

## **A1: RESOURCE TOOL: ACTIVATING THE ED EMERGENCY OPERATIONS PLAN (EOP)**

---

Triggers for activation of the ED Emergency Operations Plan (EOP) include the following (numbers refer to *potential* patients). The ED *should not wait* for patients to arrive before activating the ED EOP and/or the Hospital's Code Triage Plan:

1. Base contact from MAC or EMS personnel for an MCI with patients expected to Harbor:
  - **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).**
2. Notification from MAC or EMS of an MCI with > 10 victims on scene, unknown number coming to Harbor.
3. Suspected chemical, biological, or radiologic exposure (**CBRNE**) of **any victims from terrorist attacks**, or for any events that include explosions suspected to be terrorist incidents.
4. Notification from hospital administration of **hospital Code Triage activation** due to 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.
6. The County of Los Angeles announces a regional Disaster, communicated via the Reddinet, or reports that they have opened the county Disaster/Emergency Operations Center (DOC or EOC).

If any of the above occur, please turn the page and start using the following checklist.

## **A1: RESOURCE TOOL: ACTIVATING THE ED EMERGENCY OPERATIONS PLAN (EOP)**

### **INSTRUCTIONS FOR MICN**

The following checklist is intended to be used when an MCI is anticipated to Harbor-UCLA, but Hospital Code Triage has *not* been activated or does not apply to the incoming MCI. If Hospital Code Triage has been activated review the following and perform the appropriate steps.

| <b>Role</b> | <b>Action</b>   | <b>Check when Complete</b> |
|-------------|---|----------------------------|
| 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:<br><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><br>Repeat overhead page a minimum of 2 times to ensure it is heard  |                            |
| MICN        | For traumatic incidents and toxic exposures, place TTA Page:<br><b>MCI Alert: [##] patients from [insert type of incident here] expected to arrive in [##] minutes. Please report immediately to Trauma Bays</b>  |                            |
| MICN        | Hand off responsibility of answering radio calls to 2 <sup>nd</sup> MICN or Resident BHP  |                            |
| MICN        | Retrieve Emergency Operations Plan (EOP) Binder from shelves next to AED Clerk’s desk   |                            |
| 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> <li>• Estimated time to arrival of first patients</li> </ul>   |                            |
| MICN        | Request that ED Attending and OCN <i>immediately</i> make a decision for activating the ED EOP (or not). If response from ED Attending and OCN is “to wait and see” and delay activation until patients arrive, inform them:<br><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 before patients arrive to allow for ED decompression. Are you sure that you do not want to activate now?”</i></b> |                            |
| MICN        | If decision is made NOT to activate the EOP, end use of this checklist.   |                            |
| MICN        | If decision made to ACTIVATE the EOP, detach last 3 sheets and give them to the OCN, an ED Attending, and the AED Clerk.  |                            |

## A1: RESOURCE TOOL: ACTIVATING THE ED EMERGENCY OPERATIONS PLAN (EOP)

| Role | Action  | Check when Complete |
|------|---|---------------------|
| MICN | For "Regular" disasters (those not involving potential violent threat to the ED), call ED Security Supervisor (213) 281-3028 <b>and</b> LASD (x64450 or (310) 222-3311) and say:<br><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>   |                     |
| MICN | If Decon/Security threats are anticipated call ED Security Supervisor (213) 281-3028) <b>and</b> LASD ((x64450 or (310) 222-3311)) and state<br><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> |                     |
| MICN | If Hazmat event suspected/anticipated, Overhead Page (repeat overhead page a minimum of 2 times to ensure it is heard):<br><b><i>"Decon-trained staff, please report to AED Nursing Station if available".</i></b>  |                     |
| MICN | Place Everbridge Page to "DEM Physicians" and "Adult ED Nursing" using the Everbridge Notification Template for "Disaster". If unable to find this Notification Template, send Everbridge Page to DEM Group:<br><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 (424) 306-5001 "</i></b>   |                     |
| MICN | If Notification of event was from EMS providers on scene or MAC has not yet placed an MCI poll, Initiate an MCI via the ReddiNet program. Contact MAC via VMed28 to inform of MCI   |                     |
| MICN | Complete ReddiNet MCI Poll if/when requested <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> <li>• Peds MCI <ul style="list-style-type: none"> <li>○ Accept 10 Immediate, 20 Delayed, and 20 Minor.</li> </ul> </li> </ul>  |                     |
| MICN | Accept and follow instructions in the <b>MICN/Communications Officer</b> Job Action Sheet if you have been designated in this role. Otherwise, request direction from the PCC filling that role.  |                     |

## A1: RESOURCE TOOL: ACTIVATING THE ED EMERGENCY OPERATIONS PLAN (EOP)

### INSTRUCTIONS FOR OVERALL CHARGE NURSE (OCN)

|                      |   |  |
|----------------------|---|--|
| Overall Charge Nurse | Retrieve Vests, Clipboards & JAS from box in shelf unit next to AED Clerk desk.   |  |
| Overall Charge Nurse | Overhead page (or request that someone page from this script):<br><b><i>“The ED Emergency Operations Plan has been initiated for an MCI. Attending Physicians &amp; Charge Nurses please meet immediately at the AED Nursing station. Purple &amp; Green residents and available nurses report to Trauma Bays”</i></b><br>Repeat overhead page a minimum of 2 times to ensure it is heard.  |  |
| Overall Charge Nurse | Send a clerk or nurse to retrieve Disaster Supplies from Supply closet by the Router Desk (using the NA7 key). This should include: <ul style="list-style-type: none"> <li>• Disaster Vests</li> <li>• Clipboards with disaster packets</li> <li>• Geiger Counters</li> </ul>   |  |
| Overall Charge Nurse | 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 x64450/64451 or Red Phone (310) 222-3956   |  |
| Overall Charge Nurse | Call the following persons to request their attendance at the briefing at the A-Side Nursing station, or assign the ED Clerk and AED Charge Nurse to call the following persons: <ul style="list-style-type: none"> <li>• ED Pharmacist</li> <li>• ED Social Worker</li> <li>• RT Supervisor</li> <li>• Head Clerk or Nursing Assistant</li> <li>• ED Hospitalist</li> <li>• Trauma Attending</li> <li>• ED Registration Supervisor</li> </ul>  |  |
| Overall Charge Nurse | <i>You will be functioning as the ED Nurse Leader/Casualty Care Unit Leader</i> and should follow instructions in your Job Action Sheet to assign roles as listed in your ED Nurse Leader/CCUL Job Action Sheet.  |  |
| Overall Charge Nurse | With ED Attending, call House Supervisor at x29272 / x 65620 (Nights, weekends, holidays). <ul style="list-style-type: none"> <li>• <i>If Hospital Code Triage has not already been activated by Hospital Administration, brief House Supervisor on incident and inform of ED Emergency Operations Plan activation; discuss need for Hospital Code Triage (decision to activate Hospital Code Triage rests with the Administrator On Duty or Hospital Executive Officers).</i></li> </ul> |  |

## A1: RESOURCE TOOL: ACTIVATING THE ED EMERGENCY OPERATIONS PLAN (EOP)

### INSTRUCTIONS FOR ED ATTENDING

|                     |  |  |
|---------------------|--|--|
| ED Senior Attending | <p>If the Overall Charge Nurse was not at initial briefing, it is the role of the ED Attending to notify of their role. Call OCN and inform him/her:</p> <p><b><i>“Per our ED Emergency Operations Plan, you are in charge of this response as the ED Nurse Leader. The remainder of your instructions are contained in your Job Action Sheet and the ED Emergency Operations Plan.”</i></b></p> <p>Hand the OCN their binder with their Job Action Sheet and vest as the ED Nurse Leader.</p>   |  |
| ED Senior Attending | <ul style="list-style-type: none"><li>• Call Emergency Department Administrator on Duty per on-call sheet posted in ED and inform him/her of situation. Request that ED AOD call hospital AOD Executive to discuss hospital Code Triage activation.</li><li>• With ED Nurse Leaders, call House Supervisor at x3434 (Nights, weekends, holidays).</li><li>• <i>If Hospital Code Triage has not already been activated by Hospital Administration, brief House supervisor on incident and inform of ED Emergency Operations Plan activation; discuss need for Hospital Code Triage (decision to activate Hospital Code Triage rests with the Administrator On Duty or Hospital Executive Officers).</i></li></ul> |  |
| ED Senior Attending | <p>Instruct Additional Attendings Physicians (Purple, Green &amp; PED) to designate all patients in the MD Comments field on Cerner as:</p> <ul style="list-style-type: none"><li>• <b>Chair</b> –may be seated in chair (possible discharges)</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>   |  |

## A1: RESOURCE TOOL: ACTIVATING THE ED EMERGENCY OPERATIONS PLAN (EOP)

---

### INSTRUCTIONS FOR AED CLERK

|           |  |  |
|-----------|--|--|
| AED Clerk | <ul style="list-style-type: none"><li>A mass notification has been sent to all ED Nurses &amp; Physicians to request extra assistance in the ED over the next few hours. They have been given your phone number (at your desk) to call back. You are about to receive A LOT of calls. When people call, please tell the first 10 nurses and 5 physicians that they should come in immediately. Please say:<br/><br/><b><i>“Please check in with the clerk at the AED Side A nursing station when you arrive so that we know that you have arrived and can assign you a work location.”</i></b></li></ul> |  |
| AED Clerk | <ul style="list-style-type: none"><li>Get <b><i>Emergency Department Call-Back Tracking List</i></b> for Nurse/Physician callback to ED from the Emergency Operations Plan binder.</li></ul>   |  |
| AED Clerk | <ul style="list-style-type: none"><li>Immediately speak with the ED Nurse Leader (Nurse Manager or OCN) to ask how many physicians and nurses should be instructed to report to the ED and assist.</li></ul>   |  |
| AED Clerk | <ul style="list-style-type: none"><li>Complete the <b><i>Emergency Department Call-Back Tracking List</i></b> for each person who calls back and for those who report to the ED.</li></ul>   |  |