Hospital Surge Capacity refers to the ability of a health care system to provide appropriate medical care and treatment for a markedly increased volume of patients based on the situation. This term “capacity” is a metric that specifically measures the volume of patients that can be accommodated, and is not a metric that measures the quality of service, patient care services or medical capabilities.

Medical Surge Capacity is descriptive of the types of services that can be offered or provided to patients during times when the health care system is experiencing a surge of patients. Medical surge capacity refers to the ability to manage patients requiring specialized care, processes or special interventions such as trauma services, airborne infection isolation, intensive care, burn care, etc.

This plan is designed to help emergency managers and planners immediately identify surge capacity within Van Wert County Hospital, identify when capacity is going to be over-extended so that additional provisions can be made and identify if the scope of disaster is too large for the existing infrastructure to handle.

Planning and Coordination:
- Assume mutual aid from outside the area will not be available for at least 96 hours.
- Assume the facility will need to self-sustain care within the facility for a minimum of 96 hours without re-supply.
- Activate HICS and open the hospital incident command center.
- Implement surveillance procedures as determined by the local health department, Ohio Department of Health, and/or Centers for Disease Control (CDC).
- Notify Hospital Council of Northwest Ohio (HCNO) if there is a surge resulting from communicable disease. Contact phone number 419-842-0800.
- Use mutual aid agreements with other hospitals and health care agencies for additional medical supplies and equipment, pharmaceuticals, personnel, and transfer agreements.
- Use mutual aid agreements with Hospital Council of Northwest Ohio (HCNO) to obtain additional medical supplies and equipment, pharmaceuticals, personnel,
and transfer agreements. Contact information located in HICS storage and in Maintenance and Infection Prevention offices in Emergency Management Plan Books.

Arrange for delivery of essential goods and services, specifically, regular and disposable linen, hospital beds, additional food for patients and staff, portable negative air machines and HEPA filters, potable water and water purification equipment, and diesel fuel for the emergency generator.

Additional beds, cots, linens, medical supplies, and PPE are located in storage at the Health Center.

Refer to Disaster/HazMat Materials Catalog in Emergency Room, HICS Storage Bins, Infection Prevention Office on Main Campus and in the Lab/Radiology area at the Van Wert Health Center for location of additional decontamination, PPE, traffic control equipment, and supply locations.

Implement policy and procedures for patient registration and tracking, and routing and maintenance of medical record documentation when receiving a large influx of patients.

Identify special patient population requirements and advise local health department of available equipment and shortages. The special patient population includes elderly, pediatric, pregnant women, physically disabled, and behavioral health patients.

Manage safe disposal of increased volume of medical waste.

Manage unsolicited donated items.

Increase hospital morgue capacity with alternate storage locations; coordinate fatality management with the local Coroner with legal jurisdiction.

Coordinate communications between the hospital Public Information Officer (PIO) and the Joint Information Center (JIC). Contact Van Wert County Emergency Management Agency (419-238-1300) for location of JIC.

Initiate recovery plan for financial and medical records, information systems, and restoration of supply inventory, including tracking of all expenditures caused by the event.

Initiate plan for clean up, salvage, garbage and waste disposal, equipment and physical plant restoration.

**Communication Systems:**

Implement procedures for receiving and distributing notifications, alerts, and activations from state and local agencies

- Health Alert Network (HAN). Faxed to Emergency Services Providers and e-mailed to Infection Prevention Nurse.
- Ohio Public Health Communications System (OPHCS). Licensed to Vice President of Nursing, Infection Preventionist, Public Relations, Critical Care Director, and Maintenance Manager.
- Real-time Outbreak and Disease Surveillance (RODS)

Use redundant communication systems according to established procedures if landlines, fax machines, cellular phones, and paging systems are inoperable.

Walkie-talkies located in Housekeeping Hallway off southeast hallway.

Runners
Multi-Agency Radio Communication System (MARCS). Radios located in Emergency Services Providers and Business office.
Health Department Radio located in Emergency Services Providers
Satellite telephone. Location: Administrative Conference Room.
Establish a long term waiting area for patients’ families with access to information and counseling services.
Obtain translators and deaf interpreters
Manage increased volume of telephone calls to hospital switchboard; confirm procedures for release of information and referral to external agencies

Updated Information:
Information updates will be obtained from the following sources:
HAN
Fax updates from Ohio Department of Health (ODH)
Internet sources, e.g. www.cdc.gov; www.odh.gov;
www.vanwerthealthdepartment.org;
https://ophcs.odh.ohio.gov/vaophcs/GateStart.aspx
E-mail from governmental agencies
Updated information will be shared with physicians, employees, and others with a need to know by way of printed flyers, e-mails (both internal and internet), and faxes.

D. Security:
Determine need for total lockdown of hospital and notification of local law enforcement.
Establish communication with individuals immediately outside established perimeter if hospital is in total lockdown.
Provide staff access to hospital during lockdown separate from emergency department and decontamination activity.
Establish control of access and egress if lockdown not indicated by event.
Confirm control of access to outdoor air intakes and mechanical rooms.
Provide onsite capability to produce photo identification for all staff including physicians and supplemental personnel. Camera and badge making equipment located in Human Resources.
Verify need to augment hospital security, especially if local law enforcement unavailable, and obtain additional security personnel if needed.
Establish crowd control on hospital campus
Establish routing of traffic to triage and decontamination

Personnel:
Determine current staffing capability and additional requirements for increased volume and acuity of patients. Additional staffing needs may be for a short duration for a CBRNE (chemical, biological, radiological, nuclear, explosive) event and long term up to two months or more for a pandemic event.
Provide credentialing and supervision of clinicians not normally working in the hospital (physicians, registered nurses, pharmacists, respiratory therapists).
Use agreements with educational institutions to obtain personnel, both faculty and students.
Use agreements through Hospital Council of Northwest Ohio (HCNO) to obtain personnel.
Manage unsolicited offers of help from undocumented clinicians.
Implement the preparedness plan for families of staff.
Provide housing and feeding of staff unable to leave the hospital
Develop a staffing plan to afford staff time off to allow a return to normal family routine if staff over-worked for long periods.

**Decontamination and use of personal protective equipment (PPE):**

**Decontamination**
- Authorize implementation of decontamination procedures.
- Maintain patient privacy during decontamination process.
- Provide sufficient space for processing and triage of patients.
- Provide security for patients and staff during decontamination process.
- Monitor procedures according to the hospital decontamination plan.
- Monitor hot and cold water supply, especially for special population patients.
- Establish emergency power and lighting at the decontamination site, if required.
- Provide radiation monitors at the decontamination site, if appropriate.
- Establish and monitor runoff collection procedures.
- Track contaminated and decontaminated patients through the process.
- Establish procedures for collection of personal effects and clothing according to law enforcement requirements if the public health emergency is determined to be a crime scene.
- Establish procedures for managing law enforcement weapons during the decontamination process.
- Provide decontamination procedures for special population patients, specifically pediatric, pregnant, elderly, chronically ill, and disabled patients.

**Determine PPE requirements**
- Initiate hospital policy and procedures for use of PPE (Level C Chemical suits, N95 and surgical masks, PAPR masks), storage, and preventive maintenance.
- Obtain access to documentation of training and fit testing during an event.
- Use negative pressure rooms as indicated
  - Rooms ICU-1, 201, 202, 302, 412, 420, and 425
- Use HEPA filters and portable negative pressure equipment as indicated
- Consider cohorting patients with same illness
- Consider establishing wards of patients with same illness

**Pharmaceutical:**
- Conduct inventory of medications of choice and alternate medications to obtain a minimum supply for 3 days prophylaxis for designated employees and their families. Report inventory and shortages in medications and administration supplies to the local health department.
Implement dispensing of prophylaxis and vaccination procedures as indicated by the event to staff and their families.

Receive and distribute medications and administration supplies from other sources, such as HCNO partners and Strategic National Stockpile (SNS).

Use agreements with area pharmacies to obtain choice and alternate medications for treatment or prophylaxis for designated employees, patients, and employee families.

Initiate protocols for dispensing of drugs to asymptomatic and symptomatic patients as well as prophylaxis to patient members.

**Hospital Laboratory:**

Comply with special protocols and packaging for sampling CBRNE as directed by the State Laboratory.

Alert the Ohio Department of Health Laboratory if samples are being sent and method of transportation.

Manage clinical specimens if laboratory is contaminated or overwhelmed by a large influx of patients.

**Patient Transfer/Achieving Surge Capacity:**

Implement patient triage, transfer, and discharge procedures to create open beds.

Discharge patients early, establish discharge holding area. As patients conditions change, consider additional discharges and appropriate referrals to other facilities.

Convert outpatient procedure beds into inpatient beds (e.g., A.S.A.).

Cancel elective surgeries.

Use hallways or create alternate treatment areas (e.g., cafeteria, conference rooms)

Use the Van Wert Health Center Surgery and/or the Sleep Center as an alternate treatment area.

Use the Physical Therapy area and Wellness center as an alternate treatment area.

Implement arrangements to transport patients to other healthcare facilities and initiate tracking procedures.

Distribute instructions for home care specific to the agent or event during a public health emergency in case of large numbers of patients.

Partner with local health department, Emergency Management Agency, American Red Cross, to create emergency treatment capacity outside the hospital.

Use mutual agreements with other health care facilities

Include acute and long-term care facilities

Use other local facilities such as schools, churches as alternate care sites

Van Wert High School and Vantage Career Center

Other American Red Cross shelters

Implement procedures to evacuate the hospital in a disaster.

Plan for medical evacuation of patients to regional partners in HCNO or to regional alternate care sites (Rhodes State University, Lima; Bowling Green State University, Bowling Green; University of Toledo, Toledo; and St. Francis Health Center, Green Springs, OH.).

Plan for receiving patients that have been sent to hospitals out of region.
Implement communication systems to allow rapid dissemination of information to key players and planners in a mass-casualty event.

**Alternate Care Site:**

Work with county, region, and state agencies to open an off campus center, obtaining: medical, nursing, and ancillary staff, security personnel, medical record and patient tracking systems, equipment and supplies, medical waste pickup, pharmaceuticals and facility maintenance.

Prepare to receive patients arriving at the center, possibly by alternate methods of transportation (busses, vans, etc.). Confirm location for ease of transferring patients.

Communicate with other hospitals and first responders regarding patient transfers once security is in place at each facility.

Implement plan to incorporate Disaster Medical Assistance Teams (DMAT) and Disaster Mortuary Operational Response Team (DMORT) into system of hospital and off campus centers in coordination with county, region, and state.