

East Tennessee Children's Hospital

CODE YELLOW / ORANGE

Mass Casualty

August 2007
December 2007
May 2008
May 2009
November 2009
April 2010
August 2010
August 2011

East Tennessee Children's Hospital Emergency Operations Plan: CODE YELLOW OR ORANGE - Mass Casualty

I. Overview

East Tennessee Children's Hospital (ETCH) provides comprehensive emergency health care services to the public twenty-four hours a day, seven days a week and serves as the Comprehensive Regional Pediatric Center in the region. For incidents that exceed the normal operations of the hospital, a sequence of escalating emergency plans will usually be invoked: Code Yellow or Orange Standby, Code Yellow, and Code Orange. This phased response summons additional personnel and resources to the hospital on an as needed basis. Sequencing may not be done depending on the urgency and nature of the disaster.

II. Purpose

To provide a systematic, coordinated approach to the entire spectrum of patient volume which exceeds normal capacity with the following goals:

- A. To make available the personnel, supplies and equipment for the duration of the disaster and its aftermath.
- B. To assign patients to personnel and space appropriate to meet the patient's emergency needs.
- C. To protect patients, employees and visitors by ensuring the integrity of the building under all circumstances.
- D. To train personnel in their roles and responsibilities to handle patient volumes that threatens the normal function of the institution.
- E. To provide ongoing care to current patients and cooperation with physicians in facilitating the forward movement of patients to make rooms available for casualties through processes of discharge or transfer.

III. Preparedness

A. MOU (MEMORANDUM OF UNDERSTANDING)

To prepare for the possibility of an overwhelming event, ETCH has entered into a Mutual Aid Memorandum of Understanding (MOU) with the Knoxville Area Hospitals. The purpose of the MOU is to help hospitals achieve an effective level of disaster medical preparedness by authorizing the sharing of supplies, equipment, and other resources in the event of a disaster. The MOU is on file in Administration. [See Addendum M – Metropolitan Medical Response System Forward Movement of Patients.](#)

IV. Response to National Alert System

A. The Homeland Security Advisory System has developed threat conditions that represent an increasing risk of terrorist attacks. ETCH responds to these advisories with agency appropriate protective measures, which are cumulative:

East Tennessee Children's Hospital Emergency Operations Plan: CODE YELLOW OR ORANGE - Mass Casualty

1. Low condition (green). This condition is declared when there is a low risk of terrorist attacks.
 - a. Ongoing orientation and education to emergency procedures.
 - b. Annual vulnerability risk assessment to terrorist attacks, and take all reasonable measures to mitigate these vulnerabilities.
2. Guarded condition (blue). This condition is declared when there is a general risk of terrorist attacks.
 - a. Reviewing / Updating emergency response procedures.
 - b. Checking emergency communications.
 - c. Remain aware of abandoned parcel, suitcase, or unusual activity and report to security.
 - d. Secure rooms and storage areas not in general use.
3. Elevated condition (yellow). An elevated condition is declared when there is a significant risk of terrorist attacks.
 - a. Increase awareness and surveillance.
 - b. Assess whether the precise characteristics of the threat require refinement of preplanned protective measures, if known.
 - c. Implement, as appropriate contingency and emergency response.
4. High condition (orange). A high condition is declared when there is a high risk of terrorist attacks.
 - a. Consider limiting access points to the building to a minimum.
 - b. Increase employee awareness.
5. Severe condition (red). A severe condition reflects a severe risk of terrorist attacks.
 - a. Increase security rounds internally and externally.

V. Immediate Activation of Response

A. Notification

When the PBX Operator or Emergency Department staff receives the first notification of a disaster, contact the first person available:

1. Nursing Director of Critical Care Services / (818-8534)
Nursing Coordinator (after hours, weekends, (8711-146#)
and holidays) – WAREWARE Beeper
OR
2. Nursing Director of Support Services (818-8502)
OR
3. Nursing Director of Medical Services (289-0121)
OR
4. Nursing Director of Surgical Services (818-8233)

The following information is obtained when 1st notification is made:

1. When, where, and what type of event has occurred.
2. Number and type of casualties expected.
3. If radioactive, chemical or biohazard contamination is expected.

East Tennessee Children's Hospital Emergency Operations Plan: CODE YELLOW OR ORANGE - Mass Casualty

4. The name, position, agency and telephone number of the person reporting the event.
- B. After consolidating pertinent information, the Nursing Director / Coordinator will notify:
 1. President / On call Administrator (after hours, weekends, and holidays)
- C. Based on information provided, Administration will determine appropriate code classification:
 - Code Yellow or Orange Standby
 - Code Yellow
 - Code Orange

VI. Communication of Response

1. As soon as verification and authorization have been completed, the Director or Coordinator will call the Switchboard Operator to announce that the Disaster Plan is in effect by paging as follows: "Attention Hospital Personnel:"
 - "Code Yellow or Orange Standby" – Repeat three times
 - OR
 - "Code Yellow" – Repeat three times
 - OR
 - "Code Orange" – Repeat three times
2. The Nursing Director / Coordinator or designee shall notify Community Relations and the Medical Director of the Emergency Department and Home Health Director or designee.
3. Administration or designee shall notify all other members of senior administration and the Director of Safety / Security.
4. The Vice President of Medical Services will notify the Chief of Staff and Vice Chief of Staff of the disaster status.
- E. Staff not on duty will be notified via departmental call trees or through radio and television announcements.
- F. In the event of a Code Yellow or Orange, building lockdown is implemented; air safety procedures are implemented as indicated (see Addendum).
- G. Security will provide additional hand held radios for communication.

VII. Emergency Department Communication Center

- A. Communication will be facilitated through Regional Medical Communication Center (RMCC)
 1. RMCC will communicate to the Emergency Department via channel 155.295:
 - a. To advise "All units to respond and stand by."

East Tennessee Children's Hospital Emergency Operations Plan: CODE YELLOW OR ORANGE - Mass Casualty

- b. To indicate numbers of victims utilizing the Mass Casualty Incidents (MCI):

MCI – 1 Injured range is between 10-15
MCI – 2 Injured range is between 16-30
MCI – 3 Injured range exceeds 30

NOTE: These are the number of total injured patients to be distributed among area hospitals.

2. Channel 155.340 will be utilized by the Emergency Department to communicate with incoming ambulances.
3. Communication with personnel at the disaster site will be through the Emergency Department Communication Center only.
4. Emergency Department personnel will relay the following information received from Nursing Administration (Director or Coordinator) to RMCC with regard to:
 - a. Available beds in-house.
 - b. Availability of blood products (Lab) and volume expanders (Pharmacy).
 - c. Unavailable resources such as OB/GYN, psych, etc.
 - d. Triage / Decon Tent – location for ambulance arrival during a Code Orange
5. If field assistance is requested from RMCC, the Emergency Department will notify Nursing Administration to activate the Pediatric Transport Team for nursing assistance and request additional physician support, with consultation from the Medical Director of the Emergency Department or designee.
6. If RMCC advises evacuation of patients or the entire hospital, the Emergency Department will notify the Incident Command Center and refer to Evacuation Plan (Code E).

VIII. Establishment of Incident Command Center (ICC)

- A. The Incident Command Center will be set up in Administration (ext. 8119) and will consist of the following:

President	VP – Medical Services
VP – Patient Care	VP – Human Resources
VP – Operations	VP – Finance
Director – Community Relations	Director – Safety / Security
Director – Critical Care Services or Medical Services (alternate)	Director – Materials Management

Each member of the ICC will have designee when not available.

(See Addenda Flowchart: Incident Command Center)

East Tennessee Children's Hospital Emergency Operations Plan: CODE YELLOW OR ORANGE - Mass Casualty

B. Command Center Roles / Responsibilities

1. Incident Commander

- a. The President (or designee) will serve as incident commander.
- b. Oversees overall operation of hospital during disaster event.

2. Vice President – Patient Care Services – serves as Planning Section Chief.

- a. Situation – monitors overall situation, both internally and externally and keeps ICC commander informed.
- b. Personnel Deployment– assures mobilization, develops Incident Action Plan and tracks deployment of personnel to appropriate setting, including nursing and ancillary services.
- c. Assures appropriate and accurate patient identification and tracking.

d. Mobilization and deployment of personnel resources

1) All hospital Department Directors responsibilities:

- a) Designate an alternate to assume responsibilities in his/her absence.
- b) Establish a priority call list for the department and be responsible for notification of necessary personnel.
- c) OFF DUTY Department Directors or designee, should report to the hospital upon notification of Code Yellow or Orange (by phone, radio or TV). Home Health reports to Home Health Office or via telephone.

2) Staff responsibilities:

- a) All ON DUTY registered nurses not assigned to a disaster role or not assigned to patient care shall report to the Staff Deployment Center (Nursing Administration, Koppel Plaza) in person. Home Health staff reports to Home Health Office.
- b) All ON DUTY personnel with specific disaster assignments shall report to their respective areas of assignment; if no specific disaster assignment, personnel shall report to their work area.
- c) All OFF DUTY personnel should remain at home on phone standby unless otherwise notified by phone, radio or TV, and report to ETCH at their regularly scheduled shifts. Home Health Staff as directed by coordinator or director.
- d) All employees must wear their name tags and be prepared to show it upon arrival at ETCH.**
- e) All employees must enter through the Koppel Plaza main entrance.**
- f) All employees (including medical staff and department directors) will report to Personnel Deployment Center in Nursing Administration office.

East Tennessee Children's Hospital Emergency Operations Plan: CODE YELLOW OR ORANGE - Mass Casualty

- g) All Employees will clock in upon arrival and clock out when leaving the hospital. If phones are unavailable, document on unit log.
- 3) **Personnel Deployment Center**
 - a) Will be set up in Nursing Administration on 1st floor of the Koppel Plaza.
 - b) Will be coordinated by Director of Support Services and Nursing Secretary.
 - c) Will communicate with the Incident Command Center (ICC) on an ongoing basis.
 - d) Will assist in notifying additional staff of need to come in.
 - e) Will maintain records of staff arrival and area deployed.
- 4) **Labor Pool and Credentialing Unit**
 - a) Will be established in Nursing Administration when activated.
 - b) Will assure identification of employees from other healthcare facilities who respond to hospital during an emergency:
 - 1. Disaster responsibilities may not be assigned to volunteer staff from other agencies unless a Code Yellow or Orange is in effect and the hospital is unable to meet immediate patient needs (HR.1.25).
 - 2. Volunteer staff performance will be overseen by direct observation and record review by the director or designee of the department assigned the volunteer staff.
 - 3. Volunteer practitioners must at a minimum present a valid government-issued photo identification issued by a state or federal agency (e.g., driver's license or passport) and at least one of the following:
 - A current hospital picture identification card that clearly identifies professional designation
 - A current license, certification, or registration
 - Primary source verification of licensure, certification, or registration (if required by law and regulation to practice a profession)
 - Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT⁷), or MRC, ESAR-VHP, or other recognized state or federal organizations or groups
 - Identification indicating that the individual has been granted authority to render patient care, treatment, and services in disaster

East Tennessee Children's Hospital Emergency Operations Plan: CODE YELLOW OR ORANGE - Mass Casualty

- circumstances (such authority having been granted by a federal, state, or municipal entity)
- Identification by current organization member(s) who possesses personal knowledge regarding the volunteer practitioner's qualifications
5. Primary source verification of licensure, certification, or registration (if required by law and regulation to practice a profession) begins as soon as the immediate situation is under control, and is completed within 72 hours from the time the volunteer practitioner presents to the organization.
 6. Incident Command will make the decision (based on information obtained regarding the professional practice of the volunteer practitioner) within 72 hours related to the continuation of the disaster responsibilities initially assigned.
- g) Disaster leaders / managers will be identified by vests, other staff by colored tape:
- Traffic Control / Security (green)
 - Transporters (orange)
 - Respiratory Therapy (blue)
 - Medical/Surgical RN's (yellow)
 - Critical Care RN's (red)
 - Providers, i.e. MD's, PA's, NNP's (purple)
- e. Patient identification / tracking**
- 1) Following triage, patients will be identified and tagged with a permanent, preprinted tag and armband. EMS transported patients will have bar coded tags placed at the site.
 - a) Identification will include only essential information: name, phone number, nearest of kin, chief complaint, care classification, and allergies.
 - b) If patient is unconscious or non-communicative, descriptive information should be used: gender, estimated age, hair and eye color, skin markings, etc. A photograph will be made and attached to the record to assist with identification.
 - 2) **Patient Information Center**
 - a) The Patient Information Center will be established in the Administration Suite (phone 8174; fax 541-8343) by the Director of Education (situation Unit Leader) or Director of Service Excellence. All calls concerning patients (both disaster and non-disaster should be transferred to the Patient Information Center.
 - b) The duties of the Patient Information Center include:

East Tennessee Children's Hospital Emergency Operations Plan: CODE YELLOW OR ORANGE - Mass Casualty

- Notifying the PBX as to which extensions are being used in addition to 8174.
 - Receiving discharge lists from all units, notifying parents not in attendance with their children and directing them to the main hospital entrance.
 - Receiving information from the Discharge Area (Cafeteria) as to when patients actually leave.
 - Notifying a member of each victim's family.
 - Receiving calls concerning disaster victims and non-disaster patients.
 - Having a list of victims available from the ED Tracker for appropriate distribution.
 - Faxing victim information to the Red Cross.
 - Bed tracking / availability.
- 3) In the event of computer/power failures:
- a) Tracking sheets will be posted in each treatment care areas. Assimilated information from these sheets will be sent to the Patient Information Center on an ongoing basis (minimum of every 30 minutes) by recorders.
 - b) Following treatment, tags will be routed as follows:
 - For disaster victims, copies will be sent via fax (ext. 8343) to the Patient Information Center (Administration Suite) and sent to Emergency Department Registration. ED Registration will forward tags to the business office. A unit secretary will be assigned to fax the tags. If fax is down, tags will be distributed by runners.
 - For non-disaster patients, tags will be marked with a large "N" and will be sent to Emergency Department Registration.
 - Information from the tag will be transferred to the Emergency Department record when time permits. The tags are then sent to Patient Information Center.
- 5) Patients admitted to the inpatient units from the Emergency Department will be processed by admitting personnel.
- 6) Family Care / Discharge Area will be established in the cafeteria by the Director of Child Life or designee. Pending Home Health discharges will also be directed to the Discharge Area. Family members of employees may be directed there until alternate arrangements are made.

A log of discharged patients including disposition (address and phone numbers) shall be kept by the Director of Child Life and shall include the time of arrival to and discharge from the area, as well as the signature of the guardian accompanying the

East Tennessee Children's Hospital Emergency Operations Plan: CODE YELLOW OR ORANGE - Mass Casualty

- patient. The Patient Information Center shall be notified of actual discharges.
3. **Vice President – Operations – Develops and updates strategy to carry out objectives.**
 - a. Facilitates procurement of supplies and equipment needed for additional and ongoing patient loads, decontamination, pharmaceuticals, ventilators, patient supplies.
 - b. Facility Management – addresses system issues related to the facility, infrastructure, security and business continuity. Makes decisions about use of facilities, including on and off campus facilities, as well as alternate sites.
 - c. Makes decisions regarding meeting surge capacity demands in the hospital by evaluating utilization of semi-private rooms, conference rooms, playrooms or any other available space for delivery of patient care.
 - d. Makes decisions regarding need for alternate care sites.
 - e. Evaluates needs for patient transportation and makes decisions in concert with incident commander regarding evacuation or transfer of patients (i.e. forward movement of patients).
 4. **Vice President – Medical Services**
 - a. Assures notification of Chief of Staff, Vice-Chief of Staff, Chief of Surgery, Medical Director of PICU, and Medical Director of Inpatient Service of Code Yellow or Orange status.
 - b. For events with traumatic injury, notification of pediatric surgeons, and anesthesia.
 - c. Makes decisions regarding meeting surge capacity demands in the hospital by evaluating utilization of semi-private rooms, conference rooms, playrooms, or any other available space for delivery of patient care.
 - e. For biological events, notification of Medical Director of Infectious Disease.
 - f. Upon consultation with Chief of Staff, the VP-Medical Services or designee will immediately begin evaluating hospitalized patients and discharging those who meet appropriate discharge criteria.
 - f. Evaluates needs for additional physician resources; calls in ETCH credentialed physicians as needed.
 - g. Evaluates ETCH non-credentialed physicians/providers according to emergency criteria in Medical Staff By-laws. (See Addenda.)
 - h. Assesses/evaluates ongoing medical care, resources, and capabilities.
 5. **Director, Safety / Security**
 - a. Coordinates controlled access to building.
 - b. Evaluates need for hospital lockdown and/or implementation of air safety plan; communicates with ICC Commander (see Addenda).
 - c. Maintains security/crowd control around staging, decontamination, and hospital emergency department entrance.
 - d. Assures screening of persons desiring access to building.

East Tennessee Children's Hospital Emergency Operations Plan: CODE YELLOW OR ORANGE - Mass Casualty

Those entering the building are to be directed to appropriate places:

- 1) Incoming staff members Personnel Deployment Center (Nursing Administration Suite)
 - 2) Families of patients to be discharged – Discharge Holding Area (Cafeteria)
 - 3) Families of employees involved in the Code Yellow or Orange (Cafeteria).
 - 4) Media – Plaza Conference Room
 - 5) Families of casualties – Meschendorf Conference Room until members can accompany victim.
 - e. Coordinates crowd/traffic control:
6. **Vice President – Human Resources – Serves as Support Branch Director for Employee Support**
 - a. Directs operations associated with provision of human resources.
 7. **Director, Critical Care Services**
 - a. Serves as a liaison between critical patient treatment areas and ICC.
 8. **Director, Materials Management**
 - a. Serves as Logistics Section Chief
 - b. Directs operations associated with provision of materials.
 9. **Director, Community Relations – Public Information Officer**
 - a. Serves as liaison between media and ETCH.
 - b. Coordinates / communicates with Public Information Officers (PIO's) from other area health care organizations.
 10. **Vice President – Finance**
 - a. Assures accurate patient data management including registration and medical records.
 - b. Documents all employee time, supplies, and other costs directly related to the event.
 - c. Assures/facilitates appropriate state and federal claims post event.
 11. **EMSC Coordinator – Serves as Liaison Officer in communicating with other agencies. Notifies Medical Examiner's Office of deaths related to the disaster.**

IX. Ongoing Operations of Selected Response

A. Triage Principles

Appropriate disaster management requires application of scarce resources to the most appropriate patients (triage).

1. Code Yellow or Orange Standby – continue normal triage processes
2. Code Able I / Code Able II
During a Mass Casualty Incident (MCI) / Code Yellow or Orange event, all patients arriving at ETCH will be triaged by the Emergency Department physician or designee. The triage physician will be stationed in the ambulance entrance.

East Tennessee Children's Hospital Emergency Operations Plan: CODE YELLOW OR ORANGE - Mass Casualty

3. Disaster Treatment Areas:

A. STAGING AREA - For Victims May be set up in 20 th Street as indicated	F. SURGERY 4W (OPS)
B. TRIAGE Ambulance Entrance	G. ADMISSIONS Inpatient Units; PICU
C. EMERGENT All Emergency Department Rooms	H. DISCHARGE Cafeteria
D. URGENT ED Fast Track	I. MORGUE Clinch Avenue
E. NON-URGENT/ OBSERVATION Clinic	J. EXPECTANT 3 rd Floor Clinic

4. Individual treatment areas including Triage, Emergent, Urgent, and Decontamination are set-up immediately. All other treatment and emergency plan locations are established as additional staff is available.
5. Following Triage, all patients will enter via the Ambulance Entrance. (Exception: Radiation Exposure; See Addenda)
6. Treatment areas designated for levels of care such as:
(Color codes denote field triage codes)
 - a. Emergent (Red)
 - b. Urgent (Yellow)
 - c. Non-urgent (Green)
 - d. Expectant (Black)
7. When the Disaster Plan goes into effect, ALL DISASTER AND NON-DISASTER PATIENTS who present to the Emergency Department for treatment will enter the hospital through the main entrance to the Emergency Department.
8. Families of casualties are to be directed to the Meschendorf Conference, Koppel Plaza.
9. All remaining hospitalized patients and families will be restricted to their rooms.
10. After stabilization, all injured adults requiring admittance may be referred to Fort Sanders Regional Medical Center or another hospital listed in the MOU.
11. ELEVATORS: The elevators will be supervised for use of disaster related activities by Food and Nutrition Department.

X. Termination of Code Yellow or Orange Standby / Code Yellow / Code Orange

Incident Command Center designee will contact patient care areas before determining that a Code Yellow or Orange situation no longer exists and the hospital moves into the recovery phase. The hospital operator will be

East Tennessee Children's Hospital Emergency Operations Plan: CODE YELLOW OR ORANGE - Mass Casualty

requested, by the Incident Command Commander or designee, to announce "Code Yellow or Orange Clear" over the PA system.

XI. Evacuation

The Incident Commander will determine the necessity to evacuate the building or the necessity to implement the forward movement of patients plan ([see Evacuation Plan – Code E](#)).

XII. Recovery

Under each of the scenarios of the Disaster Plan, recovery plans should be implemented at the termination of the disaster plan including:

- A. Assessment of resources utilized and restocking of equipment / supplies / medications.
- B. Debriefing and counseling (as necessary).
- C. Review and evaluation of the process, procedures, results and areas for improvement (as necessary).
- D. Reconciliation of all records.
- E. Transition from disaster staffing to normal operations.

References:

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East Tennessee Children's Hospital Emergency Operations Plan: CODE YELLOW OR ORANGE - Mass Casualty

Addenda:

- A. [Hospital Emergency Incident Command Center Flowchart](#)
- B. [Emergency Preparedness Plan Locations](#)
- C. [Departmental Responsibilities](#)
- D. [Response to Chemical Agent](#)
- E01 [Bioterrorism Response Plan](#)
- E02 [Small Pox Post Event Vaccine Administration](#)
- E03 [Management of the Smallpox Patient](#)
- F. [Radiation Disaster: Triage and Decontamination Procedure](#)
- G. [Building Lockdown Flowchart](#)
- H. [Air Safety Flowchart](#)
- I. [Medical Privileges in Emergency Events](#)
- J. [Evidence Collection of a WMD Incident](#)
- K. [Vulnerability Assessment Tool](#)
- L. [Academy of Pediatrics – Children and Terrorism](#)
- M. [Metropolitan Medical Response System Forward Movement of Patients](#)
- N. [Pandemic Disease](#)

Approval: Emergency Preparedness Task Force
Safety Committee
Acute Care Committee

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