

Respected Colleague,

You are receiving this notification because your participation in our department’s disaster response is valued. This briefly outlines the unlikely events that would occur, and the desired responses.

You have previously given the contact numbers where you can be reached. In the event of a disaster and depending on your position on the newly formed Disaster Reserve Staff (DRS) call list, you may be contacted by a call-robot on ALL of the numbers, until you respond from ONE of the numbers.

1. You will hear a recorded message with the information available at the time, and a request to return to the hospital.
2. Please listen to the recording and respond to the automated choices, to update the Command Center on when or whether to anticipate your arrival.
3. When you report ready to work, please go to the whiteboard in the Hallrunner’s office and mark that you have arrived. You will receive a duty assignment at that time.

The department has been divided into four “DRS teams”. The teams will rotate monthly through a primary through fourth-call position. The primary team will be noted on the monthly Person Plan and posted in the Hallrunner’s office. In the event of a larger catastrophe, more than one team may be mobilized **with the understanding that some staff will be away, ill, or otherwise unable to respond at the time of the activation.** In other words, call team position and assignment confers no added responsibility to alter one’s activities or travel plans but simply serves as an equitable and workable system for contacting staff in the event of a disaster.

To learn more about Basic Disaster Life Support, including types of disasters and optimal responses, see the AMA’s: “Basic Disaster Life Support” short course. For a CME course on Disaster Life Support, see <http://www.ndlsf.org/>

Here is a brief description of the notification software:



**Disaster Reserve Staff (DRS) Activation for the Department of Anesthesiology at Temple’s Memorial Hospital**

*Interpreting and using the DRS contact sheet:*

1. The department has been numerically divided according to the roles of physician, resident, CRNA and tech support staff into four disaster reserve staff lists or teams.
2. The teams created will rotate on a monthly basis through four positions for disaster reserve support; primary call through fourth call. The primary position for the month will receive the first activation and the fourth team will be the last team to be activated as conditions dictate.
3. DRS primary team will be posted on the monthly Person Plan.
4. The DRS teams will rotate in a repeating 1-2-3-4 sequence (i.e. during month two, the sequence will rotate to 2-3-4-1 with team 2 occupying the primary activation position.
5. Data entry to track staff availability on a given day would be a cost-prohibitive process for a department our size. The current team strategy recognizes that a portion of the team will not be in-town or generally available for emergency activation. The HR will bear this fact in mind during the process of DRS team activation and staffing decisions will thus depend on staff feedback as described along with Command Center (CC) scope-of-disaster estimates.

*HR guidelines for Disaster Reserve Staff (DRS) Activation:*

1. The Hallrunner (HR) will be notified of the existence of a mass casualty and the opening of the Command Center (CC) by the institution.
2. HR will notify the CC Operations Section Chief (ext. 24-3559) of the specific DRS team to be activated and the number of DRS teams to be activated if more than one is needed based on CC scope-of-disaster estimates. The activated team staff will be sent a *“MC in progress, need you now”* communication. (Note: MC stands for mass casualty)
3. The next in-line team for activation behind the activated team(s) will be sent a *“standby, MC in progress”* notification. (This standby message requires no feedback on the part of the recipients.)
4. The CC will electronically track individual staff responses to the electronic activation for purposes of communicating to the HR for the planning of emergency anesthesia services.

*Post-activation guidelines for Staff who receive the “MC in progress, need you now” message by page, phone or text:*

1. Respond to page, text or voice message by communicating your availability or non-availability ASAP.
	1. Response may be by return text, requested keypad response or direct call to the CC’s Operations Section Chief (ext. 24-3559) as requested.
	2. Please note that existing trauma system software (*AtHoc*) recognizes voicemail as a “contact” but without the needed/clarifying availability response.
2. Travel to BS&W Memorial hospital operating room.
3. Check-in at HR desk/whiteboard to receive an assignment.

*Post-activation guidelines for staff who receive the “Standby, MC in progress” message by page, phone or text:*

1. You are asked to be ready in case your services are needed.
2. An immediate reply concerning your availability is not required unless you receive a “MC in progress, need you now” message.
3. Await either of two potential messages; “MC contained” for alert release or a “MC in progress, need you now” message and respond as indicated.

Respectfully,

**The Mass Casualty Response Committee; Dr. L. Hutson, Dr. K. Matthews, Dr. R. McAllister, Dr. B. Pollock and Dr. K. Elliott, Chairman**

**Dr. David Gloyna; Director of Clinical Anesthesiology**

**Dr. Tim Bittenbinder; Chairman, Dept. of Anesthesiology**

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