Earthquake Response Guide

Mission: To maintain hospital operations for a minimum of 96 hours following a major earthquake that may impact the structural integrity of the facility, and to ensure the continuum of care for patients, visitors, and casualties of the event.

Directions

- Read this entire response plan and review incident management team chart
- Use this response guide as a checklist to ensure all tasks are addressed and completed

Objectives

- Damage Assessment
- Patients, visitors, staff assessed for injuries and accounted for
- Patient tracking
- Hospital facility self-sustainment for a minimum of 96 hours

Immediate Actions (Operational Period 0-2 Hours)

COMMAND

(Incident Commander):

- Activate the facility Emergency Operations Plan and prepare size-up reports
- Appoint Planning, Operations and Logistics Section Chiefs
- Appoint Medical Technical Specialists – Hospital Administration, Clinic Administration and Risk Management, as appropriate
- Assign a recorder to document all decisions/actions

(Liaison Officer):

- Communicate with local Emergency Operations Center and officials to determine extent damage to critical infrastructure and services
- Communicate with other hospitals to determine status
- Coordinate and communicate with Regional EOC or equivalent; notify as appropriate

(Public Information Officer):

- Obtain information from Situation Unit Leader to provide situation briefing to hospital patients, visitors, and staff
- Update recorded Disaster Information message on the Children’s Hospital website (CHONET), Hospital disaster hotline (510) 428-3192. If applicable request KCBS to provide public service announcement.
- Evaluate if the hospital closed circuit television live broadcast should be provided for ongoing patients and family information.
COMMAND
(Safety Officer):

- Conduct, in conjunction with Operations Section, an assessment of the facility to identify damaged and/or non-functional areas. If all or part of the facility is unable to be occupied, consider evacuation.
- Determine safe evacuation procedures and routes
- Conduct ongoing analysis of existing response practices for health and safety issues related to staff, patients, and facility, and implement corrective actions to address

OPERATIONS

- Assess facility for damage, initiate repairs as appropriate or secure unsafe areas.
- Check the power plant and insure that all vital functions are operating properly.
- Check all utilities and utility connections for damage (e.g. communication, fire alarm detection & suppression, HVAC, medical gases, sewage, water).
- Inspect gas lines (natural gas, oxygen, air, nitrous oxide, etc.). If indicated, natural gas lines can be turned off until a thorough inspection of the facility indicates that it is safe to resume natural gas use. The facility has automatic-sensor valves and are designed to shut-down for earthquakes larger than 4.0 richter scale. Shut-off locations are as follows –
  - Natural Gas Along MLK next to ambulance bay
  - Nitrous oxide next to west site oxygen tank
  - Oxygen next to west site oxygen tank
  - Medical Air Boiler room
  - Vacuum Boiler room
- Ensure continued functioning of emergency power generators
- Activate alternate care sites for evacuated patients, if necessary
- Implement evacuation of unsafe/unstable areas of the facility, if necessary
- Activate search procedures as appropriate
- Assess status of security systems, access and egress from facility, and implement security plan
- Prepare to receive incident casualties; establish triage and treatment areas, discharge areas and appropriate protocols
- Conduct an census of inpatients, clinic patients, those available for discharge
- Receive briefings from the Managers regarding the number of injured
- Consider activating HazMat Branch if any facility damage resulting in hazardous materials spill or incident

PLANNING

- Initiate patient, bed, materiel and personnel tracking procedures
- Establish operational periods and develop Incident Action Plan in collaboration with the Incident Commander

LOGISTICS

- Inventory and assess for damage all supplies, equipment, food and water stores
- Activate alternate communication systems and establish contact with local EOC, EMS and ensure intra-hospital communications with walkie talkies, runners, etc.
- Project needs for 72 hours and institute rationing, if appropriate
Intermediate (Operational Period 2-12 Hours)

**COMMAND**

(Incident Commander):
- Consider deploying a Liaison Officer to the local EOC, as appropriate
- Ensure evacuation procedures are being conducted

(PIO):
- Continue briefings to media, staff and patients
- Establish the patient information center, in collaboration with the Liaison Officer

**COMMAND**

(Liaison Officer):
- Continue communications with local EOC to relay critical issues, needs and requests for assistance
- Establish the patient information center, in collaboration with the PIO

(Safety Officer):
- Continue monitoring evacuation of damaged areas, ensure safety practices in alternate care sites

**OPERATIONS**

- Continue patient care and management of inpatients, clinic patients and new casualties
- Continue to manage alternate care sites and establish new sites as needed to accommodate evacuated or arriving patients
- Determine need for on-site housing and feeding of staff, in collaboration with Logistics Section
- Institute alternate care standards of practice (austere care) as appropriate to prioritize and manage the patient surge and lack of resources

**PLANNING**

- Update and distribute the Incident Action Plan
- Revise incident objectives as needed to meet the mission, in collaboration with the Incident Commander
- Continue patient, bed, materiel and personnel tracking

**FINANCE**

- Track response expenses and compile estimates of repairs for facility damage
- Facilitate procurement of supplies, equipment, medications and personnel for response

Extended (Operational Period Beyond 12 Hours)

**COMMAND**

(Incident Commander):
- Review and revise incident objectives and the Incident Action Plan to reflect current status and critical issues
- Consult with Medical/Technical Specialists – Hospital and Clinic Administration to ensure continuity of operations
### COMMAND

**(PIO):**
- Continue regularly scheduled and as needed briefings to media
- Provide information updates to staff, patients and families
- Continue patient information center activities

**(Safety Officer):**
- Continue to oversee safety of operations, repair and recovery operations
- Continue to ensure the safety practices in alternate care sites, if activated

### OPERATIONS

- Continue patient care and management activities
- Reassess facility integrity after any earthquake aftershocks occur, and evacuate additional areas, if necessary
- Reassess status of utilities (power, water, sewer) and modify response plan as needed
- Ensure staff food, water and rest periods
- Continue security operations and activities
- Provide mental health support services to patients, families and staff
- Assess the need for activating the Continuity Branch Director to ensure business operations are maintained

### LOGISTICS

- Continue to monitor inventory of supplies, equipment, medications, food and water, and institute/continue rationing as necessary
- Maintain contact with vendors to ascertain re-supply timelines

### FINANCE

- Continue tracking, monitoring and reporting response costs and personnel hours
- Communicate with local, state and federal emergency management to begin reimbursement procedures for cost expenditures related to the event
- Contact insurance carriers to assist in documentation of structural and infrastructure damage and initiate reimbursement and claims procedures

### Demobilization/System Recovery
### COMMAND

(Incident Commander):
- Receive status reports from Section Chiefs to determine if normal hospital operations can be restored and the incident declared terminated

(Liaison Officer):
- Communicate facility status and demobilization status to the local EOC, other area hospitals and response partners
- Demobilize the patient information center, in collaboration with the PIO

 PIO):
- Conduct final media briefing to update facility status, provide appropriate patient information and inform of return to normal operations
- Demobilize the patient information center, in collaboration with the Liaison Officer

(Safety Officer):
- Determine the safety of the facility, ability to inhabit damaged but repaired areas, and protection of staff, patients and visitors

### OPERATIONS

- Restore normal medical care operations
- Oversee the movement of patients from alternate care sites into the hospital facility/repairs areas
- Continue to secure damaged, unsafe areas
- Restore communication systems and utilities
- Provide for mental health support services and stress management for patients, families and staff

### PLANNING

- Prepare a summary of response operations, including number of patients received, status and current census
- Write an after-action report including these topics:
  - Summary of the incident
  - Response activities that went well
  - Response activities that need improvement
  - Recommendations for future actions

### LOGISTICS

- Restock supplies, equipment and medications to normal levels
- Compile a final facility damage and repair report
- Conduct stress manage services and debriefings for staff, as appropriate

### FINANCE

- Prepare a final summary of response costs and expenditures for approval by the Incident Commander
- Submit claims to insurance companies, as appropriate
- Submit patient records and other appropriate information for reimbursement

**Documents and Tools**
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EARTHQUAKE
INCIDENT MANAGEMENT TEAM CHART – IMMEDIATE

Incident Commander

Public Information Officer

Safety Officer

Liaison Officer

Medical/Technical Specialist

Operations Section Chief

Planning Section Chief

Logistics Section Chief

Finance/Administration Section Chief

Staging Manager

Personnel/Logistics/Equipment/Safety/Security

Medical Care Branch Director

Ambulance Unit

Emergency Care Unit

Neurological Unit

Clinical Support Services Unit

Patient Registration Unit

Infrastructure Branch Director

Power/Lighting Unit

Water/Waste Unit

HVAC Unit

Building/Grounds Damage Unit

Medical Gases Unit

Environmental Services Unit

Food Services Unit

HazMat Branch Director

Detection and Monitoring Unit

Spill Response Unit

Surgical/Occupational Hazard Unit

Facility/Equipment Decontamination Unit

Demobilization Unit Leader

Bed Tracking

Patient Tracking

Bed Tracking

Personnel Tracking

Materiel Tracking

Patient Tracking

Bed Tracking

Communications Unit

IT/IS Unit

Staff Food & Water Unit

Employee Health & Wellness Unit

Family Care Unit

Supply Unit

Facilities Unit

Transportation Unit

Labor Pool & Credentialing Unit

Time Unit Leader

Compensation/Claims Unit Leader

Cost Unit Leader

Legend

Activated Position