



# Geyserville Hospital

# All Hazards Disaster Plan



## Introduction

The Geyserville Hospital All Hazards Disaster Plan (GHAHDP) is an emergency management template which includes the following components:

1. Organizational Description and Chart
2. Job action sheets
3. Standard Operating Procedures
4. Documentation Forms

The GHAHDP is based on the principles of Incident Command System (ICS) and the Hospital Emergency Incident Command System (HEICS) of the San Mateo County Health Services Agency Emergency Medical Services.

The GHAHDP template is very flexible, in a number of ways. Firstly, during activation of the disaster plan, only those positions required are activated. All incidents start with the Incident Commander, and additional positions are added as needed. Positions can also be deleted as the incident is demobilized. Most incidents will require activation of only a minimum number of these positions. It will be exceedingly rare that all positions will be activated.

Hospital managers in Geyserville Hospital are invited to customize the template to better suit their own situation. In general, most hospitals will require some modifications to the Standard Operating Procedures and Job Action Sheets. Where possible, the Organizational Structure should remain as close to the original as possible. This will help facilitate communication with NATHOP and communication between hospitals. Furthermore, for staff who may work at more than one hospital, this will facilitate portability.

By following the principles of Incident Command Structure, the GHAHDP will facilitate communication with other Disaster Management Assets. Geyserville Hospital's Emergency Medical Services will also follow an emergency plan based on ICS. In addition, during disaster which affect multiple health-care facilities, NADHOP will activate a regional Emergency Operations Center (EOC). This EOC will also be organized in a structure closely resembling Incident Command System. In general, hospitals will communicate with the Emergency Operations Center through the Liaison Officer (or IC if a Liaison Officer has not been appointed).



# Part I

## GHAHDP

The Geyserville Hospital  
All Hazard Disaster Plan  
Organizational Structure

First Edition

Volume I

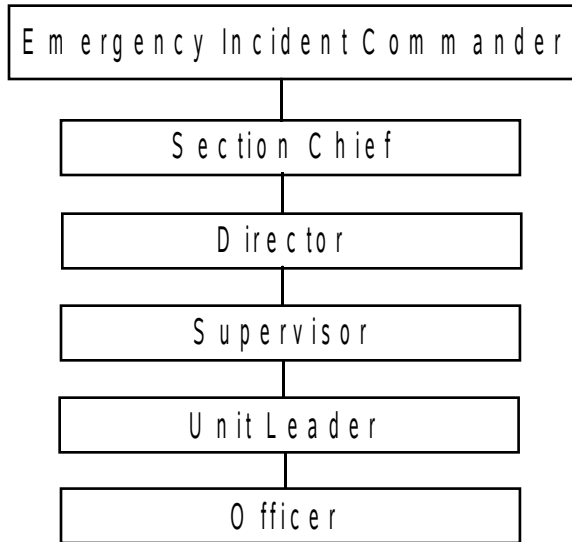
February 2008

## Organizational Structure

The GHAHDP is based on the principles of Incident Command Structure. Specifically, GHAHDP adheres to the following 12 principles of Incident Command System.

1. Five Primary Management Functions: All personnel will be under one of the following functions.
  - A) Command
  - B) Operations
  - C) Logistics
  - D) Planning
  - E) Finance / Admin
2. Establishing and Transfer of Command: Normally, the first qualified practitioner on scene will assume command. Command may be transferred when a more qualified individual arrives. In complex incidents a formal written transfer of command should be considered.
3. Single or Unified Command Structure: Command may be by a single individual, the Incident Commander (IC) or may be shared by representatives from several agencies. The move to Unified Command usually occurs when the Incident Commander invites other qualified individuals to join the command section. Generally, although useful, Unified Command should be limited to less than 8 individuals.
4. Management by Objective: Objectives are set by the Planning section if present, or by Incident Command. Tactics and Strategies are set, and implemented by the Operations section.
5. Consolidated Action Plan: A single action plan is created, and all disciplines will follow the same action plan. Although strategies and tactics will vary, all personnel are aiming for the same objectives.
6. Comprehensive Resource Management: Resources from all disciplines are managed centrally. This eliminates both over and under-use of resources.

7. Unity and Chain of Command: Every individual answers to the individual one higher than them on the chain of command. Orders always are given to the person directly below. Information however, can flow in any direction.



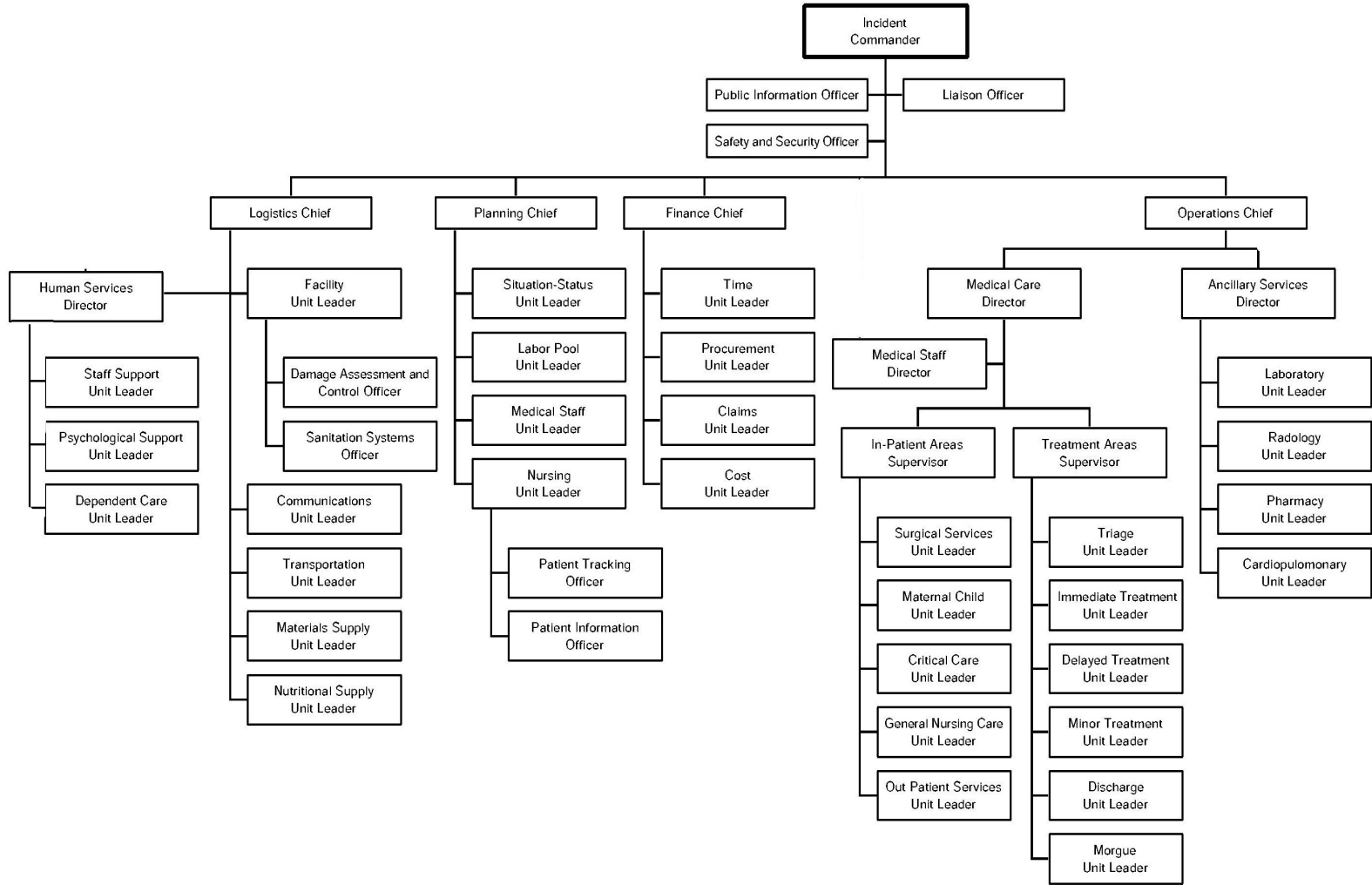
8. Manageable Span of Control: Optimal span of control is 1 supervisor to 5 subordinates in most situations. Acceptable span of control is between 1:3 and 1:7.
9. Modular Organization: Most importantly, the organizational structure can be used for any size incident. In the smallest incident, only the IC is present (1 person). The organization can expand or contract as need to several hundred individuals.
10. Personnel Accountability: Personnel have a centralized check-in and check-out. Personnel accountability is manifest for safety of all personnel
11. Common Terminology: All ICS structures use the same terminology. This allows personal to easily communicate between disciplines.
12. Integrated Communication: Communication is centralized: optimizing the often chaotic communication systems occurring in many disasters.

Assignment of various personnel to the positions within the structure should be an issue of function, not rank. In general, the first qualified practitioner at the scene should initially assume the role of Incident Commander. For Hospitals, this practically means that the Emergency Physician in Charge will serve as the initial Incident Commander in most cases. Having a thorough knowledge of the Hospital system is paramount for an effective incident commander, and therefore senior staff are usually preferred. Incident Command may be transferred later to a more qualified practitioner. Note that rank in the traditional sense is not relevant within the structure: qualification and ability to perform the task is more important.

The Incident Commander should then assign personnel to the various positions within the organizational structure as needed. Once again, positions should be assigned to those most qualified to do so: not according to rank. Obviously, not all positions will be assigned in every incident, and only rarely will all be used. Most importantly, positions are assigned for one of two reasons: 1) workload for a position becomes overwhelming, and a subordinate is needed, or 2) span of control becomes unmanageable. When a position is not assigned, the duties normally performed by that position become the responsibility of the position one higher in the organization. For instance, if a Finance Section Chief is not assigned, then the duties usually performed by the Finance Section Chief become the responsibility of the Incident Commander.

A useful paradigm when building the organization is to remember that essentially command is built from the top down. That is, an IC is delegated and the organization of is expanded as the IC requires additional assistance. Conversely, resources are built from the ground up. Resources are initially handled as single resources, but are then grouped to task forces or strike teams as required to fulfill criteria for span of control.

Geyserville Hospital All Hazards Disaster Plan April, 2006



Organizational Chart

Geyserville Hospital

February, 2011



# Part II

# GHAHDP

The Geyserville Hospital All Hazard Disaster Plan  
Standard Operating Procedures

First Edition

Volume I

February 2011

# Geyserville Hospital

February, 2011

## Standard Operating Procedure

### Disaster Plan Activation

**Topic:** Activation of the Geyserville Hospital Disaster Plan

**Purpose:** Provide details for activation criteria and initial responsibilities for action. Also details procedures for staff notification.

1. Recognition: Activation of the Hospital Disaster Plan should be considered in the following situations:
  - A) The number of injured or ill patients exceeds the ability of Geyserville Hospital to provide patient care at the usual standard of practice.
  - B) There is a reasonable likelihood that the situation detailed in A) above will develop imminently, and that the rapidity of onset will require expedient action.
  - C) At the request of regional deployment, Geyserville EMS, or another cooperating hospital, if the situation described in A) above is either occurring, or appears to be likely to occur, and will require the cooperation of Geyserville Hospital for management.
2. Notification of Authorities: Activation of the Geyserville Hospital All Hazards Disaster Plan may be initiated by:
  - A) The Geyserville Hospital Executive on-call. Usually this will be in consultation with the Senior Emergency Physician on-duty.
  - B) A senior Emergency Physician on duty, in conjunction with the Emergency Department Nurse-in-Charge if, the situation is deemed to require urgent activation of the disaster plan and the Geyserville Hospital Executive On-Call is unavailable. In this case the Executive On-Call should be notified as soon as possible of the activation of the plan.
  - C) Activation of the Geyserville Hospital Disaster Plan must be followed by immediate notification of regional deployment.
3. Notification of Staff: Following activation of the disaster plan, notification of staff will occur as follows:
  - A) Throughout the hospital, and overhead page will announce that the Geyserville Hospital All Hazards Disaster Plan is now in effect. All staff should then report to their assigned Disaster Posts.

# Geyserville Hospital

February, 2011

- B) All physicians on call for various services will receive an immediate text (118) or voice message confirming that the Disaster Plan is now in effect. Physicians with pagers lacking text or voice messaging will be paged to the Operator at Geyserville Hospital who will notify the physician regarding activation of the Disaster Plan. All staff should then report to their assigned Disaster Posts.
- C) If the assistance of additional staff who are not presently on-duty is required, the Operator - or designate - at Geyserville Hospital will attempt to contact each individual using the information on-file for each employee of Geyserville Hospital. All staff should then report to their assigned Disaster Posts.
- D) Staff of Geyserville Hospital can determine the status of the Geyserville Hospital Disaster Plan at any time by one of the following methods:
  - 1. Logging into the Geyserville Hospital intranet using the employees usual password and clicking on "Disaster Plan". Details of the hospital's Disaster Plan activation, details of the incident leading to activation of the plan, and requests for additional staffing if necessary will be updated in real-time when the Disaster Plan is Activated. Off-duty Geyserville Hospital employees are advised NOT to proceed to either the Hospital Site or the incident site unless specifically requested to do so.
  - 2. Calling to the Geyserville Hospital Disaster Plan Hot line. This line will give a frequently updated recorded message regarding the hospital's Disaster Plan Status, details of the incident leading to activation of the plan, and requests for additional staffing if necessary. If additional staffing is required, the phone may be either answered by a Staffing Coordinator, or alternatively, instructions on leaving a voice-mail message will be given. Off-duty Geyserville Hospital employees are advised NOT to proceed to either the Hospital Site or the incident site unless specifically requested to do so.
  - 3. In the event of infrastructure failure that leads to malfunction of 1) or 2) above, Geyserville Hospital Staff are advised to listen to Geyserville Public Radio. Geyserville Public Radio will broadcast frequent updates on details of the hospital's Disaster Plan Activation, details of the incident leading to activation of the plan, and requests for additional staffing if necessary. Off duty Geyserville Hospital employees are advised NOT to proceed to either the Hospital Site or the incident site unless specifically requested to do so.
- E) Auf der Heide, E. Disaster response: principles of preparation and coordination. 1989. P 70.

## Standard Operating Procedure

### Disaster Plan Deactivation

**Topic:** Deactivation of the Geyserville Hospital Disaster Plan

**Purpose:** Provide details for deactivation criteria and initial responsibilities for action. Also details procedures for staff notification.

1. Recognition: Deactivation of the Hospital Disaster Plan should be considered in the following situations:
  - A) The number of injured or ill patients no-longer exceeds the ability of Geyserville Hospital to provide patient care at the usual standard of practice.
  - B) In consultation with regional deployment, Geyserville EMS, or another cooperating hospital, that had previously requested assistance from Geyserville Hospital 1 that if the situation leading to the request for assistance has either failed to materialize, or is adequately controlled without requiring Geyserville Hospital's Disaster Plan activation.
2. Notification of Authorities: Deactivation of the Geyserville Hospital All Hazards Disaster Plan may be initiated by:
  - A) The Geyserville Hospital Executive on-call. Usually this will be in consultation with the Senior Emergency Physician on-duty.
  - B) Activation of the Geyserville Hospital Disaster Plan must be followed by immediate notification of regional deployment.
3. Notification of Staff: Following deactivation of the disaster plan, notification of staff will occur as follows:
  - A) Throughout the hospital, and overhead page will announce that the Geyserville Hospital All Hazards Disaster Plan is now been deactivated. All staff should then report to their assigned Disaster Posts.
  - B) All physicians on call for various services will receive an immediate text or voice message confirming that the Disaster Plan is now deactivated. Physicians with pagers lacking text or voice messaging will be paged to the Operator at Geyserville Hospital who will notify the physician regarding deactivation of the Disaster Plan.
  - C) If the assistance of additional staff who were not presently on-duty was requested, the Operator - or designate - at Geyserville Hospital will attempt to contact each individual using the information on-file for each employee of Geyserville Hospital.

D) Staff of Geyserville Hospital can determine the status of the Geyserville Hospital Disaster Plan at any time by one of the following methods:

1. Logging into the Geyserville Hospital intranet using the employees usual password and clicking on "Disaster Plan". Details of the hospital's Disaster Plan deactivation, details of the incident leading to activation of the plan, and the removal of requests for additional staffing if necessary will be updated in real-time when the Disaster Plan is Activated.
2. Calling to the Geyserville Hospital Disaster Plan Hot line. This line will give a frequently updated recorded message regarding the hospital's Disaster Plan deactivation, details of the incident leading to activation of the plan, and the removal of requests for additional staffing if necessary.
3. In the event of infrastructure failure that leads to malfunction of 1) or 2) above, Geyserville Hospital Staff are advised to listen to Geyserville Public Radio. Geyserville Public Radio will broadcast frequent updates on details of the hospital's Disaster Plan Deactivation, details of the incident leading to activation of the plan, and removal of requests for additional staffing if necessary.

# Standard Operating Procedure

## Decision to Evacuate

**Topic:** Decision to evacuate Geyserville Hospital Patients and Staff

**Purpose:** Provide details for evacuation criteria and initial responsibilities for action. Also details procedures for staff notification.

1. Recognition: Evacuation of Geyserville Hospital should be considered in the following situations:
  - A) The Hospital Site is experiencing a technological or natural disaster, the features of which form a significant threat to the well-being of the patients and staff, and it is felt that human safety cannot be assured without evacuation.
  - B) There is a reasonable likelihood that the situation detailed in A) above will develop imminently, and that the rapidity of onset will require expedient action.
  - C) At the request of regional deployment if the situation described in A) above is either occurring, or appears to be likely to occur.
2. Notification of Authorities: The decision to evacuate Geyserville Hospital may be initiated by:
  - A) The Geyserville Hospital Executive on-call. Usually this will be in consultation with the Senior Emergency Physician on-duty.
  - B) A senior Emergency Physician on duty, in conjunction with the Emergency Department Nurse-in-Charge if, the situation is deemed to require urgent activation of evacuation procedure and the Geyserville Hospital Executive On-Call is unavailable. In this case the Executive On-Call should be notified as soon as possible of the activation of the plan.
  - C) Activation of the Geyserville Hospital Evacuation Procedure must be followed by immediate notification of regional deployment.
3. Notification of Staff: Following activation of the Evacuation Procedure notification of staff will occur as follows:
  - A) Throughout the hospital, and overhead page will announce that the Geyserville Hospital Evacuation Procedure is now in effect. All staff should then report to their assigned Disaster Posts.
  - B) All physicians on call for various services will receive an immediate text (118) or voice message confirming that the Evacuation Procedure is now in effect. Physicians with pagers lacking text or voice messaging will be

paged to the Operator at Geyserville Hospital who will notify the physician regarding activation of the Evacuation Procedure. All staff should then report to their assigned Disaster Posts.

- C) If the assistance of additional staff who are not presently on-duty is required, the Operator - or designate - at Geyserville Hospital will attempt to contact each individual using the information on-file for each employee of Geyserville Hospital. All staff should then report to their assigned Disaster Posts.
  
- D) Staff of Geyserville Hospital can determine the status of the Geyserville Hospital Evacuation Procedure at any time by one of the following methods:
  - 1. Logging into the Geyserville Hospital intranet using the employees usual password and clicking on "Disaster Plan". Details of the hospital's Evacuation Procedure, details of the incident leading to activation of the procedure, and requests for additional staffing if necessary will be updated in real-time when the Evacuation Procedure is activated. Off-duty Geyserville Hospital employees are advised NOT to proceed to either the Hospital Site or the incident site unless specifically requested to do so.
  
  - 2. Calling to the Geyserville Hospital Disaster Plan Hot line. This line will give a frequently updated recorded message regarding the hospital's Evacuation Procedure Status, details of the incident leading to activation of the procedure, and requests for additional staffing if necessary. If additional staffing is required, the phone may be either answered by a Staffing Coordinator, or alternatively, instructions on leaving a voice-mail message will be given. Off-duty Geyserville Hospital employees are advised NOT to proceed to either the Hospital Site or the incident site unless specifically requested to do so.
  
  - 3. In the event of infrastructure failure that leads to malfunction of 1) or 2) above, Geyserville Hospital Staff are advised to listen to Geyserville Public Radio. Geyserville Public Radio will broadcast frequent updates on details of the hospital's Evacuation Procedure, details of the incident leading to activation of the procedure, and requests for additional staffing if necessary. Off duty Geyserville Hospital employees are advised NOT to proceed to either the Hospital Site or the incident site unless specifically requested to do so.
  
- F) Auf der Heide, E. Disaster response: principles of preparation and coordination. 1989. P 70.

# Standard Operating Procedure

## Evacuation Procedure

**Topic:** Evacuation Procedures

**Purpose:** Provide an overview of the evacuation process.

1. Recognition: If a decision is made to evacuate Geyserville Hospital, it must be performed in an orderly and structured manner. The Incident Commander of the disaster situation will either be directly responsible for supervision of evacuation, or will delegate a representative.
2. Internal Evacuation:
  - A) In the event that only specific portions of Geyserville Hospital is required, a selection of which sites are to be evacuated will be at the discretion of the Incident Commander.
  - B) Physicians are encouraged to discharge patients home when this is safe and practical.
  - C) Decision as to where patients and staff will be evacuated will be at the discretion of the Incident Commander. Potential sites include, but are not limited to:
    1. Usual patient care areas such as Emergency, Outpatient Clinics, Surgery, General Medicine, Geriatrics, Psychiatry, etc.
    2. Clinical areas that do not usually perform direct patient care such as pathology, or the Morgue.
    3. Non-Clinical areas such as the Gymnasium, Store, Church, or Administrative offices.
3. External Evacuation:
  - A) In the event of External Evacuation, the evacuation procedure will be coordinated by regional deployment with the assistance of Geyserville EMS whenever possible. Notification of regional deployment should occur immediately, as regional deployment will create an Emergency Operations Center to coordinate the evacuation.
  - B) Physicians are encouraged to discharge patients home when this is safe and practical.
  - C) External evacuation will generally consist of evacuation to clinical sites

(especially for those patients most seriously ill), and non-clinical sites (for ambulatory, or less severely ill patients).

4. Care of Patients:

- A) In general, when possible, evacuation procedures for the most seriously ill patients, and those requiring the most medical care, should commence first.
- B) When possible, all patients should continue to receive appropriate medical care during the evacuation procedure.

5. Patient Transportation:

- A) When possible, Geyserville EMS will attempt to assist in the evacuation procedure. Generally, during evacuation, priority for Ambulance Transportation should be given to patients who have a necessity for medical care during transportation.
- B) Ambulatory patients should be encouraged to arrange their own transportation when possible. This may include self-transportation, use of family or friends, or use of public-transportation.
- C) If procedures A) and B) above prove to be insufficient to provide adequate transportation, non-traditional forms of patient transportation, such as cooperation with private agencies, should be implemented at the discretion of the incident commander.

6. Staff Safety: Safety and Security of Hospital Staff must be maintained at all times during the Evacuation Procedure. In no case should staff of Geyserville Hospital be placed in danger during the evacuation procedure. For instance, no staff may enter an area of the hospital deemed to be unsafe by authorities.

## Standard Operating Procedures

### Care of Chemically or Biologically Contaminated Patients

1. Recognition: Chemical or Biological contamination should be suspected, in the

**Topic:** Decontamination and Staff protection

**Purpose:** Provide optimal patient care while minimizing contamination of staff and the health care environment.

**Patient Population:** Patients exposed to chemical or biological contamination

following situations:

- A) History of chemical exposure at home, industrial, or agricultural sites.
- B) Patients who have skin or clothing soiled by unknown liquids or powders, especially if an offensive or caustic odor is present.
- C) Patients who exhibit cholinergic toxidrome, irritation of mucous membranes, or chemical burns.
- D) Suspicion of a terrorist attack.
- E)

2. Protection of Staff and Environment:

- A) All staff caring for potentially contaminated patients must wear Personal Protective Equipment (PPE). Health care providers should follow guidelines detailed in "Geyserville Hospital Standard Operating Procedure: Personal Protective Equipment" found elsewhere in this volume.
- B) All efforts should be made to prevent contaminated patients from entering the Hospital. A sign at the Emergency Department entrance has been constructed, that instructs contaminated patients to ring th buzzer and wait at the entrance to the decontamination room. Security should be dispatched to direct the patients as follows:

- 1. 1 to 4 Patients: Patients should be directed to the decontamination room entrance, on the outside of the building. A triage nurse in full Personal Protective Equipment will meet the patients at the door, and give instructions on decontamination.
- 2. More than 4 patients: Security should be instructed to tape-off ½ of the ambulance bay (closest to the entrance). Contaminated patients must stay within this taped off area.

3. Notification of Authorities: Notify the Geyserville Hospital Executive on-call immediately. In addition, immediate notification must be given to

regional deployment. regional deployment will provide further decontamination with the Mobile Decontamination Unit, either dispatched to the scene, or to the Hospital Property. regional deployment will also provide technical guidance with regards to decontamination and patient treatment when possible.

#### 4. Care of Patients:

- A) Initial Steps: Patients are instructed to remove all clothing, which is placed in a sealed plastic bag. Patients are instructed that they must not open this bag. Patients will then shower themselves in the decontamination room, and then wear hospital gowns. Patients who require immediate medical treatment are treated immediately in the decontamination room. Those patients who do not require immediate treatment should await the regional deployment decontamination team before entering into the Emergency Department.
  - B) Specific Treatments: Standard hospital treatments should be commenced. Most chemical contaminants require only supportive care.
  - C) Antidotes: Several common chemical exposures have specific antidotes. If possible, all efforts should be made to identify the offending agents to allow antidote use.
5. Patient Transportation: If patients require transportation to another center, they should be decontaminated as in step 4a above. If possible, patients should await the regional deployment decontamination team before transportation.
6. Specimen Handling: Contaminated clothing, medical equipment, and property must be prevented from coming into contact with staff or patients. Entrance to a contaminated area and release of contaminated items must be approved by the regional deployment decontamination team.
7. Exposure Management: Staff who are exposed accidentally to any potentially toxic substances should decontaminate themselves as in step 4a above. regional deployment decontamination team and Geyserville Hospital Occupational Health must be notified.
8. Contact Tracking: Staff of Geyserville Hospital must ensure that all patients are properly identified to allow contact tracking by the regional deployment authorities if needed.

# Standard Operating Procedure

## Personal Protective Equipment

**Topic:** Personal Protective

**Purpose:** Purpose

**Patient Population:** Any potentially Contaminated Patients

1. Recognition: All health care workers caring for potentially contaminated patients must wear appropriate Personal Protective Equipment.
2. Protection of Staff and Environment:
  - A) Known Hazard: If the contaminant and its concentration is known, Personal Protective Equipment should follow standard recommendations for such exposures.
  - B) Unknown Hazard At Contamination Site: When possible, entry to a contaminated site should be avoided. Any health care worker who must enter the site of an initial contamination, must be a previously trained health care provider who is protected with "Level B" Personal Protective Equipment including:
    1. Self Contained Positive Pressure Ventilation (SCBA)
    2. Non-encapsulating but Splash Resistant Suit including suit, boots, and gloves. Note that standard latex gloves are not adequate and butyl rubber gloves should be worn.
  - C) Unknown Hazard at Secondary Site: Any health care worker who must treat a potentially contaminated patient who has been removed from the contamination site must be a previously trained health care provider protected with "Level C" Personal Protective Equipment including:
    1. Positive or Negative Pressure Air Purifying Respirator.
    2. Non-Encapsulating but Splash Resistant Suit including suit, gloves, and boots. Note that standard Latex gloves are not adequate and butyl rubber gloves should be worn.
3. Notification of Authorities: The Executive On-Call for Geyserville Hospital must be notified immediately of the presence of any potential or confirmed contaminated patients. In addition, any possibility of contamination of any Geyserville Hospital Property by any means should mandate immediate notification of the Hospital Executive. The Hospital Executive should ensure

that notification is given to regional deployment and to the Geyserville Emergency Medical Services.

4. Care of Patients: Care of patients should follow standard care procedures while adhering to the specifications of "Geyserville Hospital Standard Operating Procedures: Care of Chemically or Biologically Contaminated Patients" found elsewhere in this volume.

# Standard Operating Procedures

## Care of Radiologically Exposed Patients

**Topic:** Decontamination and Staff protection for care of patients with documented or potential radiologic contamination.

**Purpose:** Provide optimal patient care while minimizing contamination of staff and the health care environment.

**Patient Population:** Patients exposed to radiologic contamination

1. Recognition: Radiologic contamination should be suspected, in the following situations:
  - A) Patients who have been exposed to ionizing radiation, such as X-rays, Gamma rays, etc.
  - B) Patients who have been contaminated with radioactive materials. This may include, but is not limited to:
    1. Radioactive Hydrogen (tritium)
    2. Isotopes of Iodine (usually I-131)
    3. Iridium
2. Protection of Staff and Environment:
  - A) Patients who have been exposed only to ionizing radiation present no hazard to health care workers, and thus require no special precautions.
  - B) Most patients who have been exposed to radioactive materials will be decontaminated on-site. Even if not previously decontaminated, radiologic materials will present very little danger to hospital staff.
  - C) All staff caring for potentially contaminated patients should wear Personal Protective Equipment(PPE). Health care providers should follow guidelines detailed in "Geyserville Hospital Standard Operating Procedure: Personal Protective Equipment" found elsewhere in this volume.
  - D) All efforts should be made to prevent contaminated patients from entering the Hospital. A sign at the Emergency Department entrance has been constructed, that instructs contaminated patients to ring the buzzer and wait at the entrance to the decontamination room. Security should be dispatched to direct the patients as follows:
    1. 1 to 4 Patients: Patients should be directed to the decontamination room entrance, on the outside of the building. A triage nurse in full Personal Protective Equipment will meet the patients at the door, and give instructions on decontamination.

2. More than 4 patients: Security should be instructed to tape-off ½ of the ambulance bay (closest to the entrance). Contaminated patients must stay within this taped off area.
3. Notification of Authorities: Notify the Geyserville Hospital Executive on-call immediately. In addition, immediate notification must be given to regional deployment. regional deployment will notify the Geyserville Radiation Safety Officer, and provide further technical guidance with regards to decontamination and patient treatment when possible.
4. Care of Patients contaminated with radioactive materials:
  - A) Initial Steps: Patients are instructed to remove all clothing, which is placed in a sealed plastic bag. Patients are instructed that they must not open this bag. Patients should change into hospital gowns. Patients who require immediate medical treatment are treated immediately in the decontamination room. Those patients who do not require immediate treatment should await the regional deployment Radiation Safety Officer before entering into the Emergency Department.
  - B) Specific Treatments: Standard hospital treatments should be commenced. Most radioactive contaminants require only supportive care.
5. Patient Transportation: If patients require transportation to another center, they should be decontaminated as in step 4a above. If possible, patients should await the regional deployment Radiation Safety Officer before transportation.
6. Specimen Handling: Contaminated clothing, medical equipment, and property must be prevented from coming into contact with staff or patients. Entrance to a contaminated area and release of contaminated items must be approved by the regional deployment Radiation Safety Officer.
7. Exposure Management: In most cases, inadvertent exposure to radiologic materials presents minimal or no risk to staff. Staff who are accidentally exposed to radiologic materials should contact the regional deployment Radiation Safety Officer for further advise.
8. Contact Tracking: Staff of Geyserville Hospital should ensure that all patients are properly identified. Although unlikely to be necessary, this will allow contact tracking by the regional deployment authorities if needed.

# Standard Operating Procedure

## Disaster Triage

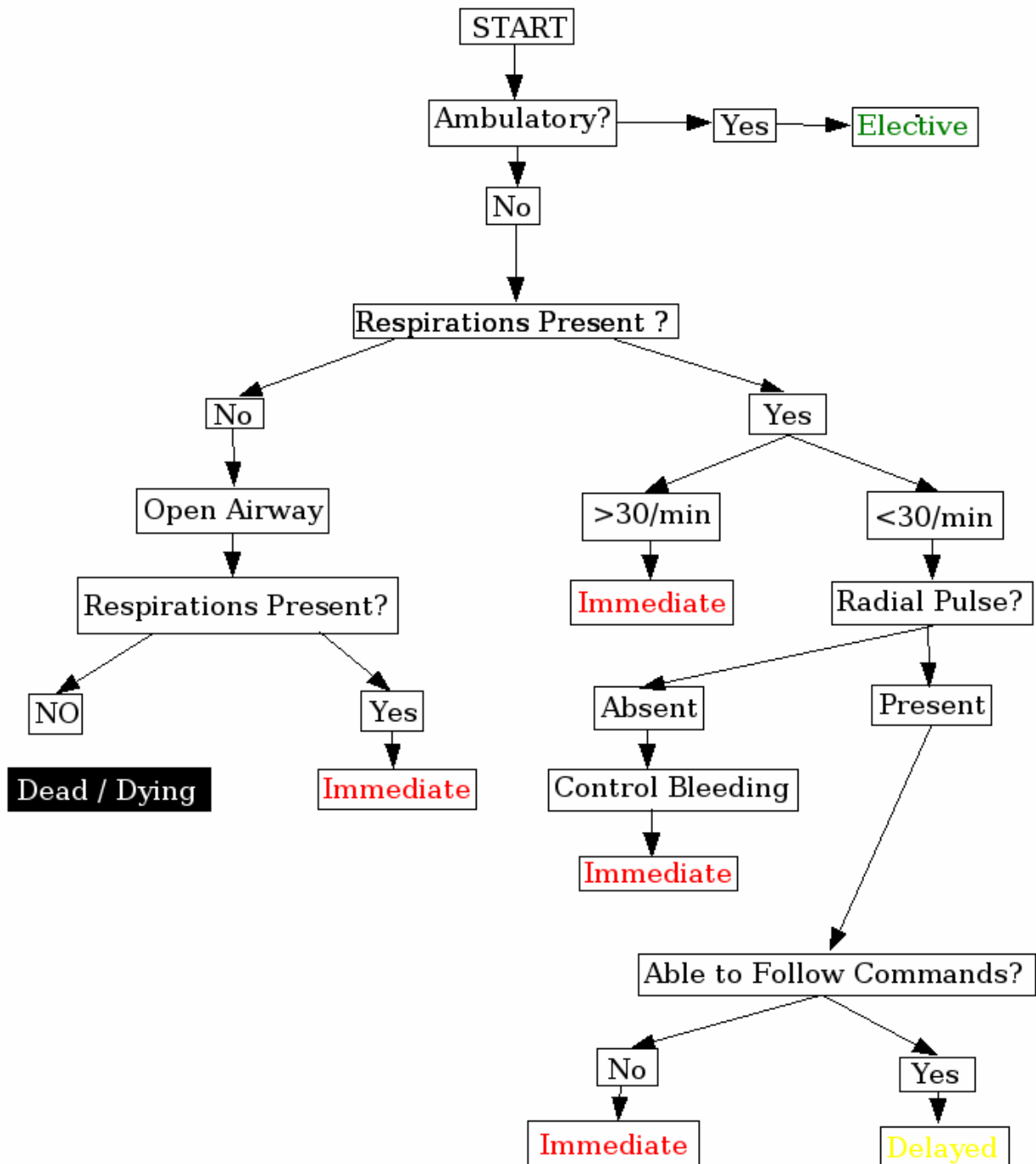
**Topic:** Disaster Triage Scoring

**Purpose:** Detail a simple and accurate disaster triage scoring

**Patient Population:** Patient presenting to the hospital during activation of the hospital's disaster plan

1. Care of Patients: All patients will be met immediately upon presenting to the hospital entrance by the Triage Unit Leader (or delegate). Patients will be assigned to one of 4 categories utilizing the START Criteria. Note all patients must be triaged upon arrival to hospital regardless of the Triage Score assigned by Emergency Medical Services.
2. Standard Color Coding:
  - A) **RED:** Immediate
  - B) **Yellow:** Delayed
  - C) **Green:** Elective
  - D) **Black:** Expectant

# Simple Triage and Rapid Assessment (START)



## Standard Operating Procedure

### Staff / Volunteer Check-in

**Topic:** Credentialing and personal accountability

**Purpose:** Provide timely credentialing for staff and maintain up-to-date personnel accountability

**Population:** All staff reporting to Geyserville Hospital when the disaster plan has been activated

1. Recognition: In the event of the activation of the GHAHDP, all staff and volunteers are requested to enter through the first floor Radiology Entrance. Staff and volunteers will then proceed directly to the Staff / Volunteer check-in area.
2. Staff entering at the Emergency Department entrance will be directed by security to the Check-in area (either outside the hospital to the north door or through the emergency exit at the discretion of security staff).
3. At the check in area, name and time of arrival are recorded (GHAHDP Form 211 or equivalent).
4. Staff and volunteers listed on the Geyserville Hospital Staff roster will then see the Labor Pool Unit Leader (or delegate) for their duty assignment. Staff are expected to wear their Geyserville Hospital identification tags at all times. The Labor Pool Unit Leader (or delegate) will provide a temporary identification tag if necessary. Staff or volunteers not listed on the Geyserville Hospital Staff roster must first be credentialed by the Labor Pool Unit Leader (or delegate) and receive an appropriate identification card.



**Geyserville All Hazards Disaster Plan**  
**February 2011**  
**Job Action Sheets**  
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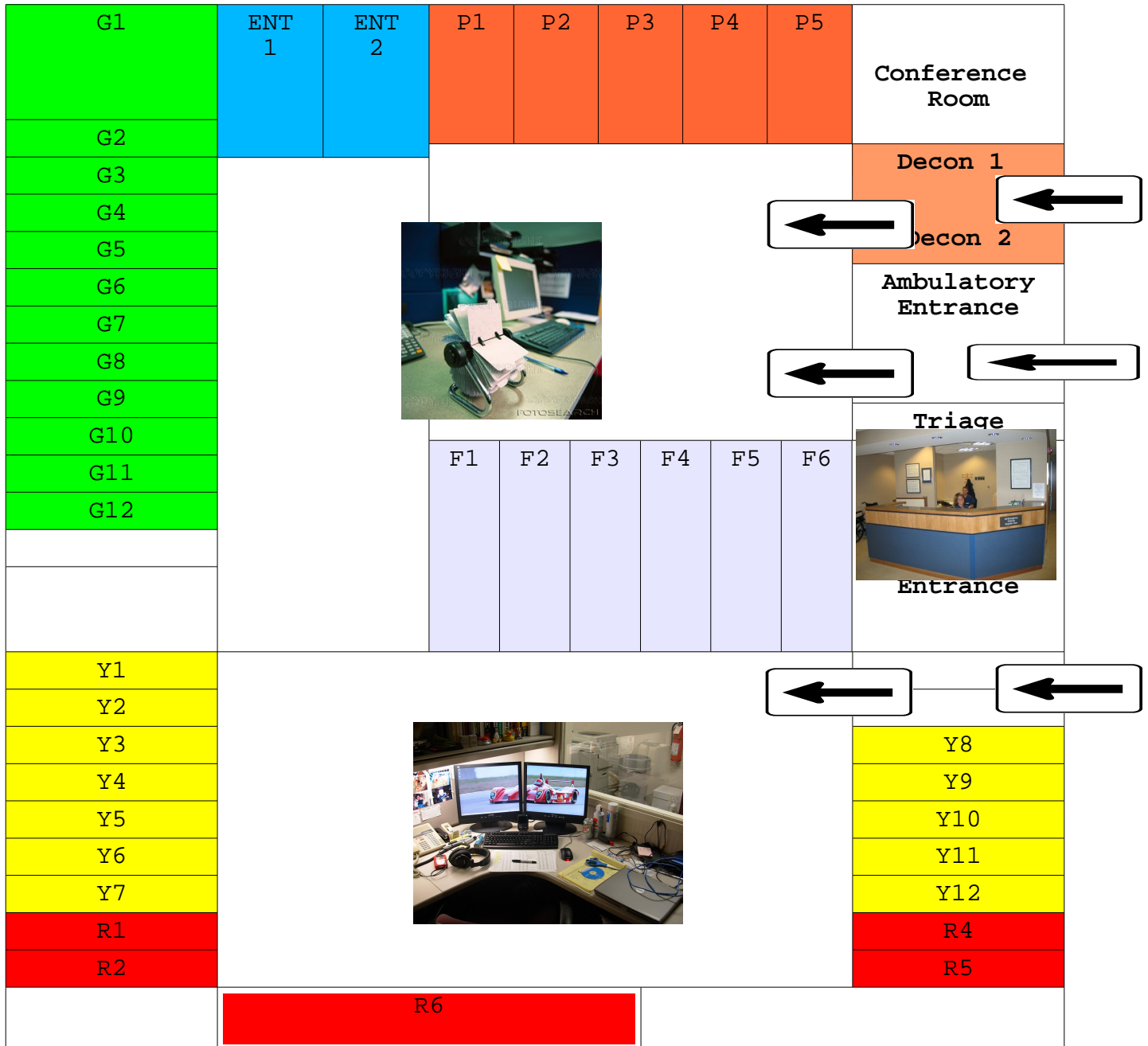
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3-29	Medical Staff Director
3-30	Medical Care Director
3-31	Inpatient Areas Supervisor
3-32	Surgical Services Unit Leader
3-33	Maternal-Child Unit Leader



<b>Page</b>	<b>Job Action Sheet</b>
3-34	Critical Care Unit Leader
3-35	General Nursing Care Unit Leader
3-36	Outpatient Services Unit Leader
3-37	Treatment Areas Supervisor
3-38	Triage Unit Leader
3-39	Immediate Treatment (RED) Unit Leader
3-40	Delayed Treatment (YELLOW) Unit Leader
3-41	Minor Treatment (GREEN) Unit Leader
3-42	Discharge Unit Leader
3-43	Morgue Unit Leader
3-44	Ancillary Services Director
3-45	Laboratory Unit Leader
3-46	Radiology Unit Leader
3-47	Pharmacy Unit Leader
3-48	Cardiopulmonary Unit Leader
3-49	Human Services Director
3-50	Staff Support Unit Leader
3-51	Psychological Support Unit Leader
3-52	Dependant Care Unit Leader



# Geyserville Hospital





## Characteristics of the Geyserville Hospital

### STAFFING

- Physician staffing is based on eight hour shifts. A designated Pediatric physician is present from 0800-0000.
  - 0800-1600: 3 Physicians (red/yellow; green/FT; Peds)
  - 1600-0000: 3 Physicians (red/yellow; green/FT; Peds)
  - 0000-0800: 3 Physicians (red/yellow; green/FT/Peds)

### POD DESCRIPTION

1. RED Pod
  - a) Six Beds
  - b) All beds have 1:1 Nursing
  - c) All beds have monitor, defibrillator, airway equipment
  - d) R6 has overhead X-ray
2. YELLOW Pod
  - a) Twelve Beds
  - b) Usually 3:1 Patient:Nurse ratio
  - c) All beds have monitors, oxygen
  - d) Can take intubated patients if necessary
3. GREEN Pod
  - a) Twelve Beds
  - b) Beds do not have monitors
  - c) Usually 4:1 Patient:Nurse ratio
4. PEDS Pod
  - a) Five beds
  - b) Can accommodate adult or pediatric patients
  - c) Usually 3 nurses for 5 beds
5. Fast Track
  - a) Six Chairs. Two ENT Chairs.
  - b) Rooms are too small to accommodate beds
6. Decontamination
  - a) Two decontamination beds.
  - b) All Decontamination equipment present.
  - c) Separate entrance to ambulance bay.
  - d) No nurses assigned; will need to be reassigned from other areas.
  - e) Can accommodate intubated patients.

Incident Commander

**SurgeSim**

*Visual*

Public Information

**SurgeSim**

*Visual*

Liaison Officer

**SurgeSim**

*Visual*

Safety/Security

**SurgeSim**

*Visual*

Logistics Sec Chief

**SurgeSim**

*Visual*

Facility Unit Leader

**SurgeSim**

*Visual*

Damage Assessment

**SurgeSim**

*Visual*

Sanitation Systems

**SurgeSim**

*Visual*

Communications Leader

**SurgeSim**

*Visual*

Transport Unit Leader

**SurgeSim**

*Visual*

Materials Supply Lead

**SurgeSim**

*Visual*

Nutritional Supply

**SurgeSim**

*Visual*

Planning Sec Chief

**SurgeSim**

*Visual*

Sit / Stat Unit Lead

**SurgeSim**

*Visual*

Labor Pool Leader

**SurgeSim**

*Visual*

Medical Staff Unit Lead

**SurgeSim**

*Visual*

Nursing Unit Leader

**SurgeSim**

*Visual*

Patient Tracking

**SurgeSim**

*Visual*

Patient Information

**SurgeSim**

*Visual*

Finance Sec Chief

**SurgeSim**

*Visual*

Time Unit Leader

**SurgeSim**

*Visual*

Procurement Unit Lead

**SurgeSim**

*Visual*

Claims Unit Leader

**SurgeSim**

*Visual*

Cost Unit Leader

**SurgeSim**

*Visual*

Operations Sec Chief

**SurgeSim**

*Visual*

Medical Staff Director

**SurgeSim**

*Visual*

Medical Care Director

**SurgeSim**

*Visual*

Surgical Unit Leader

**SurgeSim**

*Visual*

Maternal/Child Leader

**SurgeSim**

*Visual*

Critical Care Leader

**SurgeSim**

*Visual*

Nursing Care Leader

**SurgeSim**

*Visual*

Outpatient Unit Leader

**SurgeSim**

*Visual*

Treatment Area Supervisor

**SurgeSim**

*Visual*

Triage Unit Leader

**SurgeSim**

*Visual*

Immediate Tx Unit Lead

**SurgeSim**

*Visual*

Delayed Tx Unit Leader

**SurgeSim**

*Visual*

Minor Tx Unit Leader

**SurgeSim**

*Visual*

Discharge Unit Leader

**SurgeSim**

*Visual*

**SurgeSim**

*Visual*

Morgue Unit Leader

**SurgeSim**

*Visual*

Ancillary Serv Leader

**SurgeSim**

*Visual*

Lab Unit Leader

**SurgeSim**

*Visual*

Radiology Unit Leader

**SurgeSim**

*Visual*

Pharmacy Unit Leader

**SurgeSim**

*Visual*

Cardiopulm Unit Lead

**SurgeSim**

*Visual*

Human Services Director

**SurgeSim**

*Visual*

Staff Support Leader

**SurgeSim**

*Visual*

Psych Support Leader

**SurgeSim**

*Visual*

Dependant Care Leader

**SurgeSim**

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