Emergency Operations Plan

10/2018:
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Contents

MARICOPA SPECIAL HEALTH CARE DISTRICT dba. VALLEYWISE HEALTH
EMERGENCY OPERATIONS PLAN (EOP)

INTRODUCTION

This Maricopa Special Health Care District dba. Valleywise Health Emergency Operations Plan is an "all-hazards" plan to guide preparations, response, and recovery to emergencies and disasters, internal and external. It is supplemented by other specific policies and procedures (cited throughout the plan) and reference materials kept in the Hospital Command Center. This operational document to guides staff and physicians in emergency response during a **CODE GREEN** (Internal/External Disaster) event or exercise. Management of the overall Emergency Management program, in the context of the Centers for Medicare and Medicaid Services (CMS) and Det Norske Veritas (DNV) requirements is contained in a separate document, the Emergency Management System Plan, which amplifies on program processes, the emergency management committee, annual plan reviews, program guidance, etc.

SCOPE AND OBJECTIVES

This plan applies to Valleywise Health including Valleywise Health Medical Center Roosevelt, FQHCs, Comprehensive Health Clinic (CHC), Behavioral Health Centers – Mesa, Phoenix, and Maryvale, and other facilities, and the staff and physicians working at those locations. Additionally, this plan applies to adult and pediatric patients, as well as, behavioral health and other patients that would be considered vulnerable population members. Unless otherwise specified, "patient" throughout this plan refers to both adult and pediatric patients.

The objective of the Valleywise Health EOP is to maintain the continuity of patient care operations and meet the medical needs of our members and the community. To do so requires that the safety and security of Valleywise Health staff, physicians, and volunteers be the top priority in responding to crises. We must protect ourselves to be able to care for our patients, visitors, and the larger community.

Secondary objectives of emergency response may include managing resources so as to be able to assist other community partner health systems and hospitals by providing supplies, staff, accepting patients in transfer, or to use these command systems to manage other major events or internal activities such as opening or closing facilities, transferring large numbers of patients, etc.

To achieve these objectives in an uncertain and unpredictable environment, this plan is based on a comprehensive "all hazards" approach to emergency management. It assumes incidents response will

utilize resources provided by the Hospital Incident Command System (HICS) and its associated forms, templates, Job Action Sheets, and Incident Response Guides. The core of the plan focuses on the six critical "all hazards" functions to be managed: communications, resource management, safety and security, staff responsibilities, utilities, and patient and clinical support activities. This base plan is then supplemented by functional annexes, support annexes and incident annexes which consider the four phases of mitigation, preparedness, response and recovery and is then supplemented by the applicable HICS Incident Response Guide. The four phases are summarized below:

Mitigation activities are taken to reduce the risk of and potential damage due to an emergency. **Preparedness** activities are taken to organize and mobilize essential resources to an emergency before one occurs. **Response** strategies and actions are activated to respond to the emergency when it occurs. **Recovery** strategies and actions are taken during and after the emergency to restore systems critical to resuming normal patient care, treatment, and services. Considerations of recovery should begin early in the response phase and can extent into a long-term period after a major event, guided by our Business Continuity Plans.

Valleywise Health approaches emergency management planning in accordance with the NIMS guiding principles, which are flexibility, standardization, and unity of effort. This plan incorporates the three primary components of the National Incident Management System (NIMS) as defined by the *National Incident Management System, Third Edition (U.S. Department of Homeland Security, 2017).* These components include:

- Resource Management
- Command and Coordination
- Communications and Information Management

The Valleywise Health Emergency Management Program utilizes NIMS principles throughout the organization as an Integrated Health System.

PROMULGATION, REVIEW AND DISTRIBUTION

This Valleywise Health Emergency Operations Plan is living document based on best practices and lessons learned. Previous editions to this year are superseded and should be destroyed. The plan is promulgated under the authority of the President/Chief Executive Officer of Valleywise Health.

This plan is reviewed annually and updated as needed. This plan is distributed in both hard copy, electronic copy, and posted to the internal intranet "The Vine" for staff to access.

EMERGENCY MANAGEMENT COMMITTEE

The purpose of the Emergency Management Committee (EMC) is to develop, maintain, and promote a comprehensive emergency preparedness program. The manager of the emergency management program serves as the EMC chairperson. Membership includes members of senior management, nursing, and representatives from key areas within the organization, such as physicians, infection control, facilities engineering, safety, security, and others (NFPA-99, 2012).

The Committee meets regularly, but no less frequently than five (5) times a year to establish priorities for emergency management activities and to ensure readiness within the health system.   Emergency management responsibilities include:

- Ongoing threat and vulnerability risk assessment
- Maintaining the Emergency Operations Plan
- Defining the role of the facility in the community-wide emergency management program
- Developing policies and procedures as needed to address hazards identified in the Hazard Vulnerability Assessment
- Oversight for emergency management accreditation and regulatory compliance activities.
- Developing primary and alternate Hospital Command Centers (HCC)
- Identifying and implementing an Incident Command System (ICS)
- Disaster preparedness-related education and training for staff, volunteers, and vendors/contractors
- Development and maintenance of a Multi-Year Training and Exercise Plan (TEP)
- Designing, implementing, and evaluating disaster preparedness exercises and activities, as well as facilitating follow up actions on identified opportunities for improvement
- Annual evaluation of the Emergency Management Program's objectives, scope, and performance
- Inventory of resources/assets

PLANNING ASSUMPTIONS

Valleywise Health will maintain communications with community response organizations, including local, county, and state entities and healthcare community partners as applicable.

The facility will maintain a plan for sustaining operations over an initial 96-hour time frame during a disaster incident. This will include a means for providing necessary supplies and utilities.

In a disaster, off-duty staff will assure the safety of their home and family first. Employees, unless otherwise directed, will then report to their work location at their next regularly scheduled work shift. If

unable to reach the facility, staff will follow their departmental procedures or report to alternate Valleywise Health facilities if unable to reach their departmental leadership.

During disaster situations all Valleywise Health staff will be considered essential emergency workers and may be reassigned to other duties as needed.

This EOP is policy guidance. Utilization of HICS methodology is at the discretion of the HIMT. Due to the unpredictability of actual emergency or disaster incidents and in accordance with the NIMS principles of flexibility and scalability, it is possible that departures from this plan during actual emergencies will be required. Any deviations from the EOP during incident response will be directed by the Hospital Incident Management Team (HIMT).

Local, county, state, or federal government entities may request the use of Valleywise Health resources. Upon request, Valleywise Health will evaluate their internal needs and respond according to resource availability or refer the request to Maricopa County Public Health.

CONCEPT OF OPERATIONS

COMMUNITY ENVIRONMENT AND COLLABORATION

Valleywise Health operates approximately 1.5 million square feet of various levels of healthcare across Maricopa County. Facilities include a 54-acre main campus that houses a Level 1 Trauma Center (MMC), AZ Burn Center, CHC, an inpatient behavioral health facility, and various support buildings in Phoenix; 12 FQHCs of various sizes throughout the Phoenix-Metropolitan Area, and Behavioral Hospital Mesa, Phoenix, and Maryvale. The main campus is within 1 mile southeast of an intersection of 3 highways, 1 mile north of a major railway and Phoenix Sky Harbor International Airport, 5 miles east of Central Phoenix, and within 10 miles west of Arizona State University. The area around the main campus is made up of commercial and industrial properties along with low-income housing. FQHCs located throughout multiple jurisdictions within Maricopa County face varied individual hazards. Generally, these locations are in commercial and industrial property areas with low-income housing in the immediate area as well. Behavioral Health - Mesa is located 3 miles south of a highway in a commercial and residential area. A Salt River Project (SRP) canal lies adjacent to the north property boundary of the Behavioral Health - Mesa behavioral health facility.

Valleywise Health takes an active role in community involvement and participation in disaster/emergency preparedness through participation in multiple Memorandums of Understanding (MOUs). Valleywise Health participates in the Arizona Coalition for Healthcare Emergency Responders (AzCHER-Central) MOU, which includes hospitals, EMS, public health, emergency management, long term care, outpatient clinics, and hospice and home health groups together in an effort to ensure integration and collaboration during an incident. Valleywise Health is also a member of the NDMS Response MOU in the Phoenix area, and the Arizona Burn Disaster Telemedicine MOU. All MOUs are available in the Appendices of this document.

During preparedness, response, and recovery operations the medical center coordinates with external response partners including the County EOC, County public health department, EMS, fire, and law enforcement.

Valleywise Health is equipped and supplied to be self-sufficient for approximately 96 hours. Vulnerabilities exist in staffing constraints if transportation between the Valleywise Health facilities and staff homes is impeded; the supply of pharmaceuticals from local vendors; and fresh food beyond 72 hours. Should Valleywise Health and the community be unable to support the medical center for at least 96 hours, the HIMT would assess critical supply inventories, medical care needs, staff resources and, in concert with county health authorities, consider whether to close or evacuate portions or all of the facility or continue under altered standards of care.

Emergency preparedness is advanced, in part, by local, state and federal preparedness grants received and deliverables to be accomplished.   Hospital Preparedness Program (HPP) grant funding has been obtained from ADHS and utilized to provide for and support the Arizona Burn Disaster Telemedicine Network program, equipment, and training; redundant interoperable communication equipment that is compatible with community partners including 800 MHz radio, digital radio, two separate internet providers for redundancy, and necessary equipment; mass casualty decontamination equipment and training; mass fatality equipment for movement and storage of remains; evacuation equipment to aid in vertical evacuation; Hospital Incident Command System (HICS) training; and surge supplies to accommodate 200 additional patients.

HAZARD VULNERABILITY ASSESSMENT

The Emergency Management Committee conducts an annual written Hazard Vulnerability Analysis (HVA) to identify the highest risk, probability, and impact hazards that could affect demands for services or the health system's ability to provide those services. The HVA identifies the greatest vulnerabilities for use in decision-making and allocating resources for planning and mitigation projects.

The HVA is communicated within the health system via the Emergency Preparedness Home Page on the Valleywise Health intranet ("The Vine") to all staff following approval by the Emergency Management Committee and is kept on file, electronically by the Emergency Preparedness Manager.

Identified hazards from the HVA are prioritized in concert with the community to assure reasonable collaboration in planning and response.   Also, the health system's needs and vulnerabilities are communicated to the community and community capabilities to meet needs assessed. In addition to the top identified hazards, the Valleywise Health Emergency Management Program maintains four standing priorities.

ALERT, NOTIFICATION, AND ACTIVATION

Valleywise Health may receive notice of impending crisis through several means including the state EM System (electronic alert system available in the Emergency Department), alert from County Public Health and/or Emergency Management, from other community hospitals, or the media. There may be no notice in the case of a mass casualties self-presenting to the ED or an internal disaster.

When notification or discovery of an incident occurs, the ED Attending Physician, Trauma Director, Valleywise Health Executive Leadership, Nursing House Supervisor, or Administrator On-Call have the authority to initiate the full EOP by calling a **CODE GREEN**. If there is a disagreement between the Administrator On-Call and the clinical staff concerning the necessity to declare a **CODE GREEN**, the Administrator On-Call's decision is final. If **CODE GREEN** is not called initially, the Administrator On-Call may call it as they assess the evolving situation, risks, and needs. Also, in this case, the Chief Medical Officer (or designee) should be consulted as soon as possible to ensure that patient safety is duly considered.

Calling a **CODE GREEN** will result in pre-planned notifications to health system leadership and staff, and Hospital Incident Management Team (HIMT) will be notified per the 3-Deep List by the Incident Commander as necessary.

Activation of a **CODE GREEN** may require notification of local community authorities (normally EMS, Fire, or Police), which is the responsibility of the Incident Commander, Security Shift Supervisor, and/or Liaison Officer via the use of 911, when necessary. Also, the health system should notify the Maricopa County Department of Public Health – Office of Preparedness and Response Duty Officer via phone number **(602) 527-5078 or back-up number (602) 747-7111** and inform them of the incident and expected response. Additionally, once the Public Health Incident Command Center (PHICC) is activated, the communication process will proceed as posted in the HIMT Liaison Binder.

Deactivation of **CODE GREEN** will be through the HIMT, as authorized by the Incident Commander.

INCIDENT COMMAND STRUCTURE AND COMMAND CENTER

The organizational framework by which Valleywise Health responds to a disaster incident is based primarily on the Hospital Incident Command System (HICS), which is consistent with the incident command system used in the community (NIMS Element 10).   The Valleywise Health Disaster Preparedness Multi-Year Training and Exercise Plan indicates training requirements and competencies for serving in the HICS Structure including the completion of FEMA ICS Classes 100, 200, 700, and 800 (NIMS Elements 5 and 6).   Valleywise Health uses common and consistent terminology as promoted in NIMS, including the establishment of plain language communications standards. Valleywise Health emergency management and communications functions will be managed from the primary Hospital Command Center (HCC) located in the Apache Room in the Grants Pavilion.   Should the primary command center be deemed inappropriate or become unusable, an alternate has been selected and equipped and is in the 7th Floor MAC Center.   The HCC is provided with emergency power and has multiple means of communication including phones, laptops, redundant internet, and 800 MHz radio.

The HICS System, which incorporates the principles of ICS and NIMS, for managing emergencies in healthcare, is summarized below.   HICS system documentation resources, including forms, job action sheets, incident response guides, etc. are on file and readily available for use or reference in the primary and alternate command centers.

Incident Commander- Organize and direct the HIMT. Give overall strategic direction for health system incident management and support activities, including emergency response and recovery. Authorize total facility evacuation if warranted.

Authority of the Incident Commander- Incident Commander has the authority to utilize all Valleywise Health resources to respond to or recover from a disaster, once the EOP has been activated.   This authority is delegated to activate HIMT positions and needed per HICS guidelines. Authority extends to financial resources as well. However, the Incident Commander must ensure that the Chief Financial Officer, Chief Executive Officer, and/or the Board of Supervisors are made aware of expenses once $100,000.00 has been spent to ensure that overall financial stability is a focus during the response and recovery. Additionally, those listed can assist the Incident Commander in obtaining additional financial resources, if needed.

Command Staff – Conduct safety and information management activities. Command Staff include the Public Information Officer, Safety Officer and Liaison Officer.

Authority of the Safety officer – The Safety Officer has the authority to stop any actions that are deemed unsafe during response or recovery, even without prior approval of the Incident Commander.

Operations Section - Conduct tactical operations, develop the tactical objectives and organization, direct all tactical resources, and carry out the mission and Incident Action Plan.

Planning Section - Collect, evaluate, and disseminates incident action information and intelligence, maintain documentation for incident records and plan for demobilization.

Logistics Section – Provide support to other Sections, acquire resources from internal and external sources to meet the operational objectives and ensure assigned personnel are fed and have communications, medical support, and transportation.

Finance Section – Manage costs and losses related to the incident and provide accounting, procurement, cost analysis, claims/compensation and time recording services.

Upon activation of the HIMT assigned staff will report as follows:

- HIMT staff with pre-assigned roles according to the 3-Deep List will report to the Incident Commander when **CODE GREEN** is called.
- The Incident Commander will assign other available staff to fill any unassigned roles, as needed to manage the event, from available health system staff, normally drawing first from the Labor Pool.
- Clinical staff will continue patient care while checking their assigned patients, staff, visitors in the area, their departmental areas, equipment, and utilities and report any damage or injuries to the HIMT.
- Physicians will continue their duties until otherwise assigned by the HIMT Operations Section Chief or Medical Care Branch Director.
- The Liaison Officer will contact the County Public Health and/or County Emergency Management and inform them of the incident, which will start community collaboration, as necessary.

STAFF ROLES AND RESPONSIBILITIES

Staff roles and responsibilities for emergency response are:

- General guidance to all staff and physicians: In most cases clinical and support staff will continue their normal duties when **CODE GREEN** is called, unless otherwise directed, such as being identified as a member of the HIMT. When **CODE GREEN** is first called staff should check their fellow staff, patients, families, and visitors; installed utilities and equipment, and if there are no injuries or damage, continue the provision of patient care. Any injuries or damage must be reported to the HIMT immediately. All staff and physicians should be prepared for reassignment as directed by their manager or Operations Section Chief, depending on the nature of the crisis.
- Communications: Communications department staff are responsible for alerting key staff per the call down list when a **CODE GREEN** is called, then providing updates via overhead

announcement to all people in the facility. All staff are responsible to check any communications equipment in their area and report system failures to the HIMT.

▪ Resources and assets: During a crisis all staff are expected to conserve medical and non-medical supplies to the extent that can reasonably done without compromise to patient care. When a **CODE GREEN** is called, Materials Management is responsible to verify current supply inventories, coordinate with vendors to fill any shortfalls, and be prepared to reallocate supplies as directed by the Logistics Section Chief.

▪ Safety and Security: All staff and physicians are responsible to communicate any safety or security concerns immediately to the HIMT, attention the Safety Officer for resolution. Also, all staff and physicians must report to Security anyone claiming to be on staff but without a Valleywise Health badge and personnel in, or attempting to enter, areas they are not authorized to enter.

▪ Utilities Management: All staff and physicians are expected to reasonably conserve the demand on utilities in a crisis, without undue effect on patient care.   All staff and physicians are responsible to immediately report any utility failures to the HIMT.   The Facilities Operation department is responsible to manage primary and alternate utilities in an emergency, including the inventory of utility support requirements such as fuel, water, oil, etc.

▪ Patient clinical and support activities: All staff and physicians are responsible to communicate honestly with patients, visitors, and families, with respect to what they know, but should not speculate on events, situations, or plans unknown to them, but direct the question back to the HIMT PIO.

REQUESTING ADDITIONAL RESOURCES

The Maricopa County Department of Public Health (MCDPH) Office of Preparedness and Response Duty Officer can be reached 24/7 via phone number **(602) 527-5078 or back-up number (602) 747-7111**.   The Liaison Officer can request additional staff and resources from MCDPH, as necessary. MCDPH can request access to the State-level Emergency Systems for Advance Registration of Volunteer Health Professionals (ESAR-VHP) assets. MCDPH can also coordinate response from other area hospitals and County Department of Emergency Management, as well as, request additional Strategic National Stockpile (SNS) medical supplies.

DEMOBILIZATION AND DEACTIVATION

As the threats and risks posed by an incident ease, the HIMT will incorporate more business continuity plans into actions and decisions. As the situation evolves consideration will be given to de-escalation of the HICS staffing required (consider the incident response guides for suggestions), and reduced levels of

activation may be appropriate beyond HIMT staff reductions.   When the scope and timeliness of emergency response needed decreases, the HIMT will be deactivated and the **CODE GREEN** will be called "ALL CLEAR". Decisions to deescalate, then eventually to deactivate the command center and close the **CODE GREEN** will be made by the Incident Commander, under the strategic guidance of senior leadership.

RECOVERY

Considerations of the most efficient and timely recovery to normal operations should begin early in the emergency response, guided by the nature of the incident and existing Business Recovery plans. As the incident evolves, the HICS positions regarding recovery will be activated to provide appropriate attention to this activity.

EVALUATION AND AFTER-ACTION REPORTING

Normally an incident de-briefing will be held as soon as possible to capture observations, lessons learned, and recommendations for improvement and documented in an After-Action Report.   The de-briefing should address all involved elements of the organization - physicians, nursing staff and leadership, outpatient clinical departments, and support services such as EVS, Security, Material Management, Facilities Operations, Clinical Engineering, Safety, etc. Valuable feedback can also come from non-Valleywise Health entities who may have been involved such as HAM radio operators, vendors, county emergency management and/or public health, fire, police, ambulance providers, etc.

EXERCISING THE PLAN

The EOP is tested via operational exercises at least twice a year for all facilities within the integrated health system. Exercises can involve response actions and/or coordination between multiple organizational facilities, including the behavioral health areas and FHC's, and additional exercises can be added to ensure all facilities within the integrated health system have met exercise participation requirements. Additionally, the Dialysis Units will test with the health system at least once a year and have a separate evaluation to fulfill CMS requirements. At least one full scale exercise per year will involve the inclusion of actual or simulated patients. The hospital incident command system, or HICS, is activated and tested during the exercises. Actual emergency incidents that result in the activation of the EOP may also fulfill exercise requirements. The Emergency Management Program Coordinator or Manager facilitates the planning, scheduling, conduction, evaluation, and documentation associated with operational exercises utilizing Homeland Security Exercise and Evaluation Program (HSEEP)-based

methodology. HSEEP-based documentation should be tailored to meet the needs of the organization and exercise objectives.

The health system has a defined role in the community-wide emergency management program and thus participates annually in a community-wide exercise with multiple responding partners and agencies. Preferably, this is done in conjunction with one of the operational exercises, usually a state-wide exercise, but it may be accomplished in a separate tabletop exercise if necessary.

Exercises will be based on scenarios drawn from high risk vulnerabilities identified in the HVA.

Exercise evaluation will be assigned to staff members or community partners who have the sole responsibility to evaluate performance and document opportunities for improvement. Selection, training, and coordination of these staff during an exercise is facilitated by the Emergency Management Program Coordinator with oversight from the EMC.

All real-world incidents will be critiqued to identify deficiencies and opportunities for improvement. Exercise analysis will be based on the monitored activities and controller/observer observations, as well as other means such as a *hot wash,* or after-action debriefing. The After-Action Report will include multi-disciplinary input from administration and affected clinical, physician, and support staff. The Exercise After-Action Report findings will be shared with the EMC and used to develop a Corrective Action Plan to improve the health system's Emergency Operations Plan. Corrective actions will be implemented to address opportunities for improvement and assessed for effectiveness.

Functional Annexes

Code Triage Activation

Title: **CODE TRIAGE Activation & Notification Process**		Functional Annex: **A1**	Page: **1 of 2**
Next Review: **11/19**	Issue Date: **6/2018**	Functional Annex to the Emergency Operations Plan	
Approval Signatures on File: **Emergency Preparedness Manager**		Distribution: **All Departments**	
Revision Dates: **10/18**	Last Reviewed: **11/18**	Section: **Disaster Management**	

Activation Trigger

Code TRIAGE is activated in the following situations:

- An external event (such as but not limited to extreme weather, natural disaster, Civic Event, Major Sporting Event, potential HazMat situation, or threat of terrorism) affects the community or other hospital partners in such a manner that normal operations or staffing levels may be affected.

- Any high-risk event with the potential to affect the normal operations of Valleywise Health facilities or result in activation of a **CODE GREEN EXTERNAL/INTERNAL**

Process

The Incident Commander, ED Attending Physician, House Supervisor, or Administrator on Call has the authority to initiate **CODE TRIAGE.**

1. Upon determining that a **CODE TRIAGE** will be implemented, the IC will start the notification process by calling Valleywise Health Operator at Extension # **4747.**

2. The Valleywise Health Operator will activate the **CODE TRIAGE** electronic notification list of 3-deep staff approved by the Emergency Management Committee.

3. The IC will notify responding staff from the 3-Deep HIMT List if activation of their role is necessary.

4. Once the HCC is open and running, the IC or Liaison Officer will notify MCDPH-OPR Duty Officer at **(602) 527-5078 or back-up number (602) 747-7111** and update them as to the status. Other local authorities (such as Fire, Law Enforcement, and EMS) should be notified via **911** for emergent needs.

5. Departmental Disaster Call Trees will be implemented as necessary.

NOTE: A CODE TRIAGE may be called by the IC for any instance in which additional resources or external support may be necessary.

The following tools may be used as a guideline for initial level of response and resource activation.

Hospital Incident Command Team Activation Algorithm

Circle Selection			DESCRIPTIONS
INCIDENT COMPLEXITY			
STATIC	1		Situation is stable and unlikely to escalate
DYNAMIC	3		Situation is progressing and/or likely to escalate
INCIDENT IMPACT			
RISK	1		Hazard might affect patient care, staff safety, or business operations
MINOR	2		Situation affects patient care, staff safety, and/or causes limited disruption of services/business operations
MAJOR	3		Situation affects patient care and safety, limits ability to provide services, and/or results in media/public attention with long-term organizational impact
PARALYTIC	4		Most or all hospital services are disrupted
LEVEL OF RESPONSE			
LIMITED	1		Partial involvement of facility and/or associated structures
SYSTEMWIDE	2		Multiple Valleywise Health sites involved
LOCAL	3		Municipal or County level involvement
STATE	4		State involvement
FEDERAL	5		Federal Involvement
TOTAL SCORE			
INITIAL RESPONSE LEVEL			
No activation/Alert status	1-3		No additional resources or outside assistance required; Notification of outside agencies not required.
HIMT activated/Code Triage	4-6		Outside agencies notified as needed. Outside assistance not required. Evaluate internal resources and use as needed.
HIMT activated	7-9		Notify outside agencies/authorities. Request/obtain additional resources as needed.
Full HICS activation	10-12		Notify outside agencies/authorities. Obtain outside assistance/resources.
HIMT Activation Tree			
Alert			Admin on call/Incident Commander, internal stakeholders
Triage			Incident Commander, Public Information Officer, Safety Officer, Liaison Officer
Partial			Activate Operations, Planning, Logistics, and Finance Chiefs and Med/Tech Specialists as needed
Full			Activate 3-deep HICS staff and any necessary HICS positions; establish communication with Joint Information System
OUTSIDE AGENCY NOTIFICATION OPTIONS			• Liaison Officer • Change of ED/Trauma status on EM System • Use of Direct Line to Alarm Room (Op Center/ED)

Public Event Risk-Assessment Tool

RISK FACTOR	1 LOW	2 MEDIUM	3 HIGH	4 EXTREME	SCORE
EVENT AND ACTIVITY INFORMATION					
TYPE	Planned Events	Planned Events	Planned Events	Unplanned Events	
	Community and Family Based	Sporting Events Runs/walks Concerts	Rallies Demonstrations Protests	Any Spontaneous Event	
DURATION	Up to 3 Hours	Up to 10 Hours	Up to 24 Hours	Over 24 Hours	
VENUE					
VENUE TYPE	Parks and public spaces that are not confined	Buildings or parks with controlled or confined spaces (plazas, theaters)	Buildings with uncontrolled access	Streets	
ORGANIZATION AND PLANNING					
EVENT HISTORY	No problems, No police interventions	Minor incidents, Minimal police interventions	Major incidents, Arrests / charges, Some impacts on town/city services	Critical upset to town/city services, History of violence	
CROWD ASSESSMENT					
CROWD TYPE	Family, Corporate, Business, Elderly	Young Adults, Persons of interest	Disruptive, Rebellious, Criminal	Radical	
CROWD SIZE AND CAPACITY	Small size, High capacity venue for size of crowd	Moderate numbers, Up to maximum capacity of venue	Large numbers Exceeds capacity	Critical density, Uncontrolled venue	
CROWD DYNAMICS	Calm, Cooperative, Peaceful	Celebratory	Anxious, Aggressive	Violent	
TIMING					
TIME, DAY, SEASON	Weekday	Weekday evening	Friday or Saturday evening	Holidays, high alcohol consumption, concurrent events	

Code Green Activation

Title: **CODE GREEN Activation & Notification Process**		Functional Annex: **A-2**	Page: **1 of 2**
Next Review: **11/19**	Issue Date: **2/2012**	Functional Annex to the Emergency Operations Plan	
Approval Signatures on File: **Emergency Preparedness Manager**		Distribution: **All Departments**	
Revision Dates: **3/17; 6/18**	Last Reviewed: **11/18**	Section: **Disaster Management**	

Activation Trigger

CODE GREEN is activated in the following situations:

CODE GREEN EXTERNAL

- An external event (such as but not limited to extreme weather, natural disaster, HazMat situation, or act of terrorism) affects the community or other hospital partners in such a manner that an influx of patient admissions or transfers is expected that is beyond normal operations or staffing levels OR external event that affects Valleywise Health or any of its buildings in a manner that causes partial/full evacuation or business interruption. –

CODE GREEN INTERNAL

- An internal event (such as but not limited to fire, flood, or utility outage in any Valleywise Health building) affecting the ability to continue standard business operations, impacts patient care, causes a significant safety concern, or results in a partial/full evacuation.

CODE GREEN DRILL

- While participating in or responding to an *exercise* whether it is internal or involves external community partners.

Title: **CODE GREEN Activation & Notification Process**		Functional Annex: **A-2**	Page: **2 of 2**
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Process

The Incident Commander (IC) (ED Attending Physician, House Supervisor, or Administrator on Call) has the authority to initiate **CODE GREEN.**

1. Upon determining that a **CODE GREEN** will be implemented, the IC will start the notification process by calling Valleywise Health Operator at Extension # **4747.**

2. The Valleywise Health Operator will announce **CODE GREEN (EXTERNAL, INTERNAL, or DRILL)** using the overhead paging system.

3. The Valleywise Health Operator will notify essential staff using a page out list that has been created and/or approved by the Emergency Management Committee.

4. The IC will notify staff from the 3-Deep HIMT List as activation of their role is necessary.

5. Once the HCC is open and running, the IC or Liaison Officer will notify MCDPH-OPR Duty Officer at **(602) 527-5078 or back-up number (602) 747-7111** and update them as to the status.

6. Other local authorities (such as Fire, Law Enforcement, and EMS) should be notified via **911** for emergent needs.

7. Departmental Disaster Call Trees will be implemented as necessary.

NOTE: A CODE GREEN may be called by the IC for any instance in which additional resources or external support is necessary to manage the incident or disaster.

Immediate Emergency Response Procedures

Title: **Immediate Emergency Response Procedures**		Functional Annex: **B**	Page: **1 of 2**
Next Review: **11/19**	Issue Date: **2/2012**	Functional Annex to the Emergency Operations Plan	
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Activation Trigger

Full activation of a **CODE GREEN** by the IC will result in the following organizational responses.

Process

Upon notification of **CODE GREEN,** the following will occur:

1. All Departments will respond as defined in their Departmental disaster plan.
2. All Departments will activate their internal staff notification tree as directed by their plan or department leadership.
3. All Departments (including nursing units) will send available staff on duty to the Labor Pool.
4. All nursing units will email or deliver to the Patient Flow Administrator (PFA), their current census/staffing report after this has been reviewed for potential transfers or discharges with their resident/attending staff.
5. The PFA will forward a census report of the current patient occupancy in each unit to the Operations Section Chief, Planning Section Chief & Medical Branch Director within 20 minutes of the notification of the event. This should be updated after transfers and discharges have been reviewed in each nursing unit.
6. The nursing staff will assist the medical staff in identifying patients who can be transferred/discharged to increase capacity for admission of disaster victims and complete the discharge process. This information will be forwarded to the PFA on an hourly basis or more frequently as indicated. Case Managers and Social workers will also assist in this process.
7. Non-patient care areas will send available staff to the Labor Pool to serve as runners, transporters, security staff, scribes or other duties as assigned.
8. Staff requesting relief will notify their manager/designee. The manager/designee will work with the Labor Pool to replace staff as needed.
9. Blood Bank will prepare and report inventory to Clinical Support Services Unit Leader or Medical Care Branch Director.
10. Pharmacy will report inventory to Clinical Support Services Unit Leader or Medical Care Branch director.
11. Facilities will report generator fuel level to Infrastructure Branch Director.
12. Food Services will report inventory to Service Branch Director.
13. Materials Management will report inventory status to Support Branch Director.

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Special Considerations

1. In the event of a **CODE GREEN**, managers and individuals-in-charge will be responsible for locating and accounting for the location and safety of all patients and on-duty staff. Staff information will be reported to the Resources Unit Leader, located in the Education Pavilion. Staffing and current Patient information will be reported to the PFA.

2. Patients who have been discharged will leave the building with assistance from Valleywise Health staff, family/friends or by ambulance via the west entrance or north entrance only (unless compromised due to internal event).

3. Valleywise Health has very little transportation capability of its own so transportation of patients will be by ground ambulance, air ambulance, family privately owned vehicles and use of public/private buses that may be available. Transportation in the event of a CODE GREEN internal will be managed by the Staging Manager or designee.

Communications Plan Overview

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Introduction

The Valleywise Health Emergency Communication Plan outlines the roles, responsibilities and guidelines that the organization will utilize to share information to all employees, physicians, volunteers, patients, family members, visitors and media members during a disaster. A disaster is defined as a significant internal or external event that prompts significant and sustained news coverage and public scrutiny that has the potential to damage Valleywise Health's reputation, image and/or financial stability. An incident could be precipitated by an internal or external disaster or controversial event.

Efforts to be simultaneously accurate and timely may mean that some communications are incomplete. Valleywise Health acknowledges and accepts this, knowing how information is communicated by Valleywise Health about an incident will affect public perceptions of the organization. Accuracy, transparency, and speed are the most effective means to avoid lasting damage to the organization and limit speculation and second-guessing by employees and the public. Valleywise Health also recognizes that during an incident, people will expect more information than the organization may have, making it imperative to relay information with accuracy about what we know and to not speculate about the information that our organization does not have.

Valleywise Health also recognizes the importance of providing this information in Spanish to Spanish-speaking patients, family members, visitors, and members of the Spanish language media. It may be equally important to communication this information in other languages, particularly to members of the refugee community served by Valleywise Health's Refugee Women's Health Clinic.

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Objectives

The primary objective of this plan is to communicate reliable incident facts as quickly as possible, updating information regularly as circumstances change to ensure the safety of Valleywise Health and DMG staff, patients and visitors as well as to ensure continued operation of essential services. Valleywise Health will use multiple mediums in multiple languages to reach as many people as possible with accurate and timely information. This is especially important in the first hours and days of an incident. Valleywise Health will be open, accountable and accessible to all audiences, while being mindful of legal and privacy limitations under the Health Insurance Portability and Accountability Act (HIPAA).

In an emergency, the goal is to issue our first communication to key audiences within 30 minutes of notification of the event, with regular updates as needed. Some situations may require even faster initial communications. It is important that Valleywise Health informs Board members, employees, physicians and volunteers first – before they read or hear the information in the local media.

Communications Plan Activation, Process, & Procedures

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Activation Trigger

Activation of a **CODE GREEN** by the IC will result in the following organizational responses.

Process

Plans for external and internal communications provide both instructions and general information to staff and are critical to effective response. The HIMT Public Information Officer (PIO) is responsible for managing these communications. The Incident Commander will be responsible for activation of the PIO and the Emergency Communications Plan (see communications plan policy addendums). The PIO is responsible for external community communications and social media response.

The HIMT is also responsible to manage communications with patients and families during emergencies, and will do so through nursing leadership, inpatient and outpatient, supported by the Public Information Officer. The scope of this responsibility includes notification of patient relocation to alternate sites, should it occur.

The HMIT Liaison Officer will maintain communications with healthcare community response partners. The HIMT Liaison Officer is also responsible for managing ongoing communications with external authorities such as the county emergency management, public health officer, and/or ADHS Emergency Preparedness Bureau or Licensing Division, ADEM, and law enforcement.

A key principle of incident communications is the use of plain English and clear text by all staff during emergencies, especially in the Hospital Command Center. Written and verbal communications will avoid jargon and be in English. Additionally, incident command and organizational staff should utilize the most routine and familiar methods of communication whenever possible.

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Procedures

Initial Response

Leadership (Executive leadership, Administrator on call, or House Supervisor) in conjunction with Security will determine what information needs to be immediately communicated to facility leadership. Immediate actions that need to take place are listed below:

1. Notify Valleywise Health Leadership, PIO and Security of the incident
2. Activate the Crisis Communications Team
3. Report to the Hospital Command Center as needed

Crisis Communications Team Composition and Activation

If this plan is activated, Valleywise Health Incident Command will activate a designated Crisis Communications Team (CCT). The Crisis Communications Team should be composed of the following positions:

- PIO (PR staff may be added as needed)
- Incident Commander
- Senior VP of Marketing & Strategic Planning
- Safety Officer, if appropriate
- Medical Specialist, if appropriate
- Operations Section Chief
- IT Chief

Location & Logistics

The Crisis Communication Team will meet in the Hospital Command Center. An alternate location can be utilized, but it must meet the following requirements:

- Multiple phone line capabilities and/or conference call capabilities
- Computer
- Monitors
- Internet Access
- Initial Communications

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Crisis Communications Team Actions

Once the Crisis Communication Team convenes, the following tasks will be carried out:

1. **Review and write down known facts** – those that can and cannot be released to employees and the public — and determine whether a response is needed, and if that response is needed for all Valleywise Health's key audiences. It is critical as the situation changes for new email messages and/or news releases or fact sheets to be developed. These can be used to update websites, emails, news releases and other communication channels

2. **Develop several key messages** that will be included in all communications. One message typically will address what the facility will do to ensure the safety of patients, visitors and other community members, as needed. Another may need to be forward-looking and address what we are doing to make sure the crisis, or a problem with our response, doesn't happen again. During an incident, information approval must be provided as soon as possible. Once the message has been developed by the CCT, it must be approved by the Incident Commander before distribution.

3. **Determine who will act as spokespeople** – This decision will involve the Incident Commander, senior leaders and a PR representative. The senior leader, physician representative, or Board member will be the public face of Valleywise Health, while the PR representative will run briefings and handle media questions between formal press gatherings. These individuals are the only staff members allowed to participate in media interviews or to share information with members of the media. This group will:
   - Designate one or more members of the Crisis Communications Team to communicate key messages and emerging facts to those spokespeople and handle any last-minute media training. It is critical that all senior leaders have copies of the most recent news releases and other messages, so everyone is clear on what is being shared with the public.

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4. **Assign responsibilities to the Crisis Communications Team** to communicate the facts of the situation and our response to key audiences. Each member will use approved messages and templates for this effort. As soon as possible, the groups that should be informed about a crisis are internal audiences directly affected, to include:

   - District Board of Directors, Governing Council and Foundation Boards
   - Employees
   - Physicians
   - Volunteers
   - Care Reimagined entities
   - Relevant federal, state, county, tribal, and local emergency preparedness staff
   - Governor's Office, Board of Mayor's Office, Legislature, County Supervisors
   - Community partners

     The Crisis Communications Team, depending on the circumstances, may identify other audiences and assign responsibility for them.

5. **Update The Vine, external Website and social media.**

   - For internal emergency communications development, The Vine may be used for documentation and communications resource sharing.
   - For internal communications to staff, PR will update Valleywise Health eNews and The Vine home page with posts reflecting the latest information.
   - For external communications, PR will update Valleywise Health's website and social media outlets.
   - For external communications, PR also will utilize telephone messaging, if available.

6. **Have IC open a staffed Call Center,** as needed, to handle phone calls, using a script developed from the key messages and facts the Crisis Communications Team has developed.

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7. **Develop communications from the President and CEO, as appropriate.** The President and CEO likely will play a key role in communicating to employees, stakeholders and the community about the emergency. PR will be responsible for generating and reviewing President and CEO communications, including correspondence, e-mail messages, talking points, or speeches, in consultation with the appropriate members of Incident Command.

8. **Establish and open a location for press conferences, determine whether a press conference(s) should be held.** During incident, PR in collaboration with the IC and Security, will determine if access needs to be restricted to ensure the safety of the campus and its patients, or to avoid disruption to essential services and programs. If that determination has been made, then news reporters and photographers will first be directed to a staging area identified by the IC and Security. PR will be responsible for bringing needed supplies, including AV equipment, podium, and press packets and determining a schedule for 24-hour PR staffing.

    - PR will coordinate press conferences (including arranging needed equipment, such as microphones, multi-port box, etc.) and related media advisories, as needed.
    - The Valleywise Health Education Pavilion will be utilized for a Media Center for press conferences and for reporter workspaces.
    - The purpose of the Valleywise Health Media Center is to provide a single, coordinated source of information to the news media regarding Valleywise Health's involvement in an emergency or disaster.
    - PR Staff may be tasked with attending, either in person or virtually, meetings at the local Joint Information Center (JIC).

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9. **Assign staff to monitor media and online coverage**. PR should assign a staff member to monitor media to anticipate any problems in the way information is flowing to the news media and on the Internet. Summaries of relevant coverage will be provided to the facility's senior leadership and Incident Commander on at least a daily basis, or more frequently as needed. It will be critical to be aware of how Valleywise Health is being portrayed in early and ongoing coverage to adjust the communications response as needed to limit rumors, correct errors, etc.

10. **As soon as reasonably possible and following the end of the disaster, assess how this plan functioned,** address any needed updates and recognize the work of employees and partners whose help was invaluable.

Internal Communications

Responsibilities

- All departments are required to maintain updated employee rosters to communicate with their staff. These rosters must include the employee's name and contact information. This includes departments overseeing staff, physicians and volunteers. All departments who work with other healthcare facilities will maintain current contact information for those facilities.

Emergency Management

- Emergency Management will maintain the Liaison Binder with contact information of emergency management partners, to include local, regional, state, tribal and federal preparedness staff as well as contact information for sources of assistance. During a "code green" event, the HICS Liaison Officer will be accountable for documentation of completed and attempted contact with preparedness staff members outside of Valleywise Health.

Demobilization

The Incident Commander will determine when the incident has ended, and routine communications processes can resume.

Emergency Communications Protocol: Internal Communications

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Valleywise Health maintains multiple systems to facilitate operational communications in emergency situations. In accordance with NIMS guidelines, Valleywise Health utilizes the lowest level of complexity needed to effectively manage the situation. Routine methods of communication should be used whenever possible. Staff can also refer to the internal contact numbers listed Disaster Phone Numbers and Space Utilization section in the Valleywise Health Emergency Redbook. Methods of communication for internal responders and Hospital Incident Command System (HICS) are provided below. For external responder communications, refer to the Healthcare Partner Communication Process in the Liaison Officer Binder.

Protocol:

1. An overhead announcement of "Code Green" will notify in-house HICS leaders to report to incident command. If leaders are unable to physically report to the incident command center, the "Cisco Teams" or other approved electronic applications may be utilized to supplement HICS internal communications.

2. The Valleywise Health call center staff (switchboard operator) will send pages out to HICS staff, functional response groups, and department leaders notifying them that HICS has been activated.

3. If internal notification systems are unavailable or inadequate, organizational AZHAN administrators will utilize AZHAN to send electronic alerts to HICS staff and key Valleywise Health and DMG responders. Upon receiving AZHAN notification, Valleywise Health/DMG staff must respond and communicate their location and availability status.

4. The Valleywise Health house supervisor/Patient Flow Administrator (PFA) will utilize EM Resource to communicate hospital status to external healthcare partners and initiate community response if necessary (MOUs)

5. HICS leadership may utilize supplemental electronic communication methods such as cell phones, Valleywise Health email, and the mobile application "Cisco Teams" as needed. HICS leadership will determine which approved methods of electronic communication are utilized and select the most commonly used methods available

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6. If routine forms of electronic communication and paging systems are ineffective or unavailable, HICS staff may utilize hardcopy departmental disaster call-trees. Internal departments maintain and routinely update their disaster call-tree contact information. All staff contact information is stored and maintained by the Human Resources department and can be accessed via the KRONOS, Microsoft Outlook, and WEBEX systems. Vendors must provide and update current contact information. Vendors/contractors can also utilize "Spark" at the discretion of command staff.

7. If routinely utilized clinical communication resources, such as ASCOM phones, are unavailable, the disaster preparedness two-way hand-held radios can be provided for dis staff as determined by HICS leadership. These radios are stored in biomed when not in use. A log of radio distribution will be utilized to maintain accountability for these radios. Staff assigned a radio for use should not give their radio to another staff member unless instructed to do so via the command structure. If possession of a radio is changes, the radio log should be updated to reflect the individual assuming possession.

8. If all electronic forms of communication have failed or are insufficient to meet communication needs, department leaders will designate one or more "runners". These staff should not be assigned other tasks until remote communications have been restored. "Runners" will go to the HICS command center for further instruction.

9. If HICS staff must communicate with external responders and normal methods of communication are not available, the following resources may be utilized:
    a. GETS cards have been provided to HICS staff; these give prioritized access to phone services if lines are functional but inundated with traffic. Additional GETS cards can be found in the command center and Emergency Management office. Testing of the cards can be done annually and as needed to ensure they are valid.
    b. An 800 MHz GPS radio is provided and maintained by the Arizona Department of Health and Human Services. The Emergency Management office houses a handset for this radio.
    c. If a qualified HAM radio operator is available, the Disaster Preparedness HAM radio may be utilized as a method of last resort

Emergency Communications Protocol: Language Services

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Protocol:

- In the event of a disaster, Valleywise Health must take steps to address any language barriers present in the affected population. This includes individuals who are not fluent in English and the hearing impaired. If sufficient interpretation services are provided by routine internal resources, only certified Valleywise Health interpreters/translators will be utilized for medical translation services. Spanish-speaking interpreters must have passed the *Spanish Bilingual Assistant Training (SBA) Program.*

- Non-medical interpretation/translation may be provided by DMG, volunteer, and hospital staff who have passed a Language Competency Test. A list of competency-verified staff is available on the G-drive in the Community Relations folder.

- In a disaster, the demand for language services may exceed the number of SBA trained staff. If possible, the Language Resources Department will provide additional language services via qualified telephonic contractors and assistive devices.

- If the Language Resources Department is still unable to meet communication needs with SBA-qualified personnel during a disaster, staff who have passed the appropriate Language Competency Test are the preferred resource for additional interpretation/translation services.

- Spanish-speaking staff who have not passed the Spanish Competency Test should not be utilized for interpretation/translation services unless there are no more qualified individuals available.

- If there are no certified interpreters/translators or competency-verified bilingual staff, then community volunteers, unverified bilingual staff, and bilingual family members may provide basic communication assistance until a certified interpreter is available.

- Sign Language/Deaf and Hard of Hearing: Requesting Sign Language auxiliary aid or service
    - Requester contacts Language Services by calling x 33333
    - At the tone enter requestor's telephone number; language services will follow up with you

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Provide Language Services the following information:

    a. Requester name and title
    b. Date and time needed
    c. Patient's name
    d. Patient location (floor, room, clinic, building)
    e. Type of auxiliary aid or service (see Sign Language Contractors below for contracted staff interpreters)

Sign Language Devices: LISA (Language Interpretation Services Anywhere)

LISA is a Video Remote Interpreting (VRI) device over the Internet connecting to our sign language contractor DeafLink. LISA is available within MMC and the CHC. The Interpreter will take the VRI unit to the requestor and instruct how to operate the device. When the device is no longer needed, call x 33333 for pick up.

MINILISA is a Laptop based device and is available to off-campus locations and can be picked up at Language Services office at MMC Lower Level OC-25. The device must be returned to the Language services office after use. Requesting staff must sign units out in order to maintain accountability for the location of these devices.

Sign Language Contractors

A qualified contracted staff Sign Language Interpreter will be utilized whenever a patient who is deaf or hard of hearing requests this support or when staff feel it is clinically important to facilitate the care of the patient.

To request a scheduled Sign Language Contractor, contact Language Services at least 72 hours in advance of medical appointment.

Language Services Contact Information

NAME-TITLE	EXT #	Home Phone	Cell Phone
MANAGER			
Martha Martinez, Manager of Language, International Programs, PR Liaison	45700	N/A	602-316-8709
SUPERVISOR			

Martha A. Castillo, Supervisor Language Services	45773	N/A	623-337-3718
INTERPRETERS-TRANSLATORS (SPANISH)			
Zuemy De la Rosa, Interpreter	41774	N/A	602-448-7707
Reyna Najarro, Interpreter	41774	623-242-9987	602-751-6194
Luis Rojas, Interpreter	41774	623-205-2345	623-298-9579
Ivon Caughlan, Interpreter	41774	N/A	602-388-2255
Elva Denneny Interpreter	41774	623-249-4594	480-760-5622
Martin Perez, Interpreter	41774	623-234-3637	602-327-4067
Gaby Valenzuela, Interpreter	41774	N/A	602-435-2601
Luz Gastelum, Interpreter	41774	N/A	480-217-2381
Cynthia Salinas, Interpreter	41774	N/A	602-561-3551
David Peretz, Interpreter	41774	480-609-6752	602-400-6799
Mario Martinez-Amado Interpreter	41774	N/A	623-349-2218
Refugio Baltazar, Interpreter	41774	N/A	480-297-9605
Anabel Hibler, Interpreter	41774	480-895-7580	480-287-3269
Luz Maria Alcazar, Interpreter	41774	N/A	623-225-4862
Ana Vigil, Interpreter	41774	602-244-0942	602-358-6271
Cynthia Sandoval, Interpreter	41774	N/A	480-329-0606
Cindy Bazua, Interpreter/Translator	41774	N/A	602-425-6603
Guadalupe Rojas, Interpreter	41774	N/A	480-553-0471
RosasVictoria, Interpreter/Translator	41774	N/A	623-414-7759
Francisco Soto-Castro, Interpreter	41774	N/A	623-341-3528
ElizabethCarmona Maya, Interpreter	41774	623-234-2557	424-200-9812
Paola Loya, Interpreter	41774	N/A	480-540-6078
Angelica Espinoza, Interpreter	41774	N/A	602-299-4882
Regis Gerard, Interpreter	41774	N/A	480-620-9993
INTERPRETERS(OTHER LANGUAGES)		Cell work #	Personal Cell #
Daisy Taknan, Burmese Interpreter	41774	602-292-0089	602-885-9686
Owliya Abdalla, Somali Interpreter	41774	602-316-0564	602-349-8685
Nahida Alani, Arabic Interpreter	41774	602-402-4677	602-748-5541
LilianeFerdinand, Swahili Interpreter	41774	602-290-5444	623-628-5153

Emergency Communications Protocol: Physician/Resident Communications

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Medical School/Resident Communications:

1. Valleywise Health utilizes a Hospital Incident Command System (HICS) structure for communication if the Emergency Operations Plan is activated. In most cases, the physician group will report to the Medical Care Branch Director under the Operations Section.

2. Activation of Medical School/Resident response may be limited to a single clinical area (emergency department, operating rooms, ICUs) or activated hospital/system wide. House staff/residents must register with AzHAN and provide multiple methods of contact.

3. During any disaster, AZHAN is the primary mechanism for activating selective or global resident response and provides a means of maintaining accountability and assessing resident availability and response time. AZHAN may also be utilized to send ongoing instruction, escalate response as needed, and conduct de-escalation measures.

4. All resident programs establish 5-points of contact for individual trainees to enable them to maintain accountability for trainees during a disaster. This information must be provided to the consortium GME office and updated every six months. The monthly clinical on-call lists for each program are also provided to the GME office. AZHAN site maintenance for Valleywise Health residents and other clinicians is maintained by consortium GME office administrators with AZHAN administrative access.

5. Programs will designate a chief resident or clinical liaison to be the primary contact to the hospital command center during a disaster. The hospital command centers will be responsible for notifying chief residents/clinical program liaisons of the need for additional staff

6. Notification will occur in a tiered manner with program directors, department chairs, medical directors, chief residents or pre-identified clinical program liaisons being alerted via the paging system. These individuals will be responsible to notifying individual program trainees and staff. AZHAN notification will direct trainees to provide availability and then place them on standby, direct them to a staging area, or direct them to a specific clinical area based on acute needs (report to ED, OR, ICU, etc.).

7. On duty clinical staff will be expected to remain at their assigned clinical station until further instructions are given. House staff/residents and clinicians on duty will utilize the hospital's internal communications protocol in addition to routine approved resident communication methods (Slack, SMS, text page).

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1. House staff, fellows, and clinical staff are discouraged from reporting to the medical center unless instructed to do so to reduce confusion and exposure to potentially dangerous conditions. Out-of-hospital staging areas where incoming residents and clinicians should gather will be designated in the CHC (primary site) or Behavioral Health – Phoenix (secondary location).
2. In case of total communications failure, the chief resident in each clinical area will collaborate with Valleywise Health clinical leaders to designate one individual as a "runner" for clinician communications. These runners will report to the clinical liaison for further direction.
3. In the event the hospital establishes an off-site clinical area, residents/fellows may be assigned to appropriate clinical areas based on program focus and experience. Clinical assignments may also vary based on the context of the incident. General guidelines are listed below.

Specialty Groups	Service	Location
Senior Internal Medicine	Medicine	Medical ICU and floors
Senior General Surgery	Trauma surgery	Operating suites, SICU
Emergency Medicine	TriageandEmergency Medicine	Emergency Department
Senior OB/GYN	OB/GYN and general surgery	L&D, Operating suites
Senior Pediatric	Pediatrics	PICU, Emergency Department, Floors
Critical Care Fellows	CriticalCare(medical/surgical)	MICU, SICU, PICU, NICU
Surgical fellows	Surgical	Operating suites and ICUs
Senior Psychiatric	Mental health	Mental health crisis stations
General Labor Pool		
Medicine - Resident	Medicine	Medical floors, float pool
Surgery - Resident	Surgery	Surgical floors, float pool
OB/GYN – Resident	OB/GYN and Surgery	Surgical floors, float pool
Pediatrics – Resident	Pediatrics	Pediatric floors, float pool
Psychiatric – Resident	Mental health	Psychiatric wards, float pool
Surgical Subspecialty	Surgery	Float pool
Fellows (non-critical care)	Medical/Surgical	Float pool
All Podiatry Residents	Podiatry	Float pool
All Radiology Residents	Radiology	Float pool
Others not assigned		Float pool

Safety and Security

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Activation Trigger

Activation of a **CODE GREEN** by the IC will result in the following organizational responses. Additionally, incident specific responses are available in the INCIDENT ANNEXES of this plan.

Process

1. Upon activation, the IC will designate a Safety Officer preferably from the 3-Deep HIMT List if one of those listed are available. The Safety Officer is to ensure safety of staff, patients, and visitors, monitor and correct hazardous conditions and has the authority to halt any operation that poses immediate threat to life and health.

2. Internal safety procedures have been developed for use in emergencies and can be found in the Valleywise Health Safety Management Plan or in specific incidents information is available in the Emergency Red Book.

3. Staff, physician, volunteer, patient, and visitor safety is paramount in emergency response and the HICS staff position for Safety functions will manage this aspect of the response.

4. Upon activation, Security Services' function will report to the Security Branch Director or directly to the Operations Section Chief if this director has not been activated.

5. Internal security procedures have been developed for use in emergencies and can be found in the Valleywise Health Security Management Plan or in specific incidents information is available in the Emergency Red Book.

6. Security has established working relationships with community law enforcement and other potential security assets and developed procedures on how Valleywise Health would coordinate with them in a crisis.

Utilities Management

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Activation Trigger

Activation of a **CODE GREEN** by the IC will result in the following organizational responses. Additionally, incident specific responses are available in the INCIDENT ANNEXES of this plan.

Process

1. Upon activation, Facilities functional areas will report to the Infrastructure Branch Director or directly to the Operations Section Chief if this director has not been activated.

2. Internal utilities procedures have been developed for use in emergencies and can be found in the Valleywise Health Utilities Management Plan #06689S or in specific incidents information is available in the Emergency Red Book.

3. The Facilities Operation Department has identified alternate means to provide for utilities as follows:

4. Electricity: the primary source for alternate power is the installed emergency generator system, which is operated, maintained and tested per standard and Valleywise Health protocols.

5. Water for consumption and essential care activities: Should a water system failure occur, six (6) to eight (8) pallets of bottled water would be available in the MMC Kitchen and would be distributed via Food Services Department. Additional water conservation procedures instituted should a failure occur include rationing based upon expected duration and re-supply timeframes.

6. Water for equipment and sanitary purposes: should a water system failure occur, alternate water supply via the fire suppression main system could be utilized in the Central Plant to keep the chillers and boiler operating. Additionally, water tankers could be brought in to maintain the plant equipment. Water supply to the patient rooms and other processes (laundry, central sterile, and the kitchen) would be unavailable. The kitchen could use bottled water in some of the food preparation processes.

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Additional water conservation procedures instituted should a failure occur include staging 32-gallon containers of non-potable water (labeled as such) in the patient areas for flushing of toilets.

   a. Waterless hand cleaner and sanitizing wipes could be made available for sanitary purposes throughout the health system.

   b. Fuel for building operations or essential transport activities: Valleywise Health plans for 96 hours of operations unsupported. The two (2) each 10,000-gallon fuel tanks onsite are sufficient for that duration for our emergency generator system. Fuel re-supply is conducted by the Facilities Operations contracted vendor and can be delivered in as little as four (4) hours.

7. Other essential utility needs (ventilation, med gas, etc.): Valleywise Health plans for 96 hours of operations unsupported. There are sufficient ventilation system supplies such as filters onsite to support this. The 200,000+ standard cubic foot (SCF) of oxygen along with the additional gases (nitrogen, nitrous oxide, compressed medical air, etc.) stored onsite are sufficient for that duration for anticipated emergency operations.

8. Additionally, the Infrastructure Branch Director would work with the Procurement Unit Leader to communicate with vendors of essential supplies, services, and equipment in an emergency, including obtaining contact lists, and where needed stand-by contracts.

Business Continuity Response

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Activation Trigger

Activation of a **CODE GREEN** by the IC will result in the following organizational responses. Additionally, incident specific responses are available in the INCIDENT ANNEXES of this plan.

Process

Sustainability and Business Continuity are essential during response to any incident to ensure that critical functions and necessary support functions remain available to provide safe, effective patient care. It is the responsibility of the Incident Commander, supporting Section Chiefs and the Business Continuity Branch Director to determine the response based upon known incident information, former experience, best practices, and guidance from appropriate authorities. Areas for consideration include, but are not limited to:

1. Developing a common operating picture in response to the incident.
2. Determining which business functions are critical / non-critical.
3. Altering the Standards of Care, based upon the incident.
   a. Triage processes
   b. Medical management
4. Resource and Asset Management
5. Implementing necessary staffing models.
6. Coordinating information sharing, as necessary.
7. Maintaining necessary recordkeeping.
8. Identifying future anticipated needs as the incident unfolds.

*Additional mechanisms of sustainability and business continuity are mentioned throughout this document and can be found in the Incident-Specific Response Guides

Medical Surge/Immediate Bed Availability Plan

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Activation Trigger

The Surge / IBA Plan may be activated whenever the IC activates a CODE GREEN for any type of MCI, especially when the facility is already operating under CODE LAVENDAR or CODE PURPLE protocols.

Background

Previously, federal guidance indicated a medical surge equal to 120% of licensed beds. In the last few years, this thought process has changed to what is now termed Immediate Bed Availability (IBA) due greatly to the difference in staffed beds as compared to licensed beds. IBA is the ability to free up 20% of the staffed beds within 4 hours of an incident. Valleywise Health would accomplish IBA by activating MOUs such as AzCHER-Central MOU, or Az Burn Disaster.

IBA Process:

1. Initially, the Patient Flow Administrator will work on interfacility transfer capabilities based upon existing agreements. This includes the use of the regional EM Resource system to communicate and receive information on immediate regional bed availability.

2. The HIMT Liaison will assist Incident Command in coordinating with the Maricopa County Department of Public Health or direct healthcare partners to activate existing MOU agreements.

3. Patients that are safe to transfer will be moved to the 1st Floor of the CHC to wait for transportation if necessary.

4. The HMIT staging manager will track patients and transport units in collaboration with the Patient Flow Administrator and nursing units.

5. EVS and clinical staff will prepare vacated rooms for the intake of new patients.

6. The Telemedicine MOU could be activated to allow Valleywise Health to move lesser acuity patients to MOU partners (i.e. LTC/SNFs, Specialty/Rehab Hospitals, Designated Alternate Care sites approved by ADHS Licensing).

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Surge Capabilities – Clinical Space beyond daily staffing

The Valleywise Health Internal Bed Surge Capacity is the difference between staffed beds and licensed beds. The Valleywise Health External Bed Surge Capacity is 200 patients, using stretchers palletized in the Mobile Storage Containers located east of the Behavioral Health Building. Beyond those numbers, bed improvisation will be required along with the need for additional supplies.

Approvals Needed for Surge

1. **If there has not been a Declared Emergency by the Governor**, the Liaison Officer must at a minimum contact ADHS Licensing Services at **602-364-2536** to inform them of the surge and expected response over the next 24 hours to obtain emergency permission to activate surge processes.

2. When there is a Governor Declared Emergency, the Liaison Officer will follow the ADHS Emergency Waiver Request Form instructions (Functional Annex G, pages 3-4) and forward it to heoc_ops@sirenaz.gov.

   a. Additionally, an 1135 CMS Waiver (Functional Annex G, page 5) is to be completed and forwarded to ADHS at heoc_ops@sirenaz.gov and the San Francisco Regional CMS Office at ROSFOSO@cms.hhs.gov.

      Each of these waivers is also available electronically at http://azdhs.gov/als/

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Process

1. The Operations Section is responsible to implement and manage the surge process, upon direction from the Incident Commander.

2. The Operations Section will consider utilizing units such as the PACU, Endoscopy, Cardiac Cath Lab, Angio, Radiology, and the ED as additional ICU or needed isolation beds and will be responsible for the staffing and equipment resources for those areas.

3. The Operations Section will define areas for surge bed capacity for each unit or common areas and is responsible for staffing and equipment resources

4. The Logistics Section is responsible for obtaining needed equipment and resources to address surge capabilities.

5. The Planning Section is responsible to address any situational education needs and developing the plan for anticipated needs. That plan must be approved by the Incident Commander before implementation.

Additional resources:

ADHS Emergency Waiver Request Form

Information Needed to Request 1135 EMS Waiver

Triage Practices

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Activation Trigger

Triage practices will be initiated in the response to incidents that create mass casualties or when determining evacuation needs. Incident specifics and resources will determine the necessary triage method to be utilized.

Process

1. Triage is a dynamic and ongoing process.
2. Incidents that require decontamination:
   a. Patients will be triaged for decontamination utilizing START (adults) and JumpSTART© (pediatrics)
   b. Once decontaminated, the patients will be transported to the Casualty Care Triage site to be re-triaged based upon Emergency Department practices and protocols.
3. Mass Casualty Incidents:
   a. Patients will be triaged based upon Emergency Department practices and protocols and transported to the appropriate Casualty Care Area for further treatment.
4. Evacuation Situations:
   a. Based upon the incident type and evacuation needs (partial or full), patients will be triaged and evacuated as follows:
      i. From evacuation area to staging area – **Reverse START**
   - **GREEN:** Those patients able to walk: Accompanied out in groups by nursing assistants, ward clerks, or other non-professional personnel. Patient charts will be carried by staff members. Infants will be carried by their parent if parent is available and capable of carrying the infant.

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- **YELLOW:** Wheel-chair dependent or Bed-Bound patients: Accompanied out by nursing, nursing assistants, or ancillary services personnel (x-ray, lab, RT, PT, OR, etc.) Use wheelchairs and wheeled commodes. Bed bound patients utilize beds, gurneys, or backboards available. Patient charts to be carried by staff members and are to remain with patients. **RED:** Patients who are non-ambulatory, acutely ill, unstable, or require lifesaving equipment will require the most resources moving. May require 2-3 staff members per patient and will be accompanied by licensed personnel and assistants as available. Patient charts will remain with patient/staff.

  ii. From staging area to another location – **START**

  iii. **Staging areas to be determined by Staging Manager and Operations Section Chief. Although green section patients may be evacuated first, they may not actually be transported first to another hospital or location.**

5. Triage processes may only be altered as deemed necessary by the Incident Commander after review of the processes with the Medical Ethicist and Chief Medical Officer or designee.

  a. Reasons for altered triage processes may include, but are not limited to:

    i. Number of available resources

    ii. Number of patients

    iii. Type and duration of incident

Casualty Care Plan

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Process

1. The Triage area is located immediately outside the ED Ambulance entrance. Security will assist with ground and air EMS traffic control as well as privacy and security of the triage area. On-lookers and any media will be removed from the area.

2. The Casualty Care areas are expanded emergency department treatment areas. The designated treatment locations will be used whenever possible, but it is important that these locations be deemed flexible due to organizational construction or remodeling projects or internal CODE GREEN events. There will be Immediate, Delayed and Minor treatment areas for adults and **pediatrics**.

3. Critically ill or injured adult patients will be triaged to the **Adult Immediate Treatment** Area located in the Adult Trauma-Critical Care area of the ED. Pediatric critically ill or injured will be triaged to the Adult ED Observation area, this area will be the **Pediatric Immediate Treatment** area. **Pediatric** specific equipment from the trauma bay and Peds ED will be taken to this area.

4. Adult patients meeting the **Delayed Triage Criteria** will be treated in the Endoscopy Department. **Pediatric patients** in the Delayed category will be treated in the Peds Emergency Department. The endoscopy staff will be supported by Adult ED nursing staff and physicians.

5. The **Minor Treatment** area will be in the Comprehensive Health Center. The adults will be cared for in the Surgery Clinic- 3rd floor and the pediatric patients will be cared for in the Pediatric Clinic on the second floor. If the CODE GREEN external incident occurs on a weekend, holiday or evening/night shift the treatment area may be initially established in the burn/trauma clinic until the CHC staff arrives

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6. In the **delayed and minor treatment areas**, every opportunity will be made to keep families together. If there are unaccompanied minors, they will be kept within the security of the delayed and minor treatment areas until the hospital reception site can be set up for reunification processes.

7. Patients triaged to the **Expectant Treatment Area** will be taken to the Cath lab. This area will be established at the direction of the Casualty Care Unit Leader and Medical Care Branch Director. The overall expected number of victims and acuity will determine if this area needs to be established.

8. The **Morgue** will receive any patients that have expired on arrival or expired during their treatment from the CODE GREEN incident. All patients must have identification bands in place. Human Remains forms should be initiated whenever possible, prior to taking the patient to the morgue.

9. **Casualty Care Discharge Area** is in the CHC - 1st floor Internal Medicine Clinic area. All CODE GREEN patients that are to be discharged will be taken to this area for final discharge and processing of the patient.

Casualty Care Plan Matrix
Casualty Care Plan Matrix

Triage Category	Primary Treatment Area Location	Capacity	Team Members	Surge Area	Surge area capacity	Surge Team	Needs
Triage	Area near ambulance entrance *Instruct Security to block off driveway	NA	Physician TBD Trauma Surgeon Medical-ED Attending <u>ED Triage Team</u> *1 Adult ED RN* *1 Peds ED RN* *4 Transporters* *2 Registration staff*	TBD		Physician TBD <u>Overflow Team:</u> *2 ED RNs* *4 Transporters* *1 ED Tech* *2 Registration*	*Triage Cart *WOW with barcode scanner
(Immediate) RED TX Area	Adult ED Population: Adults; Trauma/Critical Care/Adult ED	27 8	Immediate TX & Delayed Physician Team Directors: EM Critical Care Trauma Attending Residents: 4 ED 4 Surgical 4/5th year Red TX Team: 1 RN Team Leader 13 RN 1 Scribe 2 Techs 1 Registration 1 HUC 1 Child Life	Pediatric Red patients- cohort to Adult ED observation area		Add Peds ED Attending/Resident Overflow Team: 1-2 RN 1-2 Techs 1 Registration 1 HUC	WOW with barcode Scanner
(Delayed) Yellow Adult	ENDO	13	Lead Physician TBD 4th year surgeon Yellow Tx Team: 1 RN team leader 8 RN 1 Scribe 1 Tech 1 Registration 1 HUC	ANGIO	5	Physician TBD Overflow Team: 1 RN team leader 3 RN 1 Tech 1 Registration 1 HUC	
(Delayed) Yellow PEDS	PEDS ED	16	1 PEDS ED Attending 1 PEDS ED Resident 1 4th-year Surgeon PEDS Delayed-TX team 1 RN team leader 5 RN 1 Scribe 1 Tech 1 Registration 1 HUC 1 Child Life				

Casualty Care Plan Matrix

(Minimal) Green Adult	CHC 3rd Floor ***On nights and weekends, start in Burn Clinic**	+/-100	**Podiatry Attending Medical Students Surgery Interns** **Adult Green TX Team:** **1 RN leader** **5 RN** **2-4 MA/Tech** **1 Scribe** **1 HUC** **1 Registration** ***May share staff with Green PEDS team**	Burn Clinic	6	**Podiatry Attending Medical Students Surgery Interns Green TX Team:** **1 RN leader** **5 RN** **25 MA/Tech** **1 Scribe** **1 HUC** **1 Registration**	CHC can supply RNs and MA/Tech
(Minimal) Green PEDS	Peds Clinic (2nd Floor) **On nights and weekends, start in Burn Clinic*	+/-100	*Pediatrician PedsResident Interns Peds ED Interns* <u>PEDS Green TX Team</u> *1 RN leader* *5 RN* *2-4 MA/Tech* *1 Scribe* *1 HUC* *1 Registration* *1 Child Life* ****May share staff with Green Adult team***	Burn Clinic	6	*Pediatrician Peds Interns Peds ED Interns* ****Staffshared with Green Team***	CHC can supply RNs and MA/Techs
Expectant **Only set up at direction of Casualty-Care Unit Leader/Medical Care Branch Director*	Cath Lab	6	*Physician-Internal Medicine* <u>ExpectantTX Team</u> *1 RN team leader* *2 RNs* *1 scribe* *1 Tech* *1 Registration* *1 HUC* *1 Chaplain*				<u>Need:</u> Patient Belongings forms, human remains release forms, and camera for pictures of unidentified victims
Morgue	MMC Morgue Autopsy Room	44	**MortuaryTeam fromValleywise HealthLab(4 Total)** *1 Team Leader* *1Registration (float)* *1 Security* *1 Scribe* *1 Facilities/Biomed*	MMC Morgue *(without stretchers)* Mortuary Tent Refrigerator	+/- 30 +/- 40 +/- 30	**Mortuary Team from Valleywise Health Lab** *1 Team Leader* *1Registration (float)* *1 Security* *1 Scribe*	

Casualty Care Plan Matrix

Casualty Care Discharge Area	CHC 1st Floor Internal Medicine Area	Discharge Team 1 RN Team Lead 2Care Management 1 Psychologist 1 Scribe 1 Tech 1 HUC 1 Security				
Victim Families Patient Family Assistance Area	Auditorium I/II		PatientFamily Assistance Team: *Team Leader Case Management Personnel Scribe Clerk Chaplain Valleywise Health Volunteers*	Reports to Logistics Support Branch Director		
Labor Pool and Credentialing Unit	Education Pavilion		HR staff	Reports to Logistics Support Branch Director		
Staff Support, Family care/daycare	Education Pavilion		Employee Health Staff ChildLife Specialist Clerk Education/Org Development staff	Reports to Logistics Support Branch Director		
Staff Pet Care Area	Behavioral Health - Phoenix Building Grass Area		Valleywise Health Volunteers/Staff	Reports to Logistics Support Branch Director		

Patient Family Assistance Plan

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Activation Trigger

The Patient Family Assistance Plan should be activated in part or whole to support the Casualty Care Plan, Mass Casualty Incident response/recovery, Mass Fatality recovery, or any other time deemed necessary by the Hospital Command Center (HCC) Incident Commander.

Scope

- Ensure the provision of patient family assistance resources to children, families, and those with special or functional needs.
- Provide a family reunification process that supports patient families and integrates into the community-wide process.
- Provide support and access to social services needed by patient families, including cultural and/or spiritual needs.

Family Reunification Process

Upon activation of the Patient Family Assistance Plan:

1. **The Operations Section Chief will activate a Patient Family Assistance Branch Director**, who will then activate a Family Reunification Unit Leader. Unit Leader will complete Activation Checklist and forward to Documentation Unit Leader.
2. The **Hospital Reception Site** (HRS) will be made available, set-up, staffed, and secured.
   a. The primary HRS will be the 1st Floor of the Administration Building to include Auditoriums 1-4 and Navajo East & West Rooms, as necessary.

b. Notification will need to be made to those that have reserved the rooms for events until the HRS has been demobilized.

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3. **Set-up will include:**

   a. Directional signage

   b. A registration area for family members

   c. Tables and chairs for waiting

   d. A secure environment (Pediatric Safe Zone) for unaccompanied minors

   e. Area for private conversation/notification

   f. Access to media (TV monitor) for information

   g. Determine with command staff the appropriate e-mail to utilize (i.e. Info@Valleywisehealth.org)

   h. Refreshments and activities/supplies to occupy wait time

   i. Access to communications (phones, computers, etc.)

4. **Staffing** (Recommended per Shift):

   a. Family Reunification Unit Leader

   b. Family Registration personnel

   c. Child Life Specialists (or other appropriate, credentialed staff)

   d. Interpreters

   e. Runners for communication

   f. Communication/Notification personnel

   g. Security

   h. Crisis Support staff (Chaplaincy, Social Workers, CISM, etc.)

5. **Area security plan** should include the safety and security of patient families and unaccompanied minors. Media should be kept away from the HRS. Complete Child Care Area Checklist and forward to Documentation Unit Leader.

6. As family members arrive, register and gather information about family member(s) sought.

7. Determine needs for childcare and accommodations for access/functional needs.

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8. **Obtain information regarding possible patients/victims as follows:**
   a. Patient Tracking Manager for internal search
   b. Utilize EMTrack to check surrounding hospitals
   c. Contact Liaison Officer to check with other facilities/response entities if EMTrack is unavailable

9. Provide frequent updates to family members on the status of the situation.

10. Provide notification to family members as to the status of "missing" family member(s), when available.

11. Facilitate reunification of family members with patients/victims either in treatment areas, patient rooms, or at discharge.

12. If unable to locate patient/victim in the facility, refer family members to the community Family Reunification Centers when they have been established.

13. Demobilize HRS following the plan given by the Demobilization Unit Leader.

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Social Services Process

Upon activation of the Patient Family Assistance Plan:

1. The Operations Section Chief will activate a Patient Family Assistance Branch Director, who will then activate a Social Services Unit Leader.

2. Set-up and support the Hospital Reception Site (HRS) and Discharge area needs.

3. Communicate needs to Liaison to assist in coordinating Valleywise Health, Coalition partner, and community resources

4. Ensure the provision of social services resources to children, families, and those with special/functional needs.

5. Provide guidance and recommendations to the Patient Family Assistance Branch Director.

6. Demobilize the Social Services process following the plan given by the Demobilization Unit Leader.

7. Determine the status of social services at Valleywise Health and the community including:

   - Housing/Shelters
   - Government authorized care sites
   - Medically fragile care sites
   - Food and water distribution centers/resources
   - Clothing distribution centers
   - Community warming/cooling stations
   - Medical transportation
   - Non-medical transportation
   - Pharmacies
   - Faith-based organizations
   - Cultural support services
   - Pet/animal shelters Child, adult, dependent day care
   - Access to government services (i.e. food stamps, aid, etc.)

- Insurance response/coordination centers
- Interpreters/translation services

Patient Family Assistance Plan Activation Checklist
Activation Checklist

☐ The Hospital Incident Commander will activate the Hospital Reception Site (HRS) Plan

☐ Operations Section Chief will activate the Patient Family Assistance Branch Director, who will activate the Family Reunification Unit Leader and Social Services Unit Leader, as necessary.

☐ Based on the incident size, number of victims, and other factors listed in the plan determine the approximate scale of the event:

Incident Type _____

Date _____ Time _____

Approximate number of victims _____

Estimated number of family/friend to arrive at HRS _____

Estimated Incident size _____

☐ If the primary location is inaccessible, contact Logistics Section Chief to find an alternate location.

☐ Identify services that will be provided at HRS (check all that apply):
  - ☐ Reception/Registration.
  - ☐ Family Briefings.
  - ☐ Victim Information Services.
  - ☐ Health Services.
  - ☐ Missing Persons Services.
  - ☐ Medical Examiner Interviews.
  - ☐ Support Services:
    - ☐ Child Care
    - ☐ Translation/Interpretation/Other Access and Functional Needs Accommodations.
    - ☐ Social Services (List Below):

1. _____   6. _____
2. _____   7. _____
3. _____   8. _____
4. _____   9. _____
5. _____   10. _____

☐ Ensure HICS 252 Section Personnel Time Sheet is used to account for employees and volunteer. Forward completed forms to Time Unit Leader in Finance Section.

☐ Identify any additional equipment and supplies needed for the HRS. Forward resource requests to Logistics Section Chief using a HICS 213 General Message Form.

☐ Set-up HRS. Ensure Information Technology needs are met and tested (Television/Cable, Phones, Internet, Cell Phones, Fax Machines, Radios). Forward resource requests to Service Branch Director in Logistics Section using a HICS 213 General Message Form.

☐ Evaluate security of the HRS. If additional Security staff are needed, forward requests to Security Branch Director in Operations Section using a HICS 213 General Message Form.

☐ Open HRS and coordinate messaging with Public Information Officer; location, hours, and services.

☐ Once documentation is completed, forward a copy to the Document Unit Leader in Planning Section.

Social Services that may be required at an HRS:

- ☐ Animal Care
- ☐ Child/Youth and Family Services
- ☐ Communications (phone and internet)
- ☐ Food Services
- ☐ Foreign Nationals
- ☐ Health Care Information Services
- ☐ Therapy Dogs
- ☐ Transportation
- ☐ Unemployment benefits
- ☐ Translation/Interpretation Services

Child Care Area Checklist

YES	NO	ITEM
		Needle boxes are at least 48 inches off the floor?
		Do the windows open?
		Are the windows locked?
		Are window guards available?
		Plug-in covers or safety wiring for electrical outlets?
		Strangulation hazards removed (cords, wires, tubing, curtains/blinds drawstrings)?
		Can you contain children in this area (consider stairwells, elevators, doors)?
		Do you have distractions for the children (age and gender appropriate videos, games, toys)?
		Poison-proof the area (cleaning supplies, Hemoccult developer, choking hazards, cords should be removed or locked)
		Are your med carts and supply carts locked?
		Do you need to create separate areas for various age groups?
		Do you have a plan for security for the unit?
		Do you have a plan to identify the children?
		Do you have a plan for assessing mental health needs of these children?
		Are there any fans or heaters in use? Are they safe?
		Do you have an onsite or nearby daycare? Could they help you?
		Do you have enough staff to supervise the number of children (Younger children will require more staff)?
		Do you have a sign-in, sign-out sheet for all children and adults who enter the area?
		Will children need to be escorted away from safe area to bathrooms?
		Are age-appropriate meals and snacks available for children?
		Are various-sized diapers available?
		Does the CCA have hand hygiene supplies?
		Are there cribs, cots or beds available for children who need to sleep?
		Does the CCA have a policy/protocol for handling minor illness in children (Tylenol dosing, administering routine meds, etc.)?
		Do you have an evacuation plan?
		Consider food allergies, such as peanuts.
		Contact the Division of Child Safety and Family Services and/or Law Enforcement, as necessary, for release procedures.

Closed Point of Dispensing Plan (POD)

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Mission: To ensure a safe environment for staff, patients, visitors, and the facility when mass prophylaxis is needed in response to an event of a disease-related emergency.

Objectives

☐ Dispense medication to staff, patients and visitors
☐ Provide safe and appropriate patient care, based on scope of response
☐ Maintain patient tracking
☐ Provide continuity of care for non-incident patients
☐ Maintain communications with healthcare and public safety response partners

Activation Trigger

Maricopa County Department of Public Health will notify Valleywise Health that the Strategic National Stockpile has been activated. Valleywise Health will notify staff via (email/phone) that the Valleywise Health point of dispensing site will be activated and to report to the identified location(s) (TBD based on event) to receive Prophylaxis. Incident specifics and resources will be determined by MCDPH and will be delivered to the hospital.

Valleywise Health will be notified via phone or email from MCDPH. Public Health will assign a Liaison Officer to be the point of contact for Valleywise Health. They are responsible for facilitating the process, inventorying, and supporting the Closed POD.

Scope

- Ensure that Valleywise Health employees, patients and their families will be provided with medications in the event of a disease-related emergency.
- Provide a formal process that supports the dispensing of medications to Valleywise Health employees and their families.

Valleywise Health facility wide Protocols for an event of a disease-related emergency

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Process

1. Valleywise Health will forward any forms that need to be completed to all staff via email prior to coming to the point of dispensing site, to include the Head of Household (HOH) form.
2. The first alert will be sent to the staff assisting with operation of the Closed POD.
3. Once Valleywise Health has been notified by MCDPH that the Closed POD has been activated, Valleywise Health will be given notice to standby for arrival of Medical Countermeasures. The Valleywise Health Warehouse has been predetermined with MCDPH to be the delivery site for all assets.
4. All POD staff members will receive prophylaxis before the POD opens to assure continuous dispensing during the 48-hour period.
5. The staff will prepare and set up the POD according to the design listed below.
6. These staff members will set up and coordinate with the department heads and security to notify staff when the POD is open for dispensing. The POD will operate by Department based on incident need and determined by Hospital leadership or HCC.

Staff POD

1. Once the POD is activated, departments will be notified when to send their staff members. Employees should be dispatched in rotation to provide continuity of care in each department.
2. Staff should have all paperwork filled out and their ID badge ready when going through the POD.
3. There will be two POD pathways for each dispensing Unit in the facility, both sides of the POD are open to staff members.
4. Staff will check in at the Greeting Tables to ensure they have all necessary paperwork. Once paperwork is verified, they will move onto screening to ensure there are no contraindications to medication. Once the forms and staff member have been screened, they will move onto the dispensing area where prophylaxis will be given for the staff member and all members of their household.
5. Once all staff members have been through the POD, they should return to their department to wait on instructions for providing POD services to their patients. Once all Staff members have been seen, this POD will open to patients and visitors.

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Patient and Visitor POD

7. Once the POD is activated, departments will be notified when patients can receive medication. Staff members should assist all Patients/Visitors to the POD area.
8. Patients/Visitors who are ambulatory will be seen by a designated POD path; non-ambulatory patients will be given forms and medication by department.
9. Patients must have valid form of ID. Patients will receive all paperwork at the Greeting tables and must fill out forms in entirety to receive medication.
10. Once paperwork is verified, they will move onto screening to ensure there are no contraindications to medication.
11. Once the forms and staff member have been screened, they will move onto the dispensing area where prophylaxis will be given for the patient/visitor and all members of their household.

POD Staff Protocols and information

1. Once the POD location is determined, Medication storage, materials and all forms will be stored in a nearby area until the 48-hour window is closed, and the demobilization procedure is authorized.
2. Please refer to the following protocols for related materials to be delivered by MCDPH:

Storing medications

- Medications should be stored in a secure location (a locked room or locked cabinet where few individuals have access) and kept away from extreme heat or cold.

Ready materials

- Valleywise Health will receive all relevant materials related to the incident from MCDPH when supplies are delivered. Forms provided will include drug information sheets for the antibiotics and Head of Household forms. Other forms that may be included are inventory control forms, FAQ sheets, drug algorithms, and others.

How much will Valleywise Health receive?

- Valleywise Health will receive the amount of medication specified in the Memorandum of Understanding that Valleywise Health has with Maricopa County Department of Public Health or in the survey sent out. It is expected that initially, Valleywise Health will receive a 10-day supply (one bottle) of pills per person. Some biological therapies call for 30 or 60-day regimens of antibiotics. If more supplies are necessary, Valleywise Health will notify MCDPH and they will send you more supplies**.**
- Keep an inventory of medications received from public health. If no inventory forms are provided, you can use your own inventory control forms or create a

simple one on notebook paper. This information, along with any unopened medication, will be returned to MCDPH.

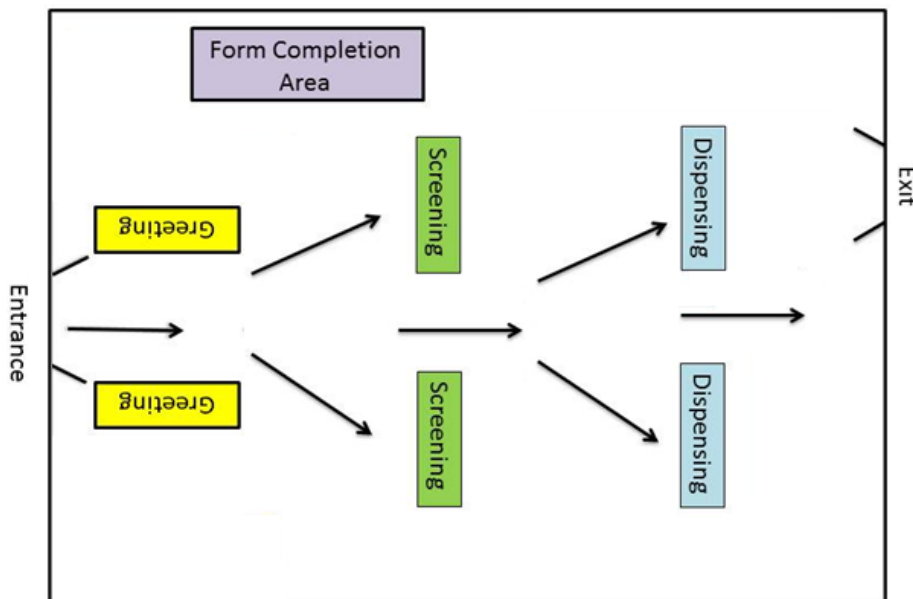| Title: **Closed Point of Dispensing Plan**		Functional Annex:	Page: **4 of 7**
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3. POD Unit Leader:

4. The POD Unit Leader must first meet with the Medical Branch director to determine nature of incident and to be briefed. Once briefed, unit leader must determine if all POD staff are assembled and ready. Once all staff are located, Unit leader must debrief staff and assign tasks to staff members. Resources delivered from county must be inventoried and organized in preparation of POD activation. Staff members should work with the Planning and Logistics branches to locate and pull all necessary materials for POD set-up listed below. The POD unit leader must notify heads of all departments to release an updated list of all employees and admitted patients as of the time the POD is activated.

5. Set-up the POD according to guidelines below as well as the provided diagram. Before the POD is open, ay out paperwork and materials in the appropriate designated areas to maximize efficiency.

   When setting up the dispensing area, keep in mind that:
   - The area needs to be open and will allow unimpeded traffic flow
   - The area needs to be secure from the public
   - The area needs to be accessible to all employees
   - The entrance and exit should be on opposite ends of the room

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Setting up the POD

Equipment List:
   a. Tables
   b. Chairs
   c. Stanchions
   d. Portable Screens/Partitions
   e. Portable Barricades
   f. Extension cords
   g. File folders
   h. Pens
   i. Inventory Logs
   j. Staff List

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Running the POD

Once the POD is setup, notify employees, patients and visitors that the Dispensing Area is open.

Screening for contraindications and dispensing

First, staff that are carrying out the plan will be dispensed medications. This will allow employees to dispense to potentially exposed individuals without having to worry about their own risk and feel confident that their family members are protected.

Greeting
- Greeters are stationed by the entrance to the dispensing area and pass out HOH forms, Biological Event Fact Sheets, Drug Information Sheets and Crushing Instructions.
- Each person receiving medications should complete a HOH form (staff can assist clients who are unable to write).

Screening:
- HOH forms are used to: screen for contraindications to taking the medication, determine the appropriate antibiotic, and to track medication dispensed. Employees can pick up medications for their families by completing one HOH form, but must include information for each family member. Each person receiving medication must be included on a HOH form returned to MCDPH.
- Ask employees and clients to bring/have ready a list of medications (prescription and over-the-counter drugs, vitamins, minerals, and antacids) they take and any known drug allergies for *every* person who will get a course of medication.
- The screener will review the intake form for any contraindications and mark the appropriate medication. Algorithms for the screening process will be supplied by MCDPH

Dispensing:
- Once staff has determined the appropriate antibiotic in the screening process, they will give the client a 10-day supply bottle of pills.
- Advise employees and clients that they should not stop taking the drug unless they are having an allergic reaction to it. In this case, they need to call their medical care provider.
- Dispenser places lot tag for each bottle dispensed on the HOH form and keeps the HOH form
- After the event all HOH forms and leftover medications are returned to MCDPH

Step-By-Step procedure:
1. Give Head of Household form, drug information, FAQ, and Biological Event Fact sheets to employee, patient or visitor.
2. Employee, patient or visitor fills out the HOH
3. Review HOH form and screen for contraindications.
4. Dispense appropriate medication based on dispensing algorithms.
5. Dispenser places lot tag sticker on the HOH and keeps the form
6. Keep inventory of medications.
7. Provide status updates to the public health contact as directed; coordinator provides status updates to assigned Closed POD Supervisor.

Return HOH forms, inventory forms, and unopened bottles to public health

HEAD OF HOUSEHOLD FORM

Maricopa County Public Health
WeArePublicHealth.org

NAME: _____ PHONE: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

To the best of your knowledge, answer each question for every person listed on this form. If you have more than 8 persons, please use an additional form.	Are You Pregnant? or May be Pregnant?	Allergic to: - Ciprofloxacin or Quinolones? *(See back for list)* - Take Zanaflex or Tizanide? - Have Myasthenia Gravis?		Allergic to: Doxycycline or Tetracyclines? *(See back for list)*		Under 90 lbs? and/or Trouble Swallowing Pills?	COMPLETED BY POD STAFF *Select appropriate medication for each person* *Place Lot # Label assigned for each person*	
1) YOUR NAME	☐ YES	☐ YES	☐ NO	☐ YES	☐ NO	☐ YES	☐ Ciprofloxacin ☐ Doxycycline ☐ Advance Screen	LABEL
2) NAME	☐ YES	☐ YES	☐ NO	☐ YES	☐ NO	☐ YES	☐ Ciprofloxacin ☐ Doxycycline ☐ Advance Screen	LABEL
3) NAME	☐ YES	☐ YES	☐ NO	☐ YES	☐ NO	☐ YES	☐ Ciprofloxacin ☐ Doxycycline ☐ Advance Screen	LABEL
4) NAME	☐ YES	☐ YES	☐ NO	☐ YES	☐ NO	☐ YES	☐ Ciprofloxacin ☐ Doxycycline ☐ Advance Screen	LABEL
5) NAME	☐ YES	☐ YES	☐ NO	☐ YES	☐ NO	☐ YES	☐ Ciprofloxacin ☐ Doxycycline ☐ Advance Screen	LABEL
6) NAME	☐ YES	☐ YES	☐ NO	☐ YES	☐ NO	☐ YES	☐ Ciprofloxacin ☐ Doxycycline ☐ Advance Screen	LABEL
7) NAME	☐ YES	☐ YES	☐ NO	☐ YES	☐ NO	☐ YES	☐ Ciprofloxacin ☐ Doxycycline ☐ Advance Screen	LABEL
8) NAME	☐ YES	☐ YES	☐ NO	☐ YES	☐ NO	☐ YES	☐ Ciprofloxacin ☐ Doxycycline ☐ Advance Screen	LABEL

ALLERGY: A drug allergy may cause serious life-threatening reactions that affect multiple body systems (e.g. closing of the throat, trouble breathing, seizures, unusual bleeding, etc.). *If the person has an allergy that resulted in a life-threatening reaction to the medication listed on this form, the response to the question(s) should be "YES."

SCREENERS: Use algorithm to determine medication.

DISPENSERS: Verify medication and dispense as indicated. *Provide crushing instructions for those who cannot swallow or are under 90 lbs.

Associated Drug List for: DOXYCYCLINE / TETRACYCLINE	
Achromycin or Achromycin V	Oracea
Adoxa	Oxytetracycline
Arestin	Periodox
Atridox	Periostat
Bio-tab	Solodyn
Declomycin	Sumycin
Demeclocycline	Terak
Doryx	Terra-Cortril
Doxy	Terramycin
Doxycycline	Tetracycline
Dynacin	Tigecycline
Helidac	Topicycline
Minocin	Tygacil
Minocycline	Urobiotic-250
Monodox	Vectrin
Myrac	Vibramycin
	Vibra-tabs

Associated Drug List for: CIPROFLOXACIN / QUINOLONE / FLUOROQUINOLONE	
ABC Pak	Maxaquin
Acrosoxacin	Moxifloxacin
Acuatim	Nalidixic Acid
Alatrofloxacin	NegGram
Avelox	Norfloxacin
Chibroxin	Noroxin
Ciloxan	Ocuflox
Cinobac	Ofloxacin
Cinoxacin	Oxolinic acid
Cipro	Pefloxacin
Ciprofloxacin	Pefiacine
Eradacil	Proquin XR
Factive	Quixin
Floxin	Raxar
Gatafloxacin	Respipac
Gemifloxacin	Rosoxacin
Grepafloxacin	Rufloxacin
lomefloxacin	Sparfloxacin
Nadifloxacin	Temafloxacin
Levaquin	Tequin
Levofloxacin (Levafloxacin)	Trovafloxacin
Lomefloxacin HCL	Trovan
	Zagam

Infectious Disease/Biological Attack Plan

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Activation Trigger

Activation of the **Infectious Disease/Biological Attack Plan** will be based upon surveillance activities either through the Emergency Departments, Infection Control, or Employee Health that indicate a potential or probable presence of an epidemic infectious disease. Further, this plan may be activated in conjunction with information from the CDC, ADHS, or MCDPH in response to a suspected or known outbreak. *Also, suspected biological terrorist action identified by government intelligence agencies, law enforcement, and/or fire departments or emergency medical service first responders.*

Immediate Activation for Category A Agents - will require the greatest amount of resources, communication, and coordination within and with community partners.

- For response and Infectious Disease Unit (IDU) processes, please refer to Valleywise Health Category A Protocols.
- **Category A Agents include**: Anthrax, Botulism, Plague, Smallpox, Tularemia, and Viral Hemorrhagic Fevers (i.e. Ebola)

Delayed Activation for Category B & C Agents – dependent on resources and staffing.

- To ensure greatest capability of meeting needs and situational awareness, phased activation is suggested.
- **Category B Agents include**: Brucellosis, Glanders, Melioidosis, Psittacosis, Q Fever, Ricin, Staphylococcal Enterotoxin B, Typhus Fever, Viral Encephalitis, and Food and Water Safety Threats.
- **Category C Agents include**: Emerging infectious diseases (i.e. Nipah Virus and Hantavirus)

Valleywise Health should anticipate the needs and resources required to care for a patient for 7 days prior to resources arriving from State or Federal sources.

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Background Information

SUPPLIES

Valleywise Health has anticipated needs for consumable and durable resources and determined trigger points for ordering extra resources. Agreements are in place with suppliers of medical supplies and medical gases. The need for respiratory care equipment (including mechanical ventilators) will be monitored by Respiratory Therapy and Central Sterile. They will procure additional respiratory care equipment if needed. Should the need of supplies and equipment exceed available local resources, MCDPH and ADHS will be notified so that consideration may be given regarding requesting federal resources from the Strategic National Stockpile.

Additional supplies of antibiotics to treat bacterial complications of will be coordinated by the Director of the Valleywise Health Pharmacy and maintained during an epidemic. Medications may be made available by the federal, state and county health departments.

SURGE CAPACITY SUPPLIES

Valleywise Health has the capacity to externally surge bed capacity to 200 more than its licensed capacity. This process will only be used in extreme circumstances and will require a State "Disaster Declaration". External surge materials are housed in the Valleywise Health Warehouse and Disaster Preparedness Department Storage Units.

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INFECTIOUS DISEASE UNIT/TREATMENT AREA

In the event of activation of the Infectious Disease/Biological Attack Plan, Valleywise Health plans to utilize Peds Emergency Department as an IDU. Processes to prepare for the patient's arrival, care, staffing, PPE, waste treatment/management, and communication processes are documented in the Valleywise Health Category A Protocols.

Process

MEDICATION/VACCINES

Medications and vaccines will initially be distributed by Valleywise Health. If the incident becomes a declared epidemic/pandemic/biological attack, Valleywise Health will follow guidelines given by the state, county and/or national authority.

SURVEILLANCE AND EPIDEMIOLOGY

Valleywise Health will provide updated epidemiologic information on data that must be reported to state or local health departments (e.g., admissions; discharges/deaths; patient characteristics such as age, underlying disease, and secondary complications; illnesses in healthcare personnel). ADHS and MCDPH will provide incident-specific guidance on the scope and mechanism of reporting.

TRIAGE & FACILITY ACCESS

Triage

During the peak of an epidemic, the Valleywise Health Emergency Department and outpatient services may be overwhelmed with patients seeking care. Valleywise Health may establish patient care areas for "cohorting" patients, that is, placing them in the same geographic area to prevent further spread of the disease. Triage should be conducted to:

1. Identify persons who might have an infectious disease;
2. Separate them from others to reduce the risk of disease transmission; and
3. Identify the type of care they may require (i.e., home care or hospitalization).

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Valleywise Health will consider several different triage mechanisms.

1. Valleywise Health may use phone triage to identify patients who need emergency care and those who can be referred to a medical office or other non-urgent facility.
2. Valleywise Health may assign separate waiting areas for persons with symptoms.
3. Valleywise Health may assign a Triage Coordinator (part of the Hospital Incident Command System) to manage patient flow which may include deferring or referring patients who do not require emergency care.
4. Valleywise Health may screen for signs and symptoms of infectious diseases in all persons entering the Valleywise Health facility (hospital or clinic).
5. Valleywise Health may see very ill patients in the Adult and Pediatric ED and lesser ill patients in the CHC and FQHCs.
6. Isolation of airborne infectious patients may be done in the Adult or Pediatric EDs or in hospital rooms where reverse airflow isolation is available.

INFECTION CONTROL

Valleywise Health staff will follow current Valleywise Health policies and/or guidelines specific to:

1. The management of infectious patients;

2. Infection control practices for hospital staff;

3. Use of personal protective equipment (PPE);

4. Hand hygiene;

5. Solid waste;

6. Linens;

7. Dishes;

8. Environment; and,

9. Cleaning of blood and body fluids

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EMPLOYEE SUPPORT & PUBLIC INFORMATION

1. Distribute information to all persons who enter the hospital.

2. Carefully govern release of public information concerning the status of the epidemic.

Employee Wellness

The ability to deliver quality health care is dependent on adequate staffing and optimum health and welfare of Valleywise Health staff. During an epidemic, workforces may be stressed physically and psychologically. Like others in the community, Valleywise Health staff may become ill. Procedures are developed and will be implemented to:

1. Protect healthy workers from exposures in the healthcare setting through infection control measures.
2. Evaluate and manage symptomatic and ill healthcare personnel.
3. Distribute and administer medications and/or vaccines to Valleywise Health personnel and their families as recommended by HHS, ADHS and County Public Health.
4. Provide psychosocial services to health care workers and their families to help sustain the workforce.
5. Assign staff who is recovering from an illness to care for patients.
6. Protect personnel at high risk for complications from infectious diseases by reassigning them to low-risk duties or place them on furlough.
7. Identify mental health and faith-based resources for counseling of healthcare personnel during an epidemic.
8. Develop strategies for housing and feeding healthcare personnel who might be needed on-site for prolonged periods.
9. Develop strategies for accommodating and supporting staff that have child or elder care responsibilities.

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Evacuation / Shelter-in Place

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Biological Agents

Disease/Agent	Infection Routes	Signs and Symptoms	Untreated Mortality Estimate	Incubation Period	Infective Dose	Best Treatment	Isolation Precautions
Anthrax (*Bacilius anthracis*)	S,D,R	Pulmonary - Flu like S&S, Cutaneous - localized itching, papular lesion, GI	S: 25% D: 50%, R: 100%	1-4 days (sometimes 60 days)	10^3 - 10^4 Spores per Person	**Antibiotics** Cipro preferred. Limited help after sym develop. Cremate remains.	
Cholera (*Vibrio cholerae*)	D		50%	1-5 days	10^9 Organisms per Person	**Oral Rehydration** **Antibiotics**	
Hemorrhagic Fevers - Denge, Ebola, Lassa, Marburg, Rift Valley etc.	DC, Uncertain	Vary by type of VHF, fever, fatigue, dizziness, muscle aches, loss of strength	< 90%	2-7 days	Unknown	**Treat symptoms**	
Plague (*Yersinia pestis*)	V, R	Fever, cough, chest pain, hemoptysis, muco-purulent or watery sputum	Bubonic - 50% Pneumonic - 100%	2-3 days	10 Organisms per Person	**Antibiotics**	
Q Fever (*Coxielia bumetii*)	V, R	Fever, cough, chest pain, may be mistaken for pneumonia	< 1%	2-5 days	1 Organism per Person	**Antibiotics**	
Smallpox (*Vanola Major*)	DC, R, S	resemble viral illness, skin lesions - macules to papules to vesicles, fever, myalgias	30-60% Anticipated 10-90% World History	12-14 days typical (7-17 Extended Range)	Unknown Suspect 1-100 Viral Organisms	**No Primary Treatment** Treat infect as occur; sterilze chlorine disinfect anything in contact with pt	
Tularemia (Rabbit Fever) (*Francisella Tularensi*)	V, S, R	Fever, chills, headaches, muscle aches, joint pain, dry cough, progressive weakness	30-40%	2-4 days	25 Organisms per Person	**Antiobiotics**	
VEE (Venezuelan Equine Encephalitis)	V, R		About 1%	2-5 days	25 Viral Particles per Person	**Symptomatic**	
Botulism (*Clostridium botulinum*)	D,R	drooping eyelids, weak jaw clench, difficulty swallowing, vision change		foodborne 12-36 hours, inhalational 24-72 hours		**Trivalent botulinum antitoxin**	
Ricin (*Ricinus communis*)	D,R,Injection	weakness, fever, muscle/joint pain, dizzy, dry mouth, blurred vision		36-72 hours		No antidote exists. Supportive medical care.	

D= Digestive System   R=Respiratory System   S=Skin   V=Vector   DC=Direct Contact

Reference: USPHS Center for Disease Control: U.S. Army SCBDCOM: US-DPO

information is presented for planning and exercise purposes only

For response, treatmetn or decontamination, refer to offical US Surgeon publications, state/loca/health department orders, and approved medical protocols

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Activation Trigger

Activation of a **CODE GREEN** by the IC and incident specifics will result in the following organizational responses regarding evacuation and/or shelter-in-place determination. Additionally, incident specific responses are available in the INCIDENT ANNEXES of this plan.

Degree of Evacuation

The existing situation will determine the extent of evacuation necessary. The Incident Commander is to make an assessment whether the healthcare facility faces an internal or external hazard or both.

1. **Decision to "Shelter-In-Place"**
   a. The decisions on how to protect patients, staff and visitors by movement to a more secure area will be made by the HIMT in collaboration with the response agency Incident Commander or Unified Command, as appropriate.
   b. The decisions on how to protect the building will be made by HIMT Infrastructure Branch, based on the known hazards and their effects on the building and its inhabitants in collaboration with the response agency Incident Commander or Unified Command, as appropriate.

2. **Decision to Evacuate**
   a. In the event of a hazard, which requires a complete or partial evacuation of the facility, if it is necessary to protect the life and safety of patients, staff and visitors, IC is to give the order to evacuate in collaboration with the response agency Incident Commander or Unified Command, as appropriate.
   b. If the circumstances are such so that there is no immediate danger to the life and safety of patients, staff and visitors, IC is first to determine the availability of transportation resources and destination sites: internal and external before giving the order to evacuate. Until the time that these resources are determined, IC shall give the order to shelter-in-place.
   c. Once transportation resources and destination sites (internal and external) are identified IC shall give the order to activate the procedures to initiate an orderly and timely transfer of patients to the pre-designated destination site(s).

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d. When it is determined that evacuation is necessary, IC will provide directives according to its communications plan. Overhead announce page: The specific directive will depend upon the level of evacuation required (Incident Site, Partial: Horizontal, Vertical, or Full). IC will determine to which areas the patients are to be moved.

Shelter-in-Place Process

1. The healthcare facility is to initiate a process to secure the building (lockdown).

2. Staff is to be advised to stay within the building and to advise all patients and visitors to stay within the building until further notice.

3. If shelter-in-place is expected to last for more than 24 hours, the IC is to inform all departments that all resources are to be conserved. For example: (the following list is not meant to be inclusive)

    a. **Operations** - carries out all activities related to the management of the incident.

    b. **Planning** - establish a patient management plan, including identifying the current census, the cancellation of elective admissions and procedures, etc.; establish a workforce plan, including a plan to address staff needs for the expected duration of the shelter-in-place.

    c. **Liaison** - establish communications and a back-up communications plan with the local Emergency Management, Fire Department, Law Enforcement, Public Health, EMS, Human Services, Behavioral Health and others, as appropriate and the Emergency Operations Center (when activated).

    d. **Logistics** - provide HIMT with a "situation report", including resources needed, e.g. the amount of generator fuel available and the duration that this fuel is expected to last, the amount of food and drinking water available and the duration that these resources will last, etc.

4. Each department head/critical function is expected to provide in writing to the Logistics Chief, within one hour of the activation of HIMT, the resources that it has available, the expected duration of these resources and the contingency plan to conserve these resources, should replenishment of supplies be in jeopardy.

5. IC is to determine in collaboration with the response agency Incident Commander or Unified Command, as appropriate, when shelter-in-place can be terminated and to identify the issues that need to be addressed to return to normal business operations, including notification of local authorities about the termination of shelter-in-place.

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Evacuation Process

1. The Incident Commander, in consultation with the Chief Medical Officer/designee will give the direction to evacuate based on validated information from Security and the Operations Section.

2. The Incident Commander, in concert with the Chief Medical Officer/designee, will decide the level of evacuation.

   a. **Horizontal Evacuation** is the horizontal, controlled evacuation of unit/units into a similar unit in a controlled environment. These activities will require a **CODE GREEN INTERNAL** alert. A Horizontal Evacuation is preferable to a Vertical Evacuation for operational control and patient safety.

   b. **Vertical Evacuation** is the vertical, controlled evacuation of unit/units into a similar unit in a controlled environment. These activities will require a **CODE GREEN INTERNAL** alert. A Horizontal Evacuation is preferable to a Vertical Evacuation for operational control and patient safety.

   c. **Complete Evacuation** is the most severe evacuation of a unit/units or the entire hospital due to imminent danger. This requires a full **CODE GREEN** activation and implementation of the full Incident Command System. This method of evacuation is to be used only as last resort.

3. Patient evacuation needs are defined as the following.

   a. The physician in charge of each unit will assist in the priority or triage of moving patients based on resources and outcome.

   b. Patients who are on life support and require electrical / machine support will be the last patients to be moved due to resources and predicted outcome.

   c. Wheelchair-assisted evacuation may be done in an assembly line manner to maximize resources and patient movement from danger.

   d. Functional needs populations will be aided by use of sign language interpreters and TTY connectivity available through the Valleywise Health Interpreter Section.

   e. Other functional needs populations such as children, the elderly and those who require assistive devices will be aided by the nursing staff, the Chaplain's Office and by the Incident Command Center (Liaison Officer) communicating with the State Independent Living Council (**602-262-2900**) or the Arizona Bridge to Independent Living (**602-256-2245**) for further guidance.

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 f. Specific evacuation equipment, such as the "Paraslydes" or "MedSleds", should be utilized as needed. "Paraslydes" or "MedSleds" are located throughout the hospital (especially near the ICUs), the CHC, the Behavioral Health Maryvale, Mesa, and Phoenix. Stryker Evacuation Chairs are also throughout the hospital and the CHC.

 g. Some patients may also be able to be moved with the assistance of walkers, crutches, or canes as defined by resources available, time to evacuate facility, and patient needs.

 h. Some ambulatory patients may be evacuated by utilizing a defined staff member or volunteer and asking each person to form a chain by holding hands. The assigned staff will lead them to the defined evacuation area.

 i. Some patients may be placed on a mattress or rolled in a blanket on the floor to facilitate dragging the patient feet first, preferably by more than one staff member.

 j. Personal hygiene and sanitation of patients will remain the responsibility of the Nursing Staff until transfer is affected.

4. Intensive Care Units will consider the options of moving to the following areas, depending on the Level of Evacuation, urgency, and time of day.

 a. GI Lab

 b. Burn Acute Care Unit

 c. Endoscopy

 d. PACU

 e. Angio

 f. Emergency Department

 g. Cardiac Cath Services

 h. The CHC, as defined in the Valleywise Health "Red Book" Matrix for Hospital Evacuation.

5. General units will relocate in the hall of any other general unit and remain in the hall way until further direction.

6. Each unit / department will define the most optimal horizontal evacuation route and the second option for horizontal evacuation as well as the most optimal evacuation route for vertical evacuation and the second option for vertical evacuation. This will

be in conjunction and collaboration with Facilities and the Patient Safety Coordinator. This information will be included in the departmental disaster plan.

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7. In emergent and imminent danger evacuations, hospital departments should evacuate as directed by the Incident Command Center or Security, probably to the Hospital's South Parking Lot. Tents will be set up by Facilities; those tents are available in the cage within the Maintenance Yard next to Laundry.

8. The Incident Commander with the Logistics Section Chief, Operations Section Chief, and Planning Section Chief will define a plan to move the evacuated patients to an alternate care site using the Phoenix Fire Department (**911 and the EM System**) and the Maricopa County Department of Emergency Management (**602-273-1411**) and the Maricopa Department of Public Health - **(602) 527-5078 or back-up number (602) 747-7111**.

Fatality Management

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Definition

Mass Fatality – A mass fatality incident is one in which the number of fatalities exceeds the regular storage capacity of the morgue.

Activation Trigger

This annex is to be activated by the Incident Commander (IC) when the number of fatalities related to an incident or group of incidents exceeds 7 bodies or when the morgue is unable to transfer stored bodies to the Maricopa County Office of Medical Examiner (MCOME) or mortuary services.

Background

The normal morgue capacity at Valleywise Health Medical Center is 7 bodies given the number of gurneys in the cooler.

15 – 4 Tier Cadaver Racks and a Morgue Tent have been purchased and are stored in an Emergency Preparedness Mobile Mini located East of the Behavioral Health Phoenix Building (Facilities and Security Services both have keys for access).

A BioSeal Facility Pack that can be used to package 150 bodies has been purchased and is stored in the Warehouse. MCOME does not approve of the use of BioSeal for remains, as the product does not stand up to the Arizona heat. However, BioSeal can be used for personal belongings.

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Process

1. Upon activation of this annex, contact the Maricopa County Department of Public Health Office of Preparedness and Response Duty Officer via phone number (602) 527-5078 or back-up number (602) 747-7111 and make them aware of the hospital's status.

2. Contact the MCOME at 602-506-3322 and give a status update.

3. 11 of the Cadaver Racks will fit in the morgue cooler while allowing room for movement as necessary. Facilities can retrieve the racks and place them in cooler. This will allow a surge capacity to 44 bodies.

4. Should additional space still be required, the remaining 4 Cadaver Racks can be placed in the cooler in the Main Warehouse (2611 Building). This will add 16 additional storage spaces.

   NOTE: The cooler in the 2611 Building is not on generator backed up power. If there is a lack of power, Facilities will need to provide generators and wire for connections.

5. The Morgue Tent can be positioned at various locations on campus to add to the storage capacity. However, portable cooling units and generators will need to be procured to utilize the tent. Recommendations from the MCOME and military lessons learned speak to limiting the stacking of bodies to 2 high to best keep remains.

Important Contact Information

Maricopa County DPH – (602) 527-5078 or back-up number (602) 747-7111

Maricopa County OME – 602-506-3322

Reminder

Please remember that the remains may be used as evidence by local law enforcement or the FBI depending on the type of incident. Identification processes and location logging should be maintained to help this effort.

HOSPITAL EMERGENCY RESPONSE TEAM (HERT)

ACTIVATION, RESPONSE, AND DECONTAMINATION METHODS FOR SMALL INCIDENTS (FUNCTIONAL ANNEX M-1) AND MASS CASUALTY INCIDENTS (FUNCTIONAL ANNEX M-2)

HERT LOW CASUALTY/SMALL SCALE RESPONSE

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Activation Trigger:

Hazardous Materials (HazMat) Incident Emergency Action (per Valleywise Health Policy #14315S)

- **"ALL** patients that present to the hospital that have been contaminated with **ANY** hazardous

  material will be decontaminated **PRIOR** to being brought into the hospital. Procedures for

  decontamination and additional emergency actions are in the Emergency Operations

  Plan and Hospital Emergency Response Team (HERT) Standard Operating Procedure."

Fire Prevention for Patient Involved/Created Hazards (per Valleywise Health Policy #14306S)

- **"ALL** patients that present to health system that have been contaminated with **ANY** combustible or flammable material will be decontaminated following the Hospital Emergency Response Team (HERT) Standard Operating Procedure (found in the Valleywise Health
  Emergency Operations Plan) **BEFORE** they are brought into any of the buildings. This includes, but is not limited to, contamination with petroleum-based products such as gasoline, diesel, etc."

Activation of this plan is limited to the response for up to five (5) individuals that present to the hospital and have been contaminated with chemical, biological, radiological, nuclear, or explosive (CBRNE) materials or agents. If it appears that more than five (5) patients will present either from a single incident or multiple concurrent incidents, then the MASS CASUALTY Plan shall be activated. During a Mass Casualty activation, the initial response may start at the ED shower and then transition to the Mass Casualty Decontamination Area, depending upon timing and resource availability. The ED shower will require immediate clean up to no longer be considered a hot or warm zone.

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Definitions:

HERT (Hospital Emergency Response Team): specially trained members from within Valleywise Health to decontaminate patients with chemicals, biological, radiation and nuclear exposure. Included in this growing team have been nurses, techs, security, residents, and facility employees. Future participants may include healthcare community partners and appropriately trained Valleywise Health volunteers.

Types of Contamination:

- o Solids – Biological spores or dusty agents that could appear as particles
- o Vapors and gases – Created by dispersal devices, broken machinery, bursting munitions or generators. This may be in an enclosed area or outside with drifting fumes or clouds. These clouds are affected by the weather and can be local or diffuse.
- o Liquids – Liquid droplets that fall like rain. Droplets can range from thick and sticky to a misty consistency of water.
- o Aerosols – Fine liquids or solid particles suspended in the air. They behave much like vapors.

Equipment Required:

Personal Protective Equipment includes gloves, masks, plastic cover gowns, shoe covers as well as Level C-type decontamination suits, a Powered Air Purifying Respirator (PAPR) assembly with hood fitted with Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) cartridges, and rubber boots. Additional equipment includes litmus paper for testing pH of patient, trauma scissors, Dawn soap, buckets, sponges, clean gowns, clean gurney, belongings bag, and radiation survey meter, if needed, for radiological exposures.

Scope:

Actual decontamination will be conducted by HERT trained personnel only.

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Procedures:

1. **General Procedures:**

   a. **Physical contact with contaminated patients prior to the donning of appropriate PPE should be avoided.** If contact occurs, the individual will also be considered contaminated and will be required to undergo the appropriate decontamination process.

   b. The triage nurse or the nurse in charge will make a rapid visual assessment of the patient.

   c. NO physical contact with the patient should take place. The nurse will direct the contaminated individual(s) to the shower area to prepare for decontamination. The Patient shall be asked to undress, proceed through the decontamination shower process, and change into a hospital gown.

2. If a contaminated patient walks into or is brought into the ED, wherever they are, and wherever they passed, is now immediately considered "Hot" and is to be cordoned off accordingly.

3. **Preventing injury to emergency and hospital patients, visitors and staff as well as the prevention of ED/Hospital contamination and potential closure of the ED/Trauma and hospital is the number one priority. Contaminated patients may not enter the hospital, regardless of medical condition. If appropriate, medical interventions can be rendered in the ED decontamination shower until the patient is decontaminated and moved into the appropriate clinical care area.**

4. All areas contaminated by casualties will be cordoned off. All secondary exits and entrances within the department will also be cordoned off to prevent a contamination breach.

5. EMS personnel who have had contact with the contaminated individual will be evaluated prior to allowing entrance into the hospital as well. For instance, the flight nurse or ambulance medic who had contact with the patient must undergo survey and appropriate decontamination procedures. EMS personnel who have not had contact with the patient may not require survey unless they are showing signs and symptoms of contamination.

6. Any other individuals who have had physical contact with the patient will be considered contaminated and be directed to undergo survey and the appropriate decontamination process prior to hospital entry.

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ADULT EMERGENCY DEPARTMENTAL ACTIVATION:

ACTIONS ON SUSPECTED CONTAMINATED PATIENTS PRESENTING TO THE EMERGENCY DEPARTMENT RECEPTION / TRIAGE:

a. After notification from EMS personnel of a contaminated patient being transferred to Valleywise Health ED, the ED physicians and staff will follow the ED HazMat Response Diagram (page 9 of this policy)

b. ED CRL will activate a HERT response team. This team must consist of 3 members for safety.

c. Valleywise Health staffing must include 3 HERT-certified personnel at all times.

d. Other response personnel that will be notified include the ED attending MD, trauma surgeon if appropriate, Front Room Resident, the toxicologist on call, Valleywise Health Safety Officer, security, and linen services. In the case of radiation exposure, the Radiation Safety Officer from Nuclear Medicine shall be notified and will respond.

e. If additional HERT members are necessary, call Operator to overhead page "HERT Team Activation…HERT Team Members to the Adult ED (or other designated location)". If the need for personnel exceeds the number available on the main campus, additional HERT team members will be called in via AzHAN, phone call, text, or page.

f. The 3 HERT members will don the appropriate level of PPE as determined by the ED Charge Nurse. If level C PPE is required, HERT staff must undergo medical screening prior to donning PPE. This will include Heart Rate, Blood Pressure, Respiratory Rate, and Weight.

2. Vitals not within the following parameters will disqualify members from donning level C PPE unless cleared by a medical provider:
   - Blood Pressure < 150/90
   - Heart Rate < 100
   - Respirations < 20
   - Weight must be taken for reference only to indicate % body loss associated with dehydration.

3. For known substances: the CRL will locate and print the SDS sheet to identify the appropriate decontamination process and subsequent treatment and notify the toxicologist. Information may be supplemented with WebWiser, the NIOSH book, or Poison Control (800 222-1222). All information sheets will be shared with the HERT members, ED physician, and trauma surgeon if indicated.

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4. For unknown substance or classification, the CRL will notify the toxicologist on-call and document the response and instructions for the HERT members. The CRL may use Poison Control and/or Phoenix Fire Department to assist with identification.

    a. Decontaminate patient per HERT procedure.

    > • **NOTE:** Tepid water is preferred for decontamination of patients. The BLUE hose is connected to both hot and cold water with a mixing valve to ensure water temperature does not rise above 100° F. This source should also be utilized when decontaminating children to reduce the risk of hypothermia. Have linens available to wrap patients in following decontamination.

    b. If patient remains contaminated, continue showering.

    c. As this type of response may generate Media attention, call the House Supervisor, Security, and Public Affairs/Public Information Officer to assist with Media questions/coverage.

5. **PATIENT DECONTAMINATION PROCEDURE:**

    "The RINSE, CLEAN, and RINSE technique"

    a. The patient is provided with bags for containment of contaminated personal effects. These bags will have a system to allow for identification of clothing and valuables belonging and their owner. The patient must completely disrobe, or be disrobed, and proceed with the decontamination. The patient showering/decontamination process will be explained to the patient. The patient, when capable, should place all clothing into a clothing bag and personal effects/valuables in the personal effects bag. *Please note: The highest percentage of contaminants is found on the outer garments*. For this reason, it is imperative that the patients attempt to do this unassisted. If the patient is unable to do this, the HERT member will assist. The property will be stored (or secured) double bagged, sealed and identified. A triage tag may be used for this purpose.

    b. All clothing and personal item bags will be placed in the Hazardous Waste receptacle placed at the entrance to the decontamination shower.

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c. No staff member is to have close contact with any contaminated or potentially contaminated patient before that staff member has donned appropriate protective gear (for which they have received appropriate training), regardless of the patient's condition.

d. Three HERT members will focus on the non-ambulatory patients.

e. In the case of a possible crime or terrorist event, belongings will be turned over to security or law enforcement.

- EMS crew will be met with a gurney that has no mattress and a clean backboard. (When necessary, cervical precautions will be maintained). This device will be used to expedite movement of the victim to the clean backboard. The patient will be decontaminated by the HERT members.
- Any devices in use to maintain respirations will be replaced after the last rinse by a clean device. The old device will be appropriately discarded.
- All dressings will be removed and wounds gently irrigated.
- After the shower, non-ambulatory patients are to be transferred to a clean backboard and gurney or wheelchair as appropriate for that patient.

f. The stretchers/chairs must **NOT** cross between the hot/cold zone line.

g. Once decontaminated, a Post-Decon kit will be issued to the patient. The patient will change into the gown.

h. If a radiation detection device is required, this will be used before permitting the patient to enter the Emergency Department. If further decontamination needs to be repeated, it will be done one time only and the radiation will be considered

Every effort will made to control run-off water. The Safety Officer or designee will notify the appropriate government agencies if contaminated water may have entered the sewage system.

internal.

6. **ENVIRONMENTAL CONCERNS:**

a. Environmental concerns will be addressed by the facility Safety Officer.

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a. The Industrial Hygienist is to be called by the facility Safety Officer or Liaison to decontaminate the shower and should be called as soon as the patient decontamination is complete.

b. Clean-up of the ED shower area is critical as the area may need to be utilized.

   If the Industrial Hygienist cannot immediately respond, the HERT team will clean the shower with appropriate cleaning supplies to reduce the chance of contamination of others. The area should be closed off with caution tape however, until the Hygienist can complete a final clean.

7. **RADIOACTIVE INCIDENT:**

Please refer to Policy # 166055S:
Ancillary Services/ Medical Imaging
Radioactive Contamination Management

CONTACT NUMBERS

   Toxicologist on-call: Go through Web-X

   Poison Control (800) 222-1222

   Radiation Safety Officer Contacts: Go through Web-X

   Industrial Hygienists are called after the fact to verify shower itself has been deconned.

   Certified Industrial Hygienist – Adams and Wendt

   Aaron – 480-204-3198 (24/7 cell)

   Kent - 480-204-3199 (24/7 cell)

   These numbers are called to reroute water after decontamination is done.

   City of Phoenix Pollution Control Division

   602-262-1859 (M-F 8am-4pm)

   602-261-8000 (Afterhours)

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ED CONTAMINATED PATIENT CHECKLIST

If EMS notifies the ED of incoming contaminated patient via patch, activate HERT staff immediately
The Adult ED CRL/Charge Nurse will:

☐ Locate and print SDS sheet for known contaminants. May also use Toxicologist, or supplement with WebWiser, NIOSH book, or Poison Control (800-222-1222). If contaminant is unknown, level C PPE must be utilized.

☐ If 3 HERT members are not available or if there appears to be more than 5 patients, call 4747 and announce "HERT Team Activation…HERT Team Members to the Adult ED (or other designated location)".

☐ The ED Charge Nurse will be considered the small-scale response Incident Commander and will **NOT** participate directly in decontamination procedures, as this prevents them from managing the incident.

☐ Notify ED attending, Front Room Resident, the Toxicologist on call, Valleywise Health Safety Officer, Trauma attending, House Supervisor/Nursing Director, security, EVS supervisor, and Radiation Safety Officer, if appropriate.

☐ Prepare/brief the 3 HERT team members, including pre-screening if level C PPE is required.

The HERT Team will:

☐ Report to the ED charge nurse for instructions on appropriate level of PPE and decontamination technique and perform decontamination per HERT Procedure.

☐ Clothing will be placed inside patient belongings bag with patient identifiers and double bagged in yellow HAZMAT bags (2 yellow bags). If no HAZMAT bags are available, re

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- ☐ bags may be used to contain items until yellow bags are obtained. Bags will be placed into a HAZMAT receptacle container adjacent to ED decon shower.

- ☐ 3 HERT members as soon as staff are aware that a contaminated individual is

- ☐ Keep patient outside and escort to decontamination shower outside of Adult ED. Provide instructions on self-decontamination if the patient can remove clothing and begin to self-decontaminate.

- ☐ Contaminated patient belongings will be handled in the following manner:
    - o Valued items such as glasses, prosthetics, ID Cards/Credit cards, dentures, wedding rings/jewelry, cell phones with impervious protective coverings, etc. that can be safely and effectively decontaminated by HERT staff in appropriate PPE may be returned to the patient or designated representative (such as a spouse) once they have been decontaminated and pass survey
    - o Items that cannot be safely decontaminated or that do not pass survey after decontamination efforts have been made will be double-bagged and placed in the hazardous material receptacle.

- ☐ In case of a possible crime or terrorist attack, all bins will be secured by Security for Law Enforcement. Contaminated items that need to be collected as evidence by law enforcement will remain in the designated HAZMAT receptacle until appropriately removed by law enforcement.

- ☐ If patient remains contaminated, continue showering.

- ☐ EMS personnel will be decontaminated if necessary.

- ☐ HERT Team members will be decontaminated.

- ☐ Environmental concerns will be addressed by Safety Officer, including notifying appropriate agency for water run-off.

- ☐ Industrial Hygienist will be called to decontaminate shower, depending on hazardous material.

ED Small-Scale HERT Response Guide

EMS patch recieved/Patient self-presents

ED Charge Nurse or Designee:

Immediately Activate 3-member HERT team response

(Activate additional HERT responders if needed)

ED Charge Nurse or Designee:

Notify ED & Trauma Attendings, Toxicologist, House Supervisor, Safety Officer, EVS, Security, Facilities, and Radiation Officer (if appropriate)

ED Charge Nurse or Designee:

Locate SDS if known contaminant

May utilize poison control or NIOSH

Level C PPE for unknown contaminants

All Staff:

Do not allow patient to enter the hospital

Direct/escort ambulatory patients to the external ED Decon shower

Prepare for Decontamination

ED Charge Nurse or Designee:

Brief HERT members regarding contaminant, PPE use, and method of decontamination

If level C PPE indicated, conduct medical screenings for HERT team

ED Charge Nurse or Designee:

Notify Security to secure hot zone and hospital entrances and prevent people/personnel NOT wearing appropriate PPE from entering hot zone

ED Charge Nurse or Designee:

Notify facilities to assist with staging additional equipment if needed

(ie: Portable Showers)

ED Charge Nurse or Designee:

Notify Public Relations/Information Officer and designate media staging area if significant bystander or media presence is anticipated

Decontamination

Triage Nurse/HERT staff:

Instruct ambulatory patients to begin self-decontamination procedures as soon as possible

HERT Staff may assist if wearing appropriate PPE

ONLY HERT staff will perform Decon procedures and will decontaminate non-ambulatory patients per HERT guidelines

Charge RN will NOT participate in Decon Procedures

HERT Staff/Designated Personnel

Provide immediate life-saving measures such as tourniquets, antidotes, or BLS if needed

HERT Staff:

Survey and decon EMS staff and individuals accomanying patient if needed

All Staff:

Consider privacy, comfort, emotional, developmental, language, and culteral factors

Secure Contaminated Items

HERT Staff:	HERT Staff:	Successfully decontaminated	HERT Staff:
Double bag all contaminated items in yellow hazmat bags	**Decontaminate and survey personal items of value if appropriate**	**personal items may be secured and returned to patient/patient representative by ED Charge Nurse or HERT staff**	**Place all double-bagged items in the designated Hazmat receptacle**
	(glasses, wedding rings, ID/credit cards, impermeable protective phone case, prosthetics, dentures, etc)	(if appropriate)	

After Decontamination

Designated ED staff:	HERT team:	ED Charge Nurse or designee	ED Charge Nurse or designee
Transport patient to appropriate clinical care area in clean gown	**Technical Decon & Doff PPE**	**Notify EVS that hazardous materials must be collected**	**Keep decon shower cordoned off. Do not use Hot Zone until cleared by industrial hygenist**
Do not use contaminated gurneys or wheelchairs. Do not send contaminated personal items with patient	Conduct post-decon medical screening if level C PPE was used	EVS will contact appropriate vendor for HAZMAT disposal	Facilities will notify the industrial hygenist (contracted vendor)

Follow up

HERT team:	ED CRL, Manager, or designee:	Department leadership/Emergency Management:
Decontaminate, secure, and restock decon equipment and supplies	**Notify Emergency Management/Disaster Preparedness Department**	**Debrief staff regarding the incident and identify any opportunities for improvement**

HERT Mass Casualty-Full Scale Response

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***<u>NOTE:</u> THIS ANNEX IS FOR HIMT GUIDANCE ONLY. THE FULL HERT STANDARD OPERATING PROCEDURE CAN BE FOUND IN APPENDIX C OF THIS DOCUMENT.**

<u>Activation Trigger:</u>

1. Activation of the Hospital Emergency Response Team (HERT) will be in conjunction with a "CODE GREEN" and will be determined by the Incident Commander (IC).

2. Activation is appropriate on the expected or actual arrival of victims of a chemical, biological, radiological, nuclear, or explosives (CBRNE) incident that are in need of decontamination procedures before being allowed into the hospital for treatment, and the number of victims is anticipated to be greater than can be handled efficiently at the outdoor ED showers.

   o *This is generally when five or more patients are anticipated or present. However, given the specifics of the incident, the IC may determine that the entire emergency treatment area (ETA) is not needed but additional HERT members are needed to assist ED staff. In this case, the IC will notify the HERT lead, when assigned, that the ETA is not to be set up. HERT members will report to the ED showers after donning PPE and will assist under direction of the ED staff. IC must also notify the supervisors of facilities and warehouse not to begin moving equipment.*

<u>Note:</u> OSHA regulations, as outlined in "Best Practices for First Receivers" states that Level C PPE, as used by Valleywise Health, is only appropriate in cases where there is a ten-minute gap between the victims leaving the area of the hazard and arriving at the hospital. Level C is also not appropriate when chemical contaminants or biohazards are being actively aerosolized in the area. As such, the HERT team may not be used as a spill response team. Additionally, the HERT team may not decontaminate victims of an on-site incident unless a hazardous materials specialist has responded to the incident and deems it is safe for the team to do so.

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Upon Activation of HERT:

1. **NO** physical/close contact with the casualties shall take place by any uncontaminated individual not wearing proper PPE. If this occurs, the individual will be considered contaminated and will be required to immediately undergo the decontamination process.

2. All entrances to the facility must be secured per security protocols so that all entry to the facility is through the decontamination triage area.

3. Hospital personnel or signage should be placed at all entrances to guide all patients and visitors to the triage area.

Activation:

1. An overhead page within the hospital of "CODE GREEN, HERT Team Activation" will be repeated three times.

2. First arriving HERT members will access the HERT Locker located on the Maintenance Dock to retrieve equipment and suits.

3. Facilities staff will manage utilities and set up HERT equipment for which they are responsible such as generators, lights and air conditioning units.

4. Security will begin to assist in securing the ETA and hospital perimeter per security protocols. In a mass casualty event, where victims are expected to self-present, all entrances must be secured so that everyone enters through the ETA for screening.

5. Hospital transportation staff will begin collecting stretchers and wheelchairs and deliver them to the ETA clean transport area.

6. Laundry services will deliver linen carts with towels, sheets and bath blankets appropriate for anticipated number of victims to the ETA. In cold weather, blankets should also be supplied.

7. Food services will deliver bottled water and snack items to the Maintenance Shop for HERT members.

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Notification:

1. The overhead page will notify all HERT members in the facility.

2. Team members not on duty in the hospital will be notified via AzHAN or the call tree paging system.

    a. If neither AzHAN or the call tree paging system is functioning, the IC will appoint a Valleywise Health staff member to begin making phone calls using the hard copy call logs.

    b. The hard copy logs will be placed in a binder in the HERT Leader Cart, as well as in the Apache Room cabinet.

    c. The page or voice message sent to HERT members shall include that a "CODE GREEN" with HERT activation has taken place, where the member should report when arriving to the facility and any special traffic or parking considerations the IC has stipulated.

Reporting:

1. HERT members will report to the Maintenance Shop of the main campus unless otherwise instructed.

2. All on duty HERT members are to notify their direct supervisor in their home department that they will be leaving their regularly assigned area and will report for HERT duties.

3. In the event an adequate number of HERT members have reported for the size of the incident, extra team members may report back to their regular work areas at the discretion of the HERT Team Leader or the IC.

4. Staff members from the emergency departments or understaffed units will be returned to regular duty first, in coordination with the staffing office or labor pool.

5. If a unit or department cannot operate if all HERT members are released from regular duty, that area will send as many HERT members as possible to report for HERT duties.

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6. The unit will notify labor pool or staffing office of how many HERT members are on duty, and the staffing and labor pool areas will attempt to find replacements for HERT members, so they can report for HERT duties if more team members are still needed.

HERT Team Lead:

Once HERT members begin to arrive to the reporting area, a HERT Team Leader needs to be identified quickly. The team lead should be the first HERT Level 3 or 4 member to arrive. If a more qualified team leader arrives, the position can be handed off by mutual agreement of the oncoming and off-going team leaders at any time. The IC, Operations Section Chief, or Hazardous Materials Branch Director may also change the Team Leader at their discretion during the event.

1. The HERT Team Leader will identify a HERT Safety Officer.

2. The HERT Team Leader will appoint HERT Team Section Leaders which may include security, triage, cut-out, decontamination, monitoring, and treatment areas.

3. Section Leaders and Safety Officer will be given radios and vests to identify their position.

4. HERT Leader and Safety Officer will determine method for tracking and rotating breaks for team members based on current HERT practices and will assign members to various HERT roles.

5. The HERT Team Leader will communicate with Hazardous Materials Branch Director to determine which Emergency Treatment Area (ETA) location will be utilized and then direct team members to complete set up.

6. The HERT Team Leader must:
   - share the known details of the incident with team members
   - deliver or assign the Safety Officer to conduct a Safety Briefing
   - A copy of the necessary safety briefing is located with the safety officer clip board in the HERT supplies.

- HERT Standard Operating Procedures (SOP) and Job Action Sheets (JAS) and will be responsible for reporting to the IC on behalf of the HERT via the chain of command

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- ensure the Safety Officer conducts medical screenings prior to any team member donning a suit. The HERT Team Leader will coordinate the activities of the HERT per

Chain of Command:

The HERT reports to and communicates with the Operations Section of the HICS, specifically the Hazardous Materials Branch Director once established, and directly to the IC until these positions are appointed. All HERT Section Leaders and the HERT Safety Officer will communicate with the HERT Team Leader, who will be responsible for all communications with the Operations Section.

ETA Set Up:

Set up of the ETA will be in pre-determined areas and approved by the IC. The HERT Team Leader will oversee the layout and location of all items in the ETA to ensure proper patient flow per HERT practices. The primary ETA is at the loading dock. See attached map indicating alternate ETA's in the event this location is not appropriate.

Personal Protective Equipment:

1. All HERT procedures will be carried out in Level C PPE as defined by OSHA guidelines.
2. Equipment will be stored and inspected per manufacturer's recommendations.
3. All Level C suits and PAPR butyl hoods are single use only and will be discarded upon removal.
4. Reusable PPE will be decontaminated for reuse per HERT practices.
5. No one will be allowed to don PPE until they have attended all OSHA mandated HERT training.

   Note: White "Tyvex" suits and hoods are for training only and will not under any circumstances be used in a real event. IC should be aware that Valleywise Health does not store enough Level C suits to maintain extended operations.

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In a mass casualty event, the HERT Team Leader will determine and communicate how quickly supplies will be exhausted, based upon expected team rotations, to allow the Operations Section to take measures to secure any additional PPE based on anticipated length of operation.

Decontamination Procedures:

Decontamination will be carried out by the HERT team under the direction of the HERT Team Leader. Victims will be triaged, have clothing removed and personal property stored, be washed, monitored and then delivered to the casualty care areas per the HERT SOP. Special circumstances IC should be aware of:

1. **Firearms:** Whether property of a law enforcement officer or private citizen, are to be removed from the victim by a Valleywise Health security officer, or another law enforcement officer. Valleywise Health security must utilize a clearing chamber to clear the weapon before it is bagged for decontamination. Non-security HERT members are NOT to clear firearms.
2. **Monitoring:** Decontaminated patients will be monitored per HERT practices using appropriate equipment based upon the type of contaminant before being allowed to enter the cold zone and casualty care areas. Special monitoring equipment may be needed from either the Phoenix Fire Department or Valleywise Health' contracted certified industrial hygienist.
3. **Transport:** Transportation of decontaminated patients to casualty care areas will be by hospital transportation staff. The Labor Pool will need to provide additional transportation staff as HERT needs to maintain its members on the decontamination line. No contaminated patients will be transported into the casualty care areas under any circumstances, no matter how urgent their medical needs.
4. **Any Valleywise Health staff member** who was in the area of the incident and is in need of decontamination shall be moved to the front of the line and decontaminated immediately, along with any family members who accompany them. If the employee can report for duty, they will be provided a set of hospital scrubs. They will be allowed to maintain

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possession of their identification (so long as it can be decontaminated in the ambulatory line) so they can report for duty ASAP.

5. **EMS and other first responders:** EMS and other first responders, who are contaminated, injured or not, will be moved to the front of the line. Uninjured responders will be allowed to immediately use ambulatory lanes to decontaminate themselves. They will be provided a set of hospital scrubs and may have their identification decontaminated and returned to them so that they may return to duty as soon as possible. EMS is responsible for decontamination of their equipment and vehicles.

6. **Deceased:** Deceased victims of the incident will be stored in a specified area of the HERT ETA. Contaminated remains will not be released to another agency until decontaminated. Due to risk of contaminant spread or possible evidence destruction, remains will not be viewed or handled by family members in the ETA. Once all living victims are decontaminated, HERT members will decontaminate the deceased. Property of the deceased is to be removed, labeled and bagged in the same manner as living victims. The fatality management plan should be activated to provide additional assistance in the care and handling of the remains after they are decontaminated.

Medical Treatment:

Medical treatment will occur in the designated casualty care areas per the Casualty Care Plan. No definitive treatment will occur in the decontamination ETA. HERT members will not redress wounds unless it is necessary to stop significant bleeding. No foreign body removal will be performed by the HERT team. HERT members possessing medical licenses or

certifications may provide a lower than usual standard of care while they are functioning as part of the HERT

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Personal property:

In a full-scale/mass casualty, the HERT team will be responsible for containing all personal belongings removed from victims in the proper storage drums. The drums will be sealed, and the outside surfaces of the drums will be washed to reduce spread of contaminants. The drums shall be turned over to Security for storage until they can be decontaminated or disposed of.

ETA Cleanup:

Once all victims and deceased have been decontaminated, cleanup of the HERT ETA will be conducted under the direction of a certified industrial hygienist. Contact information is provided in Functional Annex M-1

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Media Response Plan

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Activation

The IC will activate the Media Response Plan by activating the Public Information Officer (PIO) during an incident to ensure effective communication with the community and internal staff.

Process

1. The PIO will remain in communication with the IC and the HCC by designated method(s)

2. **Designated spokesmen are the only staff members allowed to participate in media interviews.**

3. The IC will designate and provide additional PIO support to the Regional Joint Information Center (JIC) upon request from Emergency Management.

4. On-site Media Parking areas will be designated in conjunction with Security Services.
   a. Primary parking may be along the curb on Center Drive
   b. Consider Behavioral Health – Phoenix building parking area as secondary site

5. On-site Media Briefings/Interviews will be conducted in a designated area that will be determined based upon the areas impacted by the incident to minimize operational interruption and/or privacy issues with patients and their family members.
   a. Education Pavilion is the primary location
   b. Consider auditoriums, CHC, or Care Reimagined conference room as alternate sites.

6. Internal Press Releases should be released on a regular basis to ensure that staff, patients, and visitors are updated on incident specifics that may impact their areas or stay at the affected facility.

Staff Support Activities

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Activation

During extended response and recovery efforts, the IC will activate the Staff Support Plan to ensure that staff needs are met while they help with the response and recovery activities. Keeping staff on campus during an incident may be the best means to maintain patient care activities.

Process

1. Staff needing to remain on campus for rest or family care needs may be housed in the 3rd floor of the CHC, unless the CHC is otherwise occupied with patient care. Shower facilities, phones and areas for relaxation are available.

2. The Dietary Department will provide food to staff needing to remain on campus. Likewise, the Laundry Department will provide necessary laundry items to staff needing to remain on campus.

3. Families of staff who require accommodations during a CODE GREEN event will be provided accommodations within the CHC as resources allow.

4. If the CHC is occupied with patient care, measures will be directed by the IC to find alternate housing for staff and, resources allowing, their families.

5. Access to Critical Incident Stress Management debriefings will be provided to staff by the CISM Team. **Early activation of the CISM Team by the IC will ensure that the appropriate resource level is available.**

6. Chaplain Services and Behavioral Health Services can be obtained for staff or staff family members.

7. Child/elder care facilities can be established in the Administration Building Auditoriums or the CHC Family Learning Center. Staff to work within these should be assigned from the Labor Pool.

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Pet Areas:

1. Valleywise Health has limited area in which pets could be brought to support staff needs.

2. The Behavioral Health - Phoenix Building has an enclosed yard and Facilities has a fenced enclosure in which pets could be contained.

3. Staff members should provide their own kennels, collars/harnesses, and leashes for their pets.

4. Food should also be brought with the pet to ensure that special dietary considerations are met.

5. The Labor Pool will need to provide staff to provide the pets with potty breaks and to feed and water pets as necessary.

Patient and Clinical Support Activities

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Activation

Activation will be driven by additional needs for patient care or the receipt of donations from the community.

Resource Requests

1. Every effort should be made to verify that the resources being requested (personnel, equipment, or supplies) have been exhausted within the health system.
2. All internal contracts with vendors and suppliers should be exhausted before elevating requests.
3. Activation of the various MOU/MOAs will allow for hospital to hospital resource support with other facilities within the region. The Liaison Officer has contact information for activating the MOU/MOAs and the surrounding facilities.
4. If the incident is impacting the region or a significant portion thereof, the Liaison can submit resource requests through County Department of Public Health. This group will identify regional partners that can provide resources and submit requests through County Emergency Management.
5. If County Emergency Management is not able to provide the resource, the request gets elevated to Az Division of Emergency Management. Resources will then be filled from the state level or pushed to the federal level.

**NOTE: Personnel requests beyond the hospital's volunteer staff start at the county level with Department of Public Health in which the Medical Reserve Corps will be contacted. ESAR-VHP resources (personnel) are considered state assets and require a Governor's Declaration of Emergency before they are available (up to 24 hours).

**NOTE: Requests for blood and blood products will be handled through the Valleywise Health Blood Bank which will ensure that the appropriate vendor is contacted.

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Community Donation Process

1. The Family Reception Site in the Administration Building Auditoriums or an alternate site designated by IC will process all goods/items received as a community donation.

2. All items will be screened by Infection Control and Security.

3. Items that are perishable will be given to areas with identified needs. Items that are considered outdated or potentially contaminated will not be distributed and handled as waste by Environmental Services.

4. The Family Resource Center will keep an inventory list of all items received and forward the list to PIO, the Finance Section Chief, and the IC.

5. The Family Resource Center is responsible to send a letter to provide feedback and follow up to all donors.

6. Blood donation, if needed, will be coordinated through Blood Systems, Inc. by the Valleywise Health Blood Bank and will be off campus in a location that will not impact response and recovery activities.

Personal Hygiene and Sanitation Needs

1. All patient hygiene and sanitation needs will follow existing Valleywise Health Infection Control policies, procedures, protocols, and processes.

2. If at any time during a disaster response modification of these processes is necessary, the IC will activate the Infection Control Technical Specialist to ensure that proper guidance is available.

3. If hygiene and sanitation methods are affected by a utility interruption, please refer to the Utilities Management Functional Annex or appropriate Incident Annex.

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Patient Tracking

1. During a mass casualty situation, patient tracking from the scene should be included in the State's EMResource Website: EMTrack.

    a. Pre-hospital uses this system to provide hospitals with general information concerning patients that will be arriving.

    b. ED Registration has a login and password to provide access to the system.

        i. Patient-specific information (i.e. driver's license) will need to be added once the patient reaches the hospital to help with reunification.

    c. Patients that self-present during an incident can be added to the system.

    d. This system can also help significantly with family reunification, as it is searchable from a statewide perspective.

2. Valleywise Health' internal patient tracking processes can be linked to EMTrack for continuity.

3. If internet or power interruption limits the use of these electronic systems, existing downtime procedures should be utilized.

Alternate Care Sites

1. **Alternate Care Site (ACS) usage requires Licensing Waivers through Az Department of Health Services License Division. Follow the process discussed in the Surge/IBA Functional Annex before operating within the designated ACS.**

2. The primary alternate care site for MMC is to evacuate the hospital into the CHC complex according to the Evacuation Matrix in the Red Book; the more critical patient care areas go to the 1st floor, and so forth with the least critical patient care areas going to the 3rd floor.

3. The primary alternate care site for Desert Vista and the Psych Annex is to evacuate these patients to other community psychiatric facilities, including the Arizona State Hospital (ASH).

4. Secondary alternate care sites are to facilities designated and coordinated by the Maricopa County Public Health Department - **(602) 527-5078 or back-up number (602) 747-7111.**

5. The primary on-campus triage, treatment and care area is the South Parking Lot of the hospital which will be used for patient overflow, triage and treatment.

Demobilization

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Activation

The Planning Section Chief will start the planning process for an efficient demobilization as soon as practically available in the response effort. The completed plan will be submitted to the IC for approval and demobilization will be phased as approved.

Process

1. The Incident Commander will authorize the demobilization plan to scale- or stand-down the emergency response resources based on clearance from the scene of the event and decreasing emergency response requirements within the Valleywise Health system.
2. Section Chiefs are to obtain and provide up-to-date and accurate status and activity of conditions in their reporting branches and divisions.
3. Only the Incident Commander has the authority to "clear" units/departments/division through the HIMT to return to routine operations.
   a. This will follow a phased approach as determined by Planning.
   b. Demobilized resources (personnel and equipment) will be identified as "Rest/Maintenance Required", "Available for Re-assignment", or "Returned Home/to Station"
4. Areas "cleared" to return to normal operations will record the time of demobilization and the resources in their area. Excess staff will be sent to the Labor Pool for reassignment to units still active in the emergency response or be authorized to stand-down in an off-duty capacity.
5. When the HIMT is "stood-down" to return to normal operations, the Scribes will collect and organize all records, documents, and files into an official business record. The Scribes will forward the completed business summary to the Incident Commander within five working business days for review and submission as a formal record of the event.
6. The responsible Section Chief will assign individuals to process the documents generated during the emergency response to:
   a. **Finance -** Define the cost of the response.
   b. **Planning -** Define the patient status and location of all patients.
   c. **Logistics -** Define Human Resource needs of the facility.
   d. **Operations -** Implement the Financial Recovery phase of the response.

e. The goal is to have all defined FEMA and insurance reimbursement requests completed within the timeframe defined by the Finance Officer.

Recovery

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Activation

Activation of the Recovery Plan should start with the Demobilization and finish when all services are back to normal.

Process

1. Demobilization Plan will phase the clearing of resources that are no longer needed for response.

2. The Recovery Plan will be developed by Planning and approved by the IC.

3. Priority to recovery efforts should be directed to the most critical service lines within the health system.

4. Operation branches (i.e. Infrastructure, Security, etc.) should provide insight regarding mitigation activities or processes that would make response in a similar incident easier in the future.

5. The Liaison will notify appropriate external partners that the recovery phase is underway.

6. The PIO will develop any closing press releases or statements to outstanding media requests and forward them to the IC for approval prior to public release.

7. Final documentation including pictures and video should be taken of any damage to reporting to insurance.

Central Region Resource Request Guide

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Central Region Resource Request Process

1. Maricopa County Department of Public Health (MCDPH) Office of Public Readiness (OPR) provides resource support for health system partners during times of disaster or planned events.

2. MCDPH OPR provides hospitals with an opportunity to identify resource needs or surplus that can be shared.

3. The Contact number is **(602) 527-5078 or back-up number (602) 747-7111**.

Az Coalition for Healthcare Emergency Response (AzCHER-Central)

1. A collaborative group in which Valleywise Health has representation in the Sector Leadership and General Body.

2. Provides an MOU in which participating healthcare facilities can provide mutual aid during response.

3. Provides the platform for planning, training, and exercise guidance.

Strategic National Stockpile (SNS)

1. SNS are prepositioned medical supplies which include pharmaceuticals that can be requested through MCDPH OPR.

2. MCDPH OPR has oversight and access to these resources along with the ability to request further support from the State.

CHEMPAK

1. CHEMPAK are prepositioned supplies of antidotes, antivirals, and antibiotics that are utilized in the treatment of biological and chemical warfare agent attacks.

2. CHEMPAK's are located in secure environments and monitored by AZ Department of Public Safety (Az DPS) and the Centers for Disease Control (CDC).

3. CHEMPAK access can be obtained by requesting through the MCDPH OPR.

(For further information, please refer to AzCHER-Central MOU in LNO Binder in HCC)

Arizona Mutual Aid Compact (AzMAC)

Title: **Arizona Mutual Aid Compact (AzMAC)**		Support Annex: **2**	Page: **1 of 1**
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AzMAC

1. AzMAC is a mutual aid compact among signatory political jurisdictions with the State of Arizona and the Arizona Department of Emergency and Military Affairs.

2. AzMAC resource requests should be made through County Emergency Management for activation of the AzMAC.

3. Valleywise Health could use AzMAC to request support from other hospitals within the state (outside of the AzCHER-Central MOU), as well as, provide support to those same entities.

(For further information, please refer to AzMAC MOU in LNO Binder in HCC)

National Disaster Medical System (NDMS)

Title: **National Disaster Medical System (NDMS)**		Support Annex: **3**	Page: **1 of 1**
Next Review: **6/19**	Issue Date: **2/2012**	Functional Annex to the Emergency Operations Plan	
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NDMS

1. NDMS is administered by U.S. Veteran's Affairs (VA) in conjunction with air support from the Department of Defense (DOD).

2. NDMS is activated to evacuate victims from disaster areas to regions that can provide support (medical care, housing, etc.)

3. An NDMS activation in Arizona could include Valleywise Health (via MOU/MOA) as a reception hospital for incoming patients or as an evacuation point if a regional disaster impacts medical care in such a way to make it impossible to care for patients in the Phoenix-Metropolitan Area.

4. NDMS activation for evacuation requires a request from County Emergency Management.

(For further information, please refer to NDMS MOU/MOA in LNO Binder in HCC)

AZ Burn Disaster Telemedicine Network

Title: **AZ Burn Disaster Telemedicine Network**		Support Annex: **4**	Page: **1 of 1**
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Arizona Burn Disaster Telemedicine Network

1. A Hospital Preparedness Program (HPP) Grant funded network courtesy of ADHS to expand Burn Bed capacity throughout Arizona.

2. The Arizona Burn Center at Valleywise Health serves as the "hub" of the network with Burn/Trauma Physicians, technical advisors, and educators.

3. Network facilities throughout the state agree to maintain the telemedicine equipment, supplies, and trained staff to manage up to ten (10) burn patients with a Total Body Surface Area Burn of less than 30% each.

(For further information, please refer to AZ Burn Disaster Telemed MOU/MOA in LNO Binder in HCC)

Support Annexes

Valleywise Health Community Health Center (FHQHs)

Title: **Valleywise Health Community Health Center (FQHCs)**			Support Annex: **6**	Page: **1 of 2**
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Activation:

Valleywise Health FQHCs can be activated for a **CODE GREEN** response either by an event that directly impacts their ability to provide patient care at the individual location or as a support response to an incident that affects the main hospital campus or any of the other FQHCs.

HICS Model for FQHCs

1. HICS positions should only be activated as necessary at the FQHCs. As staffing is limited at each site, it is recommended that only the IC, Liaison, and Operations Section Chief positions be activated at sites.
2. The FQHCs Manager or designee will assume the role of IC at the site.
3. The Liaison will be activated to support communication between the FQHCs (Incident Command Post – ICP) and the HIMT which will serve as an Area Command during these types of responses.
   a. An alternate means of communication at each of the FQHCs will include the digital radio system that is utilized and monitored by Valleywise Health Security Services.
4. FQHCs Operations Section Chief should focus on patient, staff, and visitor support depending on the incident type and relay resource requests through the HIMT Ambulatory Services Unit Leader for support.
5. An ICP Safety Officer may be necessary, depending on the incident type, and should be filled by an FQHCs Safety Rep.
6. Planning and Logistical support should be maintained from the HIMT.
7. An HIMT PIO should be deployed at the soonest convenience in order to help communication with the media and public.

FHC/WHH Clinic On-site Incidents

1. The FQHCs Manager or designee will assume command and notify the Valleywise Health AOC to initiate the HIMT.
2. The FQHCs IC will activate command roles as explained above.
3. The FQHCs IC will ensure free-flowing communication from the ICP to the HIMT to ensure needs are met and that patient care delivery is maintained to the highest level possible.
4. Requests for resources (i.e. portable generators, food, potable water, medical supplies, pharmaceuticals, etc.) will be directed from the FQHCs IC to the HIMT IC or HIMT Logistics.
5. FQHCs staffing can be augmented from different FQHCs staff.

Title: **Valleywise Health Community Health Center (FQHCs)**				Support Annex: **6**	Page: **2 of 2**
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6. Decision to extend hours or shutdown an FQHCs due to incident must be made with the HIMT IC and Team as Licensing Waivers may be necessary for this.

7. Additional Security Staff for the FQHCs will be coordinated through the HIMT and may require the request of local law enforcement to support the needs of the FQHCs.

FQHC Disaster Preparedness Resources

FQHCs have limited resources as stand-alone sites. However, additional resources that have been positioned at the FQHCs for disaster response include:

1. HICS Supplies (Vests, JAS, Red Books, etc.)

2. Additional medical supplies (amount varies between sites)

3. Emergency Lighting Kits (glow sticks, wind-up flashlights, battery-powered lanterns)

4. Some sites have additional drinking water supplies.

5. McDowell FHC has MedSleds and a Stryker Chair for evacuation, as it is located above the 1st floor.

6. Facilities Department has mapped each location for portable generator need and hook-up locations with a contracted vendor.

FQHCs as Alternate Care Sites (ACS) or Hospital Support:

FQHCs can be used as ACS for the Main Hospital when responding to Mass Casualty Incidents. Licensing Waivers may be necessary depending on use and hours of operation. Examples of use include but are not limited to:

1. Off-site holding areas for hospital patients awaiting discharge.

2. Follow-up care sites to relieve other FQHCs.

3. First Aid Stations to ensure that only traumas and acute patients go to the EDs.

4. Potentially, respite areas for Valleywise Health Staff.

5. If feasible, the FQHC could be shut down and the staffing brought to the hospital for additional support at that site.

Comprehensive Health Clinic (CHC)

Title: **Comprehensive Health Clinic (CHC)**		Support Annex: **7**	Page: **1 of 1**
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Procedure-During CHC Business Hours:

1. The CHC Director/designee will receive notice of the activation of an emergency plan through the recall process.
2. Upon notification of the emergency response activation, the CHC Director/designee will forward a copy of the schedule and assignments to the Labor Pool by runner or fax.
3. The CHC Director / designee will coordinate the emergency response activities of the CHC as needed. The CHC Director is responsible for communicating with the Ambulatory Services Unit Leader.
4. The CHC Director/designee is responsible for the safety of all patients/visitors/staff at the CHC.
5. The Ambulatory Services Unit Leader will notify the CHC Director/designee of decisions that may involve cancellation of remaining clinic appointments and therefore discharge patients/visitors as needed.
6. If the CHC will be required for a complete evacuation of the Hospital (see the Red Book, Evacuation Section), the CHC Director / designee will prepare to receive those patients. The overall coordination of such an evacuation will be the responsibility of the Incident Commander.
7. Under any other circumstances, the CHC Director / designee will be prepared to send all non-essential staff to the Labor Pool in the Administration Building Navajo East & West.
8. The CHC Director / designee will coordinate the CHC staff activities in supporting Valleywise Health' emergency response and will record and coordinate the CHC's critique of the response.

Procedure-After CHC Business Hours:

1. The decision to activate the emergency response will be made by the Incident Commander/designee. The CHC Nursing Director / designee will be notified of the activation and will coordinate all CHC responses as directed by the Operations Section Chief through the Ambulatory Services Unit Leader.
2. The Incident Commander will decide the level of response and activity of the CHC during the emergency response.
3. In the event the CHC will not be activated for the emergency response, the CHC staff will remain in a stand-ready mode in the event the response is escalated. If the event is escalated, the CHC Nursing Director / designee will contact staff using INTERNAL disaster call trees on an as-needed basis.

4. The CHC Nursing Director / designee will determine the number of staff that can report to the Labor Pool when requested. The information will be reported to the Ambulatory Services Unit Leader.

Dialysis Disaster Plan

Title: **Dialysis Disaster Plan**		Support Annex: **8**	Page: **1 of 2**
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Activation:

Valleywise Health Dialysis Units can be activated for a **CODE GREEN** response either by an event that directly impacts their ability to provide patient care at the individual location or as a support response to an incident that affects another Valleywise Health Dialysis Unit. Additionally, Valleywise Health Dialysis Units participate in MOUs with community partners which could require some level of activation.

Procedure -Inpatient Dialysis:

1. The Director of Nursing & Physician Services or designee will assess the following and take appropriate action:
   a. The type and extent of the disaster/emergency
   b. The necessity for summoning other dialysis personnel
      i. Call Valleywise Health Administrator on Call to initiate Hospital Command Center (HCC), as appropriate
      ii. Valleywise Health HCC will activate the appropriate sections of the Emergency Operations Plan (i.e. incident-specific annexes, resource requests, etc.).
      iii. Dialysis response activities will be coordinated through the HCC Operations Section, Medical Care Branch Director, and/or appropriate Unit Leader once activated
   c. Notified dialysis personnel will report to the inpatient dialysis unit as soon as possible.

Procedure - CHC Dialysis:

1. The Director of Nursing & Physician Services or designee will assess the following and take appropriate action:
   a. The type and extent of the disaster/emergency
   b. The necessity for summoning other dialysis personnel
      i. Call Valleywise Health Administrator on Call to initiate Hospital Command Center (HCC), as appropriate
      ii. Valleywise Health HCC will activate the appropriate sections of the Emergency Operations Plan (i.e. incident-specific annexes, resource requests, etc.).
      iii. Dialysis response activities will be coordinated through the HCC Operations Section, Medical Care Branch Director, and/or appropriate Unit Leader once activated
   c. Notified dialysis personnel will report to the inpatient dialysis unit as soon as possible.

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Procedure – Glendale Dialysis:

1. The Director of Nursing & Physician Services or designee will assess the following and take appropriate action:
   a. The type and extent of the disaster/emergency
   b. The necessity for summoning other dialysis personnel
      i. Call Glendale Clinic Manger to initiate an Incident Command Post (ICP), as appropriate
      ii. Glendale ICP will then activate the Valleywise Health Hospital Command Center (HCC), as appropriate
      iii. Valleywise Health HCC will activate the appropriate sections of the Emergency Operations Plan (i.e. incident-specific annexes, resource requests, etc).
      iv. Dialysis response activities will be coordinated through the Glendale ICP to the HCC Operations Section, Medical Care Branch Director, and/or appropriate Unit Leader once activated
   c. Notified dialysis personnel will report to the dialysis unit as soon as possible

FOR UNIT-SPECIFIC RESPONSE PLANS, PLEASE REFER TO Valleywise Health OUTPATIENT DIALYSIS DEPARTMENT-SPECIFIC POLICIES

Policy # 24230 T Emergency Operations Plan Addendum: Glendale Outpatient Dialysis Emergency Policies and Procedures

Policy # 24232 T Emergency Operations Plan Addendum: CHC Outpatient Dialysis Emergency Policies and Procedures

UTILITY OUTAGES PLANS ARE INCLUDED IN THE UTILITIES MANAGEMENT FUNCTIONAL ANNEX E.

Behavioral Health Services (Mesa, Maryvale, and Phoenix)

Title: **Behavioral Health Services (Mesa, Maryvale, and Phoenix)**		Support Annex: **9**	Page: **1 of 2**
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Activation:

Valleywise Health Behavioral Health Services can be activated for a **CODE GREEN** response either by an event that directly impacts their ability to provide patient care at the individual location or as a support response to an incident that affects the main hospital campus or another behavioral health facility (either Valleywise Health or community partner).

HICS Model for Behavioral Health

1. HICS positions should only be activated as necessary at Behavioral Health Mesa, Maryvale, and Phoenix for response activities. As staffing is limited at each site, it is recommended that only the IC, Liaison, and Operations Section Chief positions be activated at sites.

2. The Sr. VP of Behavioral Health Services or designee will assume the role of IC at Behavioral Mesa, Maryvale, and Phoenix.

3. The Liaison will be activated to support communication between the Behavioral Health – Mesa, Maryvale, and Phoenix Incident Command Post (ICP) and the Valleywise Health HIMT which will serve as an Area Command during these types of responses.

    a. An alternate means of communication at Behavioral Health – Mesa, Maryvale, and Phoenix will include the digital radio system that is utilized and monitored by Valleywise Health Security Services.

4. Behavioral Health – Mesa, Maryvale, and Phoenix Operations Section Chief should focus on patient, staff, and visitor support depending on the incident type and relay resource requests through the HIMT Behavioral Health Unit Leader for support.

5. An ICP Safety Officer may be necessary, depending on the incident type, and should be filled by a Behavioral Health – Mesa, Maryvale, and Phoenix Safety Rep.

6. Planning and Logistical support should be maintained from the HIMT.

7. An HIMT PIO should be deployed at the soonest convenience in order to help communication with the media and public.

8. Behavioral Health staffing can be augmented from the unaffected site (Behavioral Health – Maryvale, Mesa or Phoenix) or requested through the HIMT Logistics Chief.

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Behavioral Health Services (Maryvale, Mesa & Phoenix)			**9**	**2 of 2**
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Behavioral Health Maryvale, Mesa & Phoenix On-site Incidents

The Sr. VP of Behavioral Health Services or designee will assume command and notify the Valleywise Health AOC to initiate the HIMT.

- The Behavioral Health – Mesa, Maryvale, and Phoenix IC will activate command roles as explained above.
- The Behavioral Health – Mesa, Maryvale, and Phoenix IC will ensure free-flowing communication from the ICP to the HIMT to ensure needs are met and that patient care delivery is maintained to the highest level possible.
- Requests for resources (i.e. portable generators, food, potable water, medical supplies, pharmaceuticals, etc.) will be directed from the Behavioral Health IC to the HIMT IC or HIMT Logistics.
- Decision to shut down a behavioral health site due to incident must be made with the HIMT IC and Team as Licensing Waivers may be necessary for this.
- Additional Security Staff for the sites will be coordinated through the HIMT and may require the request of local law enforcement to support the needs of the site.

Behavioral Health Disaster Preparedness Resources

Mesa, Maryvale, and Phoenix have limited resources as stand-alone sites. However, additional resources that have been positioned at the sites for disaster response include:

1. HICS Supplies (Vests, JAS, etc.) – Behavioral Health ICP
2. Emergency Red Books are available on each unit.
3. Additional medical supplies (amount varies between sites)
4. Emergency Lighting Kits (glow sticks, wind-up flashlights, battery-powered lanterns)
5. Mesa, Maryvale, and Phoenix have additional drinking water supplies.
6. Paraslydes are available for evacuation at each site.
7. Behavioral Health Mesa, Phoenix, and Maryvale have emergency generators.
8. Facilities Department has mapped portable generator need and hook-up locations with a contracted vendor.

Chaplaincy Services – Response

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Chaplaincy Services – Disaster Response		**10**	**1 of 2**
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Activation:

The Chaplaincy Services Support Annex can be activated for a **CODE GREEN** response based upon the psychological, spiritual, and emotional needs of the hospital staff, patients, families and guests in the event of a hospital emergency or disaster in the community.

Process

1. In the event of an emergency or disaster:
   a. The Administrative Chaplains will be alerted by the hospital operator via pager or phone.
      i. En route to the hospital, the Administrative Chaplains will begin calling their department members, as the situation necessitates.
   b. The Department members will be instructed to report to the facility, in which they serve with their ID badges and a cell phone.
      i. The Catholic Priest assigned to Valleywise Health Medical Center by the Phoenix Diocese will also be contacted to come to the hospital, if appropriate.
   c. The Administrative Chaplains will also serve as liaison with the faith-based community, to help meet the needs of the staff, patients, families and guests.
2. Immediate response:
   a. Upon arrival at the hospital, the Administrative Chaplains will immediately report to the Support Branch Director or Logistics Section Chief (if Support Branch Director has not been activated) at the hospital command center for a briefing.
   b. The Administrative Chaplains will then proceed to assist the Support Branch Director (and Employee Health & Well Being Unit Leader and/or Employee Family Care Unit Leader) in the establishment of teams composed of staff, clergy and other mental health professionals to support the psycho-social needs of the staff, patients, families and guests.
   c. Additionally, the Administrative Chaplains may interact with the Patient Family Assistance Branch Director in the Operations Section once the Family Reunification Center has been established to assist with support needs.

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3. Intermediate response:

   a. Upon designation of a secluded debriefing area where individual and group intervention may take place, all of the members of the Chaplain's Department who have reported for duty will be assigned jobs, in coordination with the Employee Health & Well Being Unit Leader, Employee Family Care Unit Leader, and/or Patient Family Assistance Branch Director.

   b. These teams of psychological support staff will visit patient care and non-patient care areas on a routine schedule, as well as meet regularly with all members of the Logistics Section.

4. Extended response:

   a. During the extended course of an emergency or disaster, the members of the Chaplain's Department will rotate duties as assigned.
   b. Regularly scheduled worship services and/or mass will be provided in the chapel, or an alternative site.
   c. Where staff and patients cannot come to the worship area, members of the Chaplain's Department will be available to them whenever possible.
   d. Members of the Chaplain's Department will be alert to signs of stress and fatigue within the psychological support staff, and arrange for frequent, mandatory rest periods and debriefing sessions.
   e. If not already activated, the Administrative Chaplains can contact members of the Critical Incident Stress Management (CISM) team to support activities, as necessary.
   f. Members of the Chaplain's Department will also be aware of the schedule and the dates and times for critical stress debriefing sessions during and after the immediate disaster response and participate in such.
   g. Members of the Chaplain's Department will document all contacts, actions, decisions and interventions.

5. Additional priority:

   a. The Administrative Chaplains will also be available to Administration and the Hospital Incident Management Team personnel for counseling and spiritual needs as the course of the emergency or disaster permits.

Internal Incident Response Guides

Code Black: Bomb Threat

Evacuation

Code Red: Fire

Hazardous Material Spill

Hostage/Barricade

Active Shooter

Code Pink: Infant Abduction

Internal Flooding

Utilities Failure

IT Failure

Bomb Threat (Code Black)

Title: **Bomb Threat (Code Black)**		Incident Annex: **A**	Page: **1 of 1**
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Mission: To safely and effectively respond to a pre-detonation, ongoing, and post detonation explosive incident.

Objectives

□ Ensure safety of the staff, patients, and visitors

□ Initiate and maintain a coordinated response with law enforcement, public safety, regulatory officials, hazardous materials responders, and others

□ Maintain clinical operations within the constraints of the response and recovery phases

For Code Black (Bomb Threat) Response Plan, please refer to Valleywise Health System-wide Policy # 15708S

For bomb threat incidents, please refer to the HICS Incident Response Guide

Evacuation

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Evacuation – Incident Response Guide		**B**	**1 of 16**
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Mission: To provide a safe environment for patients, staff, and visitors within the hospital or during evacuation following an incident that impacts the structural integrity or service availability of the hospital.

Objectives

□ Provide for the safety of the staff, patients, visitors, and families

□ Provide for patient care and management

□ Conduct safe and rapid evacuation or shelter-in-place of the facility

□ Plan for safe patient and staff repatriation and service restoration

For incidents requiring evacuation, please refer to the HICS Incident Response Guide

Fire (Code Red)

Title: **Fire (Code Red)**		Incident Annex: **C**	Page: **1 of 1**
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Mission

To ensure a safe environment for staff, patients, visitors, and the hospital when a fire may impact the safety and structural integrity of the hospital or availability of services; and to provide the safe continuation of care for patients, visitors, and those seeking care in the event of a fire.

Objectives

☐ Ensure the continued safety of patients, staff, and visitors
☐ Ensure the continuation of patient care services during and after a fire event including patient and staff evacuation if required
☐ Protect the physical environment when a fire threatens your hospital

For Code Red (Fire) Response Plan, please refer to Valleywise Health System-wide Policy # 14306S

For incidents involving fire, please refer to the HICS Incident Response Guide

Hazardous Material Spill – Mass Casualty Incident Response Guide

Title: **Hazardous Material Spill (External) – Mass Casualty Incident Response Guide**		Incident Annex: **D-1**	Page: **1 of 1**
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Mission: To provide a safe environment for patients, staff, and visitors within the hospital following a chemical incident that may or may not impact the safety of the hospital or availability of services; and to provide the safe continuation of care for patients, visitors, and those seeking care post-incident.

Objectives

☐ Provide safe and effective decontamination of incoming contaminated patients

☐ Protect patients, staff, and the hospital from contamination and safely restore normal operations

☐ Communicate effectively with the local Emergency Operations Center and emergency response partners

For Code Orange-Internal (HazMat Spill) Response Plan, please refer to Valleywise Health System-wide Policy # 14315S

For major external spill incidents, please refer to the Incident Response Guide

For hazardous material mass casualty incidents, please refer to the Incident Response Guide

Hostage/Barricade

Title: **Hostage/Barricade**		Incident Annex: **F**	Page: **1 of 1**
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Mission: To safely manage an incident involving a person with a weapon who has taken one or more hostages or has barricaded themselves within the hospital.

Objectives

□ Ensure the safety of patients, staff, and visitors

□ Maintain communications with staff, patients, visitors, and the media

□ Coordinate response, release of information, and ongoing operation with law enforcement

□ Provide behavioral health support and stress management services to patients, staff, and visitors

□ Return to normal operations as quickly as possible

For Hostage/Barricade Response Plan, please refer to Valleywise Health Security Services Departmental Policy # 15777T

For hostage/barricade incidents, please refer to the Incident Response Guide

Active Shooter

Title: **Active Shooter**		Incident Annex: **G**	Page: **1 of 1**
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Mission: To protect patients, staff, and visitors during an active shooter incident.

Objectives

□ Ensure the safety of patients, staff, and visitors

□ Notify law enforcement, staff, patients, and visitors of the threat

□ Contain the scene and minimize the number of potential victims

□ Coordinate the hospital response with the law enforcement incident command system

□ Return to normal operations as quickly as possible

For Active Shooter Response Plan, please refer to Valleywise Health System-Wide Policy # 15861S

For active shooter incidents, please refer to the Incident Response Guide

Infant/Child Abduction (Code Pink)

Title:		Incident Annex:	Page:
Infant/Child Abduction (Code Pink)		H	1 of 1
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NA	2/2012		
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Mission: To manage the process of locating and recovering a lost or abducted person, whether infant, child, or an adult from the hospital.

Objectives

□ Ensure the safety of patients, staff, and visitors while initiating search procedures

□ Coordinate with law enforcement in the response to and recovery of a missing person

□ Provide behavioral health support to patients, staff, and families

For Infant/Child Abduction Response Plan, please refer to Valleywise Health System-Wide Policy # 15704S

For infant/child abduction incidents, please refer to the HICS Incident Response Guide

Internal Flooding -Incident Response Guide

Title: **Internal Flooding – Incident Response Guide**		Incident Annex: **I**	Page: **1 of 1**
Next Review: **6/19**	Issue Date: **2/2012**	Incident Annex to the Emergency Operations Plan	
Approval Signatures on File: **Emergency Preparedness Manager**		Distribution: **All Departments**	
Revision Dates: **3/17**		Section: **Disaster Management**	

Mission: To safely manage an internal flooding incident within a hospital.

Objectives

□ Prevent facility flooding

□ Protect patients, staff and facility

□ Ensure safe patient care and medical management

□ Evacuate the facility (partial or complete) as needed

For internal flooding incidents, please refer to the HICS Incident Response Guide

Utility Failure – Incident Response Guide

Title: **Utility Failure**		Incident Annex: **J**	Page: **1 of 1**
Next Review: **NA**	Issue Date: **2/2012**	Incident Annex to the Emergency Operations Plan	
Approval Signatures on File: **Emergency Preparedness Manager**		Distribution: **All Departments**	
Revision Dates:		Section: **Disaster Management**	

Mission: To safely manage patient care through effective and efficient hospital operations during the loss of a major utility within the hospital.

Objectives

□ Identify extent of outage and consider evacuation

□ Maintain patient care capabilities

□ Minimize impact on hospital operations and clinical services

□ Communicate the situation status to patients, staff, and the public

For Utility Management Plan, please refer to Valleywise Health System-Wide Plan # 06689S

For utilities failure incidents, please refer to the HICS Incident Response Guide

Information Technology (IT) Failure

Title: **Information Technology (IT) Failure**		Incident Annex: **K**	Page: **1 of 1**
Next Review: **6/19**	Issue Date: **3/17**	Incident Annex to the Emergency Operations Plan	
Approval Signatures on File: **Emergency Preparedness Manager**		Distribution: **All Departments**	
Revision Dates:		Section: **Disaster Management**	

Mission: To provide for business continuity and availability of essential automated systems for the hospital in the event of a massive or sustained information technology failure, cybersystems compromise, or deliberate attack.

Objectives

- ☐ Maintain patient care capabilities
- ☐ Isolate and repair affected information technology systems
- ☐ Notify affected end user supervisory personnel and provide directed guidance on information technology systems use
- ☐ Restore automated systems and services

For IT failure incidents, please refer to the HICS Incident Response Guide

External Incident Annexes

Severe Weather
Mass Casualty
Radiation Incident
Chemical Agent
Earthquake

Severe Weather – Incident Response Guide

Title: **Severe Weather – Incident Response Guide**		Incident Annex: **L**	Page: **1 of 1**
Next Review: **6/19**	Issue Date: **2/2012**	Incident Annex to the Emergency Operations Plan	
Approval Signatures on File: **Emergency Preparedness Manager**		Distribution: **All Departments**	
Revision Dates: **3/17**		Section: **Disaster Management**	

Mission: To provide for the safety of patients, visitors, and staff during a severe weather emergency such as ice storms, snowstorms, rain, flooding, extreme heat and cold, etc.

Objectives

□ Provide for the safety of patients, staff, families, and visitors

□ Initiate hospital protective actions

□ Protect patients, visitors, staff and facility

□ Provide patient care and management

For severe weather incidents, please refer to the HICS Incident Response Guide

Mass Casualty – Incident Response Guide

Title: **Mass Casualty – Incident Response Guide**		Incident Annex: **M**	Page: **1 of 1**
Next Review: **6/19**	Issue Date: **3/17**	Incident Annex to the Emergency Operations Plan	
Approval Signatures on File: **Emergency Preparedness Manager**		Distribution: **All Departments**	
Revision Dates:		Section: **Disaster Management**	

Mission: To ensure a safe environment for staff, patients, visitors, and the facility when the number of patients severely challenges or exceeds the capability and capacity of the hospital.

Objectives

☐ Identify, triage, and treat patients
☐ Provide safe and appropriate patient care, based on scope of response
☐ Maintain patient tracking
☐ Provide continuity of care for non-incident patients
☐ Maintain communications with healthcare and public safety response partners

For mass casualty incidents, please refer to the HICS Incident Response Guide

Radiation Incident/Attack

Title: **Radiation Incident/Attack – Incident Response Guide**		Incident Annex: **N**	Page: **1 of 1**
Next Review: **6/19**	Issue Date: **2/2012**	Incident Annex to the Emergency Operations Plan	
Approval Signatures on File: **Emergency Preparedness Manager**		Distribution: **All Departments**	
Revision Dates: **3/17**		Section: **Disaster Management**	

Mission: To provide a safe environment for patients, staff, and visitors within the hospital following a radiation incident that may or may not impact the safety and structural integrity of the hospital or availability of services; and to provide the safe continuation of care for patients, visitors, and those seeking care post-incident.

Objectives

□ Provide safe and effective decontamination of incoming contaminated patients

□ Protect patients, staff, and the hospital from contamination and safely restore normal operations

□ Communicate effectively with the local Emergency Operations Center and emergency response partners

For Radiation Safety Policy, please refer to Valleywise Health System-wide Policy # 16610S.

For Radiological Agent Response Plan, please refer to Functional Annex M Hospital Emergency Response Team (HERT)/Decontamination

For radiological attack incidents, please refer to the Incident Response Guide

Chemical Agent Attack

Title: **Chemical Agent Attack**		Incident Annex: **P**	Page: **1 of 1**
Next Review: **NA**	Issue Date: **2/2012**	Incident Annex to the Emergency Operations Plan	
Approval Signatures on File: **Emergency Preparedness Manager**		Distribution: **All Departments**	
Revision Dates:		Section: **Disaster Management**	

Mission: To provide a safe environment for patients, staff, and visitors within the hospital following a chemical incident that may or may not impact the safety of the hospital or availability of services; and to provide the safe continuation of care for patients, visitors, and those seeking care post-incident.

Objectives

□ Provide safe and effective decontamination of incoming contaminated patients

□ Protect patients, staff, and the hospital from contamination and safely restore normal operations

□ Communicate effectively with the local Emergency Operations Center and emergency response partners

For Chemical Agent Response Plan, please refer to Functional Annex M Hospital Emergency Response Team (HERT)/Decontamination

For chemical agent attack incidents, please refer to the Incident Response Guide

Earthquake

Title:		Incident Annex:	Page:
Earthquake Incident Response Guide		**Q**	**1 of 14**
Next Review:	Issue Date:	Incident Annex to the Emergency Operations Plan	
6/19	**2/2012**		
Approval Signatures on File:		Distribution:	
Emergency Preparedness Manager		**All Departments**	
Revision Dates:		Section:	
3/17		**Disaster Management**	

Mission: To provide a safe environment for patients, staff, and visitors either within the hospital or while evacuating the hospital following an earthquake that impacts the structural integrity of the hospital or availability of services. To provide the continuation of care for patients, visitors, and those seeking care post-incident.

Objectives

☐   Provide for patient care and management
☐   Provide for the safety of patients, staff, families, and visitors
☐   Provide for continuing operational status of the hospital or safe evacuation from the hospital

For Earthquake incidents, please refer to the Incident Response Guide

APPENDIX A: ACRONYMS

Acronym	Meaning
AAR	After Action Report
ADHS	Arizona Department of Health Services
ADEM	Arizona Division of Emergency Management
ARS	Acute Radiation Syndrome
AZCHER-Central	Arizona Coalition for Healthcare Emergency Response
AzDEMA	Arizona Department of Emergency & Military Affairs
CBRNE	Chemical, Biological, Radiological, Nuclear, and Explosives
CCA	Child Care Area
CDC	Centers for Disease Control
CONPLAN	Continuity Plan
dba	Doing Business As
DV	Desert Vista
ED	Emergency Department
EMP	Electromagnetic Pulse
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ESAR-VHP	Emergency System for the Advanced Registration of Volunteer Health Professionals
ETA	Emergency Treatment Area
FEMA	Federal Emergency Management Agency
FHC	Family Health Center
FOUO	For Official Use Only
HAvBED	National Hospital Available Beds for Emergencies and Disasters (**HAvBED**) System
HazMat	Hazardous Materials
HCC	Hospital Command Center
HEOC	Health Emergency Operations Center
HERT	Hospital Emergency Response Team
HHS	Health and Human Services
HIMT	Hospital Incident Management Team
Hot Off Load	Unloading or loading of patients into or out of the helicopter while rotors are turning, and engine is running.
HPP	Hospital Preparedness Program
HSEEP	Homeland Security Exercise Evaluation Program
HRS	Hospital Reception Site
IAP	Incident Action Plan

Acronym	Meaning
IC	Incident Command (er)
IND	Improvised Nuclear Device
IP	Improvement Plan
KT	Kiloton
JAS	Job Action Sheet
LD	Light Damage (Zone)
LNO	Liaison Officer
LZ	Landing Zone
MCC	Medical Coordination Center (Maricopa County Dept. of Public Health)
MD	Moderate Damage (Zone)
MCDEM	Maricopa County Department of Emergency Management
MCDPH	Maricopa County Department of Public Health
MHz	Mega Hertz
Valleywise Health	Valleywise Health
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MSEL	Master Scenario Event List
NDMS	National Disaster Medical System
NIMS	National Incident Management System
OME	Office of the Medical Examiner
OSHA	Occupational Safety & Health Administration
PH	Public Health
PIO	Public Information Officer
POC	Point of Contact
PPE	Personal Protective Equipment
SD	Severe Damage (Zone)
SEOC	State Emergency Operations Center
SIP	Shelter-in-Place
SNS	Strategic National Stockpile
SOP	Standard Operating Procedure
STARTEX	Start Exercise
TCL	Target Capabilities List
WHH	Whole Health Home
WMD	Weapons of Mass Destruction

APPENDIX B: GLOSSARY

These Emergency Response definitions apply:

3 Deep List – A pre-selected group of higher ranking Valleywise Health staff trained to assume the roles within an ICS setting and run the Valleywise Health Incident Command Center.

Alternate Care Site – An event has occurred within the Hospital System which requires necessary medical care services be relocated outside of the facility or an event in the community requires the Hospital to utilize/manage an alternate care site to meet the medical needs of the community.

Bomb Threat – there is a validated threat of a bomb that has been investigated by Security in concert with other law enforcement agencies and is defined as a real threat. This activates the **CODE BLACK** and requires that staff and patients from a specific area be relocated or evacuated. Security is the lead Department and is responsible for the investigation and coordination with law enforcement agencies.

Cleared - defines the point at which a unit/Department has processed all of their mass casualty patients, or emergency response tasks and has been authorized by the Valleywise Health Incident Commander to return to routine operational mode.

CODE GREEN EXTERNAL - An emergency response to an actual EXTERNAL mass casualty event which might be the result of nuclear, biological, or chemical exposure, natural, or other domestic or terrorist event. This will fully activate all aspects of the Incident Command System. The Incident Commander will define the critical areas of response and if the system remains fully activated or if defined areas will "stand-down".

CODE GREEN EXTERNAL DRILL – the hospital is practicing its emergency response plan. This will activate all aspects of the Incident Command System. Requires the radio talk-groups to be implemented.

CODE GREEN INTERNAL – An actual event that is INTERNAL to the Hospital System and may require a community response (EMS, utility, water, IT etc.…) to respond to the impact on the Hospital System. This will activate all aspects of the Incident Command System. The Incident Commander will define the critical areas required for response and if the system remains fully activated or if defined areas will "stand-down" or be closed to address business continuity.

CODE GREEN INTERNAL DRILL – An exercise to practice the Hospital System's emergency response to an INTERNAL event. This will activate all aspects of the Incident Command System. Requires the radio talk-groups to be implemented.

DMAT – abbreviation for the Disaster Medical Assistance Team, a federal coordinated response team that can assist with medical care.   There are burn-specialty DMATs within the National Disaster Medical System (NDMS).

Emergency Operations Center – (EOC) provides local, county and regional coordination, direction, control or support during an emergency response.

Emergency Response - Valleywise Health specific response to a mass casualty event in the metropolitan area, or a National Disaster Medical System Response (NDMS), or an INTERNAL event that impacts the hospital capabilities and resources.

Epidemic – the occurrence of any known or suspected contagion that occurs in clear excess of normal expectancy.

ESAR-VHP – Emergency System for Advanced Registration of Volunteer Health Professionals program, created by the Health Resources and Services Administration (HRSA) and allows for the advanced registration and credentialing of healthcare professionals needed to augment a hospital or other medical facility to meet increased surge capacity needs.

Evacuation – An organized removal of patients, visitors, staff from a dangerous or potentially dangerous area.

Evacuation Horizontal – refers to a need to evacuate one or more units/Departments horizontally into a similar unit. These activities will require a CODE GREEN INTERNAL. May be due to a defined imminent danger or to the most severe evacuation, evacuation of the entire hospital due to imminent danger, horizontally, vertically, in an uncontrolled emergent environment. A Horizontal Evacuation is preferable to a Vertical Evacuation.

Evacuation Vertical – refers to a need to evacuate one or more units/Departments vertically. These activities will require a CODE GREEN INTERNAL. May be due to a defined imminent danger or to the most severe evacuation, evacuation of the entire hospital due to imminent danger, horizontally, vertically, in an uncontrolled emergent environment. A Horizontal Evacuation is preferable to a Vertical Evacuation.

Exercise – Hospital is participating in a regional or community emergency response training exercise.

Extended Response Phase – Defines the transition of an emergency response into the on-going phases of the response. This phase will focus on updates, media control, resource management, and situational response. The Incident Commander may close centers, combine centers. The Incident Commander may become mobile in the institution through the use of any of the 8 Valleywise Health repeated radio channels. The Incident Commander will decide when the response phase moves to the Extended Response Phase.

Extreme Temperatures – Temperatures over 110 degrees (F.) or below 40 degrees (F.) for three or more consecutive days.

Flooding – flooding conditions may be due to the rupture of one or more of the water retention dams upstream of the Salt River.

Hazard and Vulnerability Analysis (HVA) – assessment that identifies all possible hazards and the susceptibility of the Hospital and the region to the hazard's impact. The HVA serves as a guidance tool for the Hospital's mitigation, planning and preparedness plans.

Imminent Danger – an event in the Hospital setting has occurred which puts the patients, visitors, and staff at risk and in danger for injuries or harm.

Incident Command System (ICS) – refers to the organizational structure that defines the leadership and chain of command for the hospital's medical care, facilities, equipment, personnel, procedures, finance, and communications during a disaster response. The Hospital Incident Command System (HICS) is specifically designed to assist in the management of resources for any hospital's emergency response.

Incident Commander – individual responsible for the management, direction, and oversight of the Hospital's emergency response.

Infant/Patient Abduction – refers to a situation in which an infant or an adult patient has been abducted or is lost within the Hospital System. This will activate the CODE PINK response.

Joint Information Center (JIC) – center established to coordinate the public information activities for a large incident, serves as the center point of contact for all news media at the scene of the incident, coordinates with the Hospital's Public Information Officer regarding all Hospital activities / emergency response.

Joint Operation Center (JOC) – center established at the event site to coordinate the multi-agency (all within one jurisdiction) response, serves as the center point for all jurisdiction requests. The JOC is responsible for the escalation or downsizing of the response to the event; coordinates with all responding agencies. The Hospital's Incident Commander is integrated with this center.

Liaison Officer – member of Valleywise Health Command Center Staff who is responsible for updating the campus facilities and defined agencies regarding Valleywise Health' activities for the emergency response. This role may be assumed by the Public Information Officer.

Lockdown - defines a situation that requires that all entrances and exits in Valleywise Health be locked or be monitored. Individuals may enter or leave the facility but only at locations defined by Security for screening purposes. All individuals and staff will be screened. Examples of when this is utilized: a prisoner escape, infant abduction, major criminal activity, or a CODE GREEN activation.

Mass Casualty Incident (MCI) - An event that produces multiple injuries, illnesses, contamination/exposures, or that causes multiple individuals to seek hospital/health care. Mass Casualty encompasses natural, transportation, man-made, nuclear, biological, chemical, and all terrorist related events. These situations will likely involve multiple agencies and multiple pre-hospital Emergency Medical Systems.

Mass Sheltering – An event in the community, region, state, or nation has occurred that is requiring individuals to be moved from their home environment into a shelter environment. The Maricopa County Emergency Management Department and the Maricopa County Department of Public Health offices will coordinate mass sheltering with the American Red Cross.

Maximum Occupancy – refers to the situation when all budgeted/staffed beds are occupied.

Medical Decontamination – The removal of hazardous chemicals or nuclear substances from the skin/or mucous membranes by showering or washing the affected area, usually with water. Patients with chemical burns or other types of burns may require decontamination with water.

Mitigation – measures taken prior to a disaster to reduce the harmful effects of a disaster by attempting to limit the disaster's impact on human health and economic infrastructure.

National Incident Management System (NIMS) – system mandated by Homeland Security Presidential Directive 5 (HSPD-5) that provides a consistent nationwide approach for Federal, State, Tribal, and local governments and private businesses to work together to prepare for, respond to, and recover from domestic incidents, regardless of cause, size or complexity, to provide for interoperability and compatibility among Federal, State, and Local capabilities.

NDMS – National Disaster Medical System, Federal program that is under the direction of FEMA, DVA, DHHS and DOD utilized to provide medical field treatment teams and move patients out of an impacted area into another, safe geographic area not impacted by the event.

Sufficiency of Care – refers to situations when the medical care provided is sufficient for managing surge capacity or MCIs with the intentions of doing the greatest good for the greatest number of mass casualties versus the standard of care which ensures optimal care for a single patient or modular care.

Surge Capacity – each unit / Department / division will be expected to be able to process 10% to 20% more patient admission or patient activities in their unit/Department. This is above the maximum occupancy or staff beds defined for each unit. Overall hospital admissions might increase 10 to 20% above the staffed, maximum occupancy bed capacity.

APPENDIX C: HICS JOB ACTION SHEETS (JAS)

**JOB ACTION SHEETS (JAS) FOR EACH POSITION IN HICS ARE MAINTAINED ON THE COPANET DISASTER PREPAREDNESS PAGE.

Command Staff

- Incident Commander (IC)
- Public Information Officer (PIO)
- Liaison Officer (LNO)
- Safety Officer (SO)

Medical/Technical Specialists (Command Advisors - optional or as necessary)

- Biological/Infectious Disease Specialist
- Chemical Specialist
- Clinical Administration Specialist
- Hospital Administration Specialist
- Legal Affairs Specialist
- Medical Ethicist Specialist
- Medical Staff Specialist
- Pediatric Care Specialist
- Radiological Specialist
- Risk Management Specialist

General Staff - Positions under each Chief are activated/de-activated as necessary.

- **Operations Section Chief**
  - Staging Manager
    - Equipment/Supply Staging Team Leader
    - Medication Staging Team Leader
    - Personnel Staging Team Leader
    - Vehicle Staging Team Leader
  - Medical Care Branch Director
    - Casualty Care Unit Leader
    - Clinical Support Services Unit Leader
    - Inpatient Unit Leader
    - Mental Health Unit Leader
    - Outpatient Unit Leader
    - Patient Registration Unit Leader
  - Infrastructure Branch Director
    - Building/Grounds Damage Unit Leader
    - Environmental Services Unit Leader
    - Food Services Unit Leader
    - HVAC Unit Leader
    - Medical Devices Unit Leader

- ▪ Medical Gases Unit Leader
- ▪ Power/Lighting Unit Leader
- ▪ Water/Sewer Unit Leader
  - o Security Branch Director
    - ▪ Access Control Unit Leader
    - ▪ Crowd Control Unit Leader
    - ▪ Law Enforcement Interface Unit Leader
    - ▪ Search Unit Leader
    - ▪ Traffic Control Unit Leader
  - o Hazardous Materials Branch Director
    - ▪ Detection & Monitoring Unit Leader
    - ▪ Facility/Equipment Decontamination Unit Leader
    - ▪ Spill Response Unit Leader
    - ▪ Victim Decontamination Unit Leader (HERT Team Leader)
  - o Business Continuity Branch Director
    - ▪ Business Function Relocation Unit Leader
    - ▪ Information Technology Unit Leader
    - ▪ Records Preservation Unit Leader
    - ▪ Service Continuity Unit Leader
  - o Patient Family Assistance Branch Director
    - ▪ Family Reunification Unit Leader
    - ▪ Social Services Unit Leader

- **Planning Section Chief**
  - o Resources Unit Leader
    - ▪ Materiel Tracking Manager
    - ▪ Personnel Tracking Manager
  - o Situation Unit Leader
    - ▪ Bed Tracking Manager
    - ▪ Patient Tracking Manager
  - o Documentation Unit Leader
  - o Demobilization Unit Leader

- **Logistics Section Chief**
  - o Service Branch Director
    - ▪ Communications Unit Leader
    - ▪ Information Technology/Information Services/Equipment Unit Leader
    - ▪ Food Services Unit Leader
  - o Support Branch Director
    - ▪ Employee Health & Well-Being Unit Leader
    - ▪ Labor Pool & Credentialing Unit Leader
    - ▪ Supply Unit Leader
    - ▪ Transportation Unit Leader
    - ▪ Employee Family Care Unit Leader

- **Finance Section Chief**
  - o Time Unit Leader
  - o Procurement Unit Leader
  - o Compensation/Claims Unit Leader
  - o Cost Unit Leader

APPENDIX D: HICS FORMS

** HICS FORMS ARE MAINTAINED ON THE COPANET DISASTER PREPAREDNESS PAGE.

Hospital Incident Command System - Forms***

- HICS 200 – Incident Action Plan (IAP) Cover Sheet
- HICS 201 - Incident Briefing
- HICS 202 - Incident Objectives
- HICS 203 - Organization Assignment
- HICS 204 - Branch Assignment List
- HICS 205A - Communications List
- HICS 206 - Staff Medical Plan
- HICS 207 - HIMT Chart
- HICS 213 - Incident Message Form
- HICS 214 – Activity Log
- HICS 215A - Incident Action Plan Safety Analysis
- HICS 221 – Demobilization Check-Out
- HICS 251 - Facility System Status Report
- HICS 252 - Section Personnel Time Sheets
- HICS 253 - Volunteer Staff Registration
- HICS 254 - Disaster Victim Patient Tracking Form
- HICS 255 - Master Patient Evacuation Tracking Form
- HICS 256 - Procurement Summary Report
- HICS 257 - Resource Accounting Record
- HICS 258 - Hospital Resource Directory
- HICS 259 - Hospital Casualty Fatality Report
- HICS 260 - Patient Evacuation Tracking Form
- Incident Action Plan (IAP) Quick Start

*** - Please "Save As" each form to your desktop per incident. Then, these can be forwarded to the appropriate Command Staff individual via email or hard copy.