March 14, 2014

Dear Licensed Independent Practitioner,

Each year the Emergency Management Plan at St. Mary’s Medical Center is reviewed and revised, as needed. As an integral member of this facility, it is important that you know where to report should St. Mary’s Medical Center’s Emergency Management Plan be initiated. You must also understand your role during an emergency/disaster.

Notification that the Emergency Management Plan has been initiated to in-house staff is by overhead paging of the following: “Triage Level 1 is now in effect”. This means that the facility has either an internal emergency or an external emergency impacting the Medical Center. If more resources are needed, you will hear “Triage Level 2 is now in effect”. This is when the call-in of extra staff occurs.

As Licensed Independent Practitioners (LIPs), when you hear either of these calls, please report to the Doctor’s Dining Room so you can be signed in, told what the situation is, and given an assignment as needed. Physicians will be divided into teams to assist in the casualty treatment areas and assist in discharging in-house patients so rooms can be made available for incoming casualties. Physician assistants and Nurse Practitioners will also be assigned to assist in casualty treatment areas.

If there is a mass casualty event and there are not enough LIPs in-house to assist with the event, on-call specialists will be notified as needed, and others may be called and asked to assist. All doors to the facility will be locked. Entrance will either be through the main lobby doors or by the garage pass if parking in the lower level. Once in the building, immediately report to the Doctor’s Dining Room to sign in, find out what the situation is, and receive your assignment.

Sincerely,

[Signature]

Jo Andrea “Andy” Watson, RN, MSN, CCRN, CPAN
Chair of the Emergency Management Committee
Coordinator of the Emergency Management Plan

I have read, understand and agreed to abide by the Emergency Management Plan.

Applicant ____________________________ Date ____________________________