Hospital Disaster Preparedness Mid-Level Training

2016 JHS Annual Mandatory Clinical Education
Objectives

JEN PREREQUISITE COURSE:
2016 Awareness Level Disaster Preparedness

Upon completion, the participant will be able to:

• **Understand** principles of Emergency Management & the JHS Incident Command System
• **Recognize** the behavioral effects on staff and patients as a result of disasters
• **Recognize** signs & symptoms of different biological, chemical, and nuclear threats
• **Understand** the appropriate use of Personal Protective Equipment
• **Gain** knowledge regarding handling contaminated items & chain of custody for evidence processing
JHS Hospital Incident Command System (HICS)

• An established framework used to designate responsibilities & reporting relationships for both leaders and staff members during an emergency
• Helps us identify who is in charge during an emergency and the individuals who will carry out the decisions of the individual in charge
• Designed to enable effective and efficient domestic incident management by integrating a combination of facilities, equipment, personnel, procedures, and communications
JHS HICS
(For specific names of the people in these roles please refer to facilities specific HICS organization Charts)
Key HICS Positions

- **Incident Commander**
  - Sets objectives, devises strategies/priorities, and maintains overall responsibility for managing the incident. Typically the most senior person on duty at time of incident (i.e. CEO’s or designee such as COO, CMO, CNO or AIC) acts as initial incident commander until this responsibility is appropriately transferred to another designated person.

- **Operations Chief**
  - Conducts tactical operation and carries out the plan using defined objectives directing all needed resources toward the process of patient care through cleanup. All Medical/Nursing Services issues related to patient care ultimately report to this person.
Key HICS Positions

- **Planning Chief**
  - Collects and evaluates information for decision support, maintains resource status information, prepares documents (e.g. incident action plans), and maintains documentation for incident reports.

- **Logistics Chief**
  - Provides support resources and other essential services to meet the operational objectives as set by the incident commander.

- **Finance Chief**
  - Monitors the utilization of financial assets necessary to carry out the hospital’s medical mission by overseeing the acquisition of supplies & services, and supervising the documentation of relevant expenditures.

- **How are duties assigned?** There is a Job Action Sheet for each position.
Activation of the JHS Emergency Operations Plan (Authority to Declare a Disaster)

- System Chief Executive Officer (CEO) or Designee (e.g. System Chief Operating Officer, System Chief Medical Officer, System Chief Medical Administrative Officer) has the authority to activate the emergency operations plan.

- Facility Specific (JMH, Holtz Children, Behavioral Health, Rehabilitation Hospital, JNMC and JSCH) CEO or Designees (Facility COO, Facility CMO, Facility CNO or Facility AIC (Administrator In charge) has the authority to activate emergency operation plan for their respective facilities.

- Employees can be notified of the disaster plan activation by various means including their Supervisors, Page Operators, Pagers, Communicator Mass Notification System and/or JHS Employee Hotline (305-585-8000) or mass e-mail

- Follow your department-specific disaster response plan for your individual assignments when the emergency is declared
Key Issues In Hospital Disaster Management

- Hospital surge capacity for patients, staff, equipment, supplies and space
- Patient tracking
- Providing care with scarce medical resources
- Providing comprehensive support for responding staff
- Internal/external communications
- Safety and security of the staff, patients, visitors and facility
- Credentialing of volunteer professionals (see JHS Policy #384)
Actions/Precautions to Protect Staff

• Campus Security
• Infrastructure Protection
  – Shutters, hurricane resistant windows
• Respiratory Fit-Testing
• Specific Training on Appropriate PPE
• Medical Employee Surveillance
• Training on Evacuation Equipment
  – Evacusled, Supersled and Evacuation Chairs
Hospital & Disaster Risk Management Activities

• JHS conducts an annual review of its department-specific and/or facility-specific risks, hazards, & potential emergencies as identified in its hazards vulnerability analyses (HVA) and risk assessments (RA)

• The risks and vulnerabilities are monitored by: daily reviews of Security Services Department and Risk Management Department incident reports, bi-monthly/quarterly performance measures, and periodic planned and unplanned emergency preparedness exercises/drills as required by The Joint Commission and the State
Hospital & Disaster Risk Management Activities

- Where risks or vulnerabilities are identified, the current programs and processes are evaluated. Where risks and vulnerabilities are not appropriately handled, new programs, processes, procedures, or trainings are developed/implemented, and results are monitored.
- The findings/results of these reviews/exercises are reported & documented in the minutes of either the Emergency Management Planning Committee and/or the Environment of Care Executive Committee.
- Refer to JHS Administrative Policies: 
  #251 on HVA’s & #253 on RA’s
Employee Participation in Disaster Preparedness

Jackson Health System’s three hospital campuses currently conduct and will continue to conduct at least 2 exercises per year

- One of which is designed to (1) include an influx of patients and (2) escalate to a point where the hospital must function without assistance from the outside community
- JHS will also participate in at least one communitywide exercise annually, to test both its Emergency Operations Plan (EOP) and its coordination of activities with external agencies and partners in the management of a large-scale disaster (Full-Scale exercise)
Participation in Corrective Action

- JHS utilizes the Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for the documentation of all exercises and actual incidents.
- The HSEEP After Action Report and Improvement Planning Tool (AARIPT) is the primary document for evaluation, utilizing a multidisciplinary approach to the evaluation of exercises and actual incidents, including the evaluation of performance in the areas of:
  1. Communications
  2. Resource Mobilization and Asset Allocation
  3. Safety and Security
  4. Staff Roles and Responsibilities
  5. Utilities
  6. Patient Clinical and Support Care Activities
Integration of Corrective Action

- The AARIPT also includes an improvement plan matrix for the identification of deficiencies and opportunities for improvement.
- Findings outlined in the AARIPT are communicated to the identified responsible persons and departments, as well as to the larger Emergency Management Planning Committee and/or Environment of Care Committee.
Types of Communications (including situational awareness & notification of employees) During a Disaster

- Phones: cell, land-based, satellite
- Communicator Mass Rapid Notification System
- 800 MHz/MED Radios
- Pagers/Disaster Pagers
- Overhead paging systems
- Dispatcher
- Email
- JHS Intranet Portal
- HAM Radio
- Runners
- Department/Hospital Meetings/Departments’ Call Lists
Principles of Triage & Allocation of Scarce Resources During Pandemic Influenza

- Do the greatest good for greatest number of people
- Treat as many as possible who have a chance of survival
- Use resources wisely
- Implement latest version of Florida Department of Health Scarce Resources Guidelines (see link below for the latest draft version dated April 5, 2011), after consultation with clinical/ administrative/ ethics Leadership

Levels of Triage for Mass Casualty Incidents

Patients are color coded for treatment:

- **Red:** Immediate/Life Threatening/Critical
  - These patients will need immediate care
- **Yellow:** Delayed/Relatively Stable
  - These patients’ treatment can be delayed until “Red” patients are addressed
- **Green:** Minor/Walking Wounded
  - These patients’ treatment can be delayed until “Red” and “Yellow” patients are addressed
- **Black:** Deceased/Expectant
  - These patients are either expired or so severely ill/injured, that devoting resources to them will compromise the treatment of “Red” patients
Mass Casualty Incidents

Jackson Main Campus:
- Triage area moved to “Portico” area outside main ED
  - “Red” (adult & pediatric trauma patients) - Managed in Trauma Center
  - “Red” (adult & pediatric non-trauma patients) – Managed in Adult & Pediatric Emergency Department
  - “Yellow” (adult patients) - Managed in the Emergency Department
  - “Green” (adult patients) - Managed in the ACC
  - “Yellow” & “Green” (pediatric patients) - Managed in Pediatric Emergency Department

Jackson North & Jackson South:
- Red/Yellow/Green adult & pediatric patients - Managed in the Emergency Department
Hospital Surge Capacity Planning

Benchmarks

• Surge Capacity: amount of extra patients to be accommodated. Equals to 20% above hospital bed capacity, as follows:

  – 20% of these extra patients will be “Red” or Critically Ill or injured
  
  – 30% of these extra patients will be “Yellow” or moderately ill or injured
  
  – 50% of these extra patients will be “Green” or mildly ill or injured (so called “walking wounded”)
• As a general rule “Chemically” contaminated patients are “Decontaminated” first before management of their specific injuries. For chemically contaminated patients requiring cardiopulmonary resuscitation, physician judgment is required as to the decontamination occurring before, after or simultaneously with resuscitation. Poison Information Center (1-800-222-1212 or 305-585-8417) can be consulted if time permits

• As a general rule “Life and Limb Threatening Injuries” in patients contaminated with “Radiological/Nuclear Material” are managed first and then “Decontamination” is provided
Personal Protective Equipment

- Gloves
- Gowns
- Masks
- Face Shield/Goggles
- Surgical/procedure mask
- Fit tested N95 respirator
- PAPR (training required)
- Hoods
- Boots
- Leg Coverings

http://rds.yahoo.com/_ylt=A0PD0THmVO1MpWMAb3.jzbkF/SIG=1217hneee/EXP=1290708582/**http%3a//www.labsafety.com/SCOTT-Proflow-3-PAPR_24545110.%3Inoredirect=true
Natural Disasters

- Hurricanes
- Tornadoes
- Floods
- Earthquakes
- Fire
- Pandemic/Epidemic

Review the following available via the intranet:
- Emergency Operations Plan
- Hurricane Response Plan
- Employee Emergency Preparedness (EAP) Toolkit
- MCI Protocol
Biological Threat Agents

- Biological agents may be:
  - Bacteria
  - Viruses
  - Toxins

- They are naturally occurring and/or can be bioengineered as Weapons of Mass Destruction
CDC “Category A” Agents

Easily disseminated and/or potential of public health impact, public panic, or social disruption:

- Anthrax (Bacillus anthracis)
- Botulism (Clostridium botulinum toxin)
- Plague (Yersinia pestis)
- Smallpox (Variola major)
- Tularemia (Francisella tularensis)
- Viral Hemorrhagic Fevers (Filoviruses [e.g., Ebola, Marburg] and Arenaviruses [e.g., Lassa, Machupo])
## Infection Control Precautions

<table>
<thead>
<tr>
<th>Precautions</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard Precautions</strong></td>
<td>Used for all care for patients with biological and/or infectious scenarios</td>
</tr>
<tr>
<td></td>
<td>• Hand hygiene, gloves, gown, mask, eye protection and/or face shield whenever direct contact or a splash with an infectious agent is anticipated</td>
</tr>
<tr>
<td></td>
<td>• Hand hygiene after direct contact or after glove removal is required</td>
</tr>
<tr>
<td><strong>Contact Precautions (in addition to Standard Precautions)</strong></td>
<td>Protection from microorganisms transmitted by direct or indirect contact &amp; from radioactive contamination</td>
</tr>
<tr>
<td></td>
<td>• Hand hygiene, gloves and gown upon room entry</td>
</tr>
<tr>
<td></td>
<td>• Hand hygiene after direct contact or after glove removal is required</td>
</tr>
<tr>
<td></td>
<td>• Private room for patient</td>
</tr>
<tr>
<td><strong>Droplet Precautions (in addition to Standard Precautions)</strong></td>
<td>Protection from droplets from coughing or sneezing</td>
</tr>
<tr>
<td></td>
<td>• Surgical/procedure mask when within 3 feet of patient</td>
</tr>
<tr>
<td></td>
<td>• Private room for patient</td>
</tr>
<tr>
<td><strong>Airborne Precautions (in addition to Standard Precautions)</strong></td>
<td>Protection from tiny droplets that remain suspended in the air for prolonged periods of time</td>
</tr>
<tr>
<td></td>
<td>• Respiratory protection with fit tested N 95 respirator or PAPR</td>
</tr>
<tr>
<td></td>
<td>• Airborne Infection Isolation Room for patient</td>
</tr>
</tbody>
</table>
Bacteria: Anthrax

Cutaneous Standard & Contact Precautions

Gastrointestinal Standard Precautions

Inhalational Standard Precautions
## Anthrax

<table>
<thead>
<tr>
<th><strong>Incubation Period</strong></th>
<th>Usually 1 – 7 days (range 1 – &gt;30 days)</th>
</tr>
</thead>
</table>
| **Signs & Symptoms**  | Cutaneous Anthrax: Painless, swollen area covered by black eschar  
Inhalational Anthrax: chest pain, fever, malaise, cough and shortness of breath. Widened mediastinum on Chest X-ray |
| **Infection Control** | Standard Precautions. Add Contact precautions for “Cutaneous Anthrax” |
| **Treatment and Prophylaxis** | Appropriate antibiotic(s) for ill and significantly exposed persons. Check CDC guidelines for Vaccination for Prophylaxis |
# Smallpox

<table>
<thead>
<tr>
<th>What is it?</th>
<th>Infection caused by the variola virus. Any case must be considered to result from an act of terrorism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incubation Period</td>
<td>7-17 days (may be less with weaponized form)</td>
</tr>
<tr>
<td>Signs/Symptoms</td>
<td>Fever, rigors, vomiting, headache, skin macules/papules/pustules (all in same stage of development and evolution)</td>
</tr>
<tr>
<td>Effects</td>
<td>May result in multi-organ system failure, vascular damage</td>
</tr>
<tr>
<td>Treatment and Prevention</td>
<td>Supportive therapy (Experimental antiviral drug therapy?), Vaccination</td>
</tr>
</tbody>
</table>
| Infection Control | • Airborne Infection Isolation & Contact Precautions in CDC Type C Isolation Facility  
• Vaccination of staff (if not already done) |
Smallpox – Differential Diagnosis

- Smallpox
  - Deep, hard lesions
  - Round and well circumcised
  - Confluent or umblicated
  - Monomorphic and synchronous lesions
  - Centrifugal distribution (commencing on face)
  - Palms and soles often affected

- Chickenpox
  - Superficial
  - Not well circumcised
  - Rarely confluent or umblicated
  - Lesions at all stages of development
  - Centripetal distribution (commencing on trunk)
  - Palms and soles spared
### Viral Hemorrhagic Fevers

(Please also see JEN Module: EVD: Ebola Education Module for JHS clinical Employees)

<table>
<thead>
<tr>
<th><strong>What is it?</strong></th>
<th>Various viral infections that cause damage to the vascular system and many other organs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Incubation Period</strong></td>
<td>3 – 5 days (range of 3 – 21 days)</td>
</tr>
<tr>
<td><strong>Signs/Symptoms</strong></td>
<td>Fever, confusion, vomiting, diarrhea and mottled/blotchy skin. Internal, cutaneous and gastrointestinal bleeding</td>
</tr>
<tr>
<td><strong>Treatment</strong></td>
<td>Supportive. Check CDC guidelines for latest information</td>
</tr>
<tr>
<td><strong>Infection Control</strong></td>
<td>Use hospital approved PPE and Infection Control protocols for Ebola</td>
</tr>
<tr>
<td><strong>Types of most concern</strong></td>
<td>Lassa, Ebola and Marburg virus infections (high expected mortality rates)</td>
</tr>
</tbody>
</table>
# Botulism

<table>
<thead>
<tr>
<th>What is it?</th>
<th>Disease caused by a toxin that is produced by a ubiquitous bacteria, <em>Clostridia botulinum</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Incubation Period</td>
<td>24 - 72 hours for either ingestion or inhalation</td>
</tr>
<tr>
<td>Signs/Symptoms</td>
<td>Weakness, malaise, dizziness, difficulty swallowing, blurred vision</td>
</tr>
<tr>
<td>Effects</td>
<td>Descending paralysis beginning with cranial nerve dysfunction</td>
</tr>
<tr>
<td>Treatment</td>
<td>Supportive therapy, mechanical ventilation as needed, and antitoxin</td>
</tr>
<tr>
<td>Infection Control</td>
<td>Standard Precautions</td>
</tr>
</tbody>
</table>
Chemical Agents

- Industrial
- Chemicals
- Choking Agents
- Blood Agents
- Warfare Agents
- Blister Agents
- Nerve Agents

County Health Department, County Emergency Operations Center, Law Enforcement, and/or Poison Information Centers will help identify chemical agent.
# Industrial Chemicals

<table>
<thead>
<tr>
<th></th>
<th><strong>Choking Agents</strong></th>
<th><strong>Blood Agents</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Examples</strong></td>
<td>Chlorine, Phosgene</td>
<td>Hydrogen Cyanide</td>
</tr>
<tr>
<td><strong>Characteristics</strong></td>
<td>Bleach, mown hay smell, greenish / yellowish gas</td>
<td>Bitter almonds odor, colorless gas</td>
</tr>
<tr>
<td><strong>Symptoms</strong></td>
<td>Coughing, choking, tightness in chest</td>
<td>Gasping for air, red eyes, lips, skin</td>
</tr>
<tr>
<td><strong>Effects</strong></td>
<td>Pulmonary edema, inflamed body tissues</td>
<td>Asphyxiation</td>
</tr>
<tr>
<td><strong>Decontamination</strong></td>
<td>Aeration, Soap &amp; Water</td>
<td>Aeration, Soap &amp; Water</td>
</tr>
<tr>
<td><strong>Treatment</strong></td>
<td>Supportive care</td>
<td>Cyanide Kit / Hydroxocobalamin</td>
</tr>
</tbody>
</table>
# Blister Agent

<table>
<thead>
<tr>
<th>What is it?</th>
<th>Mustard agent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Characteristics</strong></td>
<td>Smells like garlic or mustard; oily liquid that may be clear or brownish in color</td>
</tr>
<tr>
<td><strong>Incubation Period</strong></td>
<td>4 – 24 hours</td>
</tr>
<tr>
<td><strong>Signs/Symptoms</strong></td>
<td>Skin, eye, throat irritation; red skin with blister formation; burning/tearing eyes; coughing</td>
</tr>
<tr>
<td><strong>Effects</strong></td>
<td>Systemically toxic similar to radiation</td>
</tr>
<tr>
<td><strong>Treatment</strong></td>
<td>Supportive care</td>
</tr>
<tr>
<td><strong>Decontamination</strong></td>
<td>Pinch or blot the agent off of the skin; DO NOT wipe or rub</td>
</tr>
</tbody>
</table>
# Nerve Agent

<table>
<thead>
<tr>
<th>What is it?</th>
<th>Organophosphates that disrupt the mechanism by which nerves transfer messages to organs. The disruption is caused by blocking acetylcholinesterase, an enzyme that normally relaxes the activity of acetylcholine which is a neurotransmitter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples</td>
<td>Sarin (GB), Tabun (GA), Sonman (GD), Vesicants (V-Agents), G-Agents</td>
</tr>
<tr>
<td>Characteristics</td>
<td>Fruity or sulfur odor; normally liquid; may be clear or brownish in color; can vaporize</td>
</tr>
<tr>
<td>Signs/Symptoms</td>
<td>Pinpoint pupils, salivation, twitching, convulsions, difficulty breathing, diarrhea, vomiting</td>
</tr>
<tr>
<td>Effect</td>
<td>Constant muscle stimulation / twitching</td>
</tr>
<tr>
<td>Treatment</td>
<td>Aeration, Decontamination, Antidotes needed immediately: atropine - 2-PAM Cl (MARK 1 Kits) , Diazepam</td>
</tr>
<tr>
<td>Special Note</td>
<td>Similar to heroin overdose, but heroin overdose does not cause excessive salivation</td>
</tr>
</tbody>
</table>
Radiation Principles

• Radiation cannot be detected by the human senses. A radiological survey conducted with specialized equipment is the only way to confirm the presence of radiation
• If a terrorist event involves the use of radioactive material, both patient exposure and contamination must be assessed
• The time, distance, and shielding are very important radiation protection principles
Radiation Exposure

Radiation exposure occurs when a person is near a radiation source. People exposed to a radiation source can suffer radiation illness if their dose is high enough, but they do not become radioactive. For example, an x-ray machine is a source of radiation exposure but a person does not become radioactive or pose a risk to others following a chest x-ray.
Radiation Contamination and “Decontamination”

- External radiation contamination occurs when loose particles of radioactive material are deposited on surfaces, skin, or clothing.
- Internal radiation contamination occurs when radioactive particles are inhaled, ingested, or lodged in an open wound.
- Contaminated patients should be decontaminated as soon as possible without delaying critical care.
- Patients who are exposed to radiation but are not contaminated with radioactive material, do not need to be decontaminated.
Chemical/Radiological Decontamination

- Decontamination Team available at JMH, JNMC, and JSCH
- Notify Radiation Control Center for any suspected radiation/nuclear emergencies at 305-243-6360 (UM)
- Notify Poison Control Center for chemical, radiological and nuclear emergencies at 1-800-222-1222 or 305-585-8417
  - Decon Response Team available for chemical decontamination and can be accessed by calling our Poison Information Center at 305-585-8417
  - Decon Response Team to use appropriate PPE for chemically contaminated patients/staff
  - Decon Response Team can also assist in decontamination of Radiological/Nuclear contaminated patients after consultation with our Radiation Control Center leadership
- All contaminated patients are directed to decontamination area:
  - JMH: Outside Ryder Trauma Entrance Bay & Free Standing Decontamination area behind Trauma Center
  - JNMC: Outside Labor and Delivery Entrance Bay
  - JSCH: Outside Old Emergency Room Entrance
Chemical/Radiological Decontamination

- Protect self, from Radiological/Nuclear contamination by standard precautions, including gowns, gloves, cap, mask, and shoe covers, digital dosimeter or film badge. Refer to MSDS on unit
- All patient items to be placed in bag and labeled appropriately
- Offer reassurance to patients
- Refer to ECC Policy #114B for specific role information (triage nurse, treatment nurse, etc.)
Symptoms of Radiation Exposure

• Nausea, vomiting, diarrhea, changes in mental status, skin injury

Radiation Protection
– Time
– Distance
– Shielding
Behavioral Effects of Disaster

- Irritability/Anger
- Sadness
- Fatigue
- Loss of appetite
- Headache or nausea
- Inability to sleep
- Nightmares
- Hyperactivity
- Lack of concentration
- Mental confusion, slowness of thinking
How do you deal with these effects?

- Family Support Centers for patients/families during disasters
  - JMH: DTC 259
  - JNMC: Auditorium 2nd Floor
- Social Services and Pastoral Care for patients/families
- Work-Life Services for employees
- Mental Health Hospital
  - Mental Health Emergency Department
  - Inpatient Mental Health Consultation Services
  - Mental Health Support to Trauma, ECC, and ACC

**TIPS:**
- Talk about it
- Remove yourself from immediate area and rest
- Pay attention to your health
- Stress reduction activities
- Prepare for possible future emergencies
- If needed, get professional help
Hazardous Material Spill

- Chemotherapy/Mercury spills:
  - Use specific spill kits by trained staff

- Minor Spills:
  - Small spills that can be cleaned by trained personnel using PPE
  - Handled locally by the staff involved

- Major Spills:
  - Larger spills beyond training and PPE of hospital staff
  - Immediate danger to physical or health effects

  - Refer to: JHS Policy #263 for more information
Patient Evacuation and Relocation

- Refer to Hospital Policy # 270 (Environment of Care Section of Hospital Policies) for “Patient Evacuation and Relocation”
- Evacuations will be handled in cooperation with the local fire department and county EOC
- JHS will utilize horizontal, vertical, and out-of-building evacuation procedures with appropriate equipment, as needed
  - Evacusled, Supersled, Medsled and Evacuation Chairs
- Each area has a department/unit-specific horizontal and vertical evacuation plan
- Time permitted, a fall risk assessment and fall prevention will be conducted prior to an evacuation, as per JHS policy 400.095
Fall Prevention Measures

- During hospital evacuation or reduction in lighting, if time permits, nursing staff will actively institute Fall Prevention measures for staff and patients.
Special Considerations

- As needed, JHS works with county agencies to help place special needs populations:
  - Pediatrics
  - Geriatrics
  - Chronically disabled
  - Pregnant patients
  - Mentally challenged

- In case of cooling system failure, the engineering department will help arrange for back up systems
Key System Resources Locations

- Jackson Memorial Hospital (JMH):
  - Ryder Trauma, T113
  - Emergency Department, closet adjacent to 1095T
  - Emergency Department Alcove
    - Wheelchairs
    - Stretchers
  - Hospital Command Center at West Wing, WW124
  - Emergency Department, ET1044
  - Decontamination equipment/supplies trailer located inside our free standing “Decon” area behind the Ryder Trauma Center
  - Poison Information Center
  - Radiation Safety Department
  - Logistic Emergency Supply Carts
  - Pharmacy Emergency Medication Supplies
  - Hospital ChemPak
  - JMH Hospital Incident Command Center
Key System Resources Locations

- Jackson North Medical Center (JNMC)
  - Emergency Management Equipment
    - Trailer on NE corner of building
    - Old Bed Storage Room
  - Medical Supply carts located in Central Supply
Key System Resources Locations

• Jackson South Community Hospital (JSCH)
  – Decontamination Room 1, 2, 3, near the old OR across from Bio Med
  – Decontamination Trailer next to Oxygen tank North of the Emergency Room
Key System Resources (informational)

- JHS Disaster-related Policies
- Information on JHS Intranet Portal
- Just in Time Training
- Just in Time scenario-specific informational pamphlets
- Center for Disease Control, [http://cdc.gov](http://cdc.gov)
- American College of Surgeons Disaster Management and Emergency Preparedness Program [www.facs.org/trauma/disaster](http://www.facs.org/trauma/disaster)
- Florida Poison Control Centers, [http://FloridaPoisonControl.org](http://FloridaPoisonControl.org)
- American Association of Poison Control Centers [www.aapcc.org](http://www.aapcc.org)