

Queens Hospital Center's
Approach to

NIMS

Living NIMS through Communication Drills

Are We Ready For The Big One?

How about our Staff?

**FROM THE AUGUST 2007 DRAFT NIMS DOCUMENT:
COMPONENT II: COMMUNICATIONS AND INFORMATION MANAGEMENT**

The underlying concepts and principles of this component reinforce the use of a flexible communications and information system in which emergency management/response personnel can maintain a constant flow of information throughout an incident.

These concepts and principles emphasize the need for and maintenance of a common operating picture; interoperability; reliability, scalability, and portability; and resiliency and redundancy of any system and its components.

COMMUNICATION TYPES:

1. **Standardized Communication Types** Successful communications and information management require that emergency management/ response personnel and their affiliated organizations utilize standard communications types. The following is a list of standardized types of communications:
 - **Strategic Communications:** High-level directions, including resource priority decisions, roles and responsibilities determinations, and overall incident response courses of action.
 - **Tactical Communications:** Communications from command to support elements, and as appropriate, cooperating agencies and organizations.
 - **Support Communications:** Coordination in support of strategic and tactical communications including, for example, communications among hospitals concerning resource ordering, dispatching, and tracking from logistics centers; and traffic and public works communications.

NIMS COMMUNICATIONS - CONTINUED

Communications Standards and Formats Communications and data standards (and related testing) and associated compliance mechanisms are necessary to enable diverse organizations to work together effectively. **These include a standard set of pre-designated organizational elements and functions, common “typing“ for resources to reflect specific capabilities, and common identifiers for facilities and operational locations used to support incident operations.**

Common terminology, standards, and procedures should be established and detailed in plans and/or agreements, where possible. Jurisdictions may be required to comply with national interoperable communications standards, once developed. Standards appropriate for NIMS users will be designated by the National Integration Center (NIC) in partnership with recognized standards development organizations.

EMERGENCY PREPAREDNESS ISSUES RELATED TO COMMUNICATION:

- 1. HOW CAN WE KEEP OUR STAFF PRIMED TO RESPOND DURING THE “BIG” DISASTER?**
 - **IF YOUR FACILITY IS LIKE OURS, OUR STAFF SEEM ONLY TO BE CONCERNED ABOUT EMERGENCY PREPAREDNESS WHEN AN EVENT IS ON THE NEWS**

- 2. HAVE WE EXPLORED ALL TYPES OF COMMUNICATION TO NOTIFY AND TO UPDATE STAFF DURING AN EVENT?**
 - **PAGE**
 - **E-MAIL**
 - **MESSAGES ON T/V SCREENS**

- 3. ARE WE PREPARED TO COMMUNICATE WITH ALL OF OUR STAFF WITH THE SPECIFICS OF THE EVENT WITHIN MINUTES OF CALLING A DISASTER?**
 - **RESPONSES FOR ONE TYPE OF DISASTER (EVACUATION) DIFFERS FROM OTHER TYPES (M.C.I., CBRNE, ETC.)**

QUEENS HOSPITAL CENTER APPROACH

1. **USE OF STANDARD COMMUNICATION IN NOTIFICATION DRILLS**
 - **EVERY 4 – 6 WEEKS**
 - **PROVIDE INSTRUCTIONS AND TIMEFRAMES FOR RESPONSE.**
 - **DIFFERENT EVENTS REQUIRE DIFFERENT ACTIONS**
2. **PRE-DESIGNATED ALERTS WITH REQUIRED ACTION**
3. **TRACKING AND MONITORING RESPONSE TO NOTIFICATION DRILLS.**
4. **EVALUATING THE EFFECTIVENESS OF OUR COMMUNICATIONS (BASED ON RESPONSES)**
 - **IS THIS AN EFFECTIVE EDUCATIONAL TOOL FOR OUR STAFF?**

 - **RESULTS FROM TWO DRILLS (MARCH 3RD EVACUATION AND MARCH 28TH MASS CASUALTY INCIDENT) FOLLOW.**

**Q.H.C. INTERNAL DISASTER NOTIFICATION DRILL:
OVERHEAD ANNOUNCEMENT / PAGING - - PLEASE READ E-MAIL:**

THIS IS A CODE-1 HOSPITAL EVACUATION NOTIFICATION DRILL - - -- THIS IS ONLY A DRILL -

TODAY IS MARCH 3RD, 2008 AND QUEENS HOSPITAL CENTER IS IN CODE 1 - EVACUATION ALERT ; REPEAT - WE ARE IN CODE-1 FACILITY FAILURE - PATIENT EVACUATION ALERT

DUE TO AN EXPLOSION ON THE THIRD FLOOR SERVICE ELEVATOR LANDING OF THE HOSPITAL, THE HOSPITAL STRUCTURE MAY FAIL. WE BELIEVE WE HAVE FOUR (4) HOURS TO MOVE ALL PATIENTS TO THE FIRST FLOOR. DUE TO THE POSSIBLE STRUCTURAL DAMAGE WE CANNOT USE THE ELEVATORS!

ALL AMBULATORY PATIENTS ARE TO BE MOVED TO THE INPATIENT LOBBY - ALL WHEELCHAIR AND BED BOUND PATIENTS ARE TO BE MOVED TO THE OUTPATIENT LOBBY:

WE REQUIRE A RESPONSE FROM THE AREAS BELOW BY 9:45 A.M.:

INPATIENT:

PATIENT UNIT: _____

1. HOW MANY AMBULATORY/W/C/STRETCHER PATIENTS ARE ON EACH FLOOR _____

ETC., ETC.

**HOSPITAL EVACUATION: _INITIAL NOTIFICATION TO THE HOSPITAL:
CODE 1 – FACILITY FAILURE – EVACUATION**

AREA	ACTION BY STAFF
EMERGENCY DEPARTMENT	1.TREAT/RELEASE; TREAT/TRANSFER ADMITTED PATIENTS. 2.BE PREPARED TO TREAT VISITORS OR STAFF WHO MAY HAVE BEEN AFFECTED BY THE EVENT. 3.BE PREPARED TO BE PART OF STAGING AREA FOR EVACUATION OF MONITORED PATIENTS
INPATIENT UNITS	1.DISCHARGE ALL PATIENTS WHO CAN BE DISCHARGED – TRANSPORTATION ARRANGED. 2.ALL INPATIENT AMBULATORY PATIENTS PREPARED TO GO TO STAGING AREA (INPT LOBBY). 3.PT. MEDICATIONS, PT PROPERTY, PT. CHART GOES WITH PT. 4.COORDINATE ACTIVITIES WITH COMMAND POST (3-2360). 5.PRE-EVACUATIONPATIENT ASSESSMENT TEAMS ESTABLISHED
OPERATING ROOM – SURGICAL SERVICES	1.COMPLETE CASES THAT CAN’T BE INTERUPPTED (ASSUME NO MORE THAN 1 HOUR WINDOW) 2.IDENTIFY CONDITION OF PACU PATIENTS FOR MOVEMENT 3.COORDINATE ACTIVITIES WITH COMMAND POST 4.MAINTAIN LIST OF TRANSFERRED PATIENTS
LABOR AND DELIVERY	1.PATIENTS IN ACTIVE AND IMMEDIATE LABOR TO BE DELIVERED (ASSUME NO MORE THAT 1 HOUR WINDOW). 2.ALL OTHERS TRANSFER TO OTHER FACILITIES. 3.MAINTAIN LISTS OF TRANSFERRED PATIENTS
HOSPITAL POLICE	1.WHEN INSTRUCTED BY AOD OR COMMAND POST - <u>CONTACT OEM</u> – BRING RADIO TO INCIDENT COMMAND POST. 2.PREPARE TO LOCKDOWN THE FACILITY 3. SECURE PERIMETER
ENG AND MAINT	1.PREPARE DAMAGE ASSESSMENT TEAMS TO EVALUATE DAMAGE TO FACILITY 2.FIRE RESPONSE TEAMS WILL ASSIST IN EVACUATION 3.ASSIGN STAFF & RESOURCETO STAGING AREAS (PORTABLE PANEL, EXT. CORDS)

EVALUATION OF MARCH 3RD MONTHLY NOTIFICATION DRILL – (sent to all QHC users)

The response from last weeks' evacuation notification drill was good:

	Amb.*	W/C	Stretch.	Crib	Total
TOTAL	204	29	17	9	259
med/surg	79%	11%	7%	3%	

Analysis:

- 1 79% pts. considered ambulatory / 11% wheelchair / 7% Stretcher
- 2 In less than an hour, 198 staff were identified to help with the evacuation.
- 3 AMB. CARE AND BEHAVIORAL HEALTH were particularly geared towards assisting during a crisis.
- 4 Hospital Police initiated external communication with NYPD and OEM w/o incident
- 5 In a lockdown / catastrophic event, Hospital Police are short-staffed by at least 8 staff per shift.
- 6 A functional evacuation drill will help to strengthen our plan for our staff

Thank you - if you work on an inpatient unit, please discuss the basics:

- setting up transfer teams
- utilizing areas on the floor for staging - see guidelines below

Q.H.C. MARCH 28TH NOTIFICATION DRILL

>>> EOCQHC EOCQHC 1/25/2008 8:10 AM >>>

THIS IS A CODE-1 NOTIFICATION DRILL - - - - THIS IS ONLY A DRILL - - - -

TODAY IS Friday March 28, 2008 AND QUEENS HOSPITAL CENTER IS IN CODE 1 - MCI; REPEAT - WE ARE IN CODE-1 MCI

ATTACHED ARE THE GENERAL GUIDELINES FOR RESPONSE TO A MASS CASUALTY INCIDENT

HOWEVER, IN ORDER TO ASSURE READINESS FOR A DISASTER WE ASK THAT ALL INPATIENT AREAS, OUTPATIENT AREAS, AND SUPPORT AREAS AS DEFINED BELOW RESPOND TO THE QUESTIONS WITHIN 45 MINUTES OF THIS E-MAIL:

RESPONSE REQUIRED - ONE RESPONSE PER PT CARE AREA: _____ (E.G. B 5 EAST)

ALL INPATIENT UNITS:

BEDS AVAILABLE: _____

ISOLATION BEDS AVAILABLE: _____

MONITORED BEDS AVAILABLE _____

EMERGENCY DEPARTMENTS:

EXAM STATIONS AVAILABLE _____

PATIENTS AWAITING BEDS AT QHC: _____

IF YOU HAVE 10 MINOR TRAUMA CASES COMING WHERE WOULD YOU PUT THEM?:

ON-SITE CLINICS:

STAFF WHO CAN BE RELEASED TO HELP:

OFF SITE CLINICS:

STAFF WHO CAN BE RELEASED TO HELP:

COMMUNITY ORGANIZATIONS TO BE CONTACTED ABOUT THE EMERGENCY _____

PHARMACY:

ANY CRITICAL MEDICATION OUTAGES _____

BLOOD BANK:

AVAILABLE BLOOD: _____

TRANSPORT:

AVAILABLE STRETCHERS _____

