

## **Barnes-Jewish Hospital Perioperative Services**

**TITLE:** Perioperative Services Disaster Response Plan

**SUBMITTED/REVIEWED BY:** Julie Nash, Trauma Services Manager

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Services

**LAST REVIEWED/REVISION DATE:** October, 2015

### **Policy Statement**

- A.** In the event that potential or real external/internal inflow of surgery patients is expected, the Perioperative disaster plan will be activated.
- B.** The Perioperative Services Disaster plan is an interdisciplinary, dynamic plan to address internal and external disasters.
- C.** In the event of an external or internal disaster/emergency, all personnel in Perioperative Services will be expected to follow the Perioperative Disaster Response Plan.
- D.** The Perioperative services disaster plan is overseen by Perioperative services leadership, Trauma Anesthesia, Trauma Surgery and Nursing leadership.
- E.** Leadership has attended the appropriate incident command training per BJH HICS policy.
- F.** In the event of an external or internal disaster/emergency, the Operating Room activation plan will be expected to be followed by all personnel in Perioperative Services in conjunction with direction from Perioperative Command Center. This plan will assist in policy and procedures to coordinate efforts with Perioperative Command Center and the hospital command center.
- G.** Hospital Emergency Operations Plans are located within the on-line Organizational Policies and Procedures.
- H.** The BJH Fire Plan, O.R. Fire Action Plan, and Perioperative evacuation routes will be used in conjunction with the Emergency Operations Plan in the event of fire or in need to evacuate.
- I.** Resource Materials: All Perioperative personnel will know the location of hospital and department emergency operation plans and will be familiar with their content.
- J.** The BJH Emergency Operations Plans and Perioperative Disaster Response Plan will be reviewed during orientation, whenever the plans change, and annually with staff.
- K.** Employee I.D. badges will be required to access the hospital and departments.

## Procedure

### Perioperative Services Command Center (PSCC)

- A. The Perioperative Services Command Center will be implemented during time of internal or external need – see Addendum A
- B. If the Disaster Response Plan is to be initiated, the first responders in each functional area will access the Perioperative Disaster plan, implement the process and open the PSCC.
- C. Call the Environmental Health and Safety Pager at 314-790-7968.
- D. The PSCC will be located in the 2 SWT anesthesia control room – see Addendum B
- E. The PSCC will be staffed with a member of Perioperative services leadership, Trauma Anesthesia, Trauma Surgeon, Perioperative Services Information systems staff member, Clinical Operations Coordinator and Secretarial support.
- F. The PSCC will be set up with a computer, access to the Emergency management system, land line phones, emergency phone line, 2 way radios, fax machine, printer, paging system, forms box and resource manual.
- G. The first responder will set up the PSCC and initiate the process. All necessary materials are located in locked cabinet in 2SWT anesthesia control room. Information for the room set up, equipment set up, process management will be found in the resource manual located in the forms box.
- H. The PSCC resource materials will contain directions to room set up, equipment set up, process management, equipment reference books and phone reference lists for Perioperative services.
- I. A Liaison will be deployed to the BJH Command Center when requested.

## Communications

- A. Communication between Perioperative Command Center, Pods, and BJH Command Center will be facilitated with the following tools.
  - a) GroupCast
    - i. Utilized for pages, phone calls, email and call down trees
  - b) Perioperative Leadership Paging Group
    - i. Text page to group 1\*
    - ii. Accessed through Security
  - c) Land line phones
  - d) Two way radio

\*Group 1: Vice President, Perioperative Directors, Managers of Perioperative services, Anesthesia and Surgeon leadership.

- B. Perioperative command center will be initiated and Group 1 will be notified through a, b and c by the PSCC command center.
- C. Perioperative command center will notify the desk of each clinical area and communicate with charge nurse. Each clinical area will be managed by the charge nurse, anesthesia and surgeon leader identified.
- D. During non-business hours, notifications will be made to Pod 2 by the PSCC.
  - a) The charge nurse is to notify the in-house anesthesia pod leader and pod surgeon leader.

- E. PSCC will update BJH command center hourly and as needed. A liaison will be deployed to the BJH Command Center when requested.
- F. Clinical areas and teams will update PSCC hourly and when events occur that may affect the clinical area availability.
- G. PSCC will update clinical areas and teams hourly.
- H. Any request generated or received by the PSCC that will need outside resources will be coordinated with the BJH Command Center.
- I. Requests generated or received by the clinical areas will be directed to the PSCC.

## Documentation

- A. Each clinical area and team will maintain their disaster time documentation records. (forms a, c and d below is kept in each clinical areas 'Periop Disaster Box'.)
  - a. Perioperative Personnel Time Sheet – All staff will sign in and out of clinical area during the time of disaster to account for staff safety and payroll purposes. This will be brought to the PSCC every 12 hours or as requested-Addendum C
  - b. Anesthesia Personnel Sign In Sheet- Will be kept in the Anesthesia Control Center.
  - c. Perioperative System Status Report – This is to be submitted to the PSCC hourly or as requested-Addendum D
  - d. Perioperative Patient Tracking Log – This is to be submitted to the PSCC hourly or as requested-Addendum E
  - e. Staffing Assignment Records – This will be updated and maintained within the pods.

## Materials Management and Central Services Processing Department

- A. Supply and Instrument Management:
  - a. Materials & Supplies: Approximate amount of materials and supplies available should be known to accurately anticipate needs in an emergency.
  - b. The BJH linen supplier, Faultless Linen, maintains approximately a 24-hour supply of linen at their facility for the hospital.
  - c. Major material suppliers maintain a 30 day supply of the most commonly used items in the hospital and O.R. (sponges, bovie pens, suction tubing, etc.).
  - d. Perioperative Materials Management maintains approximately a three-day supply of most O.R. specific products and supplies.
  - e. Periop Services Emergency Preparedness Disaster Cache: a back up of critical packs and supplies are kept in the CAB warehouse inside the EH&S supply area.
  - f. Perioperative Materials will provide current inventories of supplies in the OR storeroom, OMNI suppliers, PACU, and Anesthesia supply areas to the BJH command center. The BJH command center will be responsible for reallocating and procuring additional supply resources.
  - g. In the event that the South Campus CSPD/Materials is deemed unusable the North Campus CSPD/Materials will be the first alternate site for instrument cleaning and sterilization. The reverse is true if North Campus is deemed unusable.

- h.** The back up supply and sterile instrument storage area is the 3EP materials/CSPD area on South Campus and in the 4<sup>th</sup> floor CAM OR on North Campus.
- i.** If these areas are unavailable, the PSCC representatives will be charged with identifying an alternate storage location in collaboration with the BJH command center. It should be noted that the decontamination process can be temporarily moved to the dirty utility room on each pod and any Belimed autoclave in the OR areas can be programmed to sterilize wrapped or containerized instrument trays.
- j.** The supplies and sterile trays should be transported on the cart that the product is currently located. This would facilitate the manual tracking and replacement of supplies during the disaster.
- k.** In the event that case cart pick lists are unavailable via SIS due to systems being down, CSPD or Materials staff will use the storeroom preference card downtime database in order to print surgery case cart pick tickets.

#### **B. CSPD/Materials Staffing**

- a.** In the event of a disaster, the call down tree process will be initiated in Materials/CSPD by the manager or supervisor. Call down lists is located in the 3 East Pavilion office suite.
- b.** When called, all employees are expected to be available for duty.
- c.** On duty staff should stay in their assigned areas and await instructions.
- d.** Staffing assignment records will be maintained by the CSPD and Materials supervisors.

### **Pre/Post Anesthesia Care Unit Activation Plan**

#### **A. AM Response**

(Between the hours of 0700-2300 Monday through Friday)

- a.** Activate the PSCC by notifying the Perioperative directors. Each event will be graded accordingly and activation plans will vary according to that grading given by the PSCC.
- b.** A call will be placed to the charge nurse on the bat phone with notification of the nature of the emergency and grade.
- c.** The charge nurse will perform the following duties (selected from list and posted daily) :
  - i.** Notify the PACU Manager.
  - ii.** Gather pertinent information to share with PSCC.
  - iii.** Information will be given by a standardized tally that will be used by all areas for consistencies in reporting.
  - iv.** Information to be included is: the number of bays occupied and open. The number of staff working, both physicians and PACU staff. The number of staff available, both physicians and PACU staff. The number of surgeries still expected to be recovered.
  - v.** Charge nurse will identify potential patients that can be relocated to a different level of care and the staff available and their skill level.
  - vi.** The Charge nurse will set up the PACU command center in module E for all communication to the PACU from the Perioperative Command Center.
- d.** The Charge Nurse will convey this information back to the PSCC.

**B. PM Response**

(Between the hours of 2300-0700 Monday through Friday, weekends and holidays)

- a. There are Call Teams already in place.
- b. The emergency would be tiered to follow the anesthesia guidelines for levels of the disaster and/or emergency – Addendum F

**Operative Room Activation Plan**

**A. AM Response**

(Between the hours of 0700-1700 Monday through Friday)

- a) Activate the PSCC by notifying Perioperative directors/Vice President. Each event will be graded accordingly and activation plans will vary according to that grading given by the PSCC.
- b) A call will be placed to each operating room Pod's front desk with notification of the nature of the emergency and grade.
- c) Each OR Pod's Charge Nurse, Anesthesia Pod Leader and Lead Surgeon (selected from list and posted daily) will perform the following duties:
  - i. Notify the OR Manager for that Pod.
  - ii. Gather pertinent information to share with PSCC.
  - iii. Information will be given by a standardized tally that will be used by all areas for consistencies in reporting.
  - iv. Information to be included is: the number of rooms working and times associated with those for completion or emergency evacuation. The number of staff working, both physicians and Perioperative staff. The number of staff available, both physicians and Perioperative staff. The number of available rooms. The number of cases remaining and type, either elective or emergent.
- d) The Pod's Charge Nurse will convey this information back to the PSCC.

**B. PM Response**

(Between the hours of 1700-0700 Monday through Friday, weekends and holidays)

- a) Activate the PSCC by notifying Perioperative directors/Vice President. Each event will be graded accordingly and activation plans will vary according to that grading given by the PSCC.
- c) b) A call will be placed to each operating room Pod's front desk with notification of the nature of the emergency and grade during business hours. After hours, a call will be placed to the 24 hour POD (POD 2). The PM Charge RN, Anesthesia Pod Leader and Lead Surgeon will perform the following duties:
  - i. Notify the OR Manager for that Pod.
  - ii. Gather pertinent information to share with PSCC.
  - v. Information will be given by a standardized tally that will be used by all areas for consistencies in reporting.
  - vi. Information to be included is: the number of rooms working and times

associated with those for completion or emergency evacuation. The number of staff working, both physicians and Perioperative staff. The number of staff available, both physicians and Perioperative staff. The number of available rooms. The number of cases remaining and type, either elective or emergent.

- e) The PM Charge Nurse will convey this information back to the PSCC.
- f) There are call teams already in place. g) The emergent would be tiered to follow the anesthesia guideline for level of the disaster and/or emergency- Addendum F.**

### **Staffing**

- A.** Employee I.D. badges will be required to access the hospital and department.
- B.** Staff is to report to their department and sign in upon arrival to the department.
- C.** Staff will be prepared to respond quickly and effectively in order to provide support for victims of an emergency/disaster.
- D.** OR staff in the hospital will be expected to report for duty. Employees on duty will remain at their jobs until advised.
- E.** Off-duty employees will be called in as needed, but should not telephone into the hospital.
- F.** Staff is required to keep their contact information up to date with their managers.

### **Emergency resources:**

#### **A. ELECTRICAL POWER**

- a.** Utility failures should be reported to Support Services at 7-7000. Refer to the Water, Oxygen, and Power Outage Plans (BJH On-line Organizational Policies/Procedures). Follow the Utility Systems Failure and Basic Staff Response table in the BJH On-line Organizational Policies/Procedures.
- b.** If a power outage lasts longer than 0-10 seconds and the emergency generators activate, red-colored outlets and outlets in the O.R. suites will be operable.
- c.** Flashlights will be available in every Operating Room, crash cart, and Perioperative desk area.

#### **B. OXYGEN, AIR and SUCTION**

- a.** Shut off valves for oxygen, air and vacuum are located throughout the OR/PACU and are labeled with the area serviced. They are activated by removing the plastic cover and pulling the handles forward.
- b.** Portable oxygen tanks will be used in the event that oxygen flow is disrupted. Oxygen tank locations include all crash carts and anesthesia supply areas.
- c.** Portable electric continuous suction machines will be available for each separate area of the O.R. and will be located near the crash carts if possible.

#### **C. WATER**

- a.** Sterile bottled water is located in O.R suites, Perioperative storage areas, and blanket warmers. Deionized water is available in Central Sterile Processing.

#### **D. TELECOMMUNICATIONS**

- a.** Report telephone outages to 535-8948. Follow the Telephone Outage and Pager Outage Plans (BJH On-line Organizational Policies/Procedures). Red emergency

telephones are located throughout OR/PACU areas to be used during a telephone system outage. A listing of emergency numbers is located in the Disaster Response Manuals.

**E. COMMUNICATION and STAFFING:**

- a. Notification that emergency procedures are in effect will be communicated to the Perioperative Director and/or the 2SWT front desk, BJ south.
- b. An overhead page may also be used to communicate emergency status.
- c. The Perioperative Director or designee for OR/PACU areas, CSPD, OR Systems, and Outpatient areas will contact key personnel, if applicable.
- d. On duty staff should stay in their assigned areas and await instructions.
- e. The decision to implement the Perioperative Disaster Call-down Tree or notify on-call staff to respond will be made by the Perioperative Director or designee.
- f. Determination of staffing needs and plan activation will be based on the Command Center's predicted magnitude of the disaster.
- g. The First/Initial Contacts will be called by the Director or designee. These First Contacts will be responsible for initiating their assigned telephone trees. Assigned staff at the 2SWT front desk will contact all "on call" personnel. Childcare availability should be communicated if known.
- h. If staff are aware of a major external disaster (radio, television, etc.) but were not contacted due to telecommunications failure, they should report for duty as soon as possible.
  - i. Staff should sign in at the 2SWT front desk upon arrival unless otherwise directed when contacted.
  - ii. Staff should sign in on the Perioperative Personnel Time Sheet-Addendum C

**F. OTHER:**

Refer to Emergency Operations Plan in the BJH Organizational Policy and Procedures.

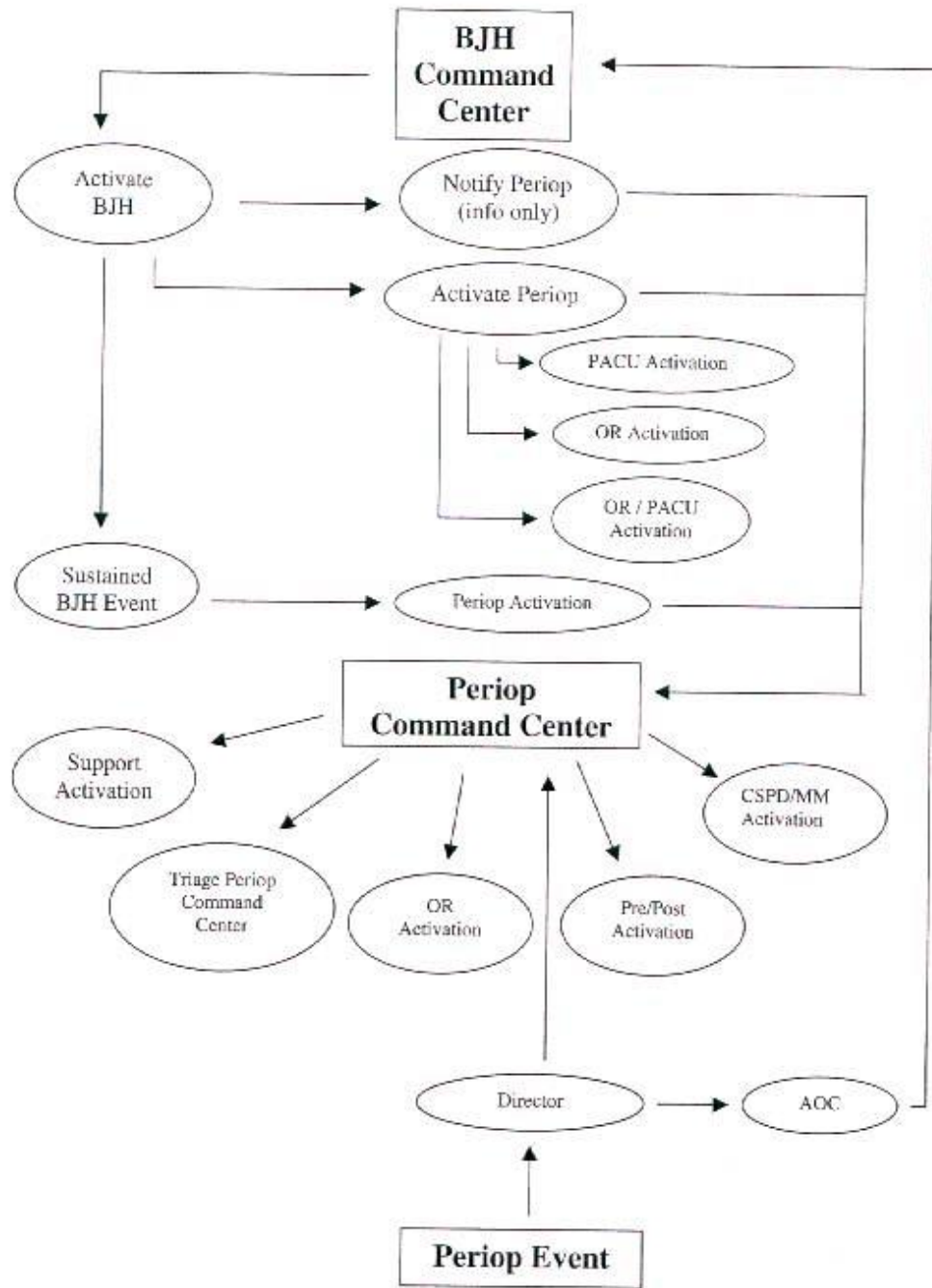
**References**

Barnes-Jewish Hospital Environmental Health and Safety  
Association of Perioperative Registered Nurses (AORN)

**Approval**

Colleen Becker MSN, RN, CCRN  
Executive Director of Perioperative Services

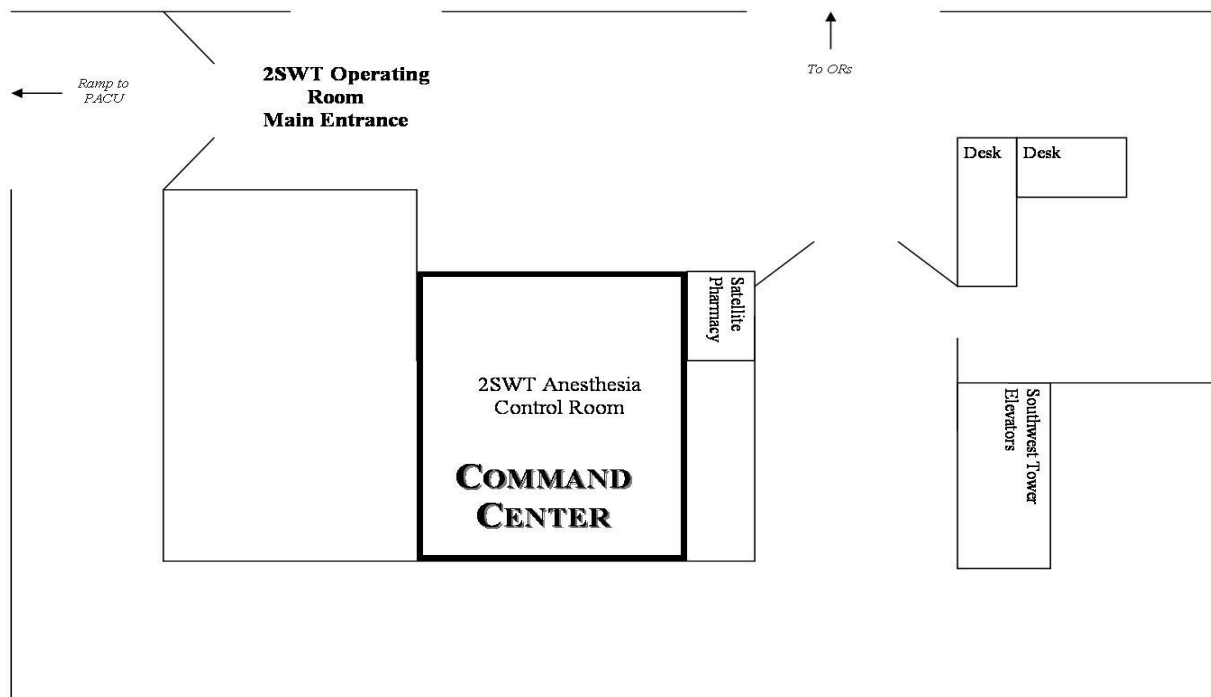
Addendum A-Activation of Perioperative Services Command Center





Addendum B-Map

### BJH South Campus Command Center Map



Addendum C-Perioperative Personnel Time Sheet

**Perioperative Personnel Time Sheet**

Date: \_\_\_\_\_ Hours From: \_\_\_\_\_ To: \_\_\_\_\_ Section: \_\_\_\_\_

Employee Number	Employee Name (Print)	Title/Job Class	Specialty	Contact Numbers	Time In	Time Out

Bring this sheet to Perioperative Command Center every 12 hours  
Periop Command Center Phone 747-9797  
Periop Command Center Fax 747-9798

### Addendum D-Perioperative System Status Report

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Perioperative System Status Report**  
Bring this sheet to Perioperative Command Center every hour.  
Command Center  
Phone #79797 Fax #79798

Pod: \_\_\_\_\_

System/Information	Operational Status(Red/Yellow/Green)	Comments: (if non-operational, give reason and estimated time/resource to necessitate repair)
Structural Components	<input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green	
Electrical Power- Primary/Generator	<input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green	
Water	<input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green	
Oxygen	<input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green	
Other Medical Gases	<input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green	
Suction	<input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green	
CSPD Info	<input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green	
Heating/Air Conditioning	<input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green	
Pneumatic Tube	<input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green	
Telephone	<input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green	
Fax	<input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green	
Laundry Available	<input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green	
Staffing	<input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green	
Steam	<input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green	
Network and/or ORMIS	<input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green	
Scrub Avals	<input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green	
Other	<input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green	

Red: Not Operational  
Yellow: Issue Identified but remains Operational  
Green: Operational

### Addendum E-Perioperative Patient Tracking Log

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Perioperative Patient Tracking Log**  
Bring this sheet to Perioperative Command Center every hour.  
Command Center  
Phone #79797  
Fax #79798

Event: \_\_\_\_\_ Pod: \_\_\_\_\_

Time/Location									
Med Rec #	Patient Name	Age/DOB	Status*						Disposition

\*Status Definitions:  
G-Green-NonCritical/Ambulatory  
Y-Yellow-NonCritical/Non-Ambulatory  
R-Red-Critical-Req. Ventilation  
B-Black-Expired/Death Imminent

## Addendum F-Washington University Department of Anesthesia Tier Response

- Level I Disaster (<10 casualties)  
Anesthesia provided by in-house coverage +  
Tier 1 Recall  
--recall of Trauma Anesthesia providers available
- Level II Disaster (10-20 casualties)  
Anesthesia provided by in-house coverage + Tier 1 +  
Tier 2 Recall  
– recall of about half of south anesthesia faculty, CRNA's plus all CA-III residents
- Level III Disaster (20-50 casualties)  
Anesthesia provided by in-house coverage +  
Tier 1 + Tier 2 +  
Tier 3 Recall  
--recall of all south anesthesia faculty, CRNA's plus all CA II & III residents
- Sustainment Operations (>50 casualties)  
Anesthesia provided by in-house coverage +  
Tier 1 + Tier2 + Tier 3 +  
Tier 4 Recall  
--recall/notification of CAM (Pod4) anesthesia faculty plus all CA I residents  
--these providers will do “follow-on” shifts for the first anesthesia responders