Purpose: UTMC will strive to be prepared to handle any natural or man-made incidents 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.

Policy: During an external incident, the Plan will supplement the Knoxville/Knox County Emergency Management 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 incident.

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

A. UHS staff of the need to prepare for a potential or occurring incident  
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 an incident 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 Incident Management 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 incident recovery tasks. 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 incident; however, full activation may take hours or even days. The majority of incidents 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 Incident Management 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 Environment of Care 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 Committee to ensure the policies are current with community and hospital-wide needs.

Definitions:

A. Internal Incident: 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 incident announcements will be followed with a specific code, if applicable.

B. External/Community Incident: An incident 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. If this impacts internal operations it will also be followed with a specific code, e.g., Code Yellow.

C. Exercise: An exercise (formerly called a disaster drill) to test the readiness of staff in dealing with potential or existing internal incidents that could render a portion of the facility uninhabitable or external incident 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 incident or potential incident either internally or externally (community-wide).

E. Standby: This designation is intended to be used whenever there is notification of a possible incident, 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 incidents and emergencies
D. How supplies and equipment are obtained during 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 incident 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

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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:** During a large-scale incident, physician assignments will be coordinated in the Physician’s Dining Room/Executive Dining Room. Residents are to report to this location for coordinator of their assignments as well. The Medical Care Branch Director is responsible for the assignment of physicians to patient care and treatment, as needs is identified. The Medical Care Branch Director is located in the Executive Conference Room within the Operations Section Command Post.

During other incidents, individual physicians or physician groups may be contacted to provide assistance as necessary. Physicians in off-site facilities should attempt to keep their offices running as normal, if at all possible, relieve the Emergency Department of non-emergency patients. Off-site facilities should have an emergency plan in place to discontinue operations and notify patients.

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. Department directors or their designees will be responsible to supervise the professional performance of volunteer practitioners who are assigned disaster responsibilities. This supervision may entail direct observation, proctoring, and/or clinical record review.

Within 72 hours of arrival, the Credentialing Unit Leader will recommend whether the volunteer practitioner’s assigned disaster responsibilities should continue.

**All Other Staff:** A staffing needs assessment will be conducted by the incident management team. Departmental employees not being utilized during the incident 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. Just-in-time training will be conducted for staff acting in roles outside of their normal job responsibilities.

Training on department-specific and the hospital-wide emergency preparedness plans shall be performed annually and documented.

**Conditions Warranting Disaster Responsibilities for Volunteer Care Providers:**
Disaster responsibilities for volunteer care providers, who are not licensed independent practitioners, are assigned only when the following two conditions are present: (1) the Emergency Operations Plan has been activated, and (2) the organization is unable to meet immediate patient needs.

Before a volunteer practitioner, who is not a licensed independent practitioner is considered eligible to function as a practitioner, the hospital will obtain their valid government identification (driver’s license or passport), and one of the following:
- A current picture identification card from a health care organization that clearly identifies the professional designation
- A current license, certification or registration.
- Primary source verification of licensure, certification or registration.

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- Identification indicating that the individual is a member of a Disaster Medical Assistance Team, the Medical Reserve Corps, the Emergency System for Advance Registration of Volunteer Health Professionals, or other recognized state or federal response organization group. This identification should indicate that the individual has been granted authority by a government entity to provide patient care, treatment or services in disaster circumstances.
- Confirmation by hospital staff with personal knowledge of the volunteer practitioner’s ability to act as a qualified practitioner during a disaster.

Within 72 hours of arrival, the Credentialing Unit Leader will recommend whether the volunteer practitioner’s assigned disaster responsibilities should continue.

Primary source verification of licensure, certification or registration of volunteer practitioners who are not LIPs occurs as soon as the disaster is under control or within 72 hours, whichever comes first. If primary source verification is not completed within 72 hours due to extraordinary circumstances, the hospital will document the following:
- Reason(s) it could not be performed within 72 hours
- Evidence of the volunteer practitioner’s demonstrated ability to continue to provide adequate care, services or treatment
- Evidence of the hospital’s attempt to perform primary source verification as soon as possible.

Volunteers: Identification of volunteers during an incident 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 Executive Dining Room. Nurses and all other volunteers will be processed through the Labor Pool 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.

Department directors or their designees will be responsible to supervise the professional performance of volunteer practitioners who are assigned disaster responsibilities. This supervision may entail direct observation, proctoring, and/or clinical record review. This supervision will occur during the course of the disaster.

Within 72 hours of arrival, the Credentialing Unit Leader will recommend whether the volunteer practitioner’s assigned disaster responsibilities should continue.

Exercises: Emergency preparedness exercises will be conducted periodically but no less than twice a year. The practice exercises shall be conducted as an actual incident. 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

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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 Incident Management Plan varies based on the type of event.
External emergencies and incidents are usually initiated by notification from the Emergency
Department. Upon notification of a possible incident, the “Standby” procedure will be
implemented. Health Resource Tracking System (HRTS) or Tennessee Health Alert Network
(TnHAN) notifications may also precipitate activation of the Plan. These notifications are
received by various individuals throughout the facility including the Emergency Department,
Nursing Supervisor, and Emergency Management personnel. If aware of an alert potentially
impacting facility operations, Emergency Management personnel should notify the Nursing
Supervisor or AOC of the alert.

After confirmation of an incident, 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 incidents 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 incidents 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 incident and should establish a unified command with the Hospital Command
Center.

**Notification:** The notification of an **internal incident** shall be made as specified in the
Internal announcements will include the applicable code for the incident.

The notification to UHS of an **external incident** 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 incident per the Emergency Department’s policy.

A. Upon initial notification of a possible incident in the Emergency Department, the “Standby”
Procedure may be implemented if time allows:

Devised: 04/14/99
1. The Emergency Department Charge Nurse will notify:
   a. Administrator On-Call “4999”
   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 an incident by the Emergency Department, the following procedure will be implemented:
   1. The Emergency Department Charge Nurse will call PBX and request the Administrator On-Call or 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 “4999” and initiate the appropriate level of the Incident Management Plan.

C. Upon notification of an incident via HRTS or TnHAN, the Emergency Management personnel should notify the Nursing Supervisor or AOC of the alert. The Administrator On-Call/Nursing Supervisor will call the hospital operator “4999” and initiate the appropriate level of the Incident Management Plan.

Implementation:

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

   Exercises
   “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 Incident
   “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 applicable for an internal incident or exercise or external incident/exercise impacting internal operations.

B. The Incident Commander or designee will immediately place a message on the Disaster Hotline (305-8693) explaining the details of the situation, and update as information is available.

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C. The Incident Commander will notify the hospital operator to immediately notify the HICS positions 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. If immediate communication is required to manage the incident, the conference bridge may be activated.

**Old Conference Bridge:**

Main# 865-305-8397  
Toll Free# 1-866-607-5046  
This will hold 16 callers at the same time.

This conference bridge cannot be split up into smaller conferences.

To use this during regular business hours please check with Audio Visual first at 305-9454.

After hours it can be activated by dialing directly into the number.

**New Conference Bridge:**

Main# 865-305-1600  
Toll free# 1-888-887-5370  
This can hold one16 call conference or multiple smaller conferences at the same time.

These have to be scheduled ahead of time through Audio Visual at 305-9454.

Tim Endres can do this after regular business hours if needed.

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 incident. 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 incident activities as the Incident Commander unless relieved by the Administrator On-Call or one of the designated Incident Commanders. The Administrator On-Call may assume Incident Command until relieved by a designated Incident Commander.

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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 designated exit discharge.

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 incident 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 an incident. 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.

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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. 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 incident related 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 incident 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 incident.

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

“Attention All Hospital Personnel. The Exercise/Disaster Alert (or Code ______) Has Been Cancelled. The Hospital Incident Command Center has been de-activated.”

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.

1 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

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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. An officer should also be stationed outside the Hospital Command Center.

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 other burn treatment facilities. 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 incident, 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. The patient tracking system should be utilized during any large scale incident to facilitate locating patients. In the event of an incident 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.

trucks may be limited by the Security due to space and safety constraints.

Devised: 04/14/99
Appendix C Incident Management Report

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:

Devised: 04/14/99
Describe performance/problems encountered:

Suggestions for improvement:

Devised: 04/14/99