


Name of Policy: <u>Role of PACU in the hospital's external and internal Disaster Plans</u> Policy Number: 3364-125-18 Department: Nursing Service, PACU Approving Officer: Chief Nursing Officer Responsible Agent: Nursing Director, Pre-Admission Testing (PAT), Pre-Operative Holding (POH), & Post Anesthesia Care Unit (PACU) Scope: PACU	 Effective Date: 6/1/2023 Initial Effective Date: 9/1996
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	
<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy	

(A) Policy Statement

The PACU will have a disaster plan in place when a Code Yellow is called.

(B) Purpose of Policy

To provide acute care to victims in the event of a disaster.

(C) Procedure

1. Patients will be triaged and assigned to appropriate care area by the emergency department.
2. The appropriate paper supplies will be delivered to the PACU staff by Central Service.
3. Number of beds available:

Main POH/PACU: Priority I/Red/Immediate
23 slots (17 monitored) with stretchers
2 isolation areas

George Isaac POH/PACU: Priority II/Yellow/Delayed
11 monitored slots with stretchers

4. Responsibilities of the PACU Nurse Manager or designee

- Co-ordinate with the Director of Anesthesiology, the evacuation of existing patients in the unit.
- Act as Triage Nurse, unless otherwise directed by Incident Commander (IC).
- Obtain information from the Operating Room regarding how many patients are already in surgery, estimated length of time those patients will be there, how many of those patients will need to come to the PACU to recover.
- Assign nurses to recover regular patients.
- Maintain Victim Flow Log for Disaster Victims.
- According to EP-08-001 any of the above roles may be changed as deemed necessary by the IC.
<http://www.utoledo.edu/depts/safety/docs/EP-08-001.pdf>

5. Director of Anesthesiology

- Co-ordinate physician assignment in the PACU.

- Activate Anesthesia Call-in Procedure.
- Act as senior member of the physician staff to co-ordinate victim care.
- Assign MD staff as they arrive to needed areas. As more physicians are needed, Command Center should be contacted.

6. Triage Nurse

- Stationed by the main door (at the Surgery Desk)
- Hand out printed cards with instructions on them to arriving RN's and clerks.
- Assign staff.
- The disaster cart and SICU cart will be delivered by Central Service personnel.
- Keep Victim Flow Log current.
- ED will keep in touch with you concerning the patient load.
- Notify the Command Center if you need additional personnel.

7. How it works:

(1) Triage Nurse

- stand by door
- hand out preprinted cards
- assign personnel to stretcher
- maintain victim log
- maintain contact with Command Center

(2) Clerks

- fill in disaster tag
- disaster tag is a 3-part form: green and yellow copy go to Command Center and hard copy stays with the victim.
- one clerk is assigned to circulate and pick up the green and yellow copies and take them to the Command Center.

(3) Disaster Arm Band

- Priority I area is red and priority II area is yellow
- reprinted number is on the band
- write number on each sheet of paper belonging to the victim
- write number on each lab specimen, x-ray
- tag is found either on the right or left arm, or if injured on the chest or an exposed area.
- number on the band will be written on the victim's chart when admitted.

(4) Team (MD and RN)

- treat the victim assigned to; accompany victim to the unit he is admitted to and return to PACU for reassignment.

(5) Admissions

- notify the triage nurse
- triage nurse will call Admitting and obtain a bed
- valuables should remain with the victim
- victim should be moved as soon as stabilized
- victim log is to be kept current by triage nurse

(6) Other Personnel Responding to PACU

- Lab: 1 Phlebotomist
1 Lab transporter
- Radiology: 1 tech and a portable machine
- Respiratory Therapy: 1 tech

- Central Supply: cart with major dressing and equipment
 - Pharmacy: cart with IV solutions, IV tubing, long dwells, etc.
- (7) Patients already in the PACU-Director of Anesthesiology, or delegate, will assess all patients already in the unit and discharge from unit accordingly.
 - (8) Patients from critical care area return to that bed, unless deemed unnecessary.
 - (9) Patient from regular unit may be returned to that unit to recover, and if patient needs an ICU bed, will be transferred when the disaster is completed.
 - (10) Patient in surgery the OR-Nurse Manager will determine how many patients are in the OR at the time of the activation of the disaster plan. The OR Nurse Manager will find out estimated length of stay in the OR; and if the patient can go directly to their original bed to recover, bypassing PACU.
 - (11) Notify Triage Nurse of number of beds needed and approximate time needed.
 - (12) Victims in the Emergency Department
 - Triage Nurse in the ED will notify PACU of the number of victims who will need to be brought to that area to await surgery.
 - Command Center will also be notified

<p>Approved by:</p> <p>/s/ _____ Date _____</p> <p>Kurt Kless, MSN, MBA, RN, NE-BC Chief Nursing Review: Policy & Standard Committee, 6/14,5/17, 7/2020, 6/2023 Revision by: Michelle Mallett, MSN, RN, CNOR, Director of Surgical Services</p>	<p>Review/Revision Date:</p> <p>3/99 3/02 7/05 5/20/2008 3/20/2009 9/25/2012 6/24/2014 5/1/2017 7/1/2020 6/1/2023</p> <hr/> <p>Next Review Date: 6/1/2026</p>
<p>Policies Superseded by This Policy: 1-R-18</p>	

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.