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| Upstate-color |  | Department disaster Plan manual | Upstate University Hospital at Community General |

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| Policy Number: **DDP/DDPC A-XXX** | **Approved by: Title of** Nursing Director/Associate Administrator |
| Issue Date: **mm/dd/yyyy** | Applies to: **Downtown or Community** |
| Value(s): ***Respect, Integrity, Innovation*** | Page(s):  **1 of 9** |

Departmental Disaster Plan

ENTER FULL DEPARTMENT NAME HERE

|  |  |
| --- | --- |
| **Review Date:** | **Change Description:** |
| mm/dd/yyyy | Completed only if policy reviewed, but not revised |
| **Revised Date:** | **Change Description:** |
| mm/dd/yyyy | A summary description of the changes to the document |

1. **Purpose & Planning Assumptions:**
   1. **This document is intended to be a basic review of important information that can be used as an initial reference during times where Incident Command has been activated.**
   2. **It should not be considered an all-inclusive document or a substitute for facility wide procedures for specific events that have already been developed in the Upstate Emergency Operations Plan (EOP). Any event specific procedures (evacuation, utility failure, patient surge, pandemic, etc) can be found in the MCN Policy Manager System.**
   3. **This policy is not to be considered a standalone reference for emergent evacuation routes but intended to offer tips on expected actions for staff in the event of a fire.**
   4. **This Department procedure is to be considered a part of the overall plan in which SUNY Upstate responds to critical incidents across all geographic areas in a manner that takes into account each department’s unique circumstances, patient populations, and services offered.**
   5. **All departments will follow these recommended guidelines in the event that Incident Command is initiated at SUNY Upstate as detailed in policies DIS C-00 and DIS J-12 and an integrated disaster communications annex DIS J-00.**
   6. **SUNY Upstate is to be considered, for disaster planning purposes, a healthcare system consisting of multiple separately certified healthcare facilities that have a unified and integrated emergency preparedness program. Each department at SUNY Upstate has an opportunity to actively participate in the development of the unified and integrated emergency preparedness program by completing this procedure.**
   7. **This plan applies to these specific locations:** 
      * 1. **Please list the specific Building, floor or any specific rooms that your department uses during the course of normal business. This should only list your departments primary work space and should NOT be a listing of everywhere your staff could go during normal operations. If your department works in many areas during the day (example: Environmental Services) simply put the word “global” when indicating the floor Please delete the highlighted paragraph above when you have completed this section. Please delete the highlighted paragraph above when you have completed this section**

| **Building** | **Floor** | **Other locations (if needed)** |
| --- | --- | --- |
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1. **Incident Command Activation Levels**

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| **Level 3** | **MONITORING: Activation by SUNY Upstate staff to closely monitor a developing situation or an incident make preparations to increase SUNY Upstate’s response posture, as appropriate.** |
| **Level 2** | **ACTIVATION: Responding to an incident that can effectively be handled by personnel on duty. Emergency Operations Center is activated and staffed.** |
| **Level 1** | **FULL ACTIVATION: This event has or will have a significant impact on SUNY Upstate’s Operations. This event cannot be handled effectively by only personnel on duty.** |

1. **Continuous improvement and training:**
   1. **It is expected that each department manager or supervisor reviews the Department/Unit Disaster Plan with staff at least on a yearly basis. Any changes or improvements should be initiated with the department leaders and reviewed by the Department of Emergency Management. Please use the tracker code: DISASTERPLANEDU**
2. **Initial Notification:** 
   1. **Any incident begins with the recognition that something may occur or has occurred and that the impact is likely to disrupt normal operations.**
   2. **Typically we often receive little or no warning of an incident happening in the surrounding community.**
   3. **After the decision has been made to activate HICS (Hospital incident command system) at SUNY Upstate (see DIS C-00)** 
      1. **All notifications and communications should follow DIS J-00 Incident Command Communications Annex whenever possible.**
      2. **A GroupWise email will be sent to all SUNY Upstate staff.**
      3. **An overhead page containing critical information will be announced.**
      4. **VOCERA could also be used to communicate urgent information.**
      5. **An Everbridge notification will be sent whenever possible.**
3. **Expected Steps for All Staff members once they are notified (see DIS J-12):** 
   1. **All staff currently on duty should** 
      1. **Stay calm.**
      2. **If you are away from your work area, return to it and report in.**
      3. **Assess your current operational status.**
      4. **Do not leave at the end of your shift unless you have been told to do so by your supervisor or Incident Command.**
      5. **Continue normal operations unless instructed (or unable) to do otherwise.**
   2. **All Departmental Supervisors or Managers currently on duty should:** 
      1. **Assess your current operational status.**
      2. **If your unit/department is the scene of a fire or disaster, perform an immediate headcount of staff (and patients) to give to University Police and/or First Responders upon their arrival.**
      3. **Report any operational problems through your chain of command or Incident Command via phone or email if urgent.** 
         * 1. **Utilize the iPage departmental status report link located on the bottom of all Incident Command emails.**
           2. **Maintain a heightened sense of awareness to:**

**Changes in the environment.**

**Operational problems.**

**Reaction of staff, patients, families.**

**Observe staff for signs of stress.**

* + 1. **Inform your staff that shifts have been extended until further notice.**
    2. **Do not send staff to the Labor Pool or impacted area until directed.**
    3. **Ensure someone at the department level is assigned to monitor their own e-mail for disaster related communications. Included on all Incident Command communications via email will be a link for each department manager (or designee) to complete a required status report as soon as possible or if their operational status changes.**
    4. **Communicate all urgent changes to Incident Command via phone** 
       - 1. **Downtown 315-464-8888 DELETE THE ONE THAT DOES NOT APPLY**
         2. **Community 315-492-5338**
    5. **At the conclusion of the disaster, an All Clear will be announced with the following overhead page “Attention all Hospital Personnel. Incident Command has been concluded. Resume normal activities.” Or “Code Clear”.**

1. **Workforce Deployment in Extraordinary Circumstances (See UW W-04)**
   1. **Only the Governor has the authority to close State offices and facilities and direct State employees not to report to work or to depart from work early, without charge to their leave credits/accruals.**
   2. **In the event of extraordinary circumstances when the Governor has not issued such a directive, campus presidents are authorized to cancel classes for students and cancel appointments for patients.**
   3. **In such circumstances, employees who do not work as scheduled are required to obtain prior supervisory approval to ensure their services are not required and must charge appropriate leave credits/accruals (other than sick leave) in order to remain in a paid status.**
   4. **In circumstances when the Governor directs that only “essential employees” are expected to work to ensure vital operations are continued, the following employees are typically considered “essential employees”:**
      * 1. **Employees who are involved in the direct care of patients***(e.g., physicians, RN’s, LPN’s, HCT’s, UST’s, Rad Techs, Physical Therapists, Respiratory Therapists, Phlebotomists, etc.).*
        2. **Employees who work in departments that support direct patient care** *(e.g., Materials Management, Pharmacy, Clinical Data, Dietary, Clinical Pathology, etc.).*
        3. **Employees who preserve the public safety or welfare of the Upstate community** *(e.g., University Police Department, Physical Plant, Environmental Services, etc.).*
        4. **Employees who provide animal care in the Department of Laboratory Animal Resources.**
        5. **Employees with responsibility for laboratory experiments or other time-sensitive activities.**
        6. **Employees who work in units and departments that are open/operative and staff for essential services on “red” holidays.**
        7. **Upstate reserves the right to consider all employees “essential” depending on the nature of the particular emergency. Employees are expected to confirm with their supervisors whether they are considered an “essential employee” before deciding not to report to work.**
2. **Evacuations:**
   1. **There are fundamentally two types of evacuations at SUNY Upstate.** 
      * 1. **EMERGENT (Example: Fire)**
        2. **PLANNED (Example: such as a large scale evacuation due to weather where we would have more time and Incident Command would coordinate the movement of patients.**
3. **IN CASE OF FIRE:** 
   * + 1. **Use nearest pull alarm box if you are able.**
       2. **Downtown: Call 4-5555 in the hospital Please delete the one that DOES NOT APPLY**
       3. **Community: Call 2211 or 0**
       4. **Do not hang up…..Give specific location of fire.**
       5. **Examine Environment.**
       6. **Evaluate if oxygen needs to be shut off.**
       7. **Turn off all unnecessary electrical equipment.**
       8. **Clear corridors of all equipment and obstacles.**
       9. **Close all windows and doors.**
       10. **If evacuation is needed for smoke/fire, the movement should always be to an area past the next set of fire doors. The fire doors should then be closed.**
       11. **DO NOT USE ELEVATORS, (unless specifically instructed to do so by the Fire Department).**
       12. **NEVER hesitate to relocate because of imminent danger.**
       13. **Designated Rally point for staff members and patients to gather in order to perform a headcount for emergency services is :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
       14. **Once outside, stay at least 50 feet away from buildings. Whenever possible, congregate with people from your class, department or work group. Try to account for all people after gathering at the assembly point to ensure everyone has evacuated safely. If you suspect there are still people in the building, immediately notify emergency personnel.**
       15. **LOCATION OF NEAREST EVACUATION EQUIPMENT:** *(optional as not all areas need evacuation equipment)* INDICATE HERE
4. **Planned Evacuation (NOT EMERGENT): IF NOT A PATIENT CARE AREA DELETE 9a-9e**
   1. **Department Manger** 
      * 1. **They will determine staffing required to manage the patient care needs**
        2. **obtain staff as needed from the Labor Pool if active**
        3. **Critically evaluate patient needs with goal of minimizing equipment needed for transport complete form #F95113**
        4. **Make out patient assignments considering patient needs and staff qualifications.**
        5. **Ensure that all patients arriving and departing the area are tracked (F80201)**
   2. **During an evacuation of patient areas, patients should be prioritized the following way:** 
      * 1. **Ambulatory Patients**
        2. **Wheelchairs, Isolettes, Cribs**
        3. **Bed Bound Patients**
   3. **Immediately communicate this information to Incident Command.**
   4. **Evacuation equipment locations and patient staging locations based on transportation needs (Ambulance, bus, etc) are listed in policy DIS M-40.**
   5. **The route in which patients are moved to the pre designated evacuation staging locations for transport to other facilities will depend on the situation and be communicated via Incident Command with departmental leadership.**
   6. **All non patient care departments will report to Incident Command via phone or in person and await instructions.**

**Orders of Succession:**

* 1. **This section identifies orders of succession to key positions within the department.**
  2. **Orders should be of sufficient depth to ensure the department’s ability to manage and direct its essential functions and operations. Recommended practice is at least three deep.**
  3. **List the people who can make policy determination and operational decisions if the head of your department or unit is absent.**
  4. **This list of names should be of those underneath the primary departmental manager who have the experience and leadership to assist the department in times of emergency in which the normal chain of command is not available or on the department. Alternate contact info may be cell phone numbers but it is not mandatory to list those in this document. DELETE THIS HIGHLIGHTED SECTION WHEN DONE WITH ORDERS OF SUCCESION**
  5. **The following table shows the order of succession for the Department.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Contact Info** | **Alternate Contact Info** |
| **Primary Manager** |  |  |  |
|  |  |  |  |
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**Emergency Code Names:**

* 1. **SUNY Upstate Medical University and University Hospital utilize a standard set of emergency codes for announcing critical events while minimizing the alarm to non-staff present in the facility. It is each person’s responsibility to be familiar with these policies and your actions during these events.**

| **Type** | **Code Name** | **Policy #** |
| --- | --- | --- |
| **FIRE** | **CODE RED** | **F-01** |
| **ALL CLEAR** | **CODE CLEAR** | **N/A** |
| **MEDICAL EMERGENCY ADULT** | **CODE BLUE** | **CM E 15** |
| **MEDICAL EMERGENCY PEDS** | **CODE WHITE** | **CM E 15** |
| **MISSING CHILD** | **CODE AMBER** | **M-03** |
| **MISSING ADULT PATIENT** | **CODE GREY** | **M-03** |
| **SEVERE WEATHER** | **CODE BLACK** | **UW S-04** |
| **PERSON WITH A WEAPON/ACTIVE SHOOTER** | **CODE SILVER** | **H-11** |
| **BOMB THREAT** | **CODE YELLOW** | **DIS M-15** |
| **HAZMAT/ DECONTAMINAITON** | **CODE ORANGE** | **DIS M-30** |
| **EVACUATION** | **N/A** | **DIS M-40** |
| **MASS CASUALTY INCIDENT** | **N/A** | **DIS M-69** |
| **WATER EMERGENCY PLAN** | **N/A** | **DIS M-75** |
| **UTLIITY FAILURE PLAN** | **N/A** | **DIS M-70** |

1. **Hazard Vulnerability Assessment:** 
   1. **Yearly the Emergency Management Committee undertakes a detailed assessment of hazards and threats that could impact SUNY Upstate.**
   2. **The results of that assessment are listed in policy DIS M-46.**
   3. **It is the reasonability of every SUNY Upstate employee to be familiar with the top five hazards.**

**Insert Department Specific Plans/Procedures Here:**

* 1. **Examples:** 
     1. **Equipment that needs special care during an emergency incident**
     2. **Any special needs of your patient population, visitors or staff members.**
     3. **Several departments have referenced other documents based on their regulatory needs that are specific to disaster preparedness.**
     4. **Some areas have explained the processes you will contact your staff during a severe weather event.**
     5. **The possibilities are endless; this is a great location for those items specific to you and your department.**

**Education/Related Resources:**

* **F-01**
* **M-03**
* **H-11**
* **CM E-15**
* **UW S-04**
* **UW W-04**
* **DIS M-15**
* **DIS M-30**
* **DIS M-40**
* **DIS M-69**
* **DIS M-70**
* **DIS M-75**
* **DIS M-46**
* **DIS J-00**
* **DIS J-12**
* **DIS C-00**

**Form Names and Numbers:**

* **F95113**
* **F80201**

**Originating Department: Department Name**

**Contributing Department(s): Emergency Management**

**References:**

**None cited**