



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
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Objectives

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

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

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

- Restore normal medical care operations
 - Oversee the movement of patients from alternate care sites into the hospital facility/repaired 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
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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
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LOGISTICS

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

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- Hospital Emergency Operations Plan

 - Hospital Damage Assessment procedures and documentation forms

 - Discharge Policy

 - Emergency procurement policy

 - Patient Tracking

 - Staff activity forms

 - Interoperable communications plan

 - Utility Failure Plans (e.g. Water Management, Sewer failure/Internal Flood, Power Failure etc.)

 - Fire Plan and Fire Response Plan

 - Resource Inventory and MOUs

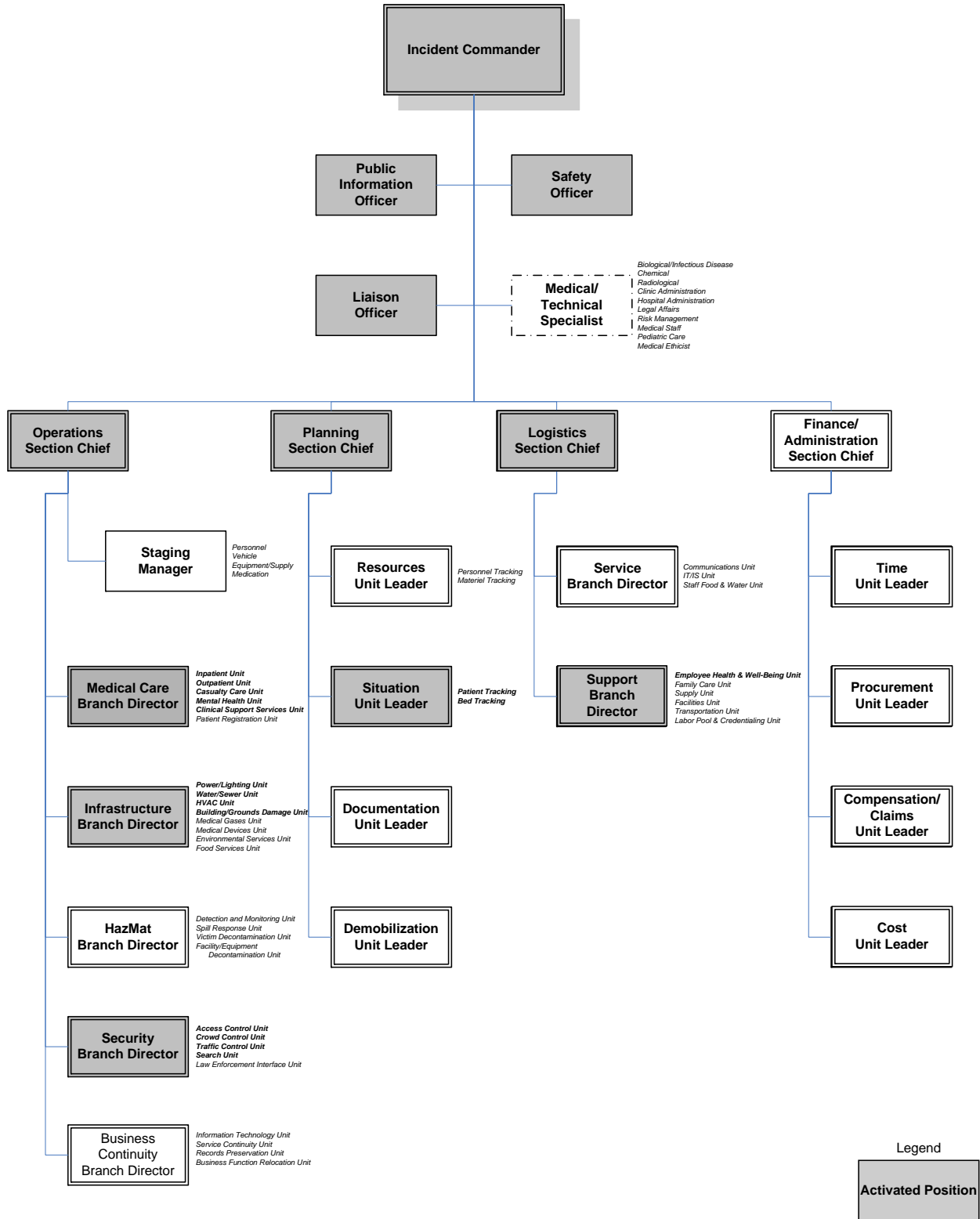
 - Search and Rescue Plan

 - Hazardous Materials Release Response Plan

 - Evacuation Plan and Evacuation Response Plan

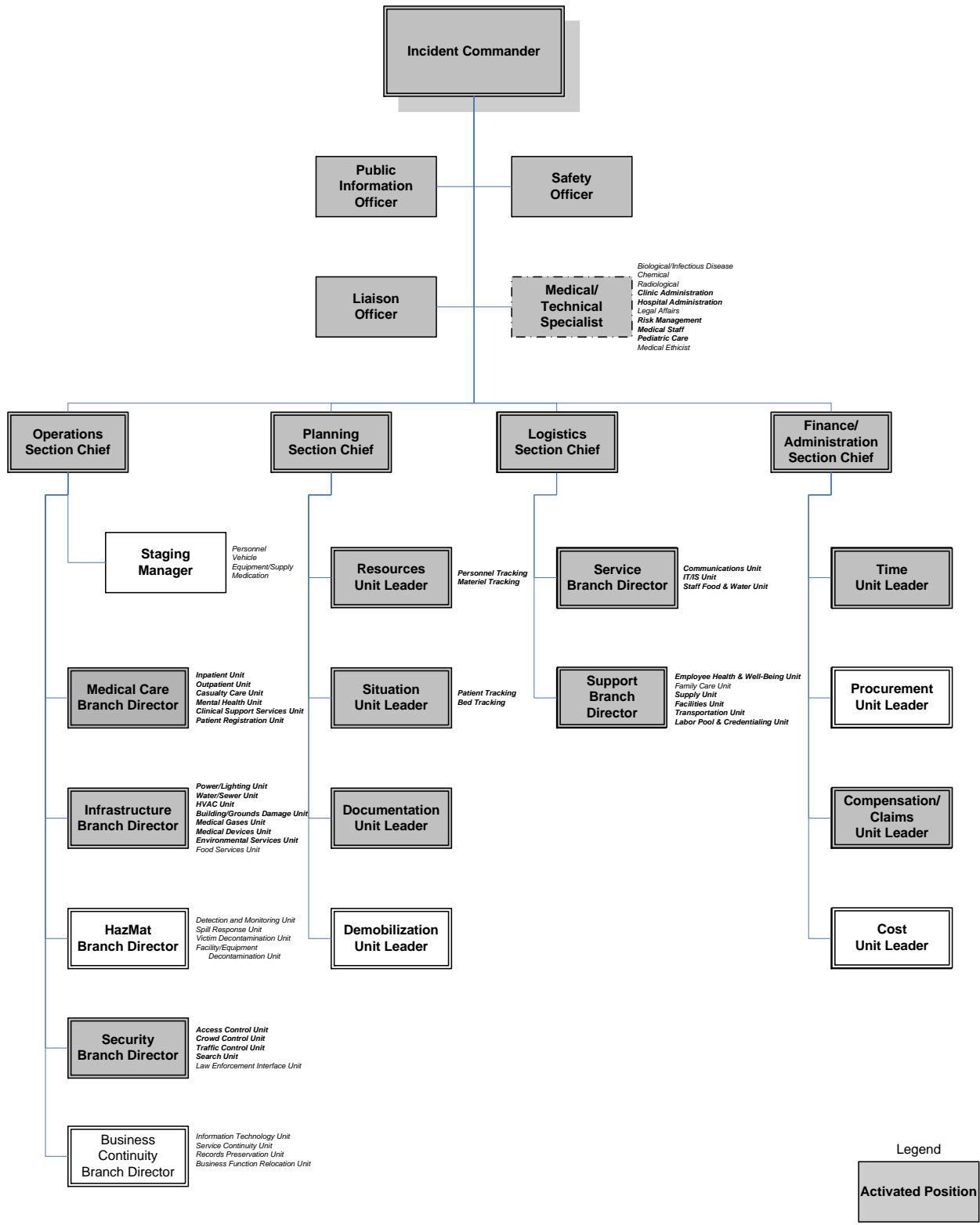
EARTHQUAKE

INCIDENT MANAGEMENT TEAM CHART -- IMMEDIATE



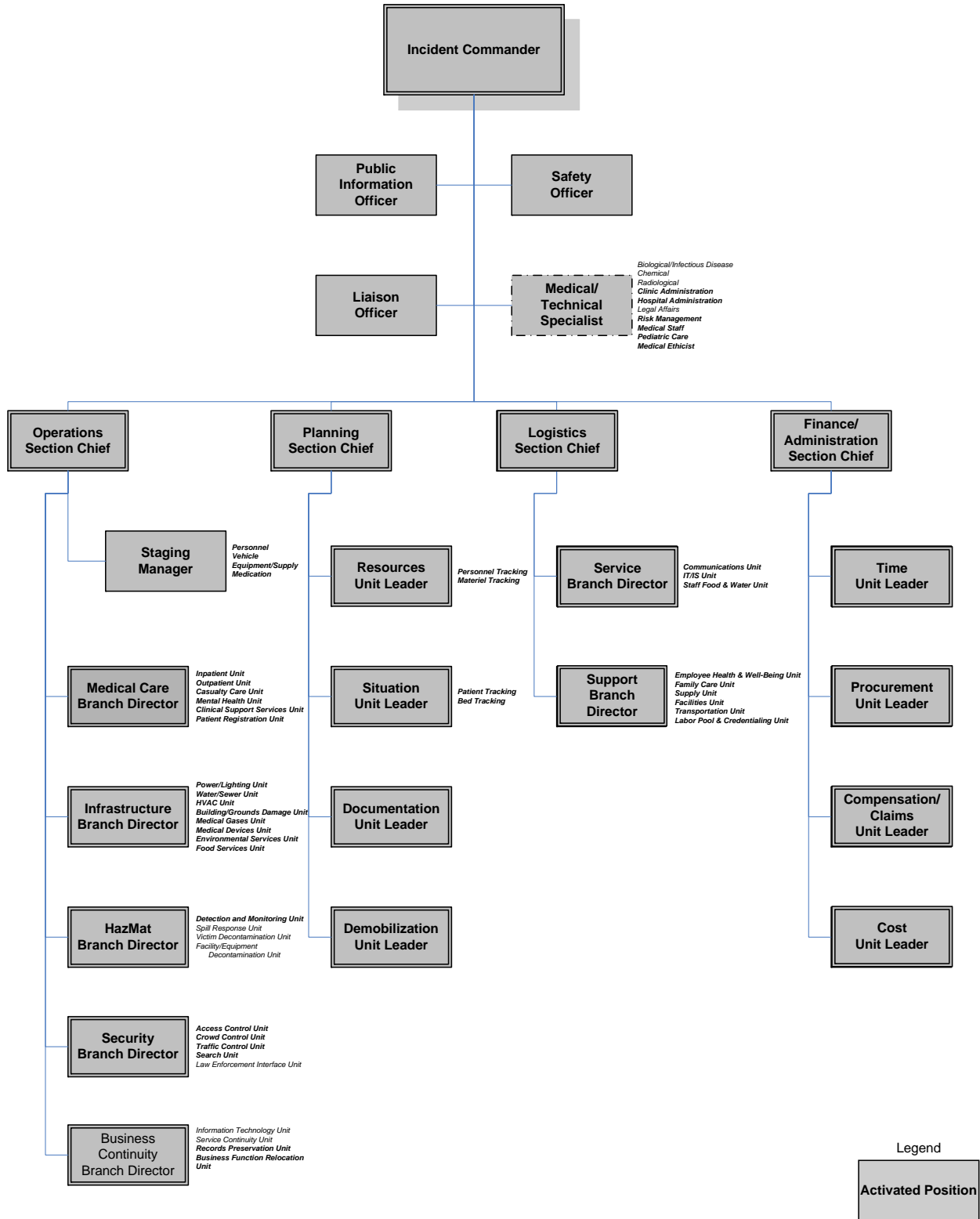
EARTHQUAKE

INCIDENT MANAGEMENT TEAM CHART -- INTERMEDIATE



EARTHQUAKE

INCIDENT MANAGEMENT TEAM CHART -- EXTENDED



EARTHQUAKE

INCIDENT MANAGEMENT TEAM CHART -- DEMOBILIZATION

