Code Orange Disaster Procedure – Waseca

Content Applies To

- Mayo Clinic Health System in Waseca and affiliates (See last page for list)

Scope

All employees

Index

Purpose

Code Orange is in response to a large-scale disaster or emergency. Every disaster and emergency incident is different and can appear small in scale but affect the organization in a large scale. This provides an organized process to initiate, manage, and recover from a variety of "all hazards" emergencies, both external and internal, which could confront the organization and / or community.

Procedure

NOTE: Each facility/department will have department-specific response and recovery procedures depending on the event. The extent of Code Orange response and the Incident Command structure will be driven by the type and size of incident

Organizational Notification and Activation

1. **Notification of the occurrence of an external disaster/emergency may come from multiple sources, which may include public safety agencies, news media, the public, and/or the sudden arrival of casualties.**
    a. The individual who receives notification of an occurrence should transfer the call to the Med-Surg Charge Nurse immediately.
    b. Med-Surg Charge Nurse is responsible to notify the Administrator. Confirmation of the occurrence of a disaster may be obtained from the Waseca Sheriff's Office dispatch at 835-0505.

2. **Authority to activate Plan**
    a. The Administrator, Med-Surg Charge Nurse, or Emergency Department provider has the authority to activate the ED Surge Alert/Emergency Operations Plan appropriate to the type of emergency and number/type of casualties expected (even if unknown number of casualties).

3. **Activation Process**
    a. The person receiving the notice of disaster will transfer the call to Med/Surg immediately. The nurse will find out the following information:

- Location
- Type of disaster
- Potential number of casualties
- Type of injuries
- Has the ambulance been called
- How long before injured start arriving at hospital (ETA-estimated time of arrival)
- Name and telephone number of caller

b. Call 911 to alert local Sheriff's Department of situation
c. After this assessment, the nurse would immediately relay information to (see orange Disaster Manual for staff notification lists):
   i. Activate appropriate Database call lists
   ii. Regional response team 1-507-304-7777

4. Process of the Plan

a. Upon reasonable validation of the type of disaster as number of casualties, the ED provider, staff physician on call, and charge nurse will determine and initiate the disaster planning.
b. The Med-Surg Charge Nurse functions as Incident Commander (IC) until relieved of that duty by a designated Incident Commander on the ICS chart.
   NOTE: This may be done with or without the consultation of the administrator
c. The personnel in the facility should be alerted with the appropriate hospital alert Code. The Code should be stated three (3) times over the paging system and after the third Code notification, all employees should be instructed to follow and carry out their duties as outlined in their department Disaster Plans.
d. If the disaster is at a time (i.e. day hours) when department heads are in-house, they should report immediately to Incident Command (Conference Room C) to receive further information about the disaster and how they and their department staff may help.
e. Department heads should also relay known information to their department employees.
   NOTE: if this is a "mock" disaster, inpatients should be notified over the paging system of such.
f. All doors to the building are to be locked**.** All doors within the administrative lobby area are to be locked as well.
g. Media will have access to the administrative lobby only**.**
h. All personnel are encouraged to enter through the east staff parking lot (Parking Lot C) entrance.
i. Staff are encouraged to park in Lot C and enter through door #9.
j. All off-duty personnel will proceed to the Staging Area and sign-in on the log in the dictating office (across from 1st floor breakroom) to sign in on the sign-in log. Staff will use time clock, if applicable.

5. Staging Area

a. Name badges will be distributed to each staff member not having their MCHS-Waseca ID Badge at the Staging Area. This should be applied to the upper torso clothing in a prominent place. Each badge should have written on it in large print the employee's title, i.e. RN, Radiology, Health Info. etc. and their 1st name.
b. Department arm bands will also be distributed to staff in Staging Area. Staff will receive colored armbands based on assigned duty.
   Red = Hospital nursing, MDs, Surgery personnel

Yellow = Clinic Nursing
Blue = Security, Maintenance, Dietary, Housekeeping, Police Reserve
Green = HR, HI, Registration, PT, Purchasing
Purple = Lab, Radiology
Orange = Runners, Transport People, Volunteer Staff
White = Administration

c. Staff will remain in the Staging Area until assigned to a work area by the Staging Leader. Assignments may change as staffing needs or emergency situation dictates.
d. Staging Leader will be the first person who arrives in the Staging Area until someone who is designated for that role arrives. Staging Manager job action sheet is in identified tote in Staging Area.
e. All indirect care staff working at the time of emergency operations plan implementation should report to the Staging Area.
f. All staff (regardless of whether direct or indirect patient care) **called in** should report to the Staging Area (Labor Pool) for assignment.
g. Nursing staff working at the time of emergency operations plan implementation will be directed by the charge Nurse to an area to assist. If possible, nurses should be assigned to patients in their respective departments (i.e. Hospital RNs to ED, Clinic nurses to Clinic, etc.)
h. Staging area (Labor Pool) Leader or designee will make assignments from the that area. Assignments may change as staffing needs or emergency situation dictates.

6. Communication

a. Cell phones, phones, 2-way radios and runners are used for in-house communication.
b. Hand held radios may be used by Admission, Operations Section Chief, Incident Commander, Triage staff and other Command Staff as available and needed.
c. Business/Family two-way radios are available for staff DIRECTING traffic to communicate with one another (kept in room next to Central Stores).
d. Portable 800 mHz radios are available for IC and Emergency Department (ED) use for communicating with law enforcement, fire and EMS.
e. Request Maintenance or designee to deliver radios to specified areas.
f. A hotline may be established for victim families or updates on events via Information Technology Department and/or the Public Information Officer (PIO).
g. Runners and information boards will be used if communication systems are down.
h. Bullhorn is located in the shed in Parking Lot C for talking to crowds.
i. Contact Waseca County Emergency Management for ham radio communication needs. Ham radio operators may set up their radio system in Incident Command or in Dietary Office. See list of radio operators and contact information in orange Disaster Manuals.
j. Two-way radios will be distributed at the staging area. Radios are all labeled and will be brought to the staging area and IC by Maintenance/designee. The radios will be distributed as follows:
    - Incident Command – 1
    - Operations/Planning – 1
    - Med/Surg Charge Nurse – 1
    - Triage Nurse – 1
    - Maintenance – 2
    - Registration – 1

- Pharmacy – 1
- Physician/ED provider – 1
- Clinic Nurse – 1
- Health Information – 1
- Lab – 1
- Radiology – 1
- Staging Area – 1

NOTE: Avoid giving out confidential information over the radio as they are not secure channels

k. Communication capabilities from MCHS-Waseca to other services:

	Telephone	Statewide 700 MHz & 800 MHz Radios in ED & on Med/Surg	Hand-held Portable Radio	800 MHz Port-able Radio	Cell
Ambulance	X	X	X	X	X
Police	X	X	X	X	X
Sheriff	X	X	X	X	X
Fire	X	X	X	X	X
Other Hospitals	X	X		X	X
Air Ambulances		X		X	

l. See Alternative Telecommunications (Back Up) Systems Procedure – Waseca for further information.

7. In House Transport

a. Stretchers and available wheelchairs within the medical center are brought to the triage area/hallway by available staff upon activation of Code Orange.
b. Victims are transferred to stretchers or wheelchairs upon arrival at Triage.
c. Elevators are used for transport of victims or equipment only. All personnel are to use the stairs.
d. Staff awaiting assignment in the Staging area (Labor Pool) may be used as patient transporters or other functions as assigned. Operations Chief or designee will make the determination of how many transport people are needed.

8. Security is obtained through several methods—MCHS Security staff, local law enforcement, volunteer security personnel list in orange Disaster Manuals, staff members, or local Civil Defense personnel. All security will coordinate those activities with the Incident Commander or designee and outside community security agencies (police, sheriff, National Guard).

a. Positioned at the ED door #13 and the main entrance to the Medical Center. Additional security may be needed at Door #3 by Physical Medicine and Rehab and at Door #6 into the Administrative Building.
b. Job description for volunteer security positions outlines what duties are. (see Security Job Duties)

9. Credentialing Mayo Employees, both Licensed Independent Practitioners and those with licenses, certifications or registrations from other sites

a. Follow the Credentialing Algorithm
b. The modified HICS form for Volunteer Staff Registration should be utilized.

10. **Non- Medical Center Licensed Independent Practitioners (LIP) Spontaneous Volunteers (see main EOP policy for more information)**
    a. Follow the Assigning Disaster Responsibilities to Volunteer Licensed Independent Practitioners Procedure
    b. All non MCHS-Waseca LIP must show identification at the registration area. Privileges are granted by MCHS-Waseca Medical Director or MCHS-Waseca Medical Staff President or designee using the following criteria:
        i. A current license to practice issued by a state, federal, or regulatory agency.
        ii. A current picture or ID card.
        iii. Primary source verification of licensure, certification, or registration when disaster is under control or within 72 hours.
        iv. Identification indication that the individual is a member of a Disaster Management Assistance Team (DMAT).
        v. Identification indication that the individual has been granted authority to render patient care, treatment, and services in disaster circumstances (such authority having been granted by a federal, state, or municipal entity).
        vi. Presentation by current hospital or medical staff members with personal knowledge regarding practitioner's identity, i.e. retired employee, Mayo Health System employee, Public Health employee.
        vii. Based on its oversight of each volunteer LIP, MCHS-Waseca will determine within 72 hours of the practitioner's arrival if granted privileges should continue.
        viii. When the verification of licensure cannot be performed within 72 hours from time of presentation to the Medical Center, the identified Medical Center official identified in 9.2 must document why the verification was unable to be completed within 72 hours, evidence of the volunteer LIP's demonstrated ability to continue to provide adequate care, treatment, or services, and evidence of the Medical Center's attempts to perform primary source verification as soon as possible
        ix. Non-medical center spontaneous volunteer personnel will be issued green ID badges.
        x. The modified HICS form for Volunteer Staff Registration should be utilized.

11. **Non- Medical Center volunteer Practitioners who are not LIP but who are required by law to have a license, certification, or registration.**
    a. Follow the Assigning Disaster Responsibilities to Volunteer Practitioners Procedure
    b. All non MCHS-Waseca volunteer practitioners are granted permission to work by Incident Commander or designee;
        i. Before a volunteer practitioner (VP) is eligible to function as a practitioner, MCHS-Waseca will obtain a copy of a valid government issued photo I.D.
        ii. A current picture ID from a healthcare organization that clearly identifies professional designation
        iii. A current license, registration, or certification
        iv. Primary source of verification of licensure, registration, or certification Identification that individual is a member of D-MAT, Medical Reserve Corps.

v. Identification indication that the individual has been granted authority to render patient care, treatment, and services in disaster circumstances (such authority having been granted by federal, state or municipal entity).
vi. Presentation by current hospital or medical staff members with personal knowledge regarding practitioner identity, i.e. retired employee, Mayo Health System employee, Public health employee.
vii. Based on its oversight of each volunteer healthcare professional, MCHS-Waseca will determine within 72 hours of the volunteer's arrival if granted privileges should continue for the duration of the emergency.
viii. When the verification of licensure cannot be performed within 72 hours from time of presentation to the Medical Center, the identified Medical Center official must document why the verification was unable to be completed within 72 hours and complete the verification as soon as possible for those volunteers who have provided care, treatment, or services.
ix. Non-medical center spontaneous volunteer personnel will be issued green ID badges.
x. The modified HICS form for Volunteer Staff Registration should be utilized.

Designated Treatment Areas

1. ED Vestibule Area/Hall Entrance

a. Location = Vestibule of the Emergency Entrance
b. Personnel = Triage RN or ED provider/or trained designee, Health Info/Patient Access & Uniformed Security Officer.
c. Function:
   i. Triage RN/ED provider/trained designee will do brief triage of all patients who are received and determine appropriate treatment area for each patient.
   ii. Identify ***any possibility of contamination*****.** If contamination is identified, immediately overhead page "**Code Orange Decon** – **# of victims"** and have ancillary personnel call maintenance to set up the decontamination unit and have Med-Surg personnel send message out to Decon Team via Database.
   iii. See Hazardous Materials (HazMat) Decontamination Policy
   iv. See Decontamination Trained Staff list.
      - All contaminated patients, stable or unstable, will remain outside until they have been decontaminated with warm water and soap and hair shampooed.
      - All clothing must be removed**.** Place clothing in labeled bag and seal it. Give bag to maintenance staff for secure storage.
      - In the case of cold weather these patients may wait in the staff entrance vestibule through Door #14 until decontaminated.
      - Proceed to triage **after decontamination**.
      - Maintenance will be in contact with Waseca Wastewater Treatment staff and State Duty Officer for managing chemical isolation and decontamination and hazardous waste and materials.
   v. For radioactive contaminated patients, Waseca County Emergency Manager and Waseca County Sheriff's Department will be contacted for assistance. Patients will not be allowed inside the facility until they have

been properly decontaminated as per law enforcement/emergency management direction.

vi. Health Information/ Patient Access personnel are responsible for logging all victims after initial triage and communicating this information to the Patient Tracking Manager. Information collected should include patient name, disaster identification number, and destination after triage.

vii. Treatment area nurses will be responsible to report to the ED nurses station when a patient is transferred or discharged from a particular treatment area. The triage team will then know there is a vacant spot in a treatment area that may be filled. Use the treatment area runner to facilitate this and also inform Patient Tracking Manager.

viii. Uniformed security officer will screen all persons coming in the ED entrance. All family members of the victims and other unauthorized individuals will be directed to the south Physical Therapy entrance of the Medical Center Door # 3. Press will be directed to the lobby of Administrative Services Building through Door # 6.

2. Emergency Department

a. Location = Emergency Department
b. Personnel = Physicians, RN's, PCAs, ED Providers, Runners
c. Function:
   i. To care for all of the acute, life-threatening situations or conditions.
   ii. For additional examination of casualties in continuation or initialization of treatment for life-threatening conditions, i.e. shock, bleeding, resuscitation, etc.
   iii. Arranging for transfer of patients to inpatient bed, minor treatment area, discharge area, or tertiary care facility.
   iv. Record treatment of patient on pre-made paper charts and write additional orders, i.e. Lab, X-ray, etc. (Charts are at ED registration and in Clinic basement Disaster Supplies.) Use the triage tag number as the patient identifying number on the paper chart.
   v. All transfers from the building will be documented on the Patient Tracking form and information given to the Patient Tracking Manager.
   vi. Collect**,** record, and identify patient's clothing and place in belongings bag.
   vii. Contact maintenance to secure clothing/personal items involved in potential crime scene/contamination in a locked area.

3. Clinic

NOTE: Incident Commander or designee to make decision for expansion.

a. Location = Waseca Clinic
b. Personnel = MD's and Clinic Staff as determined by:
   - Clinic Nurse Manager/ designee
   - Registration Supervisor or designee
c. Function:
   - To care for the non- emergent, less injured victims, i.e. those needing simple x-rays or with small lacerations, etc.
   - For additional examination of casualties and continuation or initialization of treatment.
   - For preparation of patient to be admitted, for transfer to minor treatment area or discharge.

- Use paper patient charts to record all notes and treatment of patients and orders (located in ED registration or in Clinic basement Disaster supplies). Use the number of the triage tag for the patient's identifying chart number on the paper chart.
- Collect and identify patient's clothing and place in belongings bag.
- Contact maintenance to secure clothing/personal items involved in potential crime scene/contamination in a locked area.
- All discharges/transfers/admissions will be documented by the Patient Tracking Manager on the Patient Tracking Form with assistance from Front Desk at clinic.

NOTE: During a time of disaster, all scheduled tests and procedures will be postponed until the time of disaster is over.

4. **Office/ Dictating Room (across from 1st Floor break room)**
   a. Location = North Hallway of Clinic
   b. Personnel = Staff waiting for assignment
   c. Function = Staging Area (Labor Pool)
      = Communication updates available here for staff

5. **Clinic (South) Waiting Area**
   a. Location = main waiting area – south end, 1st floor
   b. Personnel = Minimum staff of 1 LPN
   c. Function = To observe and care for minor injuries.

6. **Other Hospital Treatment or Patient Care Areas**
   Surgery
   a. Location = 2nd Floor
   b. Personnel = Surgical nursing team, surgeon, or designated physician and other nursing personnel as needed.
   c. Function:
      - To meet the needs of those victims needing extensive suturing or surgical intervention.

7. **Recovery Area**
   a. Location = 2nd Floor
   b. Personnel = Staff person and nursing personnel as needed.
   c. Function:
      - Able to be utilized as expansion of ED
      - To care for those individuals post-operatively.

8. **Medical/Surgical area**
   a. Location = 2nd Floor
   b. Personnel = charge nurse is in charge of nursing care personnel as needed.
   c. Function = to care for the medical/surgical patients as they are admitted.

NOTE: Med/Surg will be responsible for radio communication and relaying information to ED triage or the appropriate department

9. **Transitional Care Dining/Activity Room**
   a. Location = 2nd Floor (West)
   b. Personnel = Nursing staff
   c. Function= Inpatient holding until transfer or discharge when inpatient beds are needed before patient disposition is accomplished.

10. Short Stay Surgical Unit
   a. Location = 2nd Floor (East)
   b. Personnel = Nursing Staff
   c. Function = Observation unit or expansion of ED

11. Conference Rooms A & B (for family members waiting)
   a. Location = Basement of Administrative Service Building
   b. Personnel = Volunteer who maintains contact with IC to keep family members informed of victim's status as appropriate.

12. Staff Dining Room
   a. Location = 3rd Floor
   b. Personnel = Dietary as needed
   c. Function = Staff meals and breaks

13. Conference Room C
   a. Location = Clinic
   b. Function = Hospital Command Center (HCC)
   c. Alternate site for HCC – Business Office House

14. Morgue (temporary)
   a. Location = Physical Medicine Rehab (PM&R) hallway or Radiology Mammography, Ultrasound, Echo areas
   b. Function: Temporary holding area for the deceased
      Note: Body bags are located in Clinic basement Disaster Supplies area
         i. If the morgue area becomes full, notify the Waseca County Sheriff for the need to identify further locales for temporary morgue capabilities.
         ii. All deceased will be tracked on the Fatality Tracking Form 254A (adapted version). Patient Tracking Manager/designee will be responsible for this.
         iii. Area clergy list for any spiritual/counselling needs available

15. Grief/Bereavement counseling
   a. Location = PM&R exam rooms
   b. Personnel = Clergy, Hospice Staff and Volunteers
   c. Function:
      i. Notify clergy from list, notify hospice nurse by paging and have appropriate staff contacted.
      ii. Grief support will be given to those who are in need of help and support including staff.

16. Offsite Expansion of Hospital's ED Care – Incident Commander/Planning Officer/designee to make decision for expansion
   a. Location = One of Waseca Public School Buildings, Sacred Heart School/other building as determined
   b. Personnel = MDs, PAs, NPs, nurses from MCHS-Waseca.
   c. Function:
      i. To care for large numbers of victims who have any minor injuries, i.e. bumps, small laceration, etc., in the case where there are serious and critical patients being treated in ED and the number of victims exceeds our physical plant capabilities to have all the minor injured victims within the Medical Center at the specific time frame.

ii. Do simple first-aid procedures i.e. clean and bandage lacerations, ice to bumps, provide supportive care for the emotionally upset victims, etc.
iii. Assist Providers with patient care.
iv. Maintain communication with Incident Command/designee via 800 MHz portable radio to determine when victims may be returned to the Medical Center for medical care, if needed. See orange Disaster Manual for staff phone numbers and Incident Command direct phone line number.
v. MCHS-Waseca staff to take BP cuffs, thermometers, oximeters, dressings, tape, clean basins, stethoscopes, pens, notepaper, disaster tags (if not already tagged), etc. to the expansion facility.
vi. A log of those at the expansion facility needs to be kept on HICS Form 254- Disaster Victim Patient Tracking Form

17. Other Considerations

a. See Evacuation and Emergency Sheltering Plan – Waseca for directions when facility needs to be evacuated.
   i. All patient belongings, needed medications, supplies and equipment for continuation of care will be sent with patients to alternative care sites.
   ii. Copies of patient's charts and medication records need to accompany patient. If copies are not able to be made, then the original chart accompanies the patient.
   iii. Designated medical staff will accompany patients to alternative care site.
b. Evacuation of non-acute hospital inpatients to make bed space available for medical surge:
   i. Authority: attending or authorized physician must approve the discharge of patients.
   ii. Disposition: home, to other hospitals, or to other areas designated. See Memorandums of Understanding (MOUs). See Emergency Resources for potential accepting hospitals.
   iii. Route: all inpatients discharged from Med/Surg will be tracked on HICS form 255. If the patient is transferred from the ED area, discharge information will be obtained by Patient Access/Nursing Assistant personnel in the ED registration area.
   iv. Health Information/Patient Access: Must keep a record of all casualties admitted and all the patients discharged on HICS Form 254- Disaster Victim Patient Tracking Form
   v. Patient Tracking Manager will update Incident Command on an hourly basis of the location status of victims.
   vi. Transfer, discharge or evacuate all non-critical patients.
c. Outside sources for outside beds/cots and bedding for off-site treatment areas:
   i. Waseca Fire Department
   ii. National Guard
   iii. Salvation Army
   iv. Area Nursing Homes
d. Use beds in existing facilities; additional space can be set up in nursing units.
e. Transfer, discharge or evacuate all non-critical patients.
f. Discharge of patients who have nowhere to go:
   i. Call Waseca County Sheriff's Department at 835-0505 to contact Red Cross for sheltering needs.
   ii. Use transportation sources in Emergency Resources.

g. Supplies will be obtained for use and replenishment from cache on site, regional cache in Mankato, contacting current vendors and by utilizing Memos of Understanding.
h. When this hospital has additional resources (such as beds, linen, fuel, PPE, medical equipment and supplies) that are not needed for continuation of functionality, they may be shared with other health care organizations throughout the community and region. The Regional Hospital Resource Center (RHRC) Administrator or Coordinators are available 24/7 to assist any of the hospitals in a disaster/emergency situation. Community coordination of sharing resources will be done in conjunction with Waseca County Emergency Management. RHRC Administrator/Coordinator will be able to access MNTrac to identify resources for facilities.

NOTE: See State/Regional HSPP tab in Disaster Manual for above phone numbers

i. In the event of an increase in demand for clinical services for vulnerable populations (pediatric, geriatric, disabled, those with chronic conditions or addictions) served by this facility, contacts with our local partners such as Waseca County Public Health, Waseca County Social Services, local law enforcement, area nursing homes, etc. will be included in appropriate decision making for continued care for these individuals.

18. Traffic Control

External Traffic Control:

a. Location = 2nd Street should be blocked off at 4th St. and 7th St. NW. Also block off should be done at intersection of 6th St. NW and Hwy 13.
b. Personnel = Local Police, Sheriff, Police Reserves or Civil Defense or Incident command's designee. See orange Disaster Manuals for suggested Security personnel for door and external security.
c. Function:
    i. Directing ambulances and other vehicles with casualties
    ii. Directing vehicles with supplies and/or equipment
    iii. Controlling traffic in casualty sorting areas
    iv. Directing authorized personnel to proper entrances.
    v. Setting up roadblocks to keep unauthorized vehicles and/or people away

19. Sharing protected health information

a. MCHS-Waseca's Incident Commander/designee will share protected health information with other health care organizations in our contiguous geographic area or MN Department of Health, Waseca County Public Health, law enforcement, FBI or American Red Cross or other disaster relief organizations under the following disaster/mass casualty incident circumstances:
    i. When there is a clear and evident need to know (i.e. law enforcement searching for lost individuals, area hospitals when relatives present there looking for family members, etc.)
    ii. Imminent danger: Information may be shared with anyone as necessary to lessen or prevent a serious and imminent threat to the health and safety of the public.
    iii. When information is required to stop the spread of disease, preserve evidence, or protect the safety and lives of the general public
    iv. Notification: As necessary in cases involving the need to identify, locate, and notify family members, guardians, or anyone else responsible for the individual's care of the individual's location, general condition, or death. In

these cases when a patient is incapacitated and unable to give consent, the Medical Center may notify the police, the press, or the public at large to the extent necessary to help locate, identify, or otherwise notify family members and others as to the location and general condition of their loved ones.

v. When a healthcare provider shares information with disaster relief organizations, such as American Red Cross, that are authorized by law or their charters to assist in disaster relief efforts, the HIPAA Privacy Rule does not restrict them from sharing patient information and patient permission is not needed.

b. 19.2 Recipients of this protected health information should be informed that patient specific information is protected and not appropriate for release to media or public information except in cases noted above in #4 or when used by a disaster relief agency.

c. 19.3 During the recovery phase of a disaster or at the conclusion of an event, it will no longer be considered essential to share protected health information. All further requests will follow routine MCHS regional policies and HIPAA compliance regulations.

20. Disposition of Patients/Admission of Disaster Patients

a. When a disaster victim is to be admitted to the hospital, notify Planning/Patient Tracking Manager who will communicate with the charge nurse regarding bed assignment and notification of the nursing station and admissions.

b. Physician's initial orders on an admission will be entered into electronic medical record, if operational, written by the attending physician, or obtained from the physician by the nurse in the treatment area, before the victim is taken to the nursing floor. The attending nurse accompanies the patient to the assigned room, gives report to the on-duty staff, and completes the Emergency Record.

c. A copy of the Emergency Record is attached to the patient's chart and the completed disaster chart is returned to the Patient Tracking Manager via runner.

d. Inpatient discharge will be completed as usual protocol for any discharges and the Patient Tracking Manager is to be notified of the discharge.

21. Transfers

a. Based on provider assessment and ED policies, victims may be transferred to secondary or tertiary facilities for definitive medical care. Coordination of referrals and transfers is handled through the Operations Section Chief/designee. MCHS-Waseca's usual procedure for transfers will be followed. The attending nurse, charge nurse, or provider will give report on patient's condition to the transporting personnel. A Transfer Form is completed, relevant lab results, x-rays and a copy of the chart are sent with the patient. The Patient Tracking Manager is notified and documents transfer on patient tracking form.

22. Recovery Phase for MCHS-Waseca

a. Safety and Security Assessment

- 23.1.1 After active mitigation is complete, the Incident Command, Safety and Security Officer, Safety Coordinator, Chief Administrator Officer and a Medical Staff representative will assess the facility for environmental safety and security concerns to determine if MCHS-Waseca can safely provide medical care and allow normal business to occur.

b. Patient Care Capabilities

- After active mitigation is complete, the Incident Commander, Operations Section Chief, Patient Care Manager, Administrator, and a Medical Staff representative will assess the facility to ensure that all medical equipment, medical supplies, and those supplies needed to provide normal care to MCHS-Waseca patients are in adequate numbers and ready to use. They will also assess staff availability to ensure safe patient care can be resumed.

c. Return to normal functioning
   - Once both Safety and Security and Patient Care capabilities have been assessed and deemed satisfactory, the incident may be declared over by the Incident Commander and the Incident Command System may be de-activated. During recovery individual roles of the Incident Command System may be de-activated as appropriate, but an Incident Commander must be in place until business is back to normal.

d. Staff and Family Support
   - The Psychologist will be contacted by the Incident Commander or designee to assist with critical incident stress debriefing and support sessions for staff.

e. Debriefing
   - A debriefing session will be held following a "Code Orange" at the discretion of the Incident Commander as to time and place. The Incident Commander or designee will notify the Department Managers of the time and location. The Department Managers are responsible to notify staff in their respective departments and allow staff to attend the debriefing session.

Ongoing Staff Training

Staff training is constant. Several staff are sent yearly to FEMA Healthcare Leadership Training classes at Anniston, Alabama. Staff have the opportunity to become part of the decon team with yearly refreshers. Hospital Incident Command (HICS) training is offered in our region several times a year as well as other classes through our regional Healthcare System Preparedness Program. Staff are encouraged to participate in local and facility specific drills. Ongoing training prepares staff and facility for any actual event and familiarizes staff with alternative treatment areas within facility.

Drills

a. At least one staff person, knowledgeable in the goals and expectations of the exercise is designated whose sole responsibility during drills is to monitor performance and document opportunities for improvement. During exercises, the following are monitored for effectiveness through the use of a checklist:
   - Internal and external communication
   - Resource mobilization and asset allocation (including equipment, supplies, PPE, and transportation)
   - Safety and security
   - Staff roles and responsibilities
   - Utility systems
   - Patient clinical and support care activities

b. Drills, which offer realistic scenarios for small clinics, at offsite Janesville and Waterville Clinics are conducted yearly. Learnings are incorporated into their emergency procedures.

Definitions

ED Surge Alert: Alert enacted when perceived or actual impact to hospital operations will be significant and additional resources are needed, however the event can still be considered somewhat 'manageable'.

Code Orange: Large-scale disaster or emergency; code to signal that victims are in route; announcement paged overhead with the number of patients to expect and the estimated time of arrival of the patients; any event that affects the organization and stresses the current available resources

Related Documents

Waseca Emergency Preparedness Webpage
Evacuation and Emergency Sheltering Plan – Waseca
Hazardous Materials (HazMat) Decontamination Policy
Alternative Telecommunications (Back Up) Systems Policy

Search Words

0406PROC-WAS V1, disasters; disaster plan; disaster policy; emergency; emergencies; emergency preparedness; emergency preparedness plan; emergency management; Code Orange; Code Black; bomb; bomb threat; Code Purple; riot; riots; civil disturbance; evacuation; evacuate; evacuation plan; evacuation policy; hostage; hostages; hostage plan; hostage policy; tornado; tornadoes; tornado plan; tornado policy; surge; surge capacity; influx; influx of patients with infectious diseases; infectious disease; infectious diseases; plans; safety; large scale disaster; large scale emergency; telecommunications; alternative telecommunications; weather; ice storm; HICS; hospital incident command system; incident command; incident commander; Incident Command Center Activities; Hospital Incident Command; HICS; emergency response; drills; disaster drills; hazardous; hazardous materials; radiation exposure; chemical exposure; decontamination; decontam; spills; chemical spills; response and recovery; labor pool; activation; news media; news; media; staff; hot line; information hot line; information; victims; family; traffic control; labor pool; disaster morgue; morgue; patient flow; disaster tags; tags; walking wounded; call list; disaster call list; supplies; equipment; triage; leaders; department leaders; utilities; hazmat; admissions; security

Document Title:	Code Orange Disaster Procedure – Waseca
Document ID Number:	0406PROC-WAS V1
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Southwest Minnesota Region Senior Leadership Team Signature	
Facility Administration and / or Department Director Approval / Signature	
Date Document approved by Southwest Minnesota Region Policy and Procedure Committee:	3/3/2015
Date Document Effective:	3/5/2015
Next Review Date:	12/31/2015
Date Document Taken out of Service:	
Revision History	

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