Kingdom of Saudi Arabia
National Guard Health Affairs
King Abdulaziz Medical City - Jeddah

Emergency PREPAREDNESS PLAN

Prepared By: **Emergency Preparedness Committee**
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_____ ___/___/____
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Lt. Colonel Engineer Khalid Bakulka

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Date

Emergency Preparedness Plan

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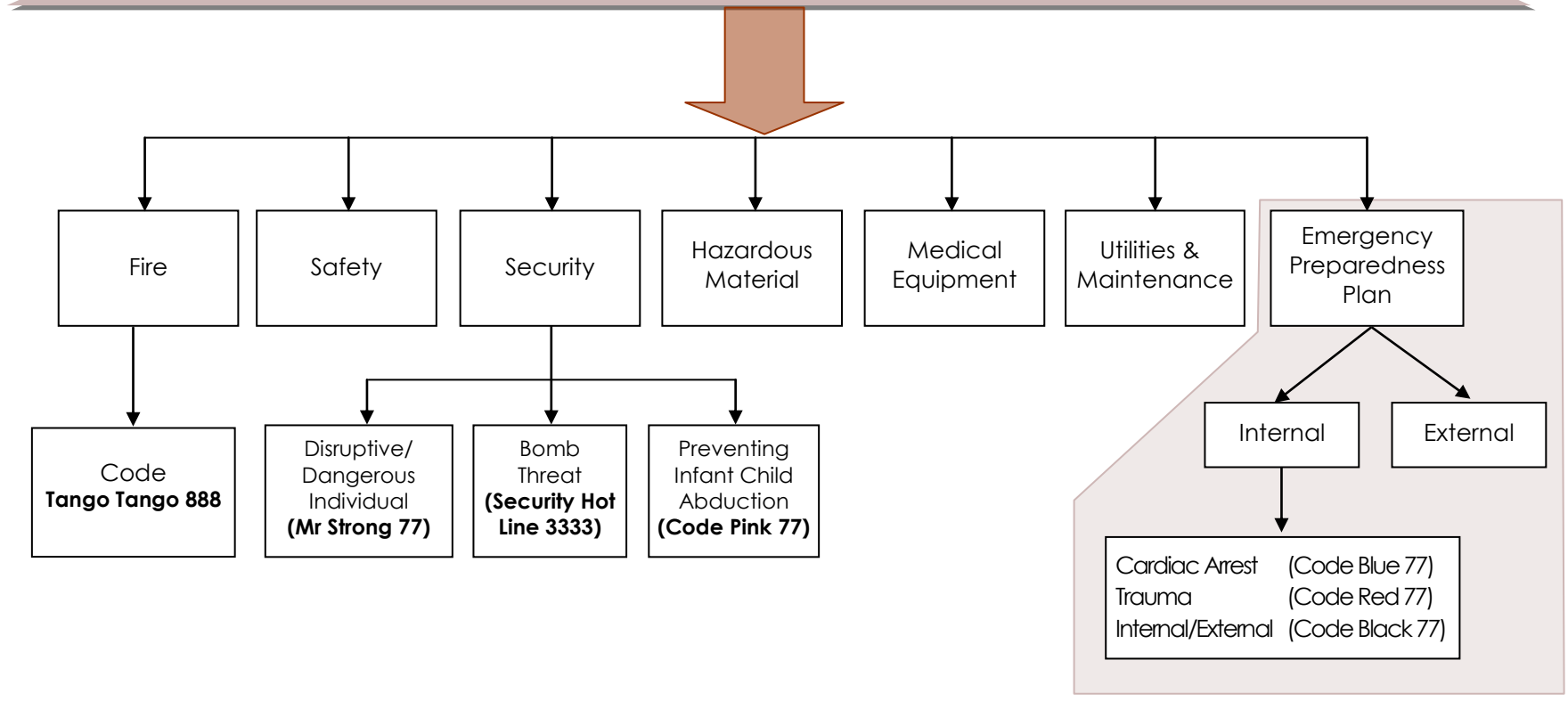


INTRODUCTION

1. DEFINITIONS

An Emergency is defined as a potential or actual destructive event, which, relative to the resources available, causes many casualties, usually occurring within a short period of time.

An Internal Emergency is any event (disaster) that may disrupt operations, jeopardize the safety and well being of the occupants of the facilities, or significantly cause damage to facilities.

An External Emergency is any event (disaster) occurring outside the hospital perimeter that produces victims in numbers, and types of injuries, that threaten to overwhelm the hospital's normal response capacity.

The Emergency Preparedness Plan

The Internal Emergency Preparedness Plan is a plan that has been developed to facilitate a smooth, coordinated response to foreseeable emergency situations. It incorporates emergency initial responses and procedures.

The External Emergency Preparedness Plan is a plan that has been developed to facilitate a smooth coordinated response to foreseeable disaster situations. It incorporates initial emergency responses and procedures.

Codes

Code Tango Tango – Fire
Code Blue – Cardiac Arrest (adult and pediatric)
Trauma Team to ED – Multisystem Trauma Patient(s)
Code Red – Trauma > than five (5) patients
Code Black – Major Accident / Emergency
Code Pink – Infant Child Abduction
Code Mr Strong – Disruptive or Dangerous Individual
Security Hot Line – any other emergency situation (example bomb threat)

Evacuation

Horizontal Evacuation is evacuation from an area of danger to a safe area at the greatest distance from the danger on the same floor or level (muster point). The Forward Control Team (FCT) in collaboration with the nurse manager/charge nurse is authorized to give the instructions for Horizontal Evacuation.

Vertical Evacuation is evacuation to a safe area on another floor (usually a lower level), or to a safe area outside the facility (usually a location in the facility grounds, although some patients may require removal to another facility). Vertical evacuation is only activated when there is a very serious confirmed threat to life and safety (muster point). The Executive Medical

Director or his designee is authorized to give the instructions for Vertical Evacuation to the lower level.

In the event of an evacuation, the following items should be evacuated with the patients:

1. Ward bed list – essential for checking patients' census, post evacuation
2. Patient medical record – should be placed in pillowcase or plastic bag
3. Patient medications – should be grouped together and taken to the Primary Triage Area
4. Patient care equipment and supplies including the crash cart and other essential equipment should time and circumstances permit

The Command Center is the control / communications center for all emergencies and is located in the hospital conference room in the administration area near the front lobby. It is a specially designed and equipped room where designated members of management direct and control emergency response activities (refer to External Emergency Preparedness Plan).

Command Center Team (CCT) when notified will go directly to the Command Center. The CCT is composed of:

1) Executive Director, Medical Services or designee
2) Executive Director, Operations or designee
3) Associate Executive Director, Nursing or designee
4) Admissions Coordinator
5) Two (2) secretaries
6) Two (2) runner – bilingual
7) Director of Security
8) Senior Occupational Health and Safety Officer
9) Director of Utilities and Maintenance
10) Director of Communications
11) Director of Logistics
12) Executive on Duty (EOD)

Equipment Secured in Command Center

Telephone, fax machine, radio, walkie-talkie, computer with Internet service, television, and maps of the city and compound

Forward Control Team (FCT) following the initial notification of an emergency, will go directly to the site.

The FCT is composed of:

1) Senior Member of Fire Department, Team Leader
2) Safety Officer
3) Senior Member of Security
4) Emergency Physician On Duty
5) Director, Nursing Education or designee
6) Utilities and Maintenance Engineer
7) Clinical Engineer (Biomedical)

Triage Team (see Appendix A – Triage Team and Zones)

Triage Levels: (see Appendix B – Triage and Triage Classification Examples)

1) Red-Triaged: Immediate Care - casualties whose condition is **CRITICAL** and whose care cannot wait. They are the first priority for transportation from the scene and first to receive care on arrival at ED.

2) Yellow-Triaged: Delayed Care - casualties who require hospital care but can wait until all the red-triaged victims are dealt with.

3) Green-Triaged: Minor Cases - casualties who have minor injuries whose care can wait a prolonged time.

4) Black-Triaged: Victims who are dead at the scene or on arrival.

2. SCOPE OF PLAN

The plan is designed to allow the hospital to cope with emergencies, whether internal or external. It details procedures to be followed, roles and responsibilities of all hospital staff, and supplies to be used in case of emergencies.

The plan is designed to include all types of emergencies identified in the Hazard Vulnerability Analysis Chart (see Appendix C).

The plan responds to likely community emergencies, epidemics, and natural or other disasters in collaboration with the Ministry of Health, the Civil Defense, and other local or governmental bodies.

3. ROLES AND RESPONSIBILITY OF EMERGENCY PREPAREDNESS COMMITTEE

The Plan shall be reviewed and revised every two (2) years, or as needed depending on changes in standards, changes within the hospital structure, and staff needs.

The Plan shall be reviewed and signed by the Executive Director of Medical Services, WR and the Executive Director of Operations, WR.

The Plan shall be distributed to every unit / department by the Quality Management Department.

The Emergency Preparedness Committee shall collaborate with the Safety Committee.

The Safety Committee will submit quarterly reports on the unit / staff ongoing hospital training / drills program.

Oversight in ensuring that each department is responsible in updating their cascade call-out system.

Oversight in ensuring that department heads keep staff updated and aware of their roles in an emergency.

Oversight in ensuring that employees will be responsible to follow the procedures listed in this plan in case of emergency.

4. REFERENCES

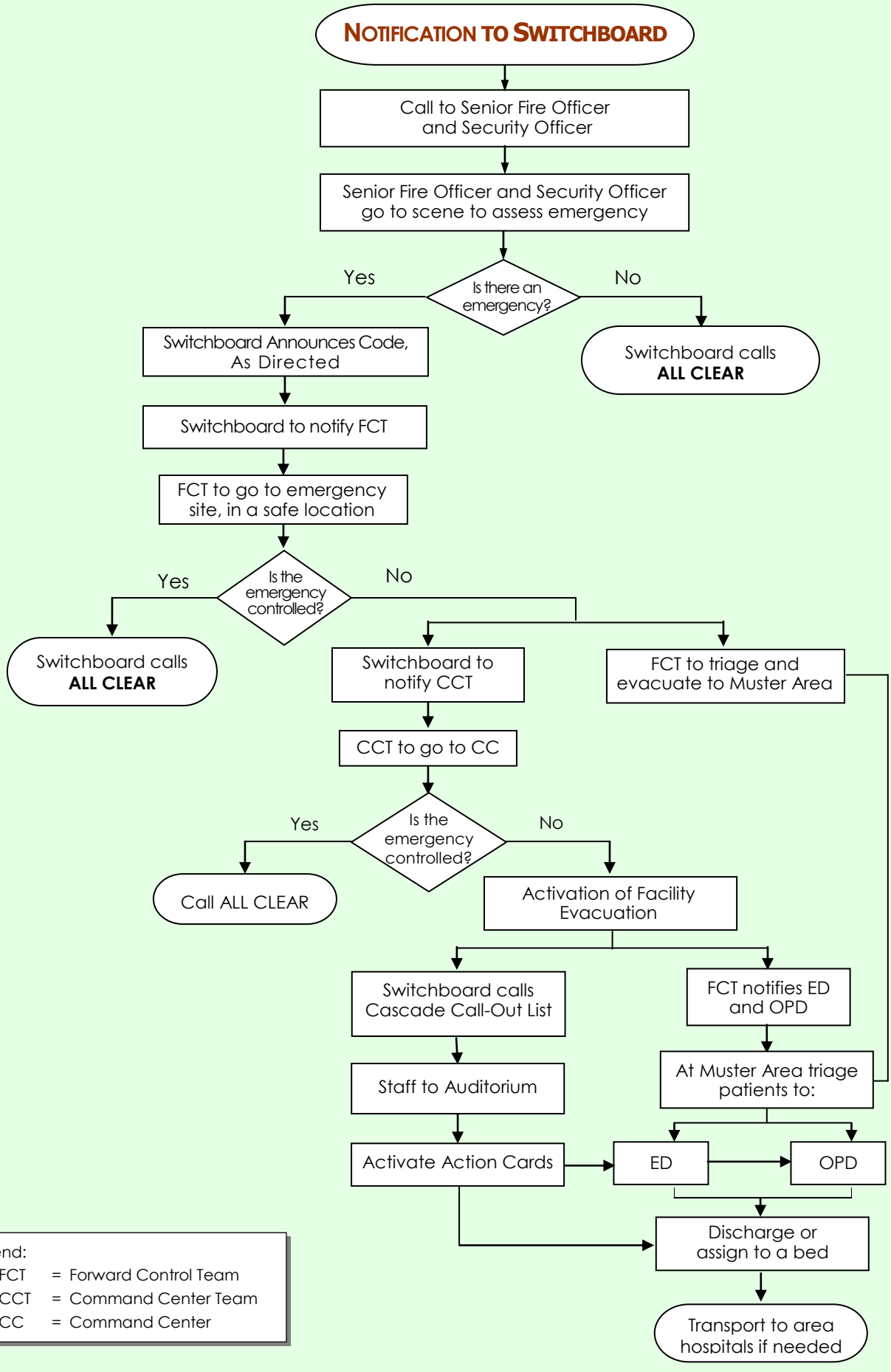
King Faisal Internal Emergency Preparedness Plan (2005, April).

Joint Commission International. (2003, January). *Joint Commission International Accreditation Standards for hospitals* (2nd ed.). Oakbrook Terrace, IL: Author.

King Abdulaziz Medical City, Disaster Plan (2003, April).

INTERNAL EMERGENCY PLAN

ALGORHYTHM FOR INTERNAL EMERGENCY



INTRODUCTION

1. OBJECTIVE

The objective of the Internal Emergency Preparedness Plan is to effectively prepare for and manage an emergency that involves multiple victims, and to quickly restore the facility to the same operational capabilities as pre-emergency levels.

2. GOALS

The goals of the Internal Emergency Preparedness Plan include the following:

To establish procedures to be followed in the event of an internal emergency within the hospital's facilities (including all outlying areas)

To provide guidance in safe work habits and education to personnel through detailed instructions (example action plans, fire and safety plan, unit drills, etc.)

To increase confidence and efficiency, and to reduce panic through staff involvement in internal emergency drills

To protect patients, visitors, staff, and contractors and to minimize property damage

To practice an orderly evacuation procedure in the event that evacuation becomes necessary

3. EMERGENCY RESPONSE STEPS

Responsibilities

A. Switchboard Operator In Charge shall:

1) Upon notification of an internal emergency either through the fire alarm panel, by the Fire Department, by Chief of Security, or by telephone call from staff, record and announce the location of the internal emergency. Page the senior fire officer and the security officer (who holds the master key) on duty to the emergency location. When instructed by the senior fire officer on duty, call the FCT, Nursing Coordinator, and EOD by using the following telephone numbers:

Code	Telephone #
Tango Tango	888
Red	99
Black (Internal / External Emergency)	77
Blue	77
Mr Strong	77
Code Pink	77
Security Hot Line	3333

(See Appendix D – Quick Reference Guide to Emergency Events)

2) Issue clear information regarding location and type of emergency to the FCT, Nursing Coordinator, and EOD
3) The ED physician on duty, after assessing the internal emergency, will communicate to the senior fire officer to notify the switchboard if CCT is needed
4) When instructed by the Executive Director of Medical Services or the Director of Operations (CCT), call the Civil Defense to attend the emergency call, by giving them clear information regarding the exact location and the nature of the emergency
5) When instructed by the senior fire officer, announce the relevant internal emergency over the public address system and specify the location
6) Announce all clear, when instructed by the Team Leader, FCT
7) Record all steps, timing, and actions taken in the logbook
8) When receiving information regarding an internal emergency through telephone numbers 888 or 77, announce THREE TIMES over public address system:

   "Code *internal emergency* – (Location)"
9) When requested by the Team Leader, FCT announce TWICE over the public address system:

   "(Location) ALL CLEAR"
10) Provide any additional assistance to FCT, as requested by Team Leader

B. Senior Member of Fire Department shall:

1) Receive notification from the switchboard operator in charge of potential internal emergency situation. Proceed immediately to the area in order to meet the area manager/supervisor. If further advice required, call the security officer
2) Notify the switchboard operator in charge to call the FCT
3) Liaise with the area manager/supervisor and security officer in order to establish the internal emergency site in a safe location close to the scene of the internal emergency
4) Provide a status up-date of the emergency situation to the fire crews immediately on their arrival at the facility
5) Before ordering the electrical technician to shut down the power, confirm from the nursing coordinator/EOD that patients will not be affected if the power is shut down
6) Liaise with the FCT to activate unit/department evacuation
7) If expert advice is required, coordinate with CCT to call internal or external experts (i.e. radiation safety, laboratory, safety, etc.)
8) Follow the instructions of the ED physician on duty in order to establish the muster area and calling the triage team
9) At the end of the event/drill, instruct the switchboard operator in charge to announce ALL CLEAR

C. Emergency Physician on Duty shall:

1) In case of evacuation, advise the EOD to call the triage team immediately and advise them to report to the muster area

2) Upon notification by the area manager/supervisor that the internal emergency is likely to result in casualties, the ED physician on duty will advise the senior fire officer to establish a muster area

D. Nursing Coordinator on duty shall:

1) Report immediately to the location of the internal emergency, when notified of an internal emergency situation by the switchboard operator in charge

2) Ensure that no patient will be affected if the power is shut down in the affected area or complete floor. Give feedback to the EOD who will communicate information to senior fire officer

3) In case of evacuation, immediately proceed to Command Center to prepare for CCT

E. Area Manager/Supervisor shall:

1) Implement the unit specific Internal Emergency Preparedness Plan or **RACE** procedure

2) Liaise with the FCT Team Leader on duty and the security officer in order to establish the internal emergency site in a safe location close to the scene of the internal emergency

3) Ensure that patients will not be affected if the power is shut down in the affected area or complete floor. Provide feedback to the FCT Team Leader

4) Assign unit safety liaison officer (SLO) to remove gas cylinders and obtain MSDS and chemical inventory

F. Executive Officer on Duty (EOD) shall:

1) Receive notification by phone (or pager) from the switchboard operator in charge of a potential internal emergency, and immediately proceed to the emergency site to meet and liaise with the FCT Team Leader on duty and the area manager/supervisor

2) Inform the Executive Director Medical Services or his designee and Director of Operations or his designee, regarding the internal emergency

3) Go to the Command Center (CC) to assist Nursing Coordinator in setting up for CCT

4) Upon receipt of information regarding the evacuation and activation of the External Emergency Plan from the Executive Director of Medical Services or Director of Operations, notify the CCT to immediately proceed to the CC. If there is any delay in notifying the Executive Director of Medical Services or Director of Operations, call the chairman of ED to activate the Plan. If there is a delay in contacting the ED chairman, and an immediate response is needed, the ED consultant on duty, in consultation with the ED nurse manager can activate the plan (refer to External Emergency Preparedness Plan)

5) Stand by the Command Center until **ALL CLEAR**

G. Command Center Team shall:

1) Assist in the supervision of the safe evacuation of patients, visitors, and employees from the immediate danger area
2) Direct additional personnel to assist in patient evacuation or other activities when required
3) If the number of critical cases exceeds 10 – 15, the internal emergency triage team is to advise the FCT Team Leader to activate the External Emergency Plan

H. Electrical Technician on Duty shall:

1) Receive notification by phone (or pager) from the switchboard operator in charge of a potential internal emergency, immediately proceed to the emergency location to meet and liaise with the senior fire officer on duty
2) Confirm the exact emergency location to verify the accessibility to electrical room or electrical cabinet supplying that area
3) If the electrical panel is accessible, before switching off the power in the affected area, liaise with the senior fire officer and EOD to ensure that patients will not be affected if the power is shut down
4) If the electrical panel is not accessible, before switching off the power in all areas or the complete floor, liaise with the senior fire officer and EOD to ensure that patients will not be affected if the power is shut down

I. Mechanical Technician on Duty shall:

1) Receive notification by phone (or pager) from the switchboard operator in charge of a potential internal emergency, immediately proceed to the emergency location to meet and liaise with the senior fire officer
2) Stand by the Command Center until all clear

J. Patient Relations and Patient Escorts on Duty shall:

1) Report immediately to the Command Center
2) Liaise with the senior fire officer
3) Implement the procedures specified in accordance with the appropriate emergency plan (refer to External Emergency Preparedness Plan)
4) Assist in implementing the RACE initial response procedure and if necessary evacuation procedure
5) Inform eight (8) designated patient relation and patient escort staff to report to the Command Center in order to assist with any task as directed by the supervisor
6) Deliver the internal emergency linen supply cart to the muster area of the internal emergency

K. Security Officer shall:

1) Receive notification from the switchboard operator in charge of an internal emergency situation

2) Immediately go to the emergency location carrying all master keys and tools required

3) Immediately proceed to the emergency site to meet and liaise with the senior fire officer and area manager/supervisor on duty

NOTE: Do not leave the emergency site, until relieved by the senior security staff or authorized by senior fire officer leader

4) Immediately dispatch security personnel to:

a) Control vehicular traffic by ensuring that private vehicles and non-emergency vehicles do not impede access of Civil Defense fire command vehicles, fire trucks, and ambulances to the emergency site

b) Direct the Civil Defense to the location of the emergency

c) Instruct security personnel assigned to the facility to move crowds/vehicles away from buildings involved in the emergency situation

d) Assume responsibility for pedestrian/crowd safety by directing them away from potentially hazardous areas to safe areas. Prevent evacuated patients/visitors from re-entering the building as instructed by the Safety Department/Civil Defense, and in particular, ensure pedestrians/crowds are kept clear of access roads and facility access doors

e) Secure the muster area

L. The Civil Defense shall:

1) Receive notification from the switchboard operator in charge of potential emergency within KAMC – Jeddah facilities, and shall immediately proceed to the Hospital

2) Liaise with CCT

4. ADJACENT AREAS:

A. Monitor announcements made on overhead public address system, and remain on stand by.

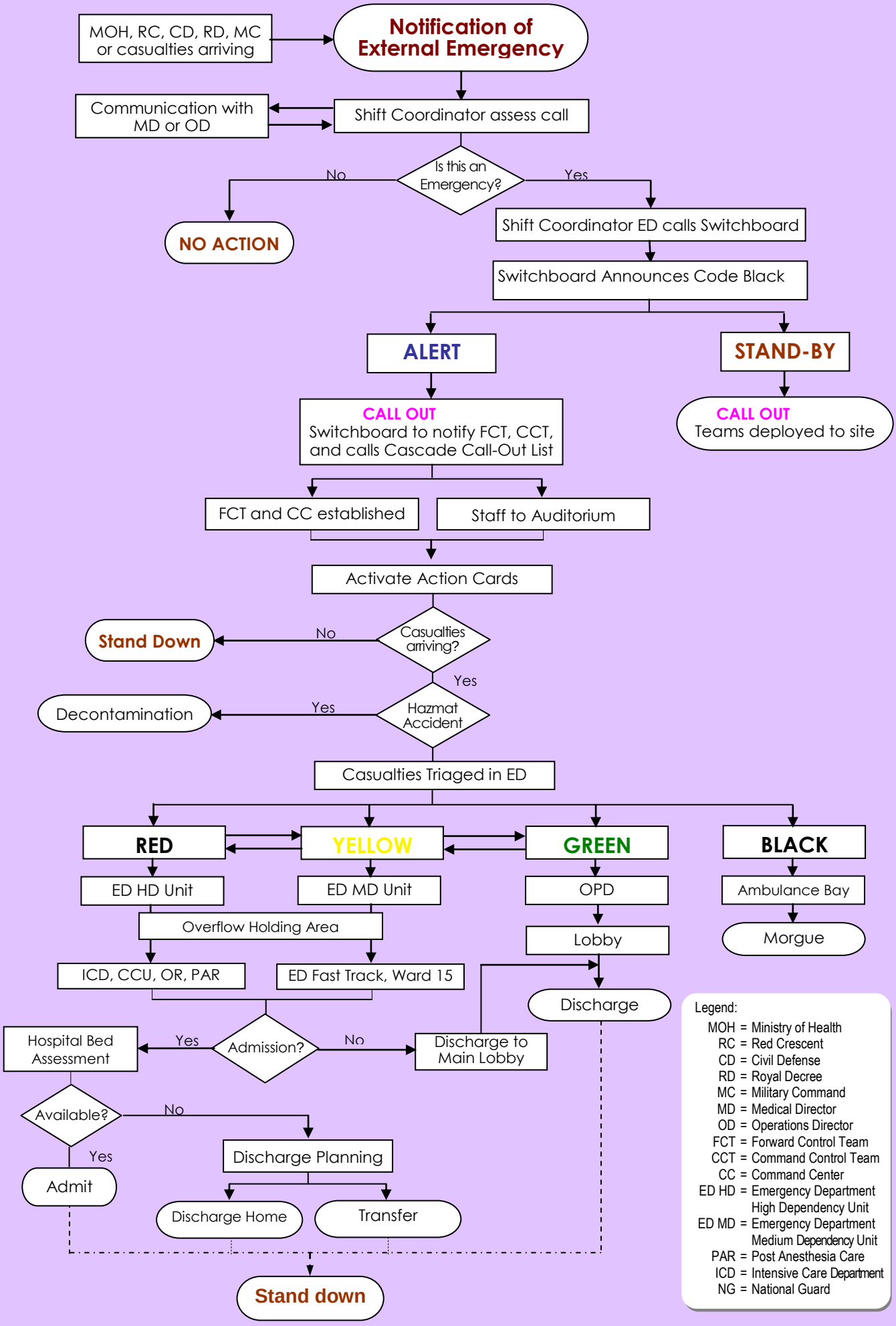
B. If notified to evacuate, ensure the Internal Emergency Plan is followed.

5. MAINTENANCE OF PLAN

Drills, critiques, and training (see Appendix E)

EXTERNAL EMERGENCY PLAN

ALGORHYTHM FOR EXTERNAL EMERGENCY



INTRODUCTION

1. OBJECTIVE

The objective of the External Emergency Preparedness Plan is to effectively prepare for and manage a community emergency that involves the transportation of multiple casualties being brought to the facility and / or an internal emergency that escalates and results in evacuation of patients, staff, and visitors.

2. GOALS

The goals of the External Emergency Preparedness Plan include the following:

To establish procedures to respond to any external emergency situation resulting in the sudden and potentially unanticipated influx of a large number of casualties

To facilitate evacuation of patients should an internal emergency escalate and activate the External Emergency Plan

To facilitate a fully integrated multidisciplinary approach in the event of an external emergency

To provide guidance to King Abdulaziz Medical City (KAMC) – Jeddah personnel through detailed instructions, to increase confidence, and effective treatment of emergency victims

To ensure the safety and security of current patients, visitors, contractors, and staff

To facilitate regional planning and cross-jurisdictional actions between agencies in order to mitigate emergencies

4. NOTIFICATION

KAMC can be notified about an external emergency in several different ways, that include: The Ministry of Health, Red Crescent, Civil Defense, Royal Decree, Military Command, and / or casualties arriving to the ED. Any one of these community organizations may contact the switchboard, Executive Director of Medical Services, and / or the Director of Operations. The call will be forwarded to the Shift Coordinator in ED who assesses the call.

5. PLAN ACTIVATION

The Executive Medical Director and / or the Director of Operations will authorize the activation of this Plan.

If there is any delay and an immediate response is needed, the Chairman of Emergency Department (ED) can activate the Plan.

If there is any delay contacting the Chairman of ED and an immediate response is needed, the Shift Coordinator of ED in consultation with the Executive Medical Director can activate the Plan.

While in emergency mode, communications will be assured by dedicated walkie-talkies.

6. PLAN INITIATION

The Shift Coordinator in ED in collaboration with the Executive Director of Medical Services or the Director of Operations will decide on the actual mode of activation based on the information received:

Alert Mode: Emergency possible, increased preparedness

Stand By: Emergency probable, ready for deployment

Call Out: Emergency exists, deployment

Stand Down: Emergency contained, resume normal operations

(Refer to External Emergency Algorhythm)

7. MANAGEMENT RESPONSIBILITIES

A. Leadership shall:

1) Endorse the External Emergency Preparedness Plan and ensure that all departments comply with its requirements
2) Ensure adequate resources are provided to effectively train, rehearse, and if necessary, implement the External Emergency Preparedness Plan
3) Familiarize themselves with their roles and responsibilities in the Command Center (CC)

   (See Appendix F – Forms needed in External Emergency)

B. Department Heads shall:

1) Ensure that departmental-specific internal emergency preparedness plans are formulated for their divisions and units, and that these are submitted to the Safety Committee (see Appendix G – Unit Specific Internal Emergency Preparedness Plan)
2) Ensure that division and unit heads conduct regular external emergency preparedness training for their employees, and participate in facility-wide drills

C. Division / Unit Heads shall:

1) Develop specific External Emergency Preparedness Plans and emergency response plans that may be unique to the work area (refer to KAMC – Riyadh Disaster Plan, 2003 as benchmark)
2) Submit the External Emergency Preparedness Plan, through the Department Head, to the Chair of Emergency Preparedness Committee
3) Ensure that all new hires receive orientation on the Internal and External Emergency Preparedness Plan and are made familiar with their roles and responsibilities within their specific division / unit in any given emergency
4) Retain documentation of all employee in-service training and drills performed

D. Chairman, ED shall:

1) Serve as Chair of the Emergency Preparedness Plan Committee. This Committee has the specific objective of developing the KAMC Emergency Preparedness Plan and implementing the first facility-wide emergency drill

2) Ensure that all departmental / division / unit External Emergency Preparedness Plans are developed and / or reviewed once every three (3) years, prior to the approval by the appropriate Department Head

3) Consider questions, suggestions, and recommendations from any supervisor conducting critique meetings as a result of an emergency drill

E. All Personnel shall: (see Appendix H – Manpower Pool)

1) Be familiar with the External Emergency Preparedness Plan focusing on their work area's specific plan and their responsibilities in the event of an actual emergency

2) Participate fully in all drills scheduled in their specific area

3) In the event of a real external emergency, go to the auditorium to collect action cards and to obtain further instructions

8. DEPARTMENTAL AND UNIT RESPONSIBILITIES

As stated previously in the text, it is the duty of each department of the hospital to adopt and formulate its own responsibilities in response to an emergency, once this main plan has been adopted. Each department will maintain its own telephone cascade call-out system and action cards that will clearly specify the duties and responsibilities of its staff members. The following is a short summary of the roles of some of these departments: (For a more comprehensive summary see Appendix I – Action Cards and Appendix A – Triage Team and Zones).

A. Administration

1) The Shift Coordinator in ED will be the point person to assess a call regarding an external emergency

2) The Shift Coordinator will receive and record notification by telephone, walkie-talkie, or direct personal contact (see Appendix F – Forms [Emergency Situation Report])

3) The Shift Coordinator will record the following information:

i) Type of external emergency

ii) Location (distance from KAMC)

iii) Estimated number of casualties

iv) Types and severity of injuries

v) Estimated time of arrival to ED

4) The Shift Coordinator will collaborate with the Executive Director of Medical Services and / or the Director of Operations

5) Based on the information, the Executive Director of Medical Services and / or the Director of Operations will decide the mode of initiation of the Plan

6) All personnel should be stationed at their offices

7) Respond to any command from the CC

8) Co-ordinate between different hospital facilities

B. Nursing

1) Prepare an immediate bed status report to the Command Center

2) Co-ordinate ward / unit nursing staffing requirements, and direct available nurses to assemble in the auditorium
3) Call other nurses not responding to emergency call

C. Operating Room (OR)

1) To prepare all major and minor rooms for possible action, and to staff them as per the number of available nursing and anesthesia personnel
2) To organize the operation lists according to life saving procedures
3) To call-back the OR staff who may have been allocated initially elsewhere e.g. triage zone
4) To ensure adequate supplies of materials for all types of surgery, but to economize in the use of instruments as re-sterilization takes valuable time needed for urgent surgery
5) Co-ordinate with other department's e.g. Biomedical and laboratory to assure maximum efficiency and reduce operating time

D. Intensive Care Department (ICD)

1) To identify stable patients who may be transferred either to a designated muster area or to the ward
2) Prepare the maximum number of beds that could be accommodated safely within the unit
3) Request extra medical and nursing staff when the need arises
4) Ensure no visitors are allowed in the unit
5) Co-ordinate with personnel in the Red Zone and OR

E. Medical Imaging

1) Ensure that sufficient staff are available
2) Provide x-ray technicians and mobile x-ray machines for use in the ED Red zone, ICD and OR / PAR
3) Ensure organized traffic of patients to the designated treatment zones
4) Prioritize all imaging requests

F. Laboratory

1) Ensure sufficient staff are available and send one phlebotomist to the Secondary Surgical Site (PAR) (see Appendix J – Secondary Surgical Site)
2) Prioritize all requests and stop non-urgent tests
3) Ensure that the Pathologist is available in the Department
4) Ensure adequate stock of reagents, supplies, and notify any potential shortages to the CC, after requesting them from the warehouse

G. Pharmacy

1) Deliver and dispense the pre-arranged list of emergency drugs and ensure adequate supply to the Triage, Red, Yellow, Green Zones and Secondary Surgical Unit

2) Deliver and dispense narcotics upon request
3) Liaise with pharmacy stores to provide emergency management zones with requested bulk items
4) Immediately notify any potential shortage to the CC after requesting them from the pharmacy stores

H. Public Relations

1) Shall immediately establish the central information center in the main lobby
2) Receives regular lists and reports about victims from CC (see Appendix F – Forms)
3) Answer queries of victims' relatives in a re-assuring sympathetic manner
4) Arrange press releases and give information reports after being sanctioned by the CC
5) Help to contact relatives of discharged patients for pick up

I. Admissions

1) Organize their office work to facilitate immediate clearance of discharged cases
2) Provide bed census or bed status to the CC
3) Assign clerks to different emergency management zones
4) Send all admitting material e.g. files, tags etc. to different zones
5) Register all Code Yellow patients in the computer
6) Monitor and record emergency admission at different emergency management zones, and ensure proper tagging
7) Record all hospital discharges
8) Cancel all elective surgeries
9) Cancel patient transfers in
10) Ensure Labor & Delivery patients go directly to the Labor & Delivery unit for care

J. Logistics and Supplies

1) Have ongoing contracts with local suppliers to ensure at least one-week supply of essential medical and supporting stocks
2) Immediately notify the CC of any potential shortage that may be difficult to obtain

K. Communications

1) Allow the Switchboard Duty Manager to announce Code Black
2) Should have the highest radio discipline in the early hours of Code Black announcement
3) Organize calling out all personnel needed in a well-disciplined manner and according to priority
4) Divert inquiring phone calls to Public Relations

5) Maintain contact with the CC

L. Transport

1) Arrange transportation of all staff once Code Black is announced
2) Assist with transportation of patients
3) Maintain communication with the CC

M. Maintenance and Biomedical Departments

1) Ensure availability of Biomedical engineers, technicians, and other key maintenance staff and assign where needed
2) Maintain contact with CC
3) Ensure distribution of equipment as needed

N. CSSD

1) Ensure that properly stocked emergency carts are stored and available
2) Issue immediately needed emergency carts to appropriate treatment areas
1) CSSD to be available twenty-four (24) hours to provide service support in case of emergency
2) Ensure that there is a spare sterilizer to be used for sterilizing urgent equipment when needed

O. Security

1) Immediately ensure adequate personnel are available and stationed at key hospital entrances and locations
2) Clear all vehicles from the main hospital doors, especially the road leading to the Emergency and main lobby entrance
3) Ensure clear access for the public service vehicles i.e. ambulances, fire engine, Civil Defense, and police
4) Maintain the general staff parking lot for staff entry to the hospital
5) Block trespassers at all hospital entry with the exception of the main lobby, which will be used for discharged patients. Family members will use Oncology Clinic parking lot to pick up their relatives
6) Direct the flow of traffic
7) Assist as necessary, upon the request of the CC or coordinators in the different zones

P. Housekeeping & Porters

Porters will:

1) Assist with transportation of patients
2) Send and bring samples to the laboratory and get the results
3) Help to transport the patient to the x-ray department, OR, and any designated area
4) Ensure adequate supply of wheelchairs and stretchers

Housekeeping Department will:

1) Maintain cleanliness and orderliness in the area
2) Empty all waste containers as frequently as possible and dispose of them properly
3) Mop the floor in the area thoroughly with germicidal solution to prevent the spread of infection

9. Maintenance of Plan

Drills, critiques, and training (see Appendix E)

APPENDICES

A - TRIAGE TEAM AND ZONES

TRIAGE TEAM

Location:

The external emergency triage area will be in the Emergency Department Entrance Area.

Responsibilities:

1. The Triage Team will assess all external disaster causalities and will direct them to the appropriate treatment zone.
2. The Triage Team will have absolute authority of assessing, sorting and assignment of casualties.
3. Causalities will be assigned to the following zones:
    a) **Red zone -** cases with immediate life threatening conditions that demand urgent and aggressive resuscitation
    b) **Yellow zone** - cases with injuries that have no immediate threat of life, and are usually stable or would be stable with replacement therapy and close care
    c) **Green zone –** all other disaster cases with minor or superficial wounds, fractures that need non-operative correction, and cases of behavioral disorders
    d) **Black zone** - all casualties pronounced dead
4. Ensure proper tagging of casualties.
5. Monitor EVACUATION of casualties efficiently, rapidly, and safely.
6. Ensure the “Disaster Admission File” of the casualty has been rapidly and efficiently compiled.
7. Update Command Center (CC) and the admitting data entry clerk with lists of casualties received.

Staffing:

1. ED Consultant, as appointed by the CC, will serve as the Team Leader
2. Surgeon (1)
3. ED staff nurses (3)
4. Admission clerk (2)
5. PCA’s (4)

RED ZONE TEAM

Location:

Emergency Department: HD Unit, ICD, CCU, OR / PAR, and others as needed.

Responsibilities:

1. Assessment and management of critically ill/injured patients and to maximize the number of survivors.
   a) To provide immediate attention to the ABCDE's of resuscitation.
   b) To identify and prioritize the treatment of life threatening conditions
2. To complete rapidly and efficiently all clerical work, including the Disaster Admission File.
3. To ensure rapid and efficient definitive care:
   a) To ensure safe and rapid transfer of patients to the Secondary Surgical Treatment area (PAR) or ICU.
   b) To ensure transfer of mis-triaged patients to the Yellow and Green Treatment Zones
4. To maintain close communications with CMO in the Command Center
5. To coordinate actions with other Team Leaders

Staffing:

1. ED Consultants (2)
2. Anesthetist Assistant/Consultant (1)
3. Surgeon Assistant/Consultant (l)
4. Pharmacist (1)
5. ED nurses (6)
6. X-ray Technician (1)
7. Respiratory Therapist (1)
8. Unit Assistant (1)
9. Admission Clerk (1)
10. PCA's (1)
11. Housekeeping (1)

Note:

a) The first ED Consultant on the scene, as appointed by the Executive Director in the CC, will serve as the Team Leader.

b) The estimated numbers of the team, and the specific types of Consultants may vary according to the intensity of the disaster, number of casualties, and the severity of illnesses/injury. The decision regarding these numbers lies in the hands of the Team Leader and CC.

c) Casualties pronounced dead after resuscitation should quickly be removed into the Black Zone to make room for newer casualties. Delays in removing dead bodies causes delay in action and saving lives.

YELLOW ZONE TEAM

Location:

Emergency Department: MD Unit, Fast Track, Ward 15.

Responsibilities:

1. The team's responsibility is to save lives and minimize disability through the systematic approach (ABCDE's of Emergency Care) of assessment and management of casualties.
2. To identify and prioritize the treatment of life threatening injuries
3. To complete rapidly and efficiently all clerical work, including the Disaster Admission File.
4. To ensure rapid and efficient definitive care:
   a) To ensure safe and rapid transfer of patients to the Secondary Surgical Treatment area (PAR), ICU, or ward
   b) To ensure transfer of mis-triaged patients to the Red and Green Treatment Zones
5. To maintain close communications with the Executive Director in the CC
6. To coordinate actions through other Team Leaders

Staffing:

1. ED Consultants (1)
2. ED Residents (2)
3. Surgeon Assistant/Consultant (l)
4. Consultant Internal Medicine (1)
5. Pharmacist (1)
6. Charge Nurse (1)
7. SNI (8)
8. Unit Assistants (1)
9. Admission Clerk (1)
10. PCA's (1)
11. Housekeeping (1)

Note:

a) The first ED Consultant on the scene, as appointed by the CC, will serve as the Team Leader.

GREEN ZONE TEAM

Location

Outpatient Department

Responsibilities

In most external emergencies, the largest number of casualties usually presents to this zone. They should be dealt with quickly and disposed of as rapidly as possible.

1. The team's responsibility is to minimize disability through the systematic approach (ABCDE's of Emergency Care) of patient management.
2. To identify and prioritize the treatment of limb threatening injuries.
3. To identify minor problems promptly and discharge the patient immediately.
4. To provide reassurance to patients and families.
5. To complete rapidly and efficiently all clerical work, including the Disaster Admission File.
6. To ensure rapid and efficient definitive care:
   a) To ensure safe and rapid transfer to the Secondary Surgical Site or ward
   b) To ensure transfer of mis-triaged patients to the Yellow Treatment Zone
   c) To safely discharge patients with appropriate follow-up
7. To maintain close communications with the Executive Director in the CC
8. To coordinate actions through other Team Leaders.

Staffing

1. Family Medicine Consultants (2)
2. Family Medicine Staff Physician (1)
3. Assist. Consultant Psychiatrist (1)
4. Internal Medicine Assistant (1)
5. Surgical Assistant (1)
6. Pediatric Assistant (1)
7. OPD Head Nurse (1)
8. OPD Staff Nurses (10)
9. Pharmacist (1)
10. Patient Relations Officer (1)
11. PCAs (2)
12. Admission Clerk (2)
13. Phelbotomist (1)
14. Housekeeping (1)

Note:

a) The first Family Physician Consultant on the scene, as appointed by the CC, will serve as the Team Leader.

BLACK ZONE TEAM

Location

The Black Zone holding area for Black Tagged casualties is in the Ambulance Bay at ED. After the assessment of the casualty by the Triage Team, the casualty will be pronounced dead, and moved to the morgue.

Responsibilities

1. To receive casualties who die on route to KAMC, or emergency in patient deaths.
2. To attempt to identify bodies and retain all clues to facilitate this task.
3. To retain all casualties until all administrative steps have been completed.
4. To transport deceased casualties directly to the morgue.
5. To relay information regarding deceased victims to the Executive Director in the CC and Public Relations.

Staffing

1. Senior Medical Resident (1)
2. Staff Nurses (1)
3. Porters (1)
4. Security Officers (1)
5. Admission Clerk (1)
6. Housekeeping (1)
7. Social Worker (1)

Note:

- The Senior Medical Resident, as appointed by the Command Center, will serve as the Team Leader

OUTFLOW HOLDING AREA (FOR INPATIENTS)

Definition

The area used while in Emergency Mode, to hold inpatients who are awaiting discharge or who may be transferred to other hospitals:

- non-monitored ward inpatients
- inpatients who can be discharged but for whom family are not available
- inpatients who are stable and require minimal care

Location

Day Surgery

Responsibilities

1. The Associate Director of Nursing Services will contact the Nurse Manager of Day Surgery who will activate the cascade call-out system.
2. The Attending Physicians of existing patients will assess their patients for discharge and cancel elective procedures.
3. SNI s will prepare the rooms to accept patients.
4. The Senior Internal Medical Resident on-call will *temporarily* take charge of the Holding Area. The Surgical Senior Resident will take same charges in of surgical cases.
5. The next arriving Internal Medicine Consultant will report to the Holding Area and become Team Leader:
    - The Team Leader will communicate with the Executive Director in the C C
    - Ensure completion of all clerical work
6. The transfer of patients to other hospitals will be the responsibility of representatives from Appointments and Admitting and Patient Affairs.

Staffing

1. Internal Medicine Consultant (1)
2. Internal Medicine Senior Resident (1)/ Surgical Senior Resident
3. Pharmacist (1)
4. Day Surgery Nurses (6)
5. Unit Assistants (1)
6. Admission Clerk (2)
7. Patient Relations (1)
8. PCA's (l)

MANAGEMENT OF NON-EMERGENT PATIENTS

KAMC is committed to meeting the needs and requirements of its customers in all circumstances. In the event of an external disaster, KAMC staff will attempt to fulfill this commitment. Patients who present to the Emergency Department or Outpatient Clinics will not be turned away without being assessed.

Responsibilities

1. Patients attending the ED who are triaged as Level IV or V will be re-directed to other area hospitals.
2. Patients who are triaged as Level I, II or III will be seen in the ED.
3. Patients scheduled for routine appointment or follow-up in Family Medicine, or Outpatient Clinics, will be met at the OPD entrance by a member of the Public Relations Office. These patients will be re-scheduled.
4. Hospital should go on full divert status for Code Black.

ED Patients

1. Patients who are in the ED at the time of all emergency Code activation will be re-assessed for disposition:
   a) transfer to a ward
   b) transfer to the disaster Holding Area (Day Surgery)
   c) discharge with appropriate follow up instructions
   d) transfer to another hospital
2. The ED Consultants on duty (adult and pediatric) will immediately re-assess their ED patients
3. The Assistants from Medicine, Surgery and Pediatrics will immediately re-assess their respective ED patients
4. All ED patients will continue to be treated according to the highest standard of care

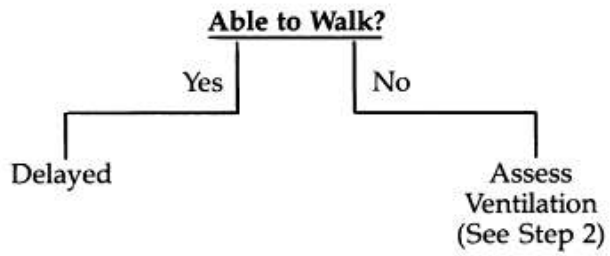
Hospital Inpatients

1. Admitted ward inpatients at the time of a Code 77, will be re assessed by Assistant/Consultants from Medicine, Surgery and Pediatrics for:
   a) transfer to the disaster holding area
   b) discharge with appropriate follow up instructions
   c) transfer to another hospital
2. All Hospital patients will continue to be treated according to the highest standard of care.

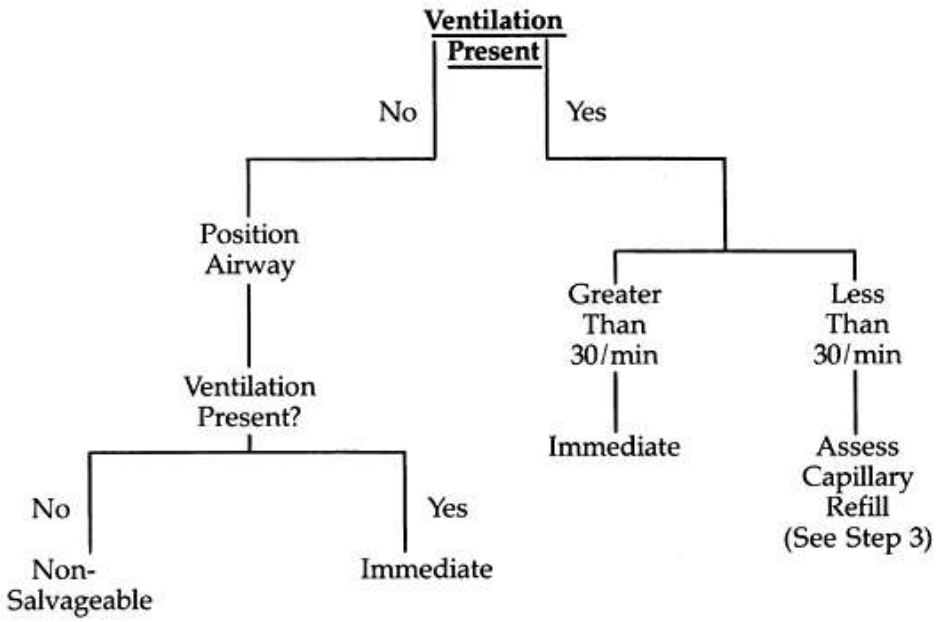
B - TRIAGE AND TRIAGE CLASSIFICATION EXAMPLES

EXTERNAL EMERGENCY PLAN TRIAGE

Step 1



Step 2



TRIAGE CLASSIFICATION EXAMPLES

NOTE: This list gives examples of conditions that might be found in disaster casualties and how they would be classified. Since it is not always possible to make the correct diagnosis in the field, important signs and symptoms are also listed. The reader may notice that the examples include conditions more reminiscent of routine emergency medical conditions rather than those typical of disasters. They are included for two reasons:

1. People do not cease becoming ill or having babies simply because disaster strikes. Those with non-disaster related medical conditions would still require treatment and need to be considered when priorities are assigned.
2. If triage categories are to be used on a daily basis, then one must be able to determine triage categories for routine emergencies.

EXAMPLES OF RED (CRITICAL) CASUALTIES

1. Upper airway obstruction
2. Life-threatening bleed
3. Tension pneumothorax
4. Decontamination with a hazardous substance
5. Second or third degree facial burns (when the total body surface area burned is less than 50%) which may rapidly lead to upper airway obstruction
6. Stridor (crowing or raspy inspiratory sounds – suggests upper airway obstruction
7. Severe, rapidly progressing allergic symptoms such as rash, generalized or facial swelling, wheezing, stridor or breathing difficulty, and weak, thready pulse
8. Severe sore throat when accompanied by drooling, muffled voice, inability to swallow, or difficulty opening the jaw – suggests a serious infection in the airway which may quickly lead to its obstruction
9. Complicated obstetrical delivery (e.g., breech position or compresses umbilical cord)
10. Cardiac rhythm abnormality if accompanied by the sudden onset of circulatory shock, decreased mental alertness, or pain, burning, pressure or tightness in the chest, upper abdomen, upper extremity, neck, jaw, or back – suggests a heart attack
11. Hypoglycemia
12. Respiratory distress (blue skin color, asymmetrical chest motion or sounds, noisy breathing, nasal flaring, tightening of the neck muscles during breathing efforts, or retraction of the skin between the ribs, about the collar bones or above or below the breastbone
13. Circulatory shock
14. Rapidly deteriorating level of consciousness
15. Seizure during pregnancy (suggests eclampsia or toxemia)

16. Status epilepticus (more that two seizures without regaining full consciousness in between
17. Penetrating wounds of the chest, abdomen, pelvis, rectum, vagina, head, or neck
18. Embedded radioactive foreign bodies
19. Sunstroke or fever > than 40.5 º C
20. Coma
21. Untreated cervical spine injuries (after these are properly immobilized, their priority for care may decrease)
22. Sudden onset of severe abdominal pain and circulatory shock in an elderly subject who has a pulsating abdominal mass (suggests a ruptured abdominal aneurysm)
23. Second and/or third degree burns exceeding a total of 50% of the body surface (especially in elderly persons with serious underlying medical disorders such as emphysema, diabetes, or cirrhosis of the liver)
24. Penetrating gunshot wounds of the head with coma
25. Cardiogenic shock

EXAMPLES OF YELLOW (URGENT) CASUALTIES

1. Circulatory shock which has responded adequately to initial treatment with one liter of IV fluid
2. Interference with circulation due to a fracture or dislocation
3. Severe bleeding controlled by a tourniquet
4. Compartment syndrome (swelling due to an injury, usually a fractured elbow or shin, which interferes with capillary blood flow to the muscle tissue; usually characterized by severe pain which is aggravated by movement of the joints beyond the injury and, *sometimes*, by a sensory or pulse deficit)
5. Dislocations of the hip, elbow, or knee which may compress arteries or nerves, or may be difficult to reduce if treatment is delayed
6. Open dislocations and fractures
7. Second or third degree burns (not including the face or airway, and totaling less than 50% of the body surface)
8. Uncomplicated bends (decompression sickness, caisson's disease)
9. Non-severe bleeding from the genitalia, digestive tract or lungs in the absence of circulatory shock
10. Severe headache not related to an injury, with decreased alertness, or with confusion, fever, or a stiff neck (inability of the patient to touch his chin to his chest; suggests meningitis or an infection or bleeding in the brain)
11. Hypothermia (rectal temperature < than 35 º C)
12. Sustained blood pressure exceeding 200 mm systolic or 120 mm diastolic, especially in pregnancy

13. Severe abdominal pain with abdominal wall rigidity or localized tenderness (suggests internal bleeding or infection such as that due to a perforated stomach ulcer or a ruptured appendix)
14. Pelvic fractures in the absence of circulatory shock
15. Smoke inhalation in the absence of respiratory distress. Uncomplicated gunshot or stab wound to an extremity. Multiple fractures in the absence of shock.
16. Immobilized, uncomplicated cervical spine injuries
17. Traumatic crush injuries or amputation of an extremity in the absence of serious bleeding or circulatory shock (except crush injuries of a fingertip, which maybe be in category Green)
18. Fever with severe joint pain, or fever in a child or infant who refuses to use an extremity (suggests a severe infection of a joint). Sudden onset of confusion, disorientation, combativeness, or psychotic behavior (when not due to injury, hypoglycemia, poisoning or overdose, shock, or oxygen deficiency)
19. Sudden onset, but not rapidly progressive, localized sensory loss or abnormality, partial or complete paralysis, or sustained loss of balance
20. Sudden, partial or complete, temporary or sustained, but not progressively deteriorating abnormality of vision
21. Penetrating wound of the eyeball
22. Rectal temperature greater than 40 º C in a child
23. Fever in a child who is unusually lethargic or refuses to eat or play. Rectal temperature greater than 37.8 º C in an infant less than 3 months old
24. Uncomplicated femoral (thigh) fractures
25. Vaginal bleeding accompanied by light-headedness, fainting, or sever back, abdominal, or should pain
26. Sudden onset of severe testicular pain (suggests a twisting of the testicular cord which has cut off the blood supply)
27. Soft tissue infections or animal (especially human) bites of the hand can cause, within hours, permanent damage to the hand
28. First onset of seizures (in the absence of status epilepticus, hypoglycemia, poisoning or overdose, injury, cardiac rhythm disturbance, or oxygen deficiency)
29. Repeated vomiting or diarrhea in a child, who is abnormally lethargic, has a weak cry, dry tongue or inability to make tears (suggests serious illness or dehydration)

EXAMPLES OF GREEN (MINOR) CASUALTIES

1. Closed dislocations of the jaw, kneecap, or finger (especially if they have been reduced)
2. Closed, uncomplicated fractures of the upper extremity, lower leg, foot, kneecap, ankle, or face
3. Uncomplicated, clean lacerations (including those involving tendons or peripheral nerves)

4. Fingertip amputations with loss or crushing of the amputated part (which precludes sewing it back on)
5. Burns in adults totaling less than 20% of the body surface area (when they do not involve the face, airway, groin or anal area, eye, feet, or hands
6. First degree burns not affecting the airway or eye
7. Sprains, strains, and moderate bruises
8. Dental pain in the absence of facial infection
9. Psychiatric or emotional disorders (when not due to physical injury or disorder and not involving suicidal or homicidal tendencies)
10. Uncomplicated abrasions
11. Nosebleeds that can be stopped by direct pressure (firm pinching of the soft part of the nose)

C – HAZARD VULNERABILITY ANALYSIS CHART

Type of Emergency	Probability	Human Impact	Property Impact	Business Impact	Internal Resources	External Resources	Total
	High 5 ◄——► 1 Low	High Impact 5 ◄——————————► 1 Low Impact			Weak Resources 5 ◄——————————► 1 Strong Resources		
Fire	5	5	5	5	3	3	26
Bomb Threat	4	4	4	4	5	2	23
Terrorism	4	5	3	5	3	2	22
Safety System Failure	4	3	3	4	5	3	22
Water Failure	5	3	4	4	3	3	22
Medical Gas Failure	3	5	1	4	4	5	22
Community Epidemics	5	5	1	5	1	3	20
Hazmat Spill	3	3	1	2	3	5	17
Transportation	5	1	1	4	3	3	17
Telecom Failure	2	1	1	3	5	5	17
HVAC Failure	4	1	2	4	1	5	17
IS Failure	2	1	1	4	3	5	16
Security (violence/Civil disturbance)	3	1	1	4	3	2	14

D – QUICK REFERENCE GUIDE TO EMERGENCY EVENTS

CONDITION	CODE	#	REFER TO
Fire	Tango Tango	888	Fire Manual
Cardiac Arrest	Blue	77	IPP #
Trauma (> than 5 patients)	Red	99	IPP # (July 2004)
Internal / External Emergency	Black	77	Emergency Preparedness Plan
Disruptive or Dangerous Individuals	Mr Strong	77	Security Management Plan IPP MAD – 01 – 31
Prevention Infant / Child Abduction	Pink	77	Security Management Plan IPP MAD – 01 – 34
Chemical Spill / Release	Black	77	Safety Manual
Mercury Spill	Black	77	Safety Manual
Radiation Spill / Release	Black	77	Radiation Safety Manual
Bomb Threat	Black	77	Security Management Plan

E – MAINTENANCE OF INTERNAL / EXTERNAL EMERGENCY PLAN

INTERNAL

Drills:

The Emergency drills are planned and organized by the Fire Department in collaboration with the Emergency Preparedness Committee.

The Fire Department will conduct announced and unannounced fire drills at least quarterly on each shift. All employees in the area of the fire drill will respond according to the unit fire plan (Safety Manual, 2004, p. 48).

Drills will be comprehensive and follow the Fire Plan developed by the Safety Committee and the Seven (7) Safety Plans developed by the Facility Management and Safety (FMS) Team (see Appendix G for Quick Reference Guide to Emergency Events and National Guard Health Affairs Safety Program diagram).

Critiques:

All drills at unit / department levels shall be thoroughly critiqued and documented.

The fire officer will liaise with the safety liaison officer (SLO) immediately after the completion of the fire drill to document and evaluate the fire drill (see Fire Plan for Fire Drill Patient Care Area Form).

All fire drill evaluations will be reviewed by the program Occupational Safety Officer and Chief of Fire Protection Services. A statistical report will be forwarded to the Team Leader, Facility Management and Safety (FMS) on a monthly and annually basis.

Deficiencies identified at the time of the evaluation, shall be addressed promptly by the Fire Officer and SLO.

EXTERNAL

Drills:

The External Emergency Preparedness Plan is to be tested and revised as necessary. It follows the emergency planning cycle (planning, exercising, and revising) with the cycle repeated at regular intervals, exercising components of this plan.

The Plan is tested at least yearly; it is to include involvement of the local community with an influx of simulated casualties. The Committee in collaboration with the Fire Department plan, direct, and critique the drill, and forward the report to the Safety Committee.

Critiques:

All drills at unit and facility level shall be thoroughly documented and critiqued. An evaluation form shall be completed and returned to the Chair of the Safety Committee. Deficiencies identified shall be addressed promptly.

A critique meeting must be held immediately after the completion of the full facility-wide drill (see Appendix K – External Emergency Critique Form).

TRAINING

All employees will receive training in internal emergency preparedness. The training shall be conducted during hospital orientation, unit / department orientation, through ongoing educational offerings, annual refresher training, and internal unit / department drills (Safety Manual, 2004, p. 63).

All staff will be familiar with their unit / department internal drill (see Appendix ? – Unit Specific Internal Emergency Preparedness Plan) and unit / department external emergency plan (refer to KAMC – Riyadh Disaster Plan, 2003 as benchmark)

All units / departments are an integral part of the Emergency Preparedness Plan. Each unit / department must identify a Fire and Safety Liaison Officer. This staff member will provide feedback on safety issues to their unit / department head, liaise with the Fire Department when drills are conducted, review documentation of fire drill evaluation, review recommendations for improvement, and forward evaluation to the department head / director for action (Safety Manual, 2004, p. 23).

Orientation, training, and exercises are essential training elements at all levels of the organization in order to prepare all personnel for an external emergency. The hospital administration, through the Emergency Preparedness Committee and Fire Department are responsible for the coordination and scheduling of orientation, training, and exercises of the Plan for all involved departments and their Chairs / Directors.

A drill is a simulation of a disaster situation that may impact KAMC. During these drills, personnel from responding departments are required to act as though a real external emergency has occurred. The drill is designed to provide responding personnel with the opportunity to become thoroughly and practically familiar with the facilities, procedures, and equipment that will be utilized in the event of a real emergency response situation.

All division managers must ensure that accurate, updated external emergency training records are maintained for their department staff in coordination with the Fire Department.

F – FORMS

PATIENT DISCHARGE / TRANSFER FORM

Date: _____ Time: _____

This Form is to be filled out by either Ward Staff or Staff in the Discharge Area

Three copies are to be sent to the following:

1 To chart
2 With Patient to Discharge Area
3 From Discharge Area to Emergency Operations Centre

Ward:			Bed Number:				
Patient Name:			Medical Record #:				
Diagnosis:							
Physician:			Contacted:	Yes	No		
Follow Up Appt.	Where:			When:			
Family Notified:	Yes	No		Family Coming		Yes	No
Time to patient sent to Discharge Area:							
Sent Home in Care of:	Family						
	Self						
	Other (Specify):						

EMERGENCY SITUATION REPORT

Filled in by Shift Coordinator Emergency Department (ED)
Copies to be sent to the Following:

- Command Center
- Critical Care Units
- Operating Room

Name of person Filling Out Report:				
Badge Number:				
Date:			Time of Call:	
	Notified By:		Method of Notification	
	Ministry of Health			
	Red Crescent		Telephone	
	SANG		Radio	
	Civil Defense		Arrival of Victims	
	Civilian Police			
	Fire Department			
	General Public			
	Other Healthcare Facility			
	Which?			
	Other			
Nature of Disaster:				
Location of Incident; if known:				
Expected Time of Arrival:				
Expected Number of Victims: (Specify Adult or Child; if known)				
		Adult	Pediatric	
	RED (Critical):			
	YELLOW (Serious):			
	GREEN (Minor):			
	BLACK (Dead):			

PERSONNEL POOL INFORMATION SHEET

Circle and make a separate sheet for each Job Category. Record necessary information. Retain individual in the Personnel Pool if the area likely to be needed; allow others to return to normal duties with the understanding that they be called if needed.

Job:	Medical	SN1	SN2	Bilingual	Runners	Others (Specify)	

Time In	Name	Position	Special Skills	In Personnel Pool	Location if needed	Phone	Beeper	Time Sent Out	Location sent to

EMERGENCY RECALL FORM

This form should be used as your Emergency Recall Telephone List. It should be used in conjunction with the Cascade Call-Out List. It should contain all staff member names and telephone/pager numbers and to be updated on a three (3) monthly basis.

Department/ Ward:	
Date:	_____/_____/_____ (DD/MM/YYYY)

Name	**Phone**	**Pager**	**Time of Calls**			**Employee Contacted**	
			1st	**2nd**	**3rd**	**Yes**	**No**

VICTIM LOG

Date:			Time			Recorder	

Two (2) Copies: First Remains with High Dependency Unit (HDU) Charge Nurse
Second is sent to the Command Center (CC)

Frequency: Submit a copy to CC every 30 minutes.

Circle the appropriate areas and report the number. Although all the information requested may not be available, fill in the information, leaving the unknown section blank.

Area	Triage	Red Area	Yellow Area	Green Area	OR	Critical Care Unit:	_____		Ward
Report #:	1	2	3	4	5	6	7	8	9	10

MR # or Tag #	Age	Sex	Name	Triage Category	Injuries	Condition	Disposition

Note:		Triage Category		**Red** (R)	**Yellow** (Y)	**Green** (G)	**Black** (B)	
		Condition		Good	Stable	Unstable	Critical	
		Disposition		Specify Location				

AVAILABLE BED LOG

Wards	Phone Number	Male	Female	Either
Adult ICU	1932 / 1933			
PICU	1800 / 1801			
NICU	1800 / 1801			
CCU				
Ward 1	1100 / 1101			
Ward 2	1200 / 1201			
Ward 3	1300 / 1301			
Ward 4	1400 / 1401			
Day Surgery	1371			
Ward 5	1500 / 1501			
Ward 6	1600 / 1601			
Ward 7	1700 / 1701			
Ward 9	1900 / 1901			
Ward 10	4000			
Ward 11	4100			
Ward 12	4200			
Ward 13	4300			
Ward 14	1425 / 1426			
Ward 16	1625 / 1626			
Ward 17	1725 / 1726			
L&D	2950 / 2960 / 2965			

EMERGENCY DISCHARGE/TRANSFER LIST

Name	Registration No.	Bed No.	Transfer to	Discharge	Relatives notified

EMERGENCY ADMISSION LIST & CASUALTY LOG

This form is to be given from the Command Center (CC) to the Public Relations when all casualties have been through the disaster-admitting desk.

Patient Unit/Bed Number	Patient Name	Registration Number	Comments/Disposition (X-ray, O.R., etc.)

G – UNIT SPECIFIC INTERNAL EMERGENCY PREPAREDNESS PLAN

UNIT / DEPARTMENT: _____

1. For Fire: Follow the **R**-**A**-**C**-**E** Procedure:

   (R) Rescue: patients, visitors and colleagues in immediate life threatening danger. Always call verbal "Code Tango Tango" while performing rescue.

   (A) Alarm: Initiate the alarm protocol which consists of three (3) steps:

   1) Verbal "Code Tango Tango" loud enough for other staff to hear.

   2) Activate the Fire Alarm Break Glass Location _____

   3) Dial 888 and report the following information:

      Fire in _____ , Room _____, Unit _____ Level _____ (_____ Building)

   (C) Confine the smoke and fire. Close all doors, seal bottom of doors with damp towels or sheets. Shut off Oxygen valve and remove portable O_2 cylinders beyond the fire doors. O_2 shut-off valve location:

   (E) Extinguish if possible, using the portable fire extinguisher. Fire extinguishers are located at:

TYPE OF EXTINGUISHER	LOCATION OF EXTINGUISHER

2. For Evacuation: Evacuate as necessary or ordered, as per unit-specific plan:
   1) Evacuation route:
      Horizontal:
      Vertical:
   2) Assembly points:
      Primary:
      Secondary: Holding Area.
   3) Assign someone to:
      - ❑ Carry out a head count at assembly point(s).
      - ❑ Perform a final check to ensure all rooms are vacant and tagged "Room Checked".

Prepared by: _____ Date _____
Name and ID Number

Recommended by: _____ Date _____
Department Head:

Concurred by: _____ Date _____
Safety Manager

Approved by: _____ Date _____
Director

NOTE: This Plan will be reviewed every three (3) years by the Fire Department for the Internal Emergency Preparedness Plan. The Department Head, Safety Committee Chairman, and Department Director will sign and date the Plan, indicating that a review has been completed. A copy of the Plan is to be posted prominently on the unit and attached to the unit copy of the Internal Disaster Emergency Preparedness Plan. The Plan is to be reviewed quarterly by personnel assigned to that work area. The reverse side may be used to itemize additional, unit-specific responsibilities, individuals' roles, essential equipment to remove if the opportunity exists, etc.

H – MANPOWER POOL

Definition

A pool of Medical Services Organization staff who do not have an assigned role for the External Emergency Preparedness Plan. They will assemble in the auditorium.

Location

Auditorium, small

Responsibilities

1. The Director, Academic Affairs will be the Team Leader.

2. All staff to assemble in the auditorium to receive instructions, sign in, and sign out. Those staff with Action Cards shall proceed to area as per instruction on Action Card.

3. The Manpower Pool Leader will communicate with Executive Director and the Associate Director of Nursing Services in the CC.

4. Team Leader will direct other staff to appropriate areas as directed by CC.

I – ACTION CARDS

FCT ACTION CARD
SWITCHBOARD OPERATOR IN CHARGE

PURPOSE: To provide staff with guidelines on what to do if an Internal Emergency situation occurs.

A. Upon notification of internal emergency either through the fire alarm panel, by the Fire Department, by Chief of Security, or by telephone call from staff, dispatch the senior fire officer on duty and security officer (who holds the master key) on duty to the emergency location.

Title	Pager No.
1. Senior Member of Fire Department	1431
3. Senior Member of Security	1163

B. When instructed by the senior fire officer on duty, call the FCT, Nursing Coordinator, and EOD:

FCT Members	Pager No.
1. Senior Member Fire Department – Team Leader	1431
2. Safety Officer	2067
3. Senior Member of Security	1163
3. Emergency Physician on Duty	
4. Director Nursing Education or desingee	1038 / 2032
5. Utilities and Maintenance Engineer	0050
6. Clinical Engineer (Biomed)	1678
7. Nursing Coordinator	2076
8. Executive On Duty (EOD)	7000

C. Issue clear information regarding location and type of emergency to the FCT.

D. When instructed by senior fire officer, notify the Command Center Team (CCT) to attend emergency.

E. When instructed by the Executive Director of Medical Services or the Director of Operations, call the Civil Defense to attend the emergency by giving them clear information regarding the exact location and the nature of the emergency.

F. When instructed by the senior fire officer, announce relevant emergency over the public address system, and specify location.

Announce three times over the public address system

"Code Internal Emergency – (Location)"

G. Announce ALL CLEAR, TWICE when instructed by the senior fire officer.

"(location) All clear"

H. Record all steps and actions taken and exact timing in the logbook.

I. Provide assistance to FCT and CCT as needed.

FCT ACTION CARD
SENIOR MEMBER FIRE DEPARTMENT

PURPOSE: **To provide staff with guidelines on what to do if an Internal Emergency situation occurs.**

A. Receive notification from the switchboard operator in charge of potential internal emergency situation. Proceed immediately to the area in order to meet the area manager / supervisor. If further advice required, call the security officer on duty.

B. Notify the switchboard operator in charge to call the FCT.

C. Liaise with the area manager / supervisor and security officer in order to establish the internal emergency site command post in a safe location close to the scene of the internal emergency.

D. Provide a status up-date of the emergency situation to the fire crews immediately on their arrival at the facility.

E. Before ordering the electrical technician to shut down the power, confirm form the nursing coordinator / EOD that patients will not be affected if the power is shut down.

F. Liaise with the FCT to activate unit / department evacuation.

G. If expert advice is required, coordinate with CCT to call internal or external experts (i.e., radiation safety, laboratory, safety, etc.).

H. Follow the instruction of the Emergency Department physician on duty in order to establish a muster area and calling the Triage Team.

I. At the end of the event / drill, instruct the switchboard operator in charge to announce ALL CLEAR.

FCT ACTION CARD
EMERGENCY PHYSICIAN ON DUTY

PURPOSE: To provide staff with guidelines on what to do if an Internal Emergency situation occurs.

A. In case of evacuation, advise the EOD to call the Triage Team immediately and advise them to report to the muster area.

B. Upon notification by the area manager / supervisor that the internal emergency is likely to result in casualties, the ED physician on duty will advise the senior fire officer to establish a muster area.

FCT ACTION CARD
NURSING COORDINATOR ON DUTY

PURPOSE: To provide staff with guidelines on what to do if an Internal Emergency situation occurs.

A. Report immediately to the location of the internal emergency, when notified.

B. Ensure that no patient will be affected if the power is shut down in the affected area or complete floor. Give feedback to the EOD who will communicate information to the senior fire officer.

C. In case of evacuation, proceed to the Command Center (CC) to prepare for Command Center Team (CCT).

FCT ACTION CARD
AREA MANAGER / SUPERVISOR

PURPOSE: To provide staff with guidelines on what to do if an Internal Emergency situation occurs.

1. Implement RACE procedure.

   R **Rescue Patients** when you discover a fire, rescuing patients from immediate danger to a safe location is your top priority. If you smell smoke coming from behind a closed door, follow this procedure:
   - Feel the door with the back of your hand, before opening.
   - If it is too hot to touch, do not open it.
   - If it is touchable, open it slowly.
   - If you must enter the room, stay low.

   A **Activate the alarm** sound the alarm immediately
   - Verbal Code Tango Tango.
   - Operate the fire alarm break glass.
   - Telephone emergency number 888.

   C **Confine the fire** preventing smoke and hot gases from spreading to other units by:
   - Closing all doors.
   - Stuff damp towels or sheets underneath doors.
   - Remove gas cylinders.
   - Shut off oxygen if you are directed to do so.

   E **Extinguish** If safe and possible by using the correct portable fire extinguisher and remember fire extinguisher operating procedure **PASS**.

   OR

   Evacuate:
   - Follow your Unit Specific Internal Emergency Preparedness Plan, quickly and calmly.
   - Inspect each room, toilets and all other areas to ensure that all patients, visitors and personnel have evacuated.
   - Close the door.
   - Place the Room Check Tag on the door handle outside.
2. If there is an emergency in one of the critical units, implement Unit Specific Plan in addition to RACE procedure.
3. Notify the FCT Team Leader that the internal emergency is likely to result in casualties.
4. Liaise with FCT Team Leader and security officer to establish the internal emergency site in a safe location close to the scene of the internal emergency.
5. Ensure that patients will not be affected if the power is shut down in the affected area of complete floor. Provide feedback to FCT Team Leader.
6. Assign SLO to remove gas cylinders and obtain MSDS and chemical inventory.

FCT ACTION CARD
EXECUTIVE OFFICER ON DUTY (EOD)

PURPOSE: To provide staff with guidelines on what to do if an Internal Emergency situation occurs.

A. Report immediately to the location of the internal emergency, when notified.

B. Inform the Executive Director of Medical Services and Director of Operations, regarding the Internal Disaster.

C. Go to the Command Center (CC) to assist the nursing coordinator in setting up for the Command Center Team (CCT).

D. Upon receipt of information regarding the evacuation and activation of external emergency plan from the Executive Director and / or the Director of Operations, notify the CCT to immediately proceed to CC. If there is a delay in notifying the Executive Director and / or the Director of Operations, call the ED Chairman to activate the Plan. If there is a delay in contacting the ED Chair, and an immediate response is needed, the ED consultant on duty in consultation with the ED nurse manager can activate the plan.

E. Stand by at the site command post until ALL CLEAR.

FCT ACTION CARD
ELECTRICAL TECHNICIAN ON DUTY

PURPOSE: To provide staff with guidelines on what to do if an Internal Emergency situation occurs.

A. Receive notification by phone (or pager) from the switchboard operator in charge of a potential internal emergency, immediately proceed to the emergency location to meet and liaise with the senior fire officer on duty.

B. Confirm the exact emergency location to verify the accessibility to electrical room or electrical cabinet supplying the area.

C. If the electrical panel is accessible, before switching off the power in the affected area, liaise with the senior fire officer and EOD to ensure patients will not be affected if the power is shut down.

D. If the electrical panel is not accessible, before switching off the power in all areas of the complete floor, liaise with the senior fire officer and the EOD to ensure patients will not be affected if the power is shut down.

E. Stand by at the site command post until ALL CLEAR.

FCT ACTION CARD
MECHANICAL TECHNICIAN ON DUTY

PURPOSE: To provide staff with guidelines on what to do if an Internal Emergency situation occurs.

A. Report immediately to the location of the internal emergency, when notified.

B. Stand by the Command Center (CC) until ALL CLEAR.

FCT TANGO ACTION CARD
PATIENT RELATIONS / PATIENT ESCORTS

PURPOSE: To provide staff with guidelines on what to do if an Internal Emergency situation occurs.

A. Report immediately to the Command Center (CC), when notified.

B. Liaise with the senior fire officer.

C. Implement the procedures specified in accordance with the appropriate emergency plan.

D. Assist in implementing the RACE initial response procedure and if necessary evacuation procedure.

E. Inform eight (8) designated patient relation and patient escort staff to report to the Command Center in order to assist with any task as directed by the supervisor.

F. Deliver the internal emergency linen supply cart to the muster area of the internal plan.

G. Stand by at the CC until ALL CLEAR.

FCT ACTION CARD
SECURITY OFFICER ON DUTY

PURPOSE: To provide staff with guidelines on what to do if an Internal Emergency situation occurs.

A. Upon receipt of notification, go immediately to the emergency location carrying all master keys and tools required.

B. Liaise with the senior fire officer and area manager / supervisor on duty.

NOTE: Do not leave the emergency site, until relieved by the security senior staff or authorized by FCT leader.

C. Immediately dispatch security personnel to:

a. Control vehicular traffic by ensuring that private vehicles and non-emergency vehicles do not impede access of Civil Defense fire command vehicles, fire trucks, and ambulances to the emergency site.

b. Direct the Civil Defense to the location of the fire.

c. Instruct security personnel assigned to the facility to move crowds/vehicles away from buildings involved in the emergency situation.

d. Assume responsibility for pedestrian/crowd safety by directing them away from potentially hazardous areas to safe areas. Prevent evacuated patients/visitors from re-entering the building as instructed by the FCT leader/Civil Defense, and in particular, ensure pedestrians/crowds are kept clear of access roads and facility access doors.

e. Secure the muster area.

D. Stand by at the Command Center until ALL CLEAR.

FCT ACTION CARD
ED NURS MANAGER

PURPOSE: To provide staff with guidelines on what to do if an Internal Emergency situation occurs.

A. Organize the Triage Team upon notification by the EOD (refer to External Emergency Preparedness Plan).

   NOTE: Nursing level will be decided by ED nurse manager and nursing coordinator.

B. Ensure that housekeeping service deliver Triage Supply Cart to the muster area.

C. Be prepared to receive casualties.

CCT ACTION CARD
EXECUTIVE DIRECTOR, MEDICAL SERVICES

PURPOSE: **To provide staff with guidelines on what to do if an Internal Emergency situation occurs.**

A. Go to the Command Center (CC) in the Hospital Conference Room and stay in the CC.

B. Assess information and decide on level of alert and necessity for off-site teams.

C. Organize status board and assign clerk to update.

D. Check on response to group call-out.

E. Inform Director of Pharmacy of emergency status (drill or actual). If it is a drill, do not arrange for special reserve stock to be taken from Pharmacy key areas.

F. In case of infectious disease, notify:
   a) Consultant, Infectious Diseases
   b) Infection Control Coordinator

G. Coordinator in-hospital discharge / transfer by communication with Clinical Chairman (see Appendix F – Forms [Patient Discharge / Transfer Form]).

H. Coordinate inter-hospital transfer by communicating with other hospitals.

I. Coordinate site teams by communicating with Civil Defense and Chairman of Dental in auditorium.

J. Coordinate communications with all Saudi Authorities.

K. Assess long term requirements and plan relief staff.

L. Stand down: when appropriate, request Director of Operations to commence stand down.

M. Inform all medical and nursing staff to proceed to the auditorium.

N. Chair debriefing in the auditorium 30 minutes post stand down.

CCT ACTION CARD
EXECUTIVE DIRECTOR OPERATIONS

PURPOSE: To provide staff with guidelines on what to do if an Internal Emergency situation occurs.

A. Go to the Command Center (CC) in the Hospital Conference Room and stay in the CC.

B. Ready the CC:
   a) Communications: telephones, radios, etc.
   b) Status board
   c) Command room sign on door
   d) Supplies

C. Inform:
   a) Head porter (if out of hours via duty porter)
   b) Housekeeping / laundry managers
   c) Transport manager
   d) Medical records manager
   e) ISD manager
   f) Communications manager
   g) Translators

D. Delegate:
   a) 2 clerks / secretaries to work in the CC
   b) 2 porters to run for the CC

E. Establish and maintain communications with:
   a) Main security gate
   b) Ambulances
   c) Security staff

F. Stand down: organize telephone communication of “stand down” to all areas following Tannoy announcement, including Penthouse control room and fire / security departments.

CCT ACTION CARD
ASSOCIATE EXECUTIVE DIRECTOR, NURSING SERVICES

PURPOSE: To provide staff with guidelines on what to do if an Internal Emergency situation occurs.

A. Go to the Command Center (CC).

B. Confirm arrival of nursing emergency coordinators:
   a) Staff call-in coordinator
   b) Staff deployment coordinator\
   c) Day surgery unit coordinator
   d) OPD coordinator
   e) CNDs – ED / Peds / Ob/Gyn
      Surgery
      OPD
   f) CSSD coordinator

C. Remain in the CC to:
   a) Ensure accurate data collection
   b) Maintain ongoing / current status of incoming injured, deaths, admission, etc. (see Appendix F– Forms [Available Bed Log, Victim Log, Emergency Discharge / Transfer List, Emergency Admission List and Casualty Log])
   c) Communicate to internal and external inquirers as requested
   d) Complete summary report outlining total numbers and acuity levels (red, yellow, and green) of casualties, and deaths (black), admissions, inpatient discharges, time External Emergency and stand down was called (see Appendix F – Forms)

J – SECONDARY SURGICAL SITE

SECONDARY SURGICAL SITE (PAR)

Definition

The area used while in Emergency Mode, to hold surgical candidates sent from ED Emergency Zones. These patients will likely require surgical treatment.

Location

Post Anesthesia Recover (PAR) will be the main secondary surgical unit.

Responsibilities

1. The on-call Consultant Surgeon or Chairman of Surgery will activate the cascade call-out list system.
2. The Nursing Supervisor will contact the following Nurse Managers to activate the cascade call-out list telephone fan out system:
   - Nurse Manager PAR
3. The Consultant Surgeon on-call with the Chairman of Anesthesiology, will assign a part of the PAR as the Secondary Surgical Unit. He/she will:
   - Assign roles to arriving Surgeons (Consultants and Assistants)
   - Systematic assessment and management approach of casualties
   - Ensure rapid and efficient definitive care
   - Maintain close communications with Executive Director in the CC
4. The Nurse Manager to ensure extra supplies of essential items are available.

Staffing

1. Surgeons, Consultants and Assistants (2)
2. Consultant/ Assist. Anesthesia (1)
3. Pharmacist (1)
4. SNIs: PAR (6)
5. X-ray Technician with mobile x ray machine (1)
6. Respiratory Therapist (1)
7. Phlebotomist (1)
8. Unit Assistant (1)
9. Housekeeping (1)
10. PCAs (1)

K – EXTERNAL EMERGENCY CRITIQUE

EXTERNAL EMERGENCY CRITIQUE FORM

Name of person completing critique: _____

Date: _____/ _____/ _____ Badge Number: _____

Role in Emergency: _____

Treatment Area: _____

1. Notification

2. Communication

3. Staffing

4. Patient Flow

5. Equipment and Supplies

6. General Comments

Please submit form within forty-eight (48) hours of incident

Form is sent to:

Chief, Fire Protection Services
King Abdulaziz Medical City - Jeddah