

<b>Title: Surge Capacity Plan</b>	<b>EMP Appendix G</b>
<b>Manual: Emergency Management Plan</b>	<b>Effective Date: 1-26-15</b>
<b>Scope: Housewide</b>	<b>Last Review: 1-26-15</b>
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## INTRODUCTION

Natural disasters, man-made disasters, bioterrorism events, and influenza pandemics have the potential to cause a medical center to surge its capacity of patients. Mass Casualty Trauma can cause an influx of patients who surge to the hospital either by foot, car or EMS transport. Ensuring the safety of healthcare providers, patients, and visitors during a surge event at St. Mary Medical Center. Surge Capacity Plan can be utilized for mass casualty or infectious diseases/contagious diseases.

## PURPOSE

- I. To rapidly implement prevention and control measures in response to a suspected outbreak or surge of patients
- II. To outline appropriate measures and actions regarding management of patients as a result of pandemics, disasters, or bioterrorism events
- III. To describe processes to ensure the safety of patients, visitors, volunteers, and healthcare personnel in the event of an unusual increase in patients
- IV. To coordinate the HICS system with outside agencies during a surge event

### A. PREPARATION FOR INFECTIOUS SURGE (i.e. Bioterrorism or Contagious Disease)

The hospital keeps abreast of infectious diseases that are occurring locally, nationally, or worldwide that could potentially affect our local community and result in an influx of patients with infectious conditions.

Triggers that identify a potential influx include:

1. A local or state health department alert of a potential increase in admissions of infectious patients requiring isolation
2. CAHAN and LAHAN alerts or Reddinett notifications of syndromic surveillances
3. A rapidly increasing disease incidence within hours or days in a normally healthy population
4. ED report of an increase in patients with potentially infectious symptoms/conditions
5. Infection Control / Prevention, Nursing Supervisors, or ED personnel note an unusual increase in the number of people seeking care, especially with fever, respiratory, or gastrointestinal complaints
6. Clusters of patients arriving from a single locale with similar symptoms
7. Any patient presenting with a disease that is relatively uncommon and has bioterrorism potential
8. Lower attack rates among people who have been indoors, especially in areas with filtered air or closed ventilation systems, compared with people who had been outside
9. Large numbers of rapidly fatal cases

### B. COMMUNICATION DURING SURGE EVENTS (Mass Casualty or Infectious)

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If the potential for an influx of patients either via MICN in ER or Reddinet alert:

1. The Incident Command System (HICS will be implemented)
2. Code Internal Triage will be announced by PBX after approved by Administrator on Call

Ongoing communication considerations will include the need for:

1. Frequent updates for managers, physicians, and other hospital personnel
2. Infection Control / Prevention personnel visits to units to assess their situation and offer assistance regarding infection control issues
3. Maintaining communication with local Public Health Services/EMS Agency of Los Angeles County
4. Requesting assistance from local or state health departments or other agencies

### **C. EVALUATION**

The Chief Nurse Executive, CEO, Medical Director, Safety Officer, Infection Preventionist, Leadership team and Director of the Disaster Resource Center and other appropriate individuals in the HICS org chart will evaluate the situation on an ongoing basis to determine:

1. If other patient admissions need to be suspended
2. If elective procedures, including surgery, need to be cancelled
3. If the facility's visiting policy needs to be temporarily revised, or suspended
4. Appropriate patient placement, including alternative sites for patient holding, triage, treatment and morgue facilities, as needed
5. When to call outside agencies for assistance with a surge event

### **D. PATIENT MANAGEMENT**

#### **Initial Management of Persons with Infectious Conditions**

To aid in the detection of persons entering the facility, who may have an infectious condition, the following interventions will be implemented:

1. Visual alerts, in appropriate languages, will be posted at all appropriate entrances to the facility instructing all persons with signs/symptoms of infectious disease, especially respiratory, to:
  - a. Inform reception and healthcare personnel when they first register for care that they may be infectious.
  - b. Practice respiratory hygiene / cough etiquette.
2. Patients calling the facility for advice will be discouraged from making unnecessary visits to the hospital.
3. As the number of infectious patients increases, measures will be implemented to reduce the spread of infection within the facility:
  - a. A triage officer will be assigned responsibility for managing patient flow, including deferral of patients who do not need emergency care.
  - b. A separate waiting area will be designated for patients with infectious conditions. The waiting area will be set up to enable patients with respiratory symptoms to sit at least 3 feet away from other patients and visitors.

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4. Signs that promote respiratory hygiene/cough etiquette will be placed in areas such as elevators, waiting areas, cafeterias, and lavatories, where they can serve as reminders to all persons in the facility. The signs will instruct persons to:
  - a. Cover the nose/mouth when coughing or sneezing.
  - b. Use tissues to contain respiratory secretions.
  - c. Dispose of tissues in the nearest waste receptacle after use.
  - d. Patients will be given masks upon entry to the facility with instructions to wear them until they have been evaluated and admitted or discharged, if the symptoms/syndrome suggest that airborne transmission is a possibility.
  - e. Perform hand hygiene after contact with respiratory secretions.

#### **E. Isolation Precautions and PPE**

In the early stages of an influx of patients, it may not be clear that patients have been exposed to an infectious condition. Therefore, precautions consistent with all possible etiologies must be implemented. Standard precautions, combined with contact and/or airborne precautions, will be implemented until a diagnosis is established.

Staff will be instructed to carefully don PPE before patient contact to avoid the need to make PPE adjustments and risk self-contamination during use. Careful removal of PPE will also be stressed.

#### **F. Gloves**

1. Wear disposable gloves when contact with visible blood and body fluids is anticipated. Gloves should also be worn when touching environmental surfaces and patient care articles visibly soiled with blood or body fluids.
2. Gloves should be put on just prior to performing a patient care task that involves contact with blood or body fluids and removed immediately, without touching non-contaminated surfaces, when the task is complete.
3. Remove and dispose of gloves after use on a patient.
4. Staff will be reminded to avoid touching their eyes, nose or mouth with contaminated hands, gloved or ungloved.

#### **G. Facial Protection**

1. If a respiratory pathogen is suspected of causing the infectious condition, staff will be required to wear either an N-95 respirator or a mask when entering a patient's room. The facility's Infection Preventionist will decide which is most appropriate.
  - a. Masks/respirators will be worn once and then discarded.
  - b. Masks/respirators will be changed when they become moist.
  - c. Personnel will not be allowed to leave masks/respirators dangling around the neck.
  - d. Hand hygiene will be performed upon touching or discarding a used mask.
2. Wear disposable, fluid-resistant masks and eye shields (goggles with side-shields) or a face shield if the patient is coughing or when performing patient care tasks likely to generate splashing or spraying of blood and body fluids onto the mucous membranes of the face.

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- In addition to normal storeroom supply levels, an additional pallets of N-95 respirators will be maintained in the DRC and material management in the basement of St. Mary Medical Center

## **H. Gowns**

- Wear disposable, fluid-repelling gowns to protect skin and clothing when performing procedures likely to generate splashing or spraying of blood and body fluids.
- Plastic aprons may be worn for procedures likely to soil clothing but are unlikely to generate splashing or spraying of blood or body fluids (e.g., cleaning incontinent patients).
- Remove soiled gowns after patient contact.
- Reusable cloth gowns may be used for patient contacts, if splashing or spraying of blood and body fluids is unlikely.
- Disposable or reusable gowns should be worn once and then discarded.

## **I. Personal Protective Equipment For Special Circumstances (ie. Contagious diseases or Chemical HAZMAT surge event)**

- During aerosol generating procedures (e.g. endotracheal intubation, nebulizer treatment, bronchoscopy, suctioning) personnel will wear gloves, gown, face/eye protections and a N-95 respirator. MAX AIR hood are available throughout the medical center
- If feasible, all aerosol generating procedures will be conducted in an airborne isolation room
- PAPR (Purified Air Powered Respirators) are available throughout the hospital for highly contagious or chemical spill patient care and training is done annually on C suits and PAPRs

## **J. Supplies**

Supplies are stockpiled in the DRC including burn surge cache,(parking garage DRC) medical surgical cache (parking garage DRC), pharmaceutical cache (pharmacy including SNS from CDC) and PPE stockpiles (materials, DRC, ER, Labor and Delivery, Facilities and Security office)