

Roles and Responsibilities of Staff and Physicians in a disaster

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Approved by:	Mark Puleo, Vice President- CHRO (by Proxy), Robert Pretzlaff, M.D., Vice President/Chief Medical Officer		

PURPOSE

To define the roles and responsibilities of staff and physicians in a disaster.

POLICY

Henry Mayo Newhall Hospital (HMNH) shall activate the Emergency Operations Plan using the Hospital Incident Command System (HICS) that consists of hospital personnel who are assigned specific emergency roles and responsibilities.

The section below describes the primary roles and responsibilities within the hospitals EOP.

Note: There may be situations in which the individuals are not available, or where the scope of an incident may be handled by other capable and qualified individuals on site. The Hospital Incident Command System provides this level of flexibility. The organizational chart should be considered a guideline rather than an indication of the only individuals who can fill specific roles in an incident response.

DEFINITIONS

An Emergency as defined by The Joint Commission and adopted by HMNH is:

An unexpected or sudden event that significantly disrupts the organization's ability to provide care, or the environment of care itself, or that results in a sudden, significantly changed or increased demand for the organization's services. Emergencies can be either human-made or natural (such as an electrical system failure or a tornado), or a combination of both, and they exist on a continuum of severity. A disaster is a type of emergency that, due to its complexity, scope, or duration, threatens the organization's capabilities and requires outside assistance to sustain patient care, safety, or security functions.

SCOPE

The scope of this Emergency Operations Plan (EOP) applies to all HMNH and services and contracted personnel on and off campus including:

PROCEDURE

Activation of the Emergency Operations Plan (EOP) and the Hospital Incident Command System.

- A. Activation of the EOP and response to an emergency depends on the severity of the event. See Table 1-1 below for HMNH response levels to an incident.
- B. The Administrative Nursing Supervisor is always the initial Incident Commander until relieved by another qualified hospital leader.

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C. "Qualified Hospital Leader," means a member of the HMNH Management Group and completion of National Incident Management Systems (NIMS) ICS 100, 200, and 700. Offered in Independent Study at <https://training.fema.gov/is/>

D. The role of Incident Commander should be held by someone who is qualified and may be a subject matter expert in the incident occurring.

Notification Level	Alert IV	Minor III	Moderate II	Major I
	Situation or extra ordinary event that could be a potential impact on facility operations but can be managed with current resources.	Actual situation or event that has minor impact on facility operation including escalation of alert level > 2 hours. Additional resources may be needed.	Actual situation or event that has moderate impact on operations, escalation of minor to > 4 hours duration. Additional resources needed.	Actual situation or event that has major impact on operations, escalation moderate to >12 hours. Additional resources needed.
Who is Notified	<input type="checkbox"/> Admin. Nsg Supervisor <input type="checkbox"/> Admin. On-Call, Nsg Director On-Call & Involved Dept. (s). Leadership involved. <input type="checkbox"/> Security <input type="checkbox"/> Patient Incident Report Filed (as appropriate) <input type="checkbox"/> Utilize connect phones for Internal Broadcast messages to Charge Nurses other department leads. <input type="checkbox"/> Optional Everbridge Broadcast to Management	<input type="checkbox"/> Chief, Medical Officer & Chief of Staff (as appropriate) <input type="checkbox"/> Patient' Attending Physician (as appropriate) <input type="checkbox"/> Family (as appropriate) <input type="checkbox"/> MANDATORY Everbridge Broadcast to Management <input type="checkbox"/> Reddinet optional	<input type="checkbox"/> Everbridge Broadcast to Clinical Coordinator's <input type="checkbox"/> LA County EMSA Medical Alert Center (Reddinet) <input type="checkbox"/> Authorizing Agencies L&C, Public Health	<input type="checkbox"/> Everbridge Broadcast to All Employees <input type="checkbox"/> Appropriate external agencies – see EOP Plan
Activation Level	<input type="checkbox"/> MONITOR, ASSESS, & DOCUMENT TIMELINE	<input type="checkbox"/> ACTIVATE THE INCIDENT COMMAND CENTER	<input type="checkbox"/> ONGOING INCIDENT COMMAND CENTER	<input type="checkbox"/> ONGOING INCIDENT COMMAND CENTER

2. All hospital employees will receive specific training on emergency preparedness at orientation, during department specific orientation, and at least annually thereafter. Key actions for disaster/emergency preparedness are:

A. Always wear your ID badge

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- B. Report suspicious activity to your supervisor
 - C. Seek out your supervisor for instructions and information
 - D. Remain on the job; your co-workers and our patients are counting on you
 - E. Stay calm
 - F. Follow your department's disaster plan
 - G. Protect yourself with the proper clothing and equipment
 - H. Limit telephone calls to keep lines clear
 - I. Activate your family emergency plan
 - J. Be prepared to accept an assignment other than your routine assignment
3. Physicians receive specific training on emergency preparedness during the application process. Key actions for physicians disaster/emergency preparedness are:
- A. Physicians must wear HMNH photo identification badges at all times
 - B. Physicians should initially report to the hospital labor pool (cafeteria) so they can be logged in and they proceed to their normal service area (i.e. ED, Surgery) or to area assigned.
 - C. See matrix below for specialty assignments in a disaster
4. It is the responsibility of the Department Director/supervisor to ensure their employees:
- A. Are aware of their department's disaster plan
 - B. Be prepared to be assigned a different role in a disaster than their regular position
 - C. Be prepared to be assigned to a HICS position
5. The Emergency Preparedness Manager is responsible for the content of the training to ensure all employees know their roles and responsibilities as outlined in the hospital's Emergency Operations Plan.
6. It is the responsibility of the Emergency Preparedness Manager to work with the Education Department to ensure training covers all employees annually and obtain appropriate documentation.
7. Training includes:
- A. Staff awareness of the types of hazards/emergencies addressed in the hospital's EOP and how the hazards may affect the organization.
 - B. Hospital Incident Command System (HICS).
 - C. Staff participation in emergency management drills
 - D. The role of first receivers during an incident.
 - E. Proper identification needed in a time of disaster.
 - F. Use of Personal Protective Equipment (PPE) for self-protection dependent on the type of event.
8. All Directors, members of EOC Committee, and Nursing Supervisors are required to take
- A. NIMS IS100, IS200, IS700-courses to be knowledgeable and prepared to fulfill HICS positions.

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9. Labor Pool shall be located in the old cafeteria, online, or a different location as determined by Incident Command (IC).
10. If you were instructed to report to your own department, do so after signing in at Labor Pool.
11. Staff members, physicians and volunteers must wear HMNH identification at all times.
12. The roles and responsibilities of staff will be defined by the six critical areas: Communications, Resource and Assets, Safety and Security, Staff Responsibilities, Utilities and Clinical Activities.
13. When the HICS is established, the HICS Management Chart and Job Action Sheets are utilized to assure critical task positions are filled first. As other staff members become available, they are assigned to the most critical jobs remaining.
14. The Incident Command Staff is responsible for assuring that the critical tasks they manage are filled by the most appropriate available staff member and to assure that the tasks are performed as quickly and effectively as possible.
15. If staff is not available for handling critical tasks defined by the Job Actions Sheets, staff will be drawn from the appropriate departments, or if none are available, from the Labor Pool.
16. As staff are called in, they will replace personnel at tasks they are better qualified to perform. If questions arise, the HICS Section Leaders will determine who will perform the task. The tasks are evaluated frequently to assure the most appropriate staff members available are being used, burnout or incident stress problems are identified, and staff members in these jobs are rotated as soon as possible.

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The staff that are assigned by the six critical areas will be logged in on the HICS 203 and/or 204 form. Types of Events					HMNH Employee Roles in a Disaster
Radiation/ Nuclear	Chemical	Biological	Explosive	Mass Casualty	
Post Decontamination	Post Decontamination	X	X	X	On Duty Staff: Report in to your unit. Prepare to accept an alternate role from your supervisor depending on the nature of the event.
Post Decontamination	Post Decontamination	X	X	X	Off Duty Staff: When you receive notification from HMNMH that you are needed, report to the labor pool. If you do not receive a call stay tuned to the local radio station KHTS 1260 AM.
X	X	X	X	X	Decontamination Team: If you are on duty, you will be contacted if you are needed for decontamination. If you are off duty and are needed for decontamination, you will be contacted by our Emergency Notification System.
Post Decontamination	Post Decontamination	X	X	X	Leadership/Directors/Nursing Supervisors/EOC Committee: You will be expected to fill any role in HICS that is needed.
Post Decontamination	Post Decontamination	X	X	X	Emergency Department Staff: Your role: Triage, treatment of patients for any type of event.
Post Decontamination	Post Decontamination	X	X	X	Registration Staff: Registration of victims for any type of event.
Post Decontamination	Post Decontamination	X	X	X	Non-Essential Services in a Disaster: Refer to the table below on page 4. Employees of services that are considered non-essential in a disaster may be given an alternate assignment or cross-trained in a disaster.

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Post Decontamination	Post Decontamination	X	X	X	<p>Clinical Staff:</p> <p>When on duty you will be given directions from your supervisor. You may or may not be reassigned depending on the event. If off duty, you will be contacted by our emergency notification system if needed. If you do not hear from the hospital please stay tuned to the local radio station KHTZ 1260 AM to stay current about the event.</p>
Post Decontamination	Post Decontamination	X	X	X	<p>Non-Clinical Staff:</p> <p>When on duty you will be given directions from your supervisor. You may or may not be reassigned depending on the event. If off duty, you will be contacted by our emergency notification system if needed. If you do not hear from the hospital please stay tuned to the local radio station KHTZ 1260 AM to stay current about the event.</p>
Post Decontamination	Post Decontamination	X	X	X	<p>Security Staff:</p> <p>When on duty you will be given directions from your supervisor. You may or may not be reassigned depending on the event. If off duty, you will be contacted by our emergency notification system if needed. If you do not hear from the hospital please stay tuned to the local radio station KHTZ 1260 AM to stay current about the event.</p>
Post Decontamination	Post Decontamination	X	X	X	<p>Social Service/BHU/Others trained in Psychological First Aid.</p> <p>Be prepared to be assigned to triage areas to staff the psychological first aid function.</p>

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Types of Events					HMNMH Physician Roles in a Disaster
Radiation/Nuclear	Chemical	Biological	Explosive	Mass Casualty	
X	X	X	X	X	<p>Emergency Department Physicians (or those with military triage experience):</p> <p>The chief ED MD will make assignments to the Triage Area and Immediate Treatment Area. If staffing allows, you may also cover the Delayed and Minor Treatment Areas.</p>
Only if with trauma	Possible if caustic injury		X	X	<p>Surgeons:</p> <p>Priority to surgical patients will be made by the Chief of Surgery or his/her designee. Surgeons will perform surgery as designated and will act as consultants. Be available for emergency surgeries and support treatment areas if not needed for surgery. Trauma patients will be arriving at non-trauma facilities.</p>
X And may see in office		X And may see in office	X	X	<p>Family Practice / Internal Medicine/Pediatricians:</p> <p>If you have patients in the facility, promptly evaluate for potential discharge or transfer to a lower level of care. Otherwise, you may give an assignment of treating patients in the Delayed (moderate injury) or Minor (minor injury) or Immediate (severe injury) Treatment Area per Chief of Staff/designee.</p>
Possibly	Possibly	X	X	X	<p>Specialty Practice:</p> <p>To be available for your specialty needs. Otherwise, you will be given an assignment of treating patients in the Delayed (moderate injury) or Minor (minor injury) Treatment Areas. You may also be assigned to treat patients in the Immediate (severe injury) Treatment Area.</p>
X Only if with trauma	Possible if caustic injury		X	X	<p>Anesthesiologists:</p> <p>Be available for emergency surgeries and support treatment areas if not needed for surgery. Trauma patients will be arriving at non-trauma facilities. The Chief of Anesthesiology or his/her designee will be responsible for assignments of anesthesiologists.</p>
X	Possible if caustic injury		X	X	<p>Radiologists:</p> <p>To be available for your specialty needs or other role as assigned by the Chief of Staff/designee</p>
X And may see in office			X	X	<p>Psychiatrists/Psychologists. Be available for triage for evaluation of mental health patients and for psychological first aid.</p>

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Role of Physicians for HMNMH Emergency Codes		
Internal Events	How does it affect you?	Response
Code Red Fire	<p>“RACE” if you discover the fire. Offer assistance if you are in the immediate area of the fire.</p> <p>High potential in OR.</p> <p>Potential injury of your patient. Access Control may be implemented.</p>	<p>Rescue, Alarm, Contain, Extinguish or Evacuate (RACE) Be aware of prevention measures in OR.</p>
Code Blue/White Adult/Pediatric medical emergency	<p>Keep clear for response team in route to event</p>	BCLS/ACLS
Code Gray Security event, Violent person	<p>Need to be aware if you are in the hospital. Access Control may be implemented.</p>	<p>Need to stay where you are, do not move about the hospital. Secure the door to the area if possible.</p>
Code Silver Person has a weapon	<p>Potential for injury or hostage situation</p>	<p>Do not respond to the scene.</p>
Code Pink/Purple Abduction	<p>Need to be aware if you are in the hospital. Report suspicious behavior. Access Control may be implemented</p>	<p>Be observant for people with infants or bags they could fit in. Report suspicious behavior</p>
Code Yellow Bomb Threat	<p>Need to be aware if you are in the hospital. Access Control may be implemented</p>	<p>Report unusual objects. If you discover a suspicious package or object, do not pick it up or move it.</p>
Code Orange Hazardous Material spill/event	<p>Need to be aware if you are in the hospital. Access/perimeter control may be implemented</p>	<p>Do not go into affected area. Victims need to be decontaminated before being touched/treated.</p>
Code Green	<p>A high-risk patient has eloped: pt. on a legal hold, suicidal or homicidal, gravely disabled, confused, disoriented or otherwise appearing to lack mental capacity.</p>	<p>Be observant for patient fitting this description and report to security if you suspect this is the missing patient.</p>
Code Triage Alert	<p>Key staff who may assume the role of incident commander of notified about an event that has occurred, or may occur that could potentially affect the facility.</p>	<p>A general information message will be sent if partial or total activation of the Emergency Operations Plan is needed.</p>
Code Triage, Internal Any internal event	<p>Could be implemented with any of the above events. Listen to overhead page</p>	<p>Report to labor pool for check in if physician assistance is needed</p>

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Code Triage, External Any external event, CBRNE, earthquake etc.	Help provide treatment of victims. Aid in disposition of in-house patients.	Report to labor pool for check in if physician assistance is needed
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