POLICY

This policy is designed to orient departments to their responsibilities in the event of a mass casualty/influx-surge of patients incident. When and if such an incident should occur, the hospital has an obligation to provide care for in-patient as well as external casualties, and shall put into effect the provision of this plan. This policy recognizes the importance and role of integrating with the Community’s Disaster Plan as developed by the Laramie County Emergency Management Agency.

PROCEDURE

I. Mitigation
Cheyenne Regional Medical Center will participate in one influx-surge of patients exercise each year. This will be done in cooperation with local and statewide agencies whenever possible.

II. Preparation
1. Central Services will maintain “disaster” supply carts to deploy when needed
2. Purchasing will maintain a vendor inventory to be used if needed

III. Response
A. Notification
The 911 Center will notify the Emergency Department via the 911 phone of any Mass Casualty Incident. The ER nurse receiving the call will obtain the following information, if available:
1. Type and location of incident
2. Estimated number of casualties
3. Condition of patients
4. Estimated time of arrival
5. The above information should be given to the ER Physician
B. Implementation

1. The Mass Casualty / Influx-Surge of patients Plan will be activated by the Administrator-on-call and/or Administrative Representative upon the request of the ER Physician.

2. The AOC or AR will instruct the PBX operator to page that the Mass Casualty Plan is now in effect.
   a. The PBX operator will page “Attention, Please!" “Attention, Please!” “Mass Casualty Incident, Please initiate the Mass Casualty Plan!” This announcement will be repeated several times at regular intervals to alert hospital personnel. Notification will also be done via the emergency notification system. If this is an exercise, the announcement will be preceded by “Exercise Message”.
   b. Trauma personnel will be notified.

3. If it is determined by the Administrative Representative (AR) , in discussions with the ER Physician and/or Administrator on-call (AOC) that the Emergency Operations Plan (EOP) needs to be activated and the Hospital Command Center (HCC) initiated then the AR will instruct the Operator to announce: “The Hospital Command Center is now activated in Auditorium B”.

4. The AOC will assume the position of Incident Commander (IC). If the AOC is not on site, the AR will assume the role of the IC until the AOC arrives. Headquarters for operations will be the HCC located in Auditorium B. Only the IC should report to the HCC. The IC will contact other members of the command structure as they are needed.

C. Precedence:
Implementation of the Mass Casualty policy and care of casualties will take precedence over all Hospital activities, which might otherwise interfere with maximum efficiency.

D. Cheyenne Regional Employees:
All personnel having specific disaster assignments should proceed immediately with their assignments. Unassigned personnel should report to their departments immediately. If an employee does not have a specific assignment, **Do not call-Do not come in**. Your supervisor will call you if you are needed. If telephone communications are destroyed a specific announcement requesting Cheyenne Regional employees to report to duty will be made via radio and/or television communications
Dependent on the specific incident, each department will need to assess their need for additional staff. On the order of the Incident Commander, department heads and area Supervisors will notify their respective off-duty staff members to return to the hospital. Nursing Services will conduct their recall through the Staffing Office.

1. It will be each Department Directors responsibility to maintain a current telephone list of their personnel.

E. Assignment of Duties

1. Medical Staff
   The Chief of the Medical Staff is the Emergency Management Medical Director. (In the absence of the Chief of the Medical Staff, the Chief Medical Officer (CMO) or his designee will perform this function). The Designated Physician will be in charge of all physicians and medical policies for the duration of the emergency. He will assign physicians to specific areas, as they are needed. Medical staff will report to the medical staff office for their assignment.
   a. To prevent unauthorized personnel from entering the facility, Medical Staff responding to the Mass Casualty incident will be asked to show their CRMC name badge.

2. In the event the personnel pool is established
   a. Personnel not needed in their department should report to the Greenhouse Grill.
   b. Personnel assisting in the Mass Casualty event should wear identification badges. It is essential for personnel who are off duty and called in to have their identification badge in their possession so they will be allowed admission to the facility.
   c. Personnel not immediately involved with the treatment of patients should not be in the triage area.

F. Traffic Control

1. Casualties arriving at the hospital will enter via the Emergency waiting area entrance and/or Ambulance entrance.

2. All entrances of the hospital will be controlled to prevent unauthorized people from entering the facility.

3. The Communications Department will establish a news media center in the Communications Department. All media personnel will be sent to the news media center.

4. As family members of the casualties arrive, they will be taken to Meeting Room D.

G. Information Center

All information and press releases will be handled through the Public Information Office (PIO). The Communications Department representative will serve as PIO.
IV   **General Emergency Operations**
A. The Hospital Command Center (HCC) will be set up in Auditorium B upon implementation of the Incident Command System by the Incident Commander/Administrator on call.

The primary function of the Operations Center is to evaluate and coordinate all phases of the Emergency Operations Plan (EOP).

Activities coordinated through the HCC include:
1. To maintain a log of all patients received at Cheyenne Regional due to the incident and units that they will be admitted to.
2. Bed availability throughout the facility.
3. Medical Staff availability and notification of additional medical staff needs will be coordinated through the Medical Staff Coordinator.
4. Request assistance from and maintain liaison with Laramie County Emergency Operations Center.
5. Maintain communications with all departments to keep them informed of the situation both inside and outside the hospital.
6. To establish and maintain the internal security system in the facility.

V. **Treatment / Information Areas**
A. Triage Area Ambulatory patients - Triage area outside the Emergency department. Stretcher patient - Emergency entrance from the ambulance garage.
B. Emergency Department – Red (pt. needs immediate assistance) Triage Tag Patients – Trauma and or Critical Care pods will have Triage categories designated in their department specific policy.
C. Fast Track – Yellow (pt. treatment may be delayed) Triage Tag Patients in Procedure Rooms
   a.) Overflow patients from ES will be cared for in areas any available clinical areas.
D. Endoscopy–Green (pt. has minor injuries) Triage Tag Patients during “normal” business hours. After hours will go to ED Results Pending pod.
E. Black Triage Tags (pt. is deceased) will be moved to the ambulance garage pending Coroner’s arrival.
   If more space is needed, Coroner will provide refrigerated on site storage.
F. Personnel Pool – Greenhouse Grill
G. Meeting Room D - Family of casualties
H. Medical Staff Office - Medical Staff Coordination
I. Communications Department – Media News Center

VI. **Additional Resources**
A. Depending on the existing emergency situation, it may be necessary to discharge patients in order to free beds for incoming casualties.
B. The staff on each nursing unit will be asked to determine which patients could be discharged. It will be the unit’s responsibility to contact each patient’s physician and inform him/her of the need for additional beds on the nursing unit.

1. Discharged patients will be discharged via the main lobby. Business Office personnel will be available to discharge patients. The patient will not be able to collect valuables from the safe. They will be instructed to return at a later date.

C. If Cheyenne Regional is unable to care for all casualties and it is necessary to utilize other health care facilities in the outlining areas the facilities listed will be contacted for transfer.

Cheyenne
Wyoming
Veterans Administration Medical Center
2360 E. Pershing Blvd.
778-7550

Laramie
Wyoming
Ivinson Memorial Hospital
255 N. 30th Street
Laramie Wyoming
307-742-2141

Torrington
Wyoming
Torrington Community Hospital
2000 Campbell Drive
Torrington Wyoming
307-532-4559

Greeley
Colorado
Northern Colorado Medical Center
Call Administrative Nursing Supervisor
303-352-4121

Ft. Collins
Colorado
Poudre Valley Hospital
1024 LeMay Ave
Call Director of Nursing
303-482-4111

Loveland
Colorado
Medical Center of the Rockies
2500 Rocky Mountain Avenue
Loveland, CO 80538
(970) 624-2500
D. In the event of an internal disaster it may be necessary to evacuate patients. Evacuation will be ordered by the Incident Commander. See Evacuation Policy.

VI DEPARTMENT PARTICIPATION

The following departments have a responsibility during a mass casualty/influx-surge of patients incident:

- Admitting
- All Patient Care Areas
- Biomed
- Cardiopulmonary and Neurology
- Central Services
- Emergency Department
- Endoscopy
- Engineering
- Environmental Services
- Same Day Surgery
- Security
- Medical Staff
- Laboratory
- Staffing Office
- Pastoral Care
- PCU (Cardiac)
- Purchasing/Stores
- Pharmacy
- Radiology
- Food and Nutrition
- IT
- Health Information Management
- Linen
- Telecommunications
- Support Services

VII. RECOVERY
A. Stress Debriefing: Upon completion of the Mass casualty incident, a stress debriefing will be held for staff members.
B. Supplies – Emergency supply carts will be replenished.
C. Incident Action Plan (IAP) – an IAP will be performed after every event.

References: JC-EM Standards
This policy replaces the following deleted policies:
Policy Cross Reference:
Key Words: Mass, Casualty, Trauma, Incident Command