Facility Management and Safety Manual

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CHAPTER (4-A)

Emergency Preparedness Management Program

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1.0 STATEMENT OF PURPOSE

1.1 To establish procedures to respond to any external emergency situation resulting in the sudden and potentially unanticipated influx of a large number of casualties.

1.2 To facilitate a fully integrated multidisciplinary approach in the event of an external disaster.

1.3 To provide guidance to KFSH&RC (Gen.Org) – Jeddah Branch personnel through detailed instructions, to increase confidence and effective treatment of disaster victims.

1.4 To ensure the safety and security of present patients, visitors, contractors and staff.

1.5 To facilitate regional planning and cross-jurisdictional actions between agencies in order to mitigate disasters.

2.0 RELATED REFERENCES


2.2 This plan incorporates information previously contained from ARAMCO APP 62-6.

3.0 DEFINITIONS

3.1 An External Emergency is any event (disaster) occurring outside the hospital perimeter that produces victims in numbers, and types of injuries, that threaten to overwhelm the hospital's normal response capacity.

3.2 The External Emergency Preparedness Plan is a plan that has been developed to facilitate a smooth coordinated response to foreseeable disaster situations. It incorporates initial emergency responses and procedures.

3.3 Disaster Mode: A situation whereby the normal operations of KFSH&RC (Gen.Org) – Jeddah Branch, in response to an overload of casualty patients from an external disaster site, are replaced by pre-arranged specific operations, implemented as outlined in this plan.

3.4 Disaster Status:

3.4.1 Alert Code “11”:

3.4.1.1 Is the ‘information-only’ mode.

3.4.1.2 The threat is either potential, not near, or not large.

3.4.1.3 Is a Command Centre response. Once activated all designated for Command Centre to arrive a.s.a.p.

3.4.1.4 This would require only the presence of pre-selected groups. (See Key Contacts-Disaster Call-Up List).
3.4.2 Full Disaster Code “99”:

3.4.2.1 Is a facility-wide ‘response mode’

3.4.2.2 The threat is confirmed to be an estimate greater than 15-20 critical cases (red and yellow triaged category), which would cause a major disruption of most KFSH&RC (Gen.Org) operations

3.4.2.3 Requires full turnout of all personnel assigned to KFSH&RC (Gen.Org) – Jeddah Branch.

3.4.2.4 Once activated all designated for Command Centre to report a.s.a.p.

3.4.3 All Clear Code “33”:

3.4.3.1 Is the status whereby the disaster is declared “over”.

3.5 The Command Centre: The control/communications centre for all disasters which is located in the Executive Conference Room in the VIP Wing Ground Floor. It is a specially designed and equipped room, where designated members of Management, supported by a specialized staff, assemble to manage the disaster response activities for both limited and full disasters.

3.6 Holding Area: An area in KFSH&RC (Gen.Org)- Jeddah Branch used to hold patients being transferred to other hospitals, or who are awaiting discharge.

3.6.1 DEM patients will be transported to any Ambulatory clinic that is available and designated by the Command Centre.

3.6.2 Patients from the wards that can be discharged will be sent to any ambulatory clinic that is available and designated by the Command Centre.

3.7 Information Centre – General: The location designated to handle requests for general information, including routing calls to existing in-patients, but excluding any information specific to the disaster itself and/or the people involved. It is located in the main lobby and is staffed by Public & Media Affairs Representatives.

3.8 Disaster Information Centre - Public & Media Affairs: The location designated to provide authorized information regarding any aspect of the disaster to outside entities, including media. It will be located outside the main Hospital. All media will be grouped outside OPD clinic lobby in an area designated by security in the Park Area. Under no circumstances are media to enter the structure during a disaster without Security escort and Public/Media Relations Staff to ensure privacy of patients and hospital affairs.

3.9 Key Personnel Groups: Selected members of Medical Management, various hospital operation divisions and Unit Heads have been organized into groups to allow members to be rapidly contacted depending on the nature of the event.

3.10 Manpower Pool: A pool of Medical Services Organization staff that will assemble in the auditorium, until they get assigned a specific duty.
3.11  **Morgue:** The designated place to accept deceased patients received at KFSH&RC (Gen.Org), or patients who have died at KFSH&RC (Gen.Org). An 8 bed morgue is available to accommodate deceased patients.

3.12  **Outflow Coordination Team:** A special Team assembled to manage the movement of overflow patients to other hospitals. It will be comprised of representatives from VIP services and Patient Affairs. It will be located in the VIP Conference in DEM. They will communicate with the Disaster Clinical Coordinator (DCC) on availability of ambulances to transport patients to other facilities.

3.13  **I-Phone SMS:** In time of disaster I-Phones will display a number system as follows or receive message indicating "Limited or Full Disaster". Cell phones will receive alert by SMS

3.13.1  "11"– Interrupt what you are doing and call the number indicated – 611

3.13.2  "99" - Activate your telephone fan out system and respond immediately to your respective area (or Manpower Pool in auditorium if no assignment). **Do Not Call** the number

3.13.3  "33" - All clear from the disaster. **Do Not Call** the number indicated, check with the person you report to for instructions.

3.14  **Performance Improvement Standards:** are recognized standards which the External Disaster Task Force has identified as high priority program elements which will be monitored for implementation.

3.15  **Surgical Secondary Site:** The area Cardiac Catheterization Laboratory (CCL) will be used as a secondary surgical site when the OR is full. **Pre-op and post-op patients will go to Day procedure Unit (DPU).**

3.16  **Telephone Fan-Out System:** A method of contacting staff by telephone from Departmental Senior Staff whereby one person calls all staff from a pre-made list. In addition SMS message will go to all Hospital Staff.

3.17  **Triage Levels:**

3.17.1  **Red Triaged:** Immediate care – casualties whose condition is critical and whose care cannot wait. They are first priority for transportation from the scene and first to receive care on arrival at Emergency Department (ED).

3.17.2  **Yellow-Triaged:** Delayed care – casualties who require hospital care but can wait until all the red-triaged victims are dealt with.

3.17.3  **Green Triaged:** Minor cases – casualties who have seemingly minor injuries whose care can be delivered outside the ED.

3.17.4  **Black Triaged:** Victims who are dead at the scene or on arrival.
4.0 ACRONYMS

COO             Chief Operating Officer
ED for MCA      Executive Director for Medical & Clinical Affairs
ED for AS       Executive Director for Administrative Services
EOD             Executive on Duty
DCC             Disaster Clinical Coordinator
GD              General Distribution
DEM             Department of Emergency Medicine
DPU             Day Procedure Unit
CCL             Cardiac Catheterization Lab. (Invasive)
TAG             Technical Advisory Group

5.0 POLICIES


5.1.1 Plan Development: This shall be developed by the Disaster Clinical Coordinator, and the Emergency Preparedness Committee (per CFO) for the External Disaster Emergency Preparedness Plan.

5.1.2 Plan Review: The plan shall be reviewed annually by the Emergency Preparedness Committee, with required approval from the ED for MCA.

5.1.3 Plan Recommendations: Recommendations will be made by the Chairman of DEM, and the DCC.

5.1.4 Plan Concurrence: The plan shall be endorsed by:

Chief Operating Officer
Executive Director for Medical & Clinical Affairs
Executive Director for Administrative Services
Executive Director, Nursing Affairs
Director, Clinical Services
Director, Patient Affairs

5.1.5 Plan Approval: The plan shall be approved by the Chief Operating Officer.

5.1.6 Plan Distribution: Each Unit, Division and Department is required to:

5.1.6.1 Maintain an Operation Manual (OM) entitled External Disaster Emergency Preparedness Plan, describing in more detail their responsibilities and specific activities to be carried out during an emergency situation.
5.1.6.2 Integrate the OM with the Master External Disaster Emergency Preparedness Plan.

5.1.6.3 List responsibilities on attachments to their OM which can then be used as role cards.

5.1.6.4 Maintain an up-to-date telephone fan-out system, which can be kept as an attachment to their divisional/unit External Disaster Emergency Preparedness Plan OM.

5.1.6.5 Orient all their staff to their responsibilities.

5.1.6.6 Plan will be updated on info-gate with changes announced by GD

5.2 External Disaster Emergency Preparedness Plan Testing:

5.2.1 The External Disaster Emergency Preparedness Plan is to be tested and revised as necessary. The Disaster Clinical Coordinator will oversee the education process and ensure all departments are prepared for individual testing and a mock disaster. It follows the disaster planning cycle (planning, exercising, and revising) with the cycle repeated at regular intervals, exercising components of this plan.

5.2.2 Yearly a mock disaster should include involvement of the local community with an influx of simulated casualties. This exercise must be separated by more than four months from an exercise testing of the Internal Emergency Preparedness Plan. The Committee with the DCC shall plan, direct, and critique the drill and forward a report to the Chairman, DEM and ED as deemed necessary.

5.3 Critiques of External Disaster Emergency Preparedness Plan Testing:

5.3.1 All drills at unit and facility level shall be thoroughly documented and critiqued. An evaluation form shall be completed and returned to the Chairman, DEM. Deficiencies identified shall be addressed promptly.

5.3.2 A critique meeting must be held immediately after the completion of the full facility-wide drill, chaired by the Executive Director, MCA.

5.4 Disaster Committee Continuity:

5.4.1 On completion of the External Disaster Emergency Preparedness Plan, and after the first facility-wide disaster drill, the External Disaster Emergency Preparedness Plan the Committee will be called to meet when necessary to update the plan, debrief after an actual code yellow, or to prepare for next mock disaster.

5.4.2 The DCC will then oversee the continuous promotion, development and implementation of the External Disaster Emergency Preparedness Plan.
6.0 PLAN ACTIVATION

6.1 The COO/ED for MCA will authorize the activation of this plan.

6.2 If there is any delay and an immediate response is needed, the Chairman of DEM can activate the plan.

6.3 If there is any delay in contacting the Chairman of DEM and an immediate response is needed, the on-duty DEM Consultant, in consultation with the Nursing Supervisor, can activate the plan.

6.4 While in disaster mode, communications will be ensured by dedicated telephone lines and Bravo radios and/or IPhone.

7.0 EXTERNAL DISASTER EMERGENCY PREPAREDNESS PLAN

Shall apply:

7.1 When KFSH&RC (Gen.Org) – Jeddah Branch is involved in any disaster response.

7.2 When integrating with regional hospitals, Civil Defense, Police, Military, Red Crescent Society, King Abdul Aziz International Airport, and other government agencies in order to respond to community disasters.

8.0 PLAN INITIATION

Once authorized, the plan will proceed as follows:

8.1 Alert Mode – Key Personnel members (see Attachment A) will be contacted to be apprised of the situation. They do not need to automatically come to KFSH&RC (Gen.Org) – Jeddah Branch, but should call the number indicated, “61111”. The IPhone/Pager will display code yellow “11”.

8.2 Full Disaster Mode

8.2.1 Will be paged overhead as “Code Yellow – code 99”.

8.2.2 IPhones/Pager will display code yellow “99” or (full disaster). SMS messages will be sent out to all staff cell phones.

8.2.3 All members of KFSH&RC (Gen.Org)-Jeddah Branch staff are expected to respond to their disaster station and/or the Manpower Pool in the auditorium.

8.3 All KFSH&RC (Gen.Org) – Jeddah Branch units shall have a telephone fan-out system (attachment in the OM) to contact their respective staff as a supplement to any automated process. Communications will activate mass text message to all employee cell phones on database.

8.4 All units operating in any disaster mode are to keep their respective Directors in the Command Centre updated.
8.5 All Directors should also initiate regular enquiries to their key unit heads for status reports.

8.6 All other KFSH&RC (Gen.Org) staff that do not have a specific assignment as per their respective unit’s OM shall report to the Manpower Pool in the auditorium.

8.7 Once a disaster has been declared, all staff will remain on duty until released by their immediate supervisor. This includes the time after the disaster is declared over.

8.8 Red and Yellow-Triaged Patients:

8.8.1 Shall be received in DEM.

8.8.2 Secondary triage for surgical patients will occur.

Patients triaged in DEM likely to be needing surgery, will be transferred directly to the DPU which will serve as the pre-op area for surgery or Surgical Secondary Site, unless directed otherwise.

8.9 Green Triaged Patients

8.9.1 Shall be directed to the Outpatient Clinic 6, Internal Medicine for secondary triage and treatment. No regular patients are to enter the OPD Clinic Lobby.

8.10 Black Tagged victims

8.10.1 Are to be taken directly to the morgue Building which is located behind the Utility Building.

8.10.2 Information regarding deceased victims will be relayed to the Disaster Information Centre – Public Relations.

8.11 Patient Registration:

Once KFSH&RC (Gen.Org) – Jeddah Branch has entered the disaster mode:

8.11.1 DEM – ALL disaster patients received in DEM shall be registered as disaster patients and given care consistent with other patients in the same category. This includes patients coming from the disaster site as well as patients who present on their own, by ambulance, etc. Those patients will be using pre-numbered “John Green” packs. Non-disaster patients who require Level I or II care will be registered as usual.

8.11.2 Outpatient Clinic – Only patients coming from the disaster site shall be registered on the disaster screens using pre-numbered “John Green” packs. Non-disaster patients, Level III, IV & V who are triaged from the main entrance of the DEM will be asked to go to another facility or to return at a later time. This is to prevent crowding of our facility in a time of crisis.
8.12 Use of Elevators:

8.12.1 The East elevators in OPD clinical area (elevator number 08140 & 08141) and the elevators opening behind room 1 in DEM (elevator 14) and the cargo elevators will be used for casualty transportation.

8.12.2 Routine elevator use will be restricted to West Tower lobby elevators (on the North side of the building) and the East Tower lobby triplex elevators.

8.12.3 Patients going from the wards to the patient holding area will go down in the cargo elevator. Patients from DEM going for surgery or any ambulatory unit will go up in the Elevator located next to DEM Registration.

8.13 Each service will need to be ‘expandable’ – that is they may have to receive more patients than there are beds.

8.14 Plan Deactivation:

8.14.1 “All Clear” will be paged overhead.
8.14.2 Code “33” will be group paged.

9.0 RESPONSIBILITIES

9.1 Management shall:

9.1.1 Endorse the External Emergency Preparedness Plan and ensure that all departments comply with its requirements.

9.1.2 Ensure adequate resources are provided to effectively train, rehearse and, if necessary, implement the External Emergency Preparedness Plan.

9.1.3 Familiarize themselves with their roles in the Command Centre.

9.2 Department Heads shall:

9.2.1 Ensure that departmental-specific internal emergency preparedness plans are formulated for their divisions and units, and that these are submitted to the Chairman of DEM, and the DCC for the External Emergency Preparedness Plan, for review.

9.2.2 Ensure that division and unit heads conduct regular external emergency preparedness training for their employees, and participate in facility-wide drills.

9.3 Division/Unit Heads shall:

9.3.1 Develop specific external emergency preparedness plans and emergency response plans that may be unique to their work areas.
9.3.2 Submit their External Emergency Preparedness Plans, through their Department Heads, to the DCC for the External Emergency Preparedness Plan, for review and approval.

9.3.3 Ensure that all new hires receive orientation on the External Emergency Preparedness Plan, and are made familiar with their roles and responsibilities within their specific division/unit in any given emergency.

9.3.4 Retain documentation of all employees’ in-service training and drills performed.

9.3.5 Ensure that all drills are effectively critiqued and that any deficiencies observed are corrected with appropriate documentation.

9.4 **Chairman, DEM shall:**

9.4.1 Serve as Chairman of the Emergency Preparedness Plan Committee. This Committee has the specific objective of developing the KFSH&RC (Gen.Org) – Jeddah Branch External Disaster Emergency Preparedness Plan and implementing the first facility-wide disaster drill.

9.4.2 Ensure that all department/division/unit External Emergency Preparedness Plan are reviewed once every three (3) years by the Disaster Clinical Coordinator (DCC).

9.4.3 Consider questions, suggestions, and recommendations from any supervisor conducting critique meetings as a result of a disaster drill.

9.4.4 Hold debriefings after any activation of the Disaster Plan within 24 hours of its cessation.

9.5 **Disaster Clinical Coordinator shall:**

9.5.1 Represent the committee in requested meetings.

9.5.2 Periodically review and formulate policies of the External Emergency Preparedness Plan for approval by the Chairman, DEM.

9.5.3 Review this plan and all department/division/unit External Emergency Preparedness Plan.

9.5.4 Plan and arrange an External Emergency Preparedness Plan drill at the facility-wide level at least annually.

9.5.5 Educate the facility and new staff on the External Emergency Preparedness Plan as needed.

9.5.6 Inspect any/all disaster equipment regularly
9.6 **All Personnel shall:**

9.6.1 Familiarize themselves with the External Emergency Preparedness Plan focusing on their work area’s specific plan, and their responsibilities in the event of an actual emergency.

9.6.2 Participate fully in all drills scheduled in their specific area.

10.0 **DEPARTMENT AND UNIT RESPONSIBILITIES**

As stated previously in the text, it is the duty of each department of the hospital to adopt and formulate its own responsibilities in response to a disaster, once this main plan has been adopted. Each department will maintain its own telephone fan-out system and action cards that will clearly specify the duties and responsibilities of its staff members. The following is a short summary of the roles of some of these departments. (For a more comprehensive summary see the Action Cards attached to the master External Emergency Disaster Preparedness Plan).

10.1 **Administration**

10.1.1 All personnel should be stationed at their offices.

10.1.2 Respond to any command from the Command Centre.

10.1.3 Co-ordinate between different hospital facilities.

10.2 **Nursing**

10.2.1 Prepare an immediate bed status report to the Command Centre.

10.2.2 Co-ordinate ward / unit nursing staff requirements, and direct available nurses to assemble in the auditorium.

10.2.3 Call other nurses not responding to disaster call.

10.3 **Operation Theatre**

10.3.1 To prepare all major and minor rooms for possible action, and to staff them as per the number of available nursing and Anesthesia personnel.

10.3.2 To organize the operation lists according to life saving procedures.

10.3.3 To call back the theatre staff who may have been allocated initially elsewhere e.g. triage zone.

10.3.4 To ensure adequate supplies of materials for all types of surgery, but to economize in the use of instruments as re-sterilization takes valuable time needed for urgent surgery.

10.3.5 Co-ordinate with other departments e.g. Clinical Engineering and Laboratory to assure maximum efficiency and reduce operating time.
10.4 Intensive Care Unit

10.4.1 To identify stable patients who may be transferred either to a designated holding area or to the ward.

10.4.2 Prepare the maximum number of beds that could be accommodated safely within the unit.

10.4.3 Request extra medical and nursing staff when the need arises.

10.4.4 Ensure no visitors are allowed in the unit.

10.4.5 Co-ordinate with personnel in the Red Zone and Operating Theatres.

10.4.6 After pooling the resources of all ICUs (MSICU, PICU, NICU and CSICU) overflow of patients can proceed to the Surgical Recovery Room.

10.5 Radiology

10.5.1 Ensure that sufficient staff is available.

10.5.2 Provide X-ray technicians and mobile X-ray machines for use in the DEM Red Zone, ICU and Operating Room.

10.5.3 Ensure organized traffic of patients to the designated treatment zones.

10.6 Laboratory

10.6.1 Ensure sufficient staff are available, and send two phlebotomists to the Green Zone and CCL (Secondary Surgical Site). One Phlebotomist to Red Zone and one to Yellow Zone.

10.6.2 Prioritize all requests and stop non-urgent tests.

10.6.3 Ensure that the Pathologist is available in the Department.

10.6.4 Ensure good stock of reagents supplies and notify any potential shortages to the Command Centre, after requesting them from the central store.

10.7 Pharmaceutical Care Services

10.7.1 Deliver and dispense the pre-arranged list of emergency drugs and ensure adequate supply to Triage, Red, Yellow, and Green Zones and Secondary Surgical Unit.

10.7.2 Deliver and dispense narcotics upon request.

10.7.3 Liaise with pharmaceutical care stores to provide disaster management zones with bulk items as requested.
10.7.4 Immediately notify any potential shortage to the Command Centre after requesting them from the pharmaceutical care stores.

10.8 Disaster Information Centre – Public & Media Affairs

10.8.1 All media will be grouped outside the OPD lobby in an area designated by security in the Park Area. Under no circumstances are media to enter the structure during a disaster without Security escort and Public/Media Affairs Staff to ensure privacy of patients and hospital affairs.

10.8.2 Receive regular lists and reports about victims from the Command Center and answer queries of victims' relatives in a re-assuring sympathetic manner.

10.8.3 Arrange press releases and give information reports after being sanctioned by the Command Centre.

10.8.4 Help to contact relatives of discharged patients for pick-up.

10.9 Patient Services

10.9.1 Organize their office work to facilitate immediate clearance of discharged cases.

10.9.2 Provide bed census or bed status to the Command Centre.

10.9.3 Assign Staff to different disaster management zones.

10.9.4 Send all admitting material e.g. files, tags etc., to different zones.

10.9.5 Register all patients in the computer.

10.9.6 Monitor and record disaster admission at different disaster management zones, and ensure proper tagging.

10.9.7 Record all hospital discharges.

10.9.8 Have representative report to conference room in DEM to help transfer patients to other hospitals for outflow coordination.

10.10 Central Store and Purchasing Department

10.10.1 Ensure that properly stocked disaster carts are stored and available.

10.10.2 Issue immediately needed disaster carts to appropriate treatment areas.

10.10.3 Make rapid contacts to ensure at least one-week supply of essential medical and supporting stocks.

10.10.4 Immediately notify the Command Centre of any potential shortage that may be difficult to obtain.
10.11 Communications

10.11.1 Allow the Switchboard Duty Manager to announce Code Yellow, activate Pager System and send SMS message.

10.11.2 Should have the highest radio discipline in the early hours of Code Yellow announcement. Dispatch Bravo radios and/or IPhone to designated areas and ensure they are working properly.

10.11.3 Organize calling out all personnel needed in a well-disciplined manner and according to priority.

10.11.4 Divert enquiring phone calls to the Information Centre – Public Relations.

10.11.5 Maintain contact with the Command Centre.

10.12 Transportation

10.12.1 Arrange transport of all staff to the Hospital once Code Yellow is announced. Prioritize pick-ups and use of vehicles to retrieve more than one staff per vehicle. Staffs who require transport should call the Transport Hotline.

10.12.2 Transport must be immediately dispatched to pick-up staff from external offices, primarily Nursing Education.

10.12.3 Transport will respond to Al Amoudia Compound to retrieve staff every 15 minutes.

10.12.4 Maintain communication with the Command Centre.

10.13 Maintenance and Clinical Engineering

10.13.1 Ensure availability of Clinical Engineers, Technicians and other key maintenance staff to be sent where requested.

10.13.2 Maintain contact with the Command Centre.

10.13.3 Ensure good distribution of equipment where needed.

10.14 CSSD

10.14.1 CSSD to be available 24 hours to provide support services in cases of disaster.

10.14.2 Ensure that there is a spare sterilizer to be used for sterilizing urgent things when needed.
10.15 Security

10.15.1 Immediately ensure adequate personnel are available and stationed at key hospital entrances and locations.

10.15.2 Clear all vehicles from the main hospital doors, especially the road leading to the Emergency and East OPD entrances.

10.15.3 Ensure clear access for public service vehicles i.e. ambulances, fire engine, Civil Defense and Police cars.

10.15.4 Maintain the North entrance for staff entry to the hospital.

10.15.5 Block trespassers entry with the exception of the North entrance, which will be used for discharged patients. Family members will use Parking Lot B to pick-up these patients.

10.15.6 Direct flow of traffic.

10.15.7 Help in whatever way required as directed by the Command Centre or Coordinators in the different zones.

10.16 Porters

10.16.1 Porters will:

10.16.1.1 Assist with transportation of patients

10.16.1.2 Send and bring samples to the lab and get the results.

10.16.1.3 Help & transport patients to Radiology, OR and any designated area.

10.16.1.4 Ensure adequate supply of wheelchairs and stretchers.

10.16.2 Housekeeping Department will:

10.16.2.1 Send extra staff wherever required.

10.16.2.2 Empty all waste containers as frequently as possible and dispose them properly.

10.16.2.3 Mop the floors in the area thoroughly with germicidal solution to prevent spreading infection.
ALERT MODE  Key Personnel Groups Code 11

These Key personnel members will be contacted and will be apprised of a potential Disaster situation. They do not need to automatically come to KFSH&RC (Gen.Org) – Jeddah Branch, but should call the number indicated "6111". The pager will display code '11'.

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LIMITED AND FULL DISASTER MODE Key Personnel Groups CODE 66 and 99

These key personnel, including all key members involved in Code 66 plus all Chairmen, will be contacted directly. They should activate their telephone fan-out system and respond immediately to their respective area (or Manpower Pool in the Auditorium if no assignment). Do Not Call the number indicated. This disaster mode will be paged overhead as "Code Yellow 99 – Full Disaster Mode". The pager will display code "99".

CALL LIST – CODE 99 FULL DISASTER

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Note: Laboratory, Radiology, and Pharmaceutical Care Services to be called by the Director, Clinical Services.
LOCATION

The Executive Conference Room, (VIP Wing, Ground Floor) will serve as the disaster control room. This is the Command Centre where key management personnel will coordinate disaster operations.

The room will contain the following:

2. The updated names, telephone numbers, and addresses of hospital staff required in the event of a disaster.
3. The Action Card of Key personnel Group that are initially called in the case of an external emergency. They should be arranged in alphabetical order according to assigned treatment location, and not by name of the individual.
4. A maintenance file to report any deficiencies, and the actions taken in response to them.
5. Three (3) Bravo radios will be charged and ready for communication with other disaster zones.
6. Is to be used for Limited and Full Disaster activation.
7. Sign Sheet is to be done for each code yellow alert

The Disaster Control Room should be checked periodically (every six months) by the Disaster Clinical Coordinator to ensure all the above points are adhered to.

COMMAND CENTRE

The Disaster Command Centre will include the following members:

- Chief Operating Officer
- Executive Director for Medical and Clinical Affairs
- Executive Director for Administrative Services
- Director, Patient Services
- Director, Clinical Services
- Executive Director, Nursing Affairs
- Disaster Clinical Coordinator
- Head, Security
- Head, Public & Media Affairs
- Head, VIP/Protocol Services
RESPONSIBILITIES

1. Overall control and coordination of disaster activities.
2. Appoint the Team leaders of the four (4) Disaster Zone Teams, and outflow Holding Area.
3. Instruct all teams, units and departments.
4. Delegate duties as events unfold, e.g. allocate appropriate groups of physicians and nurses to treat incoming Code Blue/Green cases.
5. Ensure availability and assignment of in-patient beds and operating rooms.
6. Clear all Ambulatory units such as ADU, Endoscopy etc. to allocate for discharges from DEM and wards.
7. Track Patients/Victims flow through different disaster zones, receives periodic reports about progress, bottlenecks, lack of supplies, beds, staffing, surgical backlog, etc., and readjust processes accordingly.
8. Decide whether casualties are to be diverted to other hospitals.
9. Monitor and control all support activities and events, including fatigue level of staff, and mobilize additional staff as necessary.
10. Coordinate with regional hospitals and other health bodies.
11. Request and coordinate support from other organizations and governmental bodies as deemed necessary.
12. Maintain contact with information centers inside the hospital.
13. In summary, facilitate and resolve problems.
Each of the four (4) colored-zone teams and the Outflow Holding Area must have a Team Leader appointed and nominated by the Command Centre, once Code Yellow is announced. Their duties, which are essentially those of supervision and leadership of their respective teams, include the following:

1. To be identified as the Head and the Leader of their team with authority to instruct all team members and complete radio check with the Command Centre and identify self as Team Leader and provide update of current status.
2. To receive instructions only from Command Centre, and to carry out these actions immediately.
3. To maintain close communications with Command Centre regarding the operation control of their zone.
4. To coordinate actions of their team.
5. To supervise the actions of their team.
6. To arrange transfer of casualties from one zone to another.
7. To ensure that adequate personnel are available and ask for backup when deemed necessary. The coordinator can directly contact the Manpower Pool (in auditorium) for help.
8. To ensure that proper break times and appropriate scheduling is maintained.
9. To handle administrative problems such as equipment needs proper maintenance of logs and statistics.
10. To ensure that proper conduct of all zone procedures is followed.
11. To coordinate patient flow with receiving areas.

The Team leader does not leave the zone unless relieved by another coordinator approved by the Disaster Command Centre.

**ACTION CARDS**

**Purpose:**

1. To simplify the process of staff response to an external disaster.
2. To simplify the optimum distribution of staff in relation to the level of response.
3. To clearly outline the specific duties of staff members involved in disaster management.
4. To reduce confusion and ensure completeness in the first stages of external disaster management.

**LOCATION OF ACTION CARDS**

Disaster Control Room
DEM Chairman’s Office – in master set
ED for MCA – in master set
All Nursing Stations in Department/Unit Operating Manuals
**Location:**

The external disaster triage area will be in the DEM Entrance Area.

**Responsibilities:**

1. The Triage Team will assess all external disaster casualties and will direct them to the appropriate treatment zone.

2. The Triage Team will have absolute authority of assessing, sorting and assignment of casualties.

3. Casualties will be assigned to the following zones:
   a) **Red Zone** – cases with immediate life threatening conditions that demand urgent and aggressive resuscitation.
   b) **Yellow Zone** – cases with injuries that have no immediate threat of life, and are usually stable or would be stable with replacement therapy and close care.
   c) **Green Zone** – all other disaster cases, usually with minor physical or psychological injuries.
   d) **Black Zone** – all casualties pronounced dead.

4. Ensure proper tagging of casualties.

5. Monitor EVACUATION of casualties efficiently, rapidly, and safely.

6. Ensure the "Disaster Admission File" of the casualty has been rapidly and efficiently compiled.

7. Update Command Centre, the Information Desk Centre, and the Admitting Data Entry Clerk with lists of casualties received.

8. As each patient enters the hospital their number is written on the patient board and any movement of patients on the board is tracked.

**Staffing:**

DEM Senior Consultant will serve as the Triage Team Leader
Senior Paramedic
DEM Staff Nurses (two)
Admission Clerk (one)
PCAs (two)
Location:
DEM, Room 47 (King Room), Room 1 – 5 (ICU in 24 HR ADM), Room 6 – 10 in 24 HR ADM.

Responsibilities:
1. Assessment and management of critically ill/injured patients in order to maximize the number of survivors.
   a) Provide immediate attention to the ABCDE’s of resuscitation.
   b) Identify and prioritize the treatment of life threatening conditions.
2. Complete rapidly and efficiently all clerical work, including the Disaster Admission File.
3. Ensure rapid and efficient definitive care to:
   a) Ensure safe and rapid transfer of patients to the O.R., DPU, Secondary Surgical Treatment areas or ICU.
   b) Ensure transfer of mis-triaged patients to the Yellow and Green Treatment Zones.
4. Maintain close communications with the Command Centre.
5. Coordinate actions with other Team Leaders.

Staffing:
DEM Consultants, Adult (4) and Pediatric (1)
Assistant Consultant Anesthetist (1)
Senior Anesthetist Consultant (1)
Assistant Consultant Surgeon (3)
Senior Surgical Consultant (1)
Pharmacist (1)
Phlebotomist (1)
DEM nurses (8)
Surgical Head Nurse or Clinician (1)
Paramedics (2)
X-ray Technician (1)
Respiratory therapist (2) each with one ventilator
Clerk/Translator (1)
Admission Clerk (1)
PCA (4)
Housekeeping (2)
Note:

a) The first DEM Senior Consultant on the scene will serve as the Team Leader, until DEM Chairman/Desigee arrives, will complete radio check with Command Centre and identify self as Team Leader and give update of current status.

b) The estimated numbers of the team and the specific types of Consultants may vary according to the intensity of the disaster, number of casualties, and the severity of illness/injury. The decision regarding these numbers lies in the hands of the Team Leader and Command Centre.

c) Casualties pronounced dead after resuscitation should quickly be moved to the Black Zone to make room for newer casualties.

d) DEM Chairman will Orchestrate the DEM in all aspects during the code yellow tasks will include:
   - assigning roles
   - decision making on bed allocation
   - communicating needs with Command centre
   - replacing essential physician roles if needed
DISASTER YELLOW ZONE TEAM

Location

24 HR ADM Unit Room 11 – 21 and 29 – 49 and VIP 22 -24.

Responsibilities:

1. The team's responsibility is to save lives and minimize disability through the systematic approach (ABCDE's of Emergency Care) of assessment and management of casualties.

2. Identify and prioritize the treatment of life threatening injuries.

3. Complete rapidly and efficiently all clerical work, including disaster Admission File.

4. Ensure rapid and efficient definitive care:
   a) Ensure safe and rapid transfer of patients to the Secondary Surgical Treatment Areas, ICU, or ward.
   b) Ensure transfer of mis-triaged patients to the Red and Green Treatment Zones.

5. Maintain close communications with the Command Centre.

6. Coordinate actions through other Team Leaders.

Staffing:

DEM Consultants/Assistant Consultants, Adult (3) and Pediatric (1)
DEM Service Residents (2)
Surgeon Assistant/Consultant (1)
Consultant Cardiologists (Pediatric and Adult) (2)
Consultant Internal Medicine
Pediatric Assistant (1)
Pharmacist (1)
Phlebotomist (1)
Charge Nurse (1)
SNI (8)
Translators (4)
Admission Clerk (2)
PCAs (4)
Housekeeping (2)

Note:

a) The first DEM Senior Consultant on the scene will serve as the Team Leader and complete radio check with Command Centre and identify self as Team Leader and give update of current status.
DISASTER GREEN ZONE TRIAGE TEAM

Location:
The Green Zone external disaster triage area will be in the Outpatient Department in Clinic 6 of OPD Clinics.

Responsibilities:
1. The Triage Team will perform secondary triage on all external disaster casualties who have been triaged at the disaster site or main DEM triage area and direct to the Green Zone.
2. Minimal first aid will be administered at the Triage Area.
3. The Triage Team will have absolute authority for assessing, sorting and assignment of casualties.
4. Ensure proper tagging of casualties.
5. Monitor evacuation of casualties efficiently, rapidly, and safely.
6. Ensure that the "Disaster Admission File" of the casualties has been rapidly and efficiently compiled.
7. Update the Command Centre, the Information Centre, and the Admitting Data Entry Clerk with lists of casualties received.
8. No patient is to enter the lobby area or anyone come in from the lobby area other than Security. Even discharged patients will be discharged from Hospital Main Lobby Area.
9. On the occasions of Ramadan and Hajj where Family Medicine is closed, an Internal Medicine Physician will be appointed in charge of OPD and report to corridor 6.
10. Transportation will provide a bus immediately to bring Family Medicine to the hospital.

Staffing:
1. A senior Family Medicine Consultant will serve as the Triage Team Leader.
2. Family Medicine Staff Nurses (three)
3. Admission Clerks (two)
4. PCAs (four)
Location:
Outpatient Department in Clinic 6 of OPD Clinics.

Responsibilities:
In most external disasters, the largest number of casualties usually present to this zone. They should be dealt with quickly and given disposition as rapidly as possible.

1. The Team’s responsibility is to minimize disability through systematic approach (ABCDE’s of Emergency Care) of patient management.
2. Identify and prioritize the treatment of limb threatening injuries.
3. Identify minor problems promptly and discharge patient immediately.
4. Complete rapidly and efficiently all clerical work, including the Disaster Admission File
5. Ensure rapid and efficient definitive care:
   a) Ensure safe and rapid transfer to the Secondary Surgical Site or Ward.
   b) Ensure transfer of mis- triaged patients to Yellow Treatment Zone.
   c) Safely discharge patients with appropriate follow-up.
6. Maintain close communications with the Command Centre.
7. Coordinate actions through other Team Leaders.
8. Security will have a strong presence of at least 8 guards for this area to secure access to OPD Clinics and vital areas of the Hospital.
9. No patient is to enter the lobby area or anyone come in from the lobby area other than Security. Even discharged patients will be discharged from Hospital Main Lobby Area.

Staffing:
1. Family Medicine Consultants (3)
2. Family Medicine Assistant Consultants (2)
3. Assistant Consultant Psychiatrist (1)
4. Internal Medicine Assistant Consultant (1)
5. Assistant Consultants: Surgery, ENT, Ob-Gyn. and Ophthalmology (1 each)
6. Pediatric Assistant Consultant (1)
7. OPD Head Nurse (1)
8. OPD Staff Nurses (15)
9. Pharmacist (1)
10. Social Worker (2)
11. PCAs (4)
12. Admission Clerk (2)
13. Phlebotomist (1)
14. Housekeeping (4)

Note:
The first Family Physician Consultant on the scene will serve as the Team Leader, until the Chairman/Designee arrives, will complete radio check with the Command Centre and identify self as Team Leader and give update of current status. On occasions of Hajj & Ramadan, Internal Medicine will appoint a team leader physician.
DISASTER BLACK ZONE TEAM

Location:

The Black Zone holding Area for Black Tagged casualties is in the KFSH&RC (Gen.Org) – Jeddah Branch Morgue, which will accommodate (8) deceased patients.

Responsibilities:

1. Receive casualties who die on route to KFSH&RC (Gen.Org), or disaster in patient deaths.
2. Pronounce casualties who die on route to KFSH&RC (Gen.Org).
3. Attempt to identify bodies and retain all clues to facilitate this task.
4. Retain all casualties until all administrative steps have been completed.
5. Relay information regarding deceased victims to the Command Centre and to the Information Centre – Public Relations.

Staffing:

Senior Internal Medicine Resident (1)
Staff Nurses (2)
Social Services (1)
Porters (2)
Security Officers (2)
Admission Clerk (1)
Housekeeping (1)
Religious Services
Bereavement Committee

Note:

1. The Senior Internal Medicine Resident, as appointed by the Command Centre, will serve as the Team Leader complete radio check with Command Centre and identify self as Team Leader and give update of current status.

2. A pre-contracted mobile freezer service will act as an outflow system for the black-tagged casualties.
Definition:
This area will be used in Disaster Mode, to receive patients when OR is fully occupied.

Location:
Cardiac Catheterization Lab. (Invasive). Patients will be surgically triaged in DEM and sent directly to OR or Secondary Surgical Site for immediate intervention. Ambulatory unit will be used as a pre-op and post-op location when original site is fully occupied.

Responsibilities:
1. The on-call Consultant Surgeon or Chairman of Surgery will activate the telephone fan out system.
2. The Nursing supervisor will contact the following Head Nurses to activate the telephone fan out system.
   a) Communicate with Head Nurse, DPU to request what additional equipment is needed for receiving pre-op and post-op patients.
   b) Head Nurse, CCL
3. The Consultant Surgeon on-call with the Chairman of Anesthesiology will assign staff to the CCL to set-up for what type of OR they plan to run. The Senior Consultant will be Team Leader until the Chairman or Deputy Chairman arrives. Team Leader actions:
   a) Assign roles to arriving Surgeons (Consultants and Assistants)
   b) Systematic Assessment and management approach of casualties
   c) Ensure rapid and efficient definitive care
   d) Maintain close communications with the Command Centre
4. The Head Nurse to ensure extra supplies of essential items are available.

Staffing:
Surgeons, Consultants and Assistants (4)
Consultant / Assistant. Anesthesia (1)
Pharmacist (1)
SNI: Recovery Room (6), ADU (4)
X-ray Technician with mobile x-ray machine (1)
Respiratory therapist (1)
Phlebotomist (1)
Clerk/Translator (1)
Housekeeping (2)
PCA (2)
OUTFLOW HOLDING AREA

Definition:
The area used while in disaster Mode, to hold patients who are awaiting discharge or who may be transferred to other hospitals

Non-monitored ward patients
Patients who can be discharged but for whom family are not available
Patients who are stable and require minimal care

Location:
Any Ambulatory unit designated by the Command Centre

1 Head Nurse,
7 SNIs,
3 SN3s,
1 Clerk
3 Porters
Maximum capacity with double occupancy – 25 patients

Responsibilities:

1. The Nursing Supervisor will contact the Head Nurse of available units who will activate the telephone fan out system. Then contact Program Director in the Auditorium and request from Manpower Pool (7) SN1s, (3) SN3s, (1) Clerk, (3) Porters to proceed to Physical therapy to monitor patients waiting for discharge.
2. The Attending Physicians of existing patients will assess their patients for discharge and cancel elective procedures.
3. SNIs and Physiotherapist will prepare the rooms to accept patients.
4. The Senior Internal Medicine Resident on-call will temporarily take charge of the Holding Area. The surgical Senior Resident will take same charges of surgical cases.
5. The next arriving Internal Medicine Consultant will report to the Holding Area and become the Team Leader.
a) The Team Leader will communicate with the Command Centre.
b) Ensure completion of all clerical work.
6. The transfer of patients to other hospitals will be the responsibility of representatives from Patient Services and DCC.
7. When Code Yellow begins any patient from DEM that can be discharged will be immediately transported to any available units via elevator behind the Resuscitation Room (Room 1) to make way for disaster patients. Should any available units be full, patients will continue to Physical therapy.

Staffing:
Available Ambulatory unit Nurses (6)
Internal Medicine Consultant (1)
Internal Medicine Senior Resident (1)/ Surgical Senior Resident
Pharmacist (1)
DPU Nurses (6)
Social Worker (1)
Clerk/Translator (1)
Appointments and Admissions Clerk (2)
Patient & Media Affairs (1)
Porters (3)
Definition:

A Pool of Medical Services Organization Staff who do not have an assigned role for the External Disaster Emergency Preparedness Plan. They will assemble in the auditorium.

Location:

Auditorium, 4th Floor.

Responsibilities:

1. The Program Director, of Ambulatory Care will run the Manpower Pool with the Program Director of Education & Research. At least one Hospital Assistant from Nursing will accompany the Program Directors to aid in management of the Manpower Pool.

2. All Staff to assemble in the auditorium except those who are required to report to a specific area. Staff will be separated in different fields by the Team Leader to be easier identified when requested by the necessary Departments. All staff to sign in and sign out.

3. The Manpower Pool Leader will communicate with the Executive Director, Nursing Affairs in the Command Centre either by telephone or Bravo Radio/IPhone.

4. The Team leader will direct staff to appropriate areas as directed by Command Centre.
KFSH&RC (Gen.Org) – Jeddah Branch is committed to meeting the needs and requirements of its customers in all circumstances. In the event of an external disaster, KFSH&RC (Gen.Org) staff will attempt to fulfill this commitment. Patients who present to the Emergency Department or Outpatient Clinics will not be turned away without being assessed.

Responsibilities:

1. Patients attending the DEM who are triaged as Level III, IV or V will be re-directed to Green zone treatment area.
2. Patients who are triaged as Level I or II will be seen in the DEM.
3. Patients scheduled for routine appointment or follow-up in Family Medicine, or Outpatient Clinics, will be met at the OPD entrance by a member of the Public Relations Office. These patients will be kept in the OPD Lobby area and directed to the appropriate clinic, upon conclusion of the disaster.
4. Outpatient/Inpatient Officers will inform the patients of potential delay in being seen.
5. The Hospital should go on full divert status for Code 99.

EMS Patients:

1. Patients who are in the Emergency Department at the time of all disaster Code activation will be re-assessed for disposition:
   a) transfer to the Disaster Holding Area using the elevator next to the DEM registration
   b) discharge with appropriate follow-up instructions
   c) transfer to another hospital
2. The Emergency Consultants on duty (adult and pediatric) will immediately re-assess their DEM patients and expedite their disposition.
3. The Assistants from Medicine, Surgery and Pediatrics will immediately re-assess their respective DEM patients and expedite their disposition.
4. All DEM patients will continue to be treated according to the highest standard of care

Hospital Inpatients:

1. Admitted patients, in the hospital at the time of a Code 66 & 99, will be re-assessed by Assistant/Consultants from Medicine, Surgery and Pediatrics for:
   a) Transfer to the Disaster Holding Area via Cargo elevators
   b) Discharge with appropriate follow-up instructions
   c) Transfer to another hospitals
2. All Hospital patients will continue to be treated according to the highest standard of care.
EXTERNAL EMERGENCY PREPAREDNESS PLAN

SUBMITTED BY:

SANDRA LOVERING
Executive Director, Nursing Affairs

MWAFFAK BASHIR, M.D.,
Acting Chairman, Department of Emergency Medicine

ANDREW HOAR
Ambulance and Disaster Clinical Coordinator

ABDULRAHMAN AL JUHANI, Ph.D.,
Director, Patient Services

PARWAIZ KHANEED, Ph.D.,
Director, Clinical Services
Executive Management Consultant, Medical & Clinical Affairs

REVIEWED BY:

SULTAN AL-OWSHAN
Executive Director
Administrative Services

IBRAHIM ZABANI, M.D.,
Executive Director
Medical & Clinical Affairs

RECOMMENDED BY:

TARIQ LINJAWI, M.D.,
Chief Operating Officer
KFSSH&RC(Gen.Org) – Jeddah Branch

APPROVED BY: To be reviewed in one year

QASIM AL QASABI, M.D., FRCSI, FACS,
Chief Executive Officer
KFSSH&RC (Gen.Org) 28/8/1435
A. Code Yellow “Full Disaster” code “99”:

1. The Chairman of Anesthesia will be paged and will immediately activate the telephone fan out system.

2. The Anesthesiologist Assistant Consultant on-call will be paged independently and will contact the on-call consultant Anesthesiologist and the supervisor of Anesthesia Auxiliary. The Consultant Anesthesiologist will activate the telephone fan out system if chairman is unavailable.

3. The Nursing supervisor will contact the operating room Head Nurse, and the Assistant Head Nurse Recovery room to activate the telephone fan out system to staff the OR, Recovery Room, and the Secondary Surgical Site.

4. The Anesthesiology Assistant Consultant on-call will report to the red zone area located in the DEM. All staff reporting to DEM will arrive in VIP Room Area by the Chairman's Office and sign in to the zone, and receive their ID tags. No one is to be in the Red Zone without a DEM tag. If you arrive and the tag for your position has been used already, then report to the Manpower Pool (auditorium).

5. The Anesthesiologist and the Anesthesia technician will assemble in the operating room and await further order.

6. The Chairman of the Department of Anesthesia with the surgery Consultant on call will activate the Cardiac Catheterization Laboratory (Invasive) as the Secondary Surgical Site.

7. The Anesthesiology Auxiliary shall ensure that an adequate number of operating room are immediately set up, as instructed by the chairman or his designee.

8. The supervisor of the Anesthesia Auxiliary shall ensure that extra supplies of all essential items in the operating room are immediately available.

9. The Chairman on Anesthesiology will maintain contact with the Command Center.
A. Code Yellow - Code “11”:
Ambulance Supervisor/DCC will be notified upon activation of Code ‘11’, to put his staff on stand-by and be brought in as needed.

B. Code Yellow “Full Disaster” code “99”:

1. The Supervisor of Ambulance Services will immediately activate the telephone fan out system.
2. Ambulance staff will assemble in the red zone of the Emergency Department.
3. The Ambulance Supervisor will communicate with the Team Leader Red Zone.
4. Ambulance staff will be assigned to the following areas:

   1. Triage area in front of DEM (1) Paramedic, (2) EMTs
   2. Red Zone in DEM + 24 HR ADM (2) Paramedic, (2) EMTs
   3. Yellow Zone in DEM + 24 HR ADM (1) Paramedic, (2) EMTs
A. Code Yellow - Code “11”:

1. The Director, Supply Chain Management, will communicate with the DEM for information and then contact the Head of Clinical Engineering.

2. The Director, Clinical Services, and Head of Clinical Engineering will determine their manpower needs and activate the telephone fan out system as required.

B. Code Yellow “Full Disaster” code “99”:

1. The Director, Supply Chain Management, will contact the Head of Clinical Engineering and immediately activate the telephone fan out system.

2. Staff will assemble in Clinical Engineering Department.

3. The Head of Clinical Engineering will communicate with the Director, Clinical Services in the Command Center.

4. Staff to immediately respond to calls for assistance.
A. Code Yellow “Full Disaster” code “99”:

1. The Senior Cardiologist Consultant on-call or Chairman will immediately activate the telephone fan out system for the following section heads:
   a) Adult
   b) Pediatric
   c) Cardiothoracic surgery

The section Heads will direct physicians to the following areas/zone:

1.2 ADULT CARDIOLOGY

1.2.1 Consultant will report to DEM Yellow Zone. All staff reporting to DEM will arrive in VIP Room Area by the Chairman's Office and sign in to the zone, and receive their ID tags. No one is to be in the Red Zone without a DEM tag. If you arrive and the tag for your position has been used already, then report to the Manpower Pool (auditorium).

1.2.2 Consultant #2 will assess inpatients for possible discharge or transfer to the holding area and will cover code green in the hospital.
   - The unit assistant will call relatives for discharged patients.
   - The elective admissions will be cancelled.

Consultant #3 will cover outpatient services and respond to OPD Clinic #6 Green Zone.

Consultant #4 will cover Adult Cardiology Diagnostic Services.

2.0 PEDIATRIC CARDIOLOGY

2.1.1 Consultant will report to DEM Yellow Zone. All staff reporting to DEM will arrive in VIP Room Area by the Chairman's Office and sign in to the zone, and receive their ID tags. No one is to be in the Red Zone without a DEM tag. If you arrive and the tag for your position has been used already, then report to the Manpower Pool (auditorium).

2.1.2 Consultant #2 will assess inpatients for possible discharge or transfer to the holding area, will cover Code Blue in the hospital, and will cover cardiology outpatient services.
   - The Unit Assistant will call relatives for discharged patients
   - All elective admissions will be cancelled

2.1.3 Consultant #3 will cover Pediatric Cardiology Diagnostic Services
3.0 CARDIOVASCULAR SURGEON

3.1.1 Consultant will report to CCL.
3.1.2 Consultant # 2 will report to the Operating Room
3.1.3 Consultant # 3 will assess inpatient for possible discharge or transfer to the holding area
   and will cover Cardiology outpatient services
1. Authorization to activate the External disaster plan will be by any of the following:
   1. ED for MCA
   2. Chairman, DEM (if ED for MCA unavailable).
   3. DEM Consultant on duty with Nursing Supervisor on duty (if ED for MCA or Chairman DEM is unavailable).

2. The Duty Supervisor of Communication, after authorization, will activate the appropriate Code Yellow Disaster Plan:

   **2.1 Code “11”**
   - No overhead announcement
   - Page Key Personnel on their beepers (see list), and advise them to call or report to DEM.
   - Send SMS to key personnel on IPhone.

   **3.3 Code “99”**
   - Announce overhead “Code Yellow – Code 99”
   - Page Key Personnel on their beepers (see list) and advise them to report to the hospital and activate their telephone fan out system.
   - Send SMS to key personnel on IPhone.
   - Hand out and test Bravo radios to each zone that is required (Red, Yellow, Green, Black, Auditorium, Physiotherapy, Surgery)

3. Divert any calls requesting information relating to the disaster to the Information Centre.

4. Be prepared to receive communications from the Command Centre.
CODE YELLOW ACTION CARD
PUBLIC & MEDIA AFFAIRS

A. Code Yellow “Full Disaster” code “99”:

1. The Head, Public & Media Affairs, to contact the Officer, Public Relations and immediately activate the telephone fan out system.

2. The Officer, Public Relations to establish the (Information Centre - Public relations) in the Hospital Main lobby.
   1. Staff to assemble in the Hospital Main Lobby.
   2. Maintain communications with the Manager, Communication in the Command Centre.
   3. Receive regular reports regarding casualties, injuries, and details of the disaster from Command Centre.
   4. Provide authorized information and press releases (from Command Centre) to outside entities including the media.
   5. One (1) staff member to be stationed at the OPD entrance to greet patients scheduled for routine appointment or follow up in Family Medicine, or out patient Clinics.
      • Patient will have their appointments rescheduled at earliest possible convenience
   6. An area will be designated by Security outside OPD Lobby in the grassy park area for all Media to wait for further instructions. Under no circumstances are Media to enter the building unescorted by Security and a Representative of Public Relations.

NOTE: The following staff will be sent to the Outpatient Lobby to assist:

- 1 Social worker
- 1 EOD
A. Code Yellow Code “11”:

1. The Director, Clinical Services, to report to the DEM for information, and to contact the Head of CSSD.
2. The Director, Clinical Services, and the Head of CSSD will determine their manpower needs, and activate the telephone fan out system as required.

B. Code Yellow “Full Disaster” code “99”:

1. The Director, Clinical Services, will contact the Manager of CSSD and immediately activate the telephone fan out system.
2. Staff will assemble in the CSSD and await instructions.
3. The Manager of CSSD will maintain communications with the Director, Clinical Services in the Command Center
4. Respond to appropriate disaster areas to ensure supplies of necessary equipments:
   - Red and Yellow zone in ER
   - Green Zone in OPD
   - Operation Room
   - Secondary Surgical Unit (in Recovery CCL)
   - Post-op/Pre-op in DPU
   - ICU and Recovery Room (ICU overflow).
A. Code Yellow “Full Disaster” code “99”:

1. The Chairman of Dentistry will be contacted immediately to activate the telephone fan out system.

2. Dental Staff will assemble in the Dentistry Department and await further instructions by the Chairman or his/her designee.

3. The Chairman of Dentistry will maintain communication with Command Centre.
A. Code Yellow “Full Disaster” code “99”:
1. The Chairman of Family Medicine/Designee will immediately activate the telephone fan out system.
2. The Nursing Supervisor will notify all Charge Nurses on duty, and the Executive Director of Nursing Affairs will notify the Head Nurses of Family Medicine and OPD to activate the Nursing telephone fan out system.
   A. The Family Medicine and OPD Clerical Staff will cancel and/or dispose of scheduled patients presenting to the Family Medicine Clinic/OPD, unless as patient has an urgent problem.
   B. OPD Supervisor will be responsible for rescheduling of patients.
3. **FM Nurses** will bring “Disaster Box” from FM Stores room to green Zone triage area.
4. Family Medicine staff will close Family Medicine and take bus supplied by transport to DEM entrance and report to OPD corridor # 6.
5. **Family Physicians** will report to the South OPD, Clinic # 6 to set up the **Green Zone Triage** area, and will appoint Team Leader (Chairman or First arriving Family Medicine Physician).
   a. **Family Medicine consultants, and Nurses, SN1s, Clerical Staff and Porters** will assemble to OPD Clinic #6 in **Green Zone Triage Area**.
   b. **OPD Nurses and OPD Head Nurse** will report to OPD Head Nurse Office.
6. The next arriving **Family Medicine Physician** will be the **Team Leader** in the Green Zone Treatment Area, until Chairman/Designee arrives. Will report to Command Centre that he is Team Leader.
7. Corridor 1 will be the treatment area. If extra rooms are required the following area may be used:
   - Corridors 2&3 (ENT/Ophthalmology/Cardiology)
   - OBGYN Corridors for use of CTG/USS.
8. Patients will be accompanied by the Nurse from DEM through Corridor number 6.
9. Family Medicine Physicians will re-triage patients and send to OPD corridor 1- Green Zone Treatment area.
10. All specialists’ assistants will assemble in corridor2.
11. Family Medicine physicians and other physicians will see patients in Corridor 1 (as determined by Green Zone Team Leader), These physicians will decide if referrals to specialists is necessary (Surgery, Internal Medicine, Peds, OBGYN) and patients will be referred to the appropriate assistant.
12. External Disaster Equipments will be available in trolleys.
13. The Team Leader will maintain communication with the Command Centre via Bravo Radio.
14. IF Family Medicine is closed for Ramadan or Hajj, an Internal Medicine physician will be appointed as team leader of the Green zone.

**Notes:**
1. Assistants from Medicine, Surgery, OBGYN, and Pediatrics will report to corridor 2 in OPD.
2. Team Leader to maintain communication with the command center.
3. The Charge nurse on duty will call warehouse and Pharmacy for disaster supplies as necessary.
4. Security will secure OPD from all sides and no patient or staff should exit through OPD Lobby Access Doors. OPD Clinic Waiting Areas in the Lobby will be designated a Comfort Area for families of victims.

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A. Code Yellow “Full Disaster” code “99”:

1. The Manager, Food Services will report to the Director, Support Services and immediately activate the telephone fan out system.
2. All Food Services staff will assemble in the Kitchen and await further instructions.
3. The Manager, Food Services will maintain communication with the Director, Support Services who will be in direct contact with the Command Centre.
A. Code Yellow “Full Disaster” code “99”:

1. The DEM Chairman or the DEM consultant on duty will activate the telephone fan out system for DEM Adult, Pediatric Physicians.
2. The DEM Head Nurse or the Charge Nurse on duty will activate the telephone fan out system for DEM nurses, clerks, PCAs and Paramedics.
3. DEM physicians and Services specific Assistant will assess existing patients for discharge or transfer to the holding areas- DEM VIP area or any available ambulatory unit.
4. New DEM patients who are triaged as Level IV or V will be directed to the Green Zone treatment area in OPD.
5. New DEM patients who are triaged as Level I, II or III will be seen in the DEM(Red + Yellow zone).
6. Communication Services will notify an updated list of DEM physicians after the initial Code ‘99’ is activated.
7. All patient entering will be tracked on patient tracking board in lobby and Red zone area.
8. All Red & Yellow patients should have sticker on outside door to designate disaster patient.
9. All DEM staff to assemble in the Emergency Department and under the Leadership of the Chairman and the Head Nurse, DEM will be assigned to the following tasks and areas:

   a. Triage Area – Emergency Department entrance Area
      - The DEM Physicians (Consultants/Assistant Consultants) on duty will set up the Triage Area and serve as Team Leader.
      - DEM staff Nurses, Paramedics, Clerks, and PCAs will report to Triage.
      - Admission Clerks with the Disaster Admission Box of color coded tags and charts will report to Triage.
      - Red Cones and Red Vests will be distributed.

   b. Red Zone and Yellow Zone
      - The Second DEM Physicians (Consultant/Assistant Consultants) on duty and first arriving DEM Physicians (Consultant/ Assistant Consultants) will set up the Red Zone and Yellow Zone and Serve as the Team Leaders.
      - DEM Staff Nurses, Resident Physicians, Paramedics, Clerks and PCAs will report to the Red and Yellow Zones. The Head Nurse will assign Team Leader positions.
      - Patients to be stabilized and transferred for definitive care.
      - Surgical Patients to be sent to the Secondary Surgical Site or DPU.
      - Complete all clerical work including the Disaster Admission File.
Disaster Green Zone Team:

Location:
Outpatient Department and others as needed.

Green Zone Triage Area – Clinic # 6 Internal Medicine

- The Senior Family Medicine Consultant will set up the Green Zone Triage Area and serve as the Team Leader and will announce to his Team and the Command Centre that he is Team Leader.
- Family Medicine and OPD Staff Nurses, Clerks and PCAs, will report to the Green Triage Area. The Head Nurse will assign Team Leader positions.
- In the time of Family Medicine closure during Ramadan & Hajj as Internal Medicine physician will be appointed as team leader.

D. Green Zone Treatment

- Located in OPD area Clinical # 6 and others as needed the preferred areas as follows:
  o Corridors 2 & 3
  o OB/GYN corridor.
  o The first arriving Family Medicine Physician will set up the Green Zone and serve as the Team Leader.
  o Family Medicine Physicians, and Family Medicine and OPD Head Nurses and Staff Nurses, Clerks and Porters will report to the Green Zone.
  o The Head Nurse will assign Team Leader Positions.
  o Complete all clerical work including the Disaster Admission File

Notes:

1. Consultants from appropriate services (Anesthesia Medicine, Surgery). Pharmacists. Social Workers, Respiratory Therapists, X-Ray Technician Clerks will be reporting to the three Disaster Zones as indicated in the Disaster Plan text.
2. Team Leaders to maintain communication with the Command Center.
3. The Charge Nurse on duty will call Warehouse and Pharmaceutical care services for disaster supplies (on the preloaded carts).
Location:

Any Ambulatory unit that can be used designated by the Command Centre.

A. Code Yellow “Limited Disaster” code “99”:

1. The Command Center will contact any ambulatory units and ask them to prepare for receiving discharged patients. Nurse supervisor will request from Manpower Pool (7) SN1s, (3) SN3s to monitor patients in any unit with patients waiting for discharge.
2. The Nursing Supervisor will communicate with DEM and contact any available Ambulatory unit to inform them of incoming patients.
3. The Head Nurse of any available Ambulatory unit will activate the telephone out system.
4. The Attending Physicians of existing patients will assess their patients for discharge and cancel elective procedures.
5. SN1 will prepare the rooms to accept non-monitored ward patients.
   - Patients who can be discharged but for whom family are not available
   - Patients who are stable and require minimal care
   - Rooms may be double up occupancy accommodate 20 patients.
6. The Intern Medicine Resident on-call will temporarily take charge of the Holding Area.
7. The Next Arriving Internal Medicine Consultant will report to the Holding Area and become Team Leader.
8. The Team Leader will communicate with the Command Center via I-Phone supplied by Communication Services.
9. The following staff will be directed to the Holding Area:

   - Pharmacist – 1
   - Social Worker – 1
   - Appointments & Admission - 2
   - Patient Relations – 1
   - (7) SN1s
   - (3) SN3s
A. Code Yellow “Full Disaster” code “99”:

1. The Project Manager, CPMC will contact the Manager, Housekeeping Services, and immediately activate the telephone out system.

2. All Housekeeping staff will assemble in the Utility Building, Ground Floor by the elevators.

3. One (1) personnel will be assigned on each nursing unit to clean and prepare rooms for incoming patients.

4. Two (2) personnel to each of the disaster zones to maintain a clean environment including emptying trash, mopping floors, cleaning stretchers, and wheelchairs.

5. The Project manager, CPMC will maintain communication with the Executive Director, Administrative Services in the Command Center.
A. Code Yellow “Limited Disaster” code “99”:

1. The ICU Division Head will be paged and immediately activate the telephone fan out system.

2. The ICU Assistant on-call, paged independently, will contact the ICU consultants on-call who will activate the telephone fan out system if the ICU Division, Head is unavailable.

3. ICU Charge Nurse to notify Head Nurse of ICU and activate the telephone fan out system.

4. All available ICU Consultants and Intensivists will assemble in the MSICU under the leadership of the Division Head.

5. One (1) Intensivist will evaluate inpatients, using established discharge criteria, for transfer to the Recovery Room of OR holding area, or additional in SICU or PICU.

6. ICU Division Head to decide whether additional ICU beds will be created in DPU after consultation with Chairman of Surgery.

7. Intensivists will be directed, as necessary, to:
   - OR Recovery Room.

8. Charge Nurse to call Warehouse for pre-loaded disaster carts and Pharmaceutical care services for supplies.

9. OR scrubs to be worn and appropriate universal precautions to be taken.

10. The Division Head ICU will maintain communication with the Command Center.
- **Code Yellow “Full Disaster” code “77”:**

1. Whenever Infection Control, Paramedics or EOD get to know about an infectious outbreak in the community, they have to communicate with each other immediately.
   - Infection Control Pagers: 3624/2803/2132
   - Paramedics Supervisor Pager: 4800
   - Paramedic Team Leader: 3103
   - EOD Pager: 4444

2. EOD to inform immediately:
   - DEM
   - COO
   - ED for MCA
   - ED for Administrative Services
   - Security
   - Executive Director, Nursing Affairs
   - Director, Clinical Services
   - Infection Control if not already aware
   - DCC
   - Chairman, DEM
   - Head Nurse, DEM
   - Admissions
   - Supply Chain Management

3. Executive Director of Nursing to inform:
   - Family Medicine, DPU, M-ICU

4. Director of Clinical Services to inform:
   - Laboratory – will have a universal testing kit prepared for 20+ patients of all types and be included with a package including gloves, goggles and gowns to be sent to the Patient Receiving Area.
   - Radiology
   - Respiratory Therapy

5. ED for MCA:
   - IM & Critical Care Chairman
   - Pharmaceutical Care Services

Of all the above, only Security, Infection Control, DEM staff should present immediately to DEM upon notification. The rest have to be physically present in the hospital, awaiting calls from DEM/Infection Control.
A. Code Yellow “Full Disaster” code “99”:

1. The Chairman of Internal Medicine will be paged and will immediately activate the telephone fan out system.
2. The on-call Internal Medicine Assistant will be paged independently, and will contact the on-call Internal Medicine Consultant who will activate the telephone fan out system if the Chairman is unavailable.
3. The Charge Nurse 5 South, (notified by the Nursing Supervisor) and the Head Nurse (notified by the ED, Nursing Affairs), will activate their telephone fan out system.
4. The on-call Internal Medicine Assistant will report to the Emergency Department to re-assess existing patients for disposition. He/she will remain in the EMS Yellow Zone.
5. All staff reporting to DEM will arrive in VIP Room Area by the Chairman's Office and sign in to the zone, and receive their ID tags. No one is to be in the Red Zone without a DEM tag. If you arrive and the tag for your position has been used already, then report to the Manpower Pool (auditorium).
6. The On-call Internal Medicine Consultant and Resident will report to 5 south to assess patients for possible discharge/transfer to the Holding Area.
   a. The Unit Assistant will call relatives for discharging patients
   b. All elective admissions will be cancelled
   c. On arrival of the Consultants, the Residents will be sent to the Holding Area (ambulatory units designated by the command centre).
7. All Medical Staff will assemble on 5-South, and under the leadership of the Chairman will be directed and assigned to appropriate areas including:
   a. The first arriving Assistant to the Green Zone Treatment in OPD.
   b. The first arriving Resident sent to the Black Zone in the Morgue.
   c. The first arriving GI and Nephrology Consultants will be sent to 5 south to assess patients for discharge/transfer to the Holding Area. The Nephrologists will discuss with the ICU Chairman the availability of the RDU as 2nd ICU.
   d. The next arriving Consultant will be sent to the Holding Area in the DPU to become the team leader.
   e. The next arriving Consultant will be sent to the Yellow Zone DEM.
8. The Chairman Internal Medicine will communicate with the Command Center.
9. If Family Medicine is closed for Ramadan & Hajj, an Internal Medicine physician will be appointed as team leader of the Green Zone.
A. Code Yellow “Full Disaster” code “99”:

1. The Project Manager, CPMC to contact the Supervisor of Laundry and immediately activate he telephone fan out system.

2. Staff will assemble in the Laundry Office Area and await instructions

3. Deliver immediately extra linen carts as needed to the following areas:
   - DEM Red and Yellow Disaster Zones
   - Green Zone in South OPD
   - Secondary Surgical Unit in Cardiac Catheterization Laboratory
   - Operating Room
   - Holding Area in ADU and Physiotherapy.

4. Retrieve soiled linens from discharged patient room on the wards and replace them as soon as possible.

5. The Project Manager CPMC will maintain communication with the ED of Administrative Services in the Command Center.
A. Code Yellow “Full Disaster” code “99”:

1. The Head of engineering, to contact the Director, Engineering & Utilities and immediately to activate the telephone fan out system.

2. All Maintenance staff will assemble in the work control unit, review their individual action cards, and await further instructions.

3. The Head of Engineering to communicate with the ED for Administrative Services in the Command Center.
Definition:

A pool of Medical Services Organization Staff, who do not have an assigned role for the External Disaster Emergency Preparedness Plan. They will assemble in the auditorium.

Location:

Auditorium, 4th floor

Responsibilities:

1. The Program Director of Ambulatory Services will be the Team Leader. The Team Leader will share his responsibilities with the Program Director of Nursing Education.

2. All staff to assemble in the auditorium except those who are required to specific areas. All staff to sign in and sign out and divide into their separate specialty fields.

3. The Manpower Pool Leader will communicate with the ED, Nursing Affairs in the Command Center.

4. Team Leader will direct staff to appropriate areas as directed by Command Center.

5. At least (1) Hospital Assistant from Nursing Affairs will assist the Team Leader.

6. As a standing order, the first (8) critical care SN1s will report to the DEM and (7) SN1s, (3) SN3s will respond to physiotherapy.
A. Code Yellow (Full Disaster) code “99”:

1. The Director, Patient Services, to contact the Head Medical Coordination and Eligibility and immediately activate the telephone fan out system.

2. Staff will assemble in the auditorium and await instruction from command center.

3. The Head of Medical Coordination and Eligibility will maintain communication with the Command Centre.
A. Code Yellow “Full Disaster” code “99”:

1. The Chairman of Neuroscience will be paged and will immediately activate telephone fan out system.

2. The Neurosurgical Assistant on-call to contact the on-call Consultant Neurosurgeon, who will activate the telephone fan out system if the chairman is unavailable.

3. The Neurology Assistant on-call and the Neurosurgical Assistant on-call will assess inpatients for possible discharge or transfer to the holding area.
   - The unit assistant will call relative for discharged patient.
   - All elective admissions will be cancelled.

4. Neurosurgeon to report and assemble in the operating room to await further instructions.

5. The, Chairman Neuroscience, will maintain communication with Command Centre.
A. Code Yellow “Full Disaster” code “99”:

1. The Executive Director of Nursing is to contact the Program Director of nursing Education & Research and immediately activate the telephone fan out system.

2. Staff will assemble in the auditorium and wait instructions.

3. A bus will be sent immediately from Transportation to retrieve students and staff to respond to the Code Yellow.

4. The Program Director of Nursing Education & Research will report to the auditorium to assist in running the Manpower Pool Area.
A. Code Yellow - Code “11”:

1. The Executive Director of Nursing Affairs will report to the Command Centre and contact all Program Directors (Critical Care, Ambulatory Care, General Services, Education & Research).
2. The Program Director of Critical Care will inform all Critical Areas of the situation and take note of any needs or preparation needed to receive/discharge patients.
3. The Program Director of General Services will contact all Nurse Supervisors. Nurse Supervisor on duty will contact all Charge Nurses on duty.

B. Code Yellow “Full Disaster “code “99”:

1. The ED of Nursing Affairs will report to the Command Centre and contact all Program Directors (Critical Care, Ambulatory Care, General Services, Education & Research).
2. The Program Director of Critical Affairs and Ambulatory Care will contact the Disaster Zone Head Nurses to request that the telephone fan out system be activated as well as to prepare the triage Red, Yellow, Green Zone, Surgical/Secondary Surgical and ICUs. It will then be the responsibility of the Program Director of Critical Affairs to maintain these Departments and stay in contact with the ED of Nursing Affairs in the Command Centre.
3. The Program Director of General Services will contact the Nurse Supervisor who will receive the bed count and communicate to the Charge Nurses to complete the fan out system (Fan out system always starts with Head Nurse). Nurse Supervisors will ask vital areas such as DPU, any Ambulatory unit, and Physiotherapy of any needs for patient care. The charge Nurse of VIP will go to the Nursing Supervisor’s Office to help with the flow of information.
4. The Program Director of Ambulatory Care, Education and Research will proceed to the Auditorium with a Hospital Assistant from Nursing Affairs. Staff arriving will sign in and be designated an area in the Auditorium. Communication with the Command Centre will be kept via radio or phone for request of staff to vital areas. A standing order of (12) SN1s are to report to DEM and (7) SN1s, (3) SN3s will report to Physiotherapy.
5. The Charge Nurse will assume the following duties:
   - Curtail all non-essential or routine care in preparation for minimal staffing.
   - Determine the number and type of staff available for immediate release and report to the Nurse Supervisor.
   - Initiate staff call back list starting with Head Nurses.
   - Send available nursing staff to the auditorium.
   - Assess inpatients for possible discharge or transfer to the holding area and give bed count to Nurse Supervisor.
   - Direct the unit Assistant who will call relatives for discharge patients.
   - Cancel all elective admissions
   - Prepare rooms for occupancy.
   - Call Warehouse and pharmacy for disaster supplies (on the pre-loaded carts).
   - (2) Ward Clerks will report to Triage and (2) Ward Clerks to Yellow Zone.
A. Code Yellow “Full Disaster” code “99”:

1. The Chairman of OB/GYN will be paged and will immediately activate the telephone fan out system.

2. The Assistant Gynecologist on-call to contact the on-call Consultant OB/GYN. The on-call consultant will activate the telephone fan out system if the Chairman is unavailable.

3. The Assistant and Consultant OB/GYN on-call will assess inpatients in the Antenatal and Postnatal Units for possible discharge.
   a. The Unit Assistant will call relatives for discharged patients.
   b. All elective admissions will be cancelled.

4. All staff will assemble in Labor and Delivery and await further instructions.

5. The Chairman OB/GYN will maintain communication with the Command Center.
A. Code Yellow “Full Disaster” code “99”:

1. The Chairman of Oncology upon notification will immediately activate the telephone fan out system.

2. Oncology Assistant and Consultant on-call assess inpatients for possible discharge or transfer to the holding area.
   - The Unit Assistant will call relatives for discharged patients.
   - All elective admissions will be cancelled.

3. Oncology staff will assemble in the auditorium and await further directions.
A. Code Yellow “Full Disaster” code “99”:

1. The Director, Clinical Services and the Chairman, Pathology and Laboratory Medicine, will be contacted independently and will immediately activate the telephone fan out system.

2. The Laboratory staff will assemble in the Laboratory.

3. The Chairman will prioritize laboratory services.

4. Two (2) phlebotomists will report to each Zone (DEM Red/Yellow, OPD Green Zone).

5. One (1) phlebotomist will report to the Secondary Surgical Unit in the CCL.

6. One (1) phlebotomist will provide the required blood products and support emergency laboratory testing during the disaster and in the immediate follow up period.

7. Communications with the Command Center will be maintained:
   a. Laboratory Manager to Director, Clinical Services
   b. Chairman, Pathology and Laboratory Medicine to ED for MCA.
A. Code Yellow - code “11”:
   1. The Director, Patient Services, will report to the Command Centre.

B. Code Yellow “Full Disaster” code “99”:
   1. Patient Services will assign (2) Social Workers to the Green Zone. (1) to the Lobby, OPD. (1) to Black Zone and (1) to Physical Therapy.
   2. Patient Services will send extra Officers to Registration in DEM and Green Zone to help with receiving/discharge of patients.
   3. Registration will activate the (John Doe) Disaster Patient files.
   4. Patient Services will report their bed status to the Command Centre.
   5. Staff will assemble in the Auditorium.
   6. Staff will assist in the discharge of patients from inpatient wards.
   7. The Officer, Public & Media Affairs will maintain communication with the Director, Patient Services in the Command Center.
A. Code Yellow “Full Disaster” code “99”:

1. The Chairman of Pediatrics will be paged and will immediately activate the telephone fan out system.

2. The on-call Pediatric Assistant, paged independently, will contact the on-call Consultant Pediatrician. The on-call Consultant will activate the telephone fan out system if the Chairman is unavailable.

3. DEM Pediatric Consultant to report to the Emergency Department to re-assess existing patients for discharge. He will remain in the Red Zone.

4. Pediatric Assistant on call to report to the DEM Yellow Zone.

5. The Pediatric Resident on-call will cover for inpatients and NICU.

6. Pediatric Assistants and Consultants will assemble on 1North (general Pediatric Ward) and await further instructions.

7. The first arriving Consultant will assess inpatients for possible discharge or transfer to the Holding Area.
   - The Unit Assistant will call relatives for discharged patients
   - All elective admissions will be cancelled.

8. On-call Consultants – NICU will treat disaster patients admitted to NICU /PICU.

9. The first arriving Assistant Consultant will respond to OPD Green Zone.

10. The Chairman of Pediatrics will maintain communication with the command Center.
PHARMACEUTICAL CARE SERVICES COMMAND CENTER (PHCC)

The Inpatient Pharmacy will serve as the Pharmaceutical Care Services Command Center (PHCC) during a Disaster Mode. When called, Pharmaceutical Care Services staff will report to the PHCC immediately. Pharmaceutical Care Services staff will be informed of their roles upon arrival. The PHCC is NEVER left unattended.

RESPONSIBILITIES

1. The Head of Pharmaceutical Care Services will be notified by Communication Services of “Code Yellow”.

2. The Head of Pharmaceutical Care Services (or most senior staff on site) will act as the Control Base Operator (CBO). The (CBO) is the leader of the PHCC while in a “Code Yellow”, and will manage all operations from the PHCC. The CBO is responsible to assign responsibilities and activate the call back roster.

3. All Pharmaceutical Care Services staff available on site except for those needed to operate the Outpatient pharmacy) must report to PHCC. In addition, the call back roster will be initiated, and staff closer to the hospital will be called first. When called, Pharmaceutical Care Services staff must report to the PHCC immediately.

4. Inpatient Pharmacy Manager along with Inpatient Senior Pharmacists will be dispatched to the high priority areas (red zone, yellow zone, secondary surgical site and MSICU/Secondary ICU site). The Clinical Pharmacy Manager will be dispatched to the Yellow Zone. The Outpatient Pharmacy Manager, Clinical Pharmacy Staff and Outpatient pharmacists will be dispatched to the yellow zone. The Outpatient Pharmacy Manager, Clinical Pharmacy staff and Outpatient pharmacists will be dispatched to the lower priority areas (green zone and holding area).

5. The Pharmacist in each Zone /Site will provide pharmaceutical assistance as well as any other assistant deemed necessary by the “Team Leader”.

6. The Pharmacy-Materials Management Liaison (or any other staff assigned by the CBO) will coordinate supplies issues with the pharmacy stores.

7. The Narcotics Pharmacy I-charge will coordinate the needs of narcotic/controlled drugs.

8. During a “Code Yellow” all members of the pharmacy staff are expected to react quickly.

9. Any pharmacy staff member assigned to zone/site or other disaster designated care area must cooperate with the “Team Leader” and follow his/her instructions.

10. Pharmaceutical Care Services Staff must not leave the hospital except with permission from the CBO.
<table>
<thead>
<tr>
<th>Zone</th>
<th>Location</th>
<th>Pharmacist</th>
<th>Disaster Box</th>
<th>Narcotic Disaster Box</th>
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<tbody>
<tr>
<td>Red-Zone</td>
<td>DEM</td>
<td>2</td>
<td>2</td>
<td>1 (Shared with Yellow)</td>
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<tr>
<td>Yellow –Zone</td>
<td>DEM</td>
<td>2</td>
<td>2</td>
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<td>Green –Zone</td>
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<td>2</td>
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<td>Secondary ICU Site</td>
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<tr>
<td>Pre-Op/Post OP</td>
<td>DPU</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
B. Code Yellow “Full Disaster” code “99”:

1. The Director, Clinical Services, will contact the Head of Physical Therapy and immediately activate the telephone fan out system.

2. Staff will immediately cancel all existing appointments for physical therapy.
A. Code Yellow - code “11”:
   1. The Head, Protocol/VIP Services reports to the Command Centre
   2. The Head, Protocol /VIP Services will determine his manpower needs and activate the telephone fan out system as required

B. Code Yellow “Full Disaster” code “99”:
   1. The Head, Protocol/VIP Services, to immediately activate his telephone fan out system.
   2. Staff will assemble in the Protocol Office Area and await instruction from the Command Center.
   3. EOD staff will report to the following areas:
      • DEM EOD Office -1
      • Green Zone in OPD -1
      • Information Center – In OPD lobby with a Social Worker and Representative from Public Relations.-1
      • DEM Conference Room as out-flow patient committee.
   4. The EOD will maintain communication with the Head Protocol/VIP Services in the Command Center.
CODE YELLOW ACTION CARD
RADIOLOGY

A. Code Yellow “Full Disaster” code “99”:

1. The Director of Clinical Services and the Chairman of Radiology will be contacted independently and will immediately activate the telephone fan out system.

2. A Radiology Staff will assemble in the Radiology Department.

3. The on-duty technologist will report to the ED Red Zone with one (2) mobile x-ray machine.

4. One (1) on-call technologist will report to the operating room with one (1) mobile x-ray machine.

5. One (1) on-call/arriving technologist will report to the ICU with one (1) mobile x-ray machine.

6. One (1) on-call/arriving technologist will report to the Secondary Surgical Unit (CCL) with one (1) mobile x-ray machine.

7. CT and MRI staff to prepare rooms/machines for immediate use.

8. Radiologist to prioritize all x-ray requests, reviews, and to communicate verbal reports to physicians in the appropriate zones.
A. Code Yellow “Full Disaster” code “99”:

1. The Director of Clinical Services will contact the Head of Respiratory Care and immediately activate the telephone fan out system.

2. Respiratory Therapist will assemble in the Auditorium under the direction of the Head of Respiratory Care.

3. Two (2) Respiratory Therapists will report to DEM Red Zone each with a ventilator.

4. One (1) Respiratory Therapist will report to the Recovery Room.

5. One (1) Respiratory Therapist will report to Secondary Surgical Site in the CCL.

6. The Head of Respiratory Care will coordinate staff and supply critical care areas with extra equipment (ambubags etc)

7. The Head of Respiratory Care will communicate with the Director of Clinical Services in the Command Center.
A. Code Yellow - code “11”:

- The Safety Manager, to report to the Command Centre.
- The Safety Manager will determine his manpower needs and activate the telephone fan out system as required.

B. Code Yellow “Full Disaster” code “99”:

1. The Safety Manager to immediately activate the telephone fan out system.
2. Two staff will report to DEM Parking Area with a fire extinguisher, remaining staff will prep the helicopter pad for possible incoming medivac.
3. The Safety Manager to maintain communication with the Director, Engineering, Utilities & Safety in the Command Center.
CODE YELLOW ACTION CARD
SECONDARY INTENSIVE CARE UNIT

Definition
When ICU is fully occupied, overflow proceeds to secondary site in OR Recovery.

Location
OR Recovery

A. Code Yellow: Full Disaster” code “99”:

1. The Head, Critical Care Section will be paged and will immediately activate the telephone fan out system.
2. OR Charge Nurse after being notified by the Nursing Supervisor will activate their telephone fan out system.
3. All ICU Consultants and Intensivists will assemble in the MSICU under the leadership of the Head, Critical Care Section.
4. Head, Critical Care Section to decide whether additional ICU beds will need to be created in the OR Recovery as the Secondary ICU site for ICU overflow.
5. Head, Critical Care Section to determine with Chairman, Department of Surgery when patients may be discharged and availability of OR Recovery as Secondary ICU.
6. Intensivists will be directed, as necessary, to:
   • Secondary ICU site.
7. Charge Nurse to call warehouse for pre-loaded disaster carts and Pharmaceutical care services for supplies as necessary.
8. OR scrubs to be worn and appropriate universal precautions to be taken.
9. The Head, Critical Care Section will maintain communication with the Command Center.
Location:

CCL

A. Code yellow “Full Disaster” code “99”:

1. The Chairman of Surgery will activate the telephone fan out system.

2. The Head Nurse of Surgery will communicate with the DPU and CCL to activate the telephone fan out system.

3. The Consultant Surgeon on-call, with the Chairman of Anesthesiology, will assign OR theatres in CCL to be prepped as a Secondary Surgical Site.
   - The DPU will act as a pre-op/post-op area for the Secondary Surgical Site.
   - The Consultant Surgeon will be the Team Leader.

4. The following staff will report to the Secondary Surgical Site:
   - Arriving Surgeon, Consultants and Assistants, as directed by the Chairman of Surgery.
   - Arriving CCL SN1s. Head Nurse to identify Charge Nurse.
   - Pharmacist – 1
   - Respiratory Therapist -2
   - X-Ray technician with mobile x-ray machine -1
   - Phlebotomist -1

5. Charge Nurse to ensure extra supplies of essential items are available.

6. The Team Leader will communicate with the Command Center.
A. Code Yellow - code “11”:
1. The Head of Security reports to the Command Centre.
2. The Head of Security will determine his manpower needs and activate the telephone fan out system as required.

B. Code Yellow “Full disaster” code “99”:
1. The Head of Security will immediately activate the telephone fan out system and report to the Command Centre.
2. Immediately ensure adequate personnel are available and stationed at key hospital entrances and locations.
3. Clear all vehicles from the main hospital doors, especially the road leading to the DEM and OPD entrance. One Security Guard will monitor the Media in the designated spot in the parking area in front of OPD.
4. Ensure clear access for the public services vehicles i.e. ambulances, fire engine, Civil Defense, and police cars, and for the Helipad.
5. Maintain the North Entrance bridge for staff entry to the hospital.
6. Hospital entry will be restricted with the exception of the North entrance which will be used for discharged patients. Family members will use Parking Lot B to pick up these patients.
7. Direct the flow of traffic.
8. Direct one (1) staff to the Black Zone Morgue area (Utility Building).
9. The Security Guards will strategically keep the public from entering OPD and other vital areas from the Hospital lobbies.
A. Code Yellow “Full Disaster” code “99”:

1. The Director, Patient Services, will contact the Head of Social Services immediately activate the telephone fan out system.

2. Staff will assemble in the Auditorium
   - Two (2) Social Workers will report to the Green Treatment Zone in the South OPD area one of which will go to the Lobby Area with EOD and Representative of Public Relations.
   - One (1) Social worker will report to the Holding Area (Physical Therapy) for general patient comfort and assistance.
   - One (1) Social Worker will respond to the Black Zone.

3. The Head of Social Services will maintain communication with the Director, Patient Services in the Command Center.
A. Code Yellow “Full Disaster” code “99”:

1. The Chairman of Surgery will be paged and will immediately activate the telephone fan out system. If the Chairman is unavailable, the Surgical Assistant on-call who is paged independently, will contact Consultant Surgeon to activate the telephone fan out system.

2. **On-call Assistant** to report to the DEM to **re-assess** existing patients for discharge or transfer and will remain in the **Red Zone**. Followed by a (1) Senior Consultant and (2) Assistant Consultants.

3. All staff reporting to DEM will arrive in VIP Room Area by the Chairman’s Office and sign in to the zone, and receive their ID tags. No one is to be in the Red Zone without a DEM tag. If you arrive and the tag for your position has been used already, then report to the Manpower Pool (auditorium).

4. On-call Residents to report to the Surgical Floor to assess patients for possible discharge or transfer to the Holding Area.
   A. The Unit Assistant will call relatives for discharged patients.
   B. All elective admissions will be cancelled.

5. **On-call Consultants** to report to:
   a) The **Operating Room** to co-ordinate with Anesthesia the set up of operating rooms.

   b) The **CCL** to co-ordinate with Anesthesia the set up of Secondary Surgical Site.

   c) The **DPU** to set up as Pre-Op/Post-Op area for **OR/Secondary Surgical Site**.

   d) Will become the Team Leader of the Secondary Surgical Site.

6. All surgeons will assemble in the Recovery Room and await further instructions.

7. The **Next arriving Consultant** will be dispatched to the DEM **Yellow Zone**. This Consultant may elect to change zones with the on-call Assistant who had previously reported to the red Zone.

8. The first arriving Assistant will be dispatched to the OPD **Green Zone**.
9. The **next arriving Consultant/Assistant** will be dispatched to the **ward** to assess patients for possible discharge or transfer to the Holding Area.

10. All other surgical staff will remain in the Recovery Room (Secondary Surgical Unit) to accept patients and await further instructions.

11. The Chairman of Surgery will:
   - Maintain contact with the Command Center.
   - Orchestrate and prioritize patients in need of surgical interventions from all zones.
   - Decide in collaboration with Chairman, Anesthesia which patients to go to the OR vs. CCL secondary surgical site.
A. Code Yellow “Full Disaster “code “99”: 

1. The Head of Transportation to contact the Transport Dispatcher and immediately activate the telephone fan out system.

2. All staff will assemble in the Transport Office.

3. The Transport Dispatcher will immediately dispatch buses to all compounds and make continuous loops every 15 minutes to bring staff to hospital.

4. One bus will immediately go to Nursing Education and South Building to pick-up staff and students. If there is a bus at the location, it will leave immediately with the staff and be replaced by the previously designated bus.

5. The Transport Dispatcher will immediately dispatch cars to bring On-Call Staff, Senior staff, Chairmen and Consultants to the Hospital. Upon receiving calls on a hotline for staff on-call. Coordination to pick-up multiple staff per vehicle must be a priority.

6. Maintain Communication with Command Center.

7. The Project Manager will maintain communication with the Command Center.
EXTERNAL EMERGENCY PREPAREDNESS PLAN

SUBMITTED BY:

SANDRA LOVERING
Executive Director, Nursing Affairs

MWAFFAK BASHIR, M.D.,
Acting Chairman, Department of Emergency Medicine

ANDREW HOAR
Ambulance and Disaster Clinical Coordinator

ABDULRAHMAN AL JUHANI, Ph.D.,
Director, Patient Services

PARWAIZ KHALID, Ph.D.,
Director, Clinical Services
Executive Management Consultant, Medical & Clinical Affairs

REVIEWED BY:

SULTAN AL-OWSHAN
Executive Director
Administrative Services

IBRAHIM ZABANI, M.D.,
Executive Director
Medical & Clinical Affairs

RECOMMENDED BY:

TARIQ LINJAWI, M.D.,
Chief Operating Officer
KFSH&RC (Gen.Org) – Jeddah Branch

APPROVED BY:

QASIM AL QASABI, M.D., FRCSI, FACS,
Chief Executive Officer
KFSH&RC (Gen.Org)
1. Maintain and update contact numbers of hospital staff.
2. Display those numbers on noticent board.
3. Page designated staff with code 11,99,33 or state Code Yellow Alert, Full Disaster or All Clear.
4. Send SMS messages to contact lists as per alert.
5. Announce Code 99, 33 on overhead speaker.

NOTE:
The Departments will prepare their action cards to be placed on the department bulletin board.

EXECUTIVE DIRECTOR, MEDICAL CLINICAL AFFAIRS, CHAIRMAN, DEPARTMENT OF EMERGENCY MEDICINE, SENIOR CONSULTANT/HEAD NURSE OF DEPARTMENT OF EMERGENCY MEDICINE

EXPERIMENTAL DISASTER ACTIVATION

PABX

Code 11 Disaster Alert
- Chief Operating Officer
- Executive Director, Medical and Clinical Affairs
- Executive Director, Administrative Services
- Executive Director, Nursing Affairs
- Head, Protocol Services
- Clinical Coordinator, Ambulance & Disaster
- Head, Security
- Nursing Supervisor

Code 99 Full Disaster
- Chairman, Surgery
- Director of Clinical Services
- Director, Patient Services
- Director, Support Services
- Head, Safety
- Head Nurse, Department of Emergency Medicine
- Chairman, Department of Emergency Medicine

Code 33 All Clear
- SAME LIST FOR CODE "33"
- ALL STAFF WILL BE NOTIFIED BY COMMUNICATION DEPARTMENT (CODE "33" OR "ALL CLEAR") SMS TEXT MESSAGE STATING "HOSPITAL IS IN FULL DISASTER MODE PLEASE RESPOND TO AUDITORIUM OR DESIGNATED COLLECTING AREA, OR BY DEPARTMENTAL FAN OUT PHONE SYSTEM"
- ANY STAFF REPORTING TO THE DEPARTMENT OF EMERGENCY MEDICINE WILL ASSEMBLE IN THE VIP/CHAIRMAN AREA TO RECEIVE AN EMERGENCY I.D. AND SIGN IN IF YOUR SPECIALTY I.D. HAS BEEN TAKEN ALREADY PLEASE PROCEED TO AUDITORIUM OR DESIGNATED DEPARTMENT AS SAID BY THE FMS PLAN

Cardiac Cath. Lab. Technician
Non Invasive Cardiac Lab. Technicians (1 Echo, 1 EKG)
CV Radiographer (2)
CT Technician
KING FAISAL SPECIALIST HOSPITAL & RESEARCH CENTRE (General Organization) - JEDDAH

EXTERNAL DISASTER RESPONSE FULL CODE 99

EXECUTIVE DIRECTOR, MEDICAL & CLINICAL AFFAIRS, CHAIRMAN, DEPARTMENT OF EMERGENCY MEDICINE, SENIOR CONSULTANT/HEAD NURSE OF DEPARTMENT OF EMERGENCY MEDICINE

PABX NOTIFIES ALL STAFF

NOTE:
The Departments will prepare their action cards to be placed on the department bulletin board.

1. Maintain and update contact numbers of hospital
2. Have those numbers displayed on noticeboard.
3. Page designated staff with code 99,33 or state Code Yellow Alert, Full Disaster or All Clear.
4. Send SMS messages to contact lists as per alert
5. Announce Code 99, 33 on overhead speaker

Report to Command Centre

Chief Operating Officer

Executive Director, Medical and Clinical Affairs

Executive Director, Administrative Services

Executive Director, Nursing Affairs

Head, Protocol Services

Clinical Coordinator, Ambulance & Disaster

Head, Security

Director, Clinical Services

Director, Patient Services

Head of Public & Media Affairs

Disaster Triage (In Front of DEM)
(Senior DEM Consultant is Team Leader, Senior Paramedic, DEM Staff Nurses 2, Admission Clerk, PCA 2, EMT)
Patients are triaged as they arrive into categories of RED, YELLOW, GREEN or BLACK ZONE, receive disaster file and proceed to designated Zone

Disaster Red Zone - DEM Rooms 1,2,14-20
(DEM Cons. is Team Leader +3 Cons. & 1 Pediatric Cons., Ass./Cons. Anesthesia, Senior Surgical Cons., Surgical Head Nurse/Clinicain, Ass. Surgical Cons. 3, Pharmacist, Phlebotomist, Paramedic 2, DEM Staff Nurses 8, X-ray Technician, Respiratory Technicians 2. Admission Clerk 2 (one as translator), Housekeeping 2, PCA 4)
Patients are received by the team treated for life threatening injuries, Surgical Team completes a surgical triage and designates patient to appropriate Operating Theatre

Disaster Yellow Zone - DEM Rooms 3-13, 21-23
(DEM Cons. Team Leader +2 Cons. & 1 Pediatric Cons., Surgical Ass. Cons., Cardiologist Cons.Pediatric and Adult, Cons. Internal Medicine, Pediatric Ass. Cons. Pharmacist, Phlebotomist, Paramedic 2, EMT 2, DEM Staff Nurses 8, Charge Nurse, Admission Clerk 2 (one as translator), Housekeeping 2, PCA 4)
Patients are received by the team treated for life threatening injuries, Surgical Team completes any surgical triage needed and designates patient to appropriate Operating Theatre. Patients not needing surgery are monitored for any changes and treated as needed

Disaster Green Triage and Treatment Zone - OPD Clinic #6
Patients are triaged again to confirm Green Zone status then sent to appropriate clinic for treatment

Disaster Black Zone - Morgue
(Senior Internal Medicine Resident is Team Leader, Staff Nurses 2 (Manpool), Social Worker, PCA’s 2, Security 2, Admission Clerk, Housekeeping, Religious Services, Bereavement Committee)
Bodies are Examined to Confirm Death and Stored.
KFSH&RC-JEDDAH DISASTER CASUALTY FLOW CHART

DISASTER SCENE

RADIATION Or HAZMAT ACCIDENT?

YES

DECONTAMINATION AREA
OUTDOOR TENT SET UP
DEM VS. FIRE DEPARTMENT

NO

Triage
EMERGENCY DEPARTMENT MAIN ENTRANCE
(T.L.: DEM Consultant)
Receiving, Sorting and Distribution of patients.

GREEN ZONE
OUTPATIENT DEPARTMENT CLINIC 6
(T.L.: FM Chairman/Designee)

Non-Urgent Cases:
- Patients with minimal injuries.
- Ambulatory or transportable by wheelchair.

YELLOW ZONE
DEM CORE AREA ROOMS 3-13 & VIP 21-23
(T.L.: DEM Consultant)

Urgent Cases:
- Semi-Emergent treatment.
- None Life-threatening conditions

RED ZONE
DEM ROOMS 1, 2, and 14-20
(T.L.: DEM Chairman/Designee)

Most Emergent Cases:
- Emergent treatment.
- Acute life-threatening conditions

DISASTER HOLDING AREAS

DISCHARGED PATIENTS

GREEN ZONE
OPD LOBBY
(T.L.: Patient Services Director/Designee and EOD)

Patients Requiring SURGERY in OR or CCL

YELLOW ZONE
Day Procedure Unit
(T.L.: Surgery Chairman/Designee)

Patients Requiring HOSPITAL ADMISSION

RED ZONE
Critical Care Units
(T.L.: Critical Care Division Head/Designee)

Patients Requiring INTENSIVE CARE ICU/PICU

DISCHARGE PICK-UP

GREEN ZONE
OPD LOBBY AREA
(T.L.: Public & Media Affairs Head/Designee and EOD)

Patients Requiring SURGERY in OR or CCL

YELLOW ZONE
Admission and Discharge Unit
(T.L.: Patient Services Director /Designee)

Patients Requiring HOSPITAL ADMISSION

RED ZONE
Critical Care Units
(T.L.: Critical Care Division Head/Designee)

Patients Requiring INTENSIVE CARE ICU/PICU

DISCHARGE PICK-UP