

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER  
(LSUHSC-S)

**EMERGENCY PREPAREDNESS PLAN**

**Purpose:** Designed to provide a framework for an organized, predictable, and deliberate response to the events and demands associated with caring for victims of disasters. In addition, the plan will ensure that the four components of an emergency preparedness plan are addressed: mitigation, preparedness, response and recovery activities.

**Policy:**

- I. The Emergency Preparedness Plan shall:
  1. Adhere to the Health Sciences Center's (HSC) mission statement.
  2. Provide a safe environment for patients, staff, visitors and volunteers.
  3. Maximize continuity of care for our patients.
  4. Address the Health Sciences Center's role with the community during a disaster.
  5. Minimize any loss of hospital function and provide for the best care possible for incoming casualties.
  6. Provide support to persons affected by a catastrophic event but not physically injured. This includes families of victims, public officials, the press, community agencies, and other medical care facilities.

- II. Definition of Disaster  
A disaster is any unplanned event that can cause death or serious injury to patients, staff or the public; or can shutdown the hospital, disrupt operations, cause physical or environmental damage or threaten the HSC's financial standing or public image.

The Emergency Preparedness Plan makes no distinction between internal or external disaster. The plan's intent is to assist the HSC staff to manage the consequences of any disaster so as to ensure effective use of available resources.

- III. General guidelines for all personnel during a disaster
  1. Always carry your Louisiana State University Health Sciences Center-Shreveport Identification badge with picture, name, and department. Only properly identified personnel will be permitted into the hospital.
  2. Do not use hospital telephones for any purpose other than hospital business.
  3. Be prepared to park your automobile some distance from the hospital. Traffic conditions may be a problem in the event of a

community disaster. If there is not major congestion, you may park in your assigned lot.

4. Do not release information to the press or public. All such releases will be made by the Information Services Officer or by Hospital Administration.
5. In the event that a disaster has been cancelled but your area of responsibility has not been completed, continue to provide services until notified by your supervisor.
6. If the HSC is locked down, you may only enter the hospital through the K-wing entrance or the BRI entrance.

IV. Mitigation (or the identification of potential emergencies or hazards that may affect operations or demands for services)

1. The Campus Safety Committee performs a hospital vulnerability assessment annually.
2. The hospital vulnerability assessment is reviewed, updated and approved on an annual basis by the Safety Committee.
3. Issues identified at annual review will be addressed in the HSC's Emergency Plan.
4. Issues identified during a disaster drill/event will be addressed by the Safety Committee.

V. Preparedness

1. Unit-specific preparedness plans shall include, as appropriate:
  - a) An inventory of resources, including supplies and equipment that will be available in an emergency.
  - b) Pre-arranged agreements are established with vendors and other health care providers for additional resources, if needed.
2. Department managers are responsible for ensuring that employees receive ongoing emergency preparedness training.
  - a) During the orientation process, new employees shall review the emergency preparedness plan.
  - b) On an annual basis, employees shall be updated on emergency preparedness issues.
  - c) Multiple strategies shall be used to train staff on all emergency preparedness issues. Selected strategies include, but are not limited to in services, staff meetings, competency modules, bathroom blitzes and continuing education offerings and drills.
3. LSUHSC-S shall participate in a minimum of one organizational wide emergency preparedness drill and one citywide drill a year.

VI. Response Activities for Management Staff – Initiating the Plan

1. When the facility is notified of a disaster the person receiving the

notification of the disaster will immediately notify the Hospital Administrator during working hours and the House Manger after hours who will notify the Administrator on call of the situation. Information that needs to be provided is:

- Caller
- Time of call
- Type of Disaster
- Location of Disaster
- Estimated number of patients

2. The Hospital Administrator/Administrator on-call will make the decision to implement Disaster Plan and establish the Hospital Emergency Incident Command System (HEICS). Hospital Administration will notify the Switchboard to announce “Disaster Plan Is Now In Effect”. Switchboard will notify the following to report to the Hospital Board Room:
  - a. All Hospital Administrators
  - b. Medical Staff Director
  - c. Vice-Chancellor for Business Affairs
  - d. Director of Information Services
  - e. Director of Safety
  - f. Director of University Police
  - g. Director of Physical Plant
- A. The Medical Director may request the Switchboard to notify all Clinical Chiefs to report to the Medical Director’s Conference Room after assessment of situation has been reviewed by Emergency Commander.
3. A current list of Clinical Chiefs and Medical Staff is available in the Switchboard Office with beeper numbers and home phone numbers.
4. The HEICS will be established in the Hospital Board Room. In the event that the Hospital Board Room is not available, the Emergency Room Conference Center will serve as the alternate HEICS.
5. Emergency Commander shall distribute resource packets to each member of the HEICS. Resource packets shall be kept in the Safety Office and brought to the Board Room by a member of Safety staff. Each resource packet shall contain appropriate job descriptions and a nametag.
6. The HEICS has the following responsibilities:
  - a) Monitor and document the flow of disaster patients. Bed Control will keep the HEICS informed of the number of available beds. Patient Tracking Officer will keep the HEICS current on patients treated and will track patients through the process of treatment.
  - b) Ensure departments are stocked with necessary supplies and personnel.
  - c) Acts as the information center and will approve release of information to the press. If the press is on premise, they will be located in the Information Services Office (Room 1-201 in Medical School).

- d) The HEICS will authorize release of the following patient information: patient name (if known) and condition: good/serious/critical.
  - e) Withholding all information on DOAs until the family is notified.
  - f) May modify patient services based on the severity of the situation. Normal admission requirements may be abolished. Admissions to the hospital may be limited to those whose survival depends on services obtainable only through hospital bed care. Outpatient care will be restricted to those whose lives may ultimately depend upon the immediate use of hospital supplies and health manpower time. All elective admissions and procedures may be canceled including elective surgery, non-emergent outpatient procedures and release of patients who are stable to be discharged. Patients may be released home or transferred to other facilities to accommodate incoming disaster victims or if the hospital has sustained physical damage and cannot provide appropriate level of care for patients.
  - g) The Emergency Commander may authorize implementation of Mass Inpatient Discharge Plan.
7. Communication
- a) Upon activation of the Emergency Preparedness Plan, the Hospital Administrator will see that appropriate local, parish and state agencies are notified of the situation. The agencies to be notified will depend on the nature of the disaster.
  - b) A reference list of community emergency phone numbers is available in the emergency preparedness plan and shall be updated annually by the Safety Office (page 11).
  - c) A reference list of internal emergency management locations is available in the emergency preparedness plan and shall be updated annually by the Safety Office (page 13).

#### VII. Response Activities for Staff

1. When a disaster has been declared, all hospital personnel not on duty are expected to standby at home in case they need to be called back to work.
2. When called back, report to your department. If you are not needed, report to the Labor Pool in the Cafeteria.
3. All available/unassigned staff on duty (MDs to EMS, licensed and non-licensed personnel) shall report to the Labor Pool in the Cafeteria.

#### VIII. Labor Pool

- 1) The labor pool will be divided into three sections: physician, licensed staff (non-physician), and other staff and volunteers.

- 2) The Quality Management representative shall handle credentialing of medical staff volunteers. The Nursing Administration representative shall handle the credentialing of other licensed staff.
- 3) Staff assignments will be based on departmental needs and on the competency of the employee.
- 4) Medical staff credentialing forms shall be signed by the Medical Director or his designee.
- 5) Non-physician licensed healthcare credentialing forms shall be signed by the Manager, Standards Office or designee.
- 6) The Labor Pool Leader is responsible for notifying the HEICS when a shortage of personnel exists and coordinating the credentialing and competency process for licensed volunteers.
- 7) Once a staff member is assigned to work in a designated area, they will stay in that area until released to return to the Labor Pool. They must return to the Labor Pool to determine whether they are needed in another location. The Labor Pool will document all activities of the labor pool. This includes credentialing and tracking of healthcare personnel assigned to work areas other than their normal assignment.

IX. Public Information Services

Shall be responsible for releasing information to the press as approved by the Emergency Commander and establishing a media information post.

X. Staff Activities and Support

The hospital will provide for staff support activities in the event of a disaster, which include but are not limited to:

1. Lodging needs of employees required to remain on-site for an extended period of time. If needed, the hospital will request cots from the Red Cross and these will be placed in Medical School classrooms.
2. Transportation needs – If critical staff members cannot reach work due to inclement weather, etc., the hospital may establish a motor pool to assist in transporting staff to work or request the Police or Sheriff's Department to assist in transportation of critical staff.
3. Family Support Needs – If, during an extended disaster, staff is called in and have no one to leave children or elderly family members with, a family support area will be activated by Social Services in the Psychiatric Ballroom. The hospital will provide staff to watch and care for staff's family members. Food and refreshments will be provided as needed, in the family support area. If it becomes necessary, linen may be requested from the Laundry to make pallets or cots may be requested from the Red Cross. An adequate number of staff will be assigned to care for and supervise staff's family members. Family members will be required to stay in the assigned family area. A nametag will be made and placed on each family member. The family member will be signed in when they arrive and they will be signed out when they leave. In

addition, when a family member is picked up, the person picking a family member up, must show a photo ID.

4. Incident Stress Debriefing and Counseling – Counseling is available upon request or, if based on observation, it is determined staff requires help dealing with the existing situation. The Department of Psychiatry Staff and Pastoral Care will provide assistance to employees requiring stress debriefing and counseling. The incident stress debriefing and counseling area will be established in the Social Service Office area.

#### XI. Management of Space and Supplies

Procedures are in place for the procurement of additional supplies in an emergency, notify Materials Supply Leader.

#### XII. University Policy (UPD) Activities

1. At the time the Emergency Preparedness Plan is activated, the Hospital Administrator may ask UPD to lock down the hospital, with the exception of the Emergency Room entrance. The degree of lockdown will be determined by the situation.
2. UPD will maintain crowd and traffic control.
3. The Director of UPD will approve media access to the facility, with only the appointed public information officer interacting with the media.
4. If the HSC is locked down, UPD will place guards, UPD Officer, etc. at K-wing and BRI entrances to allow only staff members with ID to enter.

#### XIII. Alternate Care Site When the Environment Cannot Support Adequate Patient Care

**INPATIENT CARE:** Agreements are in place so that, patients may be transferred to other facilities that can provide appropriate patient care. The Emergency Commander will be responsible to see that inter-facility communication is established between the hospital and the designated alternative care sites. The patient care unit transferring the patient is responsible to see that the patient's medical records, personal belongings and medications go with the patient. The transferring unit shall provide a written summary of the patient's ongoing requirements. If any hospital equipment is transferred with the patient, the patient care unit is responsible for documenting what equipment was transferred with the patient so that the equipment may be retrieved during the recovery phase post disaster.

**OUTPATIENT:** If a disaster significantly impairs the hospital's ability to provide outpatient care, the Emergency Commander will determine the appropriateness of activating pre-designated alternative off-site outpatient care clinics.

A. Pre-designated Alternative Outpatient Care Sites

- |  |                  |
|--|------------------|
| 1. Women's and Children's Clinic<br>Kings Highway                          | 675-8700 or 8600 |
| 2. Eye Clinic<br>Kings Highway   | 675-6900         |
| 3. Ambulatory Care Clinic<br>Kings Highway                                 | 673-2345         |
| 4. Psychiatry Clinic<br>Jordan Street                                      | 676-5175         |
| 5. Viral Disease Clinic<br>St. Vincent Avenue                              | 862-9799         |
| 6. Hospital – when any offsite clinic is affected and the hospital is not. |                  |

B. Alternative Outpatient Care Site Plan

If it is determined that such activation is warranted, the Emergency Commander shall develop an activation schedule and plan that provides for:

- Allocation of treatment space.
- Modification of existing outpatient scheduled appointments.
- Assignment of adequate appropriate staff.
- Availability of adequate and appropriate medical supplies.
- Transfer/control of medical records.
- Contacting affected patients.

XIV. Search and Rescue

In the event that the Health Sciences Center sustains major structural damage due to an explosion, tornado, etc., designated employees shall use the following procedures to carry out search and rescue.

1. Damage Assessment and Control Officer shall:
  - A. Compile and prioritize a list of all areas to be searched.
  - B. Appoint search and rescue teams of 3 or 4 staff members. Each team shall include one runner whose responsibility will be to respond back to the Damage Assessment and Control

- Officer any relevant information found during search and rescue operations.
- C. Outfit the team with flashlights, hard hats, crowbar and heavy gloves.
  - D. Assign each team specific areas to be searched.
  - E. The runner will report back to the Damage Assessment and Control Officer after each assigned area has been searched.
2. General Instructions for Search and Rescue Teams
- A. If possible, search under any fallen debris.
  - B. Search the area visually.
  - C. Listen for cries of help.
  - D. Before entering any area make sure that falling debris won't trap you, if you smell an odor of gas or see burning electrical circuits, leave the area immediately. Notify the Damage Assessment and Control Officer. Do not return until the gas has been shut off.
  - E. Before entering any room, feel the door to make sure it is not hot. There could be a fire on the other side.
  - F. If you locate an injured person, get medical help before moving the victim.
  - G. After completing the search of all assigned areas, report back to the Damage Assessment and Control Officer.
- XV. **Alternate Role and Responsibilities of Employees During a Disaster**  
Employees may or may not be assigned to their regular duties, but rather, will be asked to perform various jobs considered vital to the effective operation of the hospital. Employees will be referred to the Labor Pool for assignment.
- XVI. **Recovery - Re-establishing Operations Following A Disaster**  
The hospital has mechanisms in place to restore the operational capabilities of the facility to pre-disaster levels. Once the disaster is over, the Damage Assessment Team including the Director of Physical Plant, Safety Officer and an Administration representative will begin assessing the damage to the facility. In addition, they will assess environmental concerns to determine whether the facility can safely provide medical care to the community and provide a safe environment for patients, staff and visitors. The team will:
- 1. Take pictures and /or videos of all damage to the facility's buildings, grounds, equipment, etc. including all off-campus structures.
  - 2. Will contract architects and engineers as needed to determine if the buildings are safe for occupancy.
  - 3. Coordinate staff support programs as needed until situation is stabilized. This may include, crisis counseling, child care, and development of flexible schedules.

4. Clear debris and secure unsafe buildings as necessary.
5. Restore internal and external communication devices.
6. Inventory equipment and supplies for damage and determine if additional supplies need to be obtained from vendors. Pictures and/or videos will be taken of all damaged supplies and equipment for insurance purposes. Damaged supplies and equipment will be retained until approval is received from the State Office of Risk Management for disposal.
7. Designate someone in Risk Management to be responsible for notifying the State Office of Risk Management of the situation and request aid in preparing the claim.
8. Ensure records and data have been protected and restore information as necessary.
9. Notify the community through local media what services the hospital will be providing and where they will be provided in the event services are moved off the hospital campus.
10. Keep detailed records.
11. Complete a disaster critique (page 14).

## XVII. Community Response

The Caddo-Bossier Office of Homeland Security and Emergency Preparedness in coordination with the State Office of Emergency Preparedness, Public Health, local hospitals and community agencies have developed a response to deal with a bioterrorism mass casualty event or pandemic outbreak in the community. The following is a breakdown of the community resources available during a disaster:

- Emergency Operations Center (EOC) – The EOC is the primary means for centralizing communications, resource coordination and control under the HEICS, and is equipped to evolve into a unified command structure.
- Epidemiology Center – The Office of Public Health will establish an Epidemiology Center which shall centralize epidemiological analysis, planning, services and support by providing a place for accumulating disease incident rate reports from local, state and national agencies.
- Medical Information Hotline – Medical Information Hotline shall be sufficiently staffed and equipped to respond to and “triage” a high-volume of incoming medical calls. The Hotline can alleviate the volume of “worried well” visits to health care providers by answering or referring medical questions from the public.
- Medical Transportation Coordination Area – The Caddo-Bossier Office of Homeland Security and Emergency Preparedness Medical Officer shall oversee efforts to coordinate and track the transport of medical personnel, equipment, supplies and patients using city and parish vehicles.

- Joint Information Center (JIC) is the primary method for managing public affairs. The JIC centralizes and controls the release of emergency public information to the media.
- Medical Supply (Caches and Pharmaceuticals – stock pile) – Office of Public Health and Caddo-Bossier Office of Homeland Security and Emergency Preparedness will coordinate medical supply caches to replenish hospitals, EMS and other healthcare providers.
- Casualty Collection Points – To reduce the exodus of people to local hospitals and other medical treatment facilities, casualty collection points shall be established in the Shreveport-Bossier area (based on the number of victims) to receive and treat symptomatic patients and to provide counseling for the “worried well.”

### **XVIII. Community Emergency Telephone Numbers**

Caddo/Bossier Office of Homeland Security and  
Emergency Preparedness 425-5351

Public Health 676-5222

Law Enforcement	
Police Dept.	9-911
Sheriff	9-911
State Police	9-911
Coroner	226-6881
Fire Department	9-911
Utilities	
Reliant Energy	227-2555 1-800-551-8261 (after hours)
SWEPCO	1-888-216-3523
Dept. of Water	673-7600
Bell South Repair Service	557-6123
Disaster	
Red Cross	865-9545
Sanitation for Employee Toilets	797-0170
Water and Truck	
• Barksdale Air Force Base	456-2252
• Fire Department	9-911
• National Guard	504-271-6262
• Greenwood Fire Department	938-5290
Ambulance Service	
Balentine	222-5358
Bayou Ambulance Service	371-1855
EMS	9-911
Hospital With Aid Agreement	
Willis-Knighton Medical Center	212-4000
Willis-Knighton South	212-5000
Willis-Knighton Bossier City	212-7000
Willis-Knighton Pierremont	212-3000
Schumpert – St. Mary Place	681-4500
Schumpert – Bossier City	741-6000
Schumpert – Highland	798-4300
VA Hospital	221-8411
Blood Supply	
Life Share Blood Center	222-7457
Area Hospitals (area code 318 unless otherwise designated)	
EA Conway	330-7000
Huey P. Long	448-0811
Minden Medical Center	377-2321
State Office of Homeland Security	681-4255 (work)
and Emergency Preparedness	861-6080 (home)
Regional Coordinator, Knox Address	863-6373 (pager)
	465-9500 (cell)

**XIX. Emergency Management Locations**

Medical Function

Triage area  
Emergent Treatment  
Urgent Treatment  
Non-urgent Treatment  
Discharge Holding Area

- Discharge to home
- Transfer to other facilities

Decontamination area  
Psychiatry Holding  
Staff Crisis Intervention

Location

Emergency Room  
Emergency Room  
Emergency Room  
PCC  
  
A Bldg. waiting room, 1<sup>st</sup> floor  
Conference Center, Med School –  
Ground floor  
Entrance to EMS  
Rehabilitation  
Social Services Office

Non-Medical Function

HEICS  
Ham Radio (Civil Defense)  
Labor Pool  
Relatives/Visitors  
Press Area  
Medication Area  
Supply Area  
Family Support Area  
Staff Rest and Support Area  
Family/Visitor Entrance  
Staff Entrance during lockdown

Location

Hospital Board Room  
Equipment, Hospital Board Room  
Standards-Cafeteria  
Private Dining Room  
Information Services Office  
Pharmacy, ground floor  
Warehouse/Central Med Supply  
Psyche Ball Room  
Bistro (Cafeteria)  
Front Lobby  
K-wing, BRI

Internal Phones Numbers

Labor Pool	55126
HEICS	55068

**XX. DEPARTMENTAL CRITIQUE SHEET**

Please complete the critique sheet and return to the HEICS for review at the overall disaster critique.

**DEPARTMENT NOTIFIED:**

Time: \_\_\_\_\_ Method of Notification: \_\_\_\_\_

**Response by Departmental Personnel:**

**Response by Medical Staff Personnel: (if applicable)**

**Response by Ancillary Services: (if applicable)**

**Suggestions/Comments:**

Date: \_\_\_\_\_ Critique conducted by: \_\_\_\_\_

Department: \_\_\_\_\_