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King Faisal Specialist Hospital & Research Centre

EMERGENCY OPERATIONS PLAN (EOP)

EXTERNAL DISASTER (CODE YELLOW)
INTERNAL DISASTER (CODE ORANGE)

September 2025

To

September 2028

APPROVED:

_____

H.E. Majid Alfayyadh, MD, MMM
Chief Executive Officer
King Faisal Specialist Hospital & Research Centre

Crisis & Disaster Management Department
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Letter of Promulgation

EMERGENCY OPERATIONS PLAN (EOP)

PROMULGATION

King Faisal Specialist Hospital & Research Centre (KFSHRC) - Riyadh is committed to safeguarding the well-being of patients, staff, visitors, and contractors on our premises. Recognizing that disasters pose the greatest threat to this commitment, we have developed this Emergency Operations Plan (EOP) to ensure preparedness, response, and continuity of operations.

The Emergency Operations Plan (EOP) outlines a comprehensive, risk-based approach to emergency management aligned with our Hazard Identification and Risk Assessment (HIRA). It defines roles, responsibilities, and resource requirements for disaster response. This plan establishes clear guidelines and operational procedures for both internal and external emergencies.

Emergency management is an ongoing process that evolves in response to lessons learned and real-world experiences. We must continually refine our response capabilities to address potential threats to the hospital. I encourage all KFSHRC - Riyadh employees to familiarize themselves with this plan and their respective roles in emergency situations.

In accordance with my authority as Chief Executive Officer and recognizing KFSHRC - Riyadh's responsibility for emergency management, I hereby formally approve and implement the King Faisal Specialist Hospital & Research Centre (KFSHRC) - Riyadh Emergency Operations Plan (EOP).

_____

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Chain of Succession – Continuity of Government

King Faisal Specialist Hospital and Research Centre:

King Faisal Specialist Hospital and Research Centre (KFSHRC) - Riyadh. The Emergency Operations Plan (EOP) outlines a clear chain of succession, delegating the CEO, H.E. Majid Alfayyadh's authority to specific individuals in the event of their unavailability during a major emergency or disaster is as follows:

1. Deputy Chief Executive Officer, or Assignee
2. Assistant Chief Executive Officer, or Assignee
3. Chief of Staff, Healthcare Delivery or Assignee (EOC Commander)
4. Chief Medical Officer, M.A. or Assignee

Note: The Chief Medical Officer, M.A. or Assignee, is the (EOC Operation Chief) and empowered to support both clinical and non-clinical decisions within the EOC during an incident.

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Annual Review & Records of Changes

Annual Review Table

Element Reviewed	Date of Last Review	Crisis & Disaster Management Department	Committee Review
Overall Plan	February 2023	Annual Review	EPC
Overall Plan	August 2024	Annual Review	EPC Taskforce
Overall Plan	September 2025	Annual Review	EPC Taskforce

Record of Changes

#	Section	Date	Changes made by	Description of Changes
1	Over All	January & February 2023	Crisis & Disaster Management & Emergency Preparedness Committee	**1.** (PBX) Changed to Crisis & Disaster Dispatch Center (CDDC). **2.** Added New Non-Medical Dispatch Number 8888. **3.** Medical Dispatch Number to 2222. **4.** Page 10/6.9 Clinical Service Responsibilities. **5.** (EOC) Chief Communication and Marketing Officer Position Title Changed. **6.** Executive Oversight Chief of Staff Removed. **7.** Planning Position Changed. **8.** EOC Assistant Position Changed. **9.** Executive Assistant Position Added. **10.** Manpower Pool Locations Changed. **11.** Disruptive, Hostile, Threatening Visitor or Employee (Code White) Changed. **12.** (CDDC), (NVSDU) Added to Acronyms. **13.** PBX Removed from Overall Plan. **14.** Assembly Area Location Updated. **15.** Internal Gathering & Assembly Point Locations Updated.
2	Over All	August 2024	Crisis & Disaster Management & EPC Taskforce	**1.** Modified purpose section by referring the plan to HIRA. **2.** Updated Radiation Safety Officer EXT and MCD. **3.** Removed Code Purple. **4.** Ensuring the meaning is clear and unambiguous. **5.** Sub Plan form updated. **6.** Powerhouse Control Room number.
3	Over All	September 2025	Crisis & Disaster Management & EPC Taskforce	**1.** Modified titles. **2.** Updated chain of succession. **3.** Input changes from Nursing, Safety and Loss Prevention, UMD, Contracts Services, Supply Chain Management, Infection Control and Ambulance.

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Section 1: The Basic Plan – Purpose and Scope

Purpose: The purpose of the Emergency Operations Plan (EOP) is to establish a comprehensive, integrated framework for managing internal and external disasters. By conducting a thorough Hazard Identification and Risk Assessment (HIRA), the EOP outlines procedures for response, recovery, and mitigation efforts. This plan ensures a coordinated, multidisciplinary approach to safeguard lives, property, and the environment in the event of a disaster or imminent threat, whether natural, manmade, or technological which are broken down into two categories:

1. **Internal Disaster (Code Orange):** any event occurring or affecting the hospital within or near the perimeter, which disrupts services, isolation, and/or danger to patients, visitors, staff, housing residents and/or contract workers.
2. **External Disaster (Code Yellow):** any event occurring external to the hospital campus, creating a sudden influx of incoming patients to the hospital. Such events will have a direct or indirect impact on the health, safety, facilities, or operations of the hospital. This plan provides an emergency response mechanism through preparation for measures that save lives, minimize damage, and provide an adequate response to emergency incidents.

Scope: The scope of this EOP ensures King Faisal Specialist Hospital and Research Centre (KFSHRC) - Riyadh can adequately respond to all identified hazards in HIRA, to ultimately save lives, while managing resources and continuing operations. This plan applies to all hospital staff and participating agencies/departments, as well as residential compounds within the hospital's premises, including KFNCCC. **Note:** The COOP is a supplement to the EOP.

Authority: In 1970, His Royal Highness King Faisal bin Abdulaziz Al Saud, by Royal order, established King Faisal Specialist Hospital and Research Center. Authority, found in Article 1 of the Hospital Charter, establishes financial reporting to the Prime Minister of Saudi Arabia. Authority within the organization is distributed through the established organizational chart and delegations of authority per hospital policy. The EOP is reviewed by the Emergency Preparedness Committee (CFO 1198), which reports to the Hospital Safety Committee (CFO 110), which, in turn, reports to Executive Management. Authority to establish, monitor, maintain, review, and implement the Crisis & Disaster Management program of the hospital has been designated to the Safety and Security Services Division and Crisis & Disaster Management Department which works with all relevant stakeholders. The EOP is implemented by uploading it to the hospital intranet.

Situation & Assumptions: There are various internal and external emergencies or disasters that may trigger the EOP, whether natural (such as flooding), manmade (such as terrorism), or technological (such as a full-scale fire). This plan is grounded in a comprehensive Hazard Identification and Risk Assessment (HIRA), encompassing all reasonably foreseeable threats while acknowledging the inherent limitations of predicting every potential emergency or its variations. This document was prepared using knowledge from history and experience based on best practices and recognized standards and guidelines, such as those outlined in the Emergency Management Accreditation Program (EMAP). This plan will be activated in response to any occurrence/incident, which may occur, or in preparation if an advanced warning is received which may impact the organization.

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Section 1: The Basic Plan – EPC, Resources, Sub-Plans

Emergency Operations Planning is based on the assumption that KFSHRC-Riyadh will not receive warning of an impending emergency. As a result, a Hazard Identification and Risk Analysis (HIRA) is essential to Emergency Operations Planning and is conducted by the Crisis & Disaster Management annually, which reports the findings to Executive Management and relevant stakeholders. The HIRA addresses:

- Identification of all hazards to the hospital (Natural, Manmade, and Technological).
- An assessment of the impact on the given assets of the hospital should the hazard occur.
- A vulnerability assessment and consequence analysis to determine the effects of all hazards on people, property, the environment, and Hospital Operations.

Therefore, if one or more provisions of this EOP become clearly in conflict with the best available action in the interest of life safety, then those authorized within the EOP are empowered to take the best available action in place of any that may be prescribed herein. If a Code Yellow becomes a Code Orange, the Code Orange Annex of this EOP will take priority and shall be utilized for the response.

Emergency Preparedness Committee (EPC) (Implementation)

1. The Crisis & Disaster Management Department provides and oversees the logistical support and resource requirements necessary to review, implement, and revise the EOP and is responsible for:

- **Plan Maintenance:** The effectiveness of the EOP will be evaluated annually, revised every three (3) years, and updated as deemed necessary. (**Note:** For a schedule, please see the Emergency Preparedness Plan, Appendix, Section D)
- **Annual Testing** of the plan through the conduction of either one (1) Full Scale or two (2) Functional Exercises of either the Code Yellow or Code Orange annexes of this plan.
  - **A. "Hot wash" debriefs** led by the Manager of Respond & Recovery Section or another appropriate individual, conducted immediately after the exercise.
- **After Actions Report (AAR)** will be compiled by Crisis & Disaster Management, reviewed and approved by the Emergency Preparedness Committee (EPC), then to be forwarded to the Hospital Safety Committee (HSC).
- **Verifies Departmental Sub-Plans,** including the responsibilities and roles of each department, and ensures that they do not conflict with other Sub-Plans or with the main EOP.
- **Uploads the EOP** and other Emergency Management Plans to the Hospital intranet.
- In the following documents, KFSHRC outlines the operational priorities for the organization, which include:
  - **A. Life, Safety, and Health** according to **NFPA** Life Codes 101, as adopted by the Hospital and Fire & Safety Training, as outlined in **APP-55** "Fire Safety Training."
  - **B. Property Protection** according to **NFPA** Life odes 101, **NCIPP-1534:** "Fire Alarm System Operation and Maintenance Procedures."
  - **C. Environmental Protection** according to **CIPP-654:** "Medical Waste Disposal" and the Radiation Safety Manual.

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D. **Restoration of Essential Utilities** according to **NCIPP-1885:** UMD "INTERNAL DISASTER PLAN" and **NCIPP-1580:** "GENERAL PROCEDURES GUIDELINES."

E. EMERGENCY/SHUTDOWN/POWER OUTAGE" **NCIPP-1910:** "UTILITIES DEPARTMENT – WATER TREATMENT SECTION CONTAMINATED WATER DISASTER PLAN" **NCIPP-5184:** "Electrical Power Failure and/or Loss of Medical Gas Supply in Critical Care Areas."

F. **Restoration of Essential Program Functions** Essential program functions will be restored according to procedures outlined in departmental Sub-Plans, Action Cards, and disaster activation/deactivation processes.

G. **Coordination among appropriate stakeholders** will occur according to the Hospital Committee, Sub-Committee, Task Force, and Meeting process outlined in APP-58: "Management of Hospital Committees.'"

2. Policies and Procedures needed for implementation include:

EOC/ICP Activation and Deactivation Procedures, Binders, and Action Cards are outlined in the Crisis & Disaster Management Emergency Preparedness Plan (EPP). These procedures are monitored, revised, and implemented by the Crisis & Disaster Management Department with the support of the Emergency Preparedness Committee (EPC).

2.1 APP-58: Management of Hospital Committees

2.2 APP-5111: Categorization and Hierarchy of Hospital Official Documents

2.3 APP-113: The Development and Review Process of Administrative Policy and/or Procedure (APP)

2.4 APP-5113: The Development and Review of Clinical Internal Policy and/or Procedure (CIPP) and Non-Clinical Internal Policy and/or Procedure (NCIPP)

Logistical Support and Resource Management: All logistical support and resources required to prepare and respond to a disaster event will be acquired, maintained, and distributed according to hospital policy and procedure. Exceptions to these policies will be presented to the CEO/designee for evaluation.

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Section 1: Concept of Operations – Sub Plans & Emergency Activation

Department Sub-Plans: The Hospital Internal/External Disaster Plan Departmental Sub-Plans **should be available and accessible to all applicable staff in disaster folders in the area.** Department Sub-plans determine the functional roles and responsibilities for Departments that are involved in disaster response. **The Emergency Warden, Chairmen, and Department Heads** must:

1. Ensure that all staff are trained and ready to implement their department's Sub-Plan.
2. Ensure that their department's Sub-Plan is updated or revised every three (3) years as needed. The Sub-Plan shall include action cards for each key position in the Department that is required when a Code Orange or Yellow is activated. The Chairman of the Hospital Safety Committee (HSC) shall approve the Sub-Plan. The Disaster Sub-Plan and Action Card templates in APPENDIX 5 shall be utilized.
3. Forward the original signed copy of the Sub-Plan to the office of Crisis & Disaster Management to be kept in a central file.
4. Maintain an updated contact number list of its employees which is reviewed and revised as necessary.
5. Maintain required supplies ready for a disaster. Ensure the department sub-plan is tested annually through internal departmental training. (Annually as per schedule).
6. The Evacuation Appendix is found in Code Orange folders. These are mandatory for areas with inpatients. All other areas of the hospital will follow fire evacuation plans mounted on the walls.

Note: For specific in-depth departmental operational details, consult the Emergency Warden.

Internal Emergency Activation and Escalation to Code Orange

1. Staff discovering an emergency must follow Emergency Reporting Procedures, prioritizing the rescue and evacuation of those in immediate danger without risking their own safety. Report the incident immediately by dialing #8888.
2. Crisis & Disaster Dispatch Center shall immediately dispatch one of the following:
   - **2.1** For fire related concerns: Activate "smell of smoke" and/or "Code Red" roster based on the request and level of authority.
   - **2.2** For non-fire related concerns: Activate a specific type of incident roster (i.e., safety, security, radioactive spill, loss of utility, medical gas failure, environmental service) to investigate and escalate.

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Section 1: Concept of Operations – EOP Activation (Figure 2)

EOP Activation

1. A Code Yellow/Orange can be initiated upon notification of the situation. The CEO, Deputy CEO, CEO-HD, CMO & Deputies, DEM Chairman & Deputies, Director of Safety and Security Services Division, or the AOD (after hours) and the Head, Crisis & Disaster Management. When feasible, authorization to activate a Code Yellow/Orange should be sought from the CEO, CEO-HD, or their designee. If immediate activation is necessary, it should proceed without delay. Recommendations for activation may be received from Ambulance Services Leadership, KFNCCC Administrator (for incidents at KFNCCC), or the Fire Marshal.
   (**Note:** The CEO/designee is responsible for declaring a State of Emergency to local authorities.)
2. The authorized individual contacts Crisis & Disaster Dispatch Center extension #8888 to activate the Code Yellow/Orange.
3. The Dispatcher will activate the Automatic On-Call Dispatch system and send the Code Yellow/Orange activation messages to the Emergency Operations Center (EOC), Essential members, and Incident Command Post (ICP) members.
   Note: This system contains the names, titles, personal, and work phone numbers for all staff required for disaster operations. **(Message & System details in Appendix 1)**
4. If deemed necessary, the Joint Manpower Pool (Physician, Nursing, and Allied Health) is activated and confirmed by the Emergency Operations Center (EOC). **(Definition in Appendix 3)**
5. Head of Guard Force Department or their designee will oversee/coordinate Safety and Security functions of the incident and will initiate their operational sub-plan, which includes, but is not limited to, Hospital lockdown and traffic control measures.
6. Departments vital to the activation of the EOP include, but are not limited to:

   6.1 Executive Management: Provide oversight to the response.

   6.2 Medical Affairs: Provide oversight of physician management and ensure that the Physician Manpower pool is established.

   6.3 Department of Emergency Medicine: Provide emergency medical care to arriving victims.

   6.4 Nursing Affairs: Provide additional nursing support where needed and ensure that the Nursing Manpower pool is established.

   6.5 Ambulance Services: Arrives to establish the ICP/Triage area and triage patients.

   6.6 HITA: Provide technical support where needed, such as in the EOC.

   6.7 Safety and Security Division: The Safety and Security Division will respond to the incident, identify the optimal location for the ICP/Triage area, and facilitate communication between the EOC, ICP, and relevant parties. In addition, Guard Force personnel will assist in establishing the ICP, while also securing the area.

   6.8 Engineering Projects Management: Provide additional support where needed.

   6.9 Clinical Services: Provide oversight of Allied Health management and ensure that the Allied Health Manpower pool is established.

   6.10 Utilities & Maintenance: Provide additional support, to the ICP where needed.

Note: The Chairman of DEM/designee provides a primary briefing to the Emergency Operations Center.

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(FIGURE 2)

Section 1: Concept of Operations – Yellow to Orange Escalation

Escalation from Code Yellow to Code Orange

An incident triggering a Code Yellow (External Disaster) may escalate to a Code Orange (Internal Disaster). Such escalations can occur due to events like flooding, fires, or incidents involving Chemical, Biological, Radioactive, Nuclear, and Explosive (CBRNe) substances. If the incident disrupts services, necessitates isolation, or poses a danger to patients, visitors, staff, residents, or contractors, the Code Yellow must be elevated to a Code Orange according to the procedures outlined in the EOP Activation document (page 10).

This escalation involves maintaining the activation of the Incident Command Post (ICP) and Emergency Operations Center (EOC), along with the Code Orange essential staff call-in list. Staff members not required for Code Orange operations should be demobilized from Code Yellow duties. The EOC configuration remains consistent for both Code levels unless compromised, while the ICP location may change based on the affected area **(Note: KFNCCC will not participate in External Disaster (Code Yellow) events.)**

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Section 1: The Basic Plan – START Triage (Figure 3)

START Triage

The hospital will implement the START triage system to rapidly categorize disaster victims.

Treatment during the initial START triage phase is strictly limited to the following life-saving interventions:

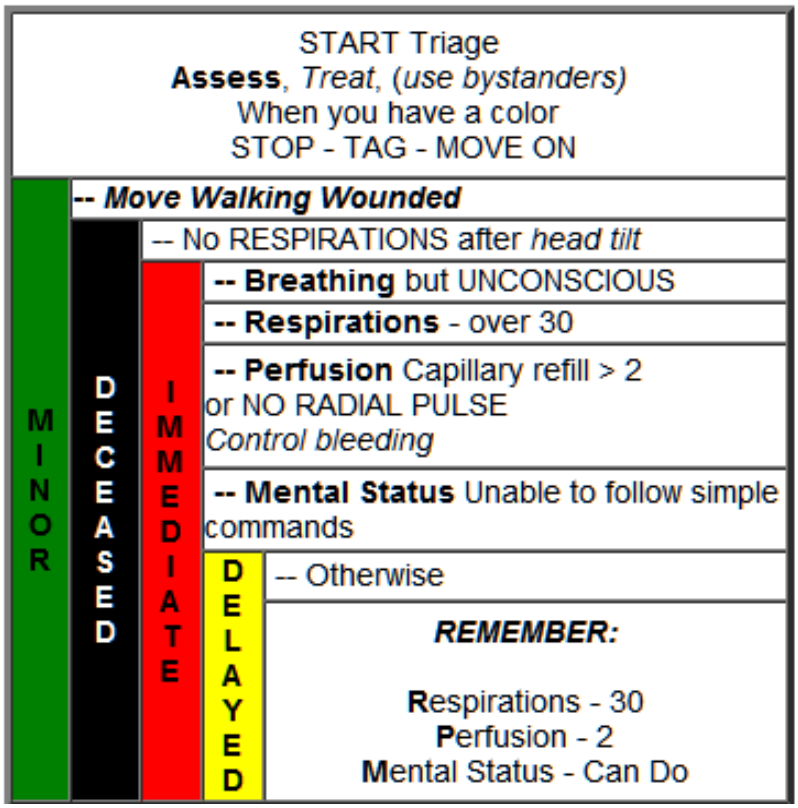
- Basic Airway Management.
- Basic Hemorrhage Control.

RED — **Immediate Care** - Victim can be helped by immediate intervention/transport.

Yellow — **Delayed Care** - Includes severe and potentially life-threatening injuries, but status not expected to deteriorate significantly over several hours.

Green — **Minor Cases** (Walking Wounded) - Victims with relatively minor injuries. Status unlikely to deteriorate over days.

Black — **Deceased/Terminal** – Victims deceased or unlikely to survive given the severity of injuries, level of available care, or both.



(FIGURE 3: START Triage)

Note: For In-depth Simple Triage and Rapid Assessment (START) Algorithm see APPENDIX 4

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Section 1: The Basic Plan – Patient Discharge

Patient Discharge

The Emergency Operations Center (EOC) may authorize patient discharge, which will require activation of unit sub-plans and/or support from the patient flow command center. If unaffected by the disaster, the KACOLD Second Floor Connecting Bridge and North Tower second floor lobby will serve as the Patient Discharge and Holding Center for KFSHRC-Riyadh. Otherwise, the EOC will designate and communicate a new location. **(See definition Appendix 3)**

1. The patient Discharge and Holding Center will be supervised by Social Services, with the support of two Nurses, one Care Assistant/ Patient Care Technicians and three Registration Clerks.

Upon discharge, patients will be directed to exit through outpatient gate #8.

2. The Patient Flow Command Center/Case Management may be requested to:

- Temporarily defer scheduled admissions for incoming patients.
- Temporarily postpone scheduled admissions for on-premises patients.

3. Dischargeable beds:

A. Inpatient Unit/Critical Care Beds

Unit Sub-Plans: Individual nursing units may be required to develop sub-plans outlining procedures for:

I. Updating the "Bed Board/Capacity Management" system or maintaining paper-based document action to reflect potential patient discharges.

II. Initiating the discharge process for inpatients as directed by the Emergency Operations Center (EOC), in collaboration with the patient flow command center.

B. Emergency Department Beds:

I. **Discharge:** The Emergency Medicine Department (DEM) sub-plan will be automatically activated to maximize bed turnover and update the bed board accordingly.

II. **Transfer:** Upon EOC directive, patients will be transferred from the Emergency Medicine Department (DEM) to inpatient floors as determined by bed availability and coordinated through the patient flow command center.

Areas of Responsibility:

Areas of responsibility align with departmental roles and responsibilities as outlined in organizational policy and procedure. Functions are executed in accordance with established guidelines. To expedite or expand the scope of work, requiring additional resources or funding, exceptions to policy may be sought through the Emergency Operations Center (EOC) or Recovery Task Force. (Refer to the COOP Plan for Recovery Task Force details.)

During an incident, the Emergency Operations Center (EOC) will coordinate with responsible departments within the hospital to fulfill operational requirements. Departmental responsibilities include:

Section 1: Areas of Responsibility	
Administration & Finance	**Financial Services:** Responsible for maintaining administrative policies and procedures to facilitate the acquisition of supplies during normal and emergency operations. **Supply Chain:** Responsible for the acquisition of supplies before, during, and after a disaster occurs. Maintains the warehouses with appropriate stock items with a method to track resources.
Agriculture and Natural Resources	**UMD (Ground Maintenance):** Responsible for the agriculture and Natural Resources of the hospital campus. Including gardening and any other activity, which involves natural resources.
Alert, Notification, Warning & Communications	**Crisis & Disaster Dispatch Center:** Responsible for the operation, and testing of the alert and warning communication systems of the Hospital. **HITA (IT):** Responsible for the maintenance of the hospital Emergency Dispatching System and other IT related needs. **Relevant Hospital Plans:** Emergency Preparedness Plan (EPP) & Continuity of Operations Plan (COOP)
Critical Infrastructure and Key Resource Restoration	**Utilities and Maintenance Division (UMD):** Responsible for the various critical infrastructure throughout the campus, including maintenance, testing, evaluation, and restoration, should an incident occur. (Electrical, Medical Gas, Water, etc.) **Relevant Departmental Plans:** Facility Safety Management Plan Power Outage Plan Utility System Management Plan
Damage Assessment	**Engineering Projects Management/UMD:** For damage relating to hospital facilities. **HITA (IT):** For damage relating to hospital IT. **Clinical Engineering (Med. Equip):** For damage relating to hospital Medical Equipment.
Damage Assessment: Conducted and directed from the EOC by: 1. Disaster Chief gathers disaster intelligence (Common Operating Picture), CCTV, other resources and sets objectives during and after the disaster event. 2. The Logistics Chief directs the appropriate departmental representative to assess the damage and report findings to the EOC. 3. Planning Chief aggregates all damage assessment data into the Incident Action Plan (IAP) Page 5, 11.3 "Damage Assessment Information."	
Debris Management	**Engineering Projects Management & UMD:** Responsible for the disposal of debris or the recommendation to seek outside contract services depending on the scope. **Environmental Services:** Responsible for the removal and coordination of debris within the hospital in conjunction with other stakeholders, such as Engineering Projects Management, if required.
Detection and Monitoring	**Infection Control:** Monitors biological threats within the organization—such as infectious disease outbreaks—through patient infection control surveillance, provides recommendations on the necessary precautions based on the epidemic plan, and receives alerts and warnings from the Ministry of Health (MOH), the Public Health Authority of Saudi Arabia, the Centers for Disease Control and Prevention (CDC), or the World Health Organization (WHO) **Safety & Security Services:** Through activities relating to Safety and Security, including surveillance, detection, and statistical data.

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	HIRA: Through the sources outlined in the HIRA. **Relevant Departmental Plans:** Epidemic Plan & Fire Safety Management Plan & Security Management Plan
Direction, Control & Coordination	**Emergency Operations Center (EOC):** During a disaster, the EOC provides real-time direction, command, control, and coordination while providing logistical support to the ICP. **Incident Command Post (ICP):** During a disaster, the ICP provides real-time, on-scene operational direction, command, control, and coordination while requesting support from the EOC. **Crisis & Disaster Management Department:** During the preparedness phase, provides oversight, direction, and coordination through reporting committees, meetings and Education. **Relevant Procedures:** Over all Planning & EOC Command Binders & EOC and ICP IAP's
Donation Management	**Wareef:** Hospital Charity Fund**,** which provides a mechanism for donations to Zakat services, Social Services, and Charity Housing. **Blood:** Through the Hospital Blood bank. **Bone Marrow & Stem Cell:** Through the Department of Pathology and Laboratory Medicine. Link: https://www.kfshrc.edu.sa/en/home/giving
Emergency Public Information	**Public Information Officer:** The Chief Executive Officer (CEO)/Designee is the individual designated to speak about any incident, including press conferences publicly. **Public Relations:** Establishment of the Joint Information Center (JIC) to process requests for information from patients, families, and the media. **Media Affairs:** Responsible for processing requests from the media in conjunction with Public Relations and the EOC. **Relevant Procedures/Plans:** EOC Command Binders & Emergency Preparedness Plan (EPP)
Energy and Utilities Services	**Utilities and Maintenance Division (UMD):** Responsible for all utility services for the hospital, including water, power, medical gas, LPG, Diesel fuel, etc. Ensures preventative maintenance, ordering, and continuity of such services. **Relevant Hospital Plans:** Power Outage Plan & Utility System Management Plan
Evacuation and Shelter-in-Place	**Safety & Security Services:** Responsible for ensuring compliance with NFPA standards such as evacuation, alarms, evacuation maps, etc., in coordination with concerned departments. **Emergency Warden:** Responsible for the evacuation of patients should a disaster occur and threaten the given ward/unit. **Relevant Hospital Plans:** KACOLD Evacuation Plan (KEEP) & Code Orange Sub-Plan Evacuation Appendices
Fatality Management and Mortuary Services	**Social Services (Morgue):** Responsible for the operations of the Morgue within the hospital. **Supply Chain Management:** Responsible for providing supplies for morgue operations.
UMD and Firefighting and Safety	**Safety & Firefighting Services:** Responsible for inspection of hospital facilities, inspection of equipment such as fire extinguishers and hoses, conducting fire drills, conducting fire and Safety training and providing fire and emergency response. **Utilities and Maintenance Division (UMD) and Safety & Security:** Responsible for preventative maintenance of firefighting infrastructures such as pumps and suppression systems. **Relevant Departmental Plans:** Facility Safety Management Plan & Fire Safety Management

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	Plan
Food, Water, and Commodities Distribution	**Food Services:** Responsible for the preparation of delivery of food services for ICP, EOC while maintaining delivery to inpatients, staff, and visitors through various means including room delivery, cafeterias, and catering services. **Supply Chain Management:** Responsible for the acquisitions of various supplies, including perishable food stock, bottled water & dry food. **Utilities and Maintenance Division (UMD):** Responsible for the monitoring and maintenance of the potable freshwater supply and storage. **Relevant Departmental Plans:** Utility System Management Plan
Hazardous Materials	**Hazardous Materials Committee:** Responsible for the oversight of hazardous materials in cooperation with various hospital stakeholders reporting to the Hospital Safety Committee. **Research Centre:** Responsible for hazardous materials within the Research Centre and the creation of materials used for cancer treatment. **CBRN Response Team:** Responsible for Emergency Response and Decontamination during a CBRN event. **Relevant Departmental Plans:** Hazardous Materials Management Plan & Radiation Safety Manual
Information Collection, Analysis, and Dissemination	**Emergency Operations Center (EOC):** During a disaster, collects real-time information, conducts analysis, and disseminates information to aid in the response. **Quality Management Department:** Gathers information and disseminates recommendations from external accreditation bodies such as JCI, CBAHI. **Infection Control:** Collects and analyzes information on active or potential healthcare-associated infections (HAIs) and infectious disease threats within the organization, and provides infection prevention recommendations based on surveillance data and national/international alerts.
Law Enforcement	**Safety & Security Services:** Security enforces hospital policy and regulations throughout hospital grounds, including during an emergency or disaster. **Relevant Departmental Plans:** Security Management Plan
Mass Care and Sheltering	**Department of Emergency (DEM):** Is responsible for mass care and treatment during a disaster. **Housing Services:** Is responsible for housing for international staff. Additionally, housing is made available to certain out of town patients when in town for appointments.
Mutual Aid	**CEO:** At the CEO's request, external agencies can be contacted to request assistance such as Civil Defense, Red Crescent, and the Ministry of Health (MOH).
Private Sector Coordination	**Contracts Services:** Responsible for any contractual interaction with private companies. **Supply Chain Management:** Responsible for the acquisition of supplies from external companies.
Public Health and Medical Services	**Medical Affairs:** Is responsible for the management of physicians and medical care within the organization. **Nursing Affairs:** Is responsible for the management of nurses, nursing administrative staff, and assisting in medical care within the organization.
	Utilities and Maintenance Division (UMD): Responsible for critical infrastructure and facilities within the hospital.

Public Works and Engineering	**Engineering Projects Management:** Oversight over the facility, safety engineering, and projects within the hospital.
Resource Management and Logistics	**Supply Chain Management:** Responsible for resource management, tracking, disbursement, and logistical support within the hospital.
Search and Rescue	**Safety & Security Services:** Responsible for Emergency Response, including basic search and rescue. **Ambulance Services:** Responsible for Emergency Response, including light search and rescue, rapid START triage, and Emergency Transport.
Transportation Systems and Resources	**Transportation Department:** The transportation department is responsible for all hospital vehicles, including ambulances and employee bussing. **Supply Chain:** Responsible for the acquisition, storage, and delivery of resources within the hospital.
Volunteer Management	**Academic and Training Affairs:** Is responsible for the acquisition, management, and training of volunteers within the hospital.
All Departments Not Active in Disasters	**All Other Departments:** All other departments not assigned a direct role or active in a disaster shall maintain operations unless otherwise advised. They should be prepared to respond to any request which may be issued by the EOC to the respective department during a disaster. In terms of internal disasters, all departments should be prepared to evacuate to predetermined assembly points as outlined in Code Orange Sub Plans or Evacuation signs posted on the area wall.

Section 1: ICS and EOC

Incident Command System (ICS)

The Organization for Emergency (Disaster) Response has formally adopted the Incident Command System (ICS) as the standardized approach to incident management.

1. ICS enables effective collaboration among diverse agencies, jurisdictions, and departments during emergency situations.
2. Establishing standardized processes, ICS ensures efficient planning and management of personnel, equipment, and facilities.
3. ICS integrates various components – including personnel, equipment, procedures, and communications – into a unified organizational structure for optimal response.

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EOC Structure Chart: Figure

EOC Locations:

Primary EOC: Security Command & Control Center, located behind the MSSB Building (accessible via the parking lot).

Alternate EOC: CEO Boardroom, situated on the 3rd floor of the Main Hospital.

Note: In the event of a Code Orange at KFNCCC, the EOC at KFSHRC-Riyadh Main Campus will be activated to provide oversight of the Incident Command Post (ICP) established on the KFNCCC campus in proximity to the incident.

Emergency Operations Center (EOC) & Executive Roles

Position	EOC Role
Chief Executive Officer, Deputy Chief Executive Officer, Chief of Staff, or Assignee	EOC Commander
Chief Medical Officer, M.A. or Assignee	Operations Chief
Deputy Chief Nursing Officer or Assignee	Manpower Chief
Executive Director, Clinical Services or Assignee	Planning Chief
Director, Patient Flow and Capacity Command Centre or Assignee	Liaison Chief
Chief Corporate Communication and Marketing Officer or Assignee	Chief Communication and Marketing Officer
Chief Digital Officer or Assignee	Technology & Communication Chief
Executive Director, Supply Chain Management or Assignee	Supply Chief
Chief Capital Projects and Facilities Officer	Logistic Chief
Head, Guard Force or Assignee	Safety & Security Chief
Head, Crisis & Disaster Management or Assignee	Disaster Management Chief
Medical Affairs Hospital Assistant or Healthcare Delivery or Assignee	EOC Assistant
Executive Oversight: The following executives are available to communicate with Ministries, conduct press conferences, and/or respond to the site of the incident/EOC.	
Chief Executive Officer (CEO) or Assignee	Executive Oversight
Assistant Chief Executive Officer (ACEO) or Assignee	Executive Oversight
Administration on Duty (AOD)	Executive Oversight
Manager, Medical Affairs Office or Office of CEO Administrative Assistant I or Assignee	Executive Assistant

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Section 1: EOC Responsibilities

EOC Required Resources

1. Overall, exercises command and control of disaster response activities.
2. Directs departmental operations in response to the event.
3. Authorizes hospital service relocation to pre-identified alternative sites as needed.
4. Provides support to Incident Command Post (ICP) members.
5. Assigns qualified personnel to critical roles.
6. Oversees the deployment of necessary resources to affected areas.
7. Establishes and oversees the Patient Discharge Area, Holding Center, and Joint Information Center (JIC) to manage media communications.
8. Assesses the hospital's capacity to accommodate disaster victims.
9. Authorizes early patient discharge to increase bed availability.
10. Authorizes cancellation of outpatient clinics and scheduled inpatient surgeries.
11. Authorizes deployment of appropriate manpower pools.
12. Coordinates supply and equipment requests from clinical areas and ensures timely delivery.
13. Authorizes urgent public blood drives as required.
14. Disseminates disaster information to the Joint Information Center (JIC) for public and media consumption.
15. Authorizes media access to the hospital at their discretion and assigns senior hospital officials as escorts.
16. Authorizes deployment of hospital personnel to external sites as requested by civil, military, or other authorities.
17. Declares a state of emergency with local authorities and coordinates disaster response with civil defense, Red Crescent, and other external agencies.
18. Authorizes actions outside normal operating procedures, including policy exceptions, as necessary.
19. Receives regular updates from the Incident Command Post to maintain situational awareness.
20. Authorizes the activation of the Continuity of Operations Plan (COOP) if required.
21. Officially declares the end of the emergency operations plan (EOP) activation.
22. Provides strategic guidance for recovery and resumption of normal operations.
23. Monitors support activities, staff well-being, and mobilizes additional personnel as needed.
24. Coordinates with regional hospitals, health organizations, and government agencies as required.

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Emergency Operation Center Preparations:

1. Security personnel will unlock EOC doors.
2. HITA, Communications, and Audiovisual teams will provide necessary technical support.
3. The EOC Secretary and Disaster Management Chief will oversee EOC activation and deactivation, distributing Command Binders according to established checklists.

Revisions and oversight of EOC Command Binders and EOC procedures are detailed in Section P, "Incident Action Planning," of the Emergency Preparedness Plan (EPP). EOC staffing is flexible based on incident

Section 1: EOC Position Functions

Section 1: EOC Position Functions		
Emergency Operations Center (EOC)		
#	**Position**	**Role**
1	**EOC Commander** Chief Executive Officer, Deputy Chief Executive Officer, Chief of Staff or Healthcare Delivery	**1.** Manages and oversees the (EOC) **2.** Ensures all EOC positions are operational and prevent delay of actions. **3.** Debrief and update executive leadership on situational awareness. **4.** Make the decision and actions of critical needs. **5.** Escalate critical needs to executive leadership (i.e., state of emergency, needed external support, local authority, etc.).
2	**Operations Chief** Chief Medical Officer, Medical Affairs or Assignee	**1.** Assists in the oversight of incident operations. **2.** Fulfills the charges of the EOC commander in a relief capacity. **3.** Develops and implements EOC Objectives; that will be used to support incident management. **4.** Identifies and rectifies "gaps" in the incident response in real-time. **5.** Maintain Hospital operations (Blood Products…etc.).
3	**Manpower Chief** Chief Nursing Officer or Assignee **# MCD 44462**	**1.** Ensure the establishment and operation of the Manpower Pool (physicians, Allied Health, and Nursing). **2.** Collaborate with the Planning Chief on the management and location of the Manpower pool. **3.** Maintain Nursing Affairs Operations
4	**Planning Chief** Executive Director, Clinical Services or Assignee	**1.** Collaborate with the Manpower Chief to allocate the Manpower pool. **2.** Collaborate with the Disaster Management Chief to ensure the Incident Action Plan (IAP) is fulfilled and updated to the EOC Commander. **3.** Gathers damage assessment information **4.** Maintain the phases of COOP. **5.** Addresses the risks throughout the phases of the incident.
5	**Liaison Chief** Director, Patient Flow and Capacity Command Centre or Assignee	**1.** Ensures scheduled patients and elective patients are put on hold. **2.** Uses the Bed Board system in the EOC to monitor bed status. **3.** Identifies available beds and dischargeable patients. **4.** Liaises with Case Management, Social Services and other required departments. **5.** Work With EOC commander to liaise with outside Agencies
6	**Chief Communication and Marketing Officer**	**1.** Ensure the JIC (Joint Information Center) is established. **2.** Help Divert External Media press to the JIC (Joint Information Center).

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	Chief Communication And Marketing Officer or Assignee	**3.** Develops Press Release statements. **4.** Seek approval from EOC Commander to publish a press release.
7	**Technology & Communication Chief** Chief Digital Officer or Assignee	**1.** Ensure that all technical systems are functional. **2.** Maintain and update the HITA Command Center. **3.** Establish and implement technology and recovery strategies for continuity of Operations.
8	**Supply Chief** Executive Director, Supply Chain Management or Assignee	**1.** Facilitates the acquisition or deployment of medical supplies. **2.** Assess needs for procurement of supplies. **3.** Maintains Staying current with the organization's financial obligations.
9	**Logistic Chief** Chief Capital Projects and Facilities Officer or Assignee	**1.** Oversees the facilities, services, and materials for incident response. **2.** Provide non-Clinical Hospital Operation services when requested. **3.** Maintains Staying current with the organization's financial obligations.
10	**Safety & Security Chief** Head, Guard Force or Assignee	**1.** In collaboration with ICP, recommends measures to the EOC for scene safety and security. **2.** Monitors and anticipates current or developing hazardous and unsafe conditions. **3.** Provides assessment of hazardous conditions and recommends required controls.
11	**Disaster Management Chief** Head of Crisis & Disaster Management or Assignee	**1.** Maintains communications with the Incident Command Post (ICP) for updates. **2.** Ensures proper flow of the EOP Plan. **3.** Updates incoming EOC Staff on the situation. **4.** Looks at the possibilities of the incidents cascading effects with collaboration with Planning Chief and utilizing the IAP. **5.** Collects real-time information
12	**EOC Assistant or Assignee** Medical Affairs or Healthcare Delivery or Assignee	**1.** Ensures EOC binders are assigned to appropriate EOC personnel. **2.** Completes any tasks assigned by EOC. **3.** Maintains minutes of the EOC. **4.** Maintains critical information & Documentation throughout all phases.
13	**Executive Assistant** Manager, Medical Affairs Office or Office of CEO Administrative Assistant I or Assignee	**1.** Support to Executive Management in emergency operation procedures. **2.** Add any advice and insight to government documents that may support the situation. **3.** Provide and activate the Executive Emergency Sub-Plan.

Executive Oversight: The Emergency Operations Center (EOC) designates the following executive-level personnel as primary points of contact for ministerial communications, press conferences, and incident site response. These individuals may also be stationed within the EOC as needed.

- Chief Executive Officer (CEO) or Assignee
- Assistant Chief Executive Officer (ACEO) or Assignee
- Administration on Duty (AOD)
- Manager, Medical Affairs Office or Office of CEO Administrative Assistant I or Assignee

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Section 1: Incident Command Post (ICP)

Location:

Internal Disasters: The Incident Commander, in conjunction with the Deputy Incident Commander, will designate an appropriate location for the Incident Command Post (ICP) and triage area in close proximity to the incident site.

External Disasters: the ICP & triage is located in the EMS B1 Ambulance Entrance area.

(**Note:** For CBRNe events, this will be uphill/upwind/upstream of the incident) **(Fig 11 & 12)**

(Note: KFNCCC shall not participate in External Disasters Code Yellow**)**

KFSHRC-Riyadh Incident Command Post (ICP) Members & Lines of Succession

Position	ICS Assignment
Manager, Safety Loss Prevention or Assignee	Incident Commander
Manager, Ambulance Services or Assignee	Deputy Incident Commander
Director, Safety & Security Services or Assignee	Safety & Security Commander
Supervisor, Ambulance Services or Assignee	Triage Officer
Manager, Crisis & Disaster Response & Recovery or Assignee	Disaster Officer
Assigned by the Hospital Safety Committee (HSC) or the Deputy Incident Commander	Decontamination Officer
Assigned by the Incident Commander	Safety Officer
Assigned by the Safety and Security Commander	Security Officer
Fire Marshal or Assignee	Fire Officer
Shift Supervisor, Powerhouse Main Control Room	UMD Officer
Senior Paramedic or Assignee	Staging Officer

KFNCCC Incident Command Post (ICP) Members & Lines of Succession

Position	ICS Assignment
Safety Officer or Assignee	Incident Commander
Team Leader, Ambulance Services CCC or Assignee	Deputy Incident Commander
Senior Shift Supervisor Security Services/ Assignee	Safety & Security Commander
Most Senior Paramedic or Assigned by Dep. IC	Triage Officer
Assigned by the Hospital Safety Committee (HSC) or the Deputy Incident Commander or Assignee	Decontamination Officer
Assigned by the Safety and Security Commander or Assignee	Safety Officer
Assigned by the Safety and Security Commander or Assignee	Security Officer
Firefighter or Assignee	Fire Officer
Shift Supervisor, Powerhouse Main Control Room or Assignee	UMD Officer
Senior Paramedic or Assignee	Staging Officer

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Triage Team Members

Position (based on availability, need, & ICP request)	Assignment
Ambulance Crews (Paramedics & EMT's)	Responder
EMS Nurses/KFNCCC Nurses (If requested)	Responder
Clerks/ PCA's (if requested)	Translators/Patient movers

1. The Incident Command Post (ICP) Roles and Responsibilities (as a whole):

Overview:

The Incident Command Post (ICP) serves as the central command structure for directing and coordinating all aspects of the hospital's disaster management response on-scene. It operates under a unified command system, ensuring efficient and effective operations.

Core Functions:

- **Unified Command:** Provides a single, scalable command structure to manage the hospital's disaster response efforts.
- **Communication:** Maintains open and continuous communication with the Emergency Operations Center (EOC) regarding:
  - Disaster victim count, severity, and movement.
  - Critical information impacting the hospital's overall response.
  - Resource and support requirements.
- **Resource Management:** Requests additional resources as needed to support incident operations.
- **Personnel Accountability:** Tracks and manages the status of first responders on-scene.
- **Incident Management:** Oversees triage, decontamination, and overall incident operations.

Staffing:

ICP staffing levels are flexible and determined by the incident's complexity and available personnel. The ICP may operate with partial or full staffing, with the ability to scale up as required.

Triage Location

Triage location selection is critical for efficient patient management during an incident. Ideally situated in close proximity to the Incident Command Post (ICP), the triage area should prioritize safety and accessibility for emergency response vehicles.

Location Considerations

- **General Incidents:** The triage location should be easily accessible by ambulances and other response vehicles.
- **CBRNe Incidents:** Given the hazardous nature of these incidents, the triage area must be positioned uphill, upwind, or upstream from the contamination zone. Adherence to the Emergency Response Guidebook (ERG) for determining safe distances is paramount.

Essential Equipment

To effectively manage patient flow and categorization, the triage location requires the following:

1. **Color-Coded Triage Tarps:** Used to visually designate patient acuity levels.
2. **Triage Tags and Waist Belts:** For patient identification and categorization.
3. **Triage Vests:** To identify triage personnel and enhance overall organization

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By adhering to these guidelines, emergency responders can establish a well-organized and effective triage area, facilitating rapid patient assessment and prioritization.

Incident Command Post & Triage Location

For External Disasters: The ICP and triage site shall be established in EMS B1 as outlined in Figure 12.

For Internal Disasters: The ICP and triage site shall be located as close to the disaster site as safely feasible. The final determination of the location rests with the Incident Commander (IC) or Deputy Incident Commander. The selected site must be secure and readily accessible to ambulances and other emergency response vehicles.

For CBRNe Incidents: The ICP and triage site must be positioned uphill, upwind, or upstream from the incident, maintaining a safe distance determined by the Emergency Response Guidebook (ERG) or WISER Application (contained within the ICP briefcase).

Triage Site Requirements: The triage site necessitates the following equipment:

1. ICP Tent
2. Paper IAP with Clipboard & Action Cards
3. Set of 4 Radios
4. Various ICP Vests
5. Portable Table & Chair Se

ICP/Triage Kit Locations and CBRNe Response

A. ICP/Triage Kits

- **Main Hospital KFSHRC-R:** Two complete ICP/Triage kits are maintained on hospital grounds: one in the KACOLD Lobby Disaster Cabinet near the prayer/ATM area, and one at the Ambulance EMS B1 Station.
- **KFNCCC:** One complete ICP/Triage kit is maintained in the Safety Section.

B. CBRNe Response

In the absence of the ERG response guidebook or WISER Application, the "Rule of Thumb" method can be employed for initial scene assessment. To use this method, extend your thumb while closing one eye. Gradually back away from the incident until your thumb completely covers the scene.

Note: While the "Rule of Thumb" provides a quick initial assessment, it is essential to use the ERG or WISER Application when available for more accurate hazard evaluation.

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Section 1: ICP ICS Position Functions		
Incident Command Post (ICP)		
#	**Role**	**Responsibility**
1	**Incident Commander** Manager, Safety Loss Prevention or Assignee	**1.** Manages the ICP **2.** Maintains communications with the EOC through the disaster management chief. **3.** Implements actions and measures to ensure scene and ICP Responders safety. **4.** Accountable for the safety of ICP location and responders (Scene safety). **5.** Maintains and continuously updates the ICP status **6.** Ensure the transporting of patients to the appropriate facility.
2	**Deputy Incident Commander** Manager, Ambulance Services or Assignee	**1.** Assists the Incident Commander (IC) with operations. **2.** Provides additional oversight to the Triage area. **3.** Accountable for the safety of ICP location and responders (Scene safety).
3	**Disaster Officer** Manager, Crisis & Disaster Respond & Recovery or Assignee	**1.** Request additional resources and works with ICP. **2.** Support with any additional requests as needed **3.** Ensure proper coordination is established
4	**Safety & Security Commander** Director, Safety & Security Services/Designee or Assignee	**1.** Oversee all safety & security operations at the site of the incident. **2.** Maintain communication with external agencies that are on-site. **3.** Coordinate with ICP command staff, as needed. **4.** Accountable for the overall safety and security of the Organization during any incident.
5	**Safety Officer** Assigned by the Safety and Security Commander or Assignee	**1.** Oversee the safety of the scene and updates the I.C for any safety-related issues. **2.** Oversee the evacuation process. **3.** Maintain the headcount (coordinates with the impacted area leader) **4.** Mitigate potential hazards or risk factors.
6	**Security Officer** Assigned by Incident Commander or Assignee	**1.** Secure the scene and update the I.C for any security-related issues. **2.** Establish a parameter and maintain scene security.
7	**Fire Officer** Fire Marshal or Assignee	**1.** Protect people and properties of the impacted area. **2.** Ensure the safety and accountability of firefighters. **3.** Ensure full evacuation of the impacted area. **4.** Communicate with I.C for any matters requiring Decontamination.
8	**Decontamination Officer** Assigned by Hospital Safety Committee or the Deputy Incident Commander	**1.** Oversee all decontamination operations, including location. **2.** Keep an accurate count of decontaminated patients and reports information to the IC. **3.** Ensure the safety of the Decontamination Team. **4.** Ensure that all staff exposed to contamination are decontaminated before leaving the scene.
9	**UMD Officer** Shift Supervisor, Powerhouse Main Control Room or Assignee	**1.** Powerhouse commands related UMD Dept. /Sections to respond and repair the incident to maintain utilities. **2.** Powerhouse oversees the activity of related UMD Dept. /Sections sustaining water & power during incident. **3.** Powerhouse directs restoration of utility functions during recovery phase to the related UMD Dept. /Sections.

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10	**Triage Officer** Supervisor, Ambulance Services or Assignee	**1.** Oversee all patient assessment, triaging/tagging during the response. **2.** Keep an accurate count of patients/acuity and reports information to the IC.
11	**Staging Officer** Senior Paramedic or Assignee	**1.** Collaborate with Deputy I.C to establish the staging area for all emergency vehicles. **2.** Headcount of incoming and outgoing patients. **3.** Assign triaged patients, in collaboration with the Deputy I.C, according to the required level of care.
12	**Responders/ Translators**	**1.** Triage members consist of Ambulance Services (Nursing and Paramedics). Note: Triage staff can be augmented with additional EMS Nurses, if necessary. **2.** Translators and Patient Movers are staff whose primary purpose is to help responders communicate with Arabic only speakers, as well as assist in the movement of patients once triaged. This group of personnel consists of Patient Care Assistants (PCA's).

Section 1: Manpower Locations, Responsibilities and Positions

Manpower Pool Locations:

- **Primary:** Red Carpet
- **Secondary:** KACOLD, Ground Floor, and Blood Collection Lobby Area

Note: In the event of a disruption at the primary location, the manpower pool will be relocated to the secondary locations.

Manpower Pool Roles and Responsibilities

The Joint Manpower Pool, comprised of physicians, nursing, and allied health professionals, will be activated as determined necessary by the Emergency Operations Center (EOC). (Refer to Appendix 3 for EOC definition.) The Manpower Chief, in collaboration with the Planning Chief, will coordinate the activities of the three Manpower Liaisons, each with a specific manpower focus.

Manpower Pool Area	
Position	**Role**
Physician Manpower Liaison Deputy Chief Medical Officer **(DCMO)** or Assignee **#MCD: 59663**	**1.** Ensure the establishment and operation of the Manpower Pool for (physicians). **2.** Communicate with the Manpower Chief to ensure the resource allocation of physicians. **3.** Ensure the Physician Manpower Pool checklist is filled out.
Nursing Manpower Liaison Deputy Executive Director Nursing Affairs **(DEDNA)** or Assignee **#MCD: 59664**	**1.** Ensure the establishment and operation of the Manpower Pool for (Nursing). **2.** Communicate with the Manpower Chief to ensure resource allocation of Nurses. **3.** Ensure the Nursing Manpower Pool checklist is filled out.
Allied Health Manpower Liaison Deputy Director Clinical Services **(DDCS)** or Assignee **#MCD: 59665**	**1.** Ensure the establishment and operation of the Manpower Pool for (Allied Health). **2.** Communicate with the Manpower Chief to ensure resource allocation of Allied Health. **3.** Ensure the Allied Health Manpower Pool checklist is filled out.

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Section 1: Joint Information Center (JIC)

Joint Information Center (JIC):

1. Joint Information Center Activation

The Joint Information Center (JIC) shall be activated by the Emergency Operations Center (EOC). The designated location for the JIC will be the EMS building, 1st-floor reception area, unless otherwise specified by the EOC.

2. JIC and Media Coordination

The Chief Communication and Marketing Officer will maintain open and effective communication with the JIC to ensure seamless coordination of their respective functions and roles.

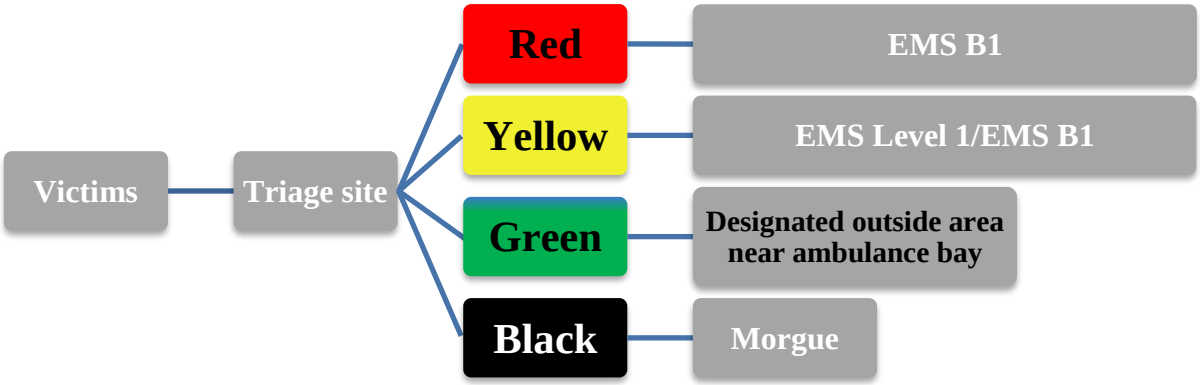
Joint Information Center (JIC)	
Position	**Role**
Public Information Officer Public Relations Specialist or Assignee	**1.** Establish the JIC. **2.** Support and report to the Chief Communication and Marketing Officer. **3.** Gather and update information. **4.** Verify the accuracy of data. **5.** Coordinate all public statements.
Media Affairs Officer(s) Assistant Head, Media Affairs or Assignee	**1.** Support and report to the Public Information Commander. **2.** Gather and update information. **3.** Verify the accuracy of data. **4.** Coordinate all public statements. **5.** Monitoring media and misinformation. **6.** Manage the social media feed for accuracy, clarity, and mitigation of information.

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Section 2: Code Orange - Victim Flow (Figure 4)

Internal Disaster (Code Orange) Victim Flow

In the event of an internal disaster (Code Orange), the Incident Command Post (ICP) and triage area will be established in close proximity to the disaster site, as conditions permit. Following triage, patients will be transported to the Department of Emergency Medicine (EMS) B1 for treatment, unless inaccessible due to the disaster, in which case an alternative location determined by the Emergency Operations Center (EOC) will be utilized.



(FIGURE 4: CODE ORANGE TRIAGE)

Hospital Diversion

In the event the hospital reaches capacity during a major incident, the Ministry of Health's disaster WEB-EOC (TAHOB) platform will serve as the primary mechanism for external diversion of patients. (TAHOB link: https://tahob.moh.gov.sa/eoc/default.aspx)

Internal Emergency Definition Levels:

Not a Code Orange, Incident Management Team may be activated:

Level 1: An unplanned, localized incident of short duration, managed effectively using hospital resources, such as fire alarms, small fires, minor chemical spills, isolated water pipe breaks, or unidentified odors.

Not a Code Orange, Incident Management Team may be activated:

Level 2: An unplanned incident with potential adverse consequences for life, health, or property, confined to a single location and requiring a possible partial, short-term evacuation, is manageable within the hospital's resources. Examples include small-scale fires, both within and outside the hospital, or utility failures impacting service delivery.

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Section 2: Emergency Escalation to Code Orange (Figure 5)

Level 1 & 2 Activation

Upon discovering a potential or actual emergency or disaster, all employees are responsible for initiating the hospital's internal emergency response system by contacting the designated emergency number for the specific incident.

Emergency Contact Numbers	
Type of Emergency	**Contact Number**
NON-MEDICAL EMERGENCY CODES	**8888**
MEDICAL EMERGENCY CODES	**2222**
AMBULANCE)*	**7777**
RAPID RESPONSE TEAM	**49337 (ADULT) 35552 (PEDIATRICS) 45364 (KACOLD)**
COMMUNICATIONS FAILURE-RED PHONE	**8888****
MEDICAL GAS FAILURE	**MCD 49710 (Main Hospital) MCD 41134 (KFNCCC)**
LOSS OF UTILITIES	**27788/27787 (Main Hospital)**
	54444/52885 (KFNCCC)
ENVIRONMENTAL / HOUSEKEEPING	**27381 Day, MCD 48008 Night**
SECURITY	**71111 (Main Hospital) 55999/ 52210, MCD 46795 (KFNCCC)**
RADIOACTIVE SPILL (RADIATION SAFETY)	**31386 MCD 49736**
MEDICAL EQUIPMENT FAILURE	**27701 / 27712 / 27709 MCD 48382**

*** Non-inpatients areas. ** Use the Red Back-Up Phone in case of telephone failure, if you use the normal extension, dial 878888. (Figure 5: Emergency Contact Numbers)**

The reporting employee must provide clear, concise, and accurate details including location, incident description, any injuries sustained, and personal information (name, ID, location, contact number). Appropriate resources will be dispatched to address the situation, taking necessary actions to resolve the event safely.

Note: EOP activation is not required for level 1 and 2 events.

Level 3: (Code Orange Activation)

A Code Orange incident is a critical emergency posing significant, unpredictable risks to life, health, infrastructure, and mission-critical operations, mandating a comprehensive response involving multiple hospital departments and external entities. Such events may necessitate extensive evacuations and the activation of an Emergency Operations Center (EOC) and Incident Command Post (ICP).

Criteria:

- **Large-scale serious hazard or severe threat to life and property.**
- **Major evacuation required**
- **Unpredictable duration.**
- **Mass medical assistance required.**

Possible Examples

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Critical incidents such as major fires, chemical spills, radiation events, earthquakes, power outages, structural collapses, water main breaks, communication failures, or explosions necessitating large-scale evacuations in medical or residential buildings.

Section 2: Emergency Escalation to Code Orange (Figure 6)		
Different Types of Hospital Codes		
Status	Code	
Call 8888 For NON - MEDICAL CODES		
EXTERNAL DISASTER	CODE YELLOW	YELLOW
INTERNAL & CBRN DISASTER	CODE ORANGE	ORANGE
LOCALIZED FIRE	CODE RED	RED
INFANT / CHILD ABDUCTION	CODE PINK	PINK
AGGRESSION	CODE WHITE	WHITE
BOMB THREAT	CODE BLACK	BLACK
ACTIVE SHOOTER	CODE SILVER	SILVER
SEVERE WEATHER	CODE GREY	GREY
LOSS OF UTILITIES	CODE BROWN	BROWN
Call 2222 For MEDICAL CODES		
ADULT EMERGENCY	CODE GREEN	GREEN
PEDIATRIC	CODE BLUE	BLUE

(FIGURE 6: Hospital Codes)

Types of Evacuation: Inpatient Care Areas (Patients, Visitors, Staff)

Shelter in Place: When a fire is located above, below, or adjacent to the unit but the unit remains safe, implement the following:

- Close all doors and relocate patients and visitors into their rooms.
- Assemble unit staff at the nursing station, prepare for potential evacuation, and conduct a patient and staff headcount.
- Maintain shelter in place until directed to evacuate by the Emergency Response Team (ERT) or when conditions within the unit deteriorate, as determined by the Emergency Warden.

Horizontal Evacuation: Horizontal Evacuation: In the event of an unsafe situation within a unit or area, initiate a horizontal evacuation to an alternate fire zone or hospital area as outlined in the Code Orange Sub-Plan Folder's "Evacuation Appendix."

- **Assembly and Accountability:** Designate a secure assembly point outside the ward and commence evacuation. Upon gathering all staff and patients, conduct a headcount. Unless instructed otherwise, proceed to the designated unit area, referencing the Evacuation Appendix within the Code Orange Folder.
- **Patient Care:** Conduct a final headcount at the designated area and provide necessary medical care to patients.

Evacuation Criteria: Horizontal evacuation is warranted only under the following conditions:

Advised by the arriving Emergency Response Team (ERT).

The unit is in immediate peril as determined by the Emergency Warden.

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Section 2: Code Orange – Evacuation of Inpatient Care Areas

Internal Gathering & Assembly Point Locations

Location	Gathering Point	Assembly Points
EMS B2	Main Corridor to MH	Adjacent area on the same level
EMS B1	Main Corridor/Hallway	Adjacent area on the same level
EMS L1	Main Lobby	OPD, Integrated Urology Clinic and Old Holding Bay Area, North Tower Lobby
A1, L&D	Main Corridor/Hallway	Heart Center Lobby, Out-Patient Lobby, North Tower Lobby
B1, C1	Main Corridor/Hallway	Out-Patient Lobby, Red Carpet, North Tower Lobby
E1, F1	Main Corridor/Hallway	1st Floor Lobby
Ground Floor Oncology	Main Corridor/Hallway	North Tower Lobby, Out-Patient Lobby, Heart Center Lobby
Ground Floor Out-Pt	Out-Patient Lobby	Out-Patient Lobby
A2, B2, C2	Main Corridor/Hallway	DMU, DSU, Other Units
MICUC/D SSCU-B, PICU, NICU	Main Corridor/Hallway	DMU, DSU, PACU, HDU, NVSDU
OR-2, PACU	Main Corridor/Hallway	DMU, DSU, MSICU-C, HDU, NVSDU
DMU, DSU	Main Corridor/Hallway	A2, B2, C2, Sky Bridge to KACOLD
E2, F2	Main Corridor/Hallway	E2, F2, Tunnel Bridge
A3, B3, C3, D3	Main Corridor/Hallway	Hemodialysis, Main Hallway
E3, F3	Main Corridor/Hallway	E3, F3
A4, B4, C4	Main Corridor/Hallway	D4, CSICU
D4, OR4, CSICU	Main Corridor/Hallway	A4, B4, C4
CVSDU, CCU	Main Corridor/Hallway	D4,A4,CSICU
KACOLD All Floors	Farthest Fire Zone	Farthest Fire Zone

Note: Gathering and Assembly Points are identified in the order of importance. If the identified location is unreachable due to the incident, proceed to the next identified location.

Vertical Evacuation: If the unit/area becomes unsafe and horizontal evacuation is not feasible, initiate vertical evacuation according to the Code Orange Sub-Plan Folder "Evacuation Appendix."

Assembly and Accountability: Designate a safe assembly point outside the ward. Conduct patient and staff accountability. Commence vertical evacuation as outlined in the "Evacuation Appendix," unless otherwise instructed.

Destination and Care: Upon reaching the designated area, perform a final accountability check. Provide necessary medical care to patients.

Evacuation Methods:

- Ambulatory individuals will use stairwells.
- Non-ambulatory individuals will be evacuated via emergency ramp if safe.
- If safe, non-ambulatory patients in adjacent fire zones may use elevators.
- In the absence of safe elevator or ramp access, utilize the "Ski-Sled" device for non-ambulatory patient stairwell evacuation.

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Vertical Evacuation Criteria: Vertical evacuation is only permitted when:

- Directed by the arriving Emergency Response Team (ERT) to evacuate horizontally.
- Shelter-in-place and/or horizontal evacuation are not viable options.
- The unit's safety is compromised, as determined by the Emergency Warden.

Non-Patient Area Evacuation

- **Staff, visitors, and outpatients** must evacuate to designated assembly points following instructions from fire/evacuation alarms, signage, or safety personnel. Evacuation maps are posted throughout the hospital.

Evacuation Appendix (In-Patient Care Areas)

- Departmental Code Orange Sub-Plan Folders contain Evacuation Appendices specifying patient evacuation locations within inpatient areas, prioritizing shade and protection from direct sunlight.

Emergency Warden

- Each patient care area has a designated Emergency Warden responsible for unit operations during a disaster, including sub-plan activation and accountability. This role is typically filled by the Head, Assistant Head, or Charge Nurse, identifiable by a green vest.

Emergency Warden Roles and Responsibilities:

During Emergency/Disaster

- Assume command of personnel within their designated area until relieved by the Emergency Response Team.
- Assign tasks to staff members as needed to facilitate a safe and orderly response. Designate a staff member to maintain an accountability roster at the assembly point, recording all arriving personnel.
- Identify and designate the safest evacuation route, inspecting exit paths and smoke compartments for hazards prior to use.
- Ensure all fire/smoke doors are closed during Shelter-in-Place and post-evacuation.
- Prioritize elevator use for evacuees, considering safety and patient triage levels. Direct ambulatory evacuees to stairwells.
- Assign qualified medical personnel to each life-support patient evacuation team, as applicable.

All Other Times

Identify and report safety concerns to the direct supervisor, Safety and Reporting System (SRS), and Crisis & Disaster Dispatch Center #8888 for emergencies.

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Section 2: Code Orange – Evacuation of In-Patient Care Areas

Evacuation Supplies

- **Equipment:** Ski-sleds, beds, stretchers, wheelchairs, rolling chairs, and sheets/blankets.
- **Medical Supplies:** If safe, transport the unit crash cart and portable oxygen tanks for dependent patients.
- **Patient Records:** If safe, transport patient charts during evacuation.

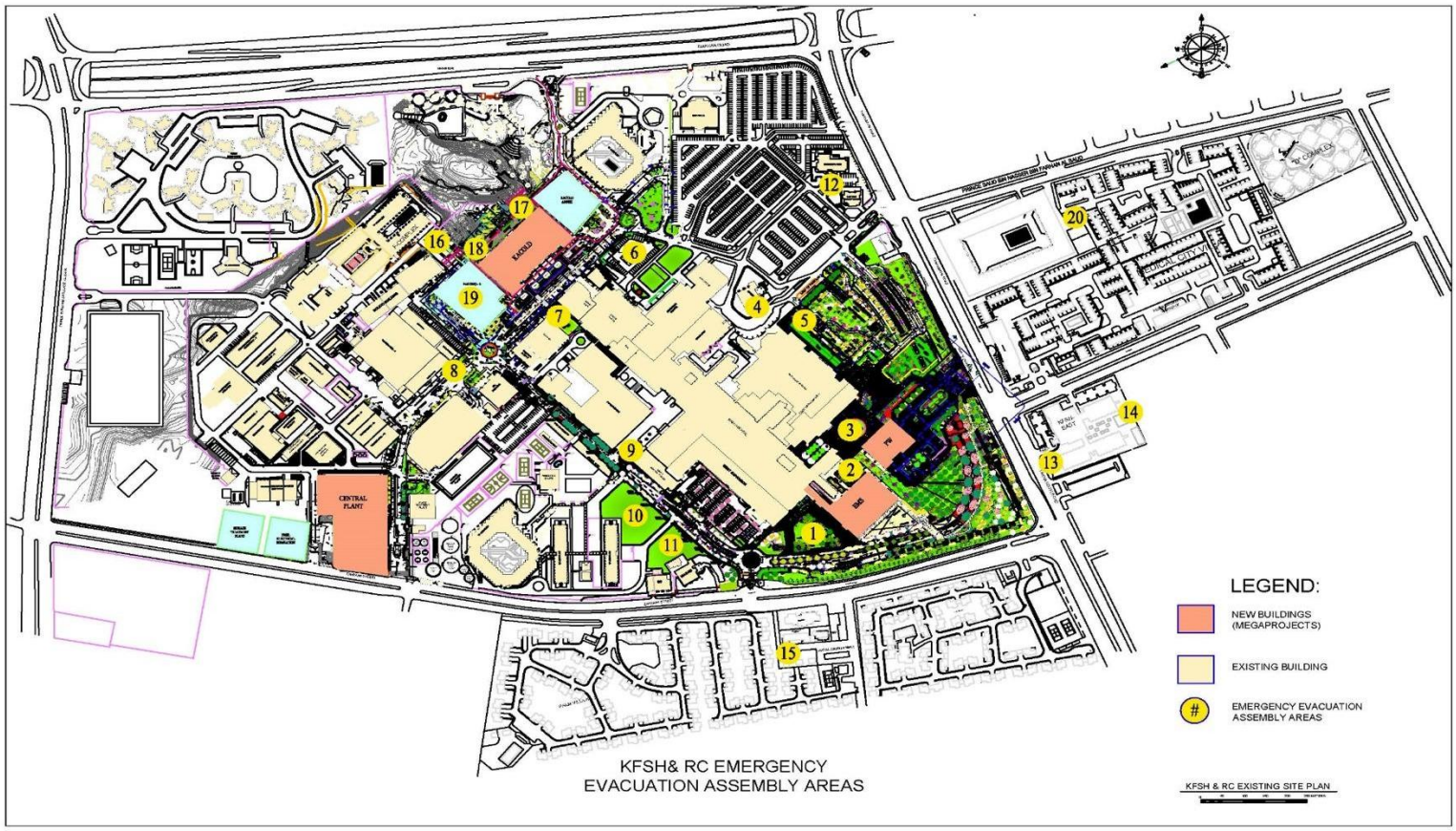
Patient Relocation

- **Non-Emergency Evacuation:** Follow established hospital policy and procedure.
- **Emergency Evacuation:** If the primary evacuation point becomes unsafe, immediately evacuate patients and staff according to established guidelines. Transfer patients to a designated safe location within the organization (e.g., DMU, KACOLD/Main DSU, KACOLD/Main PACU) in coordination with Nursing Affairs, Ambulance Services, and support staff. Maintain continuity of care as outlined in existing hospital policies and procedures. Refer to the Continuity of Operations Plan (COOP) ANNEX A for detailed guidance.

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Section 2: Evacuation of Non-Inpatient Care Areas (Figure 7)

Evacuation: In non-Inpatient care areas, direct all persons to make their way out of the building via the nearest fire exit to the evacuation assembly point designated on the evacuation map located on the wall in the area**.**



(FIGURE 7: ASSEMBLY POINTS)

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Section 2: Code Orange – Assembly Point Locations

Assembly Area #	Assembly Area Location
1	Open area in front of Main Hospital Entrance Canopy.
2	Open area beside the Private Wing Building, at south side.
3	Open area between Outpatient Building, VIP canopy and Private Wing Building.
4	Open area across the Heart Center Building, beside the Outpatient Mosque.
5	Outside the Outpatient Building main entrance, next to the ambulance and handicapped parking.
6	Parking 8, beside Al Rajhi Bank.
7	Open area beside the Administration Building adjacent to the North Tower's west side entrance.
8	Open area near the Supply Chain Management Building and Warehouse 1, Receiving area.
9	Between Medical Stores and Power Houses.
10	Open area across the street facing MSSB entrance.
11	Open area across the street facing the entrance of West Expansion’s parking.
12	Open area near the Patient Acceptance Center.
13	Open area at the KFSH-East building main entrance adjacent to the Security Post.
14	Open area backside of KFSH-East Building next to the Mosque.
15	Open area in front of Home Health Care.
16	Open area in front of F-Complex Building.
17	Outside KACOLD, on the Northeast side.
18	Outside KACOLD, on the North-West side.
19	Outside KACOLD, at the West side, at the garden area.
20	Backside of KAC near the Tennis Court towards MCV.

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Section 2: Code Orange – Evacuation Special Considerations

Special Considerations

1. **Department of Emergency Medicine:** Critically ill patients will be transferred to the nearest accessible critical care area, as indicated.
2. **Critical Care Areas:** Patients in critical care will be relocated to the nearest accessible critical care area or recovery room, as indicated.
3. **Operating Rooms:** Patients should remain in the operating room if safe and feasible. Otherwise, transfer to another operating room, critical care area, or recovery room is necessary. Refer to Appendix #8 for the Fire and Safety Checklist for Operating Rooms.
    - The anesthesiologist will maintain anesthesia, oxygenation, and gather essential medications for transport.
    - The anesthesia technician will prepare for patient transport by disconnecting gas lines, obtaining an AMBU bag, portable oxygen, and unplugging equipment. IV fluids will be secured on the anesthesia cart.
    - Staff should use sound judgment when evacuating patients.
    - Surgeons will control the wound, assist with patient movement, and close medical gas valves in coordination with nurses and anesthesia technicians.
    - Documentation of patient conditions is essential and should be completed promptly by medical staff.
4. **Infant Evacuation:** Infants will be evacuated using infant evacuation vests or wheeled cribs, allowing for multiple infants per crib. Incubated infants will remain in the nursery when safe. A designated nurse (Head, Assistant or Charge Nurse) will accompany infants at all times. Portable oxygen tanks should be available for oxygen-dependent infants.
5. **Hematopoietic Cellular Therapy (HCT) Patients:**
    - Apply a surgical face mask to the patient.
    - Transfer the patient to a positive pressure room or, if unavailable, a single room with a portable HEPA filter upon evacuation. Refer to CIPP-879, Section 1.3, for infection prevention guidelines.

Note: Refer to the KACOLD Emergency Evacuation Plan (KEEP) for comprehensive guidelines on the evacuation of King Abdullah Center for Oncology and Liver Diseases.

Note: In the event of a disaster or emergency necessitating evacuation, the facility will not be reoccupied until the Emergency Operations Center explicitly declares the facility and surrounding area safe for occupancy and capable of fulfilling essential patient requirements.

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Section 2: Code Orange – Comparative Medicine Main Campus & KFNCCC

1. The Priority during emergencies is as follows:

1.1 Safety of staff and end-users.

1.2 Preventing animal loss and suffering if it is safe to do so.

1.3 Preventing animal escape:

1.3.1 Rodents: are housed in standard rodent cages with wire stainless steel lid and fitted with micro-isolator plastics lids. Rodents' housing rooms are provided with door auto-closer and overnight locked with a key. In addition, doors provided with door sweeper rubbers and rooms are provided with rodent trap cages.

1.3.2 Baboons: are either housed in individual private cages provided with door latch and padlock or housed in the outdoor room. All rooms are locked with padlocks all the time.

1.3.3 Dogs & sheep: housing rooms are padlocked all the time.

1.3.4 Escape: trained staff will enter the room/location and retrieve animals. For large animals, a catchpole and/or nets can be utilized to catch/restrain. A tranquilizer rifle is also available if the initial attempt to restrain large animals fails.

1.4 Ensuring bedding, feeding, and watering of animals. This is accomplished by maintaining a stock of feed and bedding supply for up to 3-6 months. Water is maintained for the COOP plan with an immediate supply of up to 96 hours.

1.5 Provision of necessary veterinary medical care for injured/sick animals. This is accomplished by maintaining a stock of veterinary supplies for up to 3-6 months in the animal facilities. Additional emergency supplies are located within the main hospital.
1.6 As a last resort, Euthanasia of animals with poor survival probability, will occur. Rodent facilities are provided with CO2 euthanasia chambers. For large animals, Potassium Chloride will be injected intravenously or intracardiac under general anesthesia. Potassium Chloride is available and located within the large animal surgical suites.

1.6.1 If surgery is being conducted and emergency evacuation for staff is indicated, the animal will be euthanized immediately, if safe to do so.

1.6.2 after the emergency situation is over, if any animals have been injured and have a poor survival prognosis, they will be euthanized immediately.

2. Power outage: The Hospital maintains Essential Backup Power and Uninterrupted Power Supplies. Additionally, the hospital maintains enough emergency fuel to maintain operations for extended periods of time. See the COOP plan for more details.

3. Special Considerations:

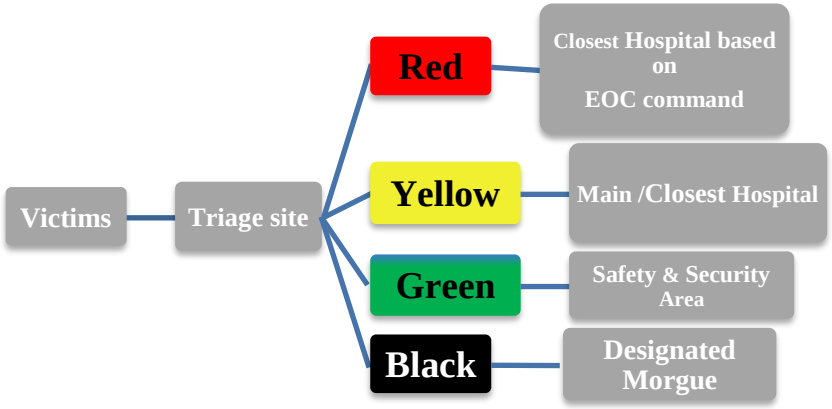
In case of any curfew, lockdown situation, Pandemic or Epidemic, please refer to the Code Orange binder located in the Comparative Medicine Department / Animal Facility.

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Section 2: Code Orange – KFNCCC Evacuation

Evacuation for KFNCCC:

Note: Evacuation orders will be initiated through the KFSHRC-R Emergency Operations Center (EOC), the KFNCCC Incident Command Post (ICP), or the activation of the Fire/Evacuation alarm system.
Note: Horizontal evacuation will be implemented unless circumstances necessitate a vertical evacuation.



(FIGURE 8: EVACUATION)

1. Non-Injured Persons and In-Patients:

1.1 Nursing personnel will assume primary responsibility for directing, initiating, and overseeing patient evacuation procedures.
1.2 Patient evacuation priority will be determined by nursing staff assessments.
1.3 Non-injured hospital employees, patients, visitors, and family members must evacuate to one or more of the designated Assembly Areas 1, 2, or 3 (refer to Figure 9).
1.4 Upon activation of a Code Orange or fire alarm, outpatient areas must be evacuated immediately. Personnel should follow emergency reporting procedures outlined on posters distributed throughout the KFNCCC Hospital.
1.5 The Mosque will serve as a designated holding area for critically ill patients who require ongoing care or monitoring but are not disaster victims.

Note: Temporary shelters will be constructed at Assembly Points to provide shade for patients. (Refer to the Maintenance Subplan for details.)

2. Injured Persons:

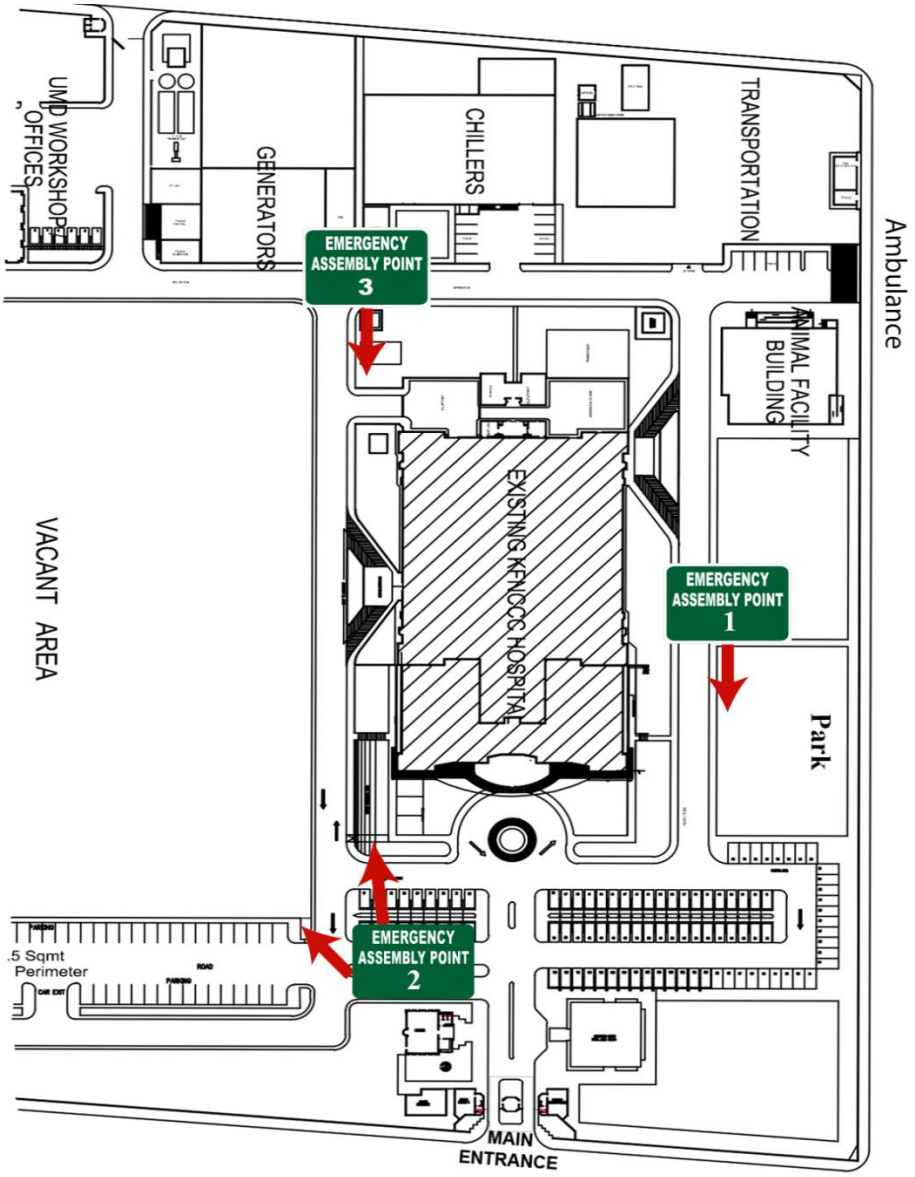
2.1 Injured personnel, including staff, patients, visitors, and family members, will undergo triage at a designated location near the disaster site as determined by the Incident and Deputy Incident Commanders.

Note: Green-coded minor victims will be directed to the Safety/Security Area through the Main Gate.

The Administrative Coordinator/Assistant will oversee the tracking of patient transfers to and from the KFNCCC facility.

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Section 2: Code Orange – KFNCCC - Assembly Areas



EMERGENCY EVACUATION ASSEMBLY POINTS

EVACUATION POINT#	LOCATION
1	Open area across the street of the Main Hospital (East side) adjacent to Animal Facility
2	Employee's Parking Lot, West side of the Mosque
3	Open area near basement parking and opposite side of the Powerhouse building

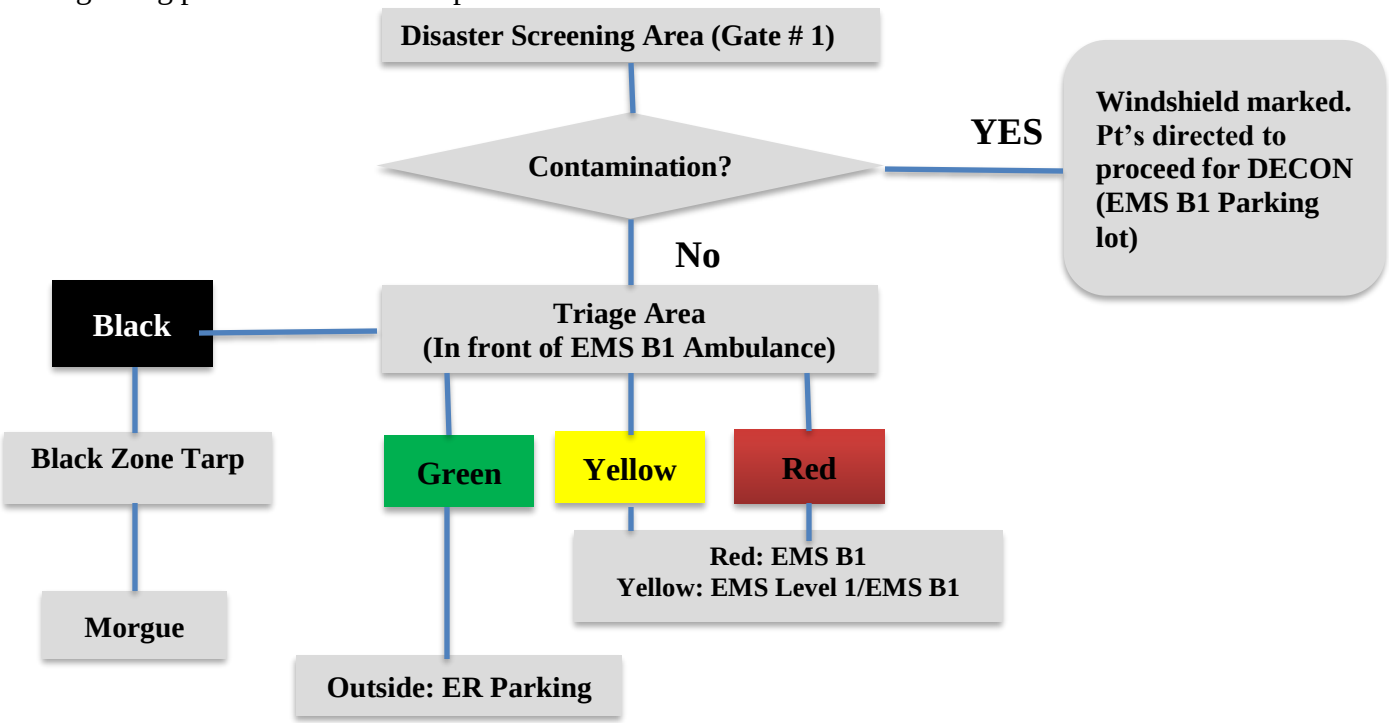
(FIGURE 9: ASSEMBLY AREAS)

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Section 2: Code Yellow – Activation

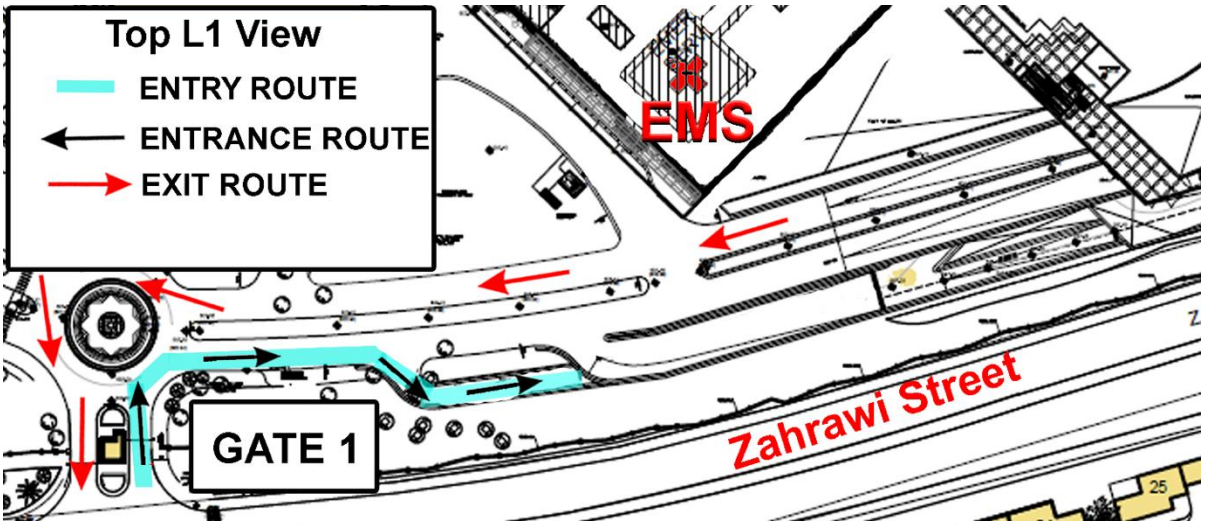
External Disaster (Code Yellow)

1. Patients requiring decontamination will be processed through the Decontamination area prior to triage. (Refer to Figure 10 and Decontamination Annex.)
2. Initial patient assessment and diversion will be conducted at Emergency Gate #1 by an EMS Registered Nurse and Paramedic. (Refer to Figure 9.)
3. Non-emergency patients classified as Categories 3, 4, or 5 will be diverted to other hospitals. Categories 1 and 2 patients will be triaged alongside disaster victims at the triage/ICP location. (Refer to Figure 10.)
4. Patient triage will be performed according to the START method at the triage area adjacent to the Ambulance Patient Entrance in EMS B1. (Refer to Figure 10.)
5. Triage-tagged patients will be transported by EMS personnel, in collaboration with ambulance crews as available.
   - **Immediate (Red) Patients:** EMS B1
   - **Delayed (Yellow) Patients:** EMS Level 1/ EMS B1
   - **Walking Wounded (Green) Patients:** ER bay near ambulance services
   - **Deceased/Dying (Black) Patients:** Black Tagged Zone
6. Triage staff will assist patients with existing vehicles, while security personnel direct vehicle traffic to the parking lot or Gate 1 via the roundabout.
7. Upon activation of Code Yellow, security personnel will control traffic to the triage area and Incident Command Post, securing the road from Gate #1 to ensure safety and manage congestion.
8. During Code Yellow, discharged patients will be directed to the KACOLD, Second Floor Connecting Bridge or North Tower, Second Floor Lobby (backup) for exit through Outpatient, Gate 8.
9. Patients' families will be directed to the EMS B2 tunnel leading to the East Wing. Updates regarding patient status will be provided at this location.

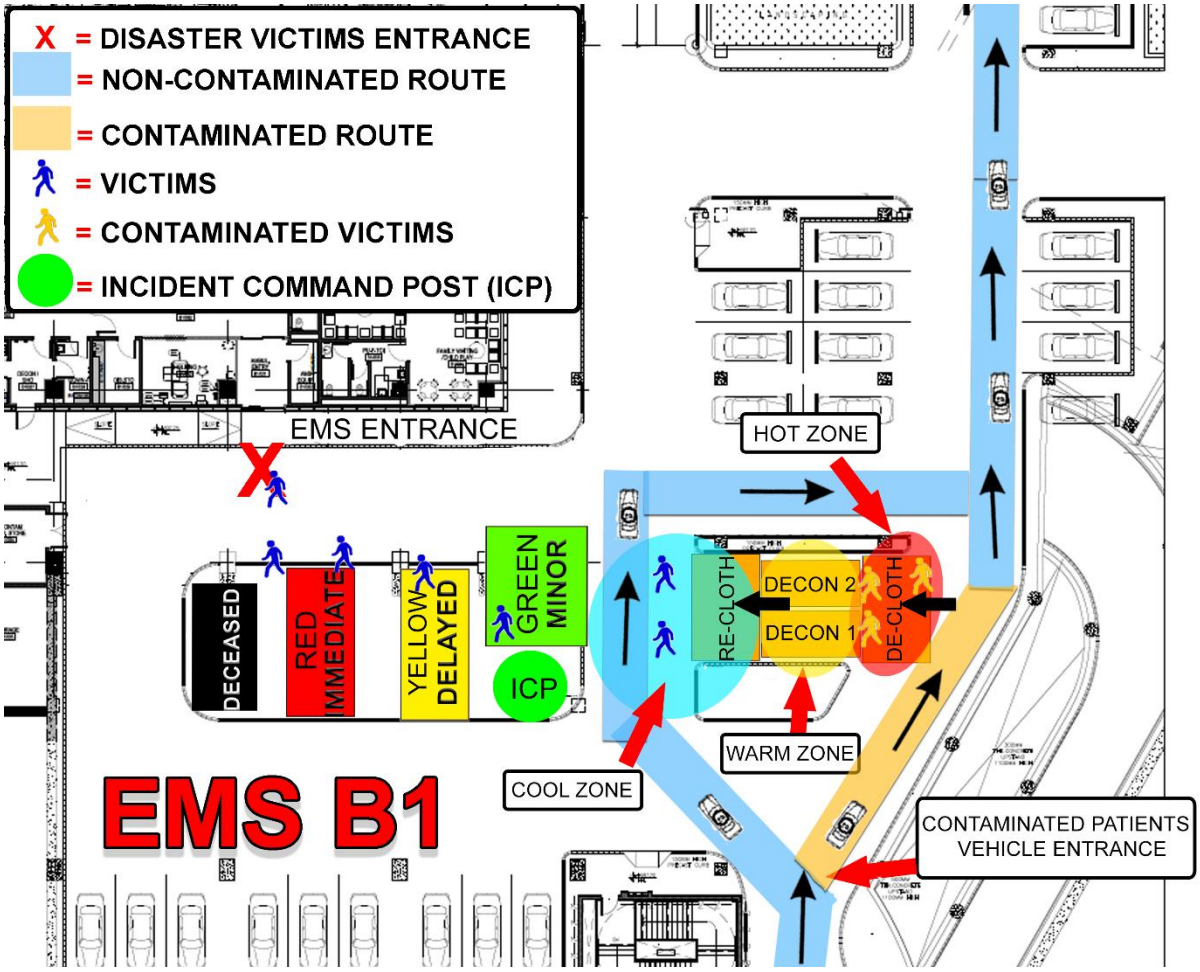


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Section 2: Code Yellow – Victim Flow (Figure 11 & 12)



(FIGURE 11: CODE YELLOW GATE 1 VICTIM FLOW)



(FIGURE 12: CODE YELLOW B1 VICTIM FLOW)

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Section 2: Functional Annexes – CBRN Decontamination

Decontamination

Is a process that removes or neutralizes harmful contaminants from personnel and equipment, preventing cross-contamination. In Chemical, Biological, Radiological, or Nuclear (CBRN) emergencies requiring decontamination, the KFSHRC-R CBRN Response Team is immediately activated and deployed.

Decontamination Operations The decontamination site is divided into three zones:

- **Hot Zone (Exclusion Zone):** The primary contamination area where patients undress. Personnel wear full protective equipment (PPE).
- **Warm Zone (Contamination Reduction Zone):** The transition area with the Chemical Reduction Corridor for active decontamination. Personnel wear full PPE.
- **Cold Zone (Support Zone):** The clean area where patients dress and are triaged. Personnel wear standard patient contact PPE (Level D). (See Decontamination Flow Design, Victim Flow Fig 10)

CBRN Team Response KFSHRC-Riyadh provides Level A CBRN response for:

- **Chemical** incidents involving accidental or intentional release of Chemical Warfare Agents (CWAs) or Toxic Industrial Chemicals (TICs).
- **Biological** incidents involving accidental or intentional release of biological contaminants.
- **Radiological** incidents involving accidental or intentional release of radiological contaminants.
- **Nuclear** incidents involving accidental or intentional release of radiological contaminants.

Note for CBRNe: If the ERG response guidebook or similar resource is unavailable when selecting the Incident Command Post (ICP)/Triage area, use the "Rule of Thumb" method. Extend your arm with thumb up, close one eye, and back up until your thumb covers the entire incident scene. Ensure the location is uphill, upwind, and upstream.

Section 2: Functional Annexes – Mutual Aid

Mutual Aid

Formal mutual aid agreements facilitate collaborative disaster response among neighboring communities, private and governmental organizations. While currently absent within the Kingdom, KFSHRC-Riyadh is actively developing this framework to enhance regional resilience.

At the CEO's discretion, KFSHRC-Riyadh may engage in ad hoc cooperation with hospitals, civil defense, and other governmental entities to optimize response to unforeseen incidents. This encompasses both resource requisition and deployment.

Hospital Diversion

In the event of overwhelming patient volume, the MOH disaster WEB-EOC (TAHOB) platform will serve as the primary mechanism for external patient diversion in the context of a major disaster. TAHOB link: https://tahob.moh.gov.sa/eoc/default.aspx

Section 2: Functional Annexes – Stand Down & Recovery

Stand Down and Recovery

A Stand Down (De-escalation) will be initiated when it is determined that no immediate threat exists to patients, staff, other individuals, the facility, or hospital services.

1. Stand Down:

- The Emergency Operations Center (EOC) will declare the incident concluded.
- The EOC will coordinate with CDDC Operators to broadcast an "All Clear" message via hospital communication systems. (See APPENDIX 1)
- Upon receiving the all-clear, the Incident Command Post (ICP) will stand down, and non-essential personnel will be released from duty.
- The EOC will remain operational until dismissed by the EOC Commander. It may continue functioning during the recovery phase or as required.

2. Recovery Phase:

2.1 The Emergency Operations Center (EOC) will activate the Emergency Recovery Task Force to develop a Recovery Action Plan addressing:

- Depletion of critical supplies and personnel.
- Damage to hospital facilities and equipment, including fatality management.
- Critical Incident Stress Debriefing (CISD) and counseling for post-traumatic stress.

2.2 Based on incident severity, the EOC may temporarily suspend certain hospital services or functions to safely restore full operational capacity.

2.3 Upon completion of this phase, the Disaster Management Chief will produce a comprehensive After Action Report (AAR) analyzing the incident, response efforts, and lessons learned for future improvement. The AAR will also identify potential mitigation strategies to prevent or minimize the impact of similar occurrences.

Note: For more information on recovery see the Continuity of Operations Plan (COOP)

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Appendix 1: Code Dispatch Emergency Messages To EOC/ICP & On-Call Dispatch System

Disaster Activation Messages

Emergency Operations Center (EOC) Members:

"Attention Attention, this is a Code Yellow/Orange – Please Report to the Emergency Operations Center (EOC), CSSD Building, Level 1, and Security Control Room. This is not a drill."

KFSHRC-R Incident Command Post (ICP) Members:

"Attention Attention, this is a Code Yellow/Orange – Please report to the ICP EMS B1. This is not a drill." (**Note:** for a Code Orange it will instruct them to call Paramedic dispatch 7777 for the location)

KFSHRC-R Essential Staff Members:

"Attention Attention, this is a Code Yellow/Orange – Please report to your designated location. This is not a drill."

KFNCCC Incident Command Post (ICP) Members:

"Attention Attention, this is a Code Orange – Please report to the ICP. Call 7777 for location. This is not a drill."

KFNCCC Essential Staff Members:

"Attention Attention, this is a Code Orange – Please report to your designated location. This is not a drill."

Disaster Deactivation Messages

All Clear Message Hospital-wide:

"Attention all staff, All Clear, All Clear, All Clear. The Code Yellow/Orange has been de-activated. Contact your supervisor for further instructions."

Disaster Automatic On-Call Dispatch System

Automatic Call-In system: The system which contains the names, titles, personal, and work (MCD) contact numbers for all staff required for disaster operations.

Note: For more information, see the Emergency Preparedness Plan "Disaster On-Call Dispatch System."

Appendix 2: Internal/External Emergency Contacts

Emergency	Primary Contact	Department
Fire	Fire Marshal	SSSD
Explosion	Head, Safety	SSSD
Bomb	Head, Guard Force	SSSD
Loss of Utilities	Head, Utilities UMD	UMD
Flood	Head, Utilities UMD	UMD
Medical Gas System Emergency and Failure	Head, Utilities UMD Medical Gas System	UMD
Internal Communication Failure	Supervisor, Telecommunications	HITA
Chemical spills	Lab Safety Officer, KFSHRC-RIYADH or KFNCCC	DPLM
Medical Equipment Failure	Head, Clinical Engineering	Clinical Engineering
Environment related emergencies	Head, Environmental Services	Environmental Services

Appendix 3: Acronyms and Definitions

After Actions Report (AAR): A detailed report that reviews the response, and in some cases, the recovery to an incident. The report contains statistical data, including recommendations for future responses.

CBRN: Chemical, Biological, Radiological and Nuclear contaminants.

Critical Incident Stress Debriefing (CISD): A facilitator-led group process conducted soon after a traumatic event with individuals considered to be under stress from trauma exposure. CISD is designed to assist others in dealing with the physical or psychological symptoms that are generally associated with trauma exposure. Debriefing allows those involved with the incident to process the event and reflect on its impact.

Emergency Operations Center (EOC): The EOC is a specially designed and equipped room, where designated members of the hospital management, supported by a specialized staff assemble to manage the disaster response activities for both limited and full disasters.

(Previously referred to as "Command Centre")

Emergency Operations Plan (EOP): A written operational plan designed to respond to any incident or all hazards that are beyond the normal operating parameters of the organization.

Essential Staff: Selected members of Hospital management staff from various departments who will be contacted by CDDC upon activation of the external disaster. They will respond to their respective Manpower pools where they will be tasked with specific duties during an external disaster.

Note: some essential staff may have pre-assigned duties outlined in their departmental Sub-Plan.

Hot Wash: Immediate "after-action" discussions and evaluations following an exercise, training session, or major event, such as a Code Yellow.

Incident Command Post (ICP): The field location at which the primary tactical-level, on-scene incident command functions are performed. The ICP reports to the EOC with incident updates.

Incident Command System (ICS): A standardized on-scene emergency management system specifically designed to provide for the adoption of an integrated organizational structure that reflects the complexity and the demands of a single or multiple incidents, without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a standard organizational structure, designed to aid in the management of resources during incidents. ICS is scalable and can be utilized for small or large incidents.

Joint Information Center (JIC): An area used to provide victims information from the EOC to family members and for the dissemination of incident information to the media or outside agencies.

Manpower Pool: A physical location where essential Hospital staff will assemble until they are assigned specific duties during the disaster.

Mutual Aid: A term in organization theory used to signify a voluntary reciprocal exchange of resources and services for mutual benefit. This aid can be either rendered or requested. Often, Mutual Aid Agreements are established before an incident occurs to provide asst.

Patient Discharge and Holding Center: The area used to hold patients being transferred to other Hospitals, or who are awaiting discharge.

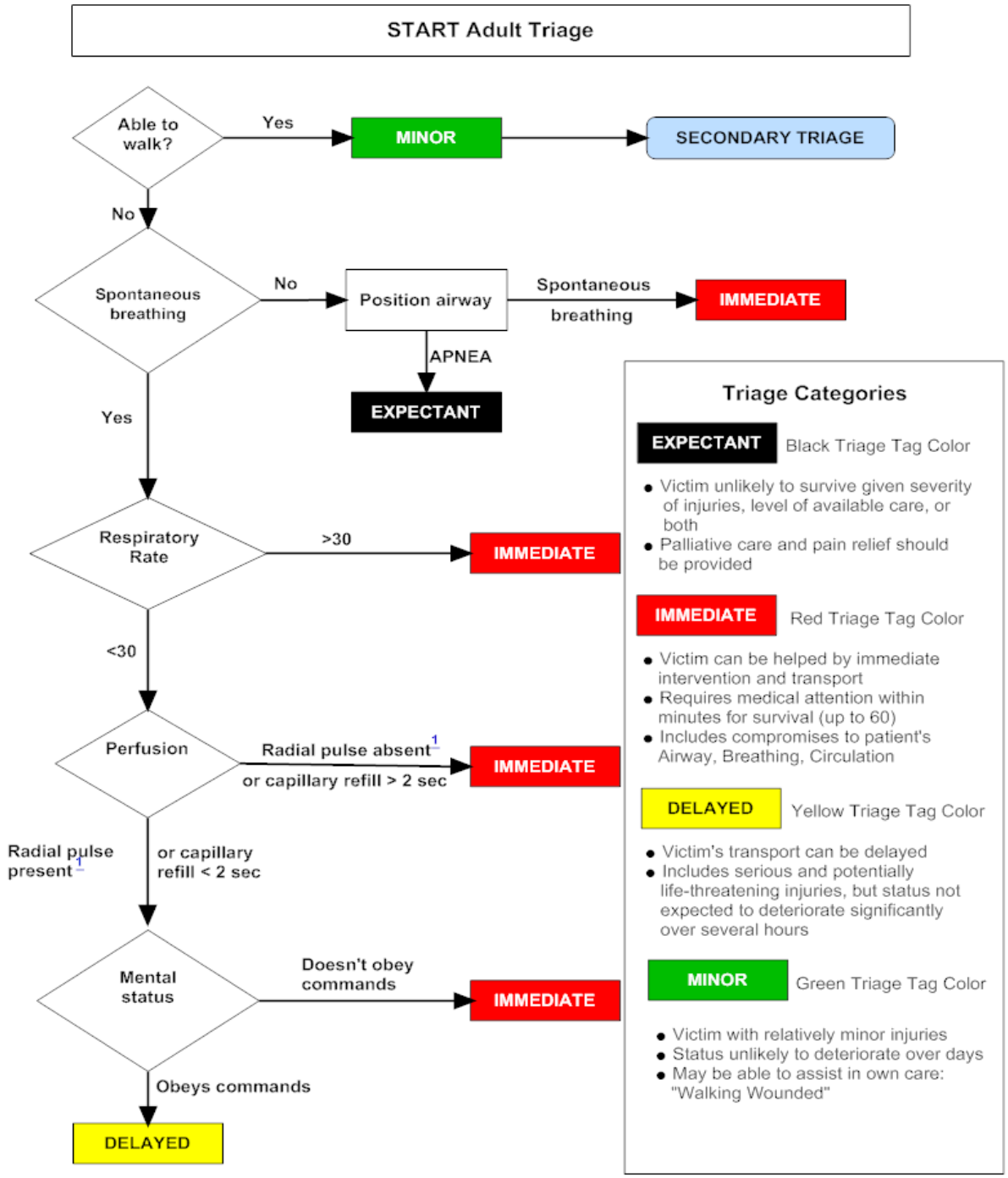
Note: For a description and the functions of ICS positions within the EOC and ICP, please refer to EOC/ICP ICS Position Functions & Responsibilities.

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Appendix 3: Acronyms and Definitions Continued

Word / Acronym/ Abbreviation	Definition
AAR	After Actions Report
ACEO	Assistant Chief Executive Officer
AOD	Administrative on Duty
CBRN	Chemical, Biological, Radiological, Nuclear
CEO	Chief Executive Officer
CISD	Critical Incident Stress Debriefing
CMO	Chief Medical Officer
Code Orange	Code designation for Internal Disaster in the EOP
Code Yellow	Code designation for External Disaster in the EOP
DCMO	Deputy Chief Medical Officer
DEM	Department of Emergency Medicine
EMAP	Emergency Management Accreditation Program
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ERT	Emergency Response Team
HITA	Health Information Technology Affairs
ICP	Incident Commander (Oversight for the ICP)
ICIS	Integrated Clinical Information System
ICP	Incident Command Post
ICS	Incident Command System
ICU	Intensive Care Unit
JIC	Joint Information Center
KFNCCC	King Fahad National Centre for Children's Cancer
KFSHRC-R	King Faisal Specialists Hospital & Research Center - Riyadh
MA	Medical Affairs (previously known as MCA)
OR	Operating Room
QMD	Quality Management Division
RN	Registered Nurse
START	Simple Triage and Rapid Treatment (Triage System)
UMD	Utilities & Maintenance Department
CDDC	Crisis & Disaster Dispatch Center
NVSDU	Neurovascular Step-Down Unit at OPB, Level-2
SSSD	Safety & Security Serveries Division
KACOLD	King Abdullah Centre for Oncology and Liver Diseases
DPLM	Department of Pathology and Laboratory Medicine
HIRA	Hazard Identification and Risk Assessment

Appendix 4: START Triage Algorithm



Adapted from www.Start-Triage.com for pediatrics consult JumpStart algorithm

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Appendix 5: Department Sub-Plan Template

KFSH&RC-Riyadh Code Yellow (External Disaster) Example

Area:	Position: Emergency Warden
1. Distribute:	
2. Relocation/ Discharge	
3. Stop and Prepare:	
4. Recall:	
5. Manpower Pools:	
6. Update Bedboard:	
7. Deactivation:	

Updated by Crisis & Disaster Management Department

Reviewed By:

_____ _____ _____

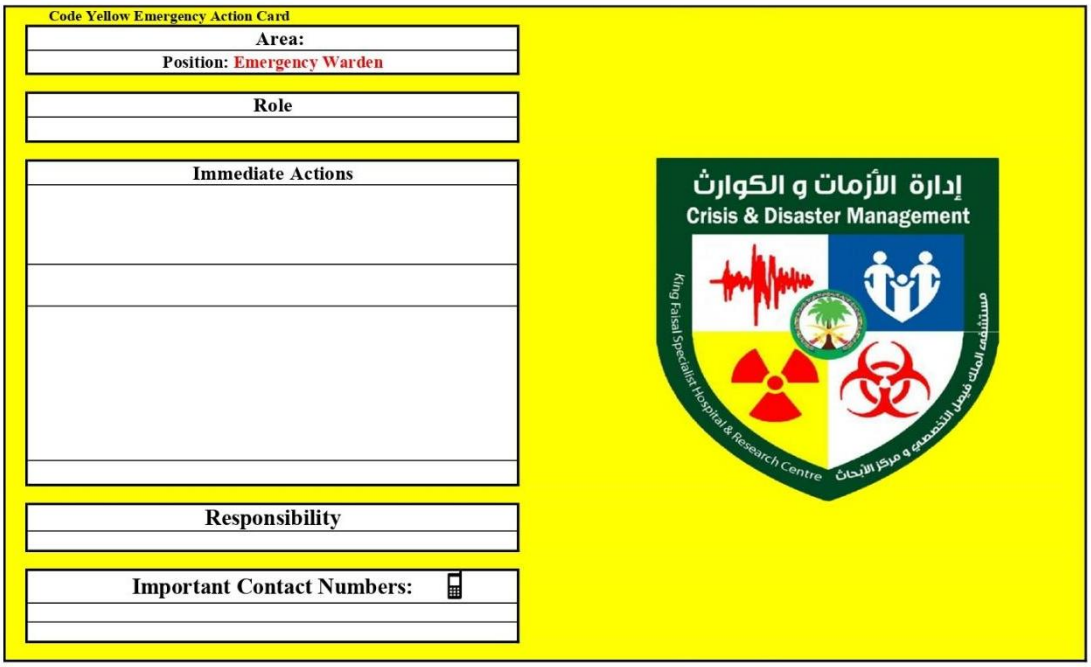
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Effective: **** annual review (next update within 3 years unless deemed necessary)**

Note: Code Yellow/Orange Editable Template Available at Crisis & Disaster Management Department
Note: This is an example and does not reflect the actual Sub-Plan

Appendix 5: Action Card Template



The Action Card is designed to guide personnel through the Code Yellow/Orange. In a high-stress situation, this is a valuable tool that will remind the person of what is expected and how to accomplish the tasks. These cards are designed for key individuals with management or key functions. It is not designed for every employee in the given unit to have one.

This action card is designed to be printed in "Landscape" orientation. The card will then be folded in half horizontally and laminated. The person will wear this card around their neck during the disaster with lanyards provided to your department.

Note: Mandatory for all personnel who play a leadership role in the Code Yellow/Orange.
Note: **Code Yellow/Orange Editable Template Available at Crisis & Disaster Management Department**

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Appendix 5: Action Card Template

AMB: KFSH&RC-Riyadh Action Card as of:

Position: Manager or Designee

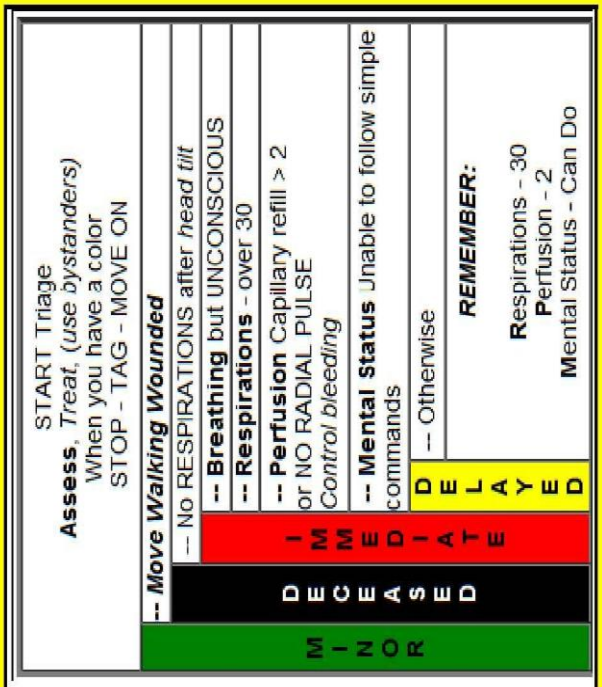
Role:

Incident Commander (IC)

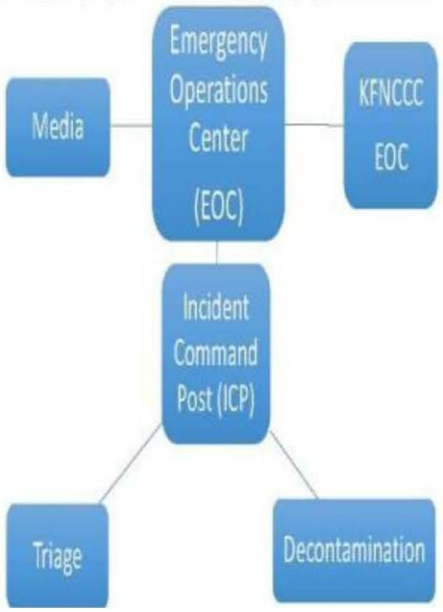
Immediate Actions
1. Call Dispatch: Ensure Dispatch has initiate Sub Plan and has assigned crews to Triage and Gate sorting duties
2. Proceed to: Incident Command Post (ICP) in front of VIP entrance to VIP clinic. Ensure ICP/Triage set-up (supplies found in ER Ambulance Station)
3. Update: Emergency Operations Center (EOC) once ICP/Triage is set/up. **EOC OPS Chief.[redacted] or Disaster Coordinator:** [redacted]
4. Assign: Triage Officer (most senior Paramedic/EMT on scene)
5. Ensure: 1 Paramedic is at Gate 9 for Patient screening
6. Update: EOC Ops Chief on the number of Patients and Acuity levels
7. Request: Additional resources from Ambulance Dispatch or EOC Ops Chief, as needed

Responsibilities
• Ensures scene safety for staff, patients and bystanders
• Provides accountability ICP personnel

Important Contact Numbers:
Security Control [redacted], **Ambulance Dispatch**:
Disaster Coordinator: MCD. Bravo:
Emergency Operations Centre (EOC OPS Chief)



Emergency Operations Center (EOC) Span of Control:



Note: **This is an example and does not reflect the actual Action Card**

Appendix 6: Possible Types of Incidents

Different Types of Incidents

This addresses the KFSHRC-R preparedness for many types of potential internal incidents.

Fire

NEVER: shout "Fire" or otherwise create panic among patients, visitors, or other employees.

Follow the fire reporting and evacuation procedures as posted in your area and outlined in this below:

IN CASE OF FIRE:	في حالة الحريق:
1. Evacuate **persons in** immediate danger.*	1. إخلاء الأشخاص المعرضين للخطر المباشر.
2. Notify **by calling** 8888 **&** Activate **fire alarm.****	2. الإبلاغ على الرقم 8888 وتشغيل جرس الإنذار.
3. Extinguish **the fire if** SAFE and POSSIBLE **or** Contain the fire by closing doors**.** ***	3. إطفاء الحريق إذا كان الوضع آمنا وممكنا أو احتوائه بإغلاق الأبواب.
▪ **now where fire exit is located.**	▪ تعرف مسبقا على مكان مخرج الحريق.
▪ **Know where fire extinguisher & fire alarms are located.**	▪ تعرف مسبقا على مكان طفاية الحريق وجرس الإنذار.
▪ **now the nearest fire hose reel.**	▪ تتعرف مسبقا على أقرب مكان لخراطيم مياه الحريق.
▪ **o not use elevators during a fire.**	▪ لا تستعمل المصاعد في حالة حدوث حريق.
Know Your Evacuation Routes Plan	تعرف على مسارات وطرق الإخلاء

* *Evacuate persons from immediate danger (i.e., move them to a safe area) using Hospital facilities designed for this purpose, such as a ramp, roof, or moving horizontally to another ward. Follow the evacuation plan in your area.*

** *Call 8888 to report and/or activate fire alarm/s.*

*** *Fight the fire only if it is small & safe enough to extinguish using the fire equipment available in your area. If you are unable to fight the fire and it is safe to do so close the door/s near the fire.*

Note: The policy of KFSHRC is for the Emergency Response Team to forcibly enter any locked office, unit, or building, where a fire is suspected or occurring.

General Considerations

All hospital employees are expected to read, understand, and be able to implement this plan, as well as their respective departmental sub-plans.

- Identify and report fires promptly during your duties.
- Operate fire doors correctly in the corridors.
- Identify **evacuation routes, assembly points**, **emergency exits and staircases** in your area**.**
- Locate the fire alarm, fire extinguishers, fire blankets, and fire hoses in your area.
- Identify each type of fire extinguisher in your area and use it appropriately.
- **Do Not Use Elevators**. Use the nearest exit, such as the stairs. Elevators are only to be used under the direct supervision of an Emergency Response Team member or an elevator technician. If you are in an elevator, get out to the nearest floor.
- In case of fire or smoke, evacuate in the opposite direction. Crouch down and test doors with your hand; if they're hot, do not open them. It's safer to remain in your current location than to enter a dangerously hot space.
  - If you observe smoke coming from a door, avoid opening it. Doing so may trigger an explosion.
  - If you suspect a person may be trapped within the building, promptly notify KFSHRC Emergency Response Team members, specifying their most probable location.

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- Gather at the designated assembly area to ensure a complete headcount, as outlined in your evacuation plan. Remain at the assembly point until instructed to disperse.
- Return to the area only after receiving the all-clear from the Safety Officer in collaboration with the end-user manager.
- For inquiries about the situation or evacuation procedures, please contact a Hospital Security employee or Hospital Emergency Response Team member, easily recognizable by their hospital uniforms. To avoid confusion, please refrain from approaching Civil Defense Fire Fighters with questions; their knowledge of KFSHRC-Riyadh facilities is limited.

Appendix 6: Types of Incidents - Continued

Fire Prevention

For **Fire Prevention details**, please refer to **the Fire Safety Management Plan**

Chemical Spills:

Minor Chemical Spill: represents minimal or no hazard to person and/or property and is small enough to be safely cleaned up utilizing a spill kit

Action:

Refer to Safety Data Sheets (SDS) if the chemical is known. Also, refer to specific Departmental IPPs and the Employee Safety Manual.

Major Chemical Spill: A significant chemical release that poses a serious threat to human life, property, or the environment. If the spill cannot be safely contained with on-site materials and presents a risk of entering the sewer system or spreading beyond the boundaries of the building/property, call #8888 to report the emergency.

Please refer to **the Hazardous Materials Management Plan** for more details.

Radioactive Material Spill

Purpose: To provide staff with guidelines on what to do if a radioactive material spill occurs.

Radioactive Material Spill Prevention:

Refer to the Hospital Radiation Safety Manual, which can be obtained from the Research Centre upon request.

In case of Radioactive Material Spill, the following steps should be taken:

- Evacuate persons in immediate danger

Radiation Safety manual for the details of the plan.

- Notify by calling #8888*
- Immediately notify the Radiation Safety Officer at ext. 31386, MCD 49736**.

* The Guard Force Department should secure the area where the Radioactive Material spill occurred and coordinate with local authorities as requested by the Radiation Safety Officer.

** The Research Centre is in charge of dealing with radiation accidents.

Seal source rupture

If a rupture of a sealed source occurs or if potentially hazardous quantities of radioactive dust, mists, fumes, organic vapors or gasses are introduced into the air, the following emergency measures should be taken immediately:

1. Immediately notify the Radiation Safety Officer at ext. 31386, MCD 49736, and Call 71111, The Director of Safety and Security Services Division should be notified.
2. No immediate attempt should be made to clean up the spill.

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3. All windows should be closed. Fans and air conditioners should be shut off, and everyone evacuates the area.
4. All doors should be closed.
5. If powdered or gaseous sources are involved, the door and all other openings leading into the room should be sealed with wide masking tape and heavy wrapping paper.
6. The spread of radioactive contamination can be diminished by restricting the movement of potentially contaminated persons to a local zone just outside the spill area until the extent of shoe and clothing contamination is ascertained.
7. Every person who might have been contaminated should be monitored for radioactivity and, if contaminated, should remove his or her clothes and be decontaminated.

Radioactive Liquid Spills

Precautions taken in the first few minutes after an accidental release of liquefied radioactive material can mean the difference between inconvenience and disaster. The following procedures will be followed:

1. Immediately notify all persons in the affected area, as well as the Radiation Safety Officer at ext. 31386, MCD 49736, and Call 71111, the Director of Safety and Security Services Division should be notified.
2. Permit only the minimum number of persons in the area needed to deal with the spill.
3. Confine the spill immediately.
4. Don protective gloves and drop absorbent paper on a liquid spill.
5. Decontaminate using a monitor to check the progress of the work.
6. Monitor all persons involved in the spill and clean-up.
7. Be ready to evacuate the whole area if necessary.
8. Be ready to request outside assistance if necessary.

Please refer to the Hospital Plan for Emergency Handling of Radiation Accident Cases, **Radiation Safety Manual** and the **Hazardous Materials Management Plan** for more details.

Appendix 6: Types of Incidents - Continued

Loss of Utilities

Purpose: To advise staff on what to do during a period of loss of utilities.

The Powerhouse Main Control Room and Powerhouse Control Room should be immediately notified at 27788/27787 (for Main Hospital) and 54444/52885 (for KFNCCC) respectively.

Electrical Failure

A) In critical and general patient care areas:

1. The emergency standby generator restores electricity in less than 10 to 15 seconds. The Powerhouse Main Control Room should immediately notify the Command-and-Control Center at 71111, as well as the UMD Director.
2. Patient care employees should plug all essential electrical equipment into red outlets for emergency electrical power.
3. Limit the use of these emergency power outlets to vital or critical functions.
4. Medical Affairs, whenever required and based on their decision, should make arrangements for an external source of assistance.
5. Safety Officers, Security Site Supervisor, and UMD Technicians should conduct an immediate survey of all patient care areas to ensure all required equipment is operating on the essential power supply system.
6. The Powerhouse Main Control Room will request from related UMD Dept. /Sections to provide extension cords & transformers in case of emergencies & electrical failures.

B) In other areas:

1. Notify Command and Control Center at 71111.
2. Notify the Powerhouse Main Control Room at 27788/27787 (for Main Hospital) or Powerhouse Control Room at 54444/52855 (for KFNCCC).
3. Powerhouse Main Control Room (for Main Hospital) or Powerhouse Control Room (for KFNCCC) to notify the UMD Director and confirm automatic start-up of the Emergency Diesel Generator(s). Area surveyed by Safety, Guard Force, and UMD Technicians.

Loss or Leakage of LPG

1. UMD staff should shut off all gas consuming apparatus once the supply is lost.
2. The firefighting section should be notified of any gas leak to ensure safety and all steps have been taken to safeguard the area, this must be done to prevent the possibility of an explosion.
3. Departments that use LPG should immediately notify the Fire and Safety 8888 and Powerhouse Main Control Room at 27788/27787 (for Main Hospital) or Powerhouse Control Room at 54444/52855 (for KFNCCC).
4. When restoring any LPG leak Fire Section should be informed to ensure all areas have been cleared from any possible gas buildup.
5. Safety Section in coordination with Fire Section will determine if building evacuation is needed due to the LPG leak

Loss of Water Supply

1. Staff should close all water valves in their area/unit until the system recovers.
2. Notify Powerhouse Main Control Room at 27788/27787 (for Main Hospital) or Powerhouse Control Room at 54444/52855 (for KFNCCC).
3. UMD will contact outside sources for backup supplies.
4. UMD will shut off all non-essential water control valves throughout the Hospital facilities to conserve water.
5. When the water supply is restored, UMD will re-open closed valves.

Please refer to the **Power Outage** Plan & the **Utility System Management Plan** for more details.

Internal Communications Failure

Purpose: To provide staff with guidelines on what action to take in the event of telephone and other communication system failures.

1. Notify the Command and Control Center at red phone 855 (backup emergency extension) who will notify the Communications Section and/or call the on-call Communications technician, Safety Officers on duty via radio, Director of Safety and Security via radio, Powerhouse via radio
2. The Red emergency backup phone system is available and will be used; **List of Red Emergency Back-up Phones is attached to each Red Phone and available on the hospital intranet "Emergency Operations Plan."**
3. The emergency medical team will be provided with radios through the Guard Force.
4. Hospital security will monitor the situation, notify the department's Director, and assist accordingly.
5. Nursing staff in charge will be responsible to:
    a. Appoint a messenger
    b. Recommend to Guard Force priority areas for additional radios
6. All Departments are responsible for checking the red phones to ensure their operation. Phones not working should be immediately reported to the Communications Section.

Please refer to the **COOP** Plan for more details

Medical Gas System Emergency and Failure

Purpose: To provide procedures that will be followed in the event of a medical gas and vacuum system emergency. The procedures are intended to maximize the safety of patients, staff, and visitors.

System Failure

1. Immediately discontinue the use of all anesthetics.
2. Ensure patient safety and implement your departmental plan
3. Immediately discontinue the use of all medical equipment connected to the medical gas system. Disconnect the patient from the anesthesia equipment.
4. Obtain a new anesthesia machine and use conventional techniques to prevent further injury to the patient.
5. Notify Respiratory Care at MCD 49710, Powerhouse Main Control Room at 27788/27787 (for Main Hospital), Powerhouse Control Room at 54444/52855 (for KFNCCC), Security Control Room at 71111, and Clinical Engineering at 27701
6. Use medical gas supply from cylinders as back up wherever possible.

Fire or Explosion

In the event of a fire or explosion immediately evacuate all patients who are at immediate risk from the fire site and follow the **"Shutting off Medical Gas in Response to Fire"** Policy, **CIPP-617** to ensure that the medical gas valves for medical gases, which control medical gas to the emergency site.

However, the following specific action to be taken **after the evacuation of patients at immediate risk and fire notification steps:**

1. Close the medical gas valves for medical gases, which control medical gas to the emergency site, after taking into account provisions needed for patients who are oxygen dependent and will be affected.
2. Activate the fire alarm located in your area.

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3. Extinguish the fire if safe and possible.
4. Close doors to contain the smoke and isolate the fire.
5. Take additional steps that are necessary to protect or evacuate patients in adjacent areas following the evacuation procedures and routes, refer to Section Three of this Plan.

Please refer to the **Utility System Management Plan** & the **Fire Safety Management Plan** for more details.

Explosion

Purpose: To provide staff with guidelines on what to do if an explosion occurs.

General Procedures

1. Remove person(s) from immediate danger to the nearest safe location.
2. Call #**8888**.
3. Operator at #**8888** will activate the **EOP - Code Orange** plan.
4. Activate the fire alarm (pull station) nearest you.
5. Close doors.
6. Guard Force Department to secure the area.
7. Command and Control Center to be ready to notify Civil Defense based on a request from the Responding Team.

Chemical Explosion

Crisis & Disaster Dispatch Center to announce a chemical Explosion.

Chemical Spill Response team will standby till Fire Marshal will give all clear to safe enter:

- Identify the type of chemicals involved in the explosion.
- Determine the possibility of further explosions.
- Assist in the control of the situation.

Gas Explosion

Command and Control Center to notify Powerhouse Main Control Room at 27788/27787 (for Main Hospital), Powerhouse Control Room at 54444/52855 and firefighting and safety to determine:

- The type of gas.
- To assure that source has been isolated.
- To assist in the control of the situation.

Please refer to the **Security Management Plan** & the **Fire Safety Management Plan** for more details

Appendix 6: Types of Incidents - Continued

Bomb Threat (Code Black)

Purpose: To provide staff with guidelines on what to do if faced with a bomb threat. The guidelines within the **"Management of Code Black "Bomb Threats" Incidents**," **APP-8193,** shall be followed. They include provisions for threats received by "digital and written Communications," the discovery of "Suspicious" or "Obvious Devices."

Security Emergency

Active Violent Occurrences (Code White):

1. Contact Crisis & Disaster Dispatch Center at ext. **8888** for immediate assistance.
2. Detailed information will assist Security in being prepared to manage the situation more effectively and provide as much detailed information as possible such as, who is involved, what is happening, and any other relevant information.
3. If weapons are involved, inform Security Employee this information first, stay on the line until Security dispatcher gets all the information required.

Nursing and medical employee members are responsible for patient care management. The Security employee will assist medical and nursing employees in restraining patients as necessary.

Disruptive, hostile, threatening visitor or employee (Code White):

Contact Dispatch Code Center at ext. 8888 in situations when visitor or employee members are disruptive, hostile, or threatened in a clinical area. Security Code Team will work with Management and local law enforcement agencies to control the situation. Contact security at ext. 71111. When visitors or employees are disruptive, hostile, or threatened outside clinical areas.

Possession of deadly weapons by patients, visitors or employee (Code Silver):

When it is known or strongly suspected that a person is in possession of a weapon while in KFSHRC, Contact Crisis & Disaster Dispatch Center at ext. **8888** for assistance. No weapon of any kind is permitted into KFSHRC.

Hostage Taker (Code Silver):

1. Immediately inform the Contact Crisis & Disaster Dispatch Center at ext. **8888**.
2. Evacuate and secure the area.
3. Command and Control Center shall notify the Police Department immediately and the Hospital Management. This situation requires careful management; time must be given to communicate calmly with the hostage-taker to gain more time until specialized experts arrive to take over the situation

Infant Abduction/ Missing Child

Please refer to **APP 66, "Code Pink Policy." Code Pink** and the **Security Management Plan** for more details.

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Appendix 7: Emergency Resource Checklist

Resource	Department
Plans & Guidelines	Crisis & Disaster Management Department
Absorbents, Chemical	Laboratory
Ambulances	Ambulance Services
Barricades	Guard Force
Body Bags	Morgue, Supply Chain Management
Tow Trucks	Transportation
Buses	Transportation
Caterers/Food	Food Services, Supply Chain Management
Chemical Information	Laboratory
Chemical Response	Laboratory
Chemical Spill Kits	Laboratory
Civil Defense/Riyadh Fire Department	Guard Force
Compressed Breathing Air	Fire Services
Construction Equipment	Engineering Projects Delivery Department/ Utilities & Maintenance Division
Flood Lights	Utilities & Maintenance Division
Fuel Supplies/Diesel/LPG	Materials Management, Supply Chain Management
Gasoline	Materials Management, Supply Chain Management
Emergency Diesel Generators	Utilities & Maintenance Division
Hazmat Experts	Laboratory / Research Centre
Oxygen	Respiratory Care, Supply Chain Management
Pharmaceutical/Mechanical Supplies	Supply Chain Management
Radioactive Materials Experts	Research Centre
Sandbags	Utilities & Maintenance Division
Tow Trucks	Guard Force
Veterinarian	Research Centre
Waste Disposal, Chemical	Housekeeping
Waste Disposal, Radioactive Material	Research Centre
Stretchers & Wheelchairs	Patient Care Services
Welding Equipment	Utilities & Maintenance Division
Decontamination Unit	Fire Services (HAZMAT Team)

Appendix 8: OR Emergency Checklist

Fire and Safety Checklist for O.R.

O.R. #:_____ **Date:** _____ **Time:** _____
Checked by: _____ **I.D.: #** _____

#	Description	Yes	No
1	Are the dates on the Clinical Engineering inspection stickers on the equipment in your room current?		
2	Inspect all electrical cords.		
3	Are plugs plugged completely into the receptacles?		
4	All chemical supplies used are checked and all are in order and maintained in a safe manner (e.g. defoggers, cleaning solutions, disinfectants, etc.)		
5	Warming light, if available, is at a safe distance from the patients, staff members and equipment.		
6	Are emergency reporting procedures posted in each O.R. area?		
7	Is there a fire extinguisher available in each O.R. area?		
8	Is there a fire blanket available in each O.R. area?		
9	Is the fire hose cabinet location clear to all staff members?		
10	Is the electrical circuit breaker box location known to all staff members?		
11	Is the gas supply valve accessible, visible, and easy to reach?		
12	Are all surgical teams knowledgeable of what to do in the event of fire and the evacuation procedures?		
13	Are corridors unobstructed and clear from all materials; is the full width maintained?		
14	Are all staff members oriented with exit doors, fire extinguishers, fire blanket locations and fire reporting procedures?		
15	Have all staff members participated in fire and safety training?		
16	Is an Ambu (BVM) bag available?		
17	Is the Laser on standby when not in use?		
18	Is an emergency escape route posted in the area?		
19	Is the access to the fire extinguisher and fire alarm point clear from obstruction?		

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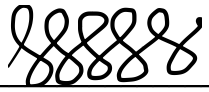
Approval Signatory

Updated By:



Murtada Bu Amer
Crisis & Disaster Specialist, Crisis & Disaster Management Department, S&S

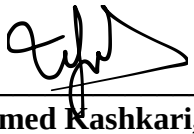
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Chief Medical Officer, Medical Affairs

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Compliance & Information Security

Recommended by:

Yaseen Mallawi,MD
Chief of Staff

Recommended By:

Saleh Almofada, MD
Assistant Chief Executive Officer

Recommended By:

Bjorn Zoega, MD
Deputy Chief Executive Officer