

Harborview Medical Center Disaster Plan



UW Medicine

HARBORVIEW
MEDICAL CENTER

HARBORVIEW MEDICAL CENTER DISASTER PLAN

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I. OVERVIEW OF DISASTER PLAN

A. General Information

A disaster is defined as an event that requires resources that are greater than current supply, resulting in an impact to the medical center's normal operation. These events can be internal such as a flood impacting infrastructure or an external event resulting in multiple casualties occurring outside the hospital and requiring a unique mobilization of resources to provide effective patient care. Disasters may call for expansion of some or all hospital facilities to care for a large number of casualties. The discharge of patients and/or transfer of patients may also be required to make available patient care space for disaster victims. The intent of this plan is to convey a clear and concise means of providing medical care to an unexpected and large number of injured or sick persons as a result of a disaster (natural or man made) in the greater Seattle area. This plan will use the framework of the Hospital Incident Command System (HICS) to provide a structure for response. This command system is also used for internal disasters that may not produce an increase in patients but does impact operations.

This document is considered a "living document" providing flexibility and development both during activation and non-activation times

B. Seattle Disaster Plan

Harborview Medical Center (HMC) is one component of a countywide disaster preparedness network developed through King County Emergency Medical Services and the Seattle Area Hospital Emergency Preparedness Committee. This network serves to coordinate comprehensive medical care, patient distribution and allocation of resources (during the initial phase) in the event of a disaster. The 800 MHz radio system is the primary communication link for the community's health care provider network during a disaster. HMC has been designated as the Disaster Control Hospital and its Emergency Department (ED) is responsible for the operations of the radio communications systems. Overlake Hospital and Medical Center in Bellevue serves as a secondary Disaster Control Hospital.

C. Harborview Medical Center Disaster Plan

The purpose of this plan is to prevent or minimize the negative outcome of a disaster by ensuring the Medical Center is always capable to deliver patient care. This plan:

- Documents concise instructions to manage necessary patient volumes and minimize disruption of daily patient care operations.

- Designates the use of resources, including space, supplies, communication systems, security and utilities.
- Specifies staffing requirements, roles and functions within the structure of HICS.
- Identifies capabilities and limitations in a disaster response.
- Identifies HMC's responsibilities as the Community Disaster Control Medical Center.
- Provides a mechanism for evaluating the effectiveness of HMC's emergency response procedures.

The plan includes:

a) Mitigation

Mitigation includes completing the vulnerability analysis chart (attached), completed by the Disaster Committee. This analysis allows us to concentrate on those emergencies to which we are highly vulnerable, while planning for and recognizing that we must prepare for all disasters.

b) Preparedness

Preparedness includes each department's individual plan, which identifies resources needed to continue to function during the emergency. Hospital wide annual drills will provide opportunity for departments to exercise their plans.

c) Response

Response includes the decision to initiate a Code Delta at Harborview Medical Center and our ability to function both as the community-based hospital control and as a key hospital in the region. When HMC's disaster plan is activated Public Health Seattle King County will be notified to alert them to the potential need to activate the Regional Medical Resource Center (RMRC).

Hospital response will be directed using the Hospital Incident Command System (HICS). This provides a pre-determined structure of role and chain of command from which the incident will be managed

Each department identifies its non-essential personnel and directs them to the personnel pool, where other departments may access help as needed. Each department may implement its disaster call list, to bring in extra staff as needed. Our Inclement Weather policy addresses issues of housing and transportation of staff as needed. The Cottage School may be used to house employees' children in the event of a disaster.

The Social Work and Patient Care Services departments have an active critical incident staff debriefing program accessible to all staff.

Materials Management has established contracts with outside vendors for pharmaceuticals, medical supplies, food, and linen.

If the hospital would need to be evacuated, our procedure includes calling the King County Emergency Communication Center (ECC) to notify them that Overlake Hospital would need to assume Hospital Control functions and we would begin evacuation mode, with Hospital Control's assistance, to either discharge patients to home or transfer to another King County facility. Medical orders and pertinent medical information would accompany patients to the transferring facility. Patient Placement at HMC would track patient transfers to other facilities. Transportation would be accomplished using our local ambulance company and fire department.

d) Recovery

Recovery includes re-supplying departments, reassessing the occupancy of the hospital, and reviewing and revising staffing needs. Assessment and documentation of financial impact would be undertaken and coordinated by finance and administration for the purposes of insurance and/or federal reimbursement.

II. IMPLEMENTATION OF DISASTER PLAN

A. Disaster Response

The process for implementation of this Plan is shown in Chart 1 – Disaster Response Flow Chart - Notification of Disaster.

B. Disaster Locations

Critical medical and administrative service locations are shown in Chart 2 – Disaster Locations.

C. Notification of the Disaster

The Seattle Fire Department and other agencies will coordinate the rescue and provide immediate aid efforts at the disaster site. All communication regarding the numbers of casualty victims and the extent of their injuries will be transmitted to the Harborview Medical Center Emergency Department (ED). The ED Medical Director and the ED Charge Nurse will assess the level of the disaster situation. On the basis of available information (e.g., number of disaster victims and extent of injury and inpatient treatment capacity), the disaster response requirements for HMC will be determined.

Criteria: The disaster response should be initiated to mobilize resources to manage more than 12 major injuries and more than 15 minor injuries.

(Note: These criteria represent guidelines and are not intended to substitute for the judgment of the ED Medical Director or ED Charge Nurse.)

D. Authority to Activate the Disaster Plan

The ED Medical Director, in conjunction with the ED Charge Nurse, will have the authority to activate the Disaster Plan. Once they make the decision to activate the Plan, they will immediately notify the Administrator-On-Call/Nursing Supervisor. The Administrator-On-Call/Nursing Supervisor will direct the Operator to initiate disaster plan communication systems. These systems include overhead paging of “Code Delta” information and initiation of a disaster plan chain call.

E. Deactivation of Emergency Disaster Plan

The Incident Commander will consult with the section chiefs and ED medical director (ED Disaster Control Officer) to determine when to deactivate the disaster plan. Once the Incident Commander makes the decision, s/he will immediately direct the Operator to announce “Code Delta All Clear” via the Medical Center overhead emergency paging system. The Emergency Department Radio Room operator will communicate to regional medical authorities that patient transportation requirements are fulfilled via 800 MHz radio systems.

F. Post-Response Evaluation Procedures

Under the administrative direction of its Chairperson, the Disaster Management Committee coordinates

and conducts a post-response evaluation process to determine the effectiveness of the Disaster Plan (see Appendix C). This evaluation will be in the form of an after action report including, but is not limited to:

- Description of disaster
- Availability and participation of staff
- Availability of equipment and supplies
- Availability of community resources
- Effectiveness of systems
- Communications
- Triage
- Bed control
- Traffic control
- Hospital Incident Command System and Command Center Media management
- Dispositional planning and discharge of patients/visitors
- Patient care outcomes
- Problems identified
- Corrective actions recommended and instituted
- Staff needs for critical incident stress debriefing
- Financial impact to organization within a given timeframe

A critique session for all departments is scheduled and organized by the Chairperson of the Disaster Management Committee as soon as possible following the disaster/drill. Comments are consolidated in writing and presented to the Disaster Management Committee.

This Disaster Management Committee, in conjunction with other appropriate staff, evaluates the effectiveness of the disaster response and makes recommendations to Administration.

HMC internal evaluation functions are coordinated with the City of Seattle-King County Emergency Medical Services through the Administrative Team of the Emergency Department

III. DISASTER PLAN CHARTS

DISASTER RESPONSE FLOWCHART #1

Notification of Disaster

DISASTER RESPONSE FLOWCHART #2

Disaster Locations

DISASTER RESPONSE FLOWCHART #3

Multi-Departmental Counselor Assignments

DISASTER RESPONSE FLOWCHART #4

Administrative Command Center Organization Structure

Chart One: DISASTER RESPONSE FLOWCHART – Notification of Disaster

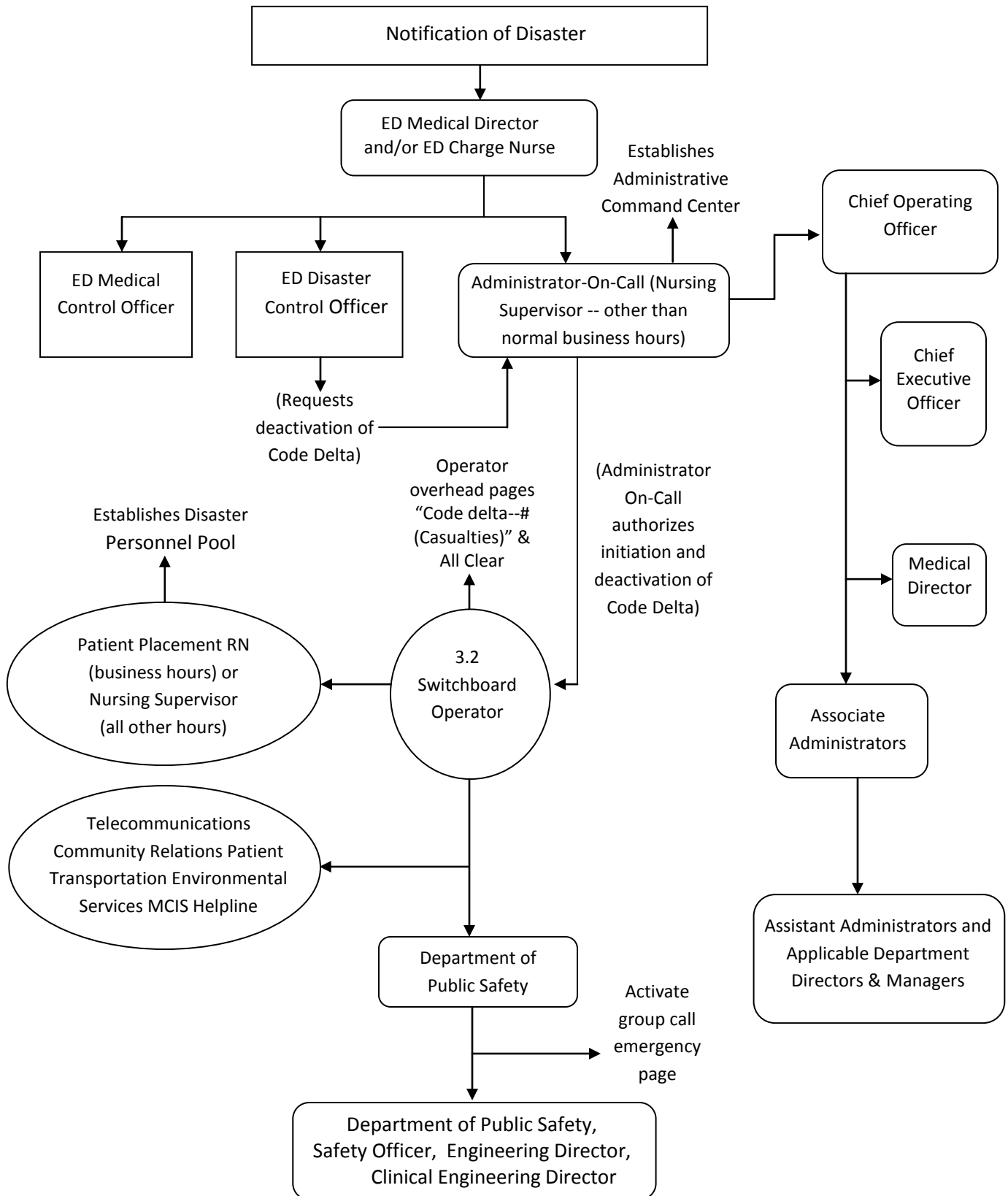


Chart Two: DISASTER LOCATIONS

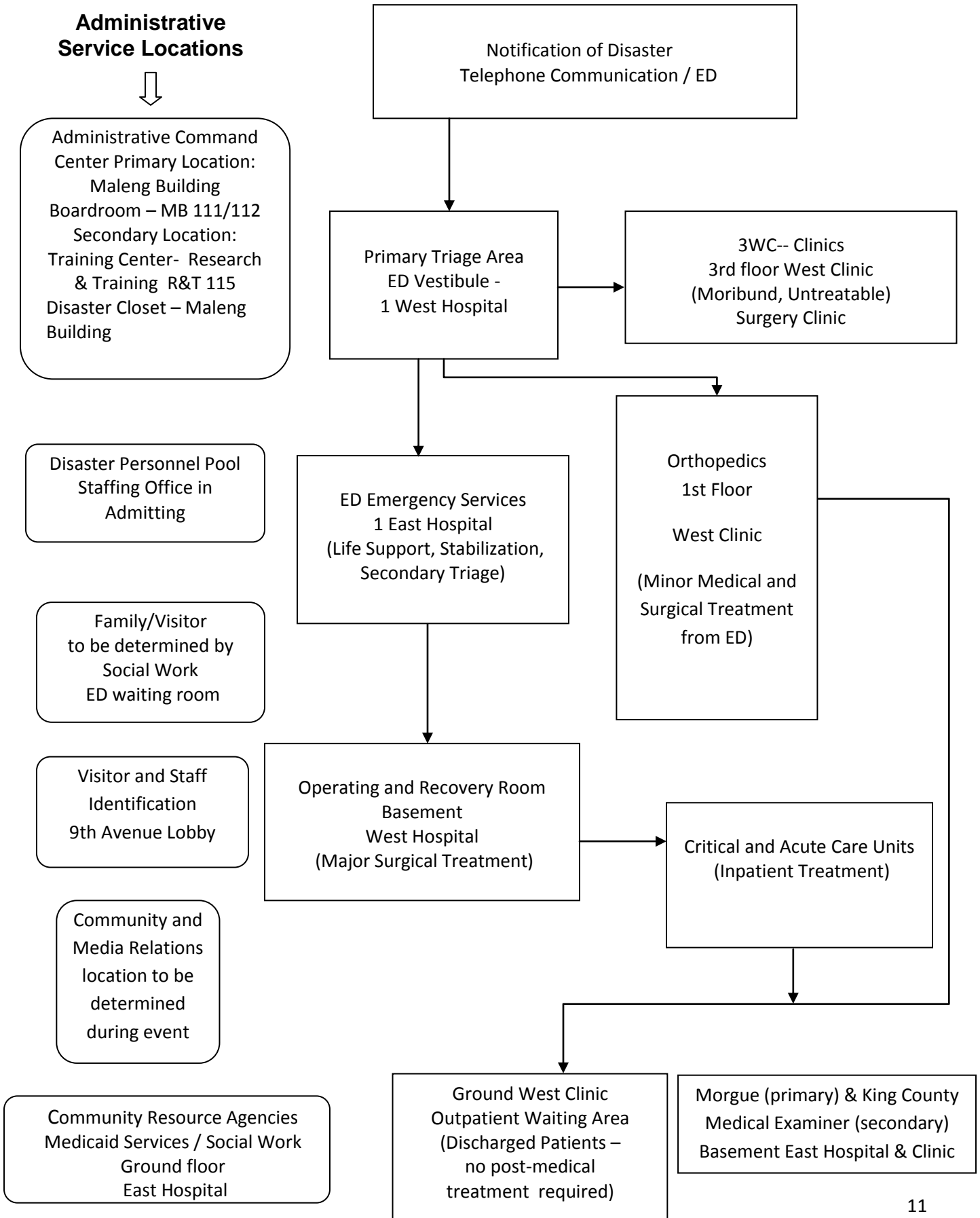


Chart Three: MULTI-DEPARTMENTAL COUNSELOR ASSIGNMENTS

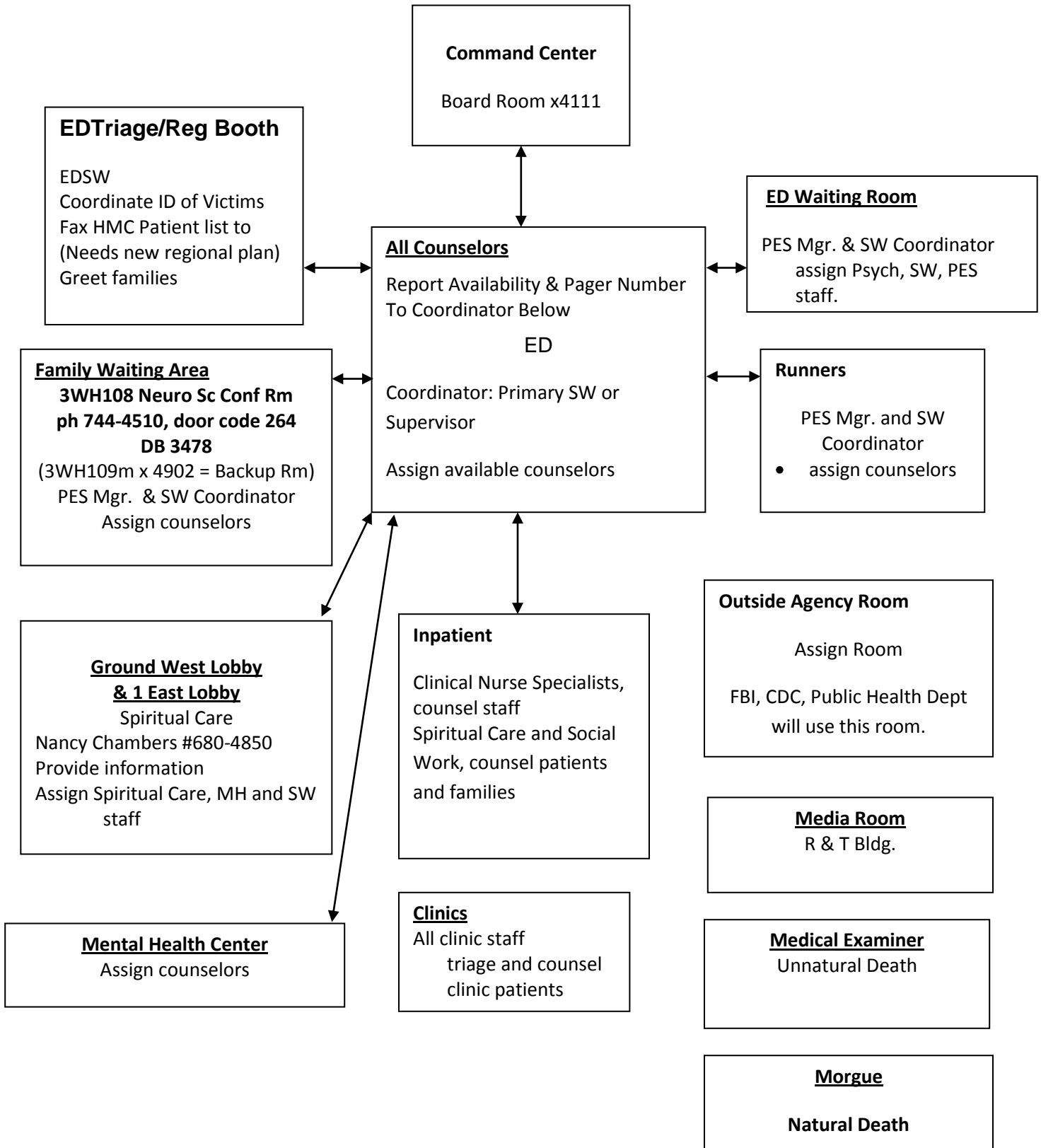
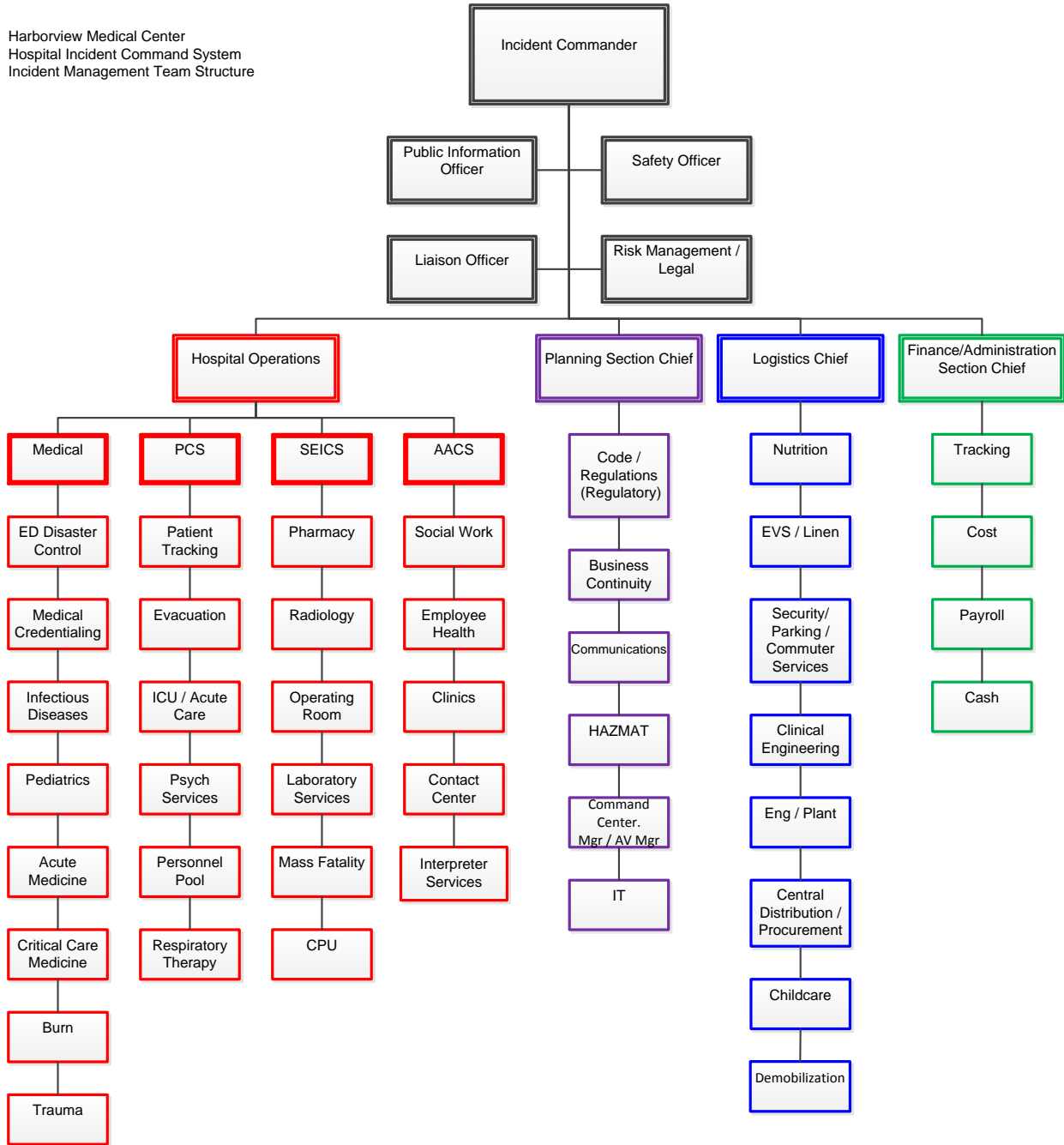


Chart Four: Administrative Command Center Organization Structure

Harborview Medical Center
 Hospital Incident Command System
 Incident Management Team Structure



IV. RESPONSIBILITIES OF ADMINISTRATIVE COMMAND CENTER TEAM

During a disaster Harborview Medical Center uses the Hospital Incident Command System (HICS). This ensures that there are clear predefined roles, responsibilities and communication methods prior to an event. HICS may be instituted without the Command Center in full operation, level of activation is determined depending on type and duration of the event. HICS positions are only assigned after the Incident Commander the scope and magnitude of the incident.

The Incident Commander is the Nursing Supervisor until relieved by the Administrator on-call, when an administrator of higher level arrives at the Command Center they assume the role of Incident Commander.

The HICS is divided into command staff, section chiefs and then selected managers or directors. Each role is guided using a Job Action Sheet (JAS), this provides the responder with check off lists as a guide to what to do and how to plan as the incident progresses. Associated with the JAS's are a number of forms that are used by multiple roles again acting as an aid memoire and providing clear uniform communication between positions.

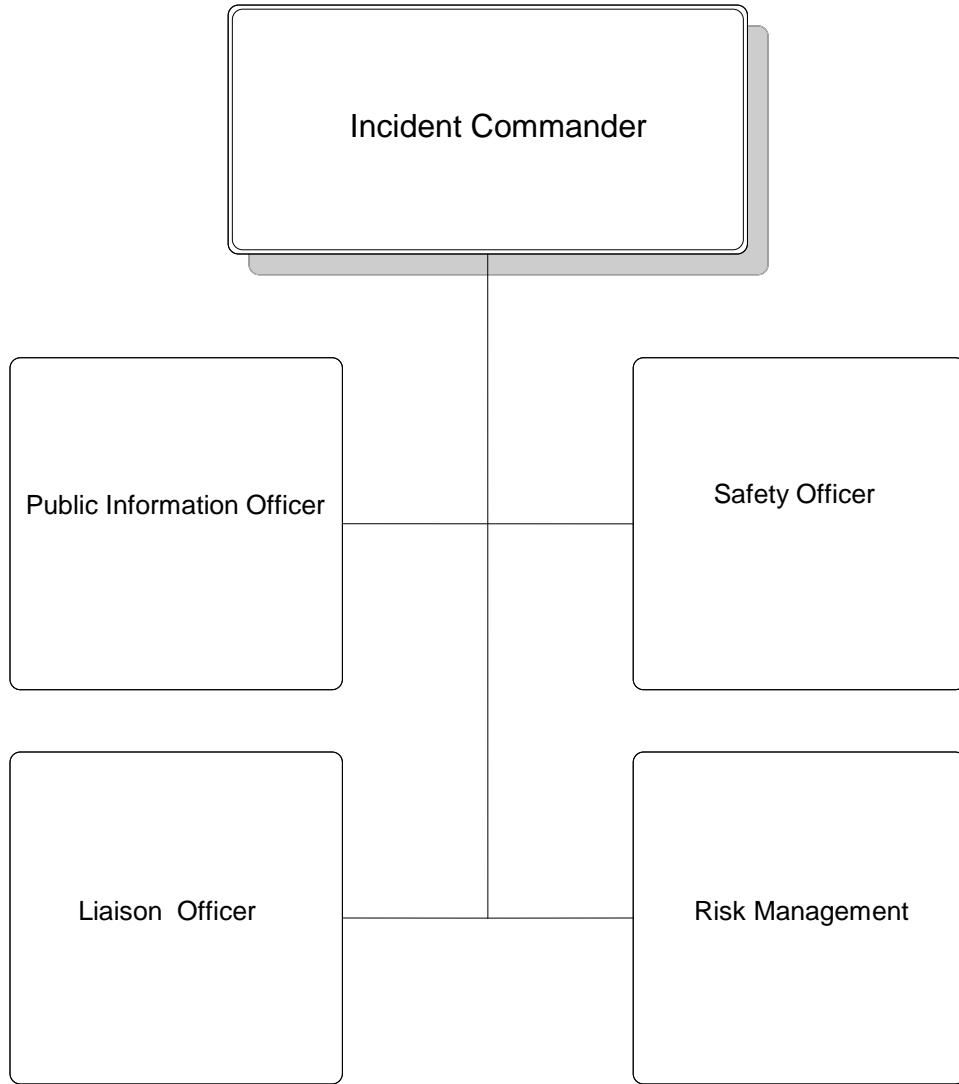
As part of the HMC disaster plan each position in the HICS has a suggested persons name or everyday position attached, this is to aid the Incident Commander when initializing the command structure and team. This underlines the principle of staffing roles with personnel that are familiar with particular functions of the medical center.

It is important to note that it is not essential to fill every role in the Incident Management Structure, this is a framework from which to work. The type of incident, impact and duration will help determine this. Multiple roles may be filled by one person.

In the following document are the brief descriptions of the command and section chief roles, reporting structure together with their corresponding JAS.

COMMAND STAFF

Harborview Medical Center
Hospital Incident Command System
Incident Management Team Structure



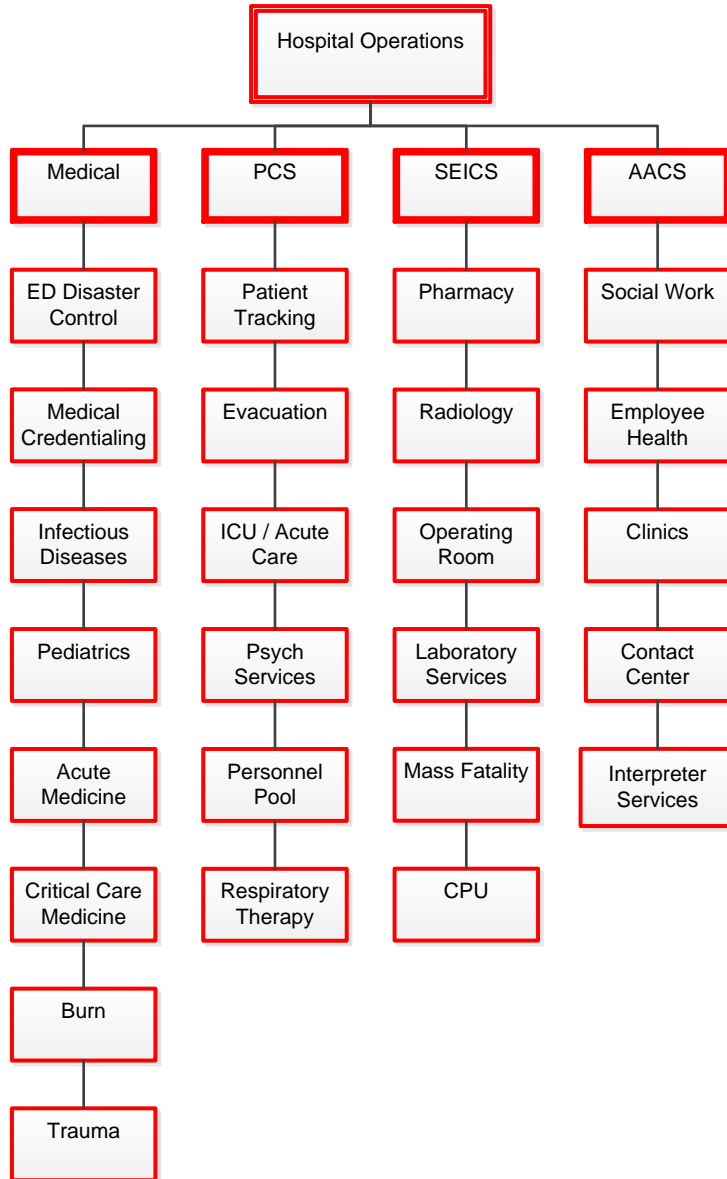
Description of Command Staff roles

The command center is the hub of operations during an incident. The coordination of the incident, command center and the activities within are the responsibility of the Incident Commander. The Incident Commander may appoint additional command staff with particular expertise and medical center knowledge to assist in the management of the incident.

These positions may be appointed, Public Information Officer, Safety Officer, Liaison Officer and Risk Manager. It is important to communicate and post the names of personnel filling these positions clearly in the Command Center. If personnel change during an incident perhaps due to the duration or other demands, a hand off is required and notification to all personnel in the command center is posted

HOSPITAL OPERATIONS

Harborview Medical Center
Hospital Incident Command System
Incident Management Team Structure



Description of Hospital Operations Staff roles

Hospital operations are divided into three areas of responsibility that correspond with normal everyday hospital operations. As this is the largest area, this division will assist in maintaining a manageable span of control.

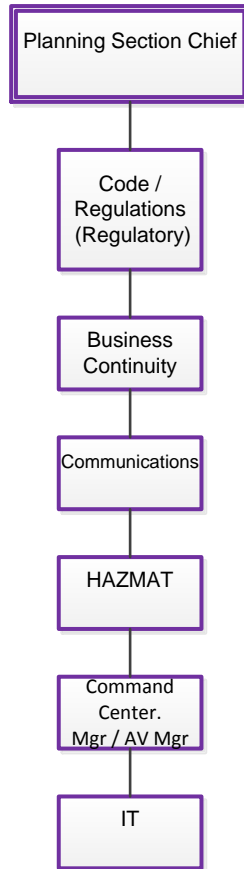
The Medical Care Branch Director is responsible for the overall medical care of the patients, as well as specialist care such as pediatrics and infectious disease. The Medical Care Branch Director is also responsible for medical staffing and credentialing of medical staff. The Director will appoint a number of personnel to specific roles for the incident.

The Patient Care Services Branch Director is responsible for directing patient care and the clinical support services that are essential for that function. The Patient Care Services Branch Director will appoint personnel to perform particular roles to achieve this.

The Ambulatory Care Branch Director is responsible for coordinating clinic function and response to an incident, this will include on and off site clinics and services. Psychiatric and Social Worker services also fall under the Ambulatory Care Branch Director. Business continuity also resides here. The Director will appoint personnel to positions that with support these functions.

PLANNING

Harborview Medical Center
Hospital Incident Command System
Incident Management Team Structure

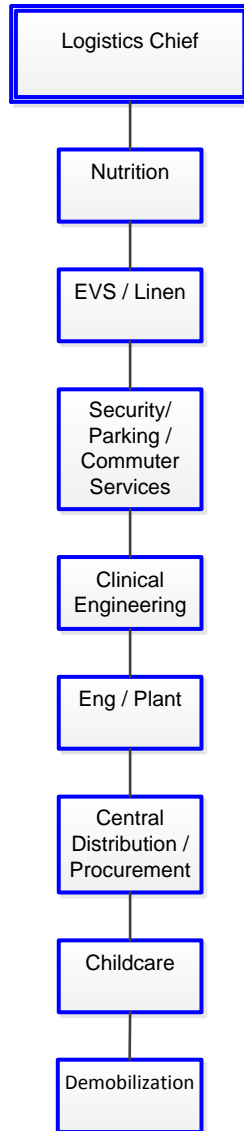


Description of Planning Staff Roles

The Planning Section will collect and evaluate information related to the incident. With this they will then generate status reports from which Incident Action Plans (IAP) can be developed. The Planning Section will also provide a “Command Center Manager” that will be responsible for set up, supplies and coordination of roles with the actual Command Center. Documentation of the incident and the hospital’s response as well as demobilization is the responsibility of the planning section.

LOGISTICS

Harborview Medical Center
Hospital Incident Command System
Incident Management Team Structure



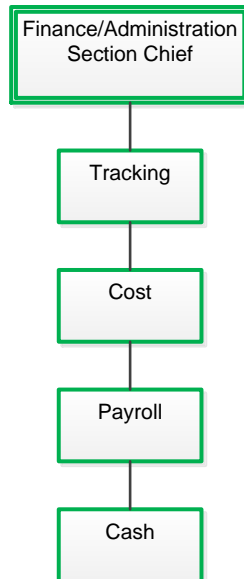
Description of Logistics Staff Roles

The role of logistics is to ensure supply of resources, both personnel and material to the incident. In collaboration with planning, logistics will predict the need for resources in advance to mitigate the impact on operations. Logistics will work in close communication with King County Regional Medical Resource Center located at Harborview.

A variety of personnel will be appointed by the Logistics Section Chief to maintain these functions.

FINANCE/ADMINISTRATION

Harborview Medical Center
Hospital Incident Command System
Incident Management Team Structure



Description of Finance/Administration Staff Roles

The financial demands and long lasting financial impact on an institution could be significant in the event of an incident. This is particularly the case with Harborview as it provides a number of specialist services to a large community over a large geographical area.

It is important that during an incident the financial resources and personnel involved are accurately tracked to enable application for reimbursement from insurance and/or local and federal agencies.

There will be demand for cash flow and the need to arrange procurement of supplies, this will be done through the Finance/Administration Section. The Section Chief will appoint personnel into particular roles to ensure function.

V. DEPARTMENT RESPONSIBILITIES

Each division and department is to support the Command Center and HICS as indicated, they are also responsible for maintaining operations and reporting any disruption of operations to the Command Center. Each department is responsible for writing and maintaining their departmental disaster plan in accordance to HICS and contain the elements listed an appendix A. The information below does not constitute each department's full disaster plan and responsibilities.

Administration

- Implement HICS and operate Command Center.
- Direct overall management and coordination of non-medical disaster operations.
- Directly coordinate oversight of non-medical operations with the Associate and Assistant Administrators (or designees) of Patient Care Services, Administrative Support Services, Finance, Clinical Support Services and Ambulatory Care.
- Maintain communication with various areas to determine current capability and resource requirements.
- Mobilize support services to aid ED triage team and other treatment areas in their duties.

Admitting

- Provide initial back-up for ED registration.
- Admit disaster victims from ED.
- Manage bed control to absorb disaster victims.
- Track triage end points of all disaster victims and maintain contact with Social Work with appropriate updates for families.
- Discharge patients as needed.
- Provide runners as necessary.

Ambulatory Care

All clinics, Interpreter Services and office staff:

- Call the number of or send all available staff to the personnel pool.
- Discontinue non-essential services (discharge patients, and if safe, send them home).
- 3WC Surgery Clinic prepare for accepting moribund, untreatable patients.
- 1WC Ortho Clinic prepare for accepting overflow of minor treatable patients from ED.
- GWC lobby area prepare for accepting patients for discharge from the inpatient units.
- Other clinics close the clinic when all patients have gone and send remaining staff to personnel pool.
- Coordinate with the ED.
- Interpreter Services set up a call station to triage the interpreter needs for disaster victims.

Clinical Engineering

- Organize, coordinate and provide wireless communications (radios and cellular phones) internal and external to HMC.
- Provide radio expertise and operators for external radio communication systems (HEAR, 800, Amateur) in the ED Radio Room.
- Provide technical support for patient-related technologies, including spares and relocated medical equipment as required to meet patient demand.

Cottage School

- Available for employee's children.

Telecommunication Services / telecommunication

- Announce beginning and end of disaster response.
- Initiate Disaster Response Chain Call, and facilitate appropriate use.
- Triage internal and external telephone calls.

Community Relations

- Provide a Public Information Officer (PIO) to the Command Center.
- Set up designated area for media use, away from medical center operations.
- Release media bulletins as directed by Incident Commander.

Engineering

- Install emergency signage at designated disaster locations and traffic control points.

Environmental Services

- Set up Command Center.
- Clean rooms of patients being transferred and discharged.
- Set up emergency sleeping quarters for staff if needed.
- Maintain supplies and upkeep public areas, including restrooms.

Emergency Department

- Prioritize disaster victims requiring emergency treatment.
- Register victims requiring emergency treatment.
- Triage all victims to appropriate treatment areas.
- Discharge non-emergent ED patients.
- Manage radio/web-based system and function as Seattle-area hospital control.
- Establish triage point and coordinate communications with Command Center.
- Continue psych emergency services – if psych space is required for disaster victims, initiate plan to divert ED-psych services to 5 West Hospital.

Laboratory

- Provide lab services to disaster victim treatment areas.
- Respond with lab code cart to ED.

Materials Management

- Respond with disaster supply carts to Emergency Department.
- Respond with disaster supply cart to Orthopedic Clinic.
- Coordinate with Purchasing & vendors to ensure supply chain functioning.
- Activate on call roster for appropriate staffing .
- Dispatch envoy to Command Center for support directions.
- Remain on standby to fill order requests until all clear is called.

Medical Staff

- Direct overall casualty management and medical operations.
- Provide initial liaison to Lab, X-ray, OR, Anesthesia & Blood Transfusion Support Services for coordination of services.
- Assign MDs and provide medical supervision at disaster patient treatment areas:
 - ED
 - OR/Recovery
 - Critical care and acute inpatient
 - Moribund Care Area
 - Minor Treatment Location

Nursing

- Establish hospital personnel pool and triage unassigned personnel to assist departments and/or disaster victim treatment areas as requested.
- Inpatient units complete disaster cards and forward to Patient Placement.
- Identify and be prepared to implement:
 - a) Acute care inpatient discharges (coordinate with Social Work).
 - Arrange for wheelchair and stretcher dependent patients to wait on unit for transport/pick-up.
 - Direct ambulatory patients to waiting area to await transport/pick-up.
 - b) ICU transfers.
 - c) Call-in and assignment of supplemental nursing staff
- Receive patients from treatment areas:

- ED
- OR/Recovery
- Critical & Acute Inpatient
- On off-shift, set up minor treatment area and moribund care area.
- Identify need for emergency staff sleeping quarters and inform Environmental Services.
- Identify need for and coordinate Nutrition and Food Services for staff if needed.

Nutrition and Food Services

- Meet food service needs for disaster victims and family/friends.
- Emergency food services for staff working extended shifts.

Operating Room

- Assess for cancelling planned cases after consultation with ED.
- Prepare to receive patients requiring emergent surgical intervention straight from the ED.
- Maintain communication with Command Center using runners.

Pastoral Care

- Coordinate crisis intervention support with Social Work for disaster victim treatment areas and support staff as needed.

Pharmacy Department

- Report to the Command Center.
- Prepare medications for discharged patients.
- Provide medication supplies to disaster treatment areas in moribund and minor treatment overflow.
- Provide as needed medication for families as prescribed and needed.

Radiology

- Provide radiological diagnostic and interventional services
- Provide radiological safety officer nuclear physicist.

Respiratory Care

- Report to the Command Center.
- Mobilize services to treatment areas as needed.

Department of Public Safety

- Report to ED for Decontamination Team as needed
- Post Public Safety officers at lobby entrance to:
 - a) Monitor staff entrance – I.D. checks – 9th Avenue lobby.
 - b) Direct visitors to patient areas via 8th Avenue lobby.
- Close to entry: East & West hospital entrances, East clinic entrances in Ambulatory Care.
- Station officer at 8th and 9th Avenue entrances.
- On off-shift, unlock disaster locations as required.
- Coordinate street/traffic control with SPD.

Social Work

- Coordinate identification of inpatient discharges with Nursing.
- Manage family waiting and disaster victim disposition area.
- Assist discharged patients/victims with disposition.
- Coordinate psychiatric support services for treating/medicating families.
- Manage community resource agency representatives to facilitate disaster victim post-treatment disposition as needed.
- Coordinate crisis intervention support with Pastoral Care for disaster victim treatment areas.

Transportation Services

- Allocate personnel and transport equipment/wheelchairs and stretchers:
 - a) ED – for transporting triaged disaster victims.
 - b) Transport disaster victims to treatment locations.
 - c) Assist transport of inpatient discharges as needed.
- Provide runners to the personnel pool.

Other Personnel

- Provide staff to Personnel Pool, as available.
- Clerical staff will take notes and document events (to be pulled from Personnel Pool)
- Runners transmit information and run errands as needed (to be pulled from Personnel Pool).

APPENDICES

Contents of Appendices

[Appendix A Departmental Disaster Plans](#)

[Appendix B Command Center](#)

[Appendix C HMC Bioterrorism Readiness Plan](#)

[Appendix D Earthquake Disaster Plan](#)

APPENDIX A: DEPARTMENTAL DISASTER PLANS

(Required elements as applicable)

Plans for providing effective utilization of available resources, which must include mitigation, preparedness (including education of staff), response, and recovery:

- Space utilization
- Supplies
- Communication systems – call list
- Security
- Utilities
- Staffing requirements and designated role functions
- Patient management
- Schedule modifications (including shift, weekday, weekend consideration)
- Criteria for cessation of non-essential services
- Patient transfer determinations, particularly in terms of discharge and relocation
- Inventory of department plans

APPENDIX B: COMMAND CENTER

Command Center Locations

Primary: Maleng Building Rm 111/112

Secondary: Research & Training Building Rm 115

Command Center Staff

- Incident Commander
- Public Information Officer
- Liaison Officer
- Safety Officer
- Risk management
- Operations Chiefs – Medical, Patients Care Services and Ambulatory Services
- Planning Chief – with branch managers / directors
- Logistics Chief – with branch managers / directors
- Financial Officer – with branch managers / directors
- Command Center Manager
- Two Office Assistants (research and office work)
- One Recording Secretary
- One Runner
- Supplies/Equipment:
 - 4 Telephones
 - Disaster Plan/ Administrative Manual
 - Hard copies of all JAS and HICS Forms
 - Directory/Yellow Pages
 - 4 Cellular Phones
 - 4 Laptop PC's with printer networked
 - Typewriter or Word Processor (primary – Pt. Care Services; alt. - Admin, Support Services)
 - 10-12 Chairs
 - 4 Desks

Writing Papers

Log Book

6 Radios

1 FAX Machine (primary – Pt. Care Services; alt. – Nursing Recruitment)

1 Seattle Area Map

1 White Board

1 Bull Horn

6 Flashlights with Appropriate Batteries

1 Television (Community Relations)

7 Orange Vests

1. Incident Commander
2. Public Information Officer
3. Safety Officer
4. Liaison Officer
5. Operations Chief (3 each)
6. Planning Chief
7. Logistics Officer
8. Financial Officer

Utilities

Emergency Power and Emergency Lighting

Telephone Lines

Oxygen

Responsibility to set up the Command Center

- Shift Environmental Services Supervisor will set up the Command Center

Administrative Command Center Telephone Information

In the Command Center equipment closet there is a cart containing two 16-line telephones with the Command Center main number 744-4111 and two rollover lines, 48228 and 48229.

There are 12 single-line telephones, 744-2826 through 744-2837. There are two lines set up to be used for FAX machines, 744-2837 and 744-2838.

Overhead paging may be accessed from the main number 744-4111. The procedures are as follows:

- To make an overhead announcement through the regular paging system:
Dial 40151 and make announcement
- To make an overhead announcement through the emergency paging system:
Dial 40156 and make announcement

If the main hospital telephone system is out of service and the emergency “blue” phones are being used, the procedures are as follows:

From “blue” phone 4111:

- To make an overhead announcement through the regular paging system:
Dial 251 and make announcement
- To make an overhead announcement through the emergency paging system:
Dial 256 and make announcement

After the access code has been dialed, everything that is said will be announced over the entire hospital paging system. Once the appropriate announcement has been made, hang up the receiver immediately.

For additional information call Telecommunication Services, 744-3000, or the telephone technical staff:

Tim Klick 48869

Rollie Hyer, 42505

Or

4-HELP (4357)

After hours, the technician on-call can be reached through the HMC paging operator, 40147.

APPENDIX C: HMC BIOTERRORISM READINESS PLAN

Bioterrorism preparedness information may be accessed via the Clinical Toolkit (or HMC intranet), in the Infection Control Manual. This information is in the process of being revised. Contact the Infection Control and Epidemiology Department at 744-9560 for more information.

<https://hmcweb.washington.edu/MEDICAL/Emergency/InfectionControl/default.htm>

APPENDIX D: EARTHQUAKE DISASTER PLAN

Purpose: To guard the health and safety of patients, visitors, employees and to maintain the operation of our medical center as normal as possible in the event of an earthquake.

Objectives:

1. Educate and train employees regarding earthquake preparedness
2. Define the responsibilities of administration, managers and employees
3. Protect the life of patients, visitors and employees during and after the earthquake
4. Set-up the Command Center in the Maleng Building Boardroom MB 111/112 or R&T Building Room 115
5. Assess the damage
6. Perform limited rescue
7. Perform evacuation as indicated
8. Seek help if needed from external sources and authorities
9. Mobilize internal resources
10. Develop a contingency plan
11. Evaluate the plan post earthquake

Scope: This plan applies to HMC owned operations and is limited to earthquake situation only.

1. Educate and train employees regarding earthquake preparedness:

- All new employees will receive basic earthquake preparedness training during department orientation.
- All existing employees will receive earthquake preparedness training during annual competency review.
- Safety Officer will conduct earthquake preparedness drills upon request.
- Emergency Wardens will be trained on their responsibilities during an earthquake.
- Twenty teams will be trained to examine the building for the damage. Each team will consist of one Public Safety Officer and one Engineering employee.
- Annual training for Incident Commanders will be provided.

2. Responsibilities of Chief Executive Officer (CEO), Chief Operating Officer (COO), Associate Administrator, Manager and Employees:

Chief Executive Officer:

Pre earthquake: Provide funding and review the recommendations of the Disaster Management Committee.

Post earthquake: Manage command center, make immediate decisions and delegate authority to COO or appropriate Associate Administrator.

Chief Operating Officer:

Pre earthquake: Make sure all the Associate Administrators have their departmental disaster plans ready, employees trained, and contingency plan for inhabitable building.

Post earthquake: Incident Commander and operate Command Center in absence of the CEO, be present at the Command Center and coordinate the activities of various Associate Administrators.

Associate Administrator(s):

Pre earthquake: Make sure that department managers have their disaster management and contingency plans ready and employees trained.

Post earthquake: Be present at the Command Center, activate department disaster plans and coordinate the activities of various departments.

Manager:

Pre earthquake: Assure departmental disaster plan is current, employees have received annual earthquake preparedness training, all articles are stored properly,

designate a telephone to be used by employees after an earthquake for calling home, and designate an Emergency Warden for every shift.

During earthquake: Drop cover and hold. Make sure employees remain calm, remove patients away from windows if safe to do so and discourage employees, patients and visitors from evacuating and going outside of buildings.

Post earthquake: Assess damage to immediate area and locate all staff and patients. Allow employees to call home using only designated phone in department. Send non-essential employees to the personnel pool and assess needs and report damage status to Command Center at 4-4111 or by runner.

Note: In case of extreme emergency where immediate evacuation is needed, call Public Safety at 744-5555 and follow department evacuation plan. Evacuate latterly if possible. DO NOT WAIT FOR THE COMMAND CENTER TO BE SET-UP.

Employee:

Pre earthquake: Know departmental disaster plan, do not block exit path ways, store heavy items close to the ground, do not store unanchored heavy tall objects behind chairs. Store all the hazardous chemicals in approved containers and in secured conditions, be familiarized with important switches in the work area, know location of refuse area and who is Emergency Warden.

During earthquake: Drop cover and hold. If in an office, get under a desk. If this is not possible, then find a safe area to ride out the earthquake.

If in a lab, shut off burners, switch off any hot plates, and close the cap of any open hazardous chemical containers. If possible get out of lab and ride out the quake in the corridor.

If in a patient care area, stay with patient. Keep all patients away from glass windows. Ask patient to sit down and ride out the earthquake.

Post earthquake: Do not attempt to evacuate to the outside. If evacuation is needed, help supervisor and Emergency Warden prepare for evacuation and then evacuate laterally if possible. If not, evacuate vertically but not to the outside. Check area for damage, report the damage to supervisor and obey the commands of the Emergency Warden.

3. Protect the life of patients, visitors and employees during and after an earthquake:

The Incident Commander (Administrator On-Call/Nursing Supervisor) will do the following:

- Do not do anything until shaking stops
- After shaking stops, call Code Delta internal
- Announce via overhead page for employees to remain calm and stay in their workstations unless there is immediate threat to their life

- Request employees through overhead paging system not to use phone for the first fifteen minutes and then use only the designated phone in their department to call home
- Order setting-up of Command Center (MB 111/112 or R&T 115) and initiate the HICS
- Appoint available Command Center staff to needed positions
- Establish personnel pool
- Request reports on any kind of building collapse, patient or employee entrapment and any damage. Document list on white boards in Command Center
- Request reports on any fire
- Request utilities report from Shift Engineer
- Inquire if patient evacuation is needed
- Assess evacuation needs and contact external authorities (Seattle Fire Department, Seattle Emergency Operations Center and King County Emergency Management Center) if needed
- Assemble building inspection team in order to have them inspect the buildings patient care and non-patient care areas
- If any report indicates significant structural damage, order evacuation immediately
- If building is collapsed, contact Seattle Fire Department, Seattle Emergency Operations Center and King County Emergency Management Center immediately
- Order lockdown of damaged building and block access to it by putting yellow caution tape at all entrance points to the building. Assign personnel from personnel pool to stand near area to restrict admittance to area
- After receiving initial building inspection reports, call our structural engineer consultants
- If evacuation is needed, evacuate latterly within the HMC complex first. If lateral evacuation is not possible, request a guided evacuation to the outside staying a safe distance from building and power lines.
- Request status report on HMC owned and leased buildings: Pat Steele, Pioneer Square Clinic, Sexual Assault Center, OT/PT Out Patient Clinic, Childcare Center, Neurosurgery Office and Sandpoint Warehouse
- Document all damage and injuries
- Call families of injured patients, visitors and employees
- Check external traffic and conditions before sending employees home and if condition does not permit, arrange for their stay at HMC following HMC's disaster plan

4. Setup Command Center in the Boardroom: # MB 111/112 or R&T # 115

The command center will be located in the Maleng Building Boardroom MB 111/112. In the event that the MB Boardroom is not available for use, then the alternative Command Center location will be R&T Room 115. The management structure of this Command Center will remain the same.

5. Assess the damage:

All Emergency Wardens will assess and document damage and provide a written damage report to the Command Center. The Director of Engineering will consult with Structural Engineers to provide updated damage information to the Command Center.

6. Rescue:

If rescue is needed, the Incident Commander will coordinate efforts with the Seattle Fire Department. Use of HMC Strike teams.

7. Seek help if needed from external authorities:

If help with evacuation is needed, the Incident Commander will coordinate with Seattle Fire Department. For any other kind of immediate help, contact Seattle Emergency Operations Center and King County Emergency Management Center.

8. Mobilize internal resource:

Use personnel pool for runners, evacuation, mitigation and recover purposes.

9. Contingency plan:

HMC management will prioritize and draw contingency plans for all the operations located in the various buildings.