

Mass Casualty Incident

Unit-Specific PREPARE Actions

When notification of a possible or confirmed mass casualty incident (MCI) is received an MCI Code Triage or Code Triage-ALERT will be activated that will trigger the following PREPARE actions.

- I. **ACCESS SERVICES** – The Access Services ED Supervisor's office serves as the Access Services Command Post
 - A. The Access Services ED Supervisor (or shift lead until the Supervisor's arrival) is the default Access Services Command who dons vest. If the Access Services ED Supervisor is not available the Access Services Manager will serve as Access Services Command.
 - B. MCI Registration Plan: Activated by Access Services Command who posts a staff member with an ED RN:
 1. At the ambulance entry door to Pod 1 (outside building if hazardous material contamination is possible)
 2. At the public entry door to ED (outside building if hazardous material contamination is possible)
- II. **EMERGENCY DEPARTMENT** – The Patient Flow Coordinator's (PFC) desk (Pod 1 near ambulance entry doors) serves as the initial ED Command Post, however after the Leadership Briefing (see E. below) the Command Post will typically move to the EMS Room as directed by ED Command.
 - A. Back End Charge Nurse is the initial ED Command donning their vest and responding to the ED Command Post until relieved by the ED Manager.
 1. Notifies the House Supervisor
 - B. ED MCI leadership roles: Assigned by ED Command.
 - C. ED Medical Plan: Developed by Lead ED Physician, OR Command (if applicable), and ED Command.
 - D. ED Decompression Plan: Implemented as directed by ED Command.
 - E. ED MCI Leadership Briefing: Provided as directed by ED Command at the ED Command post.
- III. **HOUSE SUPERVISOR** – Serves as the initial Incident Commander
 - A. When notified of an MCI the House Supervisor activates a Code Triage (or Code Triage-ALERT if MCI is unconfirmed) by initiating the appropriate emergency notification system message.
 - B. House Supervisor responds to the Hospital Operations Center (Building B-1) to establish Hospital Command.
 - C. House Supervisor enters information on the Code Triage Briefing Board until relieved by the Planning Section Chief.
 - D. Assigns Patient Placement staff to
 1. Update HOSCAP advising the hospital's EOP has been activated and
 2. Develop the casualty hospital distribution strategy (Medical Resource Hospital Plan attachment to the Mass Casualty Incident Plan-EOP) to be communicated to Fire/EMS Command at the MCI site.
 - E. The House Supervisor serves as Incident Commander until relieved by the administrator-on-call (AOC) or the executive selected by the AOC to serve as Incident Commander.
 - F. If the arrival of the executive serving as Incident Commander is not expected within 30 minutes the House Supervisor-Incident Commander will designate the Patient Placement RN as the acting House Supervisor.
- IV. **SECURITY DEPARTMENT** – Security Dispatch serves as the Security Command Post
 - A. The Security & Safety Manager (or shift lead until the Manager's arrival) serves as Security Command who dons vest. If the Security Manager is not available the Security Supervisor will serve as Security Command.
 - B. Building A Code Yellow: Security Dispatch will activate the lockdown of Building A prior to the arrival of casualties from an MCI. Security Command will authorize the lock down and advise HICS Operations Section when it is activated.
 - C. MCI Receiving Site: Security Command will assign a MCI Receiving Site Leader (typically the Security Supervisor) to oversee site set up south of the ED ambulance entrance doors extending south.
 1. Traffic Control: The MCI Receiving Site Leader will post an officer between the entrances to the ambulance turnaround and ED admin/police parking to provide traffic control as needed.
 2. The MCI Receiving Site Leader will maintain a position to ensure they are able to maintain site security.
 - D. MCI Campus Security:
 1. Security Dispatch will post an officer at the ED public entrance (outside the building during an incident involving possible hazardous material contamination) to manage foot traffic and provide security to the ED RN/Access Services Registrar receiving MCI casualties.

2. Security Command will monitor campus activity from the Security Command Post to determine if other security posts should be activated to control foot or vehicle traffic.

V. **SURGICAL SERVICES** – The OR Control Desk serves as the Surgical Services Command Post.

- A. The Anesthesiologist-in-charge (AIC) is the default OR Command who dons the vest, however this role is expected to transfer to the OR Control Desk Coordinator who will don the vest when the AIC is conducting surgery. The OR Manager may also serve as OR Command as needed.
- B. The OR Command will respond to the ED Command Post to collaborate with ED Command and the ED Lead Physician to develop a medical plan for this incident.
 1. This collaboration will include the directing appropriate medical section chiefs or medical directors representing specialties needed for the incident (i.e. Trauma Medical Director, Pediatric Medical Director, etc.).
- C. Surgical Services MCI leadership roles (e.g. Pre-Op Staging Leader): Assigned by OR Command.
- D. ED Patient Receiving Plan: Activated by PACU as part of the ED Decompression Plan.
- E. OR MCI Leadership Briefing: Provided as directed by OR Command in the OR Command Post.

VI. **SUPPORT FUNCTIONS** – The following departments will activate their unit-specific MCI PREPARE actions as outlined in their unit-specific EOP

- A. **Engineering Operations** – When a Code Green is activated set up patient decontamination apparatus.
 1. Engineering Command, typically the Engineering Operations manager, will don the vest and respond to the MCI Decon Site to oversee this activity. If the Engineering Operations manager is not on campus at the time of the activation the highest ranking member of Engineering Operations on campus will assume this role until the manager arrives.
 2. Decon Team Apparatus Lead, a predetermined member of Engineering Operations, will don the vest and respond to the MCI Decon Site to direct this activity. If the designated Decon Team Apparatus Lead is not on campus Engineering Command will assign this responsibility to another staff member.
- B. **Environmental Services** – Activate Unit/Department MCI Plan when Code Triage is activated for an MCI.
 1. Send staff and resources to ED and Surgical Services to immediately clean blood and other biohazards from all patient care and pathway areas.
- C. **Human Resources** – Activate Unit/Department MCI Plan when Code Triage is activated for an MCI.
 1. Activate Labor Pool Plan that may include Volunteer Services if directed by Hospital Command.
 2. Verify disaster volunteer credentials (Disaster Volunteer Credential Verification-EOP) if directed by Hospital Command
 3. **Volunteer Services**
 - (a) Develops list of on-site volunteers available for reassignment to be coordinated with Human Resources Labor Pool and as directed by Hospital Command.
 - (b) Develops list of potentially available off-site volunteers for assignment to be coordinated with Human Resources Labor Pool and as directed by Hospital Command.
- D. **Inpatient Units**
 1. Activate the Emergency Reassignment & Staffing Plan-EOP if directed by Hospital Command
 2. Activate their unit decompression plan if directed by Hospital Command
- E. **Imaging** – Activate Unit/Department MCI Plan when Code Triage is activated for an MCI.
 1. Scheduling to reschedule same day outpatient X-ray & CT appointments.
 2. Take additional X-ray portables and techs to ED.
 3. Defer inpatient exams until after MCI operations are complete.
 4. Call additional staff as needed.
 5. If after 1900 call in SRC on-call radiologist
- F. **Lab** – Activate Unit/Department MCI Plan when Code Triage is activated for an MCI.
 1. Message phlebotomists not working, including supervisor to report to work for event.
 2. Meet in Phlebotomy Supply Room next to the Priority Lab
 3. Expectation is to have 3 phlebs in ED total.
 4. Choose Phlebotomy Leader to coordinate the phlebotomy team and workflow with ED leadership.
 5. Pull the support phlebotomist from ED Pods to support MCI as 1 of the 3 phlebotomists.
 6. While waiting for staff to arrive we will pull 2 IP phlebotomists to the ED.
 7. Floor phlebotomists will prioritize work on floor. Will require an understanding with floor RN's

- (a) Floor RNs to draw inpatients until the Mass Casualty Event patients have been drawn
- (b) Floor RN will not be able to order STAT draws or change existing orders to STAT until the Mass Casualty Event patients have been drawn.

8. IP phlebotomy support will be restored and House Supervisor notified when additional staff arrive.
9. Epoc (3 available in ED) phlebotomists available to run Epoc Testing (phlebotomist will bring additional Epoc from Building D to make 4 total Epoc devices).
10. Make sure RT knows where Epocs are during event.
11. All blood collection: ED Techs, Nursing Staff with IV Start, Phlebotomist Draw
12. Supplies: Phlebotomists will bring carts down with them with supplies and refresh with ED supplies

G. **Marketing & Communications** – Activate Unit MCI Plan when Code Triage is activated for an MCI.

1. Assembles staff to activate the Major Event Media Plan
2. As directed by Hospital Command, sets the Media Center in Building C, conference rooms A, B, & C.

H. **Medical Staff Office** – Activate Unit/Department MCI Plan when Code Triage is activated for an MCI.

1. Contact physicians to support Code Triage operations (Physicians' Specific Emergency Operations Plan [EOP] Overview) if directed by Hospital Command.
2. Authorize volunteer licensed independent practitioners (Disaster Privileging of Licensed Independent Practitioners-EOP) if directed by Hospital Command.

I. **Spiritual Services** – Activate Unit/Department MCI Plan when Code Triage is activated for an MCI.

1. Lead chaplain on campus will other unit staff/volunteers on site to implement Family Reunification Plan,
2. Send a notification to off-site Spiritual Services staff and volunteers, and
3. Establishes the Family Reunification Center in Building D, CHEC classroom areas.

J. **Supply Chain Services** – Activate Unit/Department MCI Plan when Code Triage is activated for an MCI.

1. Move MCI Supply Cart (for about 50 trauma casualties) to ED
2. Prepare replacement MCI supplies and deliver hourly or as directed by ED Command.

K. **Patient Transport & Lift Team** – Activate Unit MCI Plan when Code Triage is activated for an MCI.

1. Send staff to ED and Surgical Services for MCI patient transport and other support services.

L. **Pharmacy** – Activate Unit/Department MCI Plan when Code Triage is activated for an MCI.

1. Send two Pharmacy Lead staff (in vests), one reporting to ED Command and the other to OR Command to monitor operations and ensure patient care pharmacy needs are met.

M. **Sterile Processing** – Activate Unit/Department MCI Plan when Code Triage is activated for an MCI.

1. Move Surgical Services MCI Instrument Cart (for about 20 trauma surgeries) to OR.
2. Prepare replacement MCI instruments and deliver hourly or as directed by OR Command.