

Skagit County Hospital District # 2 DBA Island Hospital

Profile:

Land Area Owned: 10.37 acres

Value of Equipment Owned: \$11,829,000.00

Value of Area Served: \$ _____

Critical Facilities (Owned by District):

- 1. Island Hospital approximate value: \$15,130,000.00
- 2. Medical Office Building approximate value: \$ 2,920,000.00
- 3. _____ approximate value: \$ _____

Outline of Area Served: Fidalgo Island, San Juan County, North Whidbey Island and all of Western Skagit County.

Current and Anticipated Service Trends: Service area population is increasing and aging. We anticipate that both of these trends will increase our visits and services provided.

Natural Hazard Event History

NATURAL HAZARD EVENTS (1975-PRESENT)		
Type of Event	Date	Total Public Damage
No damage to district property		

Natural Hazard Vulnerability Analysis Rating

This Special Purpose District is most vulnerable to the following natural hazards - ranked in order:

1. Please see the attached hazard vulnerability analysis.

Existing Applicable Natural Hazard Mitigation Policies, Ordinances, and Codes

1. We have a complete Emergency Preparedness Plan (summary attached) and work with local Emergency Management, Public Health, other Hospitals and other agencies.

Existing Prioritized Natural Hazard Mitigation Strategies or Projects

1. See attached

Existing Applicable Hazard Mitigation Associated Plans and/or Documents

1. See attached

Proposed Natural Hazard Mitigation Measures

- Develop and implement a natural hazards awareness and preparedness program for the employees of Island Hospital.

LEAD DEPARTMENT: Island Hospital Emergency Preparedness Committee

FUNDING SOURCES: Various Grant Funding

TIME-LINE: Short Term (less than 3 years from funding)

- To provide for and implement a comprehensive non-structural earthquake mitigation program to secure and stabilize furnishings, equipment, and windows in all buildings and facilities owned by the Anacortes School District.

LEAD DEPARTMENT: Engineering

FUNDING SOURCE: Various Grant Funding

TIME-LINE: Long Term (more than 3 years to complete)

Hazard Vulnerability Analysis Chart

FACILITY OF ISLAND HOSPITAL

Type of Emergency	Probability	Human Impact	Property Impact	Business Impact	Internal – (City of Anacortes) Resources	External – (Other Jurisdictions) Resources	Total
	High 5 ←→ Low 1	High Impact 5 ←→ Low Impact 1			Weak Resources 5 ←→ Strong Resources 1		
Proximity to Flood Plains	1	1	1	1	2	2	8
Proximity to companies that produce, store, use, or transport hazardous materials	4	2	1	3	4	3	17
Proximity to major transportation routes, such as airports, rail lines, interstate highways, pipelines	1	1	1	1	1	1	6
Proximity to nuclear power plants	0	0	0	0	0	0	0
Proximity to volcanic activity	2	2	2	2	2	2	12

Hazard Vulnerability Analysis Chart (cont.)

FACILITY OF ISLAND HOSPITAL

Type of Emergency	Probability	Human Impact	Property Impact	Business Impact	Internal – (City of Anacortes) Resources	External – (Other Jurisdictions) Resources	Total
	High 5 ←→ Low 1	High Impact 5 ←→ Low Impact 1			Weak Resources 5 ←→ Strong Resources 1		
Fires	1	2	1	2	1	1	8
Severe Weather	3	1	1	1	2	2	10
Hazardous Material Spill	2.5	2	1	1	2	3	11.5
Transportation Accidents	1	1	1	1	2	2	8
Earthquakes	3	2	2	2	2	4	15
Hurricanes	0	0	0	0	0	0	0
Tornadoes	1	1	1	1	1	2	7
Terrorism	1	5	3	4	5	3	21
Utility Outages	1	1	1	1	1	2	21
Communication Systems	2	1	2	4	2	2	13

ISLAND HOSPITAL

Emergency Preparedness Plan

1. OVERVIEW

This Emergency Preparedness Plan describes Island Hospital Emergency Preparedness Plan, which is designed to ensure an effective response to disasters or emergencies affecting how we provide care.

This plan provides a reference for use in the event of both internal and external disasters. It addresses procedures to be used to assure efficient care of patients, and safety for patients and all those involved in their care. This plan is intended to be a guide only; it is anticipated that actual events will necessitate creative solutions.

In general this plan was developed to address two very different types of events; the disaster in which an event has occurred which resulted in victims in need of care. The other type of emergency is that in which an event (earthquake, flood, etc.,) causes damages to the physical plant, which prevents normal operating procedure. In the latter type of event, we also anticipate an influx of victims seeking care at Island Hospital. We believe efficiency and effectiveness of care will best be accomplished in an environment that closely approximates our standard operating procedures. We have attempted to utilize our existing systems to the extent they are present and operational while establishing a process to be used if existing systems no longer function.

2. ACTIVATION OF EMERGENCY PREPAREDNESS PLAN

A. Notification of Emergency – All calls notifying of a disaster will be routed to the Nursing Coordinator. The Nursing Coordinator will obtain information on the following:

TYPE of disaster
LOCATION of disaster
NUMBER OF CASUALTIES
TYPE OF INJURIES
ESTIMATED ARRIVAL TIME

B. The Nursing Coordinator will immediately inform the Administrator and Assistant Administrator, Patient Services (AAPS) who will verify the information if needed and determine the level and type of response needed. In the absence of the AAPS, the following priority order will be used: Director, Inpatient Nursing, other Director of Nursing. Until relieved, the Nursing Coordinator will assume responsibility as Incident Commander, directing the disaster response.

C. CODE 33 and the level of response needed will be paged three (3) times. The Telephone Pyramid will be activated until the necessary number of staff have responded and will report to work. Efforts will be made to make calls from outside

the hospital to relieve possible congestion of the hospital telephone system. Intra-hospital communications will rely on usual and customary means provided all systems are functional. In the event of interruption of phones or computers, communications runners will be utilized and paper-tracking systems implemented.

- D. The Emergency Preparedness Plan will be deactivated when in the judgment of the Command Center, it is no longer necessary in order to efficiently and effectively care for patients.

3. CLINICAL EMERGENCY PREPAREDNESS STRUCTURE

In order to assure maximum familiarity with duties, staffs are pre-assigned to specific duties in the Emergency Preparedness Plan. This allows thorough orientation to job duties. During an actual disaster, staffing and the effectiveness of the plan will be continuously assessed and changed or supplemented as necessary.

A. COMMAND CENTER – Administrative Offices

1. The Command Center is responsible for overall coordination of the response. Communication between all treatment and support areas and the Command Center is essential to efficient and effective care of patients. The Command Center is responsible for assuring adequate staff and supplies to support the care of patients.
2. The Command Center is staffed with the Administrator, Medical Staff coordinator, and 2 Executives Secretaries. The Administrator or first member of administrative team on site will assume role of incident commander from the Nursing Coordinator. The Incident Commander initially responds to the main nurses station until full incident impact is assessed. Outside communication is routed to the Command Center (x 1327); internal communication will be routed through the main nurses station (x1321). The Incident Commander will determine when it is appropriate to return to the Command Center.
3. Based on the assessment of the disaster situation, leadership will be delegated to appropriate sites. The Patient Care Services Administrator may be dispatched to ER and charged with relaying front line information to the Command Center.

B. TRIAGE – Emergency Walk-in and Ambulance Entrance

1. As patients arrive they will be initially assessed, assigned to a treatment area and disaster identification placed. A record of all care and initial assessment is begun.
2. The TRIAGE AREA will be staffed with a physician, 2 RNs, 2 clerks and stretcher-bearers.

C. MAJOR TRAUMA – Emergency Department

1. Treatment of patients needing stabilization due to shock or arrest or those with major burns, lacerations or unstable illnesses or injuries. Once stable, patients will be transferred to an appropriate bed or transferred to another facility. Necessary supplies, studies or interventions will be accessed by usual means.
2. This area will be staffed with physicians as necessary, 2 RNs, 2 Clerks.

D. MINOR TRAUMA – Physical Therapy Building

1. Treatment of patients with fractures, minor lacerations, abrasions, sprains and strains. Necessary supplies will be delivered from Materials Management by MM staff or assigned runner.
2. This area will be staffed with physicians as necessary, 2 RNs, 1 Clerk.

E. MEDICAL AND SURGICAL AREAS

1. Once admitted for inpatient or outpatient treatment, patients will be transferred to either an inpatient bed (medical) or to the Progressive Recovery area to await or recover from surgery.
2. Usual staffing will be in place.

F. PHYSICIANS

Physicians will be notified by phone of the implementation of the Emergency Preparedness Plan. A minimum of three physicians will be requested to respond in person. Additional physicians will be requested to respond at the request of the Emergency Department Physician who will serve as Physician Liaison for the duration.

4. SUPPORT EMERGENCY PREPAREDNESS STRUCTURE

- A. HUMAN RESOURCES POOL - (Guemes/Cypress Room, other location if deemed necessary by Incident Commander)

The necessity of establishing a Human Resource Pool will be determined by the Incident Commander. In general, a H.R. Pool will be established for Stage 3 Disasters and considered for Stage 2. Notification will take place through overhead pages. Employees from the following departments will be dispatched to the Human Resources Pool;

1. Human Resources
2. Finance
3. Patient Accounts
4. Transcription
5. Information Systems
6. Dietary
7. Housekeeping
8. Utilization Review
9. Medical Library
10. Home Health
11. Physical Therapy
12. Volunteers

Supervision, sign in and dispatch will be under the control of Human Resources Staff, or any present manager/supervisor from the above areas.

B. ENGINEERING, MATERIALS & FISCAL – Command Center

1. Resources necessary to maintain the emergency response will be obtained by this center. Resources may include staff, supplies, and utilities.
2. The Assistant Administrator, Fiscal Services, Executive Secretary, and Director of Engineering staff center as needed.

C. TRANSPORTATION – HELI PORT / IN-HOUSE TRANSPORTATION

1. These staff members are trained to transport patients from the Helipad to the Triage Area and on to treatment areas.
2. Staff from the Physical Therapy Department who have received instructions in safe transport.

D. NEWS MEDIA / PRESS AREA – Health Resource Center

1. Releases information to the press. Complies with laws pertaining to release of information.
2. Press Area is staffed by Director of Community Relations.

E. CHILDCARE AREA – Lower Level of MOB

1. Dependents of staff members called in to work can bring their children or other dependents for care in this area.
2. Staffed with Director of Volunteers and designated hospital Volunteers.

F. FAMILY WAITING AREA – Cafeteria

1. The Family Waiting Area is the designated area for those awaiting information regarding family members.
2. The Family Waiting Area will be staffed by the Social Worker and designated volunteers. Community clergy are encouraged to also assist.

G. MORGUE AREA – Patient Room No. 16

1. The Morgue receives bodies, maintains logs of disposition and notifies the next of Kin when known.
2. Morgue will be staffed by the Community Resource Coordinator & 1 RN.

5. EMERGENCY STRUCTURE

A. PRE-ASSIGNED DUTIES: In order to facilitate learning, as many duties as possible are assigned before the onset of any disaster. This pre-assignment of duties allows those assigned to prepare for their duties and to learn new skills in order to function effectively. A list of pre-assigned areas and the responsible departments can be found at the end of this introduction.

B. PHONE PYRAMIDS: Each department has developed and maintained a phone pyramid listing each departmental employee and their home phone number. When additional staff are needed because of the number of emergency victims, the phone pyramid is enacted. As each employee is called, they are notified of the emergency and instructed to come to work. The employee then calls the next listed employee until the appropriate number of employees are notified.

The phone pyramids are also used to inform administrative staff of the initiation of the disaster plan. It is anticipated that during an environmental disaster such as a major earthquake, phones, both cellular and land will be out of service. In such an event, employees are expected to come directly to work as victims would be expected.

- C. **COMMUNITY INTEGRATION AND COORDINATION:** Island Hospital is part of the HEAR Radio network. This network connects other facilities (hospitals, county government, police, fire) and allows communications when alternative communication mechanisms are not functioning. On a regular basis, Island Hospital participates in community emergency planning and drill exercises. During an emergency, Ham operator volunteers are present at the hospital and provide another form of communication capacity. Administration will notify Skagit County EMS Director (336-9403) to initiate county assistance if needed.
- D. **SUPPLIES AND EQUIPMENT:** Supplies and equipment normally necessary in an emergency situation are drawn from usual in house supplies. The CFO, Director of Materials and others are responsible for securing additional supplies by whatever means necessary during an actual emergency, and will report to Command Center.
- E. **EVACUATION:** The integrity of the physical plant will be assessed by the Engineering Department after each and every event with potential for damage. Engineering will report findings and any limitations of services such as water, electricity, heat, to the Command Center. Command Center will assess the extent of limitations to service (meals, testing, safety of patients and staff) and make a determination to evacuate if necessary. Evacuation may be to either Anacortes Convalescent Center or to the Armory and will be carried out in an expeditious, safe manner.
- F. **PATIENT CONFIDENTIALITY:** During activation of the Emergency Preparedness Plan, patient confidentiality will be protected as always. Only necessary and appropriate information will be released to others by the Community Relations Director.

6. DEPARTMENTAL RESPONSIBILITY / PERSONNEL ASSIGNMENTS & DUTIES

Island Hospital is responsible for preparing for all types of disasters. We do this by establishing processes and procedures to be used during an emergency, working with our community to assure communication and coordination and providing opportunities for practice and drills to assure systems work. Each department has established an emergency preparedness plan so that each employee knows their responsibility during an emergency. Each employee is responsible for educating themselves on the plan and their responsibilities in it. Department Heads are responsible for assuring the department's readiness to respond.

All personnel called in to work will park in the gravel lot to the south of the hospital and will enter through the door closest to the Kitchen. Personnel will report to the Human Resources Pool or pre-assigned area of responsibility if so directed. Employees at work at the time of the activation of the Emergency Preparedness Plan will remain in their departments until instructed to otherwise (see Section 4a - Human Resources Pool.)

The time between notification and arrival of the first casualty will be used in each department to re-assess current work load, define priorities and complete urgent tasks. Departments will report to coordinator the number of staff present, patients present, and discharges that could be accomplished if necessary. Departments that will remain in place or have other duties in all levels of disaster, include;

- A. Administration
- B. Community Relations - Volunteers/Clinic Resources
- C. Diagnostic Imaging
- D. Engineering
- E. Laboratory
- F. Materials Management-Purchasing
- G. Nursing
 - 1. Acute Care
 - 2. Coronary Care/Intensive Care
 - 3. Emergency Care
 - 4. Birthing Center/Nursery
 - 5. Surgery
- H. Pharmacy
- I. Respiratory Care
- J. Social Services

7. EDUCATION

At the time of hire, new employees will be instructed in the Emergency Preparedness Plan at Island Hospital. Annually each employee must review the key components of the plan during Hospital Update Day.

- A. Bomb Threat
- B. Earthquake
- C. Fire Plan
- D. Hazmat Exposure
- E. Volcanic Ash
- F. Home Preparedness
 - 1. Individual, Family and Home Planning Guide
 - 2. Family Earthquake Planning Guide
 - 3. Steps to Take - Emergency Supply Checklist
 - 4. 27 Things to Help You Survive an Earthquake

8. RECOVERY

Island Hospital's return to normal function will be part of the ongoing disaster planning function, involving all department heads, administration and medical staff. As soon as practical after control of the disaster situation has been achieved, planning will commence to replenish supplies, return whatever systems have failed to service and free patient beds for regular admissions. Depending on the nature and scope of the emergency situation, this could take from a few hours to a few days.

9. EVALUATION / CRITIQUE FORM

In order to assure maximum efficiency and effectiveness in response to emergencies, Island Hospital will assess response to activation of this plan. Each staff member will complete the Disaster Critique Form with area responsibility during a real or practice session. The Emergency Preparedness Committee will review and revise the plan based on the critiques in order to continuously improve performance. Annually, the Emergency Preparedness Committee will review the program objective scope, performance and effectiveness and make any adjustments necessary.