



HEALTH HOLDING  
 HAFER ALBATIN HEALTH  
 CLUSTER  
 MATERNITY AND  
 CHILDREN HOSPITAL

<b>Department:</b>	Facility Management Safety (FMS)		
<b>Document:</b>	Administrative and Policy Procedure		
<b>Title:</b>	External Disaster Management Plan		
<b>Applies To:</b>	All MCH Staff		
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## 1. 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 provide guidance to personnel through detailed instructions, to increase confidence and effective response of the plan.
- 1.3 To ensure the safety and security of patients, staff and visitors during any external emergency situation.
- 1.4 To ensure compliance with regulatory agencies, corporate instructions (General Instructions), MCH Safety Office requirements, and CBAHI Standards.
- 1.5 To achieve full cooperation and coordination among all departments in response to external disaster.
- 1.6 To identify response to external disaster, including:
  - 1.6.1 Determining the type, likelihood, and consequences of hazards, threats, and events;
  - 1.6.2 Determining the structural integrity of existing patient care environments and how they would perform in the event of a disaster;
  - 1.6.3 Determining the hospital's role in such events;
  - 1.6.4 Determining communication strategies for events;
  - 1.6.5 Managing resources during events, including alternative sources;
  - 1.6.6 Managing clinical activities during an event, including alternative care sites;
  - 1.6.7 Identifying and assigning staff roles and responsibilities during an event;
  - 1.6.8 Managing emergencies when personal responsibilities of staff conflict with the hospital's responsibility for providing patient care.

## 2. DEFINITIONS AND ABBREVIATIONS:

- 2.1 **Disaster-** Any event (disaster) occurring outside the hospital that produces victims requiring medical care that threaten overwhelms the hospital's normal response capacity.
- 2.2 **MCH-**Maternity and Children Hospital
- 2.3 **Disaster Types:**
  - 2.3.1 External Disaster: it is the disaster occurring in anywhere of the region but not effecting directly the capacity and/or the hospital team like RTA, Air crash, Fire, explosion etc.
  - 2.3.2 Internal Disaster: it is the disaster affecting directly on the hospital capacity and/or on the staff whatever is the reason (Fire, explosion etc.).
- 2.4 **External Disaster:**
  - 2.4.1 It is a plan to define the response of the hospital to any specified external disaster in anywhere of the region and it is not affecting directly on the hospital capacity or hospital team.
- 2.5 **Examples of an external disaster are:**
  - 2.5.1 Transportation accidents with mass casualties;
  - 2.5.2 Mass community food poisoning;
  - 2.5.3 Industrial accidents in a chemical manufacturing plant;
  - 2.5.4 Explosions;
  - 2.5.5 Natural disasters such as flood causing mass casualties.

2.6 **Code Yellow:**

2.6.1 It is the alert that will be announced by the telephone operator to initiate the setting External Disaster Plan, this will be done after being informed by Hospital Director/CEO or his designee alternate director or nursing director.

2.7 **Disaster Command Team:** A specially equipped room located in the hospital building, where designated members of the management and secretarial staff assemble to manage the disaster event.

2.8 **Disaster Command Team Members:**

Name	Position	Mobile number

2.9 **Head of Departments who will play the leading roles:**

Name	Position	Number

2.10 **Disaster Command Center:**

2.10.1 It is the Command/Communications Center for all disasters, located in the ground floor with Hospital Chief Executive Officer Office. It is equipped with all necessary communication systems, where designated members of Command Team supported by specialized staff can manage the disaster response activities. They are under direct command of assistant hospital director or medical director or OPD director in case of his absence.

2.11 **Triage:**

2.11.1 Triage is the process of sorting injured people into groups based on the severity of their conditions.

2.11.2 Triage Area:

2.11.2.1 It will be the outside the emergency department and examination room; the casualties will be triaged into four levels:

2.11.2.1.1 Red Triage – First Priority:

2.11.2.1.1.1 Immediate Care – casualties whose condition is critical and whose care cannot wait. They are the first priority to receive care on arrival.

2.11.2.1.2 Yellow Triage – Second Priority:

2.11.2.1.2.1 Delayed Care – casualties who require hospital care but can wait until all the red-triaged victims are dealt with.

2.11.2.1.3 Green Triage-Third Priority

2.11.2.1.3.1 Minor Cases – casualties who have minor injuries whose care can wait a prolonged time.

2.11.2.1.4 Black Triage-Victims who are dead at the scene or upon arrival.

3. **SCOPE OF SERVICE OF MATERNITY AND CHILDREN HOSPITAL DURING EXTERNAL DISASTER:**

- 3.1 General surgical cases;
- 3.2 Urinary tract surgery;
- 3.3 Cases of poisoning children and adults;

- 3.4 Cases of Orthopaedic surgery;
- 3.5 Suffocation;
- 3.6 Toxic gases;
- 3.7 Corona outbreak of swine flu and Ebola;
- 3.8 Intensive care services for children and adults;
- 3.9 Laboratory and diagnostic radiology services.

#### 4. OBJECTIVE AND GOALS:

##### 4.1 Objective:

- 4.1.1 The objective of the Maternity and Children Hospital External Disaster Plan is to provide a plan for the mobilization of the resources of the Hospital to respond to a major community disaster.

##### 4.2 Goals:

- 4.2.1 Reduce the number of deaths, injuries and impact from disasters.
- 4.2.2 To provide education to personnel on the elements of the external disaster plan.
- 4.2.3 To establish emergency procedures to use during disasters.

#### 5. POLICY:

- 5.1 The Policy and Procedure of External Disaster shall be prepared by Head of Emergency Department (ED).
- 5.2 The plan will be distributed to all hospital departments after being approved by the Hospital Director/CEO.
- 5.3 The External Disaster program is tested annually by Annual drill.
- 5.4 Actions identified from testing and debriefing shall be developed and implemented.
- 5.5 The External Disaster Plan will be evaluated annually or \ and after each actual disaster or disaster drill and updated accordingly, Evaluation of the External Disaster Plan will be done by a formed team by Safety Committee. The Team will be responsible to evaluate the drill Response of the Staff:
  - 5.5.1 Efficiency of Communication System;
  - 5.5.2 Staff performance of the assigned tasks;
  - 5.5.3 The consumed time for preparing beds and evacuation of patient;
  - 5.5.4 Efficiency of dealing with public;
  - 5.5.5 Management of Information Media Staff.
- 5.6 Deficiencies will be defined by each department; a report will be written submitted to Head of ED.
- 5.7 The hospital develops, implements, and tests an emergency preparedness program to respond to the presentation of global communicable diseases.
- 5.8 No visitors will be allowed into any patient care areas during an external disaster.
- 5.9 A visitor's information desk will be set up in the Main lobby and all visitors should be directed to this desk.

#### 6. PROCEDURE:

##### 6.1 Role of Maternity and Children Hospital in National Disaster plan:

- 6.1.1 Primary – Trauma:
  - 6.1.1.1 The hospital provides all the necessary equipment in the assistance operations during External Disaster to carry the victims and first aid Bags.
- 6.1.2 Secondary – Corona Breakdown:
  - 6.1.2.1 Our role in corona breakdown considered as a receiving care sites for patient and managing according to our hospital facility.
- 6.1.3 EXTERNAL:
  - 6.1.3.1 Mass Casualty Incidents.
- 6.1.4 Epidemic: The hospital will plan to respond to two current infectious disease hazards H1N1 , EBOLA and CORONA due to availability of a large KSA population residing in the affected areas.

##### 6.2 Facilities Preparedness:

- 6.2.1 All department heads will ensure their disaster supplies are kept stoked and up to date as per their individual department's lists. These supplies must be checked and documented on a daily

basis; All stretchers and wheelchairs will be relocated to the front reception area by porters assigned from the personnel pool.

**6.3 Communication:**

- 6.3.1 Devices and connections available at the hospital.
- 6.3.2 The ER Physician on duty will call the Medical Director (during normal working hours), and the Duty Manager (during outside normal working hours/holidays) to initiate the Code Yellow.
- 6.3.3 The hospital will communicate interdepartmentally through:
  - 6.3.3.1 Internal Telephone extensions
  - 6.3.3.2 Mobile phones for Command Center Team
  - 6.3.3.3 Public Address System
  - 6.3.3.4 All department heads and coordinators will report information to the command center on a regular basis
  - 6.3.3.5 Communication with outside agencies will be carried out by the command Center Team.
  - 6.3.3.6 Communication regarding discharges/transfers will be coordinated by the command center team.

**6.4 External Disaster Plan Activation:**

- 6.4.1 The switchboard will receive a call from an outside agency stating that a disaster situation is in process and the hospital is required to participate.
- 6.4.2 The switchboard will transfer the call to the senior ER physician on duty and then notify the Duty manager on duty who will go directly to the ER.
- 6.4.3 The senior ER physician will discuss the requirements from the people requesting the hospital involvement and discuss this with the Nursing Supervisor on duty and if the situation warrants communicate with the CEO who will activate the "Code Yellow" if it is deemed necessary.
- 6.4.4 If there is any difficulty to contact the Hospital Director/CEO and an immediate response is needed; the Head of ED can activate the external disaster plan code.
- 6.4.5 Announce via the overhead paging system:
  - 6.4.5.1 "Attention", "Attention, 'Code YELLOW, 'Code YELLOW", 'Code YELLOW"

**6.5 Notification of Staff:** Those employees available onsite will be called first;

- 6.5.1 The Nursing Supervisor on duty will notify 2 nursing staff who will in turn go to the nursing accommodation (near to the hospital) and call the nursing employees.
- 6.5.2 The most Senior ER Physician on duty will request the call center to call the concerned specialties based on the disaster type and expected patients.

**6.6 Transportation:**

- 6.6.1 Essential employees living off site without telephones will be acted by the transportation personnel who will bring them back to the hospital.
- 6.6.2 If employees living off site have been contacted by telephone, they must make every effort to get to the hospital by their own means without delay.

**6.7 Activation of Prime Activity Areas:** Any on site employees with specific duties must report to their specific areas; All employees without specific duties and not required to attend to duties in their own departments must be report to the personnel pool – Main reception loopy - for allocation of duties as required.

**6.8 Back Up And Alternative Sources Of Essential Utilities:**

- 6.8.1 Water Sources:
  - 6.8.1.1 Maternity and Children Hospital has a water tank with a capacity to store the water for 48 hours if the second supply of Water is found of contract with a outsource company to bring in special water and Annette water before the water level below the reservoir.
- 6.8.2 Electricity Sources:
  - 6.8.2.1 The hospital has 3 days stand-by generator & UPS systems that can be used to supply electricity in case of main power failure. In such a case priority for will be given to the following areas: All Ground floor, two areas of First floor, OR, , (ICU), (NICU).
- 6.8.3 Oxygen gas:

- 6.8.3.1 The current oxygen room has the capacity to meet the needs approximately for 48 hrs. In addition to this, the hospital has 10 back up big oxygen cylinders and 20 small ones that could also be used in the event of disaster.
- 6.8.4 Nitrous Oxide and other gases:
  - 6.8.4.1 8 cylinders of nitrous oxide are available for current use and 6 standby cylinders are also available to use in the event of emergency, in addition to 2 pumps for compressed air. All anesthesia machines have back up cylinders attached to them.
- 6.9 **Community Coordination:**
  - 6.9.1 Maternity and Children Hospital has signed memoranda of understanding with (King Khalid Hospital) support in case of disaster with the following hospitals that are in its vicinity. Agreement between Maternity and Children Hospital and King Khalid Hospital were ensured Patient transfer/Backup resources. The hospitals will be contacted and this will be initiated following a direct contact between both Hospital Director/CEO at both institutions, for transfer of patients, and request of additional resources (staff/material).
  - 6.9.2 Once the communication is done, the patient transfer should take place. In case the affiliated hospitals were unable to provide a (MCH) aid, Maternity and Children Hospital shelter located at outside the building will be prepared for the evacuation of MCH's own patients. Maternity and Children Hospital has written agreements with the suppliers of the most required medications and supplies to provide it with the necessary supplies, unless there is a commuting barrier to reach the hospital.
  - 6.9.3 Contractors of outsourced services (King Khalid Hospital) including laundry services have a statement in their contract that they are committed to provide their services during the disaster unless there is a security or safety barrier.
  - 6.9.4 Coordination with community resources such as Red Crescent, Municipality police, security forces, etc., to ensure road accessibility, casualties Transfer, Admissions, receiving preparation, hospital capacity, evacuation needs, etc.
- 6.10 **Provision of Medical And Other Supplies:**
  - 6.10.1 Under normal conditions, Maternity and Children Hospital has medications and supplies in the pharmacy and the central stores that can last for 6 weeks, the amount will be doubled once a disaster is announced. This is possible since MCH has signed memoranda of understanding with different hospitals within its vicinity, and has written agreements with the main suppliers to ensure the required supplies when needed.
- 6.11 **Detailed procedure:**
  - 6.11.1 As soon as activating the External Disaster Plan, the telephone operator will page "Code Yellow".
  - 6.11.2 All staff is expected to respond immediately and to report to the areas identified previously according to the plan.
  - 6.11.3 Disaster Command Team will report directly to Room In ER, the case of the disaster room cannot be used will use the meeting room in the administrative building first floor.
  - 6.11.4 All areas identified for participation in the disaster plan will immediately initiate actions, assess inpatient for possible transfer / discharge and be prepared to receive casualties.
  - 6.11.5 All units operating in any disaster mode are to keep the Command Center updated.
  - 6.11.6 Once disaster has been declared, all staff will remain on duty until released by the immediate superior.
  - 6.11.7 Surgical, ED Doctors will report to Triage area, the casualties will be classified to the mentioned categories (Red, Yellow, Green and Black).
  - 6.11.8 ED will be evacuated to receive first and second priority (Red and Yellow).
  - 6.11.9 Surgical and Orthopaedic will receive the extra cases of second priority (Yellow).
  - 6.11.10 Patients requiring surgical intervention will be shifted to designated disaster room for reassessment before going to OR.
  - 6.11.11 The reception will finalize the discharge cases and register the admissions, will notify statistics of admissions and available beds to Command Center.
  - 6.11.12 ER reception area will be the doctors' assembly center for specialties.

- 6.11.13 The conference room will be staff assembly center from all departments to be directed according to units plan.
- 6.11.14 Non disaster patients who arrive to ED will be triaged as if they are among the disaster victims.
- 6.11.15 The medical records department of the victims to open a new file but without the names of each victim figures induction.
- 6.11.16 Management of alternative care sites.
- 6.11.17 Will be evacuated (equal to 10% of the hospital capacity) to receive the disaster casualties in Medical & Surgical departments. In case of ability to receive additional number we will coordinate with disaster center in directorate of health affairs.
- 6.11.18 External Disaster situations in the hospital should provide a safe haven for the families of hospital staff whose be called to attend in the disaster of Foreign Affairs (The evacuation of part of the housing near the hospital and the use of the mosque from the hospital to greet the families of the employees in hospital during external disaster).

## 7. RESPONSIBILITIES (Staff Responsibilities):

### 7.1 Managers shall:

- 7.1.1 Endorse the external disaster plan and ensure that all departments comply with its requirements.
- 7.1.2 Ensure adequate resources are provided to effectively train and if Necessary, implement the External Disaster Plan.
- 7.1.3 Familiarize themselves with their roles in the Command Center.

### 7.2 Department Heads shall:

- 7.2.1 Ensure that all department staff is familiar of the External Disaster Plan and their roles
- 7.2.2 Ensure that the training is provided, conduct an annual drill and monitor any deficiencies.
- 7.2.3 Ensure that all new hires received orientation on External Disaster Plan and are made familiar with their roles within their specific unit in any given emergency.
- 7.2.4 Retain documentation of all employees training and drills performed.
- 7.2.5 Ensure that all drills are effectively critiqued and that any deficiencies observed are corrected.

### 7.3 All Personnel shall:

- 7.3.1 Familiarize them with the External Disaster Plan focusing on their work area's specific plan, and their responsibilities in the event of an actual emergency.
- 7.3.2 Participate fully in the drill in their specific area and the hospital as a whole.

### 7.4 Department and Unit Responsibility:

- 7.4.1 It is the duty of each department of the hospital to adopt and formulate it.
- 7.4.2 Each department will maintain its own telephone call-back system, and action cards that clearly specify the duties and responsibilities of its staff members.

## 8. DUTIES AND RESPONSIBILITIES OF EACH DEPARTMENT:

### 8.1 Administration:

- 8.1.1 All personnel should be stationed at their offices.
- 8.1.2 Respond to any command from the command center.
- 8.1.3 Coordinate between different hospital facilities

### 8.2 Nursing:

- 8.2.1 Prepare an immediate bed status report to the Command Center.
- 8.2.2 Coordinate Ward Nursing Staffing Requirements and direct and call the available nurses.

### 8.3 Operating Room:

- 8.3.1 Prepare all major and minor rooms for possible action, and to staff them as per the member of available nursing and anesthetic personnel.
- 8.3.2 Organize the operation lists according to life saving procedures.
- 8.3.3 Call back the theater staff that may have been allocated initially elsewhere.

- 8.3.4 Ensure adequate supplies of materials for all types of surgery, but to economize in the use of instruments as re-sterilization take valuable time needed for urgent surgery.
- 8.3.5 Coordinate with Laboratory and Biomed to assure maximum efficiency and reduce operating time.
- 8.4 **Intensive Care Unit:**
  - 8.4.1 Identify stable patients who may be transferred to other wards.
  - 8.4.2 Prepare the maximum number of beds to receive the cases.
  - 8.4.3 Request extra medical and nursing staff when the need arises.
  - 8.4.4 Coordinate with personnel in the Red Zone and Operating Theater.
- 8.5 **Radiology:**
  - 8.5.1 Ensure that sufficient staff is available.
  - 8.5.2 Ensure organized traffic of patients to the designated treatment zones.
  - 8.5.3 Prioritize all X-ray requests.
- 8.6 **Laboratory:**
  - 8.6.1 Ensure sufficient staff is available.
  - 8.6.2 Send one technician to Red Zone.
  - 8.6.3 Prioritize all requests of serious cases and stop non-urgent tests.
  - 8.6.4 Ensure good stock of reagents supplies and notify any potential shortage to the Command Center, after requesting them from the Central Store.
- 8.7 **Pharmacy:**
  - 8.7.1 Deliver and dispense the prearranged list of emergency drugs and ensure adequate supply to the Triage Area.
  - 8.7.2 Deliver and dispense narcotics upon request.
  - 8.7.3 Immediately notify any potential shortage to the Command Center after requesting them from the Pharmacy Stores.
- 8.8 **Patient Relation:**
  - 8.8.1 Receive regular list and reports about victims from Command Center.
  - 8.8.2 Help to contact relatives of discharged patients for pick up.
  - 8.8.3 Give information reports after being approved by the Command Center.
- 8.9 **Admission Department:**
  - 8.9.1 Organize their office work to facilitate clearance of discharge cases.
  - 8.9.2 Provide bed census to the Command Center.
  - 8.9.3 Assign Clerks to different disaster zones to take the necessary data.
  - 8.9.4 Send admission forms to all Hospital Departments.
  - 8.9.5 Register all disaster patients in the computer.
  - 8.9.6 Monitor and record disaster admission at different disaster management zones.
  - 8.9.7 Record all hospital discharges.
- 8.10 **Central Store:**
  - 8.10.1 Supply immediately needed issues to appropriate treatment areas.
  - 8.10.2 Make rapid requests to ensure the supply of essential medical and supporting stocks.
  - 8.10.3 Immediately notify the Command center of any potential shortage and trying to obtain it.
- 8.11 **Communication:**
  - 8.11.1 Announce Code Yellow when ordered by the Hospital Director or his designee.
  - 8.11.2 Organize calling out all personnel needed in a well-disciplined manner and according to priority.
  - 8.11.3 Maintain contact with the Command Center.
  - 8.11.4 Divert inquiring phone calls to Patient Relations.
  - 8.11.5 Divert inquiring phone calls to control room.
- 8.12 **Transport:**
  - 8.12.1 Arrange transportation of all called staff.
  - 8.12.2 Assist with transportation of patients.
  - 8.12.3 Maintain communication with the Command Center.
- 8.13 **CSSD:**
  - 8.13.1 Availability 24 hours.

- 8.13.2 Ensure that there is a spare sterilizer to be used for sterilizing urgent things when needed.
- 8.14 **Security:**
  - 8.14.1 Ensure adequate personnel are available and stationed at key hospital entrances and location.
  - 8.14.2 Clear all vehicles from the main hospital doors, especially the road leading to ER entrance.
  - 8.14.3 Ensure clear access for ambulances and other public service vehicles.
  - 8.14.4 Direct the flow of traffic.
  - 8.14.5 Ensure continuous contact with Command Center.
  - 8.14.6 Block trespassers and public gathering.
  - 8.14.7 Appoint some personnel to register the valuable of patients.
  - 8.14.8 Directing media to general relations in the Hospital.
  - 8.14.9 Directing families to Director of Patient Relations.
- 8.15 **Housekeeping & Porters:**
  - 8.15.1 Assist with transportation of patients.
  - 8.15.2 Ensure adequate supply of wheel chairs and stretchers.
  - 8.15.3 Maintain cleanliness and orderliness in the hospital.
  - 8.15.4 Empty all waste containers as frequent as possible and dispose them properly.
  - 8.15.5 Mop the floor with germicidal solution.

## 9. CLEAR YELLOW CODE STATUS:

- 9.1 Command Team will determine the time to clear Yellow Code Status in the hospital according to the received reports regarding the victims/ losses inside the hospital.
- 9.2 Hospital Director/CEO will inform the telephone operator who will announce the call. No personnel will dismiss till receiving permission from his superior.

## 10. TERMINATION OF DISASTER:

- 10.1 Once the disaster is over, clearance will be declared by Hospital Director/CEO and the call center/operator will announce over the Overhead Paging System "End of Disaster".
- 10.2 An assessment team assigned by the disaster committee will:
  - 10.2.1 Perform inventory for equipment and supplies to determine if additional supplies need to be obtained.
  - 10.2.2 Ensure records and data have been protected and restore information as necessary.
  - 10.2.3 Keep detailed records to be used later for billing.

## 11. TASK CARDS:

- 11.1 **Task Cards Goal:**
  - 11.1.1 Facilitate the staff response to External Disaster Plan.
  - 11.1.2 Facilitate the ideal distribution of staff according to response level.
  - 11.1.3 Secure fully response in early stages of External Disaster plan.
- 11.2 **Nursing Supervisor**
  - 11.2.1 Make the necessary arrangements for continuous assessment process of patients' cases to be carried out by Bed Management/Coordination Office and to define number of patients will be discharged or transferred.
  - 11.2.2 Begin to call the nurses according to graduation system.
  - 11.2.3 Make sure of the preparation arrangement of ambulances with staff and ED Nurses in ED and ED head.
  - 11.2.4 Assess the situation in ED and perform stations' visits.
  - 11.2.5 Ensure that the Control Center notified about all important events and situations continuously.
  - 11.2.6 Coordinate with Nursing Director in concern to nursing.
- 11.3 **Patients Relations Officer:**
  - 11.3.1 Inform Supervisor of Admission & Discharge Office about occur of alert situation yellow alert situation.

- 11.3.2 Send one of Admission & Discharge Staff to X-Ray Reception Area to register admission cases and make any other necessary procedures in relation. Data of injured victims should be entered in the computer statistics as soon as possible.
- 11.3.3 Admission & Discharge Staff in Reception Area in the main Hospital entrance should assist in patients' discharge procedures to be returned back to home.
- 11.4 **Hospital Director/CEO:**
  - 11.4.1 Go to Disaster Follow-Up Room.
  - 11.4.2 Make sure that the Security In-charge undertakes Hospital security control and Administrative Director is existed in Disaster Follow-Up Room for proper conduct.
  - 11.4.3 Provide Hospital Medical Director with all available data / assists in the supportive services to ensure competence management of disaster.
  - 11.4.4 As requested by the High Administration, call other Authorities, Local Health and other Local Authorities in concern to the disaster.
- 11.5 **Emergency Head:**
  - 11.5.1 Emergency Head, if existed, undertakes the tasks of ED team leader, and if not existed, the On-Call Orthopaedics Consultant performs this role.
  - 11.5.2 Determine the priorities of diagnosing patient cases or transferring them to other clinical areas.
  - 11.5.3 Supervise the arrangements of transfer of patients to X-Ray, OR, ICU or Admission.
  - 11.5.4 Make sure of the preparation arrangement of ambulances with staff, ED nurses and ED Head.
  - 11.5.5 Assess the situation in ED and perform stations' visits.
  - 11.5.6 Ensure that the Control Center notified about all important events and situations continuously.
  - 11.5.7 Coordinate with Nursing Director in concern to nursing.
- 11.6 **Internal Medicine Head:**
  - 11.6.1 Change the staff on duty if needed, and the assembly area should be in Internal Medicine and Urology Clinic.
  - 11.6.2 Allocate physicians to go to ICU areas:
    - 11.6.2.1 ICU;
    - 11.6.2.2 Resuscitation Room;
    - 11.6.2.3 Follow-up patient discharge procedures;
    - 11.6.2.4 Ensure necessary coverage of Nursing Departments which receive the cases;
    - 11.6.2.5 Prepare to conduct departments' rounds to visit the patients;
    - 11.6.2.6 Be in contact with Leadership & Disasters and Hazard Control Center and to go to there in regular intervals.
- 11.7 **Operating Room Head:**
  - 11.7.1 Prepare all minor and major ORs and provide it with needed anaesthesia and nursing staff.
  - 11.7.2 Prepare Surgical Operations List according to seriousness of existed cases.
  - 11.7.3 Call OR staff who were directed to other areas if needed.
  - 11.7.4 Ensure adequate supply of surgical operations equipment and needs and economize as possible in using the equipment because it will needs to be re-sterilized for vital time may would be needed for urgent cases.
  - 11.7.5 Coordinate with Laboratory and Biomedical Maintenance to provide maximum competence and shorten surgical operation time as possible.
- 11.8 **ICU Head:**
  - 11.8.1 Determine stable cases can be transferred to other wards.
  - 11.8.2 Prepare largest number of beds to receive the cases.
  - 11.8.3 Request more medical and nursing staff in case of need.
  - 11.8.4 Coordinate with staff of OR and Red Reception Area.
- 11.9 **Radiology Head:**
  - 11.9.1 Provide adequate number of staff.
  - 11.9.2 Provide regular arrangement of admission and discharge to and from the Department from other Hospital Departments.
  - 11.9.3 Prioritize X-Ray requests according to the seriousness of the cases.
- 11.10 **Laboratory Head:**

- 11.10.1 Ensure existence of adequate number of Technicians to run the work.
- 11.10.2 Send one of the Technicians to take the samples from the Red Area.
- 11.10.3 Prioritize tests of serious cases at first and stop non urgent tests.
- 11.10.4 Ensure availability of adequate number of solutions to make the tests, and if not available in the Stores, inform Disaster Follow-Up Room about any deficiency.
- 11.11 **Pharmacy Head:**
  - 11.11.1 Provide additional number of emergency medicines according to the Hospital Emergency Medicines Approved List and to ensure availability of adequate quantities of it the ED Area.
  - 11.11.2 Provide narcotic medicines upon request.
  - 11.11.3 Immediately inform Disaster Follow-Up Room about any likely shortage of a definite medicine to be provided as soon as possible.
- 11.12 **Admission Head:**
  - 11.12.1 Organize office work as admission cases should be accomplished urgently.
  - 11.12.2 Provide Disaster Follow-Up Room with the available numbers of beds for admission.
  - 11.12.3 Instruct some of the staff to go to different areas to deal with the disaster and take the data of the injured victims and deal with them.
  - 11.12.4 Send Admission Forms to all hospital departments.
  - 11.12.5 Register all injured victims in the disaster in the computer.
  - 11.12.6 Follow-up the number of the admitted cases from different areas to handle the disaster.
  - 11.12.7 Register all discharge cases from the hospital.
- 11.13 **Store Head:**
  - 11.13.1 Provide urgent needs for different treatment areas.
  - 11.13.2 Make the urgent requests to advance storing level to meet the increased needs sufficiently.
  - 11.13.3 Inform Disaster Follow-Up Room about any kinds may consume from the Stores and try to provide it immediately.
- 11.14 **Telecommunications Head:**
  - 11.14.1 Announce yellow alert if ordered by Hospital General Manager of the deputy.
  - 11.14.2 Immediate contact with all individuals according to mentioned lists and priorities.
  - 11.14.3 Continual contact with Disaster Follow-Up Room.
  - 11.14.4 Refer inquiring cases about the disaster to Patients Relations Office.
- 11.15 **Transportation Head:**
  - 11.15.1 Make necessary arrangements to bring all called staff to attend to the hospital.
  - 11.15.2 Assist in referral of patients.
  - 11.15.3 Continual contact with Disaster Control Room.
- 11.16 **Biomedical Maintenance Head:**
  - 11.16.1 Ensure existence of Medical Equipment Engineer and Technicians.
  - 11.16.2 Continual contact with Disaster Control Room.
  - 11.16.3 Ensure good allocation of equipment among Hospital different departments in case of need.
- 11.17 **Central Sterilization & Supply Head:**
  - 11.17.1 Continue the work around 24 hours.
  - 11.17.2 Provide sterilization equipment to perform urgent sterilization of instruments if needed.
- 11.18 **Security Head:**
  - 11.18.1 Ensure existence of adequate number of staff to run the work and that they are posted in the main and vital entrances and locations.
  - 11.18.2 Clear hospital main entrances front yard from all vehicles especially ED entrance.
  - 11.18.3 Ensure clear road for ED units/ambulances or any other public units coming to the hospital.
  - 11.18.4 Direct the traffic around the hospital to the appropriate roads.
  - 11.18.5 Continual contact with Disaster Control Room.
  - 11.18.6 Do not permit gathering of audience in front of Hospital gates and advise them in this regard.
  - 11.18.7 Designate staff to record injured victims belongings.
- 11.19 **Housekeeping Supervisor:**
  - 11.19.1 Assist in the transportation of the injured victims.
  - 11.19.2 Provide adequate number of trolleys and wheelchairs to transport the patients.
  - 11.19.3 Maintain cleanness in hospital wide.

- 11.19.4 Empty dust bins continually and properly.
- 11.19.5 Clean the floor with the appropriate disinfectants.

## **12. AN ORIENTATION & EDUCATION PROGRAM:**

- 12.1 An orientation and education program for personnel who participate in implementing the emergency preparedness plan will be conducted.
- 12.2 Education and training will be done in the period preceding the drill (at least annually), by the Safety Officer. Education will address the following:
  - 12.2.1 Specific roles and responsibilities during emergencies.
  - 12.2.2 The information and skills required to perform duties during emergencies.
  - 12.2.3 The back-up communication system used during disasters and emergencies.
  - 12.2.4 How supplies and equipment are obtained during disasters or emergencies.
  - 12.2.5 How to perform high level disinfection for instruments from ED.

## **13. PERFORMANCE IMPROVEMENT MEASURES:**

- 13.1 **Testing of the plan:**
    - 13.1.1 Testing of the Plan Through Drills Or Exercises:
      - 13.1.1.1 Annual testing for the disaster plan will be performed to ensure the following:
        - 13.1.1.1.1 Communication strategies.
        - 13.1.1.1.2 The managing of clinical activities during the disaster, including alternative care sites.
        - 13.1.1.1.3 The identification and assignment of staff roles and responsibilities during disaster.
        - 13.1.1.1.4 The process to manage emergencies when personal responsibilities of staff conflict with the hospitals' responsibility for providing patient care.
- 13.2 **Evaluation of disaster response:**
  - 13.2.1 A debriefing session at the conclusion of the drill will be conducted.
  - 13.2.2 Feedback information will be collected from the external organizations as well as feedback from the committee members, observers and assigned staff. The Maternity and Children Hospital disaster committee will evaluate the response of the hospitals' (MCH) external disaster. Analysis will be performed and improvement activities will be initiated.
- 13.3 **Performance indicators:**
  - 13.3.1 The indicators intended to measure:
    - 13.3.1.1 Percent ( %) of Staff who could identify disaster ( Code Yellow ).
  - 13.3.2 Measuring performance indicators:
    - 13.3.2.1 Number of staff who could identify disaster (Code Yellow) for a period of (6 month).
  - 13.3.3 Reviewing indicators:
    - 13.3.3.1 These indicators and how we measure it will be reviewed every 6 month.

## **14. REVIEW:**

- 14.1 External Disaster Management Plan will be reviewed on annual basis in the environmental safety & facility management committee. Any revision, updating or changes shall be forwarded to the Quality Management Director for final review. Upon review, these policies & procedures and plans will be submitted to CEO of Maternity and Children Hospital for final approval.

## **15. MARERIALS AND EQUIPMENT:**

- 15.1 Agreement
- 15.2 Action cards

**16. REFERENCES:**

- 16.1 Aghababian R, Lewis CP, Gans L, Curley FJ: Disasters within hospitals. Ann Emerg Med, April 1994;23:771-777.
- 16.2 Emergency Preparedness Planning Guide Book. II:4.MO, St. Louis1992:1-6.

**17. APPROVALS:**

	<b>Name</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Prepared by:</b>	Mr. Mishari Fahad Al Mutairi	Facility Management Safety Manager		January 08, 2025
<b>Reviewed by:</b>	Mr. Thamer Nasser Al Anizi	Support Services & Maintenance Director		January 12, 2025
<b>Reviewed by:</b>	Mr. Abdulelah Ayed Al Mutairi	QM&PS Director		January 15, 2025
<b>Approved by:</b>	Mr. Fahad Hezam AlShammari	Hospital Director		January 22, 2025