

**Central Arkansas
Metropolitan Medical Response System
Disaster Management Hospital Compact**

Presented as requirement of
Deliverable #8
Development of a Metropolitan Medical Response System (MMRS)
In Little Rock, Arkansas

**Little Rock & Central Arkansas
Disaster Management Hospital Compact
Central Hospitals in Arkansas for Mass-casualty Preparedness
“CHAMPS”**

The Arkansas Hospital Association (AHA) serving as the facilitating agency for Pulaski County and Central Arkansas, recognizes the need to assist and coordinate efforts among area hospitals to ensure a uniform response to community and individual hospital needs during a recognized complex mass casualty disaster situation which may be due to a natural or man-made event such as a weapon of mass destruction (WMD) that affects a partial or total community's ability to provide a safe and effective environment of care. As such, hospitals within Little Rock and the Central Arkansas area have developed and agreed upon the following principles for responding to such a situation:

FORMATION

The hospitals within the defined Little Rock & Central Arkansas area have formed the **Central Hospitals in Arkansas for Mass-Casualty Preparedness (CHAMP's)** council. This council will meet at least once each quarter of a year or more frequently if deemed necessary to provide oversight in planning and review of disaster response by Hospitals within the Compact.

This council will have identified representatives who serve as a primary point-of-contact and back-up individuals identified at each member Hospital for communication purposes. These individuals will be responsible for determining the distribution of information within their respective organizations.

NOTIFICATION / COMMUNICATION

CHAMP's Hospitals agree to participate in a notification system that ensures constant communication of key information relating to a member Hospital's status during a recognized disaster situation. In the event a disaster occurs, initial notification of each of the area Hospitals will occur via radio/telephone from the incident commander at the scene. Typically, this notification is via the regional EMS agency known as the Metropolitan Emergency Medical System (MEMS) in collaboration with local jurisdictions, which may provide stand alone EMS, Police and Fire services. Each Hospital will in turn notify, as necessary, all appropriate clinics and private physician offices, which are affiliated with their respective systems. HAM radio operators monitor emergency radio traffic. Upon notification of a disaster, the operators shall respond to their designated Hospitals (see Appendix A).

This information shall also be disseminated by the member Hospitals by activating the central communications emergency call tree known as the “CHAMPS1” phone center (see Appendix B).

The center is activated anytime a designated member initiates a call for assistance by placing a call using one of the dedicated analog telephone lines 24/7/365. Each member hospital has agreed to keep a dedicated telephone for this purpose. Each month a member of CHAMP's has agreed to be the communications director who would coordinate the member hospitals communications in the event of a disaster. If the telephone lines were to become inactive, back up processes would be initiated through the use of a cell phone, page and email call tree.

The CHAMP's members shall be responsible for dissemination of the appropriate information to any and all appropriate recognized regulatory and assistive organizations (ie; HMO's, dept. of health, etc.) and then back to the member Hospitals through the designated communications director thus ensuring a comprehensive two-way flow of information during a recognized disaster situation.

INFORMATION

Once notified of a disaster, the CHAMP's Hospitals agree to provide the designated communications center with the status of available beds, types of beds (general/ICU/Telemetry) that can be accepted, mass casualty triage capabilities/limitations, any issues that would adversely affect the ability to provide definitive care and a description of available supplies, equipment (ie; PPE) and staff resources during a recognized disaster situation.

The CHAMP's communication center shall maintain on file a "specialty items list" with all active numbers for local, regional and state resources. Information concerning available and needed specialty pharmaceuticals and specialty equipment (ie; ventilators) that relate to the provision of care due to the nature of a particular cause (ie, Doxycycline for Anthrax) shall also be relayed to the communications center by each Hospital during a recognized disaster situation (See Appendix C).

The decision to increase or request involvement of public health agencies, emergency operations centers, the NDMS system and all other applicable public and governmental agencies, by a Hospital(s), shall be relayed through the communications center.

TRIAGE

The CHAMP's Hospitals agree to work together in providing triage assistance such as equipment, manpower or specialty/reference resources whenever possible during a recognized disaster situation

EVACUATION / TRANSFER

The CHAMP's Hospitals agree that if a recognized complex mass casualty disaster situation affects one of the members of the compact forcing partial or complete facility evacuation, member hospitals agree to distribute inpatients from the affected facility among the other Hospitals.

Any facility that requires partial or complete evacuation shall make every effort to send any available internal resources to assist the receiving facility so as to prevent an overload or inappropriate burden upon the receiving facility(s).

SECURITY

The CHAMP's Hospitals agree that in the event of a recognized disaster situation due to WMD that the individual Hospitals shall institute their disaster plans to include security precautions that are designed to protect staff and existing patients as well as those arriving as a result of the WMD situation or event.

Each Hospital shall notify the CHAMP's communications center if it intends on initiating "lock down" procedures in the event that enough information exists to recognize the need for such due to patient or environmental factors, in order to prevent contamination within the Hospital. This process will also facilitate appropriate transfers to/from various Hospitals within the CHAMP's region. In the event that one or more hospitals elect to initiate "lock down" procedures, each Hospital shall be responsible for arranging additional security as necessary via local and regional police agencies. Any changes in entry/exit of the Hospital(s) shall be communicated to the CHAMP's communication center and distributed to all Hospitals. In the event that a Hospital becomes contaminated and/or is deemed contaminated by a regulatory agency and requires quarantine, the Hospital shall notify the CHAMP's communication center. An assessment shall be made in collaboration with the Department of Health and other regulatory agencies as necessary as to how to best transfer patients, manpower, supplies and equipment into and out of the Hospital(s).

EQUIPMENT / SUPPLIES

The CHAMP's Hospitals agree to share resources to the extent possible during a recognized disaster situation due to natural or man-made causes. The communication of information relating to individual Hospital resources is outlined in the INFORMATION section of this plan.

TRAINING

The CHAMP's Hospitals agree to participate in recognized courses, which will ensure that providers at all levels can recognize and care for high risk, low volume, problem prone natural and man-made disasters. Recognized courses are as follows:

CSEPP Training/OSHA Awareness course
Hazardous Waste Operations "HAZWOPER" course

The medical/nursing/ancillary staff at each Hospital in the CHAMP's council is provided with educational opportunities concerning the preparation for and treatment of injuries/illness due to a WMD event. The attendance of providers at such educational seminars and courses is maintained at the individual Hospital level. The local chapter of AHA in collaboration with the regional NDMS management office also provides listings of courses and seminars related to WMD via a list server to the designated representative of each CHAMP's Hospital.

The treatment protocols used by the member Hospitals are standardized to the extent possible based upon current research and data from recognized local, regional, state and national authorities (ie; CDC), which consider the current resources of the community and member Hospitals individually and as a compact.

ASSUMPTIONS

CHAMP's Hospitals agree that certain assumptions apply to recognized disaster situations and will take these assumptions under consideration during decision-making efforts.

These assumptions are as follows:

- 1 The best approach to the problem is to utilize an ALL-hazards plan to prepare for the most likely event, while providing special response capabilities for the more lethal, but less frequent events. In other words, analysis shall include review of situations that are high risk, low volume and problem prone.
- 2 Facilities may become compromised as the result of a targeted attack, industrial accident, natural disaster or technological collapse.
- 3 Up to 75 percent of the patients affected may self-refer to the closest emergency department to receive treatment. Often these are patients may be considered in one of the four W categories: "walking, wounded, worried and well".
- 4 Patients arriving at these facilities from a disaster situation involving a chemical agent will not be grossly contaminated and may not be contaminated at all.
- 5 It will be difficult to quickly ascertain whether or not a presenting patient is in fact contaminated.
- 6 Level A PPE and Technician Level training is impractical as a mandate for the hospital environment and will create unacceptable costs and operational staffing requirements.
- 7 Level C PPE protection and targeted training programs provide the most realistic combination of low cost and adequate protection. Due to the scope of practice some hospitals may elect to incorporate Level B PPE and training within their facility.

- 8 Hospital equipment and training can be standardized to the extent possible, but decontamination processes and staffing patterns will need to be individualized to match the particular resources and needs of each facility.
- 9 The CHAMP's communication center will act as the central repository for data collection and dissemination for the Hospitals within CHAMP's. On occasion, Hospital's may need to disseminate information to regulatory agencies and other individuals/entities without using the CHAMP's communications center. In the event this occurs, the Hospital shall make every effort to notify the CHAMP's communications center after the fact so that proper tracking of information occurs and redundancy is eliminated wherever possible.
- 10 Mass casualty preparations must compete for attention and priority with numerous more immediate needs within a Hospital.
- 11 The MMRS system in Central & Little Rock Arkansas is not confined by geographical boundaries and will include Hospitals throughout Arkansas as necessary.

Created 3/02
Revised 6/18/02

CHAMP's HAM Radio Operator Response Tree

Hospital

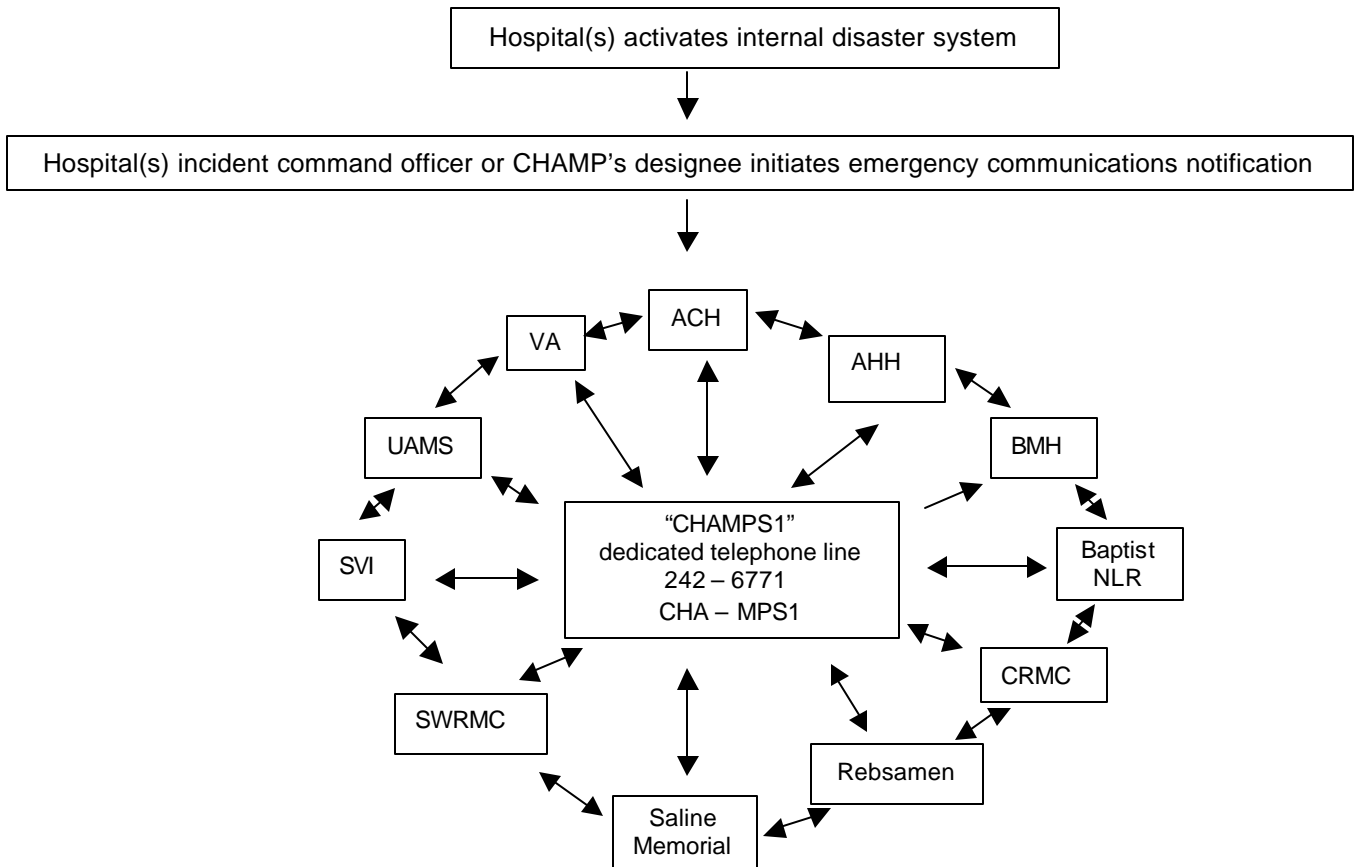
Arkansas Childrens Hospital
Arkansas Heart Hospital
Baptist Health Medical Center – Main
Baptist Health Medical Center – NLR
Conway Regional Medical Center
Rebsamen Medical Center
Saline Memorial Medical Center
St. Vincent Health System
UAMS
VA

Operator

A -
B -
C -
D -
E -
F -
G -
H -
I -
J -

Central Hospitals in Arkansas for Mass-casualty Preparedness CHAMPS

Emergency Communications Flow Chart



Specialty Items References Resource List

CHAMP's Hospital: _____ Date: _____ Time: _____

ITEM	# AVAILABLE	# REQUESTED	Comments
1 Ventilator			
2 Atropine			
3 Pralidoximine Chloride			
4 Ciprofloxacin 500mg tab			
5 Doxycycline 100mg tab			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Each CHAMP's member hospital makes a copy of this table and completes for each month. Form to be kept in each member hospital's emergency preparedness committee manual for reference as needed. May be disposed at the end of each calendar year if not used.