



Emergency Response Roles

EM.02.02.07/7,8

The Hospital has a written Emergency Operations Plan. Southeast Hospital utilizes an All-Hazards approach to Emergency Operations Planning and Response. The organization utilizes the Hospital Incident Command System (HICS) to guide the response and management of events that may exceed or overwhelm the resources and/or capacity of normal operations. The principles of such responses are guided by the National Incident Management System that was put into place by the Federal Government after 9/11.

The All Hazards Emergency Operations Plan is maintained on the Hospital Intranet Site (the Compass) in the Safety Section Folder and in a hard copy format within the red All Hazards Emergency Operations Plan binders, located in all departments and nursing stations. Red Quick Reference Emergency Guides are located in all departments and nursing stations as well and are wall mounted. Individual Response Plans located inside the Intranet Folder, the All Hazards Emergency Operations Plan and/or the Quick Reference Emergency Guides, provide direction for action in specific events such as but not limited to: Disaster/Mass Casualty, Severe Weather, Child Abduction (Code Adam), Utility and System Failure, Earthquake and Highly Contagious Communicable Disease Outbreak.

Overwhelming events could be External (Mass Casualty event, Hazardous Materials Release, Severe Weather) or Internal (Fire, Utility Failure, Bomb-Threat). The Administrator-on-call will assess the situation and with his/her team determine the level of response necessary. An Incident Command Center will be established to guide the work of the response. The response may result in a "Limited activation", "Partial activation," or "Full activation".

Medical Staff Responsibility – In the event of an officially declared emergency:

If Southeast Hospital experiences an event that would result in the Partial or Full Activation of an Internal or External Emergency Response Plan, the Medical Staff Physicians and *Limited Health Practitioners - Advanced (LHP-A's, including APRN's, CRNA's, PA's)* are expected to participate in the Hospital's Emergency Response and should report to their assigned hospital. Practitioners will be notified by the hospital utilizing standard communication technology (telephone, cell phone, pager, text) unless these systems are inoperable. In the event that standard communication technology is not available, the hospital will utilize mass media communications (Radio, Television, Social Media) and may initiate "runners/messengers" to contact medical staff.

If the Hospital initiates a "Limited Activation," certain physicians or physician groups may be requested to participate in the response based on the level of physician/provider support needed. In these instances individuals would be contacted as above but generally mass media communication would not be necessary.

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Practitioners employed by or privileged only at Southeast Hospital will report to Southeast and those employed by or privileged only at St. Francis Medical Center will report to St. Francis (including those on locum tenens assignments at these facilities). If on-site at either of the Cape Girardeau hospitals at the time an emergency is declared, physicians and LHP-A's are expected to remain at the facility and follow that hospital's protocol unless it is determined by Incident Command that a greater need exists at the other facility. Independent practitioners who are credentialed at both hospitals are asked to report to the hospital of their choice and should anticipate reassignment according to the specific needs of the situation.

Practitioners privileged at Southeast or St. Francis who normally practice outside the Cape Girardeau area will be asked to report to one of the Cape Girardeau facilities if they are not needed at their normal practice location.

At Southeast, Emergency Medicine Physicians will report to the Emergency Department and other physicians/LHP-A's will report to the Physician's Lounge (the designated Physician Labor Pool Location) at Southeast. Only on-call providers who have been contacted directly by the Emergency Department should report directly to the Emergency Department or Surgery. The Chief of Staff or designee will be the Physician-In-Charge and will work with the "Operations – Medical Branch Section Chief" to dispatch physicians and LHP-A's from the Lounge to the treatment areas in which their specific expertise is required. Members of the Southeast Medical Staff will be responsible for supervision of non-staff practitioners who have been specifically credentialed to meet emergent patient needs.

The Southeast Hospital photo ID badge or other legal identification will be required for entry into the Hospital throughout the ED or Parking Garage Link (west side of the hospital). All other entries will be locked.

All practitioners will return to the Physician's Lounge when released from a treatment area for reassignment or for release upon resolution of the emergent situation. Continued need for practitioner services will be dictated by the nature, extent and duration of the emergency. The Hospital's Incident Command Center will work closely with the Physician-In-Charge and provide notice when the emergent event has officially ended.

Questions specific to Medical Staff responsibilities should be directed to the Department Director of Emergency Services (573-651-5531) or the Medical Staff Services Manager (573-651-5535).

Reviewed by: _____ Date: _____

Printed Name: _____