

St. John NorthEast Community Hospital Detroit

SUBJECT: Code Yellow Institutional Disaster Plan
DATE: April 2000

DEPARTMENT: Administration
DISTRIBUTION: All Departments

PURPOSE:

The purpose of this Disaster Plan is to have a program of sound, orderly action for the hospital and Medical Staff in the event of any emergency classified as a disaster.

POLICY:

“**Code Yellow**” is a term used in the hospital to denote a disaster situation or disaster drill. To underscore the importance of drills in the preparedness process, they are announced the same way as an actual disaster. A code yellow brings a medical and administrative response team together to treat numbers of casualties — a larger number than could routinely be treated in the Emergency Department or a haz mat situation. This policy sets the framework for the hospital’s disaster preparedness and response efforts. Departments with specific responsibilities during a code yellow are expected to develop and implement procedures that coordinate with this institutional plan.

PROCEDURE:

A. CODE YELLOW DEFINITION

CODE YELLOW is the term used in the hospital to alert employees and the medical staff that a situation has occurred, which will bring more casualties to the hospital than can be handled through routine Emergency Department operations. Employees and the medical staff are alerted to an actual or impending disaster situation (or drill) over the public address, using the **CODE YELLOW** designation, in order not to alarm patients and visitors.

Internal Disaster Situation — “**CODE YELLOW**” followed by **location** will be announced.

Haz Mat Situation — “**CODE YELLOW HAZ MAT**” will be announced.

B. NOTIFICATION OF DISASTER SITUATION

The types of situations that lead to the calling of a **CODE YELLOW** are generally situations that leave a large number of injured in need of medical care. The Emergency Medical Service (EMS) or police department, who generally transport the injured, are expected to notify the receiving hospital that they are bringing a number of patients and give general indications of injuries. This is usually done over the telephone or the EMS radio system.

C. PREPARATION PRIOR TO CALLING A CODE YELLOW

The person receiving notification of the disaster will immediately notify the Emergency Department Patient Care Coordinator/Charge Nurse.

The PCC/Charge Nurse and ED Physician in conjunction with the Administrative Director of ED Services and Safety Officer will evaluate the situation and determine the need for initiating the disaster plan.

D. CALLING A “CODE YELLOW”

A **CODE YELLOW** should be initiated by the ED Administrative Director/PCC/designee without delay. The switchboard operator will be notified to call a **CODE YELLOW** by dialing 45. The code is officially started by announcing “**CODE YELLOW**” three times over the public address system. For an internal disaster situation, a

“CODE YELLOW” followed by location will be announced. For a haz mat situation, a **“CODE YELLOW HAZ MAT”** will be announced.

E. LOCATIONS AND THEIR SPECIAL DESIGNATIONS DURING A DISASTER

A number of locations have special designations during a disaster situation: See Attachment C.

1. The Control Center is the headquarters for disaster (disaster drill) activity. It is located in the Community Relations conference room at St. John NorthEast Community Hospital (ext. 2365). Risk Manager or designee will be in charge of the Control Center.
2. The Triage or patient sorting area is located in the Emergency Department area, nearest the ambulance entrance. In the event of an internal disaster, the triage site would be a safe distance from the internal disaster location. The Director of Safety/Security or designee will work with ED staff to establish a triage area. In the event of a haz mat situation, triage will be in an area designated by security.
3. Patient Registration will be located adjacent to triage area.
4. Major Treatment is located in the Critical Care area of the Emergency Department. If a patient has been identified by the triage doctor or nurse to need immediate and complex care, the patient would be taken to major treatment.
5. Minor Treatment is located within the Emergency Department outside of the Critical Care areas. After triage evaluations, minor treatment is for patients whose injuries can wait until medical manpower becomes more available.
6. The Morgue remains in its usual location. Victims who arrive DOA will be taken to the morgue, pending instructions from civil authorities.
7. The Manpower Pool is located in Classrooms A and B. The Manpower Pool is administered by the Director of Human Resources or designee and is staffed by employees freed up by their manager/supervisor from their routine duties. Duty assignments and identification arm bands as follows:

RN	Red
Helpers	Peach
Respiratory Therapist	Blue
Clerk/Unit Secretary	Purple
EDT/Nurse Assistant	Brown
Others	White

8. The Medical Manpower Pool is located in the Medical Staff office/Doctor's Lounge. The pool is coordinated by the Manager of Physician Services or designee. During a disaster situation, doctors are expected to remain in the hospital or come to the hospital, to treat the casualties. Doctors will be issued a yellow arm band.
9. The Public Information Office will be operated in the main lobby at the Information Desk. The area is staffed by Community Relations. The Director of Community Relations shall direct the office and serve as hospital spokesperson.
10. The Discharge Area is located in the Emergency minor treatment area/GYN room. Patients are treated in a disaster situation without first processing paperwork. All patients treated and ready for release must be taken to the discharge area for processing.
11. The Family Waiting Area will be located in the Surgical Lounge staffed by Social Work and Discharge Planning. This area will be activated as family members arrive and need to be informed regarding the status of their relatives and loved ones.
12. The ED Lobby is staffed by Security, Social Work, and Discharge Planning staff. They will help direct visitors and media.

F. INTERNAL DISASTER SITUATIONS

An internal disaster situation is caused by significant or threatened staff and/or patient casualties with attendant damage or destruction to the physical plant.

1. The charge person or designee at the disaster site shall notify the Emergency Department Administrative Director/Patient Care Coordinator or designee of the disaster situation and establish the triage area. He or she also will notify the operator.

2. An internal disaster plan shall be implemented in the same manner as the external disaster plan; however, in the internal disaster plan, the switchboard operator or designee shall also announce the location of triage, which shall be at or near the disaster site.
3. The Security Services Department will notify appropriate civil authorities (i.e., EMS, Detroit Fire Department, Detroit Police Department), if indicated by the nature of the internal disaster.
4. Plans for partial or full evacuation of the hospital shall be activated by the Detroit Fire Department Incident Commander or designee. The charge person at the scene, however, may evacuate persons from the areas of danger to a safe location inside or outside of the hospital if civil authorities have not yet arrived. (Please refer to Evacuation Policy.)

G. ALTERNATE METHODS OF COMMUNICATIONS

Part of any disaster situation, whether internal or external, can be partial or complete outage of the central telephone system. The hospital has determined that in such an event, alternative types of communication should be used:

1. For Internal Communications:
 - a. Plant Operations has a number of walkie-talkies that can be distributed and used by the key staff. Radios will be distributed at Major/Minor Treatment, Control Center, Manpower Pool, and Triage areas.
 - b. Messengers (from the Manpower Pool) can deliver written and verbal messages.
2. External Communications:
 - a. Security Services has an emergency cellular phone at the ED security office. Check with the switchboard/Telecommunications Manager for additional cellular telephones.

H. OBTAINING SUPPLIES DURING A DISASTER

From Internal sources: Normal supplies on hand may not be sufficient during a disaster. Areas needing supplemental supplies should contact Materials Management or Pharmacy. Between 3 p.m. and 7 a.m., security staff will obtain additional supplies as requested/required from Materials Management. Pharmacist on call should be contacted for the needed pharmacy supplies. Emergency orders will be filled as messengers wait. If your department anticipates a need for unusual amounts of specific supplies, this information should be shared with the Director of Materials Management or designee.

From External sources: Contact the staff of Materials Management if you need or will need supplies and equipment not kept at the hospital. Discuss your anticipated needs and available stock in Stores and other departments with Materials Management.

I. RE-SCHEDULING & MODIFICATIONS

1. During an actual disaster situation, Control Center staff will work with impacted departments regarding their need to change patient care schedules or to temporarily shut down operations. Managers and Directors or designee(s) will work to facilitate transfer or discharge of appropriate patients.
2. The Nursing Department Administrative Directors or designee(s) will work to facilitate transfer or discharge of appropriate patients. A list of these patients will be sent to Patient Registration (See Attachment A and B).
3. During drill situations, patients should not be re-scheduled. Patients, however, may face some temporary delays in service. The Department Director needs to be contacted if more than temporary delays will be encountered.

J. See Radiation and Chemical Isolation and Decontamination Plan.

K. CALL LIST NOTIFICATION

In the event a disaster is called (7 days, 24 hours), the switchboard operator and other designated employees will initiate call-in notification of key employees based on the Emergency Call List.

President and All VPs
 Director of Patient Financial Services
 Director of Spiritual Care

Director of Human Resources
Administrative Director of Anesthesia
Administrative Director of Surgical Services/Recovery Room
Director of Pharmacy
Director of Safety
Director of Telecommunications
Director of Marketing/Community Relations
Administrative Director of Emergency Services
Director of Social Work and Discharge Planning
House Supervisors
Nursing Director on call
Risk Manager
Manager of Physician Services

L. ALL CLEAR PROCEDURE

Each of the following treatment areas shall radio the Control Center immediately upon completion of expected disaster related activities:

Triage
Treatment area (Major and Minor)

The Control Center will notify the switchboard operator to announce CODE YELLOW-ALL CLEAR, ending formal disaster or disaster drill activity.

M. CRITIQUE AND REVIEW

After each disaster or disaster drill, a critique will be held. ■

**St. John NorthEast Community Hospital
Disaster Plan
CCU or Intermediate Care Transfer to Regular Bed List**

UNIT SECRETARY OR MESSENGER will deliver or fax (Ext. 5650) this list to the Central Registration Office once determinations are made.

FROM BED	TO BED	FROM BED	TO BED

St. John NorthEast Community Hospital
Disaster Plan
Inpatient Disaster Discharge Bed List

UNIT SECRETARY OR MESSENGER will deliver or fax (Ext. 5650) this list to the Central Registration Office immediately after patients have been seen and a determination made.

NOTE: If ambulance is needed for discharge, indicate on this sheet.

Room Number	Male or Female Bed	Patient's Name	Ambulance Indicated

**CODE YELLOW – DISASTER PLAN
ATTACHMENT C**
**St. John NorthEast Community Hospital
Code Yellow
Master Staffing Plan of Disaster Sites**

Department	Major Treatment	Minor Treatment	Triage	Manpower Tool	Front Lobby/ ED Lobby	Family Receiving Surgical Lounge	Information Desk	Control Center	Medical Manpower	Discharge Area
Patient Registration			1 Staff							3 Staff
Patient Care Services	1-ED RN 1-CCU RN 1-Step Down RN 1-EDT	1-ED RN 1-Step Down RN	1-ED RN 1-M/S RN				1-M/S RN			1-ED RN 1-Rehab RN
Cardio-Pulmonary	1-RT	1-RT								
Pathology	1-Lab Assistant (To assist wherever needed)									
Support Services			1- Security Officer	2 + House- keeping staff 2-Maintennce staff	1-Security Officer per area			Safety Director		
Human Resources Services				2+H.R. Managers & staff						
Community Relations			X				X			
Social Work & Discharge Planning				1-2 Social Work Staff	1-2 Social Work Staff	1-Social Work Staff				
Medical Records				1-Medical Records Staff						
Medical Staff									All Medical Staff at the hospital/ Manager, Physician Services	
Radiology	1-Tech	1-Tech								
Spiritual Care	Priest/Chaplain on call					Chaplain/ Sister				
Pharm. Services	1-Tech (To assist wherever needed)									