POLICY TITLE: Weather related emergency plan

Prior to any potential weather-related emergency, each faculty/resident/AA will volunteer for or be assigned to either the Ride-out Team or the Relief Team. These assignments will be revisited on a yearly basis. Being on a particular team does not guarantee a provider’s participation, but gives the departmental directors a better idea of how to comprise the teams when a weather-related event may be imminent, and allows for individual providers to plan for themselves and their families.

There will be 2 teams designated: **“Ride-out Team”** and **“Relief Team”**

**Ride-out Team:** This team will be present in the hospital prior to a storm’s landfall and will stay in house until the relief team is physically capable of arriving. An attempt will be made to allow this team time to prepare their homes and families for the storm, approximately 24-48 hours before the initiation of “controlled access.” After assessing information announced by the National Hurricane Center/National Weather Service departmental directors will announce when the Ride-out Team should arrive, which should be ample time to allow current in house staff who will be leaving to make it home safely.

**Relief Team:** The responsibility of this team is to communicate with departmental directors and relieve those on the Ride-out Team. However, it is understood that not everyone on the relief team may be able to arrive safely to the hospital at the same time. Once a provider on the Relief Team is able to arrive, he/she can then relieve one faculty on the Ride-out Team. The Relief Team is expected to stay in house until all members of the Ride-out Team have been relieved. The Relief Team will be larger than the Ride-out Team by a 2 to 1 ratio due to the possibility of some not being able to make it in.

Total number of **staff required to be in house** during controlled access periods (ride-out and early relief phases):

<table>
<thead>
<tr>
<th></th>
<th>Faculty</th>
<th>Residents/AAs/CRNAs</th>
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</thead>
<tbody>
<tr>
<td>Main OR</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>OB</td>
<td>2</td>
<td>3</td>
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<tr>
<td>Pedi</td>
<td>1</td>
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<td>CV</td>
<td>1</td>
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<tr>
<td>APS</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>LBJ</td>
<td>2</td>
<td>4</td>
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</tbody>
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Communication:

- The decision to activate this plan will be made by the Vice Chair of Clinical Affairs in communication with the chairman. If the Vice Chair of Clinical Affairs is not available, then the Associate OR director will make the decision with the chairman.
- The chairman and members of the executive committee will determine who are the lead contacts for each service.
- These faculty contacts will be in charge of fielding information about the status of other faculty and coordinating a plan for transitioning back to normal operation.
- A call tree will direct each faculty as to who to call to provide updated information and will be distributed as early as possible prior to the storm.
- All providers are expected to frequently check their email, if possible, during weather-related emergencies and be in touch with their designated contacts.

Current lead contacts for each service:

- Main: Bill Daily, Charlie Artime
- Pedi: Maria Matuszczak, Nitin Wadhwa
- CV: Roy Sheinbaum, Ovidiu Moise
- LBJ: Peter Doyle, Omonielle Nwokolo
- OB: Sam Gumbert
- Critical care: George Williams, Bobby Wegner