**Sample ASC Policy Template**

Format the template to your center’s current policy layout.

**Suggested Policy title:**

**Community Disaster Response Policy**

**POLICY/** *To define \_\_\_\_\_\_\_\_\_\_\_ Center’s potential involvement in a community wide*

**PURPOSE:**  *disaster where there is a surge in patients seeking care and the traditional emergency response system and /or facilities are overwhelmed.*

*To reflect the changes in operations that assisting in a disaster will bring to the facility.*

**DEFINITIONS:**

**DEPARTMENT OF HEALTH SERVICES DEPARTMENT OPERATIONS CENTER (DHS DOC):** The center that assists in coordinating a medical and health response within LA County

**EMERGENCY MEDICAL SERVICES (EMS) AGENCY:** Responsible for planning, implementing, monitoring and evaluating the local EMS system. This includes establishing policies, addressing the financial aspects of system operation, and making provisions for collection, analysis, and dissemination of EMS related data. The Disaster Program Section within the EMS Agency coordinates disaster planning and training, maintains the county's emergency supplies, and sponsors disaster response teams.

**MEDICAL ALERT CENTER (MAC):** Assists provider agencies and base hospitals with patient destination decisions and multiple casualty incidents. It serves as the control point for the ReddiNet system~~s~~ and is staffed 24/7/365

**REDDINET:** An internet based dedicated emergency medical communications network utilized by LA County. It facilitates information exchange among hospitals, EMS agencies, paramedics, dispatch centers, law enforcement, homeland security, public health officials and other health care system professionals in local and regional communities.

**SURGE:** An influx of patients to a hospital or healthcare facility for treatment

**STATEWIDE MEDICAL AND HEALTH EXERCISE (SWMHE):** An annual exercise designed to build exponentially upon the medical and public health community-based capability and capacity for disaster-related healthcare response. A different scenario is exercised each year.

**TRIAGE:** To sort patients based on their injury/presentation or chief complaint

**PROCEDURE/ POLICY:**

1. **AUTHORITY:**

Describe how and when your plan will be initiated and who has the authority to initiate use of the policy and level of participation in the incident

* *Example: The Administrator/ or designee may initiate the plan or any part of it when either:*

1. *Contacted by a geographically close acute care facility, a surgery center, or another healthcare entity e.g. home health agency, for assistance*

*OR*

1. *A request is received for assistance from the Medical Alert Center (MAC) at the Emergency Medical Services Agency (EMS Agency).*

*The Board should be notified as soon as possible after the plan is initiated.*

1. **CAPABILITIES:**

Describe all potential capabilities of your facility which may be incident specific. Include all that are applicable to your center.

* *Example 1: Accept non-scheduled patients. Predetermine which patients are acceptable and those that are not (see patient list example in disaster guide Appendix \_\_ and adapt to suit your facility)*
* *Example 2: Utilization of your space, staff, equipment or supplies by another healthcare entity e.g. acute care hospital needs additional operating rooms; an ASC assisting in the response needs suture materials.*
* *Example 3: Charging station for home health patients that are dependent on electricity to support medical equipment e.g. oxygen concentrators, ventilators, etc.*
* *Example 4: Point of Dispensing (POD) for public health distribution of medications including vaccinations.*

(See ASC strategies on page 12 for more examples)

**III. OPERATIONS**

1. **Assessment of Facility**

Assess your own situation including, but not limited to, the following:

1. Needs of staff, current patients, relatives and anyone else within your facility
2. Condition of building – structure, power, water, equipment, etc.

Follow applicable emergency plans based upon your findings.

1. **Level of Participation**

Determine your level of participation. This should be based upon your predetermined capabilities, facility assessment, staffing, space and supplies that are available at the time of the incident. (See examples in section II. CAPABILITIES and the ASC strategies pages 11-14)

You will also need to determine how long you are willing to stay open and clearly define the types of patients you are able to accept and those that are unacceptable.

1. **Preparation**

Preparation will be based upon your level of participation. Some considerations are outlined below:

1. Accepting surge patients

Setting up supplies and equipment including but not limited to: consent form, emergency chart (see page \_\_ for an example), applicable supplies e.g. suture materials if accepting patients with lacerations, etc.

Designate areas for the following:

Patient intake/registration

Triage

Patient care

Patient/family waiting area

Determining patient flow e.g. triage, registration, etc.

Staff assignments, duties and just-in-time training as needed. Staff should be trained in the Incident Command System (ICS) Activity Form, 214 (see page \_\_\_ for more information)

Safety and security considerations e.g.parking, ingress/egress

2) Resource Sharing

Resources that may be shared with healthcare organizations within the community include:

Personnel

Facility

Medical equipment and supplies e.g. suturing material, surgery packs, splinting material, oxygen tanks, etc.

General supplies e.g. linen, wheelchairs, gurneys, etc.

1. Use as a charging facility
2. Ensure access to working outlets
3. Number and type of staff required to oversee (non-clinical vs clinical)
4. Safety and security considerations
5. **Communication**

Determine who needs to be informed of your level of participation, readiness and capabilities e.g. Department of Health Services Department Operations Center (Medical Alert Center or MAC), local hospital, home health agencies, other applicable healthcare entities, and any others agencies that you are able to support. Agencies to be contacted will be dependent upon your participation; however the DHS DOC should be informed in all occasions when your facility is being used to assist in an incident.

Communication may be in any form including but not limited to:

1. ReddiNet
2. Email
3. Telephone
4. Fax
5. Text
6. Runners
7. Ham radio
8. Social Media
9. **Supplies, Equipment and Personnel**

Supplies will be dependent upon the type of incident and the level of participation. Consideration should also be given to staff supply needs including food and water. Utilize current inventory supplies implementing conservation methods.

Monitor supplies and equipment. If running low, the following steps should be implemented:

1. Contact regular supply companies for restocking
2. Contact local, non-traditional vendors, if applicable, for resupply e.g. supermarket and hardware stores
3. Connect with other healthcare entities in your area for supply sharing e.g. other ASCs, doctors’ offices, clinics, etc.
4. When all other sources of supplies and equipment are exhausted (or nearly exhausted), contact the DHS via the Medical Alert Center (MAC) by utilizing the established process – see Resource Requesting in the ASC disaster guide for information.

If personnel are needed, the following steps should be taken:

1. Call in off-duty staff
2. Contact any registries or other ASCs/healthcare entities that you have connections with to request staff. Predetermine what type of staff are acceptable at your center e.g. RN vs LVN; OR, ER, etc.
3. If personnel self-deploy to your facility, it will be the center’s responsibility to verify credentials prior to utilization.

**IV. TRAINING**

Describe your facility’s training and exercising requirements for this surge plan. Training schedule should follow your current disaster policies timeframe.

Example:

1. Employee training is accomplished through in-services and drills. All new employees are oriented to all emergency procedures during new-hire orientation. Provide just-in-time training for staff performing duties that they are not accustomed to doing on a regular basis e.g. security.
2. Drills may be conducted as follows:
3. Recommend at least one external surge response disaster drill during each calendar year which may be conducted in conjunction with LA County’s participation in the SWMHE and/or The Great Shake Out
4. Recommend at least one table top drill during each calendar year
5. A written evaluation and after action report should be done following each drill.
6. Policy/plan review should be conducted annually and after each drill if indicated.

**RECOMMENDED POLICY ATTACHMENTS**

* Disaster Response Organizational Chart
* Hazard Vulnerability Analysis
* Location/Site Map based on surge Mode of Operations
* Agreements/Memorandum of Understandings e.g. ambulance company, hospital, etc.
* ICS form 214
* LA County Resource Request Form