

FLOYD Health System
Disaster Management Physician Responsibilities

The Medical Staff of Floyd Medical Center, Polk Medical Center and Floyd Cherokee Medical Center participate in internal and external disaster drills (or real-world events) affecting the hospital in order to ensure continuous and safe delivery of health care services.

Please take an opportunity to review this information and familiarize yourself prior to a disaster occurring. If you have any questions, please feel free to contact:

Floyd Medical Center

Sheila Bennett, Executive Vice President; Chief of Patient Services at 706.509.6900 or Ben Rigas, Floyd Medical Center Safety Officer/Emergency Preparedness Coordinator at 706.509.6823

Polk Medical Center

Tifani Kinard, Administrator/CNO at 770.749.4202 or Tim McElwee, Polk Medical Center Safety Officer/Emergency Preparedness Coordinator at 770.749.4232

Floyd Cherokee Medical Center

David Early, Administrator at 706.509.6177/ 256.927.1311 or Josh Garmany, Floyd Cherokee Medical Center Safety Officer/Emergency Preparedness Coordinator at 256.927.1417.

PROCEDURE:

1. The Executive Leader and/or Medical Staff President are notified by the Incident Commander or their designee to activate the call roster of the Medical Staff.
2. The Executive Leader, in conjunction with the Medical Staff Officer, notifies the Medical Staff as follows:
 - ◆ Medical Staff President/Medical Staff President Elect
 - ◆ Department Chairs
 - ◆ Medical Directors
 - ◆ Alphabetically calls the Medical Staff
3. The Executive Leader, Medical Staff President or designee will assume the responsibilities of Medical Staff Director for the Emergency Operations Center upon notification from the Incident Commander
4. The Executive Leader, Medical Staff President or designee reports directly to the Labor Pool area (Physician's Lounge).
5. The Executive Leader, Medical Staff President or designee works in conjunction with the Incident Commander, Operations Chief and the Medical Staff President to assign Medical Staff members to areas of need.

6. The Medical Staff leadership/members are oriented to the Disaster Plans and any changes to these plans via new member orientation/new chair orientation and the Medical Executive Committee. In addition, the Medical Staff leadership members are encouraged to participate in the Homeland Security Presidential Directive 5 requirement, by taking the National Incident Management System (NIMS) on line courses IS 100 HCb, IS 200 HCa, IS 700s and IS 800b. (available from FEMA Emergency Management Institute).

The goal of this communication is to ascertain what each medical specialty has to bring to the table in the event that a disaster occurs in within the service are of any facility in the FLOYD Health System or outlying areas to allow the best possible utilization of our physicians. This will allow the Incident Commander and/or his/her agents to decide where physicians should report when they first arrive based on where needs exist.

DEPARTMENT OF SURGERY

Specialty	Assigned Areas (may be assigned to other areas based on need)	Type of Care (not inclusive of all types of care that may be provided)
General Surgery	ECC or Surgery	Trauma (blunt and penetrating abdominal & thoracic, soft tissue) as well as assistance with airway management
Vascular Surgery	ECC or Surgery	Vascular trauma and vascular access (i.e. intravenous access in patients with difficult IV access)
ENT	ECC or Surgery	Emergent airway management as well as for trauma (facial fracture, soft tissue injury)
Urology	ECC or Surgery	Trauma (renal, bladder), difficult catheterizations, SPT tubes
Ophthalmology	ECC or Surgery	Eye injuries, orbital fractures. Presence in ER will be particularly important for toxic exposure cases.
Plastic Surgery	ECC or Surgery	Trauma (hand, acute soft tissue reconstruction, complex lacerations), burns
Orthopedics	ECC or Surgery	Fracture reduction (both closed in ER and closed/open in OR), casting, ORIF, hand injuries

GYN	ECC or Surgery	Pelvic trauma, assist with pregnant victims, assist with triage to a obstetrical area
Neurosurgery	ECC or Surgery	Spinal/cranial trauma
Oral Surgery	ECC or Surgery	Facial fractures, complex facial injuries
Podiatry	ECC or Surgery	Foot/ankle trauma

DEPARTMENT OF ANESTHESIA

Should be assigned to the ECC or Surgery for airway management, analgesia (nerve block), surgical anesthesia

BEHAVIORAL HEALTH

Should be assigned to ECC or Inpatient Unit to assist with pre-existing and acute psychiatric issues

DEPARTMENT OF EMERGENCY MEDICINE

Triage patients (use tag system)

Acute resuscitation (ABC's)

Stabilize patients for admission, discharge or Surgery

Sign out patients to admitting/treating physician

Incident command will receive frequent reports from ECC to allow timely assignment and dispatch of necessary specialists and expeditious transfer to Surgery, ICU or floor with necessary information

DEPARTMENT OF LABORATORY MEDICINE

Stand by for deluge of bloodwork and bloodbank specimens, tissue samples (especially if plague/epidemic). If necessary, request assistance of outside labs, from other hospitals and facilities (i.e. Quest).

DEPARTMENT OF FAMILY PRACTICE

Assist with disposition of walking wounded and admission to floor for support.

Request help from outside facilities for transfer of stable pre-existing patients out from our floors if we need space, offer to accept patients from other pre-existing inpatients from other facilities if they are in need.

DEPARTMENT OF PEDIATRICS

Assist with resuscitation and stabilization of pediatric patients and transfer to inpatient unit or more appropriate facility, when stable

DEPARTMENT OF MEDICINE

Cardiology

Assist, IM, available in ER/ICU/Tele for management of cardiac problems, echo's, etc.

Gastroenterology

Assist IM, evaluate and treat GI bleeders (scopes)

Oncology

Assist IM. If plague, assist with lab medicine workup. Be prepared for immediate plasmaphoresis in toxic exposure cases.

Hospitalists

Assist with disposition of walking wounded and admission to floor for support.

Request help from outside facilities for transfer of stable pre-existing patients out from our floors if we need space, offer to accept patients from other pre-existing inpatients from other facilities if they are in need.

Infectious Disease

If plague/bioterrorism, work with lab medicine to find causative agent. If not, assist IM

Internal Medicine

Assist with disposition of walking wounded and admission to floor for support.

Request help from outside facilities for transfer of stable pre-existing patients out from our floors if we need space, offer to accept patients from other pre-existing inpatients from other facilities if they are in need.

Nephrology

Assist Internal Medicine with acute/chronic renal patients; be available for acute dialysis in toxic exposure.

Neurology

Diagnose/treat idiopathic illnesses, assist Internal Medicine

Pulmonary

Should be assigned to the ECC or Critical Care area for critical care management, vent management, bronchoscopy

DEPARTMENT OF RADIOLOGY

Read films stat; if requested, track down treating physician with report.

Please refer to the Disaster/Mass Casualty Response Plan.

**FLOYD Health System
Emergency Operations Plan
Physician Response Directive**

At the time of the Disaster:

1. Report to the Physician Lounge
2. Have your Hospital provided ID, or a new one will be issued.
3. Do not go directly to the Emergency Department or to your department.
4. You will be directed where to go and what to do by the following methods of communication:
 - a. Face to face
 - b. Phone
 - c. Floyd Alert System
 - d. E-Mail
 - e. Overhead Paging
5. The Executive Leader or Medical Staff President, or designee will direct your actions.
6. Volunteers with name badges will be assigned to you.