

OTOLARYNGOLOGY DEPARTMENT
STANDARD OPERATING PROCEDURES
500 BED FLEET HOSPITAL

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A. **MISSION:** To render immediate Otolaryngology-head and neck surgical care necessary to sustain life.

1. **Capabilities include acute** management of the following:

- Airway stabilization
- Repair of compound frontal sinus fractures
- Stabilization of maxilla-facial fractures
- Stabilization of naso-orbital fractures
- Repair of musculoskeletal, pharyngeal, and soft tissue wounds.
- Repair of laryngotracheal wounds
- Ear trauma and facial nerve
- Airway, Head, Neck and Facial burns
- ORL-HNS medical diseases
- Tumors of the head and neck
- Deep neck infections

2. **Capabilities not included:**

- Management of chronic ear disease
- Elective surgical reconstruction

B. **FUNCTIONS:**

1. To provide medical and surgical care of acute head and neck injuries or illness.
2. Provide consultation and assistance to other surgical and medical departments within ORL-HNS capabilities.

C. **PHYSICAL DESCRIPTION:**

1. Located in the Specialty Treatment Unit.

a) Sheltering:

Type: Temper Tent.

Quantity: Two to four sections.

D. **SPECIAL CONSIDERATIONS:**

1. The Otolaryngologist – head and neck surgeon should be prepared to respond to airway emergencies at any location in the hospital and have the necessary materials available (i.e., rigid bronchoscopy and tracheostomy sets).
2. Because of his or her broad training in the surgical field, which includes general surgery, neurosurgery, anesthesia, trauma, and head and neck medical diseases, the Otolaryngologist can be an assistant to these specialties when needed.
3. Minor surgical procedures can be performed in the clinic space and in the minor operating room. The main O.R. is reserved for appropriate major surgical cases.

E. **DEPARTMENT ORGANIZATIONAL CHART:**

Director
Surgical Department

Otolaryngologist
(2100) (1) CDR

Otolaryngology Technician
(8446) (1) E-5

F. **JOB DESCRIPTIONS:**

HEAD, OTOLARYNGOLOGY –HEAD AND NECK SURGERY DEPARTMENT

The Head of the Otolaryngology Department will be responsible for the Otolaryngology care of all patients treated.

1. Set policies and procedures for otolaryngology care given in the hospital.
2. Perform otolaryngology evaluation and treatment procedures.
3. Formulate treatment plans to be implemented by nurse and Otolaryngology technician.

4. Make daily rounds on Otolaryngology patients beginning at 0830 to evaluate and reassess treatment plans.
5. Monitor care given by nurse and ENT technicians.
6. Oversee an orientation and training program for department staff.
7. Ensures the deliverance of optimal care to all patients of the Otolaryngology Department. Maintains departmental staff compliance with the standards of medical care for all patients seen in the department.
8. Responsible for all clinical and administrative activities conducted within the ENT department. Including the approval of all personnel performance evaluations.
9. Assign a primary diagnosis for otolaryngology disorder.
10. Provide training lectures to medical officers about combat problems and treatment protocols.
11. Consult with ward medical officers about patients with problems.
12. Approve all communication within and outside of the department.
13. Prepare and submit required reports in final form.

The following is applicable to the Head Otolaryngology as well the staff Otolaryngologist:

1. Perform Otolaryngology evaluation, treatment, and surgical procedures.
2. Be on call to specialty treatment area for otorhinolaryngology admissions.
3. Complete short form history and physical (SF539) for an admission within 24 hours of admission.
4. Document patient progress and treatment on progress notes.
 - a) Formulate treatment plans to be implemented by the nurses and Otolaryngology technicians.
 - b) Make daily rounds on Otolaryngology patients beginning at 0830 to evaluate and reassess treatment plans.

- c) Provide training lectures to medical officers about combat problems and treatment protocols.

QUALIFICATIONS:

1. Designator 2100 / 2105 Physician.
2. Board certified 0249-NOBC Code.
3. Fully credentialed.
4. Advanced Cardiac Life Support (ACLS) certification.
5. Advanced Trauma Life Support (ATLS) certification.
6. Fleet Hospital Operation Course graduate.

2. Otolaryngology Technician:

This position is that of an Otolaryngology Technician with a primary NEC of 8446. The primary function is to provide Otolaryngology care to assigned patients in the Otolaryngology Department and in the Main Operating Room.

Major Duties and Responsibilities:

1. Assist physicians as well as independently perform patient examinations and procedures.
2. Operate, and maintain knowledge of use, care, troubleshooting, disinfecting, and sterilization, of all surgical instrumentation/equipment as per the manufacturer's guidelines.
3. Ensure that all areas/equipment of responsibility are thoroughly cleaned, stocked, and secure throughout his or her shift.
4. In the operating room, function as a scrubbed assistant under the direct supervision of the surgeon. This may include but not limited to the following:
 - a. Assist with positioning of the patient on the surgical table.
 - b. Assist with prepping/draping of the patient.
 - c. Assist with retraction, suction, electrocauterization, etc.
 - d. Ensure all instrumentation/equipment are available for use upon request.
5. Terminally disinfect instruments/equipment in CSR, to be sterilized for use.
6. Ensure proper disposition of contaminated instruments, equipment, and materials.
7. Assist other corpsmen in the ENT care of other patients.
8. Ensure daily logs and records are completed correctly.
9. Check emergency equipment each watch.

Knowledge Required for Position:

1. Completion of "A School" for Hospital Corpsman.
2. HM3 or above.
3. NEC Code 8446.
4. Basic Cardiac Life Support certified.
5. Completion of all required Fleet Hospital training.
6. Knowledge and skills to carry assignments as assigned by Leading Petty Officer, and/or the Physicians.
7. Knowledge to confer with an Otolaryngologist regarding patient care, progress, noting, significant changes, and notifying the physician of patient needs/complaints.
8. Demonstrate proficiency in dealing with medical emergencies.

Supervisory Controls:

1. ENT Technicians are responsible to the senior ENT tech, the Leading Petty Officer for the Specialty Treatment Unit, the Ambulatory Care Nurse of Specialty Treatment, and the Department Head, Otolaryngology.

Guidelines:

1. Guidelines use include, DOD, OPNAV, BUMED, The Manual of the Medical Department, Fleet Hospital instructions, the Unit Standards Manual, Plan of the Day and unit position descriptions. The incumbent adheres to Fleet Hospital policy, clinic/ward routine, and physician orders.

Personal Contacts:

1. Contacts are made with patients, nurses, doctors, corpsmen, supply people, Bio Med Repair, Patient Administration, the Main Operating Room, and other nursing units within the Fleet Hospital.

Work Environment:

1. The work is performed in the Fleet Hospital setting in the Otolaryngology Department / Main Operating Room, where there is exposure to contagious diseases, radiation, infection, hazardous chemicals, and possible contact with emotionally disturbed patients and unexploded ordinance. Special safety precautions will be taken as outlined in the Fleet Hospital Policy and Procedures Manual.

G. Workload:

1. Average daily admissions:

- a) Steady state = 80 admissions / day 54, surgical, 26 medical.
- b) Peak state = 120 admissions / day, 80 surgical, 40 medical.

F. Tasks:

1. MAINTAIN READINESS:

- 1.1 Ensure that tracheostomy sets area available in the Casualty receiving area, ENT treatment area, the main O.R., and the minor O.R.
- 1.2 Inventory and restock the following sets:
 - Epistaxis trays (3).
 - Nasal fracture set 930.
 - Peritonsillar abscess tray (3).
 - Sinus irrigation set (2).
 - Minor laceration set 92).
- 1.3 Ensure that rigid bronchoscopes are readily available for airway emergencies.
- 1.4 Check daily that the minor surgical sets are available in the Casualty Receiving area for head and neck hemorrhage control.
- 1.5 Inventory ENT treatment area supplies and linens, order and restock as needed.

2. COORDINATE ORL-HNS:

- 2.1 The Head, ENT Dept:
 - 2.1.A Coordinate all surgical procedures with the minor and main O.R.

3. PREPARE FOR SURGICAL PROCEDURES:

- 2.1.B Prepare a daily O.R. schedule.
- 2.1.C Distribute the schedule to the minor and main O.R., and Anesthesia departments.

3.1 The ENT tech will:

- 3.1.A Clean and set up the ENT operating apparatus and treatment space daily or as necessary.
- 3.1.B Remove used exam instruments, scrub with germicidal solution and rinse.
- 3.1.C Dispose of trash and waste material in double plastic bags.
- 3.1.D Dispose of liquid medical waste, (suction canisters) as directed by FH instructions.
- 3.1.E Wipe down treatment space with germicidal solution daily.
- 3.1.F Roll linens in cocoon fashion and double bag in a fabric laundry bag.
- 3.1.G Damp dust treatment space with germicidal solution daily.
- 3.1.H Perform ORL-HNS IAW established standards of combat casualty care and in concert with tasks and procedures contained in chapter 19, Operating Room.

4. PERFORM LEADERSHIP TASKS:

- 4.1 Provide training and supervision to assist assigned personnel to advance their clinical and administrative abilities.

5. PROVIDE CONTINUING EDUCATION:

- 5.1 Provide orientation to the ORL-HNS.
- 5.2 Evaluate staff skills prior to assigning more

complex assignments.

5.3 Cross train personnel in all specialty and indirect care areas.

5.4 Provide senior personnel with experience in administration, clinical teaching, and supervision.

5.5 Conduct classes on special procedures, principles, and equipment.

6. PROVIDE SUPERVISION:

6.1 Provide performance counseling to all personnel on a continuing basis.

I. RESPONSE TO DEPLOYMENT HAZARDS

1. FIRE PROCEDURES

- **Initially, attempt to extinguish a fire with a portable fire extinguisher ONLY IF THE FIRE IS CONTAINED.**
- Simultaneously, the Functional Area (FA) needs to IMMEDIATELY contact ADMIN either by phone or runner/messenger. ADMIN WILL SOUND THE ALARM FOR FIRE.
- Smoke boundaries need to be set by the FA staff by dropping the TEMPER liner flaps leading to the FA and vestibules(s). All flaps throughout the hospital need to be dropped to control the possible flow of smoke.
- The FA Leader will decide to evacuate the space if the fire is determined to be out of control.
- All O2 cylinders (on a cart) positioned in each appropriate FA need to be removed when the space is evacuated.
- A FA staff member should be assigned in each area to secure the electrical (C-panel) and HVAC units.
- A muster of all staff and patients within the affected FA needs to be taken immediately and sent to ADMIN by runner.
- The FA Leader needs to wait at the FA access point for the Fire Marshall and Fire Team to arrive in order to report: type of fire, volatile items in the space (O2 cylinders, HAZMAT) and any casualties known to be in the space.
- When assessing the intensity of the fire, the Fire Marshall WILL DECIDE WHETHER OR NOT THE ADJACENT FUNCTIONAL AREA(S) WILL EVACUATE. Therefore, the FA on either side of the area of fire will wait for the word from the Fire Marshall before evacuating.
- Once the fire is out, there will be an inspection of the damaged area by the Fire Marshall, FA Leader and other key personnel.
- The Fire Marshall will give an assessment report to the Commanding Officer describing damages sustained by the FA. Depending on the outcome of the fire, the FA may need to relocate somewhere else until it is fully functional again. The FA Leader needs to await orders from the Command Staff before reentering the FA and returning to duty.

2. CHEMICAL/ BIOLOGICAL ATTACK

- The hospital ADMIN department will notify the hospital compound, via 1MC, if there is a possibility of a biological/chemical attack.
- All areas of the compound must respond appropriately
- Once the alarm has been sounded for biological/chemical attack, **THE INITIAL ACTION TAKEN IS TO DON AND CLEAR YOUR GAS MASK.** Since the fleet hospital is operational, sleeves should always be down. **The donning and clearing of the gas mask should be accomplished in a total of 8 seconds.**
- If a MOPP level is required, the ADMIN department will announce that accordingly and everyone will proceed to MOPP Level 4. **This task must be accomplished within 8 minutes.**
- Once Personal MOPP gear is on, place gas masks on your patients.
- One person from each FA should be assigned to secure the HVAC unit (to prevent gas from entering FA). **DO NOT DROP THE FLAPS IN THE HOSPITAL!** The designated person should NOT reenter the hospital but should proceed to the EOD/Decontamination bunker.
- A muster of all FA staff and patients needs to be taken immediately and sent to ADMIN.
- **Drink water!! Hydration, hydration, hydration.**
- The ALL CLEAR will be announced by ADMIN over the 1MC.

3. AIR RAID PROCEDURES

- Once the alarm has been sounded for air attack, **THE INITIAL ACTION TAKEN IS TO EVACUATE ALL FA STAFF AND PATIENTS TO THE BUNKERS.** The entire compound must evacuate to appropriate bunkers including living spaces/GPL's and the COMMZ
- Conduct an accurate muster of all staff personnel and patients immediately and submit it to the ADMIN bunker.
- Be sure to bring all gear including canteens since mustering may require everyone to be standing outside for long periods of time.
- It's not necessary to secure C-panel or HVAC during an air raid drill. Evacuate to bunkers ASAP.

- When announced over the 1MC, each FA must send in two junior personnel to search and sweep high, medium and low on both sides of the FA to check for bombs. All other personnel will stay outside in bunkers until area is cleared. The All Clear will be announced over the 1MC.
- **MISCELLANEOUS ITEMS**
- Each FA should denote a supply petty officer who is responsible for equipment inventory/high-tech gear checkout. If supplies are needed, submit a request to the student SK's/supply department for issue. The student SK's will request supplies from FHOTC supply if NIS.
- If trouble arises with HVAC or C-panel (electrical power), submit a work request to the student Public Works department. Both the HVAC and C-panel operations remain off-limits to students other than Seabees.
- Rear doors to FA are to be used only as evacuation routes or for patient flow during peak flow ONLY. There are only two ways to enter the hospital...either on foot by the ADMIN temper or through CAS REC via litter.
- Each FA needs to have a logbook or similar system in order to keep track of all staff and patients within the compound. Each time a staff member or patient leaves the FA, he/she must be logged out (time, location) and then logged back in when he/she returns. This will assist with accuracy when conducting musters.

J. **PATIENT PROCEDURES FOR HANDLING ENEMY PRISONERS OF WAR**

A. PURPOSE: To detail patient handling procedures for enemy prisoners of war within the fleet hospital.

B. DEFINITION:

Enemy prisoners of war (EPW) – those who require treatment who are prisoners of U.S. or allied combat forces.

C. EQUIPMENT, SUPPLIES, AND FORMS REQUIRED:

1. Restraints (theater command military police or hospital issue).
2. Others as specified in admission procedures (all forms will be marked with the words "Prisoner of War" or "EPW").

D. STEPS:

1. Upon presentation of EPW to functional area, notify the Security Department and Patient Admin.

2. Upon admission, Security will be responsible for the following notifications:
 - (a) Theater command military police (MP) headquarters.
 - (b) Executive Officer.
 - (c) Director of Nursing.
 - (d) Director of Administration.
3. Perform essential care.
4. Inform MP that hospital staff will not assume custody of patient, and that MP will retain custody of EPW until relieved by appropriate MP headquarters staff or patient is transferred to EPW holding center (external to hospital).
5. A correctly annotated admissions packet will be delivered by hand to the charge nurse.
6. During course of treatment, patient will be guarded by MP and/or restrained until treatment is terminated.
7. Movement to another functional area will be reported to Security.
8. EPW's will be fed either on the ward or in the general mess. If allowed to eat in the general mess, EPW's will be accompanied by MP guards.

E. RESONSIBILITY:

CMAA/Security.