Emergency Management Plan and Implementation

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Hospital Command Center coordinates with community agencies:

- THR Corporate Command Center

- Dallas Medical Operations Center (DMOC)

- Emergency Medical Operations Center (EMOC)

- Texas State Operations Centers (SOC)

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Notification may be received through the following:

a) Patients presenting to the Emergency Department (ED)

b) From hospital or medical staff

c) EMS or EMS systems

d) Other alert systems

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Any person receiving information of a major adverse, emergency, or disaster event should attempt to collect the following information:

- Name of the person reporting the incident and who they represent
- Contact information
- Type of disaster
- Location
- Approximate number of victims
- Types of injuries
- Hazards at the scene
- Other information

Once initial report is received, Nursing Administrative Supervisor (NAS) is notified.

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ACTIVATION

Nursing Administrative Supervisor (NAS) notifies PBX operator and activates Code Yellow through XMatters

- Executive team – SBAR

- Leadership team – SBAR

- Overhead page activation

NAS following notification activates the Hospital Command Center

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SBAR Tool

- Situation

- Background

- Assessment

- Recommendation

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Example:

Situation
City of Dallas will be hosting The President and other high ranking officials for annual summit.

Background
Due to recent events, TH Dallas and THR Emergency Management has been monitoring the situation.

Assessment
Texas Health Dallas conducted a situational report to ensure readiness for any response that may arise from this incident. Texas Health Dallas will initiate level 4 command center (9AM-7PM) and will monitor and assess the situation using EMResources and News Media.

- Bed/Supply availability and needs are listed below for 9/15/2016:
- Staffing in the OR and ICU is sufficient, the OR will have a full staff and will be able to cancel elective surgeries if needed.
        50 cases in Main OR (Tuesday)
        10 Cases in Perot OR (Tuesday)
- 24 ICU Beds will be available and 16 MICU will be available with no additional staff

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- ·With additional staff (1 charge nurse + 1PCT) MICU can serve up to 36 beds
- Blood bank has sufficient supply of Platelets, PRBC, and FFP
- Central Supply has sufficient amount of supplies on hand for any influx of patients.
- 7 Trauma Surgeons will be on call
- Pharmacy reported medications, narcotics, and anesthesia are all available with enough supply to last for multiple days.
- If needed THD will reach out to sister hospitals for any additional medication supplies.

- Needs
- Security will request one additional officer for support in the ED.
- ED reported additional RNs and PCTs will be needed in the ED

Recommendation
All THR Hospitals complete your available beds by 9:00 am tomorrow or when additional request is sent via NCTTRAC's EMResources. THDallas will be on alert, any situational updates will be contacted through the command center x2700, and XMatters notifications.

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Incident Command Team will review and proceed according to matrix:

Level 4 Normal – information received about a situation; situation has adverse impact on operations

Level 3 Manageable Response – actual situation with minor impact; event manageable with existing resources

Level 2 Escalated Response – actual situation that will tax current existing resources; activation of alternate care sites and surge strategies are implemented; may be necessary to seek assistance from THR or external stakeholders

Level 1 Major Impact – actual situation exhausting existing resources and threatening campus safety

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Department Roles and Responsibilities

Level 4 and 3:
- Staff return to their departments for additional instructions
- Monitor emails and pagers for updates
- Inventory available staff and send to nursing administration
- Staff within the hospital not cleared to leave at the end of shift without clearing the need for assistance with Incident Commander
- Limit use of phones
- Minimize elevator use

Level 2 and 1: All of the above plus:
- Send staff that can be spared to Labor Pool
- Initiate staff recall if needed to maintain operations in departments
- Deliver stretchers and wheelchairs to a designated area

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Department Specific: Blood Bank

- Once informed, provide Command Center with inventory of red cells, platelets, FFP
- Order inventory from Carter Blood Care
- Blood Bank Manager determines # of personnel and calls in staff as needed
- Depending on the number of victims:
  - Fewer than 50 victims, perform type/screen and electronic crossmatch if criteria is met
  - For more than 50 victims, issue type specific blood
- Suspend routine testing
- Once available inventory reaches 5 O Neg and 5 O Pos, release non-emergent orders
  - Patient >7 Hgb, neonatal units – consider clinical indications

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- If operation of the Blood Bank needs to be moved to another area (internal disaster), attempt will be made to utilize space in other parts of the laboratory
- Medical Director is notified to contact Main OR/Surgery for cancellation of elective surgeries
- Component inventory is reduced to minimal levels by distributing to remote locations or returning to blood supplier
- If computers are non functional, proceed with downtime procedures
- If lack of supplies, equipment, and supplies exist, send testing to reference lab

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Once event is over, notification is sent through:

- Xmatters

- Overhead page

- Email

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AABB Standards for Blood Bank and Transfusion Services

1.4 Emergency Preparedness
The Blood Bank or transfusion service shall have emergency operation policies, processes, and procedures to respond to the effects of internal and external disasters

1.4.1 The emergency management plan, including emergency communication systems, shall be tested **at defined intervals**.

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Thank you!

For questions

maryjosephinejimenez@texashealth.org
(214) 345-7764
8200 Walnut Hill Lane
Dallas, Texas 75231