate Hospital in**
  - Chicago North Emergency Medical System
- **IDPH Region XI**



### Major Point in developing a Disaster Plan

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- **“its purpose is not to reduce the likelihood of a disaster because, by definition, a disaster is an uncontrollable event” (Unknown author taken from IMERT lecture)**
- **But rather to anticipate events and prepare for results to enable the Rescuers to respond effectively & efficiently to an incident**



### OLR Plans & Protocols are modeled on the Emergency Management System

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- **Illinois State Medical Disaster Plan & Hospital Emergency Incident Command System (HEICS) using:**
  - Organizational Charts
  - Job Action Sheets
- **Plan is flexible to adapt to each incident**
  - OLR reviewing Dr. Roberts' (Stroger Hospital) All Hazards Approach Excel Program



### OLR Plan based on All Hazard Plan

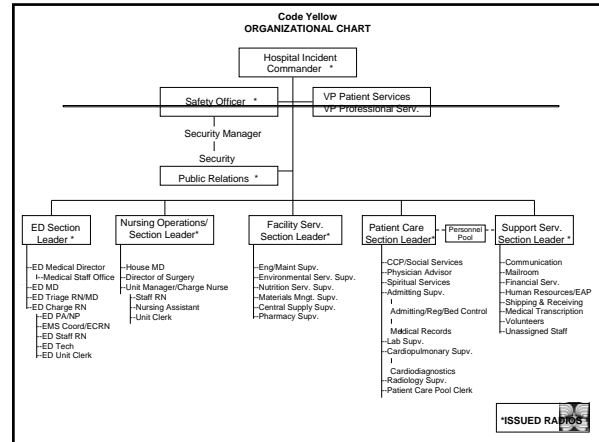
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- **Code Yellow is OLR Disaster Designation**
  - AOC determines need to activate Code Yellow
- **Once event is suspected or identified :**
  - Notification begins of appropriate personnel
    - **Administrator on Call (AOC)/ Nursing Supervisor**
    - **ED Medical Director**
    - **ED Manager**
    - **Safety Officer**
    - **Infection Control/ Chairperson (if appropriate)**



## OLR HEICS composed of

- **Section Leader: Hospital Incident Commander (CEO/Designee)**
- **Vice Presidents**
- **Safety Officer (Director of Pharmacy/Designee)**
- **Security Manager**
- **Public Relations (PR Director/Designee)**
- **Nursing Operations Section Leader (Telemetry manager/ Designee or Nursing Supervisor)**
- **Facility Services Section Leader (Facility Services Director/ Designee)**
- **Patient Care Section Leader (Manager QRM/Designee)**
- **Support Services Section Leader (Communications Supervisor/ Designee)**



## Once Code Yellow is activated

- **All personnel remain on duty until told they are relieved or an 'All Clear' called**
- **Section Leaders assess need for additional help from Department Heads**



## Other Agencies that need notification are Hazard- specific

- **CDPH**
- **Poison Control**
- **FBI**
- **IDPH**
- **CDC**
- **Illinois Department of Nuclear Safety**
- **Chemtrack**



## Specific Hazard concerns:

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| <ul style="list-style-type: none"> <li>• <b>Radiation</b> <ul style="list-style-type: none"> <li>- Contact OLR Radiation Safety Officer</li> <li>- Nuclear Medicine for Radiation Survey Meter/Geiger Counter</li> <li>- Radiation Duty Officer @ IL.Dept. of Nuclear Safety</li> </ul> </li> <li>• <b>Chemical</b> <ul style="list-style-type: none"> <li>- Poison Control</li> <li>- Chemtrack</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• <b>Biological</b> <ul style="list-style-type: none"> <li>- CDPH by calling 311</li> <li>- CDC</li> </ul> </li> <li>• <b>Explosive</b></li> <li>• <b>OLR Security</b></li> <li>• <b>Chicago Police Department</b></li> </ul> |
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## Restriction of Access

- **All entrances need to be guarded**
- **Some may need to be restricted/locked (Lock-down)**
- **Some access can be controlled by Triage & Decontamination @ the ED Ambulance entrance**



## Code Orange is OLR's Hazardous Materials Code

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- If decontamination is required, Code Orange is activated
- Notification of the Decon Team is done
- Decontamination Team Leader provides direction, decisions, & is directly responsible for Code Orange
  - Makes decision to call Code Orange "All Clear"
- Code Yellow or Code Orange
  - May be concurrent
  - Incident Commanders of each need to keep constant communication regarding the incident



## Control and Management of Infectious Waste

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- Type of waste is determined by the specific incident, e.g. Chemical/Radiological
- Appropriate containers identified
- Appropriate storage of waste
- Appropriate waste hauler contacted



## Surge Capacity: A Community Hospital Perspective



## Surge Capacity: Questions OLR considered

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- What is considered a 'large' number of victims/would hinder OLR operations
- Would the type of incident affect the sensitivity of numbers, e.g. Bio vs Chemical
- How would the night shift be affected if this occurred on nights



## Surge Capacity: Questions OLR considered

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- On off-shifts, entrance locations are limited. Does this matter?
- Number of Security on each shift, could this affect the incident?
- The manner victims arrive, EMS vs without notice, what's the difference?



## OLR's Management of large number of casualties

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- Initially, OLR developed this plan based on a manageable number of victims (5-6) arriving @ the ED without notice
- Once the plan was developed & drilled, then planning for larger numbers of victims is still a work in progress
- Realize no plan is perfect BUT it must be flexible & need to keep a High Index of Suspicion
- Most problems occur in first few minutes until management plan is activated



## OLR staffing issues for a large Incident

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- **OLR FTE ratios meet our census**
- **We are not a teaching institute with Interns & Residents**
- **Residents are only in the ED**
- **There is no extra house staff**
- **Call tree would need to be activated ASAP**



## Escalation of Incidence & Need for Additional Staff

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- **Department Call Trees are activated**
- **Resource hospital/ POD notified**
  - RMERT may be activated by POD
  - MABAS may be requested



## Other methods of obtaining more staff

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- **POD notification requesting RMERT activation**
  - OLR has 15 members who have volunteered for RMERT activation
  - OLR has signed the State MOU
  - OLR is a hospital in the Resurrection Health Care (RHC) System & will share interfacility personnel as available



## Communication

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- **When increasing staff is needed, the OLR Call tree is activated**
  - **Staff will be concerned about family & may not be able to come in due to family issues**
    - Day & Night care needs to be available for families, e.g. OLR Day Care will readjust hours
    - OLR is prepared to provide prophylaxis for staff as well as for family
    - Mental Health Care
    - Security



## OLR plan needs Alternative Actions/ sites

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- **Triage & Isolation strategies need to be redefined for location & specific room needs for PPE & Negative pressure. These areas are identified but will take time to set up.**
- **Cohorting of victims with similar syndromes is limited with the number of isolation areas & decon currently available.**



## OLR plan needs Alternative Actions/ sites

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- **Transportation means & routes to these alternate ED & Isolation areas are still being evaluated, e.g. Transport with De-Mistifier covers on carts, which floor/ route (due to construction issues).**
- **An Alternate ED site to care for Hazardous incident victims is identified @ OLR.**



## Special Needs Considerations Pediatric

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- **OLR ED is EDAP certified**
- **Has no official Pediatric Unit**
- **Is Lo volume/ Hi Acuity for Peds**
- **Other considerations**



## Elderly, Disabled & Mental Health Considerations

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- **Transporting can be Difficult**
- **Compensatory mechanism my mask injuries**
  - **Dementias may not be realized initially**
    - **Adults may respond similar to pediatric patients**
- **Polypharmacy issues can be present**
- **Fluid management**
- **Education issues**



## Supplies

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- **Obtain from our own vendors**
- **RHC system-wide agreements**
- **POD**
- **Types of supplies needed**
  - **HEPA filter masks**
  - **Ventilators**
  - **Other PPE supplies**
  - **Decon supplies**
  - **Pharmacy: Antidotes &/or Prophylaxis**



## Public Relations

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- **Should always be the same person releasing news reports/ updates**
- **Information to patients, visitors & general public**
- **OLR Connection with American Red Cross**



## Employees being trained to remember Acronym

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- **R Recognize**
- **A Avoid**
- **I Isolate**
- **N Notify**
- **This is to help each staff member to remember the important issues, and that they are number ONE to stay safe.**

