

Subject	Mass Casualty Policy & Procedures	Attachments No
Key words	mass casualty, alert, disaster	Number: RH-EP:03
Category	Environment of Care, Service Work (EC)	Effective Date March 1, 1996
Manual	Safety & Security	Last Review Date December 31, 2020
Issued By	Environment of Care	Next Review Date December 31, 2021
Review Responsibility	Environment of Care Committee	Contact Safety Department

PURPOSE:

To define Regions Hospital's response to a major internal/external disaster that results in a large number of casualties.

SCOPE:

This policy covers Regions Hospital Campus and will include Gillette Children's Specialty Healthcare, Capitol View Transitional Care Unit.

DEFINITIONS:

MCI (Mass Casualty Incident)

Any event, internal or external, that results in casualties that out number the normal staffing and supply levels of the organizations.

NIMS (National Incident Management System)

A management tool designed to establish roles and responsibilities for specific individuals who have the responsibility for managing the operations of a disaster for the organization.

EOC (Emergency Operation Center)

A centralized location where all Incident Command activities are managed from. Regions Hospital's EOC is located in room C1389.

IC (Incident Commander)

The person assigned to act as administrator when the organization implements any of its disaster response plans.

MRCC (Medical Resource Control Center)

The centralized communication control center designed to manage the distribution of patients being transported via ambulance to East side area hospitals.

SCC (Security Control Center)

Centralized communication control center for all Safety & Security operations and all back-up communications.

Senior Staff Physician (POD E Staff Physician)

The POD E staff physician assigned to the Emergency Center to command and coordinate all operations related to emergency management.

State Duty Officer – 651-649-5451

This is the individual who is to be notified anytime a condition or event threatens the safety of the environment or people. This individual serves as the liaison to the Minnesota Department of Emergency Management.

Emergency Management Team (EMT)

A team of Regions Hospital employees who have been specifically trained on how to appropriately handle implementing disaster plans and operating the Emergency Operation Center.

NDMS (National Disaster Medical System)

A governmental disaster response initiative to provide medical treatment for large numbers of casualties involved in a major domestic disaster.

MASS CASUALTY RESPONSE PLAN OBJECTIVES:

The Mass Casualty Response Plan has been developed in three phases to allow the organization to appropriately prepare for an MCI event regardless of its origin. Each phase of response will meet certain criteria which will aid in making the most appropriate decision based on the circumstances of the event.

1. Authority for Activation

The activation of the Mass Casualty Response Plan shall be accomplished only after thorough research has been conducted by the Senior Staff Physician, the PFC, Emergency Center Charge Nurse and when possible, the Admin On-Call, CEO, Risk Manager and Emergency Manager. Considerations for activation of the Mass Casualty Response Plan are as follows:

- Level of certainty that the information is accurate? What is the source of information? Are we able to verify the information with a second source? (i.e., EMS Medical Director, MRCC, Incident Commander on scene).
- What is the expected timeframe of the first patient arrival? (i.e., Incident in Hudson would mean possible patient arrival within 20 minutes)
- What is the Hospital's capacity and are we able to handle an influx of patients with current capacity and resources? (i.e., availability of staff within Emergency Center, can we safely care for the expected number of patients, capacity of OR and available OR staff, ability to open up beds by discharging patients in a timely manner)

Once confirmation has been received and it has been collectively determined that the incident will produce more patients than can be cared for with the current capacities and staffing, the Mass Casualty Response Plan shall be activated. At the point the response plan has been activated, the PFC and/or the Emergency Manager will be responsible for also activating the Incident Command System and staffing the Incident Command Center.

Mass Casualty Level I Response (high volume of patients, low acuity)

This plan will not require the disruption of any normal business or systems. The PFC and the Senior Staff Physician shall recommend the most appropriate response. Emergency Center staff shall be responsible for establishing a plan to appropriately notify essential departments for assistance. (ex: Pathology, Radiology, Social Work, Safety & Security, Surgery and Housekeeping).

Mass Casualty Level II Response (mass casualty event – out-of-state)

This level of response will require the Pod E MD and the PFC to review the event and activate the Administrative and Senior Management call-out to notify staff of the event and the possibility that Regions Hospital may receive patients. The Emergency Operations Center may be activated and National Incident Management System implemented. As soon as NIMS has been implemented, activation of all parts of the response plan will be reviewed.

Mass Casualty Level III Response

Activation of this plan will be the direct result of a local mass casualty incident involving a large number of persons. This will require all departments to perform the following:

- 1.3.1 Exercise their emergency call-out rosters
- 1.3.2 Prepare their areas as defined in their departmental plans
- 1.3.3 Prepare for patient transfers & evacuations
- 1.3.4 Cancel all elective surgery cases which are pending
- 1.3.5 Prepare to cancel clinic visits
- 1.3.6 Activate additional contingency plans to support the efforts to treat a large number of patients affected by the event. (ie: Response to Terrorism Plan, Decontamination Plan).

2. Mass Casualty Activation (Level III response)

The PFC shall perform the following immediately after being informed by the Senior Staff Physician to activate Level III of the Mass Casualty Plan.

- 2.1 Immediately call the Switchboard Operator and request an overhead announcement of the Mass Casualty activation. The PFC will contact Security and ask that an HP Alert be sent using the "Mass Casualty incident template". The PFC will activate the Administrative and Senior Management Call-Out Rosters. The PFC is required to have voice-to-voice contact with the administrator on call from Senior Leadership.
- 2.2 Immediately terminate visiting hours and have the Switchboard Operator announce this over the public address system 4 times, 5 minutes apart.
- 2.3 Notify Safety & Security at x44911 of the event and request full activation of the EOC.
- 2.4 Assume role of Incident Commander (until relieved), appoint individuals to the following positions.
 - 2.4.1 Safety (example: Security Manager, Supervisor or Lead Officer)
 - 2.4.2 Logistics (example: Labor Pool Officer)
 - 2.4.3 Planning (example: Nursing Staff)
 - 2.4.4 Finance (example: Administration)
 - 2.4.5 Communications (example: MRCC, SCC or Nurse Supervisor)

Here are the phone numbers to reach these positions in the Incident Command Center

- | | |
|--------------------------|--------------|
| 1. Incident Commander | 651-254-1950 |
| 2. Communication Officer | 651-254-1951 |
| 3. Logistics Officer | 651-254-1952 |
| 4. Planning Officer | 651-254-1956 |
| 5. Operation Officer | 651-254-1955 |

ADMINISTRATIVE CALL-OUT AND SENIOR MANAGEMENT CALL-OUT ROSTERS

The Administrative and Senior Management Call-Out Rosters are located in the Emergency Operation Centers Mass Casualty Response Manual, in the Switchboard Control Room, in the Safety & Security Office, in MRCC and with the PFC. These call-out rosters shall be reviewed and updated every six months or more frequently if necessary.

The Senior Staff Physician of the Emergency Center shall immediately implement the Emergency Center Mass Casualty Plan.

- 2.5 Direct staff to obtain Disaster carts from the designated storage location and prepare a Triage Site at the Ambulance Entrance and a secondary Triage Site at the hospital Main Entrance.
- 2.6 Activate the Trauma Team as well as all additional support resources.
- 2.7 Implement the Emergency Center Incident Command Operations Officer to work directly with the National Incident Management System.
 - 2.7.1 Appoint a Medical Control Officer (usually an EMD Senior Staff Physician or G3 Emergency Medicine Resident)
 - 2.7.2 Appoint a Lead Nurse Officer (usually the Charge Nurse)
 - 2.7.3 Appoint a Communication Officer (ERT)

- 2.7.4 Appoint a Triage Officer (EMD Senior Staff Physician or EM Senior Resident)
- 2.7.5 Appoint a Recorder for all activities (EMD Clerk)
- 2.8 Immediately assess all of the patients currently receiving care in the ER and remove and relocate them. The non-critical patients will be relocated to the Waiting Room or a clinic. Patients may also be relocated to the Triage area until staff is again able to provide them with care.
- 2.9 Allocate staff appropriately to all three Triage Sites and treatment areas of the Emergency Center.
- 2.10 Appoint a Physician, Nurse, ERT and a Clerk to all three Triage Sites to assess the patients, identify the patients and direct them to the most appropriate treatment area.
- 2.11 Distribute Disaster Identification to all staff responding to the incident.
- 2.12 Ensure the patient identification system and recording systems are established to ensure the accuracy of information for family members and media.

3. MRCC (Medical Resource Communication Center)

- 3.1 Immediately following the decision to activate a Mass Casualty, notify the Regions Emergency Medical Services Medical Director.
- 3.2 Shall provide an immediate accurate bed count for all metro area hospitals and chart this within the MRCC control room. (Total available beds and types of beds).
- 3.3 Shall ensure that voice contact has been made with the EMS Medical Director for Regions Hospital. Medical Director will assume the role of Incident Liaison when appropriate.
- 3.4 Shall stay in direct contact with the Senior Emergency Physician on Duty and provide updates on patient counts and arrivals.
- 3.5 MRCC will immediately begin diverting all non-critical transports to other facilities.

MASS CASUALTY PLAN ACTIVATION ANNOUNCEMENT: (Level III Response)

Immediately following the decision to activate the Mass Casualty Plan, the Hospital Switchboard Operator shall announce over the Public Address System. This should be announced every 5 minutes for the first 15 minutes of the activation. Then, once every 15 minutes until the activation has been cleared.

“May I have your attention please? Please listen to the following announcement. This is NOT a drill. Regions Hospital has activated a Mass Casualty Disaster Response Plan. All departments need to implement their response plans and activate emergency call-out rosters. Visiting hours are over effective immediately. We apologize for any inconvenience and appreciate your immediate assistance at this time.”

COMMUNICATIONS:

Internal Emergency Communications

The Safety & Security Department maintains an adequate supply of radios that allow staff to communicate internally **only when house phones are not available**. These radios also act as the emergency back up communication system if normal telephone systems are not operable. During a Mass Casualty Level III Response, the following departments shall appoint a person from their staff to pick up a radio from the Command Center for their department use.

All Radios will operate on Channel 1

<u>Service</u>	<u>Number of Radios</u>
Emergency Center	1
Operating Room	1
Respiratory Care	1
Laboratory	1
Housekeeping	1
Social Work	1
Nursing (PFC, etc.)	2
Supply Chain Services	1
Communications	1

Safety & Security	13
Gillette Administration	1
Chaplains	1
Radiology	1
Senior Leadership Representative	1
Labor Pool	1
Care Management	1

Total: 29

EMERGENCY COMMUNICATIONS: (ONLY IF NORMAL PHONES DON'T WORK).

In the event normal communications fail during the Mass Casualty Response, the Telephone Outage Plan may be implemented to assist in supporting emergency communication outside of the organization. Regions Hospital maintains a few phones on a separate phone system that are not connected or controlled by the normal telephone system. The following are location and numbers for these phones:

- ED Charge RN Desk 651-222-2077
- Pod C 651-222-3395
- Pod D 651-222-3868
- Pod E 651-778-9277
- Pod G 651-222-2086
- Lindell Conference Room 651-767-8637
- MRCC 651-771-5396
- Administration 651-778-1062
- Birth Center 651-602-7996
- Board Room 651-224-0369
- Communications may be reached by pager at 651-629-0411
- Engineers 651-221-9824
- Labor Pool (North Oaks Conf) 651-254-4858 and 651-254-4662
- Laboratory 651-291-5238
- Laboratory 651-225-8062 (Client Services Dispatch in Lab)
- Nursing Staffing Office 651-771-5620
- Operating Room 651-778-9280
- Safety & Security 651-778-9278
- Switchboard 651-778-9281
- 6 Mental Health 651-767-8638
- Incident Commander 651-793-0506
- Communication Officer 651-793-0507
- Logistics Officer 651-793-0508
- Planning Officer 651-793-0509
- Operations Officer 651-793-0510

General Staff Response (Level III Response)

Immediately following the formal activation of the Mass Casualty Response Plan, all staff shall report back to their home department to receive assignments, appropriate identification if necessary, and personal protective equipment if appropriate. At that point, they may be sent to the Labor Pool.

All Departments and Nursing Units will operate at minimum staffing levels and send any available staff to the Labor Pool located in the North Oaks Conference Rooms 2016 A & B on the 2nd floor of the North Building. Phone numbers for the North Oaks Conference Room are 651-254-4858 and 651-254-4662

Photo Identification (Level III Response)

All staff will be required to have, in their possession, a current Photo Identification card and shall display it on their outer most garment at all times. Any staff person identified without a valid Photo Identification card will be required to go to the Security Control Center for a Temporary Disaster Identification Card. This will have a 12-hour expiration.

Staff attempting to enter the facility without Photo Identification will be required to enter through a specific entrance to be checked in. These individuals will be sent to the Safety & Security Control Center to be validated and receive their Temporary Disaster Identification Card, which will be valid for 12 hours.

Labor Pool

All personnel and volunteers from the main campus buildings not needed within their own departments shall be sent to the Labor Pool located in the North Oaks Conference Rooms 2016 A & B on the 2nd floor of the North Building. A PFC or designee is responsible for directing activities of the Labor Pool.

Requests for staff:

- Departments requiring additional assistance shall contact the Labor Pool (phone number is listed on the last page of this policy).
- Requests for additional personnel beyond the resources of the Hospital may be made through other agencies with the approval of the Incident Commander.
- Departments may request additional staff via phone or radio. The Labor Pool Officer will confirm the appointment of additional staff and maintain documentation for the request.
- All additional staff deployed from the Labor Pool will be issued a Disaster Team Identification Tag that will identify their position. (example, physician, nurse).

Use of Labor Pool Personnel:

- Labor Pool personnel are used according to ability, clinical skill and training. Personnel shall be identified as, RN, LPN, HUC, Respiratory Therapist, Lab Service Technician, PCA and Other, for Facility Planning, Maintenance, Custodial Workers and general staff.
- Labor Pool staff sign in and categorize themselves as listed above. Special skills will also be recorded. The sign in sheet facilitates the assignment of staff.

Clinic Services Cancellation and Assistance

Upon activation of the Mass Casualty Level III Response Plan, the following clinics will prepare to cancel all appointments. Direction for this must come from Administration.

1. Surgical Specialties (Immediate back up care site for the Emergency Center)
2. Burn Clinic (Historically, burns account for a significant number of the injuries)
3. Breast Center

All remaining clinics shall remain operational until authorized to close. Authorization for the remaining clinics to close will come from the Vice President of Specialty Care or the PFC after receiving conclusive information from MRCC and the Senior Staff Physician on the expected number of patients and types of injuries.

If authorized to close, clinics will begin following their emergency closing procedures and preparing their clinics and staff for possible patients from the event. As each clinic completes the closing and is prepared to receive patients, the Clinic Lead shall contact the Planning Officer and report in. If patients are not expected to be sent to a specific clinic, the staff will be directed to the Labor Pool for further assignment.

Off Site Clinics

HealthPartners Same Day Surgery Center shall be immediately notified by Surgical Services. After consultation with the PFC, a decision shall be made, if needed, to cancel appointments and redirect staff and/or equipment to Regions.

All remaining clinics located away from the main campus of Regions Hospital shall remain operational unless notified by the Incident Commander. If notified, specific requests will be made according to the capabilities of each particular clinic.

Physicians, Surgeons and Residents

Clinic Physicians shall assist the clinic staff in getting all patients within the clinics rescheduled and sent home to make room for patients from the event. Each Clinic shall send a representative to the Labor Pool to report the exact number of staff available to care for patients and the clinics preparation efforts.

Surgeons shall report to the Operating Room and await further instruction from the Senior Staff Physician in the Emergency Center. Trauma Teams shall be activated to stabilize patients in the Emergency Center to then be sent to PSCU to be triaged for the Operating Room.

Residents shall report to their respective departments to receive further assignments.

4. Gillette Children's Specialty Healthcare (GCSH)

Through the administrative call-out, Gillette Children's Specialty Healthcare shall be notified of the Mass Casualty Activation. Additionally, notification shall also be in the form of overhead paging. Upon Regions Hospital's decision to activate the Mass Casualty Level III Response Plan, Gillette Children's Specialty Healthcare has agreed to the following:

- 4.1 Implement appropriate call-out roster to notify appropriate personnel of the event.
- 4.2 GCSH employees will report to room C4200 to sign in and inform the C4200 Charge Nurse of their availability. They may then return to their workstations.
- 4.3 Charge Nurse for C4200 will page the Administrator on-call and inform them of the event.
- 4.4 Charge Nurse for C4200 will send a representative from GCSH to the Emergency Operation Center to represent GCSH.
- 4.5 Charge Nurse for C4200 will send a representative from GCSH to Safety & Security to pick up a radio for C4200.
- 4.6 Charge Nurse for C4200 will contact the Regions Hospital Labor Pool and inform them of the number of staff available. If staff is needed, they will be sent to the Regions Hospital Labor Pool for assignment.
- 4.7 Charge Nurse for C4200 will contact MRCC and notify them of their bed capacity. Discharge of in-patients to other location is at the discretion of the patient's attending physician in consultation with the Administrator on-call.
- 4.8 Call-Out Rosters will be initiated only at the direction of the Administrator on-call. The decision will be based on the number of anticipated admissions and transfers from Regions Hospital, any additional labor requests by Regions Hospital, and the expected duration of the staffing needs.
- 4.9 The Surgery Department will report to the Regions Hospital Surgery Control Desk and discuss status of their cases in progress and remaining scheduled cases. If needed, scheduled surgeries may be canceled to make operating rooms available to disaster victims. If requested by Regions Hospital surgery, the Gillette Children's Specialty Healthcare Surgery Department will supplement Regions Hospital's staffing, either through on-duty personnel or by calling in personnel. Any personnel who are called in would report to the Gillette Children's Specialty Healthcare Surgery Department Charge Nurse upon arrival for directions and then again before leaving.

Departmental Response Plans

1. Emergency Center Preparation (Level III Response)

- 1.1 Emergency Center staff receive notification directly through the Senior Physician on Duty, the overhead paging system and HP Alert system.
- 1.2 Activate emergency call-out rosters for Physicians, Nurses and Emergency Room Technicians and notify the Crisis Social Worker.
 - 1.1 Issue Temporary Disaster Identification Cards to all staff responding to the event.
 - 1.4 Establish a triage area at or near the ambulance bay doors at the direction of the Senior Staff Physician in the Emergency Center. All staff should put on appropriate person protective equipment and prepare to receive patients.
 - 1.5 Prepare the patient identification and tracking system.

1.6 Remove patients from critical rooms of the ER and relocate to an appropriate clinic or back in Triage if possible. Crisis patients needing psychiatric admission will immediately be taken to one of the inpatient mental health units or POD G. Patients who do not require admission will be discharged from the ED immediately.

1.7 Monitor radio traffic through MRCC and communicate appropriate information back to the Incident Commander.

2. Operating Room/Surgery (Level III Response)

2.1 Surgical Services personnel will receive their notification through direct contact with the Switchboard and also through the overhead paging system and the Red Alert system.

2.13 Surgical Services will immediately assess the current cases being performed and also the cases pending.

2.2.1 Level III requires Surgical Services to immediately evaluate the current status of all cases, cancel all remaining elective cases and reschedule. All rooms will be prepared as quickly as possible to accommodate victims from the event. Surgical Services will evaluate future schedules and cancel if appropriate.

2.14 Surgical Services will activate their emergency call-out roster and request staff to return. A schedule shall be developed to accommodate multiple cases.

2.15 Surgical Services will notify HealthPartners Same Day Surgery Center to put them on notice. Additional rooms may be available at HPSDSC or additional staff can be called from that site to assist at Regions.

3. Pathology (Level III)

A. Pathology staff will receive notification through direct contact with the Switchboard and also through the overhead paging system HP Alert system.

B. Front Desk personnel receiving the call should immediately contact the manager on-call or designee.

C. Laboratory Manager or designee will assess the situation and institute emergency response plans as defined in the department policy.

D. Laboratory Manager or designee will communicate with incident command any lab need or limitation inhibiting their ability to respond to the event.

E. Laboratory Manager or designee will record or designate an individual to keep a detailed record of the event on the Event Task Management Record Form. These forms will help in the recovery of the event and help aid in future planning.

NOTE: On learning of an Mass Casualty through outside media sources, Laboratory staff should not attempt to come to the Laboratory to work. All staff should wait until the Laboratory Management or Designee contacts you to respond to the incident.

4. Radiology (Level III)

4.1 Radiology staff will receive notification through direct contact with the Switchboard and also through the overhead paging system and the HP Alert system.

4.2 Radiology will immediately activate the staff emergency call-out roster and request all available staff to return to the hospital to assist with the event.

4.3 All portable units will be delivered to the Emergency Center and immediately staffed.

4.4 All routine or non-urgent cases shall be cancelled and rescheduled.

4.5 Communicate with the Incident Commander any activity that will affect response to the event.

5. Safety & Security (Level III)

- 5.1 After receiving notification from the PFC, the Safety & Security Dispatcher will immediately implement the Facility Lock Down Policy and dispatch an officer to place signs on all doors to inform patients, visitors and employees.
- 5.2 Activate the HP Alert Mass Casualty alert notification which will notify all Regions employees.
- 5.3 Dispatch the Outside Patrol Officer to the South and Main Entrance to monitor traffic flow and ensure that emergency access is not compromised.
- 5.4 Dispatch the Lead Officer to the Emergency Operation Center to Assist the Incident Commander with the operations.
- 5.5 Page the Security Emergency Response Team to respond to the facility to assist with security related duties and the Emergency Operation Center.
- 5.6 Page the Emergency Management Team to notify the members of the event and request their response to assist with operations.
- 5.7 Dispatch all available officers to the remaining entrances to maintain access control.
- 5.8 Assist with monitoring the organization's ability to maintain communications and establish effective back-up alternatives if appropriate.
- 5.9 Provide continuous updates to the Lead Safety & Security Officer.

6. Housekeeping (Level III)

- 6.1 Housekeeping personnel shall receive notification through direct contact with the Switchboard and also through the overhead paging system and the HP Alert system.
- 6.2 Housekeeping shall immediately assess their staffing levels and assign additional staff to the following areas.
 - 6.2.1 Emergency Center
 - 6.2.2 Surgical Services
 - 6.2.3 Staff shall be assigned to pull additional beds out of the storage area, clean them and ready them for use. Beds will be delivered to the Emergency Center hallway adjacent to POD E.
 - 6.2.4 All staff working on nursing units shall remain on their unit.
 - 6.2.5 All staff not working in public areas or clinics will report to the Housekeeping Office.
- 6.3 Housekeeping shall immediately activate their staff emergency call-out roster and request staff to return to work to assist with the event.
- 6.4 Communicate with the Incident Commander any activity that will affect response to the event.

7. Maintenance (Level III)

- 7.1 Maintenance shall receive notification through a direct call from the Switchboard, through the overhead paging system and also through the Security Control Center and the HP Alert system.
- 7.2 Maintenance shall immediately activate the staff emergency call-out roster to request staff to return to work to assist with the event
- 7.3 Maintenance shall assign one individual to the Emergency Operation Center and assume the Facilities Officer position to assist in coordinating various facility-related tasks.
- 7.4 As soon as staff is available, Maintenance shall assess all back-up utility systems and validate their presence and effectiveness. All systems shall be readied to be implemented, if conditions warrant.

8. Communications (Level III)

- 8.1 Communications shall receive notification via a direct page and phone call from the Switchboard and also through the overhead paging system and the HP Alert system.
- 8.2 Communications will activate their emergency call-out roster and request all available staff to return to assist with the event.

- 8.3 Communications shall assign one individual to the Emergency Operation Center and assume the Public Information Officer position to assist the Incident Commander with various Public Relations and Media tasks.
- 8.4 Communications shall assign individuals to the following areas.
 - 8.4.1 Emergency Center to assist with keeping media out of the ER and also to assist with providing appropriate patient information to Social Services.
 - 8.4.2 Board Room to establish a space for media to set up.
 - 8.4.3 At the Communications Office to assist with communications
- 8.5 Communicate with the Incident Commander any activity that will affect response to the event.

Information Centers are established as follows:

News Media

News releases to the press, radio and TV for public information will be handled by Administration/Communications. Only the President or the designated alternate is permitted to release this type of information. Patient names will not be released without prior notification of the next of kin. Communications coordinates and provides supplies (phones, paper, pencils and computers) for media personnel (pager number for Communications is found on the last page of this policy). The Board Room on the Second Floor in Administration or the Lindell Conference Room in the Emergency Medicine Department may be used for press conferences.

Communications Personnel

A Communications representative will coordinate with the Social Worker in the Emergency Center and also at the Patient Information Desk to provide consistent information to families. The Regions Hospital Communications representative may contact the Red Cross Communications representative for assistance. (Red Cross phone number is found on the last page of this policy).

9. Food & Nutrition Services (Level III)

- 9.1 Food & Nutrition Services will receive notification through the overhead paging through the Switchboard and the HP Alert system.
- 9.2 Food & Nutrition Services shall activate their emergency call-out roster and request all available staff to return to assist with the event.
- 9.3 Food & Nutrition Services Director/Supervisor shall prepare for additional food services for both hot and cold. Evaluate the event and review all recommendations with the Incident Commander.
- 9.4 Food & Nutrition Services shall evaluate and prepare all back-up plans to ensure adequate food service throughout the event and order additional food supplies if necessary.
- 9.5 Communicate with the Incident Commander any activity that will affect response to the event.

10. Mental Health Department

- 10.1 Mental Health Team includes MH Social Work, MH OT, inpatient/Daybridge/IOP staff
- 10.2 Mental Health Team will receive notification via alphanumeric paging system and overhead paging system.
- 10.3 Mental Health Team members will be assigned to the following areas:
 - ED Crisis SW: To ED triage and ED Crisis area.
 - Inpatient Staff: To BH treatment site (if open) or to staffing pool.
 - MH OT: To inpatient units and BH treatment site.
- 10.4 MH Director or designee will report to Incident Command to receive instruction regarding BH treatment site.
- 10.5 If directed by Incident Command, the BH treatment site will be opened on the first floor in the Northeast Building.
- 10.6 MH Director or designee will receive radio for BH treatment site.

11. Supply Chain Services (Level III)

- 11.1 Supply Chain Services shall receive notification via a direct call from the Switchboard and also through the overhead paging system.
- 11.2 Supply Chain Services shall activate their emergency call-out roster and request all available staff to return to assist with the event.
- 11.3 Supply Chain Services shall appoint an individual to the Emergency Operation Center to assist in the capacity of Logistics Officer to ensure adequate supplies and medical equipment.
- 11.4 Upon request, Supply Chain Services shall provide the Emergency Center with an additional cart of emergency center supplies.
- 11.5 If conditions warrant, Supply Chain Services shall request the supply vendor activate their disaster response plan to provide additional supplies according to the contract.

12. Pharmacy (Level III)

- 12.1 Pharmacy staff shall receive notification via a direct call from the Switchboard and also through the overhead paging system and the HP Alert system.
- 12.2 Pharmacy staff shall activate their emergency call-out roster to request additional staff to assist.
- 12.3 Pharmacy administration shall evaluate the event and determine if routine prescriptions will continued to be filled or suspended until the end of the event.
- 12.4 Evaluate the stock of all critical medications and prepare an immediate order for additional medications depending on supply.
- 12.5 Notify other hospitals of the event and request additional stock if necessary.

13. Volunteers (Level III)

- 13.1 Volunteer Services shall receive notification via a direct call from the Switchboard and also through the overhead paging system.
- 13.2 Volunteer Services shall activate their emergency call-out roster and request all additional volunteers respond back to the hospital to assist with the event.
- 13.3 All available volunteers shall immediately report to the Volunteer Services Office to receive identification. All volunteers shall be assigned to the labor pool.
- 13.4 Volunteers shall be responsible for coordinating all donated items to the organization and ensuring proper placement or storage until used.
- 13.5 Volunteers shall be responsible for organizing and coordinating all Blood Drive activities prior to and during a disaster that affects the community and organization.

14. Nursing (Level III)

- 14.1 Nursing Department shall receive notification through the overhead paging system and HP Alert system.
- 14.2 Nurse Staffing Office shall activate the emergency call-out roster and request additional staff to respond back to the organization to assist with the event.
- 14.3 Nurse Managers shall evaluate every patient and prepare a list of patients that can be transported to other facilities, a list that can be discharged and those that can be transferred to other nursing units if necessary to open up critical beds.
- 14.4 Nurse Staffing Office is responsible for establishing/coordinating the efforts of the Labor Pool.

15. Parking & Grounds (Level III)

- 15.1 Parking & Grounds will receive notification through the overhead paging system and also from Safety & Security.
- 15.2 Parking shall assist Safety & Security with traffic control through the campus to ensure that emergency access is not denied.
- 15.3 Parking shall assign a staff member to the South and West Parking Ramps to direct traffic. All employee parking shall be diverted to the East and Robert Street Parking Ramps.

15.4 Parking shall assist with making sure that parking is made available for family members of the victims.

16. Facility Planning (Level III)

16.1 Facility Planning will receive notification through the overhead paging system and HP Alert system

16.2 Upon activation of the Mass Casualty, the Director of Facility Planning will suspend all construction to reduce elevator usage, deliveries and reduce non-essential personnel from the facility.

16.3 All construction areas will be secured and all supplies and tools removed from any corridors.

16.4 The Director will maintain a call-out roster for all contractors in the event additional assistance is necessary during the disaster.

17. Infection Control (Level III)

17.1 Infection Control staff shall receive notification through the overhead paging system and through the Senior Management Call-out. The Senior Staff Physician and/or the Infectious Disease Physician on-call may also notify the Infection Control Department.

17.2 Infection Control shall immediately assess the status of patients and assess the possibility of potential biologic contaminants or communicable disease cases.

17.3 With the Infectious Disease Physician, Infection Control will monitor the events and apply the Hospital Bioterrorism Readiness Plan (IC:20:30) if information or conditions warrant.

RECEIVING PATIENTS FROM A DISASTER

Each patient from the event will be directed to the Ambulance Bay Triage Site where a physician and nurse will assess their condition and triage them to an appropriate area according to their injuries/condition.

Dead on Arrival

Patients who arrive dead will immediately be transported to the Morgue. If identification is available, the patient's information will be logged appropriately.

Expected to die

Patients who arrive and have injuries and/or conditions that meet specific criteria during a disaster and are expected to die as a result of their injuries, will be placed on a general care unit or in appropriate clinical space, to be determined by the Incident Commander, until death.

Trauma

Patients who arrive and have injuries and/or conditions that meet specific criteria during a disaster that are life threatening, will be stabilized in the Emergency Center and then sent to PSCU to be triaged by a surgeon and readied for the Operating Room.

Serious Condition

Patients who arrive at the Emergency Center with injuries deemed "serious" will be assessed and stabilized in the Emergency Center before being sent to an alternative care location for further treatment.

Psychologically Injured

Patients who arrive and have no obvious physical injuries, but have been traumatized by the event, will be triaged to an area determined by the Incident Commander.

Walking Wounded

Patients who arrive and have injuries and/or conditions that are not life threatening will be triaged and sent to an appropriate ER room or clinic for their treatment.

IDENTIFICATION OF PATIENTS

Emergency Center Clerks will obtain as much patient identifying information as possible. Abbreviated patient records will be created in EPIC upon arrival (name, DOB, sex). After the alert is completed, the Emergency Center Clerks will enter full information on all disaster patients into EPIC (see Emergency Center inter-departmental plan). Routine Emergency Center physician and nurse medical records forms are to be used as a back-up if needed.

Evacuation of Patients (Mass Casualty Evacuation)

Upon activation of a Mass Casualty, the Vice President of Nursing or PFC shall assign an additional PFC to perform a rapid evaluation of all in-patients. Nursing shall follow the normal model of assessment and determine the following:

- How many patients can be discharged to home?
- How many patients can be transferred to other facilities to increase bed space?
- How many patients can be transferred to other specialty care facilities according to their needs?
- How many additional beds can be added to multiple occupancy rooms?
- How long it will take to facilitate expanding bed capacity?

All patient discharges and transfers will be communicated to the Incident Commander and reviewed with the Senior Staff Physician and assigned Medical Branch Officer, before any transfers can be made.

ADMISSION OF PATIENTS

- Patients are admitted to the hospital following normal hospital procedures (Admitting Office notified, beds called for). The PFC obtains a list of empty beds and brings it to the Emergency Center. The Emergency Center will notify admitting as beds are filled.
- Patient Information Center – South Lobby – First Floor (Care Management Problems/Information Dissemination).
- Inquiries from relatives or friends will be answered at the Information desk in the South Lobby. This area will be staffed by personnel from the Care Management Department, under the direction of the Director of Care Management or their designee.

Family members/friends will be instructed to remain in the South Lobby and Atrium area while they are waiting for information.

Call-out Rosters

Every department manager is responsible for developing a staff emergency call-out roster that reflects current phone numbers for all staff. The call-out roster shall be reviewed and updated as staff change or at least annually.

This Policy shall always contain a current call-out roster for the following areas:

Administration	Nursing Administration	Emergency Center	Medical Staff
Pharmacy	Surgery	Communications	

Plan Reviews

The designated Emergency Manager is responsible for reviewing each of the disaster response plans on an annual basis to ensure their effectiveness against any changes that have been implemented in the housewide Mass Casualty policy.

Drills

The Mass Casualty Response Plan shall be implemented at least once per calendar year either in response to an actual event or as a planned drill.

Employee Services

Employees shall be allowed to call home and make contact with their families to ensure their safety. If normal communications have been disrupted, the Incident Commander shall identify a phone and location for this to occur. This will then be communicated to the Hospital Staff. Special arrangements for shelter, transportation, food, etc., will be arranged by the Incident Commander if needed.

Alternative & Backup Communications

During an Mass Casualty Response activation, staff from predetermined areas will pick up radios from Safety & Security to have immediate contact in the event normal communication fails.

Alternative Treatment Areas

Alternative emergency treatment areas can be established in the Surgery Clinic (Surgical Specialties).

Red Cross Disaster Staff

Red Cross Disaster Staff report directly to Regions Hospital and will report to the Southwest Entrance to work with Care Management. A Memorandum of Understanding has been established with the Red Cross and is in the hospital Emergency Operations Plan (EOP).

Animal Assistance

An MOU has been established with the St Paul Pet Hospital (651-789-6275) to assist for care of animals as needed.

INTERPRETERS

Interpreters are available to assist upon request. Interpreters shall respond to the Labor Pool to receive their assignments. Staff with bi-lingual skills will identify this as they are signing in at the Labor Pool.

LIAISONS TO OTHER HOSPITALS, CITY EOC AND STATE EOC

Regions Hospital provides Medical Direction for many of the Public Safety Agencies within the East Metro area. Because of this, Regions Hospital Emergency Medical Services Department has two appointed seats with the City of St. Paul's Emergency Operation Center. This will enable Regions Hospital to maintain contact with the City of St. Paul, County of Ramsey and State of Minnesota.

Access Control

Visiting hours during a Mass Casualty Response will be terminated and all visitors will be asked to leave the facility. The will allow Regions Hospital to maximize efforts to treat and care for patients affected by the event and provide space for the family members whom arrive to see them.

Visitation for victims of the event will be limited to family members only. All other visitors will be informed of our limited capacity and asked to return later.

All entrances will be secured and signs will be posted on each door to indicate the event which has caused the disruption. All staff will be required to have their issued photo identification card or an approved Temporary Disaster Identification Card on them at all times.

All non-employees who are assisting with the organizations Mass Casualty Response, will be issued color coded identification tags which they will be required to wear at all times. This shall include, volunteers, vendor representatives, individuals who need emergency/disaster credentialing, construction contractors, community utility representatives and authorities from local, state and federal agencies.

Back Up Utility Services

Maintenance and Engineering have established back-up redundancies for each of the major utilities servicing the Regions Hospital Campus.

Electrical service feeding the campus is duplicated and is supported by several emergency generators.

Water service feeding the campus is duplicated from two separate water mains but requires the assistance of the City of St. Paul to re-route the water distribution. In addition, Regions Hospital also has two separate wells which water can be distributed from. One well is serviced with emergency power and one well is not.

Heat is produced on campus and can also be acquired from District Heating upon request. Cooling for the hospital is produced on campus and can also be acquired from District Cooling.

CESSATION OF AND MASS CASUALTY RESPONSE

The Mass Casualty Response will continue until a decision has been made by the Incident Commander. The decision to cancel part or all of the activated response plans shall be coordinated in conjunction with the Incident Command System. The recommendation to cancel part or all of the response efforts shall be discussed and agreed upon by the Senior Staff Physician, the Liaison Officer, the Incident Commander and the Administrator.

Once a decision has been made to scale back part or all of the responses, the Incident Commander shall instruct the Communications Officer to begin notifying departments involved in the activation (ie., Nursing, ER, OR, Pharmacy, etc.) to inform them of the decision. Once those departments have been notified, an organization-wide announcement shall be made to notify all staff and patients and Red Alert communication sent.

Important Mass Casualty Reference Phone Numbers

MRCC	651-254-2990
Communications	651-254-4727
Communications Pager	651-629-0411
Red Cross Communications	612-871-7676 - Press #0
St Paul Pet Hospital (Animal Care)	651-789-6275
South Entrance Lobby Information Desk	651-254-3821
Emergency Center-Social Work Crisis Line	651-254-9200
Surgery Family Waiting Room	651-254-0092
Surgery Family Waiting Room/Volunteer	651-254-9564
Operating Room Control Desk	651-254-5003
Operating Room Charge Nurse	651-254-0750
Food & Nutrition Services	651-254-2705
Supply Chain Services	651-254-9588
Supply Chain Services Pager	651-629-1791
Labor Pool (phone in North Oaks Conf Rm)	651-254-4858 or 651-254-4662
Gillette 4 South Charge Nurse	651-229-3825

REGULAR HOURS CALL-OUT ROSTER

(USED MONDAY – FRIDAY FROM 8:00 A.M. – 4:30 P.M. DURING ROUTINE WORKING HOURS)

If appropriate, the Switchboard will overhead page the necessary announcement and have Security page using the Fire Alarm System.

The Switchboard will then call all departments/offices listed, ensuring that each department is notified. Switchboard will say “This is a Mass Casualty. Please notify your department and follow your departmental plan.”

It will be the responsibility of the individual answering the phone to notify the Department Head/Manager/Supervisor and all personnel/locations under the department’s direction.

DEPARTMENT NAME	PHONE	DEPARTMENT NAME	PHONE
ADAP	42768	Park Street Business Office	44791
Admitting/Patient Placement	42337	Pathology	44796
Anesthesia Office	43895	Pharmacy	49627
Behavioral Health Office	42774	PM & R Office	42071
Cardiology	49459	Communications	44727
Chapel	42072	Radiology	43766
Food & Nutrition	43819	Respiratory Therapy	42721
Graduate Medical Education & Medicine Office	41886	Social Service	49260
Health Information Management	42468	Surgery Office	41633
Human Resources	44784	TACS	41600
Supply Chain Services	49589	Volunteer Office	45709
OR/Control Desk	45003		

Approval & Endorsement: Environment of Care Committee, Rick Huston, Chair



Chair, Environment of Care & Disaster Committee
Director, Plant Operations

Date: December 2020

Updated 12/2020