UNIVERSITY OF TOLEDO HEALTH SCIENCE CAMPUS

SUBJECT: CODE YELLOW – MASS CASUALTY   Procedure No: EP-08-001
            DISASTER PROCEDURE

PROCEDURE STATEMENT

The Code Yellow Mass Casualty Disaster Procedure is an Annex of the University of Toledo Medical Center Emergency Operations Plan and will be activated by the Incident Commander when the potential exists for the Emergency Department to be overwhelmed by a sudden influx of patients.

PURPOSE OF PROCEDURE

Provide rapid treatment to incoming patients and a clear process to activate the Hospital Incident Command system and accomplish critical tasks.

INFORMATION

Requested staff, physicians and volunteers awaiting assignments during a Code Yellow are to report to the Hospital Lobby near the Information Desk. DO NOT REPORT DIRECTLY TO THE EMERGENCY DEPARTMENT OR COMMAND CENTER UNLESS REQUESTED BY THE INCIDENT COMMANDER OR DESIGNEE.

(NOTE: the incident command structure will be opened and implemented as widely as needed, depending on the nature of the disaster the hospital or community is facing).

ACTIVATION

The House Supervisor when the Emergency Event begins will act as the initial Incident Commander and may be delegated to another person as the Emergency Operations Plan is fully activated. A Code Yellow may be called in connection with other emergency situations on campus (i.e., Code Orange, Code Red, Loss of Electrical Power, etc.) if these situations require the activation of the Emergency Operations Plan and subsequently the Hospital Incident Command System (HICS).

Step #1:
- Call 419-383-2600 to contact the Hospital Security.
- If necessary, the Campus Security Levels and Lockdown policy will be activated for the appropriate locations.

Step #2:
- The HSC Security Director or senior security officer on duty will contact the Medical Director of the ED, Nursing Director of the ED or designee, Environmental Health and Radiation Staff and Hospital Administration who will be requested to meet in the command center in MLB 202, or virtually if needed. The decision whether to call a Code Yellow will be made at this time.
- The Command Center will evaluate the need to fully activate the Emergency Operations Plan, HICS and the complete Code Yellow Response Annex.

Step #3:
- Establish the command center in Room 202 (Board Room) on the second floor of Mulford Library Building. The Mulford Library Alumni Lounge in the basement is designated as the backup command center. (See instructions posted at each location.)

TRIAGE

Priority		Location	Color Code
I:	Immediate	Emergency Department (PACU Red Overflow)	Red
II:	Delayed	George Isaac Surgery Center	Yellow
III:	Minor	Heart & Vascular	Green

SECTION 1. GOALS AND EMPLOYEE OBLIGATION

A. <u>Goal</u>

    1. Provide an efficient operation to ensure maximum flexibility for the delivery of optimum care to victims of a mass casualty event/disaster, or unforeseen calamity, involving large numbers of people.

B. <u>Employee Obligation</u>

    1. Each employee must be familiar with the Plan, paying specific attention to his/her departmental plan, to allow for the best possible care when large and unexpected numbers of casualties arrive at UTMC.

    2. Each employee must be ready to assume duties that may not fall into his/her particular area of employment as listed on the HICS job action sheets distributed during disaster.

1. Ambulatory
2. Non-critical
3. First-aid measures
4. Others as applicable

PRIORITY IV: EXPECTANT (BLACK)

1. Unsalvageable patients with lethal injuries
2. Deceased

a.

    b.   Victim Flow Log (EMTrack)

        1.   One is used for each Treatment Area and maintained by the Patient Tracking Manager which can be clerical personnel.

        2.   Should be turned in to the Planning Chief in the Hospital lobby at the conclusion of the disaster.

        3.   Purpose is to keep accurate account of all the disaster victims.

    c.   Disaster Chart

        1.   Affixed to the clipboard for each patient in each treatment area.

        2.   To be filled in by a Clerical Specialist, or a nurse, time permitting. A physician will fill out his or her part.

        3.   Last two copies of the Disaster Chart are to be sent to the Command Center.

        4.   First, or hard copy, of the Disaster Chart is to remain with the .7 f(f)0. (w)6h.3 (m)12lm( )

3. In addition a reserve cart of supplies will then be available upon request through the Finance Chief and Procurement Unit Leader from Central Stores.

4. Additional disaster supplies and medical caches are available in the ED basement and can be requested by the Incident Commander. A listing of these supplies is available for placement in the Command Center as needed.

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- Hospital Security Director or EHRS Staffer in the role of **Safety Officer**
- Senior Hospital Administrator/Chief Nursing Officer, or EHRS Staff in the role of **Liaison Officer**
- Director of the Office of Communication, or designee in the role of **Public Information Officer**
- As assigned Operations, Planning, Logistics, and Finance **Section Chiefs**

*Various other HICS positions will be filled as needed by the Incident Commander and his/her General Staff

<u>Function of the Command Center</u>

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1. Located on the ground floor of the hospital in the Pathology Department.

2. The basement of the HSB will be used for temporary overflow (this room will be used for "morgue victims" in a drill/actual event).

3. The Morgue Unit Leader is responsible for identification of the victims as well as cataloging personal effects and clothing. The Mass Fatality Plan may be activated when a large number of casualties are expected.

4. Command Center is notified by the Patient Tracking Manager of the identity of the victims and will then notify the Situation Unit Leader.

B. Information Desk (Adjacent Area used normally for Patient Check-in)

1. Will serve as a receiving area for all arriving staff/doctors reassigned from in-house, and those staff/doctors/volunteers who have been called in arriving through the east entrance of the hospital lobby. These individuals will be assigned by the Labor Pool Unit Leader and the Medical Staff Unit Leader. The Medical Staff Unit Leader is responsible for emergency credentialing of physicians and other medical staff.

C. Main Hospital Cafeteria

1. Holding area for discharged in-house patients and discharged disaster victims.

2. This will function as an overflow area for discharged in-house and discharged disaster victims, if the capacity of the admitting lobby is exceeded.

3. Designated area for families and friends of the victims.

4. At least one Security Officer will be assigned there.

5. A member of Administrative Staff, designated by the Operations Section Chief, will be assigned with authority to disclose information to the families from the Public Information Officer.

6. The Support Branch

3. In an actual disaster or during a disaster drill, department heads (specifically: Emergency Department, Nursing Services [PACU/Operating Room/Patient Transport], Ambulatory Services [Outpatient Clinic], Admitting, University Police, Patient Relations, Central Service, Respiratory Care, and Pharmacy) will inform the Command Center of the readiness of their departments.

4. Department heads involved in disaster response must provide Telephone Services with a call-in schedule (telephone tree) with back-up contacts if the Department Head is unavailable. These must be updated at least annually.

SECTION 8. OFFICE OF COMMUNICATION

A. Office of Communication *(Public Information Officer)*

1. Responsibilities

    a. To manage and provide information concerning the victims of a mass disaster to news media and other concerned persons, both internal and external.

    b. To manage and monitor the activities of on-site media reporters and photographers.

    c. To coordinate with the Patient Tracking Manager .53]T   Tw   5   18   (i)-1.7

1. Reporters and photographers are not permitted to visit treatment areas unless accompanied by Office of Communication personnel.

2. Office of Communication may restrict media to one representative from each news agency if necessary.

3. If a victim agrees to talk with the media, a consent form will need to be signed prior to an interview. A copy of the consent form must also be given to the patient.

5. Personnel

   a. Personnel to carry out the responsibilities of the Public Information /Office of Communication will be called at the discretion of the Director of Communication, who will determine staffing requirements.

   b. One representative from the Pastoral Care will be assigned to the Communications Center if needed, for the purpose of contacting the families of disaster victims. This assignment will be made by the Patient Tracking Manager.

   c. The Triage Unit Leader from the Emergency Department along with Treatment Areas Supervisor will provide updated information to the Public Information Officer through the Patient Tracking Manager.

SECTION 9. FACILITY ACCESS

A. Universsity Public Safety

   1. University Public Safety personnel and designees will assume assigned positions at entrances to the hospital and will place designated directional signs identifying treatment areas at hospital as outlined in the Campus Security Threat Levels/Lockdown Procedure (SM-08-003). Anyone without identification as an employee and/or a physician shall be prevented from entering the building. Press will be directed to the main Hospital lobby, and visitors will be directed to the Hospital Cafeteria.

   2. Police will direct traffic in and around the hospital entrances and parking lots to alleviate congestion and provide ready access to the hospital for emergency vehicles.

   3. Hospital Security personnel will be responsible for unlocking the back-up CT scan area and also the clinic area including the hallway access to the clinic, on weekends and evenings, for use during a disaster.

   4. During a disaster drill, hospital security will place signs in appropriate locations identifying a drill is taking place and retrieve signs at the conclusion of the drill.

B. Identification of Employees

   1. Proper personal identification must be presented to the Hospital Security Officer to enter the hospital. This identification is your ID card with your photo on it.

   2. Armbands and incident command vests will be provided to medical and technical personnel to better delineate their function in patient care.

SECTION 10. MEDICAL RECORD, CLOTHING AND VALUABLE CONTROL

A. Medical Record - Disaster Chart

   1. During the early stages of caring for disaster casualties, a disaster chart will constitute the basic medical record. These will be stored in the Emergency Department and be available for immediate use. As soon as possible, a hospital admission number will be provided by the Admitting Department.

   2. The Medical Record team will utilize a disaster chart to record each casualty's initial diagnosis, treatment rendered, medical classification and destination. Identifying information which can be obtained readily will also be recorded on the chart.

The disaster chart will serve as the patient's medical record until such time that his/her regular chart may be assembled. The disaster chart will then be incorporated with (and become part of) the permanent Medical Record. (The number that is written on the armband is to be transferred to the disaster chart and to all the papers that belong to the victim.)

B.   Clothing and Valuables

1.   Valuables will not be removed from the victim during the emergency situation unless absolutely necessary.

2.   When absolutely necessary, valuables should be placed in special Valuable Envelopes and be taken to the Admitting Department for safe keeping.

3.   Clothing should be placed in plastic bags available in the Emergency Department. The bags will be numbered to correspond with the disaster chart number and/or the hospital admission number. The bags will accompany the patient.

SECTION 11. DISASTER TERMINATION

A.   Primary Triage Area

1.   The Treatment Area Supervisor and Triage Unit Leader must notify the Incident Commander in the Command Center that all victims have been received and transported to treatment areas.

B.   Command Center

1.   After receiving above notification from triage area, the Command Center will notify each treatment area.

2.   If adequate resources are available in each treatment area to manage patients, hospital operators will be notified of Code Yellow disaster termination.

3.   Disaster termination/cancellation will be announced by telephone operators.

SECTION 12. RECOVERY FROM DISASTER

A.   Documentation

1.   All materials and written information generated during the disaster (excluding medical records) will be collected and delivered to the Command Center for review by disaster team.

2.   All HICS clipboards, charts, memos, etc., will be returned to the Command Center.

5.   All expenditures will be forwarded to the Finance Chief for compilation for possible third party reimbursement and a report will be submitted to the Incident Commander.

B.   Reports/Incident Critique

1.   The Liaison, Public Information and Safety Officer will make short presentations based on information collected and received from the divisional chiefs in the Logistic, Operations, Finance and Planning Sections.

2.   The Incident Commander will go over the reports and evaluate the institutions response to the disaster.

6.   The Incident Commander will then compile a final report for submission to Hospital Administration, Emergency Preparedness Task Force and the Safety Committee discussing the incident, issues/problems, financial information and planned changes for future disasters.

SECTION 13. EVALUATION

After each activation of this procedure, a detailed critique should be made and the report sent to the Safety & Health Committee as soon as is feasible. This critique should include those people who were involved in decision-making

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