


<b>Title: SURGE CAPACITY OF CONTAMINATED PATIENTS</b>	 <b>AHMC Anaheim Regional Medical Center</b> <small>AHMC Healthcare</small>	
Manual: Infection Prevention	<b>Approval</b> (by Chair or Meeting)	<b>DATE:</b>
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Origin Date: 11/3/2005	Hospital Community Board: Effective Date	1/9/2019

**SUBJECT: SURGE CAPACITY OF CONTAMINATED PATIENTS**

**PURPOSE:**

To address the regulatory requirements of Joint Commission 6.10 and to provide a means to expand care capabilities in the event of an increase in demand for care of contaminated or possibly infectious patients.

**DEFINITIONS:**

**Surge capacity** is defined as “the ability to expand care capabilities in response to a sudden or more prolonged demand.” Surge capacity includes all aspects of providing care for patients and employees during this period of increased demand. Planning includes alternate treatment sites, security, decontamination facilities, increased isolation, equipment and supplies including personal protective equipment (PPE).

**HICS** (Hospital Incident Command System) is designed to manage a rapid patient influx from a variety of causes. Assigned roles, community integration, and common nomenclature help decrease confusion and facilitate preparedness.

**All Hazards Planning:** An integrated planning approach to all emergencies, whether accidents, natural disasters, or terrorist related, while sustaining critical hospital operations, protecting staff, restoring needed functions, and protecting the environment.

**REFERENCE ABBREVIATIONS:** See Attachment A

**SCOPE:**

This policy applies to all patients, visitors, staff, and volunteers in the event that expanded capacity for infectious patients is needed.

**RESPONSIBILITY:** Infection Prevention

**POLICY:**

- A. The hospital has a plan for managing a large volume of patients presenting with contamination in collaboration with local, state and federal agencies. This plan includes facility capacity and treatment locations, supplies, equipment, diagnostic testing, communication, safety and security,

staffing and recovery, disposition, quarantine, and care of contaminated or possibly infectious patients.

- B. Anaheim Regional Medical Center (ARMC) utilizes the HICS system as stated in policy EM 2.01 and 3.01 for responding to an increase patient volume, including infectious patients.
- C. Additional all-hazards planning provide provisions for alternate treatment sites, cancellation of elective procedures, early discharge, austere care, emergency credentialing for additional staff, and staff and family plans. Each area is addressed under HICS positions listed under the four chiefs – Planning, Finance, Operations, and Logistics.
- D. Standard, contact, droplet and airborne precautions are used as indicated for all patients regardless of a declared bioterrorism attack. Increased patient numbers does not negate the use of proper protective gear for staff. Additionally, outbreak management is addressed in the Infection Prevention Manual.
- E. Additional safeguards are put in place dependent on specific events. Resources for additional recommendations may come from the Centers for Disease Prevention and Prevention (CDC), ARMC Infectious Disease Specialist, Incident Commander, OCEMS, and Orange County Health Care Agency (OCHCA).
- F. At the minimum, ARMC participates in two community-wide exercises as mandated by Joint Commission. Additionally, ARMC conducts frequent focus decontamination drills and participates in the county Net Disaster Group with assigned position that changes with each year. (i.e. Chair, volunteer victim leader, roles and positions are described in the county manual.
- H. Facility Capacity and Treatment Areas:

ARMC is an acute-care hospital located in Anaheim, CA. The hospital has 223 active licensed beds and approximately 1200 employees and 90 volunteers.

1. Licensed beds include: 31 intensive care, 27 perinatal, 11 Neonatal Intensive Care Unit, 10 coronary care, and 153 unspecified general acute care
2. Other services include: Basic Emergency, Social Services, Nuclear Medicine, Radiation Therapy, Speech Pathology, Outpatient Services, Respiratory Care, Physical Therapy, and Occupational Therapy, and Cardiovascular Surgery
3. Operating Rooms: 6 operating rooms in the surgery department, and 2 obstetrical surgical rooms in labor and delivery.
4. The Emergency Department has 31 designated beds, 28 of which are monitored, or have monitoring capability.
5. Intensive Care Unit has 22 beds. 14 of the beds are private rooms. The remaining beds are in open bays.
6. DOU – 12 single bed rooms
7. CVU – 10 single rooms
8. CVOU - 30 private rooms
9. T4 – 42 private rooms
10. T2 – 43 private rooms
11. Cath lab holding (includes overflow) – 7 beds

12. Pediatric beds: ARMC does not have a pediatrics department. All ED nurses are competent in age appropriate care and are Pediatric Advanced Life Support (PALS) certified.
  - a. Pediatric patients requiring admission are transported to Children's Hospital in Orange or Mission, or Miller Children's in Long Beach. If transport is not available, pediatric patients are cared for within the hospital's capacity.
13. Burn Unit: ARMC has no burn unit.
  - a. Severely burned patients are stabilized and transferred to University California Irvine Medical Center (UCIMC) or Western Medical Center Santa Ana (WMSA) burn units.
  - b. If transfer is not possible, the patient may be cared for in a single room utilizing protective contact precautions.
14. ARMC is not a designated trauma facility.
  - a. The Emergency Department routinely handles non-designated multiple trauma victims and non-penetrating traumatic full arrests. OCEMS policy is that designated trauma patients are transported to trauma facilities but the Emergency Department is aware that when trauma centers are overwhelmed or there are airway problems, they may be transported to this hospital.
  - b. ARMC is a 24 hour stroke receiving center with 24 hour 7 day neurological and neurosurgeon coverage.

When Code Triage Internal or External is announced, the HICS Process begins and Shelter in Place is determined by the Incident Commander. (Refer to EM. 2.01 and 3.01 "Shelter in Place" )

I. Alternate Treatment Sites

1. In addition to cancellation of elective procedures, austere care, and early discharge, ARMC has identified and tested in drills and actual incidents, alternate triage, treatment and discharge sites for emergency care that can accommodate expanded numbers. Sites depend on the size and nature of the incident and include:
  - a. Opening all Emergency Department beds in a limited event
  - b. Utilization of the 1 – twelve-person tent
  - c. 3 – eighty-person tents,
  - d. Expansion into Safe Place,
  - e. Pre and Post Anesthesia Care Units,
  - f. GI Lab
  - g. Cardiac Outpatient Areas
  - h. Other areas as designated

J. Isolation Rooms:

1. **ED:** There are two negative pressure isolation rooms with 2 beds per room in the Emergency Department. Patients suspected of requiring negative pressure isolation as an inpatient are to be transported to a negative pressure isolation room as soon as possible.
2. In the interim, the patients are placed in the negative airflow ED rooms 9, 10, 11 or 12.
3. **ICU** has 2 negative pressure rooms (131 and 132)
4. **CVOU** has 2 negative pressure isolation rooms (257 and 276)

5. **T4** has 2 negative pressure rooms (401 and 405)
  6. **Labor and Delivery has one negative airflow room capacity.**
  7. **GI Lab** has 9 beds. 2 procedure rooms can be used for procedures requiring negative pressure.
  8. If the number of patients requiring isolation exceeds the number of isolation rooms, ED 3 is used as a short-term medical housing area. ED 3 has the ability to become a negative airflow unit for a short-term medical housing area. If the need for a large number of isolation patients continues, the Incident Commander, along with the Safety Officer and Engineering will identify the appropriate area to house these patients taking into account air handling, number of patients, access, and CDC recommendations.
- K. Increased Isolation Capabilities:
1. ARMC adheres to isolation guidelines as listed in the Infection Prevention Manual but recognizes that additional measures may be needed to accommodate isolation needs for an increased contagious patient population.
  2. Infection Preventionist is available 7 days a week, 24 hours a day through the PBX operator via pager.
    - a. Patients in existing negative pressure isolation rooms are assessed by Infection Prevention or the House Supervisor with Infection Prevention consultation as necessary. Patients not requiring isolation are transferred to a standard room.
    - b. All inpatient beds are located in single rooms at ARMC but the potential for cohorting patients with the same organism/diagnosis in one room with the approval of Infection Preventionist or Infectious Disease physician may be optioned during a mass casualty / pandemic event.
    - c. Caring for people in their own homes is an important source of surge capacity, and may be a particularly attractive alternative in the event of a biological attack with an infectious agent. CDC, OCEMS, Social Services, and the Orange County Health Care Agency are used for recommendations during a mass casualty / pandemic event.
    - d. Mintie unit may be used to provide a negative airflow unit with the use of negative HEPA filter machine
    - e. Individual patient rooms can be made negative pressure by:
      - 1) Renting a large construction HEPA filter unit
      - 2) Connecting the HEPA exhaust tubing out the patient window (window is replaced with plywood)
      - 3) Blocking or HEPA filtering normal room exhaust which returns air to hospital circulation
      - 4) Rooms are tested for negative pressure by smoke or (thin strip of paper that shows the direction of air flow) testing
- L. Decontamination
1. ARMC has a stainless steel shower with private entry and 500 gallon holding tank positioned outside of the Emergency Department entrance. For multiple victim decontamination there are six showers and one non-ambulatory station located outside of the loading dock on the lower level positioned over the sump. For larger numbers of contaminated victims, Anaheim Fire Department is contacted, both decontamination facilities are used, additional hoses are brought by Environmental Services and use of fire hydrants is considered to increase decontamination capabilities.

2. Traffic-flow patterns were developed and tested in multiple drills to reduce cross contamination and maintain staff safety.
- M. Victim Tracking
1. ARMC utilizes the HICS victim tracking system which captures victim names, triage tag numbers, location and admission and discharge which is shared with the command post and OCEMS for dissemination to appropriate agencies such as the American Red Cross. Health Insurance Portability and Accountability Act (HIPAA) guidelines are followed to maintain patient privacy.
- N. Special Needs Population:
1. ARMC recognizes that there are several categories of special needs victims such as juveniles, the elderly, non-ambulatory, persons with sensory impairments, and language barriers.
  2. Age specific education is included in annual hospital clinical staff education.
  3. Translation service is available 24 hours a day through Spectrocorp services. CDC bioterrorism information written for children and other groups is available for use at their website: [www.bt.cdc.gov](http://www.bt.cdc.gov).
- O. Critical Infrastructure
1. ARMC recognizes that power, water, electricity, nutritional supplies, and Information Services are integral parts to continuation of care. The hospital has developed a 96-Hour Contingency Plan to maintain operations until local, state, and federal resources can be accessed.
  2. **Food:** Dietary has a 7-day disaster menu designed for 1000 people of three meals per day (5,000 meals). The menu requires no equipment other than a can opener to serve.
  3. **Electricity:** The fuel tank holds 3,000 gallons – enough to run full load generators for approximately 19.5 hours. The hospital has an MOU with General Petroleum for additional supplies if needed.
  4. **Water:** The hospital has a 5,500 gallon hot water tank, thirty – 55 gallon drums and 15 pumps, 240 gallon bottled water in 1 and 2 ½ gallon bottles, and additional individual water packets in Disaster Trailer.
  5. **Toilets/Sewer:** The hospital has an MOU arranged by facilities to provide portable toilets. In the event they are unavailable, the plan will include bags on toilets.
  6. **Medical Gas:** The hospital has a bulk oxygen tank with three day supply. The hospital has adequate T Cylinder supplies of Nitrous oxide and Nitrogen for 72 hours.
- P. Equipment and Supplies
- ARMC maintains a limited cache of medications and supplies.
1. **Disaster Supplies:** Disaster supplies are maintained in the environmentally Prevention led Disaster Trailer and air-conditioned Conex container in the back of the hospital. Supplies include tents, cots, first aid, bandaging and suture supplies, food, and water. A complete listing, including current inventory, expiration and rotation is available in the Engineering Department.
  2. **Pharmaceuticals:** The Pharmacy maintains an emergency supply of pharmaceutical supplies on site. Emergency pharmaceutical supplies are intended to initiate treatment or prophylactic average for approximate 24-48 hours until county or federal supplies are received.

- a. Orange County has three MMRS cities and associated caches in Anaheim, Santa Ana and Huntington Beach. The nearest stockpile is at Anaheim Station 6 on Euclid and can be transported to ARMC by trailer as needed. The supply includes antibiotics for 10,000 biological victims and 1000 chemical victims.
- b. Orange County EMS has an extensive stockpile of medications and supplies located within the county with its own transportation that will be delivered to ARMC as needed.
- c. The cities of Anaheim and Santa Ana are UASI recipients and related supplies are available to all county cities as needed.
- d. Agreements are in place with drug suppliers, sister and local hospitals to bring in additional supplies if needed.
- e. National Stockpile (SNS) is available within twelve hours of request for Push Packs and twenty-four hours for tailored Vendor Managed Inventory (VMI).
- f. ARMC has a First Responder Mass Prophylaxis plan that addresses the ability to rapidly deploy hospital personnel, first responders and their immediate families when recommended by local, state, or federal authorities.
  - 1) Recognizing that information sheets may be rapidly outdated in an event, ARMC utilizes the CDC information guidelines posted for professionals, the general public, and children.
  - 2) These information guidelines are available in many languages based on population need.
- g. **Respiratory Therapy:** The Respiratory Therapy Department has the following patient ventilation equipment:
  - 1) 10 Avea ventilators
  - 2) 1 STD bipap
  - 3) 4 Avea NICU ventilators
  - 4) One (1) Oscillator Ventilator
  - 5) 4 Vision BiPAP Ventilator
  - 6) There are seven (7) anesthesia machines available in the Surgery Department.
  - 7) There are three Arterial Blood Gas Machines. The ABG machines are located in surgery pre-op, ICU/CVU hallway and ED 3. Respiratory therapy is capable of performing ABGs, electrolytes and CBCs in the Surgery Department.
  - 8) Rental Equipment is available from Medone, Freedom Medical, and UHS. In addition, OCEMS has several hundred disposable ventilators available to ARMC and has provided training for the Respiratory Therapy staff.
  - 9) In addition to ARMC staff, available Respiratory Therapy staffing agencies are Mediscan, , RCSN, &PRN.
- h. **Cardiology:** 6 EKG machines (two in Cardiology, two in the Emergency Department, one in Diagnostic Testing Center (DTC))

1) 3 – Cardiac Echo machines

j. **Laboratory Testing:** The ARMC laboratory is located in the main hospital building. The laboratory is rated Bio-Safety Level 2 and is capable of disease testing:

- 1) Specimens for certain diseases, such as reportable diseases, and other bio-terrorism or unusual/unknown samples are packaged and sent to the appropriate county, state, or federal laboratory for processing. The ARMC Laboratory complies with all local, state, and federal reporting guidelines.
  - a) A blood drawing station is located in the main hospital at the Diagnostic Testing Center (DTC).
  - b) Nursing units have blood glucose meters and blood drawing supplies
  - c) Blood for transfusion services is available from the American Red Cross

Q. Communication / Notification

1. External Communication and Notification:

- a. ARMC adheres to Orange County Health Care Agency mandates with MMR reporting guidelines which regulate infectious disease reporting. These guidelines are in place on a daily basis and will continue independent of the number of patients involved.
- b. ReddiNet, the Rapid Emergency Digital Data Information Network, is the 900MHz secure microwave radio and website system that forms a major component in Orange County's emergency management communications system. ReddiNet's real time data can include hospital diversion, public health alerts, and law enforcement updates. Examples are recommendations for personal protective equipment, appropriate safety-oriented actions taken by hospital personnel for letter handling, and suggested treatment protocols and dosage specifications.
- c. ReddiNet is located in the Emergency Department
- d. ARMC Emergency Department staff monitors the ReddiNet twenty-four hours a day and report answers to queries for all types of incidents. Orange County EMSA uses ReddiNet to monitor infectious disease outbreaks. In addition to daily ReddiNet use, ARMC participates in OCEMS quarterly ReddiNet testing for all paramedic receiving centers to ensure proper use and reporting.
  - 1) ReddiNet between hospitals, Orange County Communications (OCC), and Orange County EMS
  - 2) HEAR radio to be used for communication between hospitals and OCMS
  - 3) HAM radio operators between hospitals, OCEMS, local vendors for medical and pharmaceutical supplies. HAM Operators communicate with RACES as the hospital's alternate communication method with law enforcement.

- 4) Walkie talkies between security, incident command post, emergency department, alternate treatment sites and other involved departments depending on event scenario
  - 5) Hand carried messages between hospital departments
  - 6) ARMC Intranet for communication within the hospital and sister hospitals
  - 7) Emergency Communication Flags
  - 8) Overhead voice pages within the hospital
  - 9) Alpha Numeric Pagers for management team
  - 10) Landline phones
  - 11) 800 MHz Radios with police, fire, Orange County Communications (OCC), and OCEMS
- e. ARMC is part of the California Alert Network (CAHAN) and receives graded alerts from the state on new or potential threats and health information.
- f. The Federal Coordinating Center Website aids in communications between the NDMS non-federal hospitals, transporting agencies, and the FCC. It is a secure website that allows on-line bed capacity reporting, patient information, condition and updates, and is designed to assist with the hospital billing processes.
2. **Internal Communication:**
- a. HICS roles provide Job Action Sheets addressing organized and coordinated internal and external communications. The Communications Unit Leader is directed to establish and record coordinated communication through specific position assignments. Attachment C: Internal Communications Roster.
  - b. Daily methods of internal communication include:
    - 1) Pager
    - 2) Fax
    - 3) ReddiNet
    - 4) Email
    - 5) Hospital Intranet
    - 6) Walkie Talkies
    - 7) 800 MHz Radios
    - 8) Interoffice mail
    - 9) Landline Phone
    - 10) Cell Phone
    - 11) Call back roster
  - c. The Infection Preventionist can access information from Centers for Disease Prevention, National Center for Infectious Diseases, Travelers' Health, Emerging Infectious Diseases Journal, Morbidity and Mortality Weekly Report, The Infectious Disease Society of America, Association for Professionals in Infection Prevention and Epidemiology, Infection Prevention and Hospital Epidemiology, the Journal of the Society for Healthcare Epidemiology of America, and Society for Healthcare Epidemiology of America.
  - d. The hospital receives regular reports from the Orange County Terrorism Early Warning Group (OCTEWG) and Orange County Intelligence and assessment Center (OCIAC) and participates in their policy development and reporting structure.
3. **Community Coordination:**
- a. The city of Anaheim is part of the Metropolitan Medical Response System and Urban Areas Security Initiative and ARMC actively participates with both groups.



b. ARMC meets regularly with city, county, state and federal partners to develop relationships and keep current with ongoing and new information. Committee participation includes:

- 1) Orange County Disaster Advisory Group
- 2) Orange County Net Disaster Group
- 3) Orange County Sheriff's Department Terrorism Early Warning Group  
Hospital Advisory Committee
- 4) Orange County Paramedic Coordinator Committee
- 5) Orange County Emergency Managers Committee
- 6) Orange County Fire Chief's
- 7) City of Anaheim Emergency Preparedness Committee
- 8) Regional Paramedic Advisory Committee
- 9) County Paramedic Advisory Committee
- 10) Orange County Base Doctor's Advisory Committee
- 11) Orange County Quality Assurance Board
- 12) Orange County Terrorism Early Warning Group
- 13) National Disaster Medical System/ Federal Coordinating Center/Patient Receiving Area Advisory Committee

R. Employee / Personnel Safety:

1. Protection of the Environment: ARMC imposes daily security procedures including key/badge entry, limited access, photo identification and posted security personnel that provides a more secure daily environment and lessens the impact when a full emergency lockdown is initiated. The transition to shelter-in-place is greatly reduced, as fewer entry/exits must be secured. The Director of Facilities is the facility Safety Officer and is responsible for securing the facility and gaining crowd Prevention.
2. HICS Command Staff utilizes other disciplines within the hospital or community to temporarily staff security positions in an overwhelming event. Anaheim Police Department is contacted as needed but ARMC recognizes that local law enforcement may or may not be a viable option due to district population and scene specifics.

S. Personnel / Family Plans:

1. Standard precautions are implemented on all patients. Masks and splash shields are considered for any type event with traumatic injuries and potential for body fluid exposure. Infection Prevention policies are to be followed in all events. Communication with EMS, HazMat, Public Health and Emergency Physician helps identify agents in a contamination scenario and proper level of protective equipment needs.
2. ARMC Mass prophylaxis plans address local first responders, including hospital staff and their immediate families.

T. Personnel Protection:

1. HICS Command Staff provides for reassignment of personnel in a disaster response.
2. Labor pool, Planning and Operations Chiefs and administrative staff plan, assign, and regulate personnel to maximize staff during a disaster.

- a. All department managers maintain disaster Call-Back Lists. Activation of disaster call-back is at the discretion of the Incident Commander.
- b. Identification of qualifications of required personnel during an emergency

- c. The Medical Staff Office is responsible for contacting physicians if needed during an emergency.
    - d. Human Resources verify provisional credentials of professional staff. The Medical Staff Office, per Medical Staff Policy, grants physicians emergency privileges following the Emergency Credentialing policy.
  3. Employees and their families require provisions and planning to ensure their needs are met. Needs include:
    - a. Medical staff transportation
    - b. Memo of Understanding (MOUs) with hotel/motels or other appropriate facilities in close proximity to hospital for staff boarding as needed
    - c. Dependent care (Both child and elder care)
    - d. Telephone access for personal calls
    - e. Staff and family member mental health services
    - f. Food, rest, and relief
  4. ARMC recognizes that staff debriefing recommendations are currently in flux and will utilize Critical Incident Stress Debriefing as recommended by authorities including OCEMS, OC Public Health and CDC. Provisions for staff needs are also addressed in HICS Job Action Sheets (JAS).
  5. Additional regional, state, and federal mental health resources can be accessed through OCEMS.
  6. An additional source of personnel is the National Disaster Medical System (NDMS). NDMS is administered by the Office of Homeland Security (HLS). NDMS teams include nearly 8,000 volunteer health care professionals from around the country who have been organized into general and specialty teams to help local communities respond to a disaster. Expected response is 72 hours from request.
  7. Four teams specialize in responding to an incident caused by a chemical or bioterrorism attack. There are also burn teams, mental health teams and disaster mortuary teams (DMORT) that can assist in a mass casualty event. NDMS teams are a federal asset and must be requested by the state.
  8. The first step in obtaining assistance from NDMS is to contact Orange County Emergency Medical Services (OCEMS). Local authorities will contact state EMS who will contact the Federal Emergency Management Agency (FEMA) and HLS.
- U. Staffing / Quarantine / Emergency Credentialing
  1. Hospital Healthcare providers, staff and ancillary employees that are able to work respond to their specific units work their staff assignments as designated by their immediate supervisor, who takes general directions from the HICS Incident Commander.
  2. The disaster call back tree for staff call back is used only when the Incident Commander deems appropriate after collaborating with the ARMC Infection Prevention Practitioner and Department Chair and the County of Orange Health Care Agency.
  3. Areas that are designated isolation areas have specific staff members assigned and tracked for that location.

4. Assigned staff members for isolated patients are cohorted as appropriate per direction from the Infection Preventionist in collaboration with the direct supervisor of the clinical unit.
  5. Protective Isolation equipment is worn by staff per Infection Prevention policies and procedures
- V. Recovery: ARMC recognizes that recovery starts at the beginning of an incident and has HICS personnel assigned to that function. The following monitoring should be ongoing:
1. Monitoring of mental health care needs in emergency response personnel
  2. Monitoring of air quality is performed by the South Coast Air Quality Management Department (SCAQMD)
  3. Monitoring of soil and water quality is assigned to private vendors post decontamination procedures at the recommendation of Anaheim Fire Department HazMat
  4. Vector Prevention is at the discretion of Orange County Vector Prevention
  5. Environmental decontamination is assigned to private vendors post decontamination procedures at the recommendation of Anaheim Fire Department HazMat Team.
- W. Continuation of Healthcare for the Community:**
1. In a massive disaster, there is the potential that many chronically and acutely ill patients could lose access to their physicians or settings where they usually receive care or obtain medications. In the wake of an emergency, hospitals may cancel scheduled surgeries and defer other planned diagnostic, therapeutic and rehabilitative activities.
  2. If the need for emergency response is sustained, every option is exercised for the transfer and treatment of patients in various settings and at various levels of care.
    - a. Alternate treatment sites
    - b. Cohorting
    - c. Early discharge
    - d. Cancellation of elective procedures
    - e. Transfers
    - f. Austere patient care
    - g. NDMS/FCC transport
    - h. Supplemental staffing/emergency credentialing
- X. Disposition of Human Remains:**
1. The mortuary is located in the main hospital near the surgery waiting room.
    - a. The refrigerator holds two bodies.
    - b. Extra body bags are available in Materials Management, MMRS and UASI caches.
  2. ARMC has limited morgue space and recognizes that in a large scale event with mass fatalities the coroner may be unable to accommodate the high volume of bodies. In the event a location for bodies is needed, a temporary tent is constructed by Engineering in the Dialysis Parking Lot. Additional morgue sites are dependent on number and contamination/infectious disease. Sites are chosen by the pathologist dependent on issues such as access, environmental temperature, and shared airflow. Documentation, chain-of-evidence and information release policies are followed.

3. ARMC utilizes Disaster Mortuary Response Teams (DMORT) as needed when federally activated.

**REFERENCES/AUTHORITY:**

Infection Prevention Manual

Facilities Plans under Hospital plans in ARMC Manuals

**PRIMARY POLICY OWNER:** Infection Prevention

**SHARED WITH:** Safety Officer

*The care of patients is dependent on individual circumstances and no policy or procedure can detail or describe each circumstance. Thus, this policy is not a statement of the standard of care and should not be interpreted as such. It is meant to be a guideline only and should never be a substitute for the exercise of judgment.*

Attachment A

Reference Abbreviations:

ABBREVIATION	DEFINITION	PHONE NUMBER
AHP	Associated Health Professionals	(310) 417-3011
AMH	American Mobile Health	(800) 282-0300
AMMS	All Med Medical Supply	(734) 728-9490
ARMC	Anaheim Regional Medical Center	(714) 774-1450
CAHAN	California Health Alert Network	(877) 376-4767
CDC	Centers for Disease Prevention and Prevention	(404) 639-3311
CHOC	Children's Hospital of Orange County	(714) 532-8500
DTC	Diagnostic Testing Center	
FCC	Federal Communication Commission	(888) 225-5322
HEPA	High-efficiency Particulate Absorption	
HIPAA	Health Insurance Portability and Accountability Act	
JC	Joint Commission	(630) 792-5800
MMR	Mobile Medical Response, Inc.	
MOU	Memorandum of Understanding	
NDMS	National Disaster Medical System	(800) 232-4636
NRT	National Response Team	(800) 424-8802 or (202) 267-2675
OCC	Orange County Communications	(855) 886-5400
OCHCA	Orange County Health Care Agency	(714) 834-8180
OCIAC	Orange County Intelligence Assessment Center	(714) 289-3949
OCTEWG	Orange County Terrorism Early Warning Group	(714) 289-3949
RACES	Radio Amateur Civil Emergency Services	
RCSN		
STAT		

