

## Internal Preparedness Plan: Dr. Orange: Internal Epidemiological Crisis

### Executive Summary

This plan is designed to mobilize the Health System's resources when an epidemiological crisis is identified as evolving either inside the VCU Health Systems or within the community at large.

Although bioterrorism might be the source of some incidents there are other possible scenarios for epidemiological outbreaks. Because of their contagious nature smallpox and plague were considered in formulating the plan but the plan is applicable to any bacterial or viral outbreak.

The VCUHS's Internal Preparedness Plan utilizes an Initial Assessment Team (IAT) and the Hospital Command Center (HCC). This plan assumes that a potential internal outbreak will be identified through Epidemiology and that external outbreaks will be identified by the State Health Department, the CDC or one of the regional health departments. The Administrator On-Call or Clinical Administrator will determine the nature and extent of exposure in conjunction with the IAT and level the initial response (I, II or III). If the HCC is established representatives from Epidemiology, Nursing Management, Patient Access/Bed Control, Security, VCU Police, Transportation and Plant Operations will assist the Administrator On-Call in evaluating the Health Systems present status and the potential impact of the outbreak.

The plan is designed to support an initial outbreak involving up to 100 patients in the first 24 hours. Larger outbreaks were assumed to involve community wide programs and the Health Systems capabilities will need to be adjusted to the community wide response. In all cases the health and safety of the VCU Health System's community is the primary focus of this plan.

## Internal Preparedness Plan: Dr. Orange: Internal Epidemiological Crisis

### Definitions:

For this Plan, exposure refers to Anthrax, Smallpox, Plague, Botulism or other biological agents.

While there are many instances where an Internal Epidemiological Crisis may occur as an result of natural or accidental causes, it is not uncommon for this type of situation to be associated with bioterrorism.

An Internal Epidemiological Crisis incident may occur as:

- a) events in which persons are exposed or an outbreak is suspected upon recognition of unusual disease clusters or symptoms,
- b) announced events in which persons are warned that an exposure has occurred.

This incident will be leveled utilizing the following guidelines:

- I. Incident is able to be managed utilizing existing resources (including but not limited to staffing, negative air pressure rooms). Situation may require activation of "Dr. Green" the external preparedness HazMat plan for decontamination procedures.
- II. Incident requires modification or addition to existing resources (including but not limited to relocation of patients, creation of temporary isolation spaces, Situation may require activation of "Dr. Green" the external preparedness HazMat plan for decontamination procedures.
- III. Incident requires conversion or use of facilities outside the existing inpatient care areas in order to accommodate the number of affected patients.

See attached Assessment / HCC Flow Chart.

### Notes:

The Bioterrorism Infection Control Plan is to be used as a reference for infection Control guidelines. Refer to the "Bioterrorism Infection Control Plan, Appendix 4. Summary of Infection Control Requirements by Agent" for information in assessing specific Infection Control protocol by agent. It is an attachment to this Plan.

All information to be released to the public will be coordinated by the Media Relations Representative in consultation with the Administrator On Call.

In a situation where a suspected substance is released within the facility, the Internal Preparedness HazMat Plan is to be referenced.

It is anticipated that a bioterrorism situation may first be recognized or identified by the Emergency Department, Epidemiology, VCUHS Ambulatory Clinics, VCUHS Pathology Department, the City or State Health Departments or another outside healthcare agency.

PPE – refers to Personal Protective Equipment appropriate to the situation.

This Plan makes the assumption that anyone involved in direct patient care / contact for suspected exposed patients will have been appropriately fitted for an M-95 mask.

### Attachments:

Assessment Team List

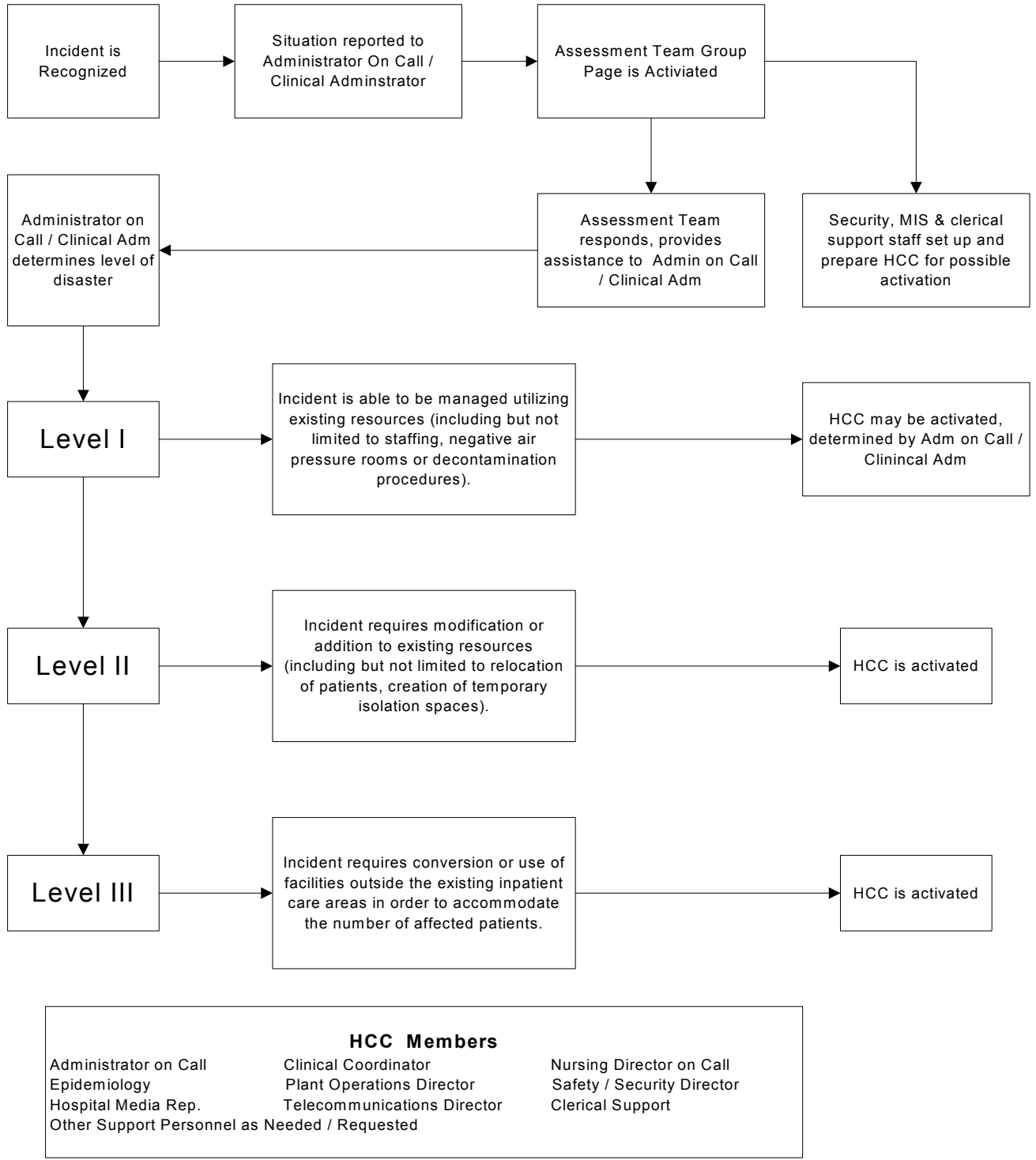
"Bioterrorism Infection Control Plan, Appendix 4. Summary of Infection Control Requirements by Agent"

Listing of emergency supplies by Pharmacy

Listing of emergency supplies by Materials Management

Listing of emergency supplies by Pathology

## Dr. Orange, Assessment / HCC Flow Chart



**Internal Preparedness Plan: Dr. Orange: Internal Epidemiological Crisis**

**Impact on Facility**

	<b>NOT IMPACTED</b>	<b>IMPACTED</b>	<b>OPTIONS</b>
Staffing (applies only to smallpox incident)	If born before 1967 and / or have smallpox vaccination, may be requested to have booster vaccination and provide primary support	If born in or after 1967, may be at higher risk to exposure	HR to update list of staff born before 1967 and have had smallpox vaccination
Supplies		Various types of PPE supplies based on type of isolation required as identified by Materials Management to support 100 patients for a minimum of 24 hours	Materials Management will provide identified supplies and storage location
Pharmaceutical Supplies		Pharmaceuticals identified by the Pharmacy required to support 100 patients for a minimum of 48 hours	Pharmacy to provide and deliver identified pharmaceuticals and storage location
Security		Access to / from perimeter of facility, (including but not limited to the Emergency Department and any isolation rooms / areas utilized	Restrict or redirect access in or out of facility as appropriate
Transportation		Transporting suspected or known infected or exposed patients	Heighten awareness of appropriate precautions
Media Relations		Heighten awareness of significant outside media attention	Ensure Media Relations has been notified and all information to be released to the public is authorized by Media Relations
Negative Air Pressure Rooms		Neg. Press Isolation Rms: 28 M11-220 M11-222 M11-312 M11-314 M11-316 M11-318 M11-320 M11-322 M10-440 M10-442 M10-444 M4-511 M4-513 M4-514 M4-515 M4-213 M4-425 MG-215 MG-217 MG-329 MG-330 N5-038 N5-040 N5-044 N5-046 N5-066 N5-070 W9-918	Additional areas which may be modified with temporary barriers and portable HEPA filters to enhance isolation but not necessarily negative air pressure capabilities would include but not be limited to Main 11 west, North 1, North 2, North 3, North 4 or North 9
Pneumatic Tube Systems		Suspected specimens are not to be transported via the pneumatic tube system. Chain of custody procedures may be implemented	Suspected specimens should be hand carried to the Lab.

<b>BIOTERRORISM THREAT – CLINICAL AREA CHECKLIST</b>
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- \_\_\_1. Assess patient status, particular attention to be paid to utilization of Negative Air Pressure Rooms.
- \_\_\_2. Inventory current stock of PPE for department use.
- \_\_\_3. Be prepared to provide the following information to Nurse Manager on Call, Department Manager or appropriate representative to the Hospital Command Center:
  - a. Current census and patient status – may be given via MIS Disaster Sheet
  - b. Current utilization of Negative Air Pressure and Isolations Rooms, if applicable.
  - c. Any critical issues that have arisen due to the event.
  - d. A preliminary list of patients that could be immediately discharged if necessary.
  - e. Number of staff currently on site, and number that are available to come in.
  - f. Identify staff born before 1967 and have had smallpox vaccination if appropriate for situation.
- \_\_\_4. Review document: “Dr. Orange – Impact on Facility” and note the items that affect your area.
- \_\_\_5. Initiate emergency phone tree for your area.
- \_\_\_7. Limit calls to Hospital Command Center (628-0044) to urgent needs that cannot wait.
- \_\_\_8. For areas with a suspected exposure, immediately initiate isolation procedures; do **not** transport patient, contact Epidemiology for direction regarding care for patient and those who were in close proximity to the patient.
- \_\_\_9. Refer to the “Bioterrorism Infection Control Plan, Appendix 4. Summary of Infection Control Requirements by Agent” for information in assessing specific Infection Control protocol by agent. It is an addendum to this Plan.

## BIOTERRORISM THREAT – ASSESSMENT TEAM CHECKLIST

### Administrator On Call / Clinical Administrator

- \_\_\_1. Determine nature and extent of exposure in conjunction with other initial assessment team members.
- \_\_\_2. Contact Emergency Room Attending In Charge (AIC), provide all pertinent information and request assistance in assessment of situation.
- \_\_\_3. Contact Epidemiology; provide all pertinent information and request assistance in assessment of situation.
- \_\_\_4. Assess patient status, particular attention to be paid to utilization of Negative Air Pressure Rooms and alternate patient placement.
- \_\_\_5. Level disaster and notify Telepage to initiate disaster (by level I, II or III).
- \_\_\_6. Assist in identifying and providing the clerical support for HCC.
- \_\_\_7. Refer to the “Bioterrorism Infection Control Plan, Appendix 4. Summary of Infection Control Requirements by Agent” for information in assessing specific Infection Control protocol by agent. It is an addendum to this Plan.

### Nursing Director On Call

- \_\_\_1. Determine nature and extent of exposure in conjunction with other initial assessment team members.
- \_\_\_2. Assess patient status, particular attention to be paid to utilization of Negative Air Pressure Rooms and alternate patient placement.
- \_\_\_3. Identify and provide the clerical support for HCC.
- \_\_\_4. Refer to the “Bioterrorism Infection Control Plan, Appendix 4. Summary of Infection Control Requirements by Agent” for information in assessing specific Infection Control protocol by agent. It is an addendum to this Plan.

### Epidemiology

- \_\_\_1. Determine nature and extent of exposure in conjunction with other initial assessment team members.
- \_\_\_2. Assess patient status, particular attention to be paid to utilization of Negative Air Pressure Rooms and alternate patient placement.
- \_\_\_3. Refer to the “Bioterrorism Infection Control Plan, Appendix 4. Summary of Infection Control Requirements by Agent” for information in assessing specific Infection Control protocol by agent. It is an addendum to this Plan.

## BIOTERRORISM THREAT – ASSESSMENT TEAM CHECKLIST

(continued)

### Emergency Department Medical Command Center

- \_\_\_1. Determine nature and extent of exposure in conjunction with other initial assessment team members.
- \_\_\_2. Assess patient status, particular attention to be paid to utilization of Negative Air Rooms and alternate patient placement.
- \_\_\_3. Inventory current stock of PPE for department use.
- \_\_\_4. Review document: “Dr. Orange – Impact on Facility” and note the items that affect your area.
- \_\_\_5. Determine decontamination requirements and initiate necessary procedures.
- \_\_\_6. Refer to the “Bioterrorism Infection Control Plan, Appendix 4. Summary of Infection Control Requirements by Agent” for information in assessing specific Infection Control protocol by agent. It is an addendum to this Plan.

### Telecommunications

- \_\_\_1. Assist Security in ensuring that the HCC telephones work properly.
- \_\_\_2. Provide recommendations and assistance in identifying communication needs and options to optimize telecommunications resources appropriate to the situation.

### MIS

- \_\_\_1. The Duty Officer will report to the HCC to set up the MIS computer and printer.

### Security

- \_\_\_1. Set up Hospital Command Center.
- \_\_\_2. Determine nature and extent of exposure in conjunction with other initial assessment team members.
- \_\_\_3. Inventory current stock of PPE for department use.
- \_\_\_4. Review document: “Dr. Orange – Impact on Facility” and note the items that affect your area.

## BIOTERRORISM THREAT – ASSESSMENT TEAM CHECKLIST

(continued)

### Pharmacy

- \_\_\_1. Determine nature and extent of exposure in conjunction with other initial assessment team members.
- \_\_\_2. Inventory current stock of PPE for department use.
- \_\_\_3. Inventory current stock of emergency pharmaceutical supplies.
- \_\_\_4. Refer to the “Bioterrorism Infection Control Plan, Appendix 4. Summary of Infection Control Requirements by Agent” for information in assessing specific Infection Control protocol by agent. It is an addendum to this Plan.

### Materials Management

- \_\_\_1. Determine nature and extent of exposure in conjunction with other initial assessment team members.
- \_\_\_2. Inventory current stock of PPE for department use.
- \_\_\_3. Inventory current stock of emergency PPE and medical supplies.
- \_\_\_4. Refer to the “Bioterrorism Infection Control Plan, Appendix 4. Summary of Infection Control Requirements by Agent” for information in assessing specific Infection Control protocol by agent. It is an addendum to this Plan.

### Plant Operations

- \_\_\_1. Provide information and assistance as requested regarding mechanical / HVAC systems.
- \_\_\_2. Inventory current stock of PPE for department use.
- \_\_\_3. Inventory current stock of portable HEPA Filter units and portable barrier equipment.
- \_\_\_4. Refer to the “Bioterrorism Infection Control Plan, Appendix 4. Summary of Infection Control Requirements by Agent” for information in assessing specific Infection Control protocol by agent. It is an addendum to this Plan.

## BIOTERRORISM THREAT HOSPITAL COMMAND CENTER CHECKLIST FOR INITIAL ACTIVITIES

### Clinical Administrator (if on-site)

- \_\_\_ 1. Determine nature and extent of exposure in conjunction with other initial assessment team members.
- \_\_\_ 2. If Administrator on Call and / or Nursing Director on Call have not arrived, page to give current status of situation.
- \_\_\_ 3. Initiate Hospital Command Center (for Level II or III) when Administrator on Call is notified. Contact Security to set up room.
- \_\_\_ 4. Report to Hospital Command Center as soon as possible. Assist Administrator On Call as needed.
- \_\_\_ 5. Refer to the "Bioterrorism Infection Control Plan, Appendix 4. Summary of Infection Control Requirements by Agent" for information in assessing specific Infection Control protocol by agent. It is an addendum to this Plan.

### Administrator On Call

**(note: is also responsible for the Clinical Administrator duties when the Clinical Administrator is not on-site)**

- \_\_\_ 1. Report to Hospital Command Center and take charge of the situation.
- \_\_\_ 2. Continue to monitor situation and adjust disaster leveling as appropriate.
- \_\_\_ 3. Refer to the "Bioterrorism Infection Control Plan, Appendix 4. Summary of Infection Control Requirements by Agent" for information in assessing specific Infection Control protocol by agent. It is an addendum to this Plan.

### Epidemiology

- \_\_\_ 1. Monitor nature and extent of exposure and assessment of situation as needed or requested.
- \_\_\_ 2. Assess patient status, particular attention to be paid to utilization of Negative Air Pressure Rooms and alternate patient placement.
- \_\_\_ 3. Refer to the "Bioterrorism Infection Control Plan, Appendix 4. Summary of Infection Control Requirements by Agent" for information in assessing specific Infection Control protocol by agent. It is an addendum to this Plan.

<b>BIOTERRORISM THREAT HOSPITAL COMMAND CENTER CHECKLIST FOR INITIAL ACTIVITIES</b>	<b>(continued)</b>
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**Nursing Director On Call**

- \_\_\_ 1. Delegate immediate clerical support to HCC.
- \_\_\_ 2. Report to Hospital Command Center as soon as possible. Assist Administrator On Call as needed.
- \_\_\_ 3. Delegate phone tree initiation to nurse managers on call. Ask for the following feedback (make sure that you give them your pager number or the HCC phone number)
  - a. Current census by unit.
  - b. Any critical issues that have arisen because of threat.
  - c. A preliminary number of patients that could be immediately discharged if necessary.
  - d. Number of staff currently on site.
  - e. Patient status, particular attention to be paid to utilization of Negative Air Pressure Rooms and alternate patient placement.
- \_\_\_ 4. Assess patient status, particular attention to be paid to utilization of Negative Air Pressure Rooms and alternate patient placement.
- \_\_\_ 5. Refer to the "Bioterrorism Infection Control Plan, Appendix 4. Summary of Infection Control Requirements by Agent" for information in assessing specific Infection Control protocol by agent. It is an addendum to this Plan.

**Clinical Departments, Nurse Manager, Nurse Manager On Call, Charge Nurse and / or Supervisor**

- \_\_\_ 1. Identify areas needs.
- \_\_\_ 2. Initiate telephone tree for area of responsibility, which should include Director on Call.
- \_\_\_ 3. Prepare following status report for Administrator on Call/Nursing Director on Call; or Clinical Administrator:
  - a. Current census by unit.
  - b. Any critical issues that have arisen because of threat.
  - c. A preliminary number of patients that could be immediately discharged if necessary.
  - d. Number of staff currently on site.
  - e. Assess patient status, particular attention to be paid to utilization of Negative Air Pressure Rooms and alternate patient placement.
- \_\_\_ 4. Initiate department / unit based Disaster Plan as appropriate.
- \_\_\_ 5. Refer to the "Bioterrorism Infection Control Plan, Appendix 4. Summary of Infection Control Requirements by Agent" for information in assessing specific Infection Control protocol by agent. It is an addendum to this Plan.

<b>BIOTERRORISM THREAT HOSPITAL COMMAND CENTER CHECKLIST FOR INITIAL ACTIVITIES</b>	(continued)
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**Non-Clinical Departments, Manager, Manager On Call and / or Supervisor**

- \_\_\_ 1. Identify areas needs.
- \_\_\_ 2. Initiate telephone tree for area of responsibility which should include Director on Call.
- \_\_\_ 3. Prepare status report for Administrator on Call:
  - a. Any critical issues that have arisen because of threat.
  - b. Number of staff currently on site.
- \_\_\_ 4. Initiate department / unit based Disaster Plan as appropriate.
- \_\_\_ 5. Refer to the "Bioterrorism Infection Control Plan, Appendix 4. Summary of Infection Control Requirements by Agent" for information in assessing specific Infection Control protocol by agent. It is an addendum to this Plan.

**Patient Access / Bed Control**

- \_\_\_ 1. Assess patient status by unit, particular attention to be paid to utilization and availability of Negative Air Pressure Rooms and alternate patient placement.
- \_\_\_ 2 Assess current bed availability.
- \_\_\_ 3. Assess the number and location of beds that are closed due to renovation / staffing issues.
- \_\_\_ 4. Communicate directly with the Emergency Department Medical Command Center to assist in patient placement.
- \_\_\_ 5. Refer to the "Bioterrorism Infection Control Plan, Appendix 4. Summary of Infection Control Requirements by Agent" for information in assessing specific Infection Control protocol by agent. It is an addendum to this Plan.

**Safety and Security / VCU Police**

- \_\_\_ 1. Set up facility security as determined by nature and scope of incident.
- \_\_\_ 2. Department representative to report to Hospital Command Center as soon as possible. Assist Administrator On Call as needed.
- \_\_\_ 3. Refer to the "Bioterrorism Infection Control Plan, Appendix 4. Summary of Infection Control Requirements by Agent" for information in assessing specific Infection Control protocol by agent. It is an addendum to this Plan.

<b>BIOTERRORISM THREAT HOSPITAL COMMAND CENTER CHECKLIST FOR INITIAL ACTIVITIES</b> <p style="text-align: right;">(continued)</p>
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**Transportation**

- \_\_\_ 1. Department representative to report to Hospital Command Center as soon as possible. Assist Administrator On Call as needed.
- \_\_\_ 2. Assist in moving patients, supplies and equipment as directed.
- \_\_\_ 3. Refer to the "Bioterrorism Infection Control Plan, Appendix 4. Summary of Infection Control Requirements by Agent" for information in assessing specific Infection Control protocol by agent. It is an addendum to this Plan.

**Plant Operations**

- \_\_\_ 1. Department representative to report to Hospital Command Center as soon as possible. Assist Administrator On Call as needed.
- \_\_\_ 2. Refer to the "Bioterrorism Infection Control Plan, Appendix 4. Summary of Infection Control Requirements by Agent" for information in assessing specific Infection Control protocol by agent. It is an addendum to this Plan.

**MIS Duty Officer**

- \_\_\_ 1. Set up Command Center MIS computer and printer to receive MIS Disaster Sheets from units.
- \_\_\_ 2. Assist Administrator on Call with "Hello Screen" announcements as requested.

**Media Relations**

- \_\_\_ 1. Coordinate all information released to the public.

**Clerical Support (identified by Nursing Director On Call)**

- \_\_\_ 1. Clerical support should include at least two persons to answer phones and one to record information.
- \_\_\_ 2. Review the document: "Dr. Orange – Impact on Facility".
- \_\_\_ 3. Receive status report from Incident Command Center on scene and the Emergency Department Medical Command Center, if established.
- \_\_\_ 4. Request status report from areas as determined by Administrator On Call.  
**See suggested "OPERATION AREA QUESTIONNAIRE" listed in table below.**

**BIOTERRORISM THREAT HOSPITAL COMMAND CENTER  
CHECKLIST FOR INITIAL ACTIVITIES** (continued)

**OPERATION AREA QUESTIONNAIRE**

AREA	SOURCE	INFORMATION
Ambulatory Care	Vice-President of Ambulatory Care or immediate designee	<ul style="list-style-type: none"> <li>a. Impact on current procedures/ambulatory surgery.</li> <li>b. Any critical issues that have arisen because of threat .</li> <li>c. A preliminary number of patients that could be immediately relocated or discharged if necessary.</li> <li>d. Number of staff currently on site, and number that are available to come in.</li> </ul>
Clinical Inpatient units	Nurse Manager on Call or Nurse Director on Call	<ul style="list-style-type: none"> <li>a. Current census by unit.</li> <li>b. Any critical issues that have arisen because of threat .</li> <li>c. A preliminary number of patients that could be immediately discharged if necessary.</li> <li>d. Number of staff currently on site, and number that are available to come in.</li> <li>e. Report on utilization of Negative Air Pressure and Isolation Rooms.</li> </ul>
Care Coordinators (Social Work)	Director of Care Coordination or immediate designee	<ul style="list-style-type: none"> <li>a. Number of staff currently on site, and number that are available to come in to assist with transfers to other agencies and counseling to staff, visitors and patients.</li> <li>b. Assist in identifying barriers to discharging patients.</li> <li>c. Assist in the arrangements for appropriate patient placement when necessary.</li> </ul>
Pastoral Care and Patient Relations	Director of Pastoral Care or immediate designee	<ul style="list-style-type: none"> <li>a. Number of staff currently on site, and number that are available to come in to assist with patient / visitor counseling.</li> </ul>
Emergency Department	Nursing Director or Medical Director on Call for ED or immediate designee	<ul style="list-style-type: none"> <li>a. Current census by unit.</li> <li>b. Any critical issues that have arisen because of threat .</li> <li>c. A preliminary number of patients that could be immediately discharged if necessary.</li> <li>d. Number of staff currently on site, and number that are available to come in.</li> <li>e. Decision whether or not to divert.</li> <li>f. Report on utilization of Isolation Rooms.</li> <li>g. Report on decontamination issues.</li> </ul>
Environmental Services	Director of Environmental Services or immediate designee	<ul style="list-style-type: none"> <li>a. Impact on environmental services and immediate impact on patient care and services.</li> <li>b. Any critical issues that have arisen because of threat.</li> <li>c. Number of staff currently on site, and number that are available to come in.</li> <li>d. Impact on current supplies and available outside sources as necessary.</li> </ul>

## Internal Preparedness Plan: Dr. Orange: Internal Epidemiological Crisis

AREA	SOURCE	INFORMATION
Materials	Director of Materials Management or immediate designee	<ul style="list-style-type: none"> <li>a. Identify appropriate PPE and medical supplies, quantities on hand and location.</li> <li>b. Number of staff currently on site, and number that are available to come in.</li> <li>c. Any critical issues that have arisen because of threat.</li> </ul>
Operating Room/PACU	Nursing Director or Medical Director on Call for Surgical Services or immediate designee	<ul style="list-style-type: none"> <li>a. Current census</li> <li>b. Any critical issues that have arisen because of threat.</li> <li>c. A preliminary number of patients that could be immediately discharged if necessary.</li> <li>d. Number of staff currently on site, and number that are available to come in.</li> <li>e. Decision whether or not to cancel / delay surgeries</li> </ul>
Pathology Labs	Director of Pathology Labs or immediate designee	<ul style="list-style-type: none"> <li>a. Assessment of suspected specimen storage issues.</li> <li>b. Number of staff currently on site, and number that are available to come in.</li> <li>c. Any critical issues that have arisen because of threat.</li> </ul>
Patient Access / Bed Control	Director of Patient Access or immediate designees	<ul style="list-style-type: none"> <li>a. Current census by unit.</li> <li>b. Current bed availability.</li> <li>c. Number of Negative Air Pressure Room beds available.</li> <li>d. Number and location of beds that are closed due to renovation / staffing issues.</li> <li>e. Can communicate directly with the Emergency Department Medical Command Center to assist in patient placement.</li> </ul>
Pharmacy	Director of Pharmacy or immediate designee	<ul style="list-style-type: none"> <li>a. Identify appropriate pharmaceutical supplies, quantities on hand and location.</li> <li>b. Number of staff currently on site, and number that are available to come in.</li> <li>c. Any critical issues that have arisen because of threat.</li> </ul>
Plant Operations	Director of Plant Operations or immediate designee	<ul style="list-style-type: none"> <li>a. Current assessment of impact on plant operations, and immediate impact on patient care and services.</li> <li>b. Any critical issues that have arisen because of threat.</li> <li>c. Number of staff currently on site., and number that are available to come in.</li> </ul>
Safety and Security	Director of Safety and Security or immediate designee	<ul style="list-style-type: none"> <li>a. Assessment of safety and security status</li> <li>b. Current status with Richmond Fire Department.</li> <li>c. Number of staff currently on site, and number that are available to come in.</li> <li>d. Decisions for relocation or evacuation.</li> </ul>
Transportation	Director of Transportation or immediate designee	<ul style="list-style-type: none"> <li>a. Impact on transportation and immediate impact on patient care and services.</li> <li>b. Any critical issues that have arisen because of threat .</li> <li>c. Number of staff currently on site, and number that are available to come in for emergency transportation, relocation, and evacuation.</li> </ul>

## PRIORITIES TO BE CONSIDERED

- \_\_\_1. Based upon status reports determine immediate priorities. Will be a concurrent process as reports come in. Priorities include:
  - a. Possible implementation of evacuation / relocation / emergency patient discharge through Nursing Director on Call and the Chief of Staff, Epidemiology, MCVH Safety & Security; VCU Police; Richmond Fire Department. (See *Holding Areas for Discharge Patients in Plan*) Floor Plans will be located in the Command Center emergency cabinet to assist security officials.
  - b. Assure that contact and resource information has been established with outside agencies.
  - c. Authorize resources as needed or requested by physicians, Vice-Presidents, and the Emergency Department Medical Command Center.
  - d. Address Vice-Presidents as needed.
  - e. Consult with Vice-Presidents on the needs of staff for food and shelter. Authorize plan of action.
  - f. Approve media releases submitted by Media Relations.
  - g. Decisions concerning medical and trauma diversion.
  
- \_\_\_2. Contact State and City Health Departments for assistance as appropriate.
  
- \_\_\_3. Notify Richmond Ambulance Service about specific disaster situation and whether or not an ambulance should be on standby. If determined by Richmond Ambulance Service that additional rescue vehicles are needed, they will contact their EMS control center.
  
- \_\_\_4. Generate a staff pool based upon current staffing status reports. Assign staff not directly involved in patient care or responding the internal disaster to duties as required. Such duties may include patient care, triage, patient transport support, message delivery, supply delivery, and assistance with patient relocation/evacuation.
  
- \_\_\_5. Assessment from Epidemiology when physical conditions allow a safe re-occupancy if relocation/evacuation has occurred.

## EVALUATION

Immediately following a Level II or III incident, the Administrator on Call will conduct an internal disaster evaluation. The evaluation will assess:

- if the response followed the Plan
- if actual response was effective.
- was the response outlined in the Plan appropriate and effective
- did appropriate and timely communications occur.
- are follow up actions required.
- are changes to the Plan indicated.

By continually assessing the effectiveness of internal disaster responses, improvements in the Plan will be made. In addition, each evaluation will serve to reinforce the internal disaster and safety training programs.

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Disaster Assessment Team Group Page 25

	<b>Pager</b>	<b>Department</b>	<b>Name</b>	
	6105	Clinical Administrator On Call		
	6688	Security Supervisor On Call		
	6119	Administrator On Call		
	4093	Nursing Director On Call		
	6069	Safety Officer	Buz Stancil	
	5810	Plant Operations, Director	C.S. Rajendran	
	5252	Plant Operations, Manager	John McNally	
	5811	Plant Operations, Manager	Ken Handwerk	
	5290	Plant Operations, Manager	Tom Fiden	
	5000	Plant Operations, Mechanic A	HVAC	
	5001	Plant Operations, Mechanic B	Team 1	
	5002	Plant Operations, Mechanic C	Core Group	
	4085	Epidemiology Nurse On Call		
	2938	Materials Management Director	David Dohr	
	4152	Emergency Dept, Clinical Coordinator		
	6107	Risk Management On Call		
	5807	Security Director	Thomas W Davis	
	3022	Emergency Preparedness Comm, Chair	Allen Yee, M.D.	
	6554	Security, Manager	Gerald Sailors	
	2775	Support Services, Director	Larry Little	
	6531	HIS, MDO on Call		
	2590	HIS Help Desk Supervisor	Curtis Walker	

## Internal Preparedness Plan: Dr. Orange: Internal Epidemiological Crisis

Bioterrorism Infection Control Plan, Appendix 4.

	<b>Bacteria</b>	Anthrax	Brucellosis	Cholera	Glanders	Bubonic Plague	Pneumonic Plague	Tularemia	Q Fever	<b>Viruses</b>	Smallpox	Venezuelan Equine Encephalitis	Viral Encephalitis	Viral Hemorrhagic Fever	<b>Biological Toxins</b>	Botulism	Ricin	T-2 Mycotoxins	Staph. Enterotoxin B
<b>Isolation Precautions</b>																			
Standard Precautions for all aspects of care		x	x	x	x	x	x	x	x		x	x	x	x		x	x	x	x
Airborne Precautions											x								
N95 mask for all entering room											x								
Contact Precautions											x			x					
Droplet Precautions							x												
Strict handwashing with antimicrobial soap		x	x	x	x	x	x	x	x		x	x	x	x		x	x	x	x
<b>Patient Placement</b>																			
No restrictions		x	x		x	x		x	x			x	x			x	x	x	x
Private room				x			x				x			x					
Cohort "like" patients if no private rooms				x			x												
Negative pressure room											x								
Door closed at all times											x								
<b>Patient Transport</b>																			
No restrictions		x	x		x	x		x	x			x	x			x	x	x	x
Limit movement, essential purposes only				x			x				x			x					
Mask patient before transport							x				x								
<b>Cleaning, disinfecting equipment</b>																			
Terminal cleaning with standard protocol		x	x	x	x	x	x	x	x		x	x	x	x		x	x	x	x
Linen autoclaved or laundered with bleach											x								
Disinfect equipment before taking it from room											x			x					
<b>Discharge Management</b>																			
No special discharge instructions required				x	x			x	x			x	x			x	x	x	x
Teach care givers Standard Precautions		x	x			x	x							x					
Do not discharge until no longer infectious							x				x			x					
Do not discharge until after 48 hrs of antibiotics							x												
<b>Post-Mortem Care</b>																			
Follow Standard Precautions		x	x	x	x	x	x	x	x		x	x	x	x		x	x	x	x
Airborne Precautions											x								
Droplet Precautions							x												
Contact Precautions											x			x					
N95 mask for all entering room											x								
Negative Pressure Required											x								
Disinfect surfaces with 1:9 bleach/water sol. (10%)		x				x	x							x					