

EXTERNAL DISASTER PLAN - MASS CASUALTY PLAN

Purpose:

To provide a systematic plan for provision of adequate staffing in Radiology in the event of a disaster involving mass casualties.

Policy:

1. The Hospital Administrator, Administrator on-call, or the Medical Director, shall implement the Hospital Disaster Plan.
 - a. Upon notification of the implementation of the Hospital Disaster Plan the Radiology Manager or the Senior Technologist on duty shall implement the departmental Disaster Plan. Notification may be via telephone by a Hospital Administrator or representative of Hospital Administration. Notification may be via the hospital's overhead paging system announced message will be: "ATTENTION HOSPITAL PERSONNEL - THE DISASTER/MASS CASUALTY PLAN IS IN EFFECT. THIS IS NOT A DRILL. ALL PERSONNEL SHOULD INITIATE THEIR DEPARTMENTAL DISASTER PLANS."
 - b. The Radiology Manager or designee on duty must report to the Hospital Board Room.
2. Procedure to follow during normal work hours. Upon notification of the initiation of the disaster plan the Radiology Manager or senior Radiology Supervisor shall:
 - a. Contact the Chairman of Radiology.
 - b. Confirm the operational status of the radiology equipment located in the emergency room. If the equipment is not working the Command Post shall be notified.
 - c. Shall immediately assign additional personnel to the Emergency Room X-Ray and CT
 - d. Additional personnel shall also be placed on immediate standby to report to the Operating Room if necessary.
 - e. Relocate additional fully charged mobile x-ray equipment to the emergency room area:
 - i. ER/Trauma Room = 4 fully charged mobile units
 - f. In-patients in the Radiology department for routine examinations are to be sent back to their rooms.
 - g. All other technologists are to stand by for instruction and unless specifically directed to report to the emergency room or the PCC are to remain in the main x-ray department.
 - h. The Radiology Manager or senior Radiology Supervisor will designate an individual (supervisor) in the main x-ray department as the person to receive additional orders.

- i. The Radiology Manager or senior Radiology Supervisor will then report to the Emergency Room area and assess the situation. He/she will remain in the area as needed to coordinate radiology personnel and services.
 - j. All Radiology personnel will remain on duty as long as needed.
3. Procedure to follow after 1600 (4:00 pm) Weekdays, Holidays, or Weekends. Upon notification of the initiation of the disaster plan, the Radiology Supervisor or Senior Technologist on duty shall:
 - a. Confirm the operational status of the radiology equipment located in the emergency room. If all of the equipment is not working the Command Post shall be notified (Hospital Board Room, room A-1-2, ext. 5068).
 - b. Immediately assign personnel to relocate additional mobile equipment to the Emergency Room. (mobile units must be fully charged)
 - i. ER/Trauma Room = 3 fully charged mobile units
 - c. Contact the in-house radiology resident.
 - d. Initiate the Disaster Call Back Plan. Contact one of the following in the order listed until someone is reached:
 - i. Denise Brown
 - ii. Judy Fobbs
 - iii. Cathy Beauregard
 - iv. Sharon Upton
 - v. David Corley
 - vi. Becky Gill
 - e. IF YOU ARE THE PERSON CONTACTED PROCEED WITH THE PLAN AS OUTLINED IN #5
 - f. Once the Senior Technologist on duty makes contact with one of the above persons they have completed their portion of the call back plan.
 - g. Phone lines are to remain "open."
 - h. Assess the situation; if time allows complete any radiographic examinations in progress.
 - i. In-patients in the Radiology department for routine exams should be sent back to their rooms.
 - j. Depending on the estimated arrival time of disaster victims; complete any pending exams on out-patients and instruct the patients to return to the referring area.
 - k. If the estimated arrival time of the disaster victims does not allow completion of pending non-emergency exams instruct the patients to return to the referring area until the disaster situation has been resolved.
 - l. The person contacted is to notify all of the pick-up team leaders as designated on the Disaster Call Back list. (Updated Disaster Call Back list are emailed to each employee on a regular basis. All employees are required to maintain a readily available copy of this list to be utilized in the event of a disaster.)
 - m. If the pick-up leader can not be contacted move to the next name immediately under on the list. When an alternate is reached be sure to let

them know they are now the team leader and are responsible to contact the the people they are to pick up.

- n. Upon receiving notification of a disaster the pick-up team leader is to contact their team members.
- o. When team members have been contacted the leader is to proceed in picking up the members and then report to the hospital for duty.
- p. The first supervisor to arrive to the hospital is to take command and coordinate activities until the Radiology Manager arrives, otherwise the senior technologist on duty at the time of the initiation of the disaster is to remain in command. All employees are expected to remain on duty as long as necessary.

Bioterrorism Response: (A Supplement to the Department's External Disaster-Mass Casualty Plan)

Note: Those portions of the Radiology External Disaster-Mass Casualty Plan related to radiologist notification, technologist staffing, and call back are incorporated by reference herein and will be activated as necessary.

Policy:

1. If a biological terrorism event is suspected, initiation of the emergency response will be the responsibility of the Emergency Department physician on duty.
2. After notification by the Emergency Department physician directly or through the Nursing House Manager (on weekends, after hours, and holidays), the Hospital Administrator or Administrator on-call will make the decision to activate the hospital disaster plan.
3. If a bioterrorism event should occur, it is highly improbable that any radiology section other than General Diagnostic Radiology will be involved in providing imaging services. Most likely, the imaging needs of bioterrorism patients will focus on portable chest radiography. Based on the number of victims admitted, however, other radiology sections may be required to initiate their respective call-back plans to provide adequate staffing for the hospital manpower pool.

Precautions:

1. Four diseases with the most recognized bioterrorism potential are anthrax, botulism, pneumonic plague, and smallpox. Other potential threats may be Q-fever, Ebola, Brucellosis, and hemorrhagic fevers.
2. Agents of biological terrorism are generally not transmitted from person to person as re-aerosolization of these agents is highly unlikely.
3. All patients, suspected or confirmed shall be managed using Standard Precautions.

4. The following diseases or syndromes require Respiratory Precautions in addition to Standard Precautions: Small pox and Pneumonic Plague

Procedure:

1. Depending on the size of an outbreak and the presenting symptoms, routine facility patient placement will be followed using isolation rooms. However, if a number of patients are admitted and routine placement is not possible, 9K will be used to house the patients with 8K as the overflow unit.
2. When the bioterrorism plan is activated, the senior technologist on duty will immediately have a portable radiographic unit transported to both 9K and 8K, along with two lead aprons for each unit, and a box of 100 of the Protex-ray disposable cassette covers (kept in the main radiology supply room, E2-28). The portable units, protective apparel, and cassette covers will remain in the units until such time as the bioterrorism response is terminated by the appropriate members of the LSUHSC senior management team.
3. Disposable personal protective apparel including masks shall be worn by radiologic technologists at all times while working in the bioterrorism nursing units.
4. All portable chest radiographs and other portable radiologic studies shall be conducted using a two technologist team. One technologist shall be responsible for placement of the cassette and positioning of the patient. The second technologist shall position the portable unit, set appropriate radiographic technique, and initiate the exposure. At no time shall the portable unit be allowed to touch the bed, linens, or the patient. Following this technique ensures that the portable unit remains "clean." Both technologists shall wear appropriate personal protective apparel worn over the lead apron to prevent contamination of the apron itself.
5. All cassettes used shall be computed radiography cassettes and all shall be incased in the non-permeable clear polyethylene protectors prior to use. The approach ensures that the cassettes remain clean.
6. Following completion of the examination, the plastic cover shall be held open by the "positioning" technologist and removed using aseptic technique by the "technique/exposure" technologist. In this manner, digital cassettes will not be contaminated.
7. All disposable personal protective apparel shall be placed in the red biohazard trash bag located adjacent to the decontamination area on the nursing unit. At no time shall the positioning technologist touch the portable unit, the cassette after it has been removed from the protective cover or any staff member until appropriate decontamination procedures have been rigorously followed.
8. The exposed cassette shall be taken to the "clean" portion of the nursing unit (at the nursing unit entrance) and handed to a technologist, student, or technologist assistant who will take it to the emergency department radiology facility for immediate digital processing. The image will be adjusted as required, and immediately verified. The 9K nursing station is equipped with a

PACS clinical review station, and the portable radiographic image will be immediately available for viewing by the ordering physician.

9. Both technologists will decontaminate following procedures as determined by the Infection Control Department as is appropriate for the particular disease entity.
10. Before removal from the unit, the portable or any contaminated cassettes shall be cleaned using the hospital- approved Quaternary Ammonia-based cleaning agent such as "QTTB."

Reviewed by Tena Tiller, Infection Control

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