

<b>TITLE: Mass Casualty Plan – Code Yellow</b>		
<b>FACILITY:</b> St. Vincent's East	<b>FUNCTION:</b>	<b>ORIGINATING DEPT:</b> Safety
<b>HOSPITAL SHARED POLICY?</b> __ Yes      __ No		<b>EFFECTIVE DATE:</b> 11/5/97
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<p><b>SCOPE:</b></p> <p>This plan applies to all St. Vincent's East personnel, Medical Staff, contract employees, and volunteers for all components of the health care organization.</p>
<p><b>PURPOSE:</b></p> <p>This plan establishes a set of hospital guidelines to follow in response to a community event involving multiple casualties which might alter the environment of care at St. Vincent's East.</p>
<p><b>DEFINITIONS:</b></p> <p>Emergency - a natural or man-made event that significantly disrupts the environment of care, such as damage to the hospital's buildings and grounds due to severe winds, storms, tornadoes, hurricanes or earthquakes, that significantly disrupts care and treatment, and services such as loss of utilities (power, water, telephones, etc.) due to floods, civil disturbances, accidents or emergencies within the hospital or in the surrounding community; or that results in sudden, significantly changed, or increased demands for the hospital's services such as bioterrorist attack, building collapse, plane crash in the community. Some emergencies are called "disasters" or "potential injury creating events (PICEs)".</p> <p>Mitigation activities – Activities the hospital undertakes in attempting to lessen the severity and impact of a potential emergency.</p>

*The contents of this document rescind any previous document covering similar material.  
The online version of this document is deemed current.*

Preparedness activities – Activities a hospital undertakes to build capacity and identify resources that may be used should an emergency occurs.

Code Yellow – External – The Code called for an External Disaster with an influx of patients. This can be reported by hospital associates or called overhead by Protective Services.

Code Yellow – Internal – The Code called for an Unspecified Internal Disaster. Call 3500 to request that this Code be paged, state the area and nature of the disaster. When the situation is maintained Protective Services will page “Code Yellow – Internal Clear” overhead.

**POLICY:**

Notification of the event will be received by telephone or via the Hospital Emergency Administrative Radio (H.E.A.R.) Network located in the Emergency Department. Activation of the plan will be authorized, after communication with the Emergency Department representative by one of the following:

1. President/COO
2. Administrator on Call (or designee)
3. President of the Medical Staff

After activation of the plan, the responsible party should report to Nursing Administration and coordinate hospital activities from the Administrative Control Center, while keeping communication ongoing with the Disaster Medical Director (Emergency Department Physician Director or, in his absence, the Emergency Department Physician on Duty) who is located in the Emergency Department . The management of resources and coordination of department responsibilities facilitate the provision of care to victims requiring services at St. Vincent's East.

**PROCEDURE:**Management of Resources

## Personnel:

In the event of a disaster, communication is critical to alert and mobilize necessary staff to prepare the environment of care for incoming patients.

- I. The Hospital Operator
  - A. Announce “Code Yellow Internal/External” over the hospital public address system, as directed.
  - B. Initiate the following call cascade:
    1. President/COO
    2. Vice President of Operations
    3. President of the Medical Staff
    4. Administrator on Call

5. Vice President of Patient Care Services
6. Vice President of Marketing (STVHS)
7. Risk Manager (assumes responsibility for notifying all other hospital departments located in the Professional Office Buildings and off campus locations.)
8. Department Chairmen
9. Lillibridge – Building 46

II. All Departments

- A. Activate Departmental Disaster Recall List
- B. All personnel (on and off duty) should be prepared to participate or remain on call:
  1. Clinical – Report to assigned unit for re-assignment
  2. Non-Clinical – Report to personnel pool (Surgical Waiting Area – 3rd Floor Atrium) and await assignment
  3. RNs that do not work in direct patient care – Report to the Administrative Control Center in Nursing Administration
  4. Medical Staff – Report to Nursing Service for deployment to secondary triage areas.
  5. Nursing Supervisor – Report to Nursing Service. May be required to serve as Director of Administrative Control Center, and perform the following, until arrival of the President/COO or alternate:
    - a. Assign a staff member to serve as Director of Personnel Pool and disperse staff as requested by units.
    - b. Assign a staff member to serve as Administrative designee in the triage area.
    - c. Assign Staff to notify the following:  
Unit Managers/Directors:  
Health Information Management (HIM)  
Surgery  
CAS  
Materials Management  
Clinical Excellence  
Physical Therapy  
Volunteer Services
  6. Respiratory Therapy – report directly to the Emergency Department.

Protective Services:

Upon Notification of a disaster the Protective Services Dispatcher will assign security personnel and/or volunteers to control the traffic outside the Emergency Ambulance Entrance and the patient drop off area. As additional personnel is

available, assignments will be made to the following areas to control or restrict traffic:

- I. Emergency Department
- II. Front Entrance
- III. West Campus
- IV. Inside Facility
- V. Public Information Center

Space:

During a disaster situation, efforts are made to use space in a manner which will best accommodate the flow and provision of patient care. The following is a summary of each patient receiving area, the purpose of the area, and the personnel required for the implementation (see final page for list of telephone numbers to each area):

- I. Information Areas
  - A. Administrative Control Center (Nursing Administration)--Directed by the CEO or and alternate. Serves as the Central Administrative Area for the event.
  - B. Disaster Control Center (Emergency Department)--Directed by the Emergency Department Physician Director or an alternate. Serves as the receiving point of all patients as well as the source for all incoming patient information.
  - C. Public Information Center (Surgical Waiting Area – 3<sup>rd</sup> Floor Atrium) --Directed by the Vice President or Director of Marketing -Serves as the communication link to the media.
  - D. Bed Control (Emergency Department)--Directed by the Director of Admitting. Serves as the source of information regarding availability beds and facilitates transfers of patients within the system or to other facilities.
  - E. Volunteer Center (Classroom C)--Directed by the Director of Physical Therapy or Volunteer Services. Serves as a receiving area for volunteers (blood donors, etc.).
- II. Disaster Centers
  - A. Relative Center (3rd floor Atrium)--Directed by the Director of Care Coordination or an alternate. Coordinates social and pastoral care needs for families of patients.
  - B. Personnel Pool (Surgery Waiting Room)--Directed by a person appointed by the Nursing Supervisor. Serves as the congregation point for all staff without specific duties who can be dispersed to areas as needed.
  - C. Chaplain/Pastoral Care (Area to be determined)--Post-disaster debriefing for staff is provided through the hospital Chaplain. It is at the discretion of the Chaplain to request additional support services for staff if necessary. The

services would be coordinated through the Human Resource Department.

### III. Treatment Areas

A. Triage: (Emergency Department Ambulance Ramp) – The care of patients will be directed by the Disaster Medical Director with the assistance of the President of the Medical Staff or his alternate. All patients presented will be assessed and routed through the triage area to the appropriate treatment area.

#### 1. Staffing:

- 1 Physician
- 2 RNs
- 1 Administrative Representative responsible for ongoing communication with the receiving treatment areas
- 6 Transport Personnel
- 10 Health Information Management associates

#### 2. Procedures:

- a. Obtain Disaster Trunk and locate clipboards, patient identification tags, markers, etc.
- b. Assign personnel to log patient number, name, and destination
- c. Apply appropriate color arm band to incoming casualties:
 

Red	Seriously Injured – Route to the Emergency Department
Yellow	Requires secondary triage – Route to 6 East/West
Green	Walking Wounded – Route to 4 East
DOA	Imminent Death – Route to Morgue

B. Emergency Care – Emergency Department

This area will be designated for the delivery of life saving procedures which can be performed quickly and simply to stabilize patients before transferring to another area

Staffing: Emergency Department Physicians

Other physicians as assigned by the President of the Medical Staff

RNS

Respiratory Therapist

Transport Personnel

Laboratory Personnel

C. Patient Receiving Ward (6 East and West)

This area will be used for the receipt and secondary triage of second-priority, non-ambulatory patients. Only necessary treatments will be initiated. Patients will be admitted to other units of facilities. To prepare for incoming casualties, upon announcement of Code Yellow, all current patients on 6 East will be dispersed to alternative units for

continuous care.

Staffing: Physicians as available  
Nursing Staff Personnel  
Runners  
Transporters  
Clerical personnel

D. Ambulatory Casualty Area (4 East)

This area will be responsible for administering first aid to all minor injuries in "walking wounded" or third priority patients.

Staffing: Physicians as available  
4E/GYN staff  
Other personnel as needed

E. Surgery (Operating Room)

Patients from the Emergency Department will receive first priority. As the most critical care cases are processed, surgery will in turn proceed with second and third priority cases from 6 East/West and 4 East.

Staffing: Operating Room Nurses  
Surgeons  
Anesthesiologists  
Perfusionists

All RNs and LPNs from Same Day Services will report to the Operating Room Holding Area and await assignment from the Director of Surgical Services or their designee.

F. Morgue (Existing Morgue in the Laboratory – Overflow in Physical Therapy)

All DOAs and impending deaths should be logged in to the morgue area.

Staffing: Pathologist  
EKG Technician

Supplies

- I. Central Supply carts are delivered to the following treatment areas:
  1. Triage
  2. Patient Receiving Ward
  3. Ambulatory Units
- II. Medications that are needed will be delivered to the areas by pharmacy personnel.
- III. Surgical Reprocessing – supplies will be taken to the Triage Area and 6 East/West.

### Information

In the event of a disaster, it is imperative that all information pertaining to the patient and his/her care be maintained. Initially information is gathered and documented on the Disaster Identification and Treatment Tag. The Tags have pre-printed sequential numbers on each copy. A log is maintained of the patient's name and corresponding tag number. The number system provides a temporary numerical reference for ancillary testing and supply requests, as well as a Department (See Health Information Management (HIM) department specific information).

Documentation will occur on the tag in several Areas:

- I. Triage – Following the assessment, the patient will be routed to one of the other treatment areas. The triage nurse will document all injuries on the tag as well as the patient's post-triage destination. The HIM personnel will remain with the patient until the demographic section is complete. The top two copies will then be routed:

First copy: Admitting

Second Copy: Patient Information Center

- II. Treatment Area – Any implementation of procedures, treatments, and/or medications will be documented on the portion of the tag which remains attached to the patient.
- III. Health Information Management – The goal will be to create medical records (charts) on all casualties as soon as possible with the information obtained. Once the record is available, the Disaster Tag will become contents of the record.

### Departmental Responsibilities

Many departments have specific duties or responsibilities that are necessary only for that particular department in preparation for and during a mass casualty event. The following summaries are for specialty departments. Departments not listed separately are responsible for tasks in the "All Departments" category.

- I. All Departments
  - A. Activate Disaster Call List
  - B. Prepare a master bed list of unit (if applicable) indicating available beds and beds which could be made available by discharging or moving patients. Send list to Bed Control and Nursing Administration.
  - C. Prepare a list of all patient transport equipment and send one stretcher or wheelchair to the 3<sup>rd</sup> floor hallway outside the ED lobby Entrance.
  - D. Prepare to receive patient from 6 East/West (if applicable).
  - E. Complete, reschedule or suspend all elective procedures immediately.

## II. Health Information Management

Personnel should be directed by the Director or their designee to each of the Treatment areas. The responsibilities of the Medical Record staff/and or volunteers will be:

### A. Triage Area

1. Remain with patient until name, age, sex, condition, etc. is recorded on the disaster tag in the disaster log book. In the event that the patient cannot answer questions and no identification is available, identifying attributes, i.e. approximate age, sex, hair, skin and eye color should be described on the tag.
2. Collects and documents valuables. Sends valuables with patient or Protective Services Associate depending on the patient's status.
3. Apply the disaster tag to the patient's arm
4. Assures that the number on the disaster tag and chart are the same to maintain tracking.

### B. Emergency Department, Operating Room, 4 East, 6 East/West, and Morgue:

1. Complete demographic information on the St. Vincent's East Disaster Identification Tags.
2. Forward the first page (Admitting Department) and the second page (Information Center Copy) of the tag.

## III. Marketing

- A. Establish a Public Information Center in the 3<sup>rd</sup> Floor Surgical Waiting Area.
- B. Dispatch a Public Information Specialist to the Disaster Control Center and report to the Vice President of Marketing in the Public Information Center.
- C. The Vice President of Marketing or their designee will serve as the official spokesperson during the disaster. All formal news statements will first be approved by the Control Center Administrator. All contacts with the media will occur in the Public Information Center.

## IV. Care Coordination

- A. Work with Pastoral Care to coordinate the Relatives Center in the third floor atrium.
- B. The Emergency Department Social Worker will serve on the E.D. disaster team.
- C. All other Case Managers will report as assigned by the director or alternate.

## V. Dietary

Additional support and assistance is obtained by the notification of Departmental Management. A 4 Day supply of perishable food and a 5 day supply of non-perishable food is to be maintained. Should more be required, contracts have been secured with alternate vendors to provide food, supplies, and water under emergency conditions.

VI. Emergency Department

A. Disaster Medical Director – Will be the Emergency Department Physician Director or, in his absence, the Emergency Department Physician on duty until they are relieved. After receiving a report of incoming patients, the Director will perform the following:

1. Activate disaster plan if necessary.
2. Assign incoming physicians to the following areas based on priority (may delegate this responsibility to the President of the Medical Staff):
  - a. Triage
  - b. Emergency Department Treatment Teams
  - c. Patient Receiving Ward (6 East/West)
  - d. Ambulatory Casualty Area (4 East)
3. Coordinate activities with the Administrative Control Center

B. Director of Emergency Medical Services or Charge Nurse – Will coordinate nursing activities to build Emergency Department Teams and perform the following:

1. Work closely with the Disaster Medical Director and the Nursing Supervisor to determine the number, and keep abreast of changes in the numbers of patients (admissions and walking wounded) that can be managed, based on the following:
  - a. Available Beds
  - b. Units of Blood
  - c. Available Staff
2. Notify Operating Room as to the number and type of patients to expect.
3. Request supplemental staff from Nursing Supervisor to coordinate the necessary number of Emergency Department and Triage Teams, based on the incoming patient information.
4. Make the following assignments:
  - a. 1 RN to monitor the HEAR System
  - b. 2 RNs to triage
  - c. Form as many Emergency Treatment Teams as there are Critical Care Nurses. Include in the teams an additional nurse, a transporter, and secretarial support.
  - d. Determine the need for additional stretchers and notify the Nursing Supervisor.
  - e. Direct casualty traffic to and from the area, making sure that a log is maintained of all patients leaving the department for

ancillary support and those discharged.

VII. Operating Room

The OR Director, the Anesthesiologist, the Chief of Surgery, or their alternates assess available rooms and personnel to best meet the needs of the incoming patients and notify the Emergency Department. The operating rooms in the fourth floor Labor and Delivery suites may be utilized during an emergency situation if necessary.

TERMINATION OF CODE YELLOW STATUS

Assessment of the community, hospital, and patient needs will be ongoing by the President/COO and Disaster Medical Director. When agreement is reached that the environment of care has returned to a normal functional condition "Code Yellow Clear" will be announced by the hospital operator.

Incident Command Center Phone Numbers:

Administrative Control Center (Nursing Service)	3107
Medical Control Center (Emergency Department)	3970
Public Information Center (3 <sup>rd</sup> Floor Surgery Waiting)	
Bed Control (Admitting)	4166
Triage	3129
Emergency Care (Emergency Department)	3450
Patient Receiving Ward (6 East/West)	3383/3385
Ambulatory Care Unit (4 East)	3277
Surgery (OR)	3377
Morgue (Clinical Lab – Morgue)	3280
Relative Center (3 <sup>rd</sup> Floor Surgery Waiting)	
<b>Personnel Pool?</b>	
House Supervisor (Nursing Administration)	3106
Blood Bank (Clinical Lab)	3153
Volunteer Center (Classroom C)	

**REFERENCES:**

**ATTACHMENTS:**

<b>APPROVAL ROUTING:</b> Safety Officer → Safety Committee → VP Operations
<b>REVIEW HISTORY:</b>
<b>REVISION HISTORY:</b>