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LSUHSC - Nursing

Shreveport, Louisiana

**DEPARTMENT OF PATIENT CARE SERVICES
EMERGENCY PREPAREDNESS PLAN**

PURPOSE:

To prescribe procedures and delineate responsibilities of the Department of Patient Care Services in implementing the LSUHSC Hospital Emergency Preparedness Plan so that effective use of nursing personnel is assured. Refer to the **Hospital Emergency Preparedness Plan #2.14** in the Hospital Safety Manual for additional information. For Biological Terrorism, refer to the **Biological Terrorism Plan #2.17** in the Hospital Safety Manual and **Nursing Policy D-17 Patient Care Services Mass Casualty Bioterrorism Plan** for additional information.

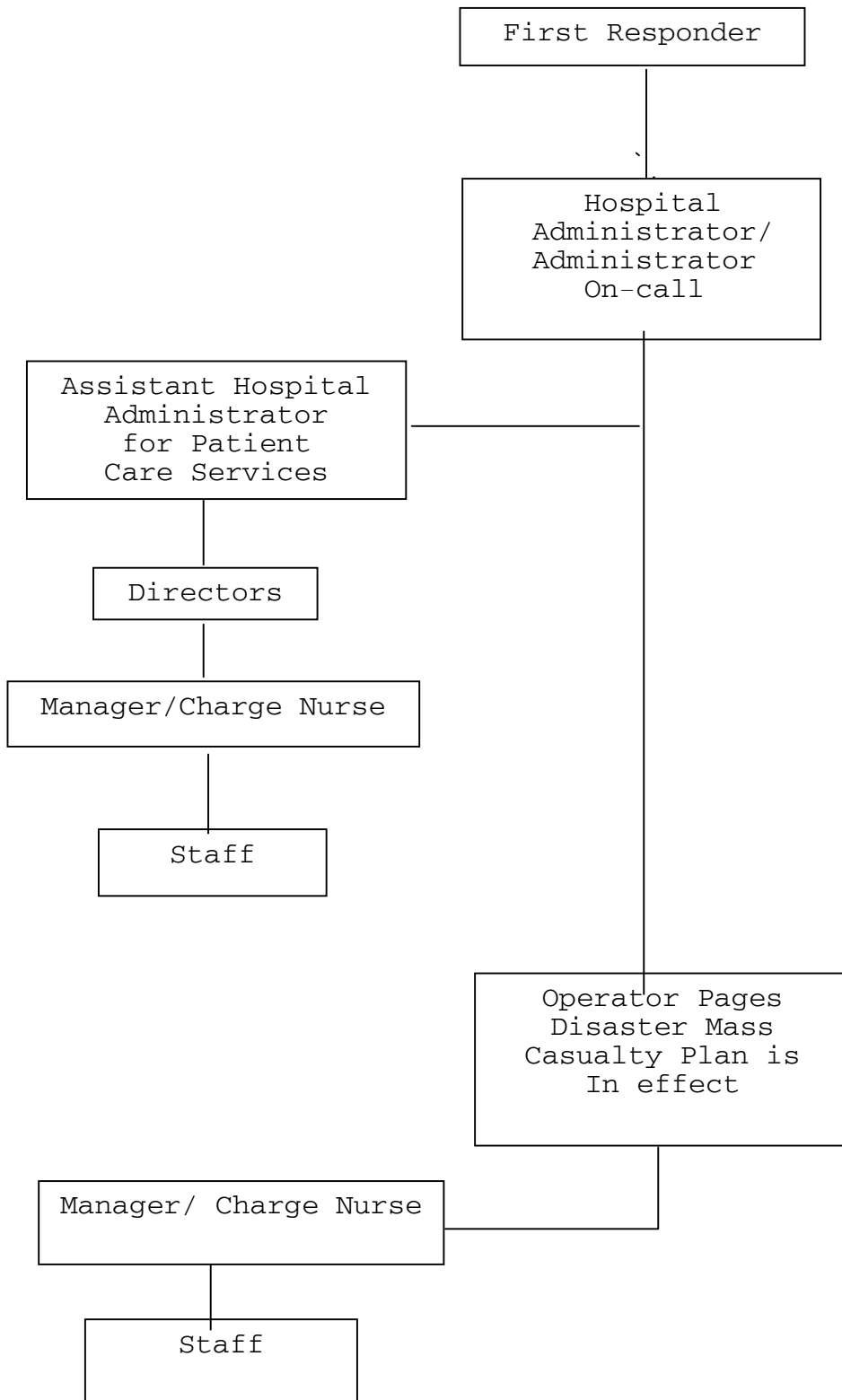
POLICY:

1. The Nursing Administration office (#57390) shall be notified that the “Disaster Plan Is Now In Effect” by the operator, Hospital Administration, or the Assistant Hospital Administrator for Patient Care Services as soon as it is known.
2. During normal office hours, the Nursing Administration office/secretary shall be responsible for initiating the Patient Care Services Administrative Call Back Plan. After hours, each unit charge nurse/manager shall be responsible for initiating their unit-specific Call Back Plans.
3. Once notified, the Patient Care Division and Unit-Specific Call Back Plans shall be initiated.
4. After notifying each of their Unit Managers, all Administrative Nursing Directors present shall report to the Command Post (Hospital Boardroom). One Director shall be designated to assist with bed control and the flow of patients. This Director shall be assisted by any available Patient Care Services House Managers.
5. All unassigned nurses, educators, and coordinators shall report to the Hospital Cafeteria on ground floor for deployment. Assignments shall be based on competency of the nurse(s)/staff involved.
6. All personnel shall be expected to remain on duty until the disaster is over or until relieved by appropriate personnel.
7. Each Assistant Administrator, Director, Supervisor, and Department Manager shall be responsible for maintaining his/her own unit-specific call back plan.
8. During the Disaster call-back, if unable to speak directly with a contact person via phone or beeper, continue on with the next person on the call back list until someone is contacted.

RESPONSIBLE PARTY	ACTION
First Responder	<ol style="list-style-type: none"> 1. Obtains information about the disaster, which may include, but is not limited to: date, time, caller, telephone number, type of disaster, location of disaster, and estimated number of patients. 2. Immediately notifies Hospital Administrator/Administrator on-call of disaster. 3. Completes the Disaster Mass Casualty Plan Initial Notification Form on page 14 of the Hospital Emergency Preparedness Plan in the Safety Manual (2.14). Delivers form to the Switchboard immediately.
Assistant Hospital Administrator for Patient Care services/ Designee	<ol style="list-style-type: none"> 4. Initiates disaster call-back plan by initiating the Patient Care Services Administrative Call-Back List. 5. Reports to Command Post (Hospital Boardroom). 6. Assesses personnel currently on duty.
Administrative Nursing Director	<ol style="list-style-type: none"> 7. Notifies each of their supervisors/ managers of the disaster, and reports to the Command Post (Hospital Boardroom).
Administrative Nursing Director or designee	<ol style="list-style-type: none"> 8. Coordinates staffing and bed information for the Hospital Command Center. <ol style="list-style-type: none"> a. Directs transfers of in-house patients to create space on a single floor for use in the care of disaster casualties. b. Communicates staffing and bed information to Command Post. 9. Assesses staff in-house and reassigns from unaffected areas to supplement the Emergency receiving areas as necessary. Upon consultation with the ECC Charge Nurse, directs additional nursing staff to areas of need.

RESPONSIBLE PARTY	ACTION
Administrative House Manager	10. Reports to the Emergency areas and coordinates the transfer of patients from those areas to the appropriate patient floors or Critical Care Units as required.
ICU Manager/Supervisor	11. Prepares unit to receive casualties. 12. Ensures that adequate personnel and supplies are available to meet anticipated needs, and that appropriate supplies are on hand for increased demand. 13. Calls in additional personnel as required.
Unit Manager/Charge Nurse	14. Initiates unit-specific call back plan. 15. Assists the physician in determining which patients can be discharged or transferred. Follows the Hospital Mass Inpatient Discharge Policy #2.19 in the Safety Manual. 16. Compiles the following information and sends message containing the information to Incident Command Center using Disaster Status Form (attached Appendix A): <ul style="list-style-type: none"> a. Staffing Report b. Discharge Report
Director of Hospital Education & Standards Manager/Administrative House Manager/Designee	17. Assigns personnel to answer phone in BG-13 and obtain staffing reports.
Unassigned Nursing and Administrative Personnel	18. Reports to the Hospital Cafeteria and signs in for deployment to needed areas (attached Appendix B).
Labor Pool Leader (Director Hospital Education & Standards or designee)	19. Deploys personnel to areas according to competencies and as requested by the Command Post. (Non-Clinical nurses may be assigned to general floors while clinically oriented personnel shall be reassigned to emergency receiving areas.) 20. Maintains a log of personnel assignments. Updates the command center periodically.

RESPONSIBLE PARTY	ACTION
Nursing Personnel	21. Reports to assigned treatment areas and reports to Supervisor/Charge Nurse of the area.
Director/House Manager/ Administrative House Manager/ Designee/Unit Manager/ Charge Nurse	22. Completes the Departmental Critique Sheet on page 13 of the Hospital Emergency Preparedness Plan in the Safety Manual. Returns the Departmental Critique Sheet to the Command Post (Hospital Boardroom) for review at the overall disaster critique.



Jamie Jett, MBA, RN
Director of Patient Care Services/Medicine Services

Signature

Date

Pamela B. Simmons, Ph.D., RN
Assistant Hospital Administrator and CNO
Patient Care Services

Signature

Date

APPENDIX A

FAX TO HOSPITAL ADMINISTRATION: 5-5666

If fax isn't available have runner bring to the Hospital Board Room (A1-13).

Unit: _____ Date: _____ Time: _____

Person Delivering Information: _____

Person Receiving Message: _____

Staffing Report:

Number of personnel available for reassignment:

RN ____ LPN ____ NA ____ UC ____ Other ____: Classifications _____

Number of personnel coming in:

RN ____ LPN ____ NA ____ UC ____ Other ____: Classifications _____

Number of personnel available for next shift (# scheduled plus# called back):

RN ____ LPN ____ NA ____ UC ____ Other ____: Classifications _____

Discharge Status Report:

Number of filled **female** beds: _____

Of these, number that can be discharged to:

Home: _____ Other Hospital: _____ Skilled Nursing Facility: _____ Other: _____

Number of filled **male** beds: _____

Of these, number that can be discharged to:

Home: _____ Other Hospital: _____ Skilled Nursing Facility: _____ Other: _____

Total number of available beds at this time: _____

APPENDIX B - Emergency Preparedness Transport Traffic Flow

Purpose: To designate specific transportation routes for discharging patients and returning equipment to the appropriate areas during a disaster.

Goal: To utilize these directions for transporting patients to the discharge areas on the Ground Floor in the Dean's Conference Center and the Biomedical Research Institute (BRI) Atrium area during a disaster.

Inpatient Transport to Discharge Area

Patients in wheelchairs or beds shall be transported via the Third Floor (3G) corridor to Medical School elevators. Take the elevators to the Ground Floor; exit (facing the mailboxes) to the left, then take a quick right to the Dean's Conference Center through the Atrium Cafe.

3G → Med School Elevators → Ground Floor → Café → Dean's Conference Center

ECC Transport to Discharge Area

Transport the patient via the ER Trauma Hallway through the Red Doors and the Radiology area to the external exit doors entering the hospital hallway. Proceed left to the H Wing (facing the front doors) and turn right proceeding down the Administrative hallway to the Medical School. Turn right at the first corridor upon entering the Medical School. Turn left at the first hallway bifurcation and utilize the Medical School elevators (on the left) to the Ground Floor. Exit the elevators on the ground floor (facing the mailboxes) to the left; then take a quick right to the Dean's Conference Center through the Atrium Cafe.

ECC Trauma Hallway → Main Hospital Hallway → Medical School → Turn Right at 1st hallway → Turn Left at the first exit area → Take Elevators to Ground Floor → Café → Dean's Conference Center

Returning Wheelchairs and Stretchers to the Units

(Between 6:00 PM and 6:00 AM notify UPD at ext. 5-6165 to unlock the Medical School door leading to the hospital.)

Take the Medical School Elevators to the 8th Floor and exit to the right entering the hospital (this will be the 9th floor of the hospital). Wheelchairs and stretchers may be returned to the appropriate department upon exiting the 9th floor corridor and proceeding to the Main Hospital elevators to the right.

Ground Floor → Medical School Elevators → Select 8th Floor → Exit on 9th Floor of Hospital → Main Hospital Elevators on the right

Command Center Nursing Director Summary Sheet

Date: _____ **Time:** _____

Unit	# Beds	# Empty Beds Now	RN	LPN	NA/ Med Asst	Adm Coord	Other	# Home	# SNF	# Hospital	# Other/ Write Location	COMMENTS
EMS	23											
OR	~22											
ICU's												
BU	7											
SICU	18											
Neuro ICU	8											
PICU	8											
MICU	15											
PACU	9+8											
NICU	35											
Renal	10											
MEDICINE UNITS												
Medicine Unit A (7G)	23											
Telemetry (7K)	46											
Medicine Unit B (9KE)	20											
Oncology (6KE)	19											
BMT (6KW)	12											
Surgical Unit A (8K)	46											
Neurosurgery (10K)	17											
Ortho (9KW)	23											
Day Surgery (6G)	~23											
23 hour OBS (3G)	21											
Burn Convalescence (1J)	8											
W&C												
Perinatal (4G/J)	27											
LU (4K)	7+1											
Newborn Nursery (4J)	25											
Pediatrics (5)	23											
Pediatrics (6J)	10											
OTHER												
ACD												
FWCC												
PSYCH												

Command Center Nursing Director Summary Sheet

Clinical Coordinators													
Operating Rooms	#												
2 nd Floor	9												
3 rd Floor	8												
3 rd Floor	Cysto Room												
Burn Unit OR	1												
FWCC	2												
ACD	2												
Labor Unit	1												
Mash Unit – Testing Center 3-405													
ICU's													
Neuro	8+2	(2 can be opened that aren't regularly used)											
Burn Unit	7												
2K PACU	4												
MICU	15												
PICU	8												
SICU	18												
BMT	3												
4K PACU	5												
Considerations:													
10K can have additional inpatient beds opened.													
Shriners for pediatric patients													
Brentwood for psychiatric patients													