THANK YOU FOR JOINING US TODAY FOR:

Hospital Surge and Conversion Site Planning

THE PRESENTATION WILL BEGIN SHORTLY

PLEASE REMEMBER TO:

Put phones on mute.
Complete provided roster
Use chat feature for submitting questions
CONTINUING EDUCATION STATEMENTS

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Sarasota Memorial Hospital
Emergency Management

*Medical Surge Plan*
*October 30, 2012*

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Program Objectives

At the completion of the program participants should be able to:

- Define “Medical Surge”
- Know the essential components of a Surge Capacity Plan
- Understand the global aspects of a successful plan
- Locate additional resources to assist with plan development
Definition of Medical Surge

- Medical Surge is the capability to rapidly expand the capacity of the existing healthcare system in response to an increased patient volume that would otherwise severely challenge or exceed the current capacity of the facility.
“One more patient than you can handle…..”

- It applies to many types of events such as the day-to-day acute, temporary demand for services as well as the response to emergency events such as mass casualty incidents, infectious disease outbreaks or natural disasters resulting in injury/illness.
Residents flood Bay area hospitals after fire

By JOHN S. MARSHALL

SAN FRANCISCO (AP) - A fire at one of the nation's largest refineries spewed thick black smoke over cities in the San Francisco Bay area, sending scores of residents to hospitals complaining of breathing problems early Tuesday.

Smoke and flames could be seen for miles.

The blaze at Chevron's plant in Richmond, about 10 miles northeast of San Francisco, was contained late Monday although it was not immediately known when the flames would be extinguished, said company spokeswoman Heather Kulp.

A shelter-in-place order for the communities of Richmond, North Richmond and San Pablo was lifted around 11:15 p.m.

Contra Costa County hazardous materials program director Randy Sawyer tells the San Jose Mercury News that small amounts of material were still burning but smoke was not leaving the refinery property. [Link]

Doctors Medical Center in San Pablo, a town near the Chevron refinery in Richmond, said about 200 people had sought help and more patients were arriving. Kaiser's Richmond Medical Center also said several dozen people came to the emergency room complaining of shortness of breath, but none was seriously ill.
EM Principles and Practices

- Local response is primary
- Medical response is complex
- Coordinated response is essential
- Bridge the “public/private divide”
- Robust information processing needed
- Effective overall management
- Medical system resiliency
How Much is Enough?

- Aim for 10-15% additional inpatient and outpatient volumes
- Example: 500 bed facility should plan for sufficient pharmaceuticals, PPEs, staff for additional 50-75 more inpatients
- Communicate YOUR availability frequently to:
  - ESS.myFlorida.com
  - Local agencies
### Report Census/Available Beds

**Last Updated on 8/26/2012 12:44:43 PM by PROVIDER**

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#### Beds Included in Acute Care

- **Burns:** 0
- **Critical Care:** 4
- **Med/Surg/Tele:** 3
- **Obstetric:** 2
- **Pediatric Med/Surg/Tele:** 0
- **Pediatric Critical Care:** 0

#### Resources

- **Emergency Department:** Open
- **Decontamination Facility Available:** Yes
- **Ventilators Available:** 26
- **Operation Rooms Available:** 24
- **Isolation Beds:** 17
- **Negative Pressure Beds:** 10

**Special restrictions on available beds (Do not enter patients/residents names or confidential information).**

**Note:** Maximum 260 characters - approximately 7 lines.

**Previous Note:**

(8/26/2012 12:44 PM PROVIDER) Seven available beds at this time. 4 PUGS on site.
A Hospital Medical Surge Plan should address the following:

- Mitigation measures, preparedness activities, response actions and recovery strategies;
- Plan Activation Criteria and Advanced Preparations Action
- Incident Management and Surge Operations Procedures
- Customized agreements, protocols and documentation forms to include:
  - External Support Agreements
  - Altered Standards of Care
  - Strategies to Enhance Surge Capacity
  - Degradation of Services
  - Rapid Discharge Protocol
  - Internal Bed Expansion/Non-Traditional use of space
  - Alternate Care Site Operations
  - Job Action Sheets
  - ESF-8 Support Activities
Internal Bed Expansion/Non-traditional Use of Space

- Open closed units/operationalize licensed beds
- Cancel scheduled cases:
  - OR, Endo, Cath Lab, PreOp areas
- Radiology pre/post
- Adults to Peds and Mother/Baby
- Admission Center
- Discharge Services
- Double bunk in private rooms if headwall O2, etc avail.
Strategies to Enhance Surge Capacity

- Equipment dedicated to surge (O2/vents/suction, PPE, etc.)
- MOU with suppliers/vendors/supply delivery
- Cots/stretchers/wheelchairs
- Meeting Rooms/Cafeteria—space w/in building
- Climate Controlled space in garages (A/C and heat)
- Stocked supply carts at the ready (stock rotated by CS)
- Computers with extended battery power
- Outside volunteer health professionals at the ready
Alternate Care Site Operations

- System-based (walk-in clinics/outpatient facilities)
- MOU with ALFs, Nursing Homes, Assisted Living
- Other Non-system based resources
  - Walk-in clinics
  - Veterinary Clinics
  - Churches
  - Schools
  - MD offices
SMH Site Location for Medical Surge

- South Garage – Level 1
- Across from the Emergency Room Ambulance Bays
- Surge capacity 160
- Equipped for DECON
  - Hot/cold water showers
- A/C and Heat Available
- Camera Access (site to ICC)
Medical Surge Unit (Before)
Mass Decontamination Area (Before)
**Code Green Announcement**

- Once it is apparent a “Code Green” situation exists, the administrator on-call, designee or ECC physician on-duty will notify the hospital operators by dialing 3-911 or via the STAT line, and inform the operator of a “Code Green”.

- **Responding to the Call**
  - Public Safety will report to the ECC and medical surge area for traffic control. The Public Safety Chief and/or the IC will determine the need to Lockdown the facility during a Code Green (also see Code Yellow);
  - Operation of Plant (OPL) will begin setting up the medical surge area of the South Garage;
    - 0-50 bed setup would take 45 minutes
    - 51-100 bed setup would take 1.5 hours
    - 101-160 bed setup would take 2 to 2.5 hours to setup
  - Labor Pool (clinical/non-clinical) setup;
  - All personnel will respond according to their department specific Emergency Preparedness plan.

- **All Clear**
- **Documentation and Review (AAR/IP)**
- **Education**
Mass Decontamination Area (Deployed)
Hospital Emergency Response Team (HERT) Donning Decontamination Gear
Deluge and Private Shower Areas
Med Surge Unit Setup
(Less than 1 Hour to Climate Controlled)
Med Surge Unit Activated
Med Surge Unit Media Coverage
Staff Participation is Crucial

- Total Drill Participants: 154
- Clinical Staff: 30
- Non-clinical staff: 40
- ICC Team: 15
- Physicians: 8
- Controllers/Evaluators/Observers: 11
- Victims: 50
Resources

- www.phe.gov/preparedness/planning/mscc/handbook/.../default.aspx
- DHS Anniston Classes