

## RESOURCE TOOL: ACTIVATING THE ED EMERGENCY OPERATIONS PLAN (EOP)

Triggers for ED EOP Activation include the following (numbers refer to *potential* patients; the ED *should not wait* for any number of patients to arrive before activating ED EOP and/or the Hospital Code Triage Emergency Operations Plan):

1. Notification from the MAC or from field personnel (via base radio contact) of a multi-casualty or mass casualty event involving 5 or more critically injured (red triage, or TTA1), or 10 or more critical and/or urgent patients (red or yellow triage; TTA1, TTA2 or ED Trauma patients) expected to arrive at Harbor.
2. Notification from the MAC, or via radio report from field EMS providers, of a multi-casualty event with > 10 potential victims on scene, unknown number expected to arrive at Harbor.
3. Suspected chemical, biological, or radiologic exposure of any victims from terrorist attacks, or for any events that include explosions that are suspected to be terrorist incidents.
4. Notification from hospital administration of an internal/external disaster likely to overwhelm hospital resources.
5. Direction from ED Leadership (nursing and physician) due to recognition of large number (>10) of self-transporting patients with critical medical and/or traumatic presentations.

Role	Action	Check when Completed
MICN	From report received from EMS or MAC, gather the following information: <ul style="list-style-type: none"> <li>• Incident description (bombing, building collapse, Hazmat exposure, etc.)</li> <li>• Location of event</li> <li>• Estimated total number of patients on scene</li> <li>• Estimated number of patients transporting to Harbor-UCLA</li> <li>• Possibility of hazardous exposure?</li> <li>• Estimated time to arrival of first patients</li> </ul>	
MICN	Overhead page: <b><i>“MCI Alert. Second MICN or Resident Base Hospital Physician to the Radio Room. ED Attendings, Charge Nurses, and ED Nurse Managers please meet at Radio Room for emergency briefing.”</i></b>	
MICN	For traumatic incidents and toxic exposures, place TTA Page: <b>MCI Alert: [##] patients from [insert type of incident here] expected to arrive in [##] minutes. Please report immediately to Trauma Bays</b>	
MICN	Brief Charge Nurses and ED Attendings on incident to cover the following points based upon available information: <ul style="list-style-type: none"> <li>• Incident description</li> <li>• Estimated total number of patients on scene</li> <li>• Estimated number of patients transporting to Harbor-UCLA</li> <li>• Possibility of hazardous exposure?</li> <li>• Known, or possible, security threats to hospital?</li> </ul>	

Role	Action	Check when Completed
	<ul style="list-style-type: none"> <li>Estimated time to arrival of first patients</li> </ul>	
MICN	<p>Request that DEM Attending and Overall Charge Nurse <i>immediately</i> make a decision for activating the ED EOP (or not). If response from ED Attending and Overall Charge Nurse is “to wait and see” and delay activation until patients arrive, inform them:</p> <p><b><i>“This incident meets criteria for triggering initiation of our Emergency Operations Plan. While you may choose not to activate the EOP at this time, I am asked to remind you that the plan is supposed to be activated <u>before</u> patients arrive to allow for ED decompression. Are you sure that you do not want to activate now?”</i></b></p>	
MICN	<p>For “Regular” (non-security) disasters, call ED Security (x6802) <u>and</u> LASD (x3311) and state</p> <p><b><i>“I am calling from the Emergency Department. We are activating the ED Emergency Operations Plan because of a multi-casualty event. We need one of your supervising personnel to join us at the Adult ED Nursing Station immediately to discuss security measures for the facility”.</i></b></p>	
MICN	<p>If Decon/Security needs are anticipated call ED Security (x6802) <u>and</u> LASD (x3311) and state</p> <p><b><i>“I am calling from the Emergency Department. We are activating the ED Emergency Operations Plan for a multi-casualty event with a need for patient decontamination. We need to immediately limit entry to the hospital and redirect ALL arriving patients to the area directly in front of the ED Helipad for screening. We need one of your supervising personnel to join us at the Adult ED Nursing Station to discuss securing the facility and preventing contamination of employees and patients”.</i></b></p>	
MICN	<p>If Hazmat event suspected/anticipated, Overhead Page:</p> <p><b><i>“Decon-trained staff, please report to AED Nursing Station if available”.</i></b></p>	
MICN	<p>Place Everbridge Page to DEM Group List using the Everbridge Notification Template for “Disaster”. If unable to find this Notification Template, send Everbridge Page to DEM Group:</p> <p><b><i>“The ED Emergency Operations Plan has been activated. If you are available to respond within the next 30 minutes, please contact the Emergency Department at (310) 222-3969”</i></b></p>	
MICN	<p>If Notification of event was from EMS providers on scene, contact MAC via VMed28 to inform of MCI</p>	
MICN	<p>Complete ReddiNet MCI Poll when requested</p> <ul style="list-style-type: none"> <li>Trauma/Medical MCI <ul style="list-style-type: none"> <li>Accept 10 Immediate, 20 Delayed, and 20 Minor.</li> </ul> </li> <li>Burns MCI <ul style="list-style-type: none"> <li>Accept 12.</li> <li>Note: Per EMS Policy all Trauma Centers serve as Burn Resource Centers in a disaster and will accept 12 critical Burn victims for a minimum of 72 hours.</li> </ul> </li> </ul>	

Role	Action	Check when Completed
	<ul style="list-style-type: none"> <li>• Peds MCI <ul style="list-style-type: none"> <li>○ Accept 10 Immediate, 20 Delayed, and 20 Minor.</li> </ul> </li> </ul>	
DEM Attending	<ul style="list-style-type: none"> <li>• Call Administration at x2101 (during business hours, M-F 8-5), or</li> <li>• Call House Supervisor at x3434 (Nights, weekends, holidays)</li> <li>• Brief on incident and inform of ED EOP activation; discuss need for Hospital Code Triage (decision to activate Hospital Code Triage rests with the AOD or House Supervisor)</li> </ul>	
Overall Charge Nurse	Retrieve Vests, Clipboards & JAS from box in shelf unit next to AED Clerk desk.	
Adult Area Charge or DEM Attending	<p>Call the ED Nurse Manager (weekdays) or Overall Charge Nurse (nights, weekends, holidays) if not at briefing. Inform him/her:</p> <p><b><i>“Per our Emergency Operations Plan, you are in charge of this response. The remainder of your instructions are contained in your Job Action Sheet and the ED EOP.”</i></b></p> <p>Hand the ED Nurse Manager /OCN their JAS and vest as the ED/CCUL</p>	
ED Nurse Manager /OCN	<p>Overhead page:</p> <p><b><i>“The ED MCI Plan has been initiated. Attending Physicians &amp; Charge Nurses please meet immediately at the AED Nursing station. Purple &amp; Green residents and available nurses to Trauma Bays”</i></b></p>	
AED Charge Nurse/AED Clerk	<p>Call the following persons to request their attendance at the briefing:</p> <ul style="list-style-type: none"> <li>• ED Pharmacist x23216</li> <li>• ED Social Worker x23931</li> <li>• RT Supervisor x23929</li> <li>• Head Clerk or Nursing Assistant x3514</li> <li>• Hospitalist/Gold Unit Attending physician x7281</li> <li>• Trauma Attending x23756</li> <li>• Registration Supervisor x2075, x2076</li> </ul>	
ED/CCUL	Follow instructions in your JAS. Assign roles as listed in your ED/CCUL JAS.	
ED/CCUL	<p>Send a clerk or nurse to retrieve Disaster Supplies from Supply closet. This should include:</p> <ul style="list-style-type: none"> <li>• Disaster Vests</li> <li>• Clipboards with disaster packets</li> <li>• Geiger Counters</li> <li>• ED EOP Binder</li> </ul>	
ED/CCUL	Dispatch clerk or nurse to retrieve Disaster Keys from Pyxis in AED. If keys not found in Pyxis, retrieve from ED Nurse Managers’ Office or call Sheriffs at x3311	
ED/CCUL	<p>Lead Briefing with ED Staff when assembled to include information:</p> <ul style="list-style-type: none"> <li>• Brief description of incident (e.g. Earthquake, Bombing, etc.)</li> <li>• Estimated number victims on scene</li> <li>• Number of victims expected to arrive to Harbor</li> <li>• Estimated time to arrival</li> <li>• Possibility of hazardous substances (chemicals, radiation,</li> </ul>	

Role	Action	Check when Completed
	biologic) and/or security threat; need for decontamination <ul style="list-style-type: none"> <li>• ED Security measures</li> <li>• Locations of Triage &amp; Treatment Areas (from EOP)</li> <li>• Need for ED Decompression</li> </ul>	
ED/CCUL	Instruct Purple, Green & Pediatric Attending Physicians to designate all patients in the MD Comments field on Cerner as: <ul style="list-style-type: none"> <li>• <b>Chair</b> –may be seated in chair to anticipate discharge</li> <li>• <b>Admit</b> –can be moved to an inpatient bed if available</li> <li>• <b>Stay</b> – patient must remain in a monitored ED bed</li> </ul>	
ED/CCUL	Assign Roles & Distribute JAS and Vests per the ED/CCUL JAS	
ED/CCUL	State to group: <i><b>“Please review your duties and instructions per your JAS. All JAS must be returned to me when we demobilize from this event.”</b></i>	

This checklist is intended to guide activation and preliminary steps of the ED Emergency Operations Plan only. More complete instructions for each of the roles, is included in the JAS for each of the assigned roles, and/or in the overall ED Emergency Operations Plan.