SAMPLE – SURGE PLAN – “CODE YELLOW”

DEFINITION:
This is a general Surge Plan and is based on two assumptions:

1. Very specific activities would be initiated along with these guidelines dependent upon the nature of the disaster (CBRNE-Chemical, Biological, Radiation, Nuclear, and Explosive).
2. Once a surge has been declared, notification by the Supervisor would direct all patients/victims to be transported to the Emergency Department at the main campus of ABC Hospital at 123 Main Street, City, and State. The patients would be triaged from there to outlying facilities as appropriate.

POLICY:
All hospital personnel will be oriented to the meaning of “Code Yellow” and will know actions to be taken when “Code Yellow” is heard.

OBJECTIVE:
To ensure the safety of patients, visitors and employees, as well as equipment and the facility in the event that a surge is declared.

PROCEDURE:

Step I - Assessment:
1. Disaster call received by Supervisor.
2. Code Yellow Step I activities initiated.
3. Supervisor assumes Incident Commander role until relieved and initiates the following:
   a. Notifies ED Charge Nurse
   b. Notifies Administrator on call of situation.
   c. Determines census by unit and any potential discharges.
   d. Identifies and obtains extra stretchers, oxygen tanks, equipment needed based on scenario.
   e. Assures that Bed Poll on ESF 8 portal is updated.

Step II – Incoming Patients:
1. Supervisor notifies Administrator on call of the influx of patients, who will then alert the Senior Management Team.
2. Supervisor calls Code White if necessary to obtain immediate assistance for the ED.
3. Incident Command Center is established by the Administrator on Call and the Supervisor is relieved of Commander duties. Supervisor positions self in ED as Flow Coordinator.
4. Incident Command Center will:
   a. Activate the Call Tree. Calls Management Staff, Medical staff and others as appropriate. Directs them to report to the Command Center.
   b. Determines the need to cancel elective procedures and surgeries.
   c. Allocates staff as appropriate as they arrive at the Command Center.

Step III – Patient Treatment:
1. TRIAGE (directed by ER Charge Nurse and the Supervisor)
   a. To inpatient units
   b. Off campus sites as appropriate
   c. Other hospitals as necessary
2. The Supervisor and the Incident Commander will:
   a. Consider opening closed units as necessary.
   b. Secure staffing as units are opened, making adjustments as necessary to the inpatient units’ nurse/patient ratios.
   c. Designate a Patient Representative to round in the ER waiting room to identify needs.
   d. Collaborate with Nutritional Services, Supply Coordinators and Linen personnel to obtain supplies for both patients and staff.
   e. Utilize supplies, equipment and personnel from outlying campuses as necessary and appropriate.

Step IV – Saturation/Hunker Down:
1. Total Divert/Bypass decision made by Incident Commander.
2. Care continues:
   a. Staff rotations for rest and relief.
   c. Morgue expansion plan initiated as necessary.

Ancillary Coordination:

•Pharmacy
  1. Pharmacy personnel will assess demand and inventory in order to determine pharmaceutical needs.
  2. Wholesaler will be contacted in order to supply the demand.
  3. The scenario will dictate how deliveries will be made (e.g. emergency delivery, alternate warehouses, etc.).
  4. Other healthcare facilities could be contacted to supply medications as needed.

•Lab Services
  1. An inventory of supplies, kits, and reagents will be taken upon notification of the incident.
     a. Vendors and/or reference lab will be notified of any additional supplies or services.
  2. An inventory of blood and blood products will be taken.
     a. Vendor - Blood Services will be notified.
     b. An order for blood and blood products will be placed as required.
     c. Vendor will assess their inventory and will obtain products from other sites if necessary.
     d. Staffing needs will be assessed. All Section Leaders and Directors will be called to report to work.

•Respiratory Therapy Services
  1. Charge Therapist will organize and prioritize RT patients until Director is present.
  2. If Director is unavailable, the Supervisor on call will take the place of the Director.
  3. Director will call extra therapists to report to Command Center as needed.
  4. Director will assign therapists to cover ER, Critical Care and floors.
  5. Director will provide count of all ventilators and notify Vendor 1 /Vendor 2 for more vents if needed. GT Industries will be notified for the need for more oxygen tanks as needed.

•Purchasing
  1. Supplies are stocked to last 72 hours and supplies would be pulled from all areas of the hospital.
  2. Vendor ABC keeps an order on file that could be filled and picked up within 24 hours as needed.
  3. The hospital could also be supplied by branches of Vendor ABC in City 1, City 2 and City 3 as needed.
**Nutritional Services and Housekeeping/Linen**

1. Nutritional Service maintains a minimum of 72 hours of food, paper supplies and chemicals in inventory at all times.
2. Supplies, including foods, paper supplies, and chemicals for sanitation can be ordered and received within 24 hours from our primary distributor. Two local distributors can partially supply immediate needs and our primary distributor in City and State can supply our total needs in a 24 hour delivery period.
3. If there is no transportation between cities, a partner to our primary distributor will resupply us from the east side of the state.
4. Housekeeping/Linen maintains a minimum of 48 hours of linen in inventory, exclusive of linen stocked on patient units.
5. If access to the facility is open, the linen vendor can deliver within 24 hours. If the vendor is unable to deliver, the department will utilize facility washing area to clean and sanitize for patient use. The hospital will also be asked to conserve linen as necessary.

**Surge Capability:**

1. Increase capacity to 132 beds by the following methods:
   a. Utilize double occupancy rooms
   b. Open the two dormant units
   c. Utilize the surgical holding area
   d. The SDS surgery unit could hold 21 patients if outpatient procedures are cancelled
   e. PACU will be utilized as a second ICU (10 beds) doing recovery in the operating room
   f. The Emergency Room will overflow into the GI Lab (6 beds)
   g. The procedural rooms including 1 negative pressure room (4 beds). Requires cancelation of GI procedures.
   h. Cath Lab and X-Ray cancellation would also provide additional beds.