

New York State Department of Health Disaster Preparedness Draft Guidelines

HOSPITAL PREPAREDNESS

The response to a disaster will require the hospital to have an active disaster response infrastructure consisting of:

The presence of an active, functional disaster response committee or team with an incident command or management system. For biologic, chemical, radiologic or mass trauma planning and response, representatives should include staff from hospital medical and nursing administration; internal medicine pediatrics and infectious disease departments; infection control; microbiology; emergency medicine; intensive care; pharmacy; employee health public affairs; operations; haz-mat; management information systems; legal services; mental health; central processing; engineering and hospital security.

NOTE: when developing the disaster response plan, the team must work in partnership with Emergency Medical Services agencies, county health units, the Emergency Management Agency and the health care delivery network in the immediate or surrounding community to assure a cohesive disaster plan for both internal and external disasters.

The disaster response team or committee would be responsible for a written disaster plan that should include:

- A defined Incident or Disaster Command Center
- Measures to respond to biological, chemical, nuclear/radiological and mass trauma events.
- Defined pre-determined roles, lines of authority, and chain of command and communication. Alternates/ backup for each role should also be assigned.
- A protocol for the education of staff regarding the disaster response plan, including the role of the staff.
- A 24/7 communications network with alternate communications systems identified if the original network becomes disabled.
- A protocol for contacting staff, emergency resources and /or outside agencies in the event of a disaster.

- Maintain up to date contact lists of staff and key agency contacts such as local health unit, local emergency management team, law enforcement, New York State Department of Health and the Centers for Disease Control and Prevention at a minimum.
 - Develop or enhance an existing system to rapidly notify and disseminate information to staff, (telephone trees, broadcast fax, e-mail, community bulletin boards, etc)
- Disaster preparedness drills or exercises to test the efficacy of the plan in conjunction with the local partners included in the plan.

Pre-Event: Recognition of attack (shaded areas are current suggestions for appendices for specific categories)

- Maintain a surveillance system that will allow early identification and detection of a potential disaster or event .(Appendices) NYS ER surveillance criteria
- Maintain laboratory based surveillance and reporting of Class A agents (Appendices) NYS Lab surveillance criteria
- Define key diagnostic clues that may activate further investigation or activation of the disaster plan. (Appendices) defined symptoms/lab tests NYSDOH protocols/CDC guidelines?
- Educate all staff on the surveillance indicators, the chain of command, the reporting protocol and the legal responsibility to report. (Appendices) NYSDOH PHL regarding reporting requirements and protocol for communicable disease reporting, list of reportable diseases and new reporting requirements for Class a agents if any.
- Ensure sufficient supply of PPE equipment and pharmaceutical supplies if indicated for mass prophylaxis to staff /employees.
- Determine how the facility will handle a suspect case or cases of a communicable disease (e.g. smallpox) while awaiting consultation with designated local, state or federal health officials.

RESPONSE- Post Event

The plan should:

- Define circumstances under which the plan is activated.
- Establish emergency environmental controls for activation in case of potential threat to the facility area itself (e.g. smoke, dust or fumes in the vicinity of the facility entering air intake portals).
- Develop or enhance a protocol for mobilizing the necessary emergency workers and staff.
- Designate an assembly point for staff to report
- Assess the availability of appropriate personal protective equipment, and determine methods of increasing inventory in a disaster event
- Educate all staff on appropriate infection control precautions for each type of event and on the proper use of the personal protective equipment (Appendices) CDC /APIC guidelines for isolation and precautions
- Develop a tracking method for the daily tracking of morbidity and mortality once an event is recognized. The tracking system should include disease surveillance as well as hospital needs assessments. (bed count, inventory, staffing etc)
- Develop a flow of "traffic" or movement route within the facility for casualties/victims of each type of event with consideration for potential decontamination or isolation needs. Consider designating specific emergency room waiting areas for potentially infectious or contaminated victims/casualties.
- Determine the process for decontamination for patients and environment. The plan should include the staff, the area, facility or portable device to be used, and a protocol for the proper steps of decontamination for each specific entity.
This should be done in collaboration with the local emergency management agency and local response partners. (Appendices) NYSDOH/ CDC decontamination protocols for patients and environmental areas-environmental /education committee
- Have system of triage designed for mass casualties/victims. Evaluation of a pre-emergency room entry triage for potentially contaminated victims/casualties should be conducted.

- Prepare a system for the identification, tracking, admission and discharge of mass casualties/victims. (Many may not have identification available)
- Determine the number, type and availability of beds, including isolation rooms capable of providing negative pressure.
- Have a contingency plan when reaching surge capacity for admissions, in partnership with the local emergency management agency, county health departments, emergency management services and other health care delivery systems. The plan should describe methods to increase admission capacity in non-traditional patient care areas, facilitate rapid transfers and /or discharges, detail diversion plans and how to access additional staffing.
- Conduct a needs assessment for specialized equipment and supplies (ventilators, personal protective equipment, pharmaceuticals) based on each type of event and current inventory. The plan should include methods to access additional supplies if needed.
- Develop a system for placement of patients, types of precautions and or isolation (if required) and the infection control measures for each type of event with a plan to educate staff. (Appendices) CDC/ APIC guidelines for isolation
- Have treatment protocols developed for each type of event, and a process to educate practitioners on the protocols. (Appendices) CDC/NYSDOH treatment protocols- education committee
- Determine how the facility will facilitate the safe handling, storage, tracking and preparation of bodies post mortem. This may include arrangements with the county and emergency management agency or other health care delivery systems partners to appropriate sites, space and / or additional supplies and resources needed for infection control purposes if the hospital exceeds it's mortuary capacity. (Appendices) Post mortem guidelines- Mass handling Funeral directing committee
- Evaluate how the facility will address the needs of visitors, families and the "worried well". A designated area should be considered with provision of support services, counseling, information updates and referrals.

COMMUNICATIONS

The facility should have:

- A 24-hour, 7 day per week communication network that includes internal and external components.
 - Internal:
A notification protocol to ensure rapid notification of all relevant hospital staff in the event of a disaster. This requires 24-hour contact information for all key staff, including home telephone, pagers, cell phones and electronic mail as well as a telephone tree system or emergency notification software to ensure the ability to rapidly contact staff to mobilize for duty.
 - External:
Notification plans to ensure all outside agencies are notified. An effective notification plan will require the maintenance and distribution of an up to date list of all key agencies (e.g. the New York City Department of Health, if applicable, the New York State Department of Health, the State Emergency Management Office, City /County Emergency Management Office, the Centers for Disease Control and Prevention and the regional FBI office) (Appendices)
- A designated spokesperson to work in collaboration with disaster plan partners outside the institution for the communication of information to the public, press etc. Consideration should be given to allotting a designated space to the media, away from the central core of the treatment areas.

SECURITY

Security plans should include:

- Methods to minimize points of access and egress to the physical plant during a disaster. (including a lock-down approach)
- A rapid identification process for staff and emergency workers responding to a disaster.

- An external vehicular "flow of traffic" prioritizing emergency vehicle access, supply delivery needs and law enforcement access
- A method for routing non-patient presentations to or from the facility
- A pre-hospital entry triage / decontamination plan for routing potentially contaminated victims to an appropriate site **prior** to entering the hospital
- An internal security plan developed with community law enforcement agencies to supplement the direct needs of the facility.
- Methods for supplying appropriate protective equipment to security staff (Appendices) CDC /OSHA guidelines for PPE
- A procedure to train security staff on the plan. Include drill schedules and exercises to test the plan's efficacy.

EDUCATION

The education of **all** disaster response personnel is of utmost importance. Each piece of the disaster plan must be taught to the appropriate responders in a training program developed by key disaster planners or partners. The training program should be updated and held at regular intervals but at least annually to ensure information and staff are current. In addition, training exercises may assist the educators in evaluating areas that may need enhancement. The following areas of education are drawn from the previous sections of this plan, and may represent some but not all of the elements necessary in hospital education for disaster preparedness. The educational portion of the plan should address:

- The disaster response plan, including the role of the staff.
- The surveillance indicators, the chain of command, the reporting protocol and the legal responsibility to report.
- The circumstances under which the plan is activated
- The appropriate infection control precautions including placement of patients for each type of event and the proper use of the personal protective equipment (Appendices) CDC guidelines for isolation and PPE
- The flow of traffic route for casualties/victims for each type of event.

- The system for identifying, tracking, admitting and discharging mass casualties/victims. (Many may not have identification available)
- Protocols for decontamination for each type of event, including personal protective equipment for those responsible for the task. Decontamination protocols - environmental committee?
- Treatment protocols for practitioners for each type of event. CDC/NYSDOH treatment protocols

Draft revision - 4:30pm 2/14/02