

DISASTER MANAGEMENT PLAN

Step 1: Mitigation

Measures taken to eliminate hazards, stop threats, or limit impact of incidents

Prevention: Information sharing with local, regional, state, and national public safety, public health, healthcare, and homeland security stakeholders. Video surveillance camera systems.

Protection: Personal protection and guest relations staff at hospital entry points.



Step 2: Preparedness

Program activities which facilitate a continuous cycle of taking correct action to ensure effective coordination during incident response.

Planning: Developing a plan framework and distributing the plan

Organization: Incident command/emergency response teams and the executive leadership structure

Training: IU Health E-learning Management System

Equipment: Personal protective equipment and detection/decontamination screening

Exercises: Seminar (informal discussion) and workshops (draft plans and policies amongst staff)



Step 3: Response

The deployment and coordination of hospital staff, resources, and systems in hazardous waste spills

Notification: Alert messaging to communicate the existence of an emergency and the proper response

Activation: The Emergency Operation Plan based on the information gathered

Mobilization: Deploying personnel and supplies to support response

Coordination: Management of response tasks, personnel, and resources

Demobilization: The organized deactivation and release from duty of emergency response



Step 4: Recovery

Continuity of Operations: Managing the continuity planning for patient care, business, and support services

Continuity of Administration: Hospital president and executives serve as the senior executive authority in overseeing the incident command and emergency response operations.

Information Technology Systems Recovery: IT services will coordinate a plan of action with Incident Command to restore normal systems operations and access to data.

Facilities and Public Utility Restoration: Multiple portable backup systems are in place for critical resources such as power, water, and steam

Team Member Support: Services and support provided to help nurses to remain on duty such as childcare, elder care, and sheltering.

HAZARDOUS SPILL
DISASTER: IU METHODIST

By: Lauren Rinehart, JD Farrell, Peyton Dethy

COMMUNITY ENGAGEMENT

Peyton interviewed the Manager of the ED:

Continuous care nurse steps up to be head of department while nurse manager, tech, AA come to help with clearing unit and triage of mass casualty and hazardous incident.

If patient enters ED AND ARE CONTAMINATED staff guides them externally to the decontamination room to decontaminate and decontaminate potential areas patient came into contact within triage area.



Decontamination Room in Methodist Emergency Department

POTENTIAL IMPACT ON COMMUNITY

Water Contamination

Main Drinking Watershed is Eagle Creek Reservoir and the other creeks that run into it. If chemical waste enters water supply such as Eagle Creek it is impacting a greater part of Indianapolis drinking water that the Eagle Creek Watershed supplies. (Watershed Monitoring, n.d.)

Food Source Contamination

If chemical contamination occurs in food sources such as crops patients may present with secondary contamination. Symptoms can include neurological disruption, reproductive issues, developmental delays, cancers, etc (Rather et al., 2017).

Indirect Contamination

Can occur during contamination clean up if proper PPE and decontimations are not followed.

Other Lasting Effects

Can have effects on mental health, physical/physiological, and genotoxic, immunotoxin, and endocrine toxicity. (Laffon et al., 2016)

ROLES & RESPONSIBILITY

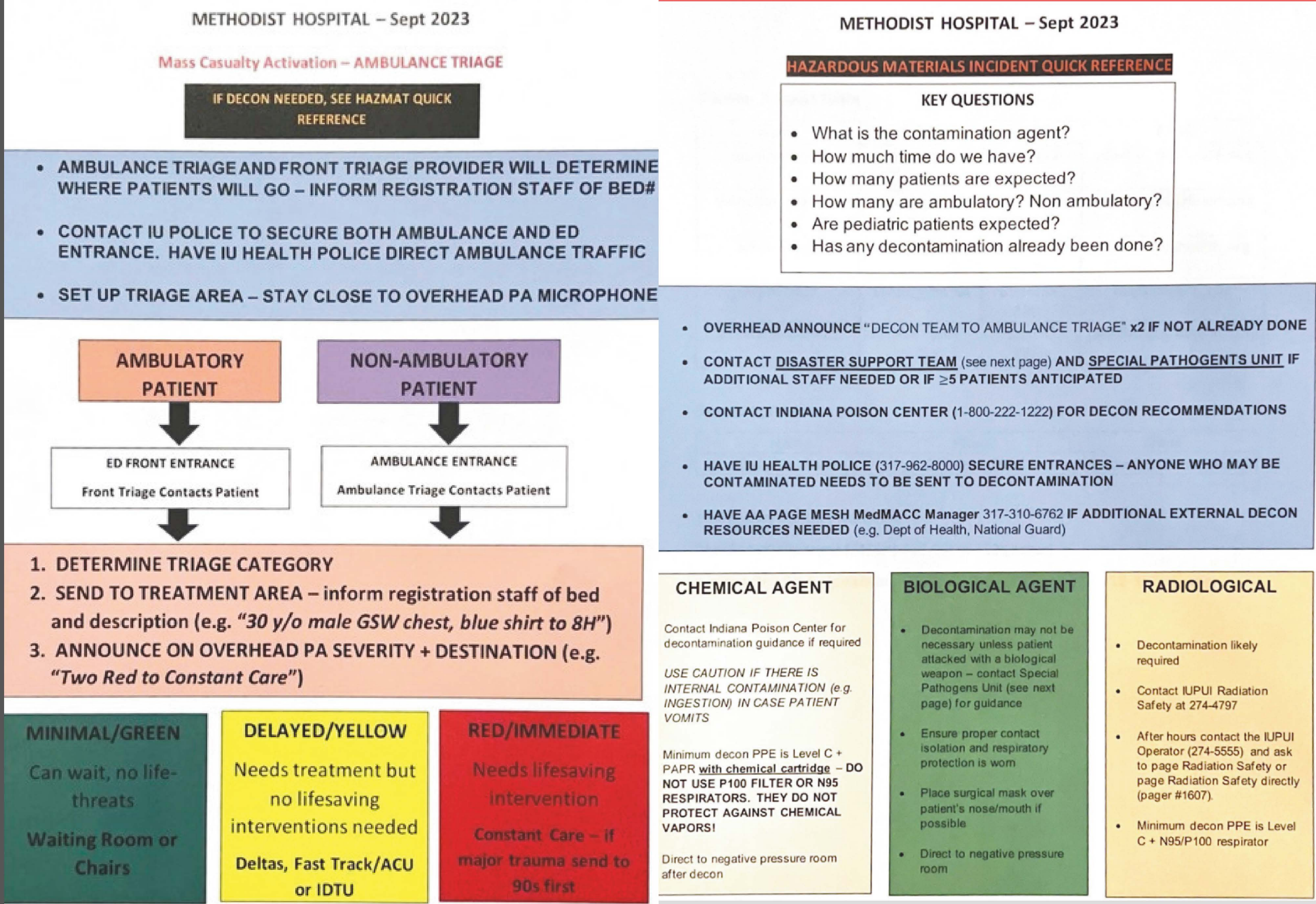
COMMAND CENTER

Coordination of care and traige will be an interprofessional task with the HAZMAT team, Public Health Organizations, Fire Department/EMS, and Healthcare workers.

First Responders:

- Triage patients in outside facility/command center to evaluate pts risk for contaminating hospital, staff and patients. *Pt will be decontaminated at this location if needed.
- First responders need to know what type of material patients were exposed to, signs/symptoms of exposure and decontamination process for specific material.

IU HEALTH RESOURCES IN ED



Signs & Symptoms of Chemical Exposure:

*Very dependent on what chemical pt encountered

Short-term effects:

- Burning or irritation at site
- Coughing
- Blood in sputum
- Vomiting
- Drowsiness
- Dizziness
- Blistering
- Nausea
- Rash and Hives
- Blurred Vision
- Anxiety/chest tightness
- Rhinorrhea/Lacrimination
- Alt. Consciousness
- Seizures
- Respiratory Depression

Long-term effects:

- Organ Damage
 - Cancer
 - Scar Tissue
 - Weakened Immune Systems
 - New Onset Asthma
 - Infertility and/or Birth Defects
 - Delayed Development in Children
- (WHO, 2023)

Decontamination Process:

- Collect any information possible about the event
- Notify HAZMAT teams & Emergency Hospital Contacts
- Use the least abrasive decontamination process possible, starting head to toe, taking extra care at mucous membranes and breaks in the skin. (*If mass event then PDK will be given to group with cards on how to decontaminate)
- Patient will shower for 10 minutes in decontamination showers, then rinse for 5 mintutes
- Pt will be sent into Triage Area, where they will begin to be treated by healthcare team