

# SECTION 11.11

## CODE TRIAGE INTERNAL

### PROCEDURES TO BE FOLLOWED IN THE EVENT AN INTERNAL DISASTER OCCURS AT LOMA LINDA UNIVERSITY HEALTH

#### RESPONSE

In the immediate aftermath of an internal disaster:

- Check yourself for injury.
- Verify coworker, student, patient and/or visitor injury status as determined by your department population makeup.
- Check facility for any visually obvious utility and/or structural deficiencies.
- Report extremely emergent or dangerous conditions to the Security Control Center until the Unified Command Center is mobilized.
- Fill out Disaster Condition Assessment Form ( DCAF) and send into the Unified Command Center when it is mobilized.
- Utilize patient downtime forms as necessary.
- Determine the need for vertical, horizontal, external evacuation.

Personnel implement the provisions of the *Internal Damage Incident Response Plan, Section 6.1* of the Emergency Operations Plan which is attached at the end of this section.

#### PREPARATION

##### Education and Training:

1. The Safety Officers oversee an education and training program to ensure that faculty and staff is equipped with the knowledge necessary to function appropriately in emergency situations. At minimum, it is expected that all faculty and staff will be able to describe or demonstrate the following:
  - Risks within the organization's environment
  - Actions to eliminate, minimize and report risks
  - Procedures to follow in the event of an incident
  - Reporting processes for common problems, failures and user errors
  - Individual roles and responsibilities for emergency management
  - Recognizing specific types of emergencies (e.g., agents of chemical or biological terrorist attack)

- Roles and past participation in organization-wide drills
  - Obtaining supplies and equipment during emergencies
2. **New Employee Orientation:** A section of the orientation presents emergency management and earthquake preparedness.
  3. **Department-specific and Job-specific Orientation:** Department managers conduct training for employees on department-specific and job-specific roles and responsibilities.

**Annual Update for All Employees:**

An annual update program includes the *B.L.U.E. Book*, the *Ten-Minute In-service Boards*, and departmental in-service training. On a rotating schedule, topics include:

- the *Emergency Notification Plan*
- alternate communication methods
- obtaining supplies and equipment
- *RACE* Fire Response Plan
- extinguisher and pull-box locations
- emergency notification procedures
- evacuation techniques and procedures

**In-service Training:**

Each department conducts in-service training at intervals determined by the particular functions of the department. In-service training is expected to address:

- department-specific responsibilities and procedures for emergencies
- *Emergency Operations Plan* authorities and chain of command
- individual employee's role under the *Incident Command System*
- communication procedures during emergency conditions
- providing services under adverse and austere conditions
- information and skills required to perform duties during emergencies
- initiation of area specific evacuation plan and procedures

**Emergency Drills and Exercises:**

1. Quarterly disaster drills are conducted each year.
  - Test the organization's ability to respond to emergency situations, maintain operability, and reestablish normal operations.
  - One of the drills each year involves participation with external agencies and other hospitals.
  - Community-wide activities exercise and assess communication, coordination, and interoperability among the command structures of community agencies and organizations.
  - Drills are designed to challenge system capabilities, involving

multiple entities and departments, at least once each year, provide an influx of volunteer “victims” sufficient to overwhelm the routine operation of the facility.

- At least one of the emergency response exercises includes an escalating event in which the local community is unable to support the hospital.
2. Persons expected to serve in HICS functions train by observing another individual performing in their designated position during a disaster drill.

## MITIGATION

### **Hazard Vulnerability Analysis (HVA):**

1. A Hazard Vulnerability Analysis (HVA) is performed annually to update the priorities assigned to emergency incidents for use in emergency planning for LLUH.
2. Hazard vulnerability assessments undertaken have consistently indicated that the greatest risk of disruptive damage to LLUH would be due to a significant seismic event.

### **Non structural Mitigation**

Mitigation options:

- modify or anchor to protect the existing component;
- abandon the component, remove it and eliminate the function;
- replace existing components with newer, seismically stable components;
- relocate the component.

### **Hazardous Materials Mitigation**

The Office of Environmental Health & Safety is responsible to implement processes and procedures to reduce the incidence and severity of hazardous materials incidents. These processes include:

- Requirements for storage, handling and disposal of hazardous materials.
- Environmental audits
- Chemical monitoring
- Laboratory surveys
- Training
- Personal Protective Equipment

### **Utility Systems Protection**

The multiple LLUH departments are responsible to implement provisions to reduce the likelihood and severity of disruptions in utility service, including:

- Electrical Distribution;

- Emergency Power;
- H.V.A.C. Systems;
- Plumbing and Water Delivery System;
- Medical Gas Systems
- Medical Vacuum Systems
- Communication Systems.

**Medical Equipment Protection**

The Clinical Engineering Department is responsible to implement its program designed to reduce the incidence and severity of equipment failure and to ensure that clinical staff are knowledgeable and confident in the operation, performance and reliability of the medical equipment they use.

**Critical Supplies and Services**

Departments responsible for essential supplies are also responsible for the following duties:

- Developing and maintaining lists of supplies critical to LLUH operation;
- Maintaining plans for obtaining these supplies during time of disaster;
- Establishing agreements with vendors to guarantee availability and delivery of essential supplies during emergencies.
- Communicating plans to the Administrator or to the Incident Command System Logistics Section Chief and the Supply Branch Director during any disaster situation.

**RECOVERY**

**General Responsibility**

Responsibility for implementing recovery processes is shared by the President, CEO, the Executive Vice President/CFO, and the Senior Vice President, Risk Management.

**Campus Engineering Recovery**

Personnel execute responsibilities and implement procedures detailed in the *Damage Assessment & Recovery Responsibilities, Section 6.2* of this Plan.

**Business Restoration**

1. Refer to detailed contingency plans and procedures for each of the mission-critical functions, found in *Section 12.2* of this plan.
2. Determine staffing needs.
3. Make temporary layoffs as needed.
4. Document staff, hours worked, work performed, and support staff.
5. Secure transport access to and from the Medical Center for victims if necessary.
6. Post relocation addresses and phone numbers of alternate sites, as

appropriate.

7. Arrange for short-term financing.
8. Notify suppliers of the LLUH payment plans.
9. In coordination with the UCC, notify suppliers of critical items needed.

**Media Relations  
Recovery**

1. Coordinate with the Incident Commander according to the Community and Agency Liaison Plan (Section 7.3) whenever the Unified Command Center is in operation.
2. Coordinate with the news media to provide the public with information about LLUH.
3. Inform the public about the status of LLUH facilities.
4. Provide information to the public about services available.
5. Inform the public, students, faculty, staff, and third party payers about progress being made to restore services.

**Strategic/financial  
Recovery**

1. Evaluate cost-effective options available for recovery of *strategically important function*, rather than recovery of the *facility*.
2. Determine types of financing available for recovery assistance and the documentation required. Assess availability of FEMA, OES and SBA recovery funds.
3. Submit required applications as soon as possible.
4. Re-evaluate periodically each restoration proposal, weighing its strategic value (not whether it addresses a historically important function) against availability of resources.

# SECTION 6.1

## INTERNAL DAMAGE INCIDENT RESPONSE PLAN

### OVERVIEW

Activation of the Internal Damage Incident Response Plan at Loma Linda University Medical Center and its associated facilities involves responsibilities particular to these facilities. This is true for both external multi-casualty events and internal damage events. Persons in positions of authority execute their responsibilities, or, if they are unable to do so, ensure that the responsibilities are delegated.

### NOTIFICATION

**In internal damage events**, after making any necessary 911 call, department personnel call Security Control Center (ext. 44320) and relay all available information. Security Control Center notifies as appropriate:

- Emergency response agencies (San Bernardino County Communications Center)
- Emergency Declaration Group
- LLUMC/CH Emergency Departments
- LLUH Administration
- Facilities Management Department
- Campus Engineering
- Office of Environmental Health & Safety
- Office of Radiation Safety
- The RO (or ARO) for incidents involving select agents

If the incident appears to have potential for causing disruption of services, **Security Control Center** initiates the Disaster Declaration Group page, with standard messages defined in *Section 4.1* and *Section 4.5*.

### COMMAND

The LLUH Administrator on Call -assumes command and maintains or assigns the role of Incident Commander. In the absence of an administrator, this duty is assumed by (in order of priority):

- Any of the various LLUH Safety Committee chairs;
- the Director of the Office of Environmental Health & Safety;
- the Director of the Department of Security.

### IMMEDIATE OPERATIONS

*LLUH EOP Section 11.11*

If Condition I or Condition II is declared, the HICS is placed in operation and the UCC is activated. As needs are perceived, disaster

response protocols are implemented, with the following directives pre-determined:

1. Evacuation procedures for affected areas are implemented as needed.
2. Engineering and Environmental Services implement immediate search and rescue activities as needed to locate and assist any trapped persons on the LLUH campuses.
3. A triage center for injured patients, staff and visitors is established in the parking area west of the Emergency Department entrance.
4. Triage and treatment conform to protocols defined in the *Multi-casualty Incident Plan, Section 5* of this plan.
5. Nursing staff ensure that a disaster record form is completed for each person treated and retained in the Medical Records Office.
6. The Administrator or Incident Commander maintains a list of casualties.
7. Nursing assesses bed availability at LLUMC, LLUCH, LLUECH and other alternate care sites, as needed.
8. Nursing develops a prioritized list of patients to be discharged.
9. The Administrator or Incident Commander, along with command staff and section chiefs, develops a plan for consolidation of units, discharge or transfer of patients, and/or temporary shelter of patients, staff and visitors.
10. The Department of Human Resource Management establishes a personnel resource pool.
11. The Marketing and Public Relations Department establish Public Information Officer functions.
12. Requests for information regarding damage or casualties are directed to the Administrator, Incident Commander or Public Information Officer. No other personnel are authorized to release information.
13. The pharmacy is staffed, and provides and controls the supply of emergency medications, including antibiotics, immunizations and antidotes in events involving select agents or bioterrorist attack.
14. EVS provides linens and blankets, and prepares beds as directed.
15. Nursing coordinates notification of clinicians, families and transfer facilities.
16. Traffic control for ambulances and other emergency vehicles is provided from the personnel resource pool until relieved by security or public safety officers.

## COLLECTION

facility is obtained initially from three sources:

1. Informants in areas affected contact Security Control Center by calling ext. 44320 to report damage, ext. 911 to request emergency assistance (injuries or life-threatening situations.)
2. Security officers in the field report their observations to Security Control Center by radio.
3. Facilities Management and Campus Engineering personnel report their observations as they respond immediately to:
  - Shut off natural gas supply.
  - Inspect electrical power main and emergency systems.
  - Assess medical gas equipment (oxygen, air, vacuum.)
  - Survey elevator and fire protection equipment.

Security Control Center logs all reports and communicates a summary Of conditions to the Director of Security and/or the Emergency Management Supervisor as soon as possible.

## DAMAGE ASSESSMENT

In any event where the Medical Center sustains major damage, an initial assessment of damage provides data for both initial decisions and longer range planning. Emphasis is placed on soundness of structure, integrity of utility and equipment systems, existence of life safety hazards, and environmental habitability.

## DAMAGE ASSESSMENT TEAM

1. Once initial information has been communicated to the Emergency Management Supervisor, a damage assessment team may be mobilized at the discretion of the Administrator on Call or the Emergency Management Supervisor.
2. The damage assessment team is responsible for evaluating facility status and providing that information for decision making by Medical Center Administration or the Incident Command staff, if the HICS has been activated
3. **The Damage Assessment Team:**
  - Operates under the direction of the Emergency Management Team until the HICS is established, at which time it reports to the Support Branch Director in the Logistics Section.
  - Consists of at least one person from each of the two following groups:
    - o Facilities Group:
      - Facilities Management
      - Campus Engineering
      - Construction & Architectural Services
      - Clinical Engineering
    - o Safety Group:

- ☑ Office of Environmental Health & Safety
- ☑ The RO (or ARO) for select agents
- ☑ Office of Radiation Safety
- Maintains, by cross training of its members, the ability to recognize, identify and report conditions relating to all the Damage Assessment Objectives.
- Deploys in two-person teams, as specified in Item #2, above.
- Assesses conditions relating to all the Damage Assessment Objectives.
- Reports findings to the Support Branch Director (HICS), or in the absence of the HICS, to the Emergency Management Team.

**DAMAGE  
ASSESSMENT  
OBJECTIVES**

1. Locate any persons in need of assistance.
2. Identify all damage to:
  - natural gas supply system
  - mechanical systems
  - electrical system
  - water supply
  - waste water system
  - medical gases
  - elevators
  - structural elements
  - significant non-structural elements
  - accessibility of all areas
  - exits and egress passages
  - fire protection systems
  - radiologic imaging and therapy equipment
  - critical patient-care equipment in intensive care nursing units
  - patient-care equipment in acute care nursing units
  - medical care equipment in reserve, intended for distribution
  - telephone system
  - Emergency Department radio
  - Security Department radios
  - Emergency Transfer Telephone system
  - Public address paging system
  - pager network
3. Identify hazards:
  - life safety hazards
  - releases of any hazardous chemical or infectious materials or toxins
  - release of animals
  - environmental conditions affecting patients or staff
  - existing or developing problems with regulatory compliance
  - releases of any radioactive materials

- any known or suspected accidental radiation exposures
4. Identify needs for environmental services.

**RESPONSIBILITIES** In the event that a disaster condition is declared, or that a situation exists at LLUH having potential to produce a disaster condition, personnel execute their specific duties without awaiting further direction.

- ADMINISTRATOR ON CALL**
1. Confirms the nature and reported severity of the incident.
  2. Ensures that LLUSS Safety, Nursing Administrator, Medical Staff President, Director of Human Resource Management, LLU administrators, and Facilities Management Director have been informed.
  3. In Condition I or Condition II, assumes or assigns the role of Incident Commander.
  4. In Condition II, establishes the Unified Command Center in CSP 11008 and implements the Incident Command System.
  5. Maintains communication with Security Control Center, LLUH Unified Command Center (UCC) and other departments as the situation dictates.
  6. Establishes and maintains communication with City of Loma Linda, public agencies (Police, Fire, Emergency Operations Center, Public health, CDC, USDA, etc.) as the situation dictates.
  7. Authorizes facility damage assessment, receives reports and ensures information is transmitted to LLUH UCC, Facilities Management, and Public Safety Agencies, as required.

- DISASTER OPERATIONS COORDINATOR**
1. Confers with the Administrator to determine the type of coordination and support required. Coordinates activities of the damage assessment team.
  2. Prioritizes damage assessment efforts based on initial reports received.
  3. Assigns to members of the damage assessment team any tasks necessary to obtain damage assessment data.
  4. Obtains all initial damage assessment data from the damage assessment team, assembles information, and reports initial damage assessment to the Administrator on Call, along with recommendations.
  5. Consults with Campus Engineering, Facilities Management, and Construction & Architectural Services to determine the extent of any external expert consultation required.
  6. Coordinates on-going damage assessment activities as long as needed, or until the HICS provides that function.

7. Assists the Administrator with communication and inter-departmental coordination.
8. Establishes initial liaison with external agencies.
9. In Condition II, supervises establishment of the UCC, and implementation of the HICS.
10. Ensures communication with all entities.
11. In the case of total facility evacuation, supervises and coordinates evacuation of patients and staff to other sites.

**TELECOMMUNICATIONS SWITCHBOARD**

1. Keeps telephone communication lines open.
2. Provides additional telephone equipment as directed by the Administrator or Incident Commander.
3. Assists with contacts as needed.
4. Makes overhead audible announcements as assigned.
5. Reports status and activity periodically to the UCC in CSP 11008.

**MEDICAL STAFF PRESIDENT**

1. Confers with the Administrator to determine medical priorities.
2. If required, directs establishment and operation of triage area for internal casualties.
3. Informs administrator/incident commander of any need for transfer of patients.
4. Establishes and maintains system for notification and assignment of physicians. Transfers role to the Medical Branch Director when the HICS is established.

**NURSING ADMINISTRATOR**

1. Reports to the UCC in CSP 11008.
2. Confers with the Administrator/Incident Commander, the Medical Staff President/Medical Branch Director and the Emergency Management Supervisor.
3. If required, supervises establishment and operation of triage area for internal casualties.
4. In Condition I or Condition II, initiates available bed assessment by nursing units.
5. In Condition I or Condition II, initiates nursing staff availability assessment.
6. If required, assists with evacuation of patients to other sites.
7. Coordinates vaccination, administration of prophylactic meds as needed in events involving select agents.
8. Reports status and activity to the UCC in CSP 11008 periodically.
9. Transfers role to the Nursing Branch Director when the HICS is established.

**FACILITIES  
MANAGEMENT/  
LLU CAMPUS  
ENGINEERING**

1. Initiates damage assessment activities as necessary.
2. Provides initial damage assessment information requested by the Administrator/Incident Commander.
3. Responds as necessary to abate identified hazards or to mitigate potential hazards.
4. Supervises and directs department personnel in providing technical support for search and rescue and recovery operations.
5. Informs the Administrator/Incident Commander regarding facilities conditions.
6. Advises the Administrator/Incident Commander regarding anticipated facility operational needs and utilities status.
7. When the Incident Command System is established, report to the Logistics Section, Support Branch Director.

**IN-HOUSE  
PHYSICIANS**

1. Report to their assigned unit or service.
2. Assist with triage and treatment of injured patients, staff and visitors as assigned by the Medical Branch Director.

**CHARGE NURSES**

1. Account for all patients and staff.
2. Evaluate and report to the Nursing Administrator/Nursing Branch Director any dischargeable patients.
3. Determine and report availability of beds, including isolation beds, if needed.

**PHARMACISTS**

1. Respond to the Second Floor Central Pharmacy.
2. Staff the Pharmacy with at least one pharmacist at all times.
3. Provide and control the supply of emergency medications as required, including vaccines, antibiotics and prophylactic meds needed in events involving select agents.

**SOCIAL WORKERS**

1. Maintain a running log of all patients, both inpatient and discharged, and their status, for families.
2. Set up a family support area.
3. Provide support for families and confused persons.
4. Report periodically to the Unified Command Center in CSP 11008.
5. Assist with support functions as assigned by the Incident Commander.

**HUMAN RESOURCE  
MANAGEMENT**

1. Account for all employees.
2. Create personnel pool.
3. Implement and coordinate the staff recall list.
4. Report status periodically to the Unified Command Center in CSP 11008.

- ENVIRONMENTAL SERVICES, LLU CAMPUS HOUSEKEEPING**
1. Assess status of emergency supplies and report to Incident Commander.
  2. Implement supply back-up plan as needed.
  3. Assist with signage and security of facility.
  4. Clean all spills.
  5. Assist with patient transport as needed.

- DIETARY SERVICE, CENTRAL SERVICE, LLU CATERING**
1. Assess status of emergency supplies and report to Incident Commander.
  2. Implement supply back-up plan as needed.
  3. Prepare anticipated meals and refreshments.
  4. Project supply needs for the anticipated course of the incident, and report to Incident Commander.

- ZONE BASED DISASTER CACHE TEAMS**
1. Respond to assigned cache once it is determined safe to do so.
  2. Deploy equipment, shelter, and water to support campus needs.
  3. Provide any tools needed for light search and rescue duties.
  4. Deploy triage/first aid station.

- ALL OTHER DEPARTMENTS**
1. Utilize Disaster Condition Assessment Forms (DCAF) to report status to the Administrator/Unified Command Center in CSP 11008.
  2. Assist with support functions as assigned by the Incident Commander.