

Policy Subject: <b><i>Disaster Plan</i></b>	Section: Emergency Management
Affected Area/Department: UT Medical Center	Effective: 04/14/99
Approved by: Emergency Management Subcommittee and Safety Management Committee	Reviewed/Revised: 04/20/08

**Purpose:**

UTMC will strive to be prepared to handle any natural or man-made emergencies (disasters) should they occur. This plan also identifies the Incident Command System (ICS) roles and responsibilities in order to provide a smooth interface with our community partners.

**Scope:**

During an external disaster, the Plan will supplement the Knoxville/Knox County Disaster Plan to provide the mechanism for the reception, classification and care of individuals who have sustained injuries or illnesses as a result of a community disaster.

During an internal disaster, the Plan will provide a method for the notification of:

- A. UHS staff of the need to prepare for a potential or occurring disaster
- B. Designated emergency response team members of a need for action
- C. UHS staff that an evacuation may be or is currently necessary
- D. Community EMS agencies of the need for assistance

During a disaster or emergency, the Plan provides for:

- A. Initiation of the Plan (how, when and by whom the Plan is activated)
- B. Initiation of the Incident Command System
- C. Notification of external agencies and staff
- D. Management of staff activities
- E. Management of patient activities
- F. Establishment of an alternate care site

**Plan Structure and Design:**

The Disaster Plan is based on the Hospital Incident Command System (HICS). HICS is an emergency management system made up of positions on an organizational chart (See Table 1). Each position has a specific mission to address an emergency situation. Each position on the chart has an individual job action sheet designed to direct the assigned individual in disaster recovery tasks (See individual job action sheets in appendices). The HICS plan is flexible. Only those positions, or functions, which are needed should be activated. The HICS plan allows for the addition of needed positions, as well as the demobilization of

positions at any time. This equates to promoting efficiency and cost effectiveness. The entire chart may be fully activated for a large, extended disaster; however, full activation may take hours or even days. The majority of disasters or emergencies will require the activation of far fewer positions. More than one position may be assigned to an individual. Situations of a critical nature may require an individual to perform multiple tasks until additional support can be obtained. This is made possible with the use of the individual position checklists.

The Disaster Plan is structured in three basic components. The first is the general hospital wide policies which are included in the Emergency Management section of the Safety Manual, the second is the department-specific plans, and the third is the Appendix section to this Plan which contains quick reference material. It is the responsibility of the Disaster Coordinator in conjunction with the Emergency Management Subcommittee to ensure the policies are current with community and hospital-wide needs.

The department heads and department chairpersons are to maintain current policies and procedures for their respective departments and provide annual in-service for all employees regarding implementation of the Disaster Plan. A template for the department-specific plans is found in the Safety Manual (EM 07).

**Definitions:**

- A. Internal Disaster: An emergency that involves UHS staff or property, and renders all or a portion of the facility uninhabitable which may require relocation of staff, visitors, and patients to an unaffected portion of the hospital or alternative facility. Examples include fire, smoke, flood, tornado, earthquake, chemical, biological or radioactive contamination. All internal disaster announcements will be followed with a specific disaster code, if applicable.
- B. External/Community Disaster: A disaster having community-wide effect, which may involve numerous casualties, increased staffing, and involvement with other community or EMS and service agencies. Examples include a plane crash, major interstate wreck with casualties, or a terrorism event.
- C. Exercise: An exercise (formerly called a disaster drill) to test the readiness of staff in dealing with potential or existing internal disasters that could render a portion of the facility uninhabitable or external disaster having a community-wide effect. The staged exercise may be with or without community-wide participation.
- D. Disaster Alert: This designation is intended to be used whenever there is an actual disaster or potential disaster either internally or externally (community-wide).
- E. Standby: This designation is intended to be used whenever there is notification of a possible disaster, such as an incoming aircraft with mechanical problems or fire on board, hazardous spills, etc.

**Orientation and Training:**

All new employees and volunteers shall be provided with general information during new employee orientation. In addition, departments shall train employees in their

department-specific emergency management policies and procedures upon hire and annually thereafter. Additional training requirements may be mandated as the need arises.

The education program must include:

- A. Specific roles and responsibilities during emergencies
- B. The information and skills required to perform duties during emergencies
- C. The backup communication system used during disaster and emergencies
- D. How supplies and equipment are obtained during disasters and emergencies

Department heads shall ensure their employees are knowledgeable in general and department-specific emergency procedures. All employees are encouraged to use the orange emergency posters as a quick source of information (periodic refresher and during actual emergencies).

**Staff Participation:**

Off-duty staff who may be needed to assist in an emergency or disaster situation shall be notified as specified in their department-specific emergency preparedness plan. Persons reporting to the Medical Center from off-site will be required to present their identification badge at the designated employee entrance to gain admission to the facility. No one will be admitted without official identification. Parking access cards may also be required to access restricted areas within the facility.

Medical Staff

Physicians will contact and/or report to the Nursing Education Classroom for assignments. All house staff will report for duty whenever there is a community disaster. The Medical Care Branch Director is responsible for the assignment of physicians to patient care and treatment, as needs are identified.

Physicians without privileges at the Medical Center will be credentialed per the policy and at the direction of the Chief of Staff's Office through the Labor Pool/Credentialing Unit Leader.

All Other Staff

Staff assignments for each department will be documented in their department-specific emergency preparedness plan, and communicated/coordinated with the Emergency Management Subcommittee. Departmental employees not being utilized during the disaster will be sent to the Labor Pool/Credentialing Unit Leader for re-assignment. Requests for additional staff will also be routed through the Labor Pool/Credentialing Unit Leader.

Review and revision of department-specific policies should be done annually and communicated to the subcommittee. Training on department-specific and the hospital-wide emergency preparedness plans shall be performed annually and documented.

### Volunteers

Identification of volunteers during a disaster will be overseen by the Labor Pool/Credentialing Unit Leader. Physicians, Nurse Practitioners, Physician Assistants, and CRNAs will be processed through the Medical Staff Pool, which is located in the Nursing Education Classroom. Nurses and all other volunteers will be processed through the Labor Pool also located in the Nursing Education Classroom. Staging areas will be determined by the Staging Manager.

All volunteers will be provided with an identification card which will include the person's name with any credentials/specialty, as well as an issue date. Any credentials must be identified per existing Human Resources and Medical Staff policies. The identification card must be returned at the end of the working shift.

Volunteers must sign in and out through the Labor Pool or the Medical Staff Pool any time they are working on site so they can be located if necessary. All volunteers will be required to sign a release from liability before being allowed to work.

### Exercises

Emergency preparedness exercises will be conducted periodically but no less than twice a year. The practice exercises shall be conducted as an actual disaster. While patient care shall not be compromised during an exercise, full cooperation of all hospital personnel is expected. The exercise may be on a community-wide or UHS basis. One of these exercises must involve internal emergency policies and procedures and will be selected based on risk determination in the Hazard Vulnerability Analysis (HVA). The community-wide exercise will be based on the HVA conducted for the Knoxville area or regional hospitals.

### **Communication:**

Initiation of the Disaster Plan varies based on the type of event. External emergencies and disasters are usually initiated by notification from the Emergency Department. Upon notification of a possible disaster, the "Standby" procedure will be implemented.

After confirmation of a disaster, the Administrator On-Call (Incident Commander) will initiate the appropriate level of the Plan. If the Administrator On-Call is not readily available, the Nursing Supervisor shall make the decision.

Internal disasters shall be initiated as specified in the individual policies contained in the Emergency Management section of the Environment of Care Manual. Staff shall be notified of emergencies, drills and disasters via the public address system. E-mail and the public address system shall give notification regarding scheduled events that disrupt the normal operation of any part of the hospital and could be considered an emergency without advance notice. The PBX Operator or other assigned staff shall notify areas without public address system notification or where the public address system is inoperative by telephone. Notification shall include whether the event is an exercise or actual emergency.

In the event that an emergency cannot be handled internally, external agencies shall be notified. These agencies include, but are not limited to, the Knoxville Fire Department, Knoxville Police Department, Knoxville/Knox County Emergency Management Agency, and the Tennessee Emergency Management Agency. The decision to notify these and/or other outside agencies shall be made by the Incident Commander. In the event that an external agency becomes involved, they may become the Incident Commander on the Scene depending upon the type and scope of the disaster and should establish a unified command with the Hospital Command Center.

**Notification:**

The notification of an **internal disaster** shall be made as specified in the individual policies in the Emergency Management section of the Safety Manual. Internal disaster announcements will include the applicable code for the disaster.

The notification to UHS of an **external disaster** in which a number of individuals have been injured will be made to the Emergency Department by telephone or by radio. The person receiving the notification will record the name and official capacity of the caller as well as the nature and scope of the disaster per the Emergency Department's policy.

- A. Upon initial notification of a possible disaster, the "Standby" Procedure may be implemented if time allows:
  - 1. The Emergency Department Charge Nurse will notify:
    - a. Administrator On-Call "0"
    - b. Regional Medical Communication Center 8500 or radio (if original notification was not through the RMCC)
    - c. Nursing Administration 9800
  - 2. Nursing Administration will notify the Operating Room.
- B. Upon confirmation of a disaster, the following procedure will be implemented:
  - 1. The Emergency Department Charge Nurse will call PBX and request the Administrator On-Call and Nursing Supervisor (after regular hours and on weekends) be paged to the Emergency Department STAT.
  - 2. When the Administrator On-Call/Nursing Supervisor returns the call, the Charge Nurse will brief the Administrator On-Call/Nursing Supervisor of the situation.
  - 3. The Administrator On-Call/Nursing Supervisor will call the hospital operator and initiate the appropriate level of the Disaster Plan.
- C. Should the Administrator On-Call not respond immediately, the Nursing Supervisor shall make the decision to initiate the Plan.

**Implementation:**

- A. Upon notification by the appropriate individuals, the PBX Operators will make one of the following announcements:

Drills

“Attention All Hospital Personnel. This Is An Exercise. The Hospital Incident Command System has been activated. A Code \_\_\_\_\_ Is Now In Effect For \_\_\_\_\_ (affected location).”

Actual Disaster

“Attention All Hospital Personnel. This Is A Disaster Alert. The Hospital Incident Command System has been activated. A Code \_\_\_\_\_ Is Now In Effect For \_\_\_\_\_ (affected location.). All Visitors Please Remain In Patient Rooms Until Instructed Otherwise.”

**NOTE:** A Code is only applicable for an internal disaster or exercise.

- B. The Incident Commander or designee will immediately place a message on the Disaster Hotline (305-8693) explaining the details of the situation, as information is available.
- C. The Incident Commander will notify the hospital operator to immediately notify the individuals listed in Appendix A with the following information: “The hospital incident command system has been activated. This is an exercise/disaster alert, code \_\_\_\_\_. Please report to the Hospital Command Center.”
- D. The hospital operator will notify the individuals listed in Appendix B with the following information: “The hospital incident command system has been activated. This is an exercise/disaster alert, code \_\_\_\_\_. Please call the disaster hotline at 305-8693 for detailed information.”
- E. Additional notification may be made to outlying departments/facilities by designated personnel.
- F. The Incident Commander will establish the Hospital Command Center. It is vital to have one command area during a disaster. The Hospital Command Center is located in the Morrison’s Conference Center. The alternate location is the ED Conference Room.
- G. The Nursing Supervisor will coordinate disaster activities as the Incident Commander unless relieved by the Administrator On-Call. The Administrator On-Call may be relieved by a senior Vice President or the Chief Operating Officer, who may then assume the title of Incident Commander or appoint someone else to serve as Incident Commander.

- H. The Incident Commander will coordinate all activities of the Hospital Command Center with information provided by Section Chiefs as designated on the HICS organization chart.
- I. The Operations Section Chief or the Medical Care Branch Director upon notification shall contact the Chief of Service for each medical specialty in priority order based upon the medical needs of the victims.
- J. The Medical Care Branch Director will immediately report to the Hospital Command Center or the Operations Section Command Center (if established) and implement the medical aspects for coordination of medical activities.
- K. The Medical Care Branch Director is responsible for the formation of a patient discharge review team and the assigning of physicians as needs are identified.
- L. The Inpatient Unit Leader is responsible for the coordination of discharging patients as identified by the discharge review team. Assistance from Nursing will be provided as specified in the Nursing Disaster Plan. Medical Records should be notified immediately of patients being discharged to another facility to facilitate appropriate transfer of records. The Transportation Unit Leader will assist with providing means of transportation for discharged patients.
- M. Ambulatory patients who are being discharged home will be staged in the West End of the Spice of Life Café and exit the facility via the Flag Pole Circle entrance.
- N. Patients being discharged to another facility will be staged in the East Pavilion Lobby and exit from the facility via the East Pavilion Circle. Patients being admitted from another facility (who do not require treatment through the ED) will enter via the East Pavilion Circle and be staged in the East Pavilion Lobby.
- O. Off-duty staff who may be needed to assist in an emergency or disaster situation shall be notified as specified in their department-specific emergency preparedness plan.
- P. Dependent care will be provided if all prearranged options have been exhausted for staff families who are required to be present at the Medical Center during a disaster. Staff must notify their supervisor to make arrangements prior to arrival. Arrangements will be coordinated with the Family Care Unit Leader. The Family Care Unit Leader will be responsible for extended care (sleeping and nutritional arrangements) as necessary. Dependent Care will be located in the Lab Annex Conference Rooms A and B or the HLVI Education Classrooms. The Preston Library may also be used as an overflow area. Dependents should be checked in by an employee for identification purposes. Dependents under age 10 will be provided a colored armband. A list will be maintained of those persons allowed to retrieve a dependent. Identification will be verified before a dependent is released to an adult. A list

will be maintained with the dependent's location to facilitate communication and retrieval.

- Q. Pet Care will be provided for long-term incidents when all other prearranged options have been exhausted. Staff must notify their supervisor to make arrangements prior to arrival. Arrangements will be coordinated with the Family Care Unit Leader or their designee. Pet Care will be overseen by the Family Care Unit Leader and set up in the HLVI Garage. Pet owners must ensure the pet is contained (crate, cage, etc.) and is on a leash if applicable, as well as providing any necessary supplies including food, etc.
- R. The Public Information Officer (Communications and Media Manager or a representative of the Marketing Service staff) will handle all inquiries and releases concerning the news media from the designated press area. All media personnel will be escorted to the designated press area.<sup>1</sup> One individual from Marketing Services will staff the designated press area at all times. A security officer will also be assigned to the press area if necessary and staff is available. The PIO will work with the Patient Tracking Manager to assist PBX and the Information Desk with disaster information calls.

All media communication will be handled by the Public Information Officer (PIO). **Staff shall not provide information to or conduct interviews with the media unless approved by the PIO.**

- S. Families of disaster victims are to be directed and/or escorted to the Wood Auditorium. If the hospital is in lockdown, families will be directed to the HLVI Education Rooms. The Support Branch Director in conjunction with the Patient Tracking Manager will establish a reception area and information center to keep families informed regarding the condition of victims.
- T. A reception area/information center will be established by the Support Branch Director in the Surgery Conference Room on 2 North for employees with family members affected by the disaster.

**Cancellation:**

The Incident Commander coordinating the Hospital Command Center will evaluate the disaster situation periodically time to time with the Medical Care Branch Director and Section Chiefs as specified on the HICS organization chart. When it appears that activities relating to the disaster can be handled on a regular operating basis, the PBX Operators will be directed to announce:

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<sup>1</sup> The designated press area will be along the southwest curb approaching the ambulance bay. If setup of the decontamination tent is required, the designated area will be in the southeast end of Lot D. The number of press trucks may be limited by the Security due to space and safety constraints.

“Attention All Hospital Personnel. The Exercise/Disaster Alert (or Code \_\_\_\_\_) Has Been Cancelled. The Hospital Incident Command Center has been deactivated.”

### **Essential Information:**

#### Supplies

All supplies essential to running the Hospital and Section Command Centers are located in the locked black storage cabinets in each area. Each cabinet contains notebooks for all positions located within that section, additional notebooks will all forms utilized by the section, emergency phones, radios, notepads, pens, re-usable HICS org charts, dry erase markers, etc. The keys for these cabinets are strategically located near the cabinets. The Disaster Coordinator also has keys for the cabinets.

Departmental Supplies should be requested through their respective unit leader, i.e. Inpatient, Outpatient, Casualty Care, Clinical Support, etc. or Branch Director, i.e. Infrastructure, Security, etc. and processed through the Logistics Supply Unit. All resources utilized during an incident response will be monitored by the Resources Unit Leader.

#### Facility Information

Employees should use stairways, not the elevators, whenever possible. Routine deliveries are to be suspended.

Nonessential telephone calls are to be deferred.

#### Security Related Information

UT Medical Center Security Officers or KPD/KCSD Officers will be stationed at the entrance of Cherokee Trail, the Emergency Department parking area, the triage area, the East Pavilion Lobby, and the main entrance area for traffic and/or crowd control.

Assigned staff will be stationed at public entrances and the Information Desk to assist with visitor control. Visitors will be advised that the hospital is expecting/has received several emergency victims or is under a disaster alert or Code \_\_\_\_\_. Visitors will be requested to use the stairways if possible. Visitors may be requested to leave the building or area if necessary.

#### Patient Related Information

Since UTMC is capable of providing most immediate needs for definitive treatment, it is not anticipated that the prompt transfer of patients for treatment will be necessary. Medical treatment for burn patients will be coordinated through the RMCC with a transfer to Vanderbilt Medical Center or Erlanger Health System. Alternate care sites will originally be established in the Medical Office Buildings as established by the Mass Casualty Policy (EM-03), then primarily be provided by the other Knoxville area or East Tennessee regional hospitals. In the event of a

community-wide disaster, the alternate care site will be determined by the local or state authorities in command.

All calls (excluding the media) requesting patient location will be directed to the Knox County American Red Cross at 584-2999. School bus accidents will be routed through Knoxville/Knox County Teleserve Units at 215-2243 (KCSD). They will only provide information concerning patient location, not any other patient information. As the list of patients being treated at UTMC is developed, information may be released at 305-8000. The Marketing Services Office will be provided with an updated list of patients and other pertinent information on a frequent basis by the Patient Tracking Officer. In the event of a disaster outside Knox County where patients are sent to UTMC, patient location will be referred to the Knox County American Red Cross or the American Red Cross in the county of the emergency.

**Please Forward Completed Report to Disaster Coordinator Within 24 hours – EHSS, Campus Box 68**

**Department** \_\_\_\_\_

**Name of Person Completing Report** \_\_\_\_\_

Notification

Person Who Notified You \_\_\_\_\_

Date \_\_\_\_\_ Time Notified \_\_\_\_\_ Time Cancelled \_\_\_\_\_

Department Head Notified YES \_\_\_\_\_ NO \_\_\_\_\_

Availability of Staff

Call List Current and Readily Available: YES \_\_\_\_\_ NO \_\_\_\_\_

Adequate Staff Available: YES \_\_\_\_\_ NO \_\_\_\_\_

Comments:

Availability of Supplies and Equipment

Supplies/Equipment Readily Available: YES \_\_\_\_\_ NO \_\_\_\_\_

Additional Needs:

Describe performance/problems encountered:

Suggestions for improvement:

Revised: April 2002