

**Marin General Hospital
Medical Staff**

April 2, 2010

Updated Emergency Operations Plan

Dear Active Staff Colleagues,

I am pleased to announce that Marin General has adopted the recommendation of the California Hospital Association to implement emergency codes that are standardized throughout California hospitals. As part of that process, the Medical Executive Committee (MEC) also approved a new Emergency Operations Plan (EOP) in February that complies with new Joint Commission standards. Key staff members received an email update concerning the new emergency codes at that time. The new codes were also presented at Department meetings.

To implement the EOP, the following has been accomplished:

1. All employees received new emergency code cards in February.
2. The housewide emergency code plan is online in the Housewide Administrative Policy/Procedure Manual under the heading Emergency Codes
3. Updated Emergency Response guides and Emergency Operations Plans are now posted throughout the hospital and online

Enclosed are the following for your review and use.

- **A “Physician Role in a Disaster” guide approved by the MEC in March**
- **A new MGH Emergency Code Card to replace the ‘gold’ Code Card you may be currently using with your ID badge.**

The “Physician Role in a Disaster” Informational guide is readily available online and in the Medical Staff Lounge (**passcode 2424**). Thank you for your assistance in the event of a disaster situation.

Sincerely,



Kerry Davidson, M.D.
Chief of Staff

**MARIN GENERAL HOSPITAL
EMERGENCY OPERATIONS PLAN**

PHYSICIAN ROLE DURING A DISASTER

Reference the chart below for Physician Reporting Locations and Role/Responsibilities during a disaster.

All physicians should don MGH photo ID badges at all times when at the hospital.

If you are unable to reach Marin General Hospital (MGH) or another facility where you have privileges, report to the Emergency Department of the closest hospital. *You will need proof of licensure for emergency credentialing.*

Types of Hazards				Reporting Location and Role/Responsibility
Radiation	Chemical	Biological	Trauma	
X	X	X	X	<p>Emergency Department Physicians (or those with military triage experience): <u>Report to the ED.</u> The chief ED MD will make assignments to the Triage Area and Immediate Treatment Area. If Staffing allows, you may also cover the Delayed and Minor Treatment Areas.</p>
			X	<p>Surgeons & Anesthesiologists: <u>Report to the OR or where you are on call.</u> Be available for emergency surgeries and support treatment areas if not needed for surgery. Trauma patients will be arriving at non-trauma facilities.</p>
X and may see in office		X and may see in office		<p>Family Medicine/Pediatrics/Internal Medicine/Hospitalists <u>Report to the Medical Staff Lounge.</u> Receive assignment from the Medical Director or designee. If you have patients currently within the facility, they may need to be evaluated for potential discharge or transfer to a lower level of care. Hospitalists will be directed to manage floor evacuations and medical triage.</p>
Possibly	Possibly	X	X	<p>Specialty Practice: <u>Report to the Medical Staff Lounge.</u> Receive assignment from the Medical Director or designee as needed.</p>

**MARIN GENERAL HOSPITAL
EMERGENCY OPERATIONS PLAN**

PHYSICIAN ROLE DURING A DISASTER

Physician Reporting Locations and Role/Responsibilities during a disaster are as follows.

All physicians should don MGH photo ID badges at all times when at the hospital.

Emergency Department Physicians (or those with military triage experience):

Where to report: Report to the ED. If you are unable to reach a facility where you have privileges, go to the closest hospital. You will need proof of licensure for emergency credentialing.

Your role: The chief ED MD will make assignments to the Triage Area and Immediate Treatment Area. If staffing allows, you may also cover the Urgent Care Treatment Area.

Surgeons & Anesthesiologists:

Where to report: Report to the OR where you are on call, or to the closest facility where you have privileges. If you are unable to reach a facility where you have privileges, go to the closest hospital. You will need proof of licensure for emergency credentialing.

Your role: Be available for emergency surgeries and support treatment areas if not needed for surgery. Trauma patients will be arriving at non-trauma facilities.

Family Medicine / Pediatrics / Internal Medicine / Hospitalists:

Where to report: Report to the Medical Staff Lounge. The Medical Director will make assignments. If you are unable to reach a facility where you have privileges, go to the closest hospital. You will need proof of licensure for emergency credentialing.

Your role: If you have patients in the facility, they need to be promptly evaluated for potential discharge or transfer to a lower level of care. Hospitalists will manage medical triage and evacuation of medical inpatients. Otherwise you will be given an assignment of treating patients in the Delayed (moderate injury) or Minor (minor injury) Treatment Areas. You may also be assigned to treat patients in the Immediate (severe injury) Treatment Area.

Specialty Practice:

Where to report: Report to the Medical Staff Lounge. The Medical Director will make assignments. If you are unable to reach a facility where you have privileges, go to the closest hospital. You will need proof of licensure for emergency credentialing.

Your role: To be available for your specialty needs. Otherwise you will be given an assignment of treating patients in the Delayed (moderate injury) or Minor (minor injury) Treatment Areas. You may also be assigned to treat patients in the Immediate (severe injury) Treatment Area.

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PHYSICIAN ROLE DURING A DISASTER

ACTIVATION: Upon implementation of the Emergency Operations Plan (**EOP**), the Medical Executive Committee physician leaders will be notified that the organization has experienced some level of an emergency response, triggering the activation of Hospital Command Center (**HCC**) and related Incident Command structure.

UPDATES: Notification to MGH physicians will follow, using a multitude of vehicles including but not limited to, phone-voicemail, email and the California Health Alert Network (CAHAN). Notification is intended to activate the physician chain of command and designate the most appropriate member (s) to interact with the triage Hospitalist assigned to the Incident Management Team (IMT).

ASSIGNMENTS: The Physician's role during this activation will be dependent on the timing and nature of the disaster. During the initial implementation stage, the triage Hospitalist will be the primary responder to function on the Incident Management Team in the Hospital Command Center until relieved by Medical Staff leadership. The triage Hospitalist will initiate the appropriate medical staff chain of command to report to the command center. Otherwise, all other physicians will report to the medical staff lounge and be assigned as needed by the Incident Commander and Medical Technical Specialist. This may include assisting to mentor physicians who have been granted emergency privileges.

REPORTING: In addition to being assigned to specific areas of the organization as outlined in the roles and responsibilities and reporting grid, physicians will be tasked with providing real time input in the six critical areas of operations. Examples of areas where physicians will be engaged include but are not limited to, discharge, transfers, management of vulnerable populations, and medical ethical decisions regarding disposition of critical resources.

ID BADGES: All MGH employees and physicians are required by state law to wear an identification badge when coming onto hospital property, into the hospital and while in the hospital. Wearing your MGH photo identification badge is a critically important means to identify your role within the hospital as well as to allow you to pass through any restricted access points en route to the hospital, and into the hospital.

Examples of disasters that will require additional physicians:

Multi-Casualty Incidents (CODE TRIAGE, EXTERNAL)

Earthquake	Terrorism	HazMat Incident
Transportation Disaster	Radiological Event	

Internal Events (CODE TRIAGE, INTERNAL)

Evacuation	Bomb Threat/Explosion	Utility Failure
Fire	HazMat Incident	