Hospital Emergency Operations Plan (EOP) Template

Acknowledgements

Note: Development and implementation of this plan complies with relevant sections of Joint Commission Emergency Management guidelines for Joint Commission accreditation of Critical Access Hospitals. Refer to Appendix A.2 - JCAHO Standards-2010 CSR EM Self-Assessment for CAHs.

This template was created from a 2004 draft version of a clinic preparedness template by The Wilson Group for the California Emergency Medical Services Authority under Contract EMS-02-351. The efforts of the California EMS Authority, the California Primary Care Association, and the Clinic Emergency Preparedness Project are acknowledged for providing a framework from which this Hospital Emergency Operations Plan template could be created.

Plan Authorization

This AGENCY Emergency Operations Plan (EOP) has been developed for use by the AGENCY (also “the Hospital”). By affixing the signature indicated below, this EOP is hereby approved for implementation and intended to supersede all previous versions. This EOP was established to promote a system to: save lives; protect the health ensure the safety of the hospital environment; alleviate damage and hardship; and, reduce future vulnerability within the Hospital facilities and patient care areas. Further, this document indicates the commitment to annual planning, training, and exercise activities in order to ensure the level of preparedness necessary to respond to emergencies or incidents within the Hospital.

_________________________________________  ________________
Chief Executive Officer                        Date
Plan Maintenance

The EOP will be reviewed annually and updated as needed. The table below lists the dates and reasons for revision and distribution.

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INTRODUCTION

General

AGENCY is a hospital type Hospital located in City, State. As a community-based nonprofit organization, AGENCY is committed to providing a care that enhances the community’s quality of life through professional health care and related services. In order to meet the health care needs of our growing community, AGENCY provides the following services:

- Inpatient/Outpatient and Ambulatory Care
- General and Orthopedic Surgery and other physician specialties
- Physical Rehabilitation Therapy including speech and occupational therapies
- Imaging and Radiology
- Medicare Skilled Nursing
- Emergency Department
- Full-service Laboratory
- 16 Private Beds

AGENCY is a hospital type that relies on staff and support from the following facilities:

- AGENCY
- AGENCY

Purpose

The purpose of the AGENCY Emergency Operations Plan (EOP) is to establish a basic emergency program to provide timely, integrated, and coordinated response to the wide range of natural and manmade events that may disrupt normal operations and require pre-planned response to internal and external incidents.

The objectives of the emergency management program include:

- To provide maximum safety and protection from injury for patients, visitors, and staff.
- To attend promptly and efficiently to all individuals requiring medical attention in an emergency situation.
- To provide a logical and flexible chain of command to enable maximum use of resources.
- To maintain and restore essential services as quickly as possible following an incident.
- To protect hospital property, facilities, and equipment.
- To satisfy all applicable regulatory and accreditation requirements.

Policy

AGENCY will be prepared to respond to a natural or man-made incident, suspected case of bioterrorism or other emergency in a manner that protects the health and safety of its patients, visitors, and staff, and that is coordinated with a community-wide response to a large-scale incident.

- All employees will know and be prepared to fulfill their duties and responsibilities as part of a team effort to provide the best possible emergency care in any situation. Each

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1 The Critical Access Hospital Program was created by Congress in 1997 to help alleviate the negative impact the Balanced Budget Act had on the fragile rural healthcare delivery system. A small, rural hospital, with no more than 25 beds (any combination of acute or swing), providing emergency care, and not located within 35 miles of another hospital, can qualify for CAH status and receive cost based reimbursement for all Medicare patients.
supervisor at each level of the organization will ensure that employees are aware of their responsibilities.

- **AGENCY** will work in close coordination with the Emergency Support Function 8 (ESF8) partners and other local emergency officials, agencies and health care providers to ensure a community-wide coordinated response to incidents.

**Scope**

- Within the context of this plan, an incident is any emergency event which overwhelms or threatens to overwhelm the routine capabilities of the hospital.
- This all-hazards **EOP** describes an emergency management program designed to respond to natural and man-made incidents, including technological, hazardous material, and terrorist events.
- This base plan describes the policies and procedures **AGENCY** will follow to mitigate, prepare for, respond to, and recover from the effects of emergencies.
- The **Appendices** contain functional resources and procedures that are followed in specific situations based on the incident type and level of response. An **Appendix** may also contain checklists, assessments, and technical references that may be necessary and will be included when appropriate and referenced in the base plan.
- **42 CFR Part 485 Subpart F:** Critical Access Hospitals (CAHs) are required to be in compliance with the Federal requirements set forth in the Medicare Conditions of Participation (CoP) in order to receive Medicare/Medicaid payment. This EOP was completed in order to be in compliance with the CoP set forth at 42 CFR Part 485 Subpart F.
- Development and implementation of this plan complies with relevant sections of Joint Commission Emergency Management guidelines for Joint Commission accreditation of Critical Access Hospitals. Refer to **Appendix A.2 - JCAHO Standards-2010 CSR EM Self-Assessment for CAHs.**
Key Terms
Refer to Appendix B - Emergency Management Acronyms and Appendix C - Emergency Management Glossary for a list of acronyms and more extensive glossary, respectively. The following terms are used frequently throughout this document.

ALTERNATE SITES/FACILITIES
Locations other than the primary facility where AGENCY operations will continue during an emergency.

CONTINUITY OF OPERATIONS (COOP)
Plans and actions necessary to continue essential business functions and services and ensure continuation of decision making even though primary facilities are unavailable due to emergencies.

EMERGENCY OPERATIONS CENTER (EOC)
The location at which management can coordinate AGENCY activities during an emergency. It is managed using the Incident Command System (ICS). The EOC may be established in the primary AGENCY facility or at an alternate site.

EMERGENCY PREPAREDNESS COORDINATOR (EPC)
The Emergency Preparedness Coordinator guides the development and maintenance of AGENCY’S emergency management program and development of its emergency operations plan.

EMERGENCY MANAGEMENT GROUP (EMG)
The Emergency Management Group consists of AGENCY staff that will fill the core positions of the Emergency Operations Center (EOC) and manage AGENCY’S emergency response.

EMERGENCY SUPPORT FUNCTION 8 COMMITTEE/COORDINATOR (ESF8C)
This position (group/person) in the National Incident Management System (NIMS) is responsible for all incident medical and health coordination in an City/County. The ESF8C is often stationed in the County EOC and is frequently, but not always, the County Health representative or designee (Deputy IC or Liaison). During the response to incidents, the ESF8C is the ESF8 point-of-contact for requests for medical and health resources including personnel, supplies and equipment, pharmaceuticals, and medical transport.

ESSENTIAL FUNCTIONS (EF)
Essential functions and services are those that implement AGENCY’S core mission and goals. The extended loss of these functions, following an emergency, would create a threat to life/safety, or irreversible damage to AGENCY, its staff or its stakeholders.

HAZARD MITIGATION
Measures taken by a facility to lessen the severity or impact a potential incident or emergency may have on its operation. Hazard mitigation can be divided into two categories.

- **Structural Mitigation**: Reinforcing, bracing, anchoring, bolting, strengthening or replacing any portion of a building that may become damaged and cause injury, including exterior walls, exterior doors, exterior windows, foundation, and roof.

- **Nonstructural Mitigation**: Reducing the threat to safety posed by the effects of earthquakes on nonstructural elements. Examples of nonstructural elements include:
light fixtures, gas cylinders, HazMat containers, desktop equipment, unsecured bookcases and other furniture.

HAZARD VULNERABILITY ANALYSIS (HVA)
Hazard vulnerability analysis identifies ways to minimize losses in an incident considering emergencies that may occur within the facility as well as external to the facility in the surrounding community.

HEALTHCARE COORDINATION SYSTEM (HCS)
The HCS will focus on coordination between healthcare facilities so that incident management teams at each facility can focus their attention on internal objectives, strategies and tactics. The HCS will set priorities between facilities to ensure efficient resource use. Critical resources will be allocated between facilities by overall priorities established by the HCS Advisory Committee.

HOMELAND SECURITY EXERCISE AND EVALUATION PROGRAM (HSEEP)
The Homeland Security Exercise and Evaluation Program (HSEEP) is a capabilities and performance-based exercise program. The intent of HSEEP is to provide common exercise policy and program guidance capable of constituting a national standard for all exercises. HSEEP includes consistent terminology that can be used by all exercise planners, regardless of the nature and composition of their sponsoring agency or organization.

INCIDENT COMMAND SYSTEM (ICS)
A temporary management system used to manage and coordinate AGENCY activities during an emergency. ICS is designed facilitate decision-making in an emergency environment.

MULTI-HAZARD APPROACH
A multi-hazard approach to incident planning evaluates all threats including the impacts from all natural and man-made incidents, including technological threats, terrorism, and a state of war.

NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS)
NIMS is the mandatory system established by HSPD-8 for managing the response of government agencies to multi-agency and multi-jurisdiction emergencies in <State>. NIMS incorporates the use of the Incident Command System (ICS).

PHASES OF EMERGENCY MANAGEMENT
- **Mitigation** - Pre-event planning and actions which aim to lessen the effects of potential incident.
- **Preparedness** – Actions taken in advance of an emergency to prepare the organization for response.
- **Response** - Activities to address the immediate and short-term effects of an emergency or incident. Response includes immediate actions to save lives, protect property and meet basic human needs.

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2 The <County Name> County HCS Emergency Advisory Committee will be comprised of representatives from each hospital, public health, <County Name> County Emergency Manager, <County Name> County EMS Coordinator, and others (e.g., triage centers or long term care facilities, infection control practitioners) as necessary for the specific event.
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**Recovery** - Activities that occur following a response to an incident that are designed to help an organization and community return to a pre-incident level of function.

**STANDARD OPERATING PROCEDURES (SOP)**
Pre-established procedures that guide how an organization and its staff perform certain tasks. **SOPs** are used routinely for day to day operations and response to emergency situations. **SOPs** are often presented in the form of checklists or job action sheets.
1 MITIGATION

1.1 Introduction

AGENCY undertakes risk assessment and hazard mitigation activities to lessen the severity and impact of a potential emergency. Mitigation begins by identifying potential emergencies (hazards) that may affect the organization's operations or the demand for its services. This is followed by development of a strategy to strengthen the perceived areas of vulnerability within the organization. During the mitigation phase, the AGENCY Executive Director and staff identifies internal and external hazards and take steps to reduce the level of threat they pose by mitigating those hazards or reducing their potential impact on AGENCY. The areas of vulnerability that cannot be strengthened sufficiently are addressed in emergency plan appendices. Mitigation activities occur both before and following an incident.

1.2 Hazard Vulnerability Analysis

1.2.1 Hazard and Vulnerability Analysis

AGENCY conducts a hazard vulnerability analysis to identify hazards and the direct and indirect effect these hazards may have on the healthcare system. This provides information needed by the hospital to minimize losses in an incident.

Appendix D.1 - Hazard Vulnerability Analysis (HVA) is a tool for estimating and ranking the probability of occurrence and potential severity of various events. This assessment is performed annually.

1.2.2 Risk Management – Life Safety Survey, Risk Management Quarterly review.

As part of its risk management program, AGENCY will also conduct a Management of Environment Safety Survey of its facilities at least annually.

Appendix D.2 Management of Environment Hazard Surveillance/Risk Assessment Form is a tool for conducting that survey, ranking problems and setting priorities for remediation. This ongoing remediation contributes to reducing the overall vulnerability of the hospital to various hazards. The tool provided in Appendix D.2 is modified, as necessary, to address problems associated with hazards identified through the hazard vulnerability assessment described in Section 1.2.1.

1.3 Hazard Mitigation

AGENCY will undertake hazard mitigation or retrofitting measures to lessen the severity or impact a potential incident may have on its operation. These measures are taken prior to incidents to minimize the damage to the facility. Refer to Appendix D.3 - Structural and Non-Structural Hazard Mitigation Checklists for a checklist of structural and non-structural hazard mitigation recommendations for specific hazards.

1.4 Risk Assessment

AGENCY will assess the risks identified in its Hazard Vulnerability Assessment that could not be eliminated or satisfactorily mitigated through its hazard mitigation program and determine their likelihood of occurrence and the severity of their consequences. This assessment of remaining risks will help to define the emergency
response role AGENCY adopts for itself and the preparation required to meet that role. See Section 1.6 below.

1.5 Insurance Coverage
The Chief Operations Officer, or designee, of AGENCY will meet with insurance carriers to review all insurance policies and assess the facility’s coverage for relocation to another site, loss of supplies and equipment, and structural and nonstructural damage to the facility.

1.6 AGENCY Emergency Response Roles
1.6.1 AGENCY may play a variety of roles in responding to incidents including providing emergency medical care, providing temporary shelter and expanding primary care services to meet increased community needs created by damage to other health facilities. However, healthcare facilities are not equipped to respond definitively to all incidents. AGENCY roles may be constrained by limited resources and technical capability and by the impact of the incident on the facility. Refer to Appendix E – Healthcare Response Roles and Requirements for a list of potential roles and the planning and preparedness requirements for meeting those roles.

1.6.2 As a part of its mitigation program, AGENCY will identify the response roles it will prepare to perform following a incident. This decision will involve input from AGENCY management and staff, the AGENCY board of directors, and community and government emergency officials. Based on the findings of the risk assessment, AGENCY will take the following steps to define the incident response roles for which it should prepare:

• Assess the pre-incident medical care environment and the role AGENCY performs in providing health services.

• Assess AGENCY’S resources including availability of staff to respond and ability of AGENCY to survive intact.

• Discuss potential response roles and findings of risk assessment with Emergency Support Function 8 Coordinator or <County Name> County Emergency Manager.

• Obtain community input.

• Obtain input from AGENCY staff, especially medical and nursing directors, safety officer, and chief operating officer.

• Present recommendations to its board of directors for consent, review, or ratification.
2 PREPAREDNESS

2.1 Introduction
Preparedness activities build organization capacity to manage the effects of emergencies should one occur. During this phase, the **AGENCY** Executive Director, Emergency Management Group (EMG) and staff will develop plans and operational capabilities to improve the effectiveness of the **AGENCY’S** response to emergencies. Specifically, **AGENCY** will:
- Develop / update emergency plans and procedures, including the Emergency Operations Plan.
- Develop and update agreements with other community health care providers and with civil authorities.
- Train emergency response personnel.
- Conduct drills and exercises.

2.2 Emergency Operations Plan
The **AGENCY** Emergency Operations Plan is an “all-hazards” plan that will guide **AGENCY** response to any type of an incident or emergency.

2.3 National Incident Management System (NIMS)
2.3.1 **AGENCY** has incorporated the principles of NIMS into its Emergency Operations Plan to ensure maximum compatibility with local government response plans and procedures.
2.3.2 According to Homeland Security Presidential Directive- 8, NIMS shall be used by all State Agencies responding to any of the following emergency operations:
- Single jurisdictional/agency involvement
- Single jurisdictional responsibility with multiple agency involvement
- Multiple jurisdictional responsibilities with multiple agency involvement
2.3.3 **NIMS** incorporates the Incident Command System (ICS) which provides an efficient tool for the management of emergency operations. NIMS/ICS is designed to be adaptable to any emergency or incident. The system expands in a rapid and logical manner from an initial response to a major incident call-out. When organizational needs dictate, the system also contracts just as rapidly.
2.3.4 These components of NIMS / ICS are incorporated or referenced in this **EOP**.
- Common terminology
- Modular organization
- Unified Command
- Action Planning
- Manageable Span-of-Control
- Multi-Agency and Inter-Agency Coordination
2.3.5 **NIMS** operates at the following levels of government:
- State – Statewide resource coordination integrated with federal agencies through the <State> Division of Emergency Management (DEM) and the <State> Department of Public Health and Environment (DPHE.)
- Regional – Management and coordination of information and resources among City/Counties can be accomplished through timely monitoring of EMSSystems.
- Local/County – Manages and coordinates all local governments within the geographic boundary of a county.
• Field - On-scene responders are coordinated through ICS.
• Healthcare Coordination System (HCS)/ESF8 Committee (ESF8C)
• **AGENCY** interfaces with ESF8 as part of the Hospital Coordination System, as outlined in the **<County Name>** County ESF8 Plan, and the ESF8 Coordinator and/or **<County Name>** County Health Department Liaison.

### Figure 1: The healthcare coordination process for resource allocation and policy guidance.

#### 2.4 Integration with Community-wide Response

**AGENCY** will notify the **ESF8 Coordinator** of any emergency impacting healthcare operations and will coordinate its response to community-wide incidents with the overall medical and health response of the County. See **Appendix J.3 – Incident Contacts** for list of agencies and individuals, including the **ESF8 Committee**, who should be contacted in emergencies. Figure 1 below shows the general structure for ESF8 Coordination in **<County Name>** County.

#### 2.4.1 Coordination with Government Response Agencies

To the extent possible, **AGENCY** will ensure that its response is coordinated with the decisions and actions of the **ESF8 Committee** and other health care agencies involved in the response. To ensure coordination, **AGENCY** staff will:

a. Coordinate with the **ESF8 Committee** to define **AGENCY'S** role in the emergency response system. Determine which response roles are expected by officials and which are beyond the system's response needs or **AGENCY'S** response capabilities. See **Appendix E – Healthcare Response Roles and Requirements** for a list of potential healthcare roles.
b. Participate in planning, training and exercises sponsored by medical and health agencies.
c. Develop reporting and communications procedures to ensure integration with City/County response.
d. Define procedures for requesting and obtaining medical resources and for evacuating / transporting patients.
e. During a response, report the status and resource needs of AGENCY and obtain or provide assistance in support of the community-wide response. This is accomplished through the standardized ESF8 reporting process established by the Healthcare Coordination System. See Appendix O.5 – ESF8 report.

2.4.2 Coordination with Emergency Responders

2.4.2.1 Emergency services availability
During an area-wide incident, fire, EMS and law emergency services may not be able to respond to emergencies at AGENCY.

2.4.2.2 Response authority
AGENCY personnel will cooperate fully with EMS and law enforcement personnel when they respond to emergencies. This may include providing information about the location of hazardous materials or following instructions to evacuate and close a AGENCY facility.

2.4.2.3 Command post
AGENCY has identified a recommended location for an emergency responder command post for coordinating the response to an emergency at the hospital. The location of the primary command post and an alternate are listed in Appendix L.2 – Health Care Alternate and Referral Facility Locations.

2.4.3 Mutual Aid
AGENCY recognizes that it may need to rely on other health care facilities, especially those nearby, in responding to an incident to augment its capacity to meet patient care needs. AGENCY will review existing formal and informal arrangements with health facilities to explore expanding their provisions to cover incident response conditions. The hospital will also seek to establish agreements with relevant facilities where no agreement currently exists. AGENCY views these agreements as reciprocal and will also explore opportunities to provide support to these facilities if conditions allow.

2.4.3.1 Incident related arrangements with nearby hospitals include:
• <County Name> County Mass Casualty Plan: Includes referral / diversion of patients to nearby hospitals, especially patients that require a higher level of care than AGENCY can provide. The plan also references acceptance of diverted patients from hospitals to increase their capacity to care for seriously ill and injured.
• <County Name> County Mass Fatality Plan (YEAR): Includes references to assistance rendered by AGENCY in instances requiring support and staffing of surge facilities such as a temporary morgue, handling of deceased, and coordination with other healthcare facilities in management and transport of deceased.

2.4.3.2 Limitations
During an area-wide incident in which the City/County has opened its EOC, patient transfers and access to ambulances may need to be coordinated through the EOC-ESF8, overriding other agreements. The Mass Casualty Plan may be activated in this instance.
Developing arrangements for receipt or diversion/referral of incident victims requires careful and detailed planning including:

- Alert and notification
- Sharing of medical information
- Patient tracking
- Contingencies that impact ability of either party to meet the terms of the agreement.

### 2.4.4 Relationship to Hospital Coordination System

The Hospital Coordination System and **Agency** will define their emergency response relationship in accordance with the role established by the Hospital Coordination System (HCS).

a. In the preparedness phase, the HCS includes:
   - Strengthening the relationship and coordination between the ESF8C and hospitals in the county.
   - Resource acquisition including grant funding, group purchasing and shared equipment.
   - Training and technical assistance.
   - Coordinated planning.
   - Exercise coordination.

b. In the response and recovery phases, the HCS role includes:
   - HCS coordinated hospital assistance to hospitals.
   - Information gathering and dissemination to other hospitals or City/County.
   - Resource acquisition.
   - Public information.
   - Technical assistance.

c. In the recovery phase, assisting with obtaining financial recovery assistance.

d. As soon as practicable during an incident, **Agency** Incident Commander, or designee, will report the following to the Hospital Coordination System. See **Appendix J.3 – Incident Contacts** for call list:
   - Nature of the emergency.
   - Impact of the emergency on hospital operations.
   - Current operational status of the hospital.
   - When the hospital expects to become fully operational.
   - Hospital resource needs.

e. Hospital reporting to the Hospital Coordination System (HCS) does not take the place of reporting to the **EM**, unless the County plans call for hospital – **EM** coordination to be mediated by the Hospital Coordination System as described in the **<County Name> County ESF8 Operations Plan**.

f. Hospital reporting to the Hospital Coordination System (HCS) does not necessarily constitute a request for resources or other assistance.

### 2.4.5 Coordination with Hospital Board (HB)

The **Agency** Administrator-on-Call will notify the HB of the hospital in the event of any emergency that requires hospital evacuation, 911 response of emergency medical or law enforcement personnel, or the opening of the hospital EOC.

### 2.4.6 Acquiring Resources

2.4.6.1 **Agency** has procedures for augmenting supplies, equipment and personnel from a variety of sources. Assistance may be coordinated through the following channels:

- Prior agreements with vendors for emergency re-supply.
Hospital Emergency Operations Plan (EOP) Template

• Stockpiles of medical supplies and pharmaceuticals anticipated to be required in an emergency response (i.e. Strategic National Stockpile, SNS.)
• Emergency Support Function 8 Committee (ESF8C) assistance to hospitals in coordination with the AGENCY Emergency Medical Supply Cache as outlined in the <County Name> County Supply Allocation Matrix. See Appendix L.4- <County Name> County Supply Allocation Matrix.
• From other hospitals, hospitals or health care providers.

2.5 Roles / Responsibilities – Disaster Recall list (HR)

2.5.1 The AGENCY Chief Executive Officer (CEO)

The Hospital CEO is responsible, directly or through delegation, for the development of the EOP and for directing the response to emergencies. Specific responsibilities include:

a. Execute (oversee) the development and implementation of the incident plan.

b. Appoint an Emergency Preparedness Coordinator (EPC) to coordinate the development and maintenance of AGENCY’S Emergency Operations Plan; ensure the organizations emergency preparedness program meets all applicable standards or government regulations; and, provide for ongoing training for hospital staff. See Appendix A – JCAHO EC 4.10 and 4.20 and Appendix U - Appendix U: Hospital Emergency Management Regulatory References.

The EPD will chair a committee that should include the safety manager, facility manager(s) and senior representatives from administration and health care staff.


d. Ensure staff is trained to perform emergency roles. See Appendix G - Training And Exercises.

e. Ensure that drills and exercises are conducted semi-annually and records are maintained. See Appendix G - Training and Exercises.

f. Evaluate the incident program annually and update as needed including a description of how, when and who will perform the activity.

g. Activate the hospital’s emergency response.

h. Direct the overall response to the incident/emergency.

i. Develop the criteria for and direct the evacuation of staff, patients and visitors when indicated.

j. Ensure the hospital takes necessary steps to avoid interruption of essential functions and services or to restore them as rapidly as possible. See Section 2.5.

k. Ensure a hazard vulnerability assessment is performed periodically.

2.5.2 Medical Director

The Medical Director, directly or through delegation, will:

a. Serve as leader, co-leader, or member of the Emergency Management Group (EMG).

b. Identify alternates and successors if unavailable or if response requires 24 hour operation.

c. Contact local health department to determine local system for bioterrorism updates. Monitors Electronic Disease Reporting Systems for updates.
Hospital Emergency Operations Plan (EOP) Template

Provide hospital with updates from the CDC and <County Name> County Health Department on standards for the detection, diagnosis, and treatment of chemical and bioterrorism agents.

d. Ensure the continuity of care and maintenance of medical management of all patients in the care of the hospital during an incident.
e. Assign hospital staff to medical response roles (triage, treatment, decontamination, etc.)
f. Determine incident response hospital staffing needs in cooperation with the Nursing Director.

2.5.3 Nursing Director
The Nursing Director may fill the following roles:

a. Serve as a member of the EMG.
b. Monitor electronic medical records repositories and Electronic Disease Reporting Systems for bioterrorism updates.
c. Provide hospital with updates from the CDC and NHD of standards for the detection, diagnosis, and treatment of chemical and bioterrorism agents.
d. Determine the incident response hospital staffing needs in cooperation with the Medical Director.
e. Perform other duties delegated by the AGENCY Medical Director, Executive Director or Incident Commander consistent with training and scope of practice.

2.5.4 Safety Officer
The Safety Officer will appoint teams and develop procedures for the following response tasks:

a. Light search and rescue
   Appoint and train a light search and rescue team to ensure all rooms are empty and all staff, patients, and visitors leave the premises when the hospital is evacuated. If required and safe, this team will perform additional search and rescue tasks that do not entail using equipment or disturbing collapsed structures.

b. Damage Assessment
   Appoint and train a damage assessment team on each shift to evaluate items on the Damage Assessment Checklist. See Appendix D.1 - Incident Assistance Forms.
   Supply the teams with hard hats, work gloves, flashlights, clipboards, tape, cameras, film and videotape, if possible.

2.5.5 All Hospital Staff
• All hospital staff has emergency and incident response responsibilities. The duty statements of all hospital staff will include the following language: “Participates in all safety programs which may include assignment to an emergency response team.”
• Additional specific response duties may also be included for staff with appropriate skills and responsibilities.

In addition, all staff are required to:

a. Familiarize themselves with evacuation procedures and routes for their areas. See Appendix H.1 - Emergency Procedures.

b. Become familiar with basic emergency response procedures for fire, HAZMAT and other emergencies. See Appendix H.1 and Section 3.14.

c. Understand their roles and responsibilities in AGENCY plans for response to and recovery from incidents. See Appendix F.3 – EOC Job Action Sheets.
d. Participate in organizational training and exercises. These exercises are intended to practice emergency response activities and improve readiness. See Appendix G - Training And Exercises.
All staff will also be encouraged to:
a. Make suggestions to their supervisor or the Emergency Management Group on how to improve hospital preparedness.

2.6 Initial Communications and Notifications

2.6.1 AGENCY Staff Call List
The hospital will compile and maintain an internal contact list that will include the following information for department directors, managers and assistants: name, position title, home phone or cell phone, and preferred method of contact during off hours. See Appendix J.1 – Staff Call Back List.
Each department will maintain a complete departmental roster (Staff Call List) with the following information: name, job title, home or cell phone, and preferred method of contact during off hours.
The Staff Call List contains sensitive contact information and will be treated confidentially.
The list of staff phone numbers will be kept offsite as well as onsite by key employees and at key locations.
AGENCY utilizes standardized Emergency Codes throughout its facilities to facilitate rapid staff response to internal incidents. See Appendix J.4 - Emergency Codes.

2.6.2 External Notification
AGENCY will compile and maintain an external contact list of phone numbers of emergency response agencies, key vendors, stakeholders, and resources.
a. Appendix J.2 – Basic Facility Support lists routine and emergency contact numbers for basic support services for facility operations (e.g., utilities, repair services, etc.)
b. Appendix J.3 – Incident Contacts lists contact information for use in response to incidents (e.g., government response entities, nearby hospitals and hospitals, media, etc.)
c. Appendix Q - Volunteer and Donations Procedures lists contact information and procedures for activating <County Name> County Medical Reserve Corps (MRC) volunteers and/or AGENCY volunteers.

2.6.3 Primary Communications Methods
Refer to Appendix K.1 – Communications Equipment Inventory for a list of communications resources available to AGENCY. The primary means of emergency communication is the local telephone system. If telephones fail, hospital staff will notify the telephone provider by any means available including: telephones in another area of the hospital, cell phones, messenger, e-mail, or satellite phones, or 800 MHz radios via dispatch.
AGENCY has installed standard telephone jacks and systems that bypass the electronic phone system for fax machines and data equipment (i.e. computers/wireless.) Refer to Appendix K.1 for the location where these devices are located or stored.
2.6.4 Alternate Communications Methods

In addition to its telephone system, the hospital maintains the following radio communications equipment:

- A **VHF/UHF/800 MHz radio system** for communications with the City/County medical/health response. Refer to Appendix K.2 – County Communications Procedures for procedures for operating the Emergency medical dispatch radio system. The radio is located in the **Emergency Department** area and is to be used only by trained staff.
- An Amateur Radio System (or ARES/RACES) is located in **<County Name> County** and an agreement with a local Amateur Radio group to respond to the hospital when requested by the **<County Name> County Sheriff’s Office** or Emergency Manager.

Other alternate communications tools include:

a. FAX, Cell Phone, Internet/Email, Text and Voice Messaging. See Appendix K.1 – Communications Equipment Inventory for Communication Resource List.

b. Handheld Radios (Walkie-Talkies) – The hospital uses handheld radios for internal communications in both routine and emergency situations.

c. If telephone and radio communications are unavailable, runners will be employed to take messages to and from the hospital and appropriate agencies rendering assistance.

d. The designated hospital EOC has a radio, television with cable connection to monitor television and radio broadcasts to remain up-to-date on official government announcements and other information during an incident.

e. Refer to Appendix P.4 – Communications Procedures.

2.6.5 Communications Equipment Testing and Maintenance

a. **AGENCY** will appoint a communications coordinator to maintain and test communications equipment.

b. All communications equipment will be tested twice per year. Defective equipment will be repaired or replaced. Batteries will be replaced per manufacturer’s recommendation or as required. Spare batteries will be stored with equipment.

c. The communications coordinator will ensure copies of operating instructions, warranties and service agreements for communications equipment are retained both at the hospital and at an offsite location.

d. The communications coordinator will review communications requirements and equipment annually as a part of the review of this overall plan and will make recommendations for equipment upgrades or replacement.

2.7 Continuity of Operations

2.7.1 Policy

It is the policy of **AGENCY** to maintain service delivery or restore services as rapidly as possible following an emergency that disrupts those services. As soon as the safety of patients, visitors, and staff has been assured, the organization will give priority to providing or ensuring patient access to health care.

2.7.2 Continuity of Operations Goals and Planning Elements

**AGENCY** will take the following actions to increase its ability to maintain or rapidly restore essential services following a incident to ensure:

a. Patient, visitor and personnel safety
Hospital Emergency Operations Plan (EOP) Template

Develop, train on and practice a plan for responding to internal emergencies and evacuating staff, patients and visitors when a facility is threatened. See Appendices H.1 – Emergency Procedures and H.5 – Hospital Evacuation Template.

b. Continuous performance or rapid restoration of the facilities essential services during an emergency.

Develop plans to obtain needed medical supplies, equipment and personnel. See Appendix J.3 – Incident Contacts. Identify a backup site or make provisions to transfer services to a nearby provider. See Appendix L.1 – Health Care Alternate and Referral Facilities.

c. Protection of medical records.

To the extent possible, protect medical records from fire, damage, theft and public exposure. If a facility is evacuated, provide security to ensure privacy and safety of medical records.

d. Protection of vital records, data and sensitive information

- Ensure offsite back-up of financial and other data.
- Store copies of critical legal and financial documents in an offsite location.
- Protect financial records, passwords, credit cards, provider numbers and other sensitive financial information.
- Update plans for addressing interruption of computer processing capability.
- Maintain a contact list of vendors who can supply replacement equipment. See Appendix J.2 – Basic Hospital Support.
- Protect information technology assets from theft, virus attacks and unauthorized intrusion.

e. Protect medical and business equipment

- Compile a complete list of equipment serial numbers, dates of purchase and costs. Provide list to the CEO, or designee, and store a copy offsite.
- Protect computer equipment against theft through use of security devices.
- Use surge protectors to protect equipment against electrical spikes.
- Secure equipment to floors and walls to prevent movement during earthquakes.
- Place fire extinguishers near critical equipment, train staff in their use, and inspect according to manufacturer’s recommendations.

f. Relocation of services

AGENCY will take the following steps, as feasible and appropriate, to prepare for an event that makes the primary hospital facility unusable.

AGENCY will:

- Identify a back-up facility for continuation of hospital and /or health services, if possible. See Appendix L.1 – Health Care Alternate and Referral Facility Locations for location of back-up facility.
- Establish agreements with nearby health facilities to accept referrals of AGENCY patients or residents.
- Establish agreements with nearby health facilities to allow medical staff to see patients at these alternate facilities.
- Identify a back-up site for continuation of AGENCY business functions and emergency management activities. See Appendix L.1 for location.

g. Restoration of utilities

AGENCY will:

- Maintain contact list of utility emergency numbers. See Appendix J.2 – Basic Hospital Support.
Hospital Emergency Operations Plan (EOP) Template

- Ensure availability of phone and phone line that do not rely on functioning electricity service.
- Request priority status for maintenance and restoration of telephone service from local telephone service provider.

2.7.3 AGENCY has an emergency generator at the hospital and the Adult Extended Care facility to ensure its ability to continue operations in the event of an emergency that creates power outages. AGENCY will obtain assistance from local utilities or vendors.

Specific steps are carried out to ensure reliability for use in incidents including:
- Inventory essential equipment and systems that will need continuous power.
- Determine the maximum length of time a facility will operate on emergency power (i.e., is emergency power primarily for short term outages or for extended operations)
- Determine power output needs.
- Determine location of nearest supplies of selected fuels that can be accessed in an emergency.
- Perform recommended periodic maintenance.
- Run monthly generator start-up tests.

2.8 Hospital Patient Surge Preparedness

2.8.1 Surge capacity encompasses hospital resources required to deliver health care under situations which exceed normal capacity including potential available space in which patients may be triaged, managed, vaccinated, decontaminated, or simply located; available personnel of all types; necessary medications, supplies and equipment; and even the legal capacity to exceed authorized care capacity.

2.8.2 Normal hospital capacity could be exceeded during any type of emergency for reasons that include the following:
- Random spikes in numbers of presenting patients.
- Seasonal or other cyclical spikes (e.g., school required immunizations, flu epidemics, etc.).
- Convergence of ill or injured resulting from incidents.
- Psychogenic convergence that results from emergencies.
- A combination of any of the above.

Events that create patient surge may also reduce hospital resources through exhaustion of supplies and pharmaceuticals and reduced staff availability. Staff may be directly impacted by the emergency, unable to reach the hospital or required to meet commitments at other health facilities.

2.8.3 The AGENCY Emergency Preparedness Director, in conjunction with Medical, Nursing, and other Department Directors will review provisions of City/County emergency plans that describe:

- How the surge capacity of the health system will be increased.
- Patient transportation policies and procedures for bioterrorism and other major incidents.
- Procedures for augmenting medical care resources at sites of medical care including City/County plans for accessing and distributing the contents of the National Pharmaceutical Stockpile.

2.8.4 The Emergency Department Director will develop a surveillance process to provide early indications of potential for patient surge that may result from an infectious
disease outbreak, bioterrorist attack, or release of a hazardous material. **AGENCY** staff will monitor:

- Walk-in hospital utilization patterns.
- News reports about flu and other pandemics.
- Signs of terrorism attack. See Section 3.15.4.1.

Hospital staff will also review past utilization experience to identify cyclical variations in hospital utilization.

### 2.8.5 Patient flow and site planning

**AGENCY** Emergency Preparedness staff will:

a. Periodically review patient flow and identify areas on hospital grounds that can be converted to triage sites and patient isolation areas.

b. Evaluate the appropriateness of the use of cafeteria, break rooms and other spaces for patient holding, decontamination or treatment areas.

c. Designate sites available for isolating victims of a chemical or bioterrorist attack. Sites should be selected in coordination with the facility manager based on patterns of airflow and ventilation, availability of adequate plumbing and waste disposal, and patient holding capacity.

d. Ensure triage and isolation areas are accessible to emergency vehicles and to patients.

e. Triage, decontamination and isolation sites should have controlled access.

### 2.8.6 **AGENCY** will also take the following actions to increase surge capacity:

a. Store cots, blankets and other items required for holding and sheltering patients while they await transfer.

b. Establish reciprocal referral agreements with nearby hospitals and hospitals.

c. Survey staff to develop estimates of the likely number of Hospital and non-Hospital staff able to respond during hospital operating hours and off hours for each day of the week. The estimates will take into account distance, potential barriers and competing responsibilities (hospital practice, other hospitals, etc.).

### 2.8.7 Hospitals may also be able to refer / divert patients to nearby hospitals if **AGENCY** is damaged or overwhelmed, or obtain space and support from other health care providers.

### 2.9 Incident Medical Resources

#### 2.9.1 Personnel

**AGENCY** will rely primarily on its existing staff for response to emergencies and will, therefore, take the following measures to estimate staff availability for emergency response:

- Identify staff with conflicting practice commitments.
- Identify staff with distance and other barriers that limit their ability to report to the hospital.
- Identify staff that is likely to be able to respond rapidly to **AGENCY**.

**AGENCY** will also develop a roster of bi-lingual staff by language.

**AGENCY** will take the following steps to facilitate response to organizational emergencies by its staff when their homes and families may be impacted:

- Promote staff home emergency preparedness. See Appendix I.
- Identify childcare resources that are likely to remain open following a incident.

#### 2.9.2 Pharmaceuticals / Medical Supplies / Medical Equipment

**AGENCY** will work with the Hospital Coordination System (HCS) to determine the level of medical supplies and pharmaceuticals it is prudent
and possible to stockpile. Given limited resources, the hospital will stockpile only those items it is highly likely to need immediately in a response or in its day-to-day operations. All stored items will be rotated to the extent possible.

2.9.2.2 **AGENCY** will identify primary and secondary sources of essential medical supplies and pharmaceuticals and develop estimates of the expected time required for resupply in a incident environment.

2.9.2.3 National Pharmaceutical Stockpile (NPS)/Strategic National Stockpile (SNS) In a bioterrorist event, if mass quantities of pharmaceuticals are needed then the county will request mobilization and delivery of the National Pharmaceutical Stockpile, or the Strategic National Stockpile (SNS) through the State of **<State>**. The CDC has established the National Pharmaceutical Stockpile (NPS) program as a repository of antibiotics, chemical antidotes, life support medications, IV administration sets, airway maintenance supplies including ventilators, and other medical/surgical supplies. The **<State>** Department of Public Health and Environment Immunization Program) is the lead state agency for obtaining access to the NPS. (In **<County Name>** County, county agencies have lead responsibility for request to CDPHE for the NPS). The NPS is designed to supplement and re-supply state and local public health and medical response teams in the event of a biological and/or chemical terrorism incident anywhere in the U.S. It is not anticipated that healthcare facilities will be directly involved with the distribution of NPS assets. However, hospital leadership should be informed of local level plans and what role, if any, they might be expected to play in the distribution of assets to the community.

2.9.2.4 Personal Protective Equipment (PPE):

a. **AGENCY** will take measures to protect its staff from exposure to infectious agents and hazardous materials. Health care workers will have access to and be trained on the use of personal protective equipment.

b. The recommended PPE for hospital personnel is: N95 HEPA mask, **TYVEK** Coverall with hood and booties, with **TYVEK** booties, face shield, and Nitrile Gloves. This set does not provide full level C protection without a canister equipped respirator. See Appendix N-Patient Decontamination Plan and Personal Protective Equipment for information on the limitations of PPE and the requirements to achieve higher levels of protection.

c. The Emergency Department Director and designee will receive training to provide just-in-time training in the event use of PPE is required. Training Records will reflect the nature of training each employee receives in the proper use of PPE.

d. The Emergency Department Physician and Administrator on Call will designate Hospital staff that is to receive PPE when a patient with a suspected infectious agent is present. Licensed medical personnel and support personnel assigned to respond to care for victims of weapons of mass destruction will be assigned PPE.

e. Protective equipment is located in the materials management area, the hospital and Emergency Department supply rooms and will be accessed by **AGENCY** staff when a patient with a suspected infectious disease presents.
2.10 Incident Mental Health

2.10.1 Following a bioterrorism event, or other major incident, anxiety and alarm can be expected from infected patients, their families, healthcare workers, and the worried well. Psychological responses may include anger, fear, and panic, unrealistic concerns about infection, fear of contagion, paranoia, and social isolation. When available, mental health workers (psychiatrists, psychologists, social workers, and clergy) can be deployed to help manage the mental health needs of patients and families. The scope of mental health services AGENCY can perform depends in large part on the availability of licensed mental health providers at the hospital during the response to incidents.

2.11 Public Information / Risk Communications

2.11.1 The Incident Commander will appoint a Public Information Officer (PIO) to coordinate the release of hospital information internally and externally to media and community. The PIO will develop a Incident Public Information Plan to guide hospital information dissemination and response to media and community inquiries following the incident.

2.11.1.1 This plan will include provisions for coordination with the County Public Information Officer and the <County Name> County Joint Information Committee (JIC) during an emergency to ensure availability of up-to-date information and consistency of released information. It will address the information needs of the hospital's various “publics” that need to be considered when providing information. These stakeholders include community, patients, staff, volunteers and other interested parties.

2.11.1.2 The plan will define how the following information is gathered, verified, coordinated with the incident PIO, and communicated to communities served by the hospital and other stakeholders:

- The nature and status of the emergency.
- Appropriate actions for protection, seeking health care services, and obtaining needed information.
- The status of the hospital and its ability to deliver services.

Refer to Appendix P.5 – Information and Intelligence for guidance.

2.11.1.3 It will also include provisions for employee meetings, internal informational publications, press releases and other programs intended to disseminate accurate information regarding the event and its impact as well as deal with misinformation.

2.11.2 AGENCY will incorporate incident preparedness information into its normal communications and education programs for staff and patients including:

- Home and family preparedness. See Appendix I for guidelines.
- Information on hospital emergency preparedness activities.

Information dissemination channels for these activities include newsletters, pamphlets, health education and in-service education classes, and internet postings.

2.12 Training, Exercises and Plan Maintenance

2.12.1 Training (See Appendix G - Training and Exercises for general guidelines.)

2.12.1.1 Employee Orientation
All employees will learn the following information from their new employee orientation or subsequent safety training. This checklist will also be used to design facility-wide drills to test hospital emergency response capabilities. Employee essential knowledge and skills include:

- The location and operation of fire extinguishers.
- The location of fire alarm stations and how to shut off fire alarms.
- How to page a fire.
- How to dial 911 in the event of a fire.
- How to assist patients and staff in the evacuation of the premises.
- Location and use of oxygen (licensed staff).
- Location and use of medical emergency equipment (medical staff and staff trained on Automated external defibrillator- AED).
- How emergency codes are called in the hospital and appropriate initial actions. See Appendix H.2 – Emergency Code Examples.
- Actions to be taken during fire and other emergency drills.

All employees must attend annual training and updates on emergency preparedness, including elements of this plan.

2.12.1.2 Hospital Bioterrorism Training

a. All physician and nursing staff will receive documented training on procedures to treat and respond to patients infected with a bioterrorism agent. Training will include:
   - Recognition of potential epidemic or bioterrorism events.
   - Information about most likely agents, including possible behavioral responses of patients.
   - Infection control practices.
   - Use of Personal Protective Equipment.
   - Reporting requirements.
   - Patient management.
   - Behavioral responses of patients to biological and chemical agents.

b. General staff training will include:
   - Roles and responsibilities in a bioterrorism event.
   - Information and skills required to perform their assigned duties during the event.
   - Awareness of the backup communications systems used in a bioterrorism event.
   - The location of and how to obtain supplies, including Personal Protective Equipment (PPE) during a bioterrorism event.

c. Hospital and other staff will receive periodic updates as new information becomes available.

2.12.2 Drills and Exercises

2.12.2.1 **Agency** will rehearse this incident plan at least annually. All drills shall include an after-action debriefing and report evaluating the drill or exercise. **Joint Commission** Emergency Management Standards also requires health care organizations to regularly test the emergency management plan through planned drills and exercises. The plan must be executed at least annually, either in response to an actual emergency or in planned drills. See Appendix G - Training and Exercises for further guidance.

2.12.2.2 Exercises should include one or more of the following response issues in their scenarios:
   - Hospital evacuation
   - Bioterrorism
Hospital Emergency Operations Plan (EOP) Template

- Mental Health response
- Coordination with government emergency responders
- Continuity of operations
- Expanding hospital surge capacity

See Appendix G - Training and Exercises for a variety of scenarios to test internal and external incidents and incidents that require extensive community cooperation.

2.12.2.3 AGENCY will participate in community drills that assess communication, coordination, and the effectiveness of the hospital's and the community's command structures.

2.12.3 Evaluation

2.12.3.1 The effectiveness of the administration of this plan will be evaluated following plan activation during actual emergencies or exercises. Staff knowledge and responsibilities will be critiqued by the Emergency Management Group (EMG) and reported to the Emergency Preparedness Coordinator.

2.12.3.2 Based on the after-action evaluation, the Emergency Management Group will develop a Corrective Action Plan that includes recommendations for:
- Additional training and exercises.
- Changes in incident policies and procedures.
- Plan updates and revisions.
- Acquisition of additional resources.
- Enhanced coordination with response agencies.

2.12.4 Plan Development and Maintenance

2.12.4.1 The Emergency Management Group (EMG) is responsible for coordinating the development and implementation of a comprehensive emergency preparedness program and this plan. The EPC will review and update this plan at least annually. The plan will also be reviewed following its activation in response to any emergency, following exercises and other tests, as new threats arise, or as changes in hospital and government policies and procedures require.

2.12.4.2 A copy of this plan will be provided to the Emergency Support Function 8 Committee (ESF8C).

2.12.4.3 The AGENCY environment undergoes constant change including remodeling, construction, installation of new equipment, and changes in key personnel. When these events occur, the Emergency Management Group will review and update the AGENCY EOP to ensure:
- Evacuation routes are reviewed and updated. See Appendix H.1 – Emergency Procedures.
- Emergency response duties are assigned to new personnel, if needed.
- The locations of key supplies, hazardous materials, etc. are updated. See Appendix H.2 – Emergency Codes.
- Vendors, repair services and other key information for newly installed equipment are incorporated into the plan. See Appendix J.2 – Basic Hospital Support Call List.
3 RESPONSE

3.1 Introduction
During this phase, AGENCY will mobilize the resources and take actions required to manage its response to incidents.

3.2 Response Priorities
AGENCY has established the following response priorities:
- Ensure life safety – protect life and provide care for injured patients, staff, and visitors.
- Contain hazards to facilitate the protection of life.
- Protect critical infrastructure, facilities, vital records and other data.
- Resume the delivery of patient care.
- Support the overall community response.
- Restore essential services/utilities.
- Provide crisis public information.

3.3 Alert, Warning and Notification
- Resources are inadequate for response as indicated by:
  - FHW anticipates multiple operational periods for response
  - Emergency Operations Plan is initiated by FHW or partner agency involved in the response
  - Influx of patients beyond normal staffing/skill level
  - Multiple incidents requiring a variety of response types (chemical, biological, mass casualty)

Or, upon receipt of an alert from the ESF8C or other credible sources the AGENCY Emergency Preparedness Coordinator will notify key managers, order the updating of phone lists, and the inspection of protective equipment and supply and pharmaceutical caches. See Section 3.14.5.2 for procedures for determining if the hospital remains open, closes, or re-opens.

3.4 Response Activation and Initial Actions
This plan may be implemented in response to events occurring within the hospital/<OTHER LOCATION> or external to the organization. Any employee or staff member who observes an incident or condition which could result in an emergency condition should report it immediately to his/her supervisor. Fires, serious injuries, threats of violence and other serious emergencies should be reported to fire or police by calling 9-1-1. All staff should initiate emergency response actions consistent with the emergency response procedures outlined in Appendix H.1 - Emergency Procedures, Emergency Response Procedures (Emergency Codes in color coded format). If the emergency significantly impacts patient care capacity or the community served by the hospital, the Chief Executive Officer or Incident Commander will notify the ESF8C.
This plan may also be activated by the Chief Executive Officer/Incident Commander, or designee, at the request of the ESF8C.

3.5 Emergency Management Organization
AGENCY will organize its emergency response structure to clearly define roles and responsibilities and quickly mobilize response resources. AGENCY will use the Incident Command System (ICS) to manage its response to incidents as represented in Figure 2 above. ICS is a standardized management system used by government agencies and hospitals in emergencies. Under ICS, the organizations overall response is directed by an Incident Commander. The Chief Executive Officer may serve in that role or may appoint another hospital administrator to the position.

See **Appendix F.2 – Emergency Management Organization Chart** for an expanded organization chart and example of staff assignment to Emergency Management Group (EMG) positions.

3.5.1 The Incident Commander oversees the command/management function (command at the field level and management at all other levels) that provides overall emergency response policy direction, oversight of emergency response planning and operations, and coordination of responding staff and organizational units.

The management staff supporting the Incident Commander consists of a public information officer, safety officer and security officer. The Liaison officer(s) is responsible for coordination with other agencies. Legal counsel may also be added to the management staff if necessary. (Management staff is sometimes referred to as the Management or Command Section).

3.5.2 ICS employs four functional sections (operations, planning, logistics, and finance) in its organizational structure. A detailed description of staff roles and functions is included in **Appendix F.3 – EOC Job Action Sheets**.

- **Operations Section** — Coordinates all operations in support of the emergency response and implements the incident action plan for a defined operational period. Medical care and mental health services are managed through the Operations Section.
- **Planning and Intelligence Section** — Collects, evaluates and disseminates information, including damage assessments; develops the incident action plan in coordination with other functions; performs advanced planning; and, documents the status of the hospital and its response to the incident. See **Appendix O.1 – Situation Status Report Form** and **Appendix O.2 – Action Planning** for Action Planning Guidance and Forms. See **Appendix P.5 –
Information and Intelligence for guidance on gathering and managing information.

Logistics Section — Provides facilities, services, personnel, equipment and materials to support response operations. The Logistics Section also manages volunteers and the receipt of donations.

Finance and Administration Section — Tracks personnel and other resource costs associated with response and recovery, and provides administrative support to response operations. See Appendix O.4 – Financial Tracking Forms for forms for tracking expenditures. See Section 4.4 for information about recovering costs and losses.

3.5.3 The Incident Command System has the following additional characteristics:

a. Organization Flexibility - Modular Organization
   The specific functions that are activated and their relationship to one another will depend upon the size and nature of the incident. Only those functional elements that are required to meet current objectives will be activated. A single individual may perform multiple functional elements, e.g., safety and security or finance and logistics.

b. Management of Personnel - Hierarchy of Command and Span-of-Control
   Each activated function will have a person in charge of it, but a supervisor may be in charge of more than one functional element. Every individual will have a supervisor, except the Incident Commander.

c. EOC Action Plans
   Action Plans provide EOC and other response personnel with knowledge of the objectives to be achieved and the steps required for their achievement. They also provide a basis for measuring achievement of objectives and overall response performance. The action planning process should involve the EOC Incident Commander, management staff and other EOC sections. Action plans are developed for a specified operational period which may range from a few hours to 24 hours. The operational period is determined by first establishing a set of priority actions that need to be performed. A reasonable time frame is then established for accomplishing those actions. The action plans need not be complex, but should be sufficiently detailed to guide EOC elements in implementing the priority actions. See Appendix O.2 for Action Plan development forms and guidance.

3.5.4 EOC Staff Assignments
   The organization chart, located above, displays the response management organization structure. See Appendix F.3 - EOC Job Action Sheets for position duties and responsibilities during an emergency. Positions will be filled only as needed to meet the needs of the response. Some overlap will occur to account for limited personnel resources during an emergency, however all significant decisions within the five primary functions of the Incident Command System (ICS) will be made or delegated by the Incident Commander.

ICS positions should be assigned to the most qualified available and trained staff. Under emergency conditions, however, it may not always be possible to appoint the most appropriate staff. In that case the Incident Commander will be required to use best judgment in making position appointments and specifying the range of duties and authority those positions can exercise. Following are examples of potential position assignments of hospital staff to ICS position. See Appendix F.2 – Emergency Management Organization Chart for example of how assignments can be made.
Hospital Emergency Operations Plan (EOP) Template

- Incident Commander – Chief Executive Officer (CEO), Chief Operating Officer (COO) or a Department Director
- Operations Section Chief – Chief Operation Officer, Medical Director, Nursing Director, Departmental Director
- Planning / Intelligence Section Chief – COO, Departmental Director
- Logistics Section Chief – Facilities manager, Purchasing manager, Human Resources manager
- Finance / Administration Section Chief – Chief Financial Officer (CFO) or Finance Director, COO

3.6 Emergency Operations Center (EOC) Operations
3.6.1 The Emergency Operations Center will be located at AGENCY Conference Room. See Appendices P.2 - EOC Activation and Setup and P.3 - Command and Control.
3.6.2 In the event this site is obstructed or inoperable, a new location will be chosen by the Incident Commander and EMG based on environmental conditions. If a primary EOC site is not usable at AGENCY, the EOC will be set up at <Location>. See Appendix L.2 – Primary and Alternate EOC and Command Post Sites. See Appendix P.7 – EOC Relocation for EOC relocation procedures.
3.6.3 The EOC will be activated by the Chief Executive Officer or Administrator-on-Call, or other designated staff member available under the following circumstances:
- The AGENCY or <OTHER LOCATION> will be inoperable for more than a 24 hour period.
- Coordination is required with the ESF8C or local medical responders over an extended period of time.
- AGENCY requires augmentations of medical supplies, pharmaceuticals or personnel.
- AGENCY needs to coordinate movement of patients or residents to other facilities through the City/County EOC.
- Damage to the hospital or hospital operations is sufficient to require AGENCY management to set priorities for restoring healthcare services and manage the full restoration of healthcare services over an extended period of time.
- Potential evacuation of the hospital or <OTHER LOCATION>.
- Locally declared incident with potential for illness or injury in hospital service area.
3.6.4 Required supplies include copies of this incident plan, forms for recording and managing information in Appendix O – EOC Forms, frequently used telephone numbers, marking pens, floor plans, and alternative communications equipment. See Appendix F.3 - EOC Job Action Sheets for EOC Position Checklists.
3.6.5 The EOC will be deactivated by the Incident Commander when the threat subsides, the response phase ends and recovery activities can be performed at normal work stations. See Appendix P.8 – Deactivation of EMC for EMC and EOC deactivation procedures.

3.7 Medical Care
It is the policy of AGENCY that:
a. The confidentiality of patient information remains important even during emergency conditions. Hospital staff will take feasible and appropriate steps to ensure confidential information is protected.

b. Due to legal liabilities, staff will never transport patients in private vehicles under any circumstance. In a widespread emergency, the County will determine how and where to transport victims through already established channels selected by the county.

c. Patients will be permitted to leave with family or friends ONLY after they have signed a release form with designated hospital staff.

d. Children will be allowed to leave only with parents, family members or other adults who accompanied them to the hospital and who provide confirming identification (e.g., driver’s license of other government identification). If no appropriate adult is available, hospital staff will:
   • Provide a safe supervised site for children away from adults.
   • Attempt to contact each child’s family.
   • If contact is not possible, contact Child Protective Services to provide temporary custodial supervision until a parent or family member is located.

3.7.1 Medical Management

To the extent possible, patients injured during an internal incident will be given first aid by medical and/or nursing staff. If the circumstances do not permit treating patients at the incident site, they will be referred to the local emergency department at AGENCY.

If immediate medical attention is required and it is not safe or appropriate to refer the patient to the emergency department, 911 will be called and the patient will be sent by ambulance to the nearest emergency department. If 911 services are not available, a request for medical transport will be conveyed to the <County Name> County EMS Coordinator as detailed in the <County Name> County Mass Casualty Incident (MCI) plan.

Visitors or volunteers who require medical evaluation or minor treatment will be treated and referred to their physician or sent to the hospital. Employees who need medical evaluation or minor treatment will be treated and referred to their physician or sent to the hospital. Appendix L.1 – Health Care Alternate and Referral Facility Locations lists the alternate hospital site and hospital referral facilities.

As directed by the Medical Director or designee, hospital staff will take the following actions:

a. Triage/First Aid: The Emergency Department Director or Administrator on Call will establish a site for triage and first aid under the direction of a physician or registered nurse. Triage decisions will be based on the patient condition, hospital status, availability of staff and supplies and the availability of community resources. The most likely location may be either the patient or the staff parking lot. A Registered Nurse or physician will be assigned to triage.

b. Assessing and administering medical attention: A physician or Registered Nurse will assess victims for the need for medical treatment. The medical care team will provide medical services within the hospital’s capabilities and resources.

c. Additional medical care resources can be requested through procedures outlined in Section 3.8.

3.7.2 Increase Surge Capacity
3.7.2.1 The Chief Executive Officer, Chief Operating Officer, Chief Nursing Officer, or Administrator-on-Call will activate the hospital’s procedures for increasing surge capacity when (1) civil authorities declare a bioterrorist emergency or other incident that affects the community or (2) hospital utilization or anticipated utilization substantially exceeds hospital day-to-day capacity with or without the occurrence of an incident. AGENCY will take the following actions to increase hospital surge capacity:

- Establish a communication link with ESF8C at the County EOC
- Periodically report hospital status, numbers of ill/injured, types of presenting conditions and resource needs and other information requested by the ESF8C in a format defined by the city/county EOP.
- Report status to facilities with which hospital has patient referral reciprocity or to which patients may be referred. Inform them of types of conditions that presenting patients have. See Appendix J.3 – Incident Contacts for contact information.
- Refer patients to alternative facilities. Patients with symptoms that indicate exposure to infectious, nerve or other toxic agents will be referred to the following facilities:
  1. <Location>
  2. <Location>
  3. <Location>

3.7.2.2 Triage procedures

a. The AGENCY will establish a triage area in the <Location> of the hospital that is clearly delineated, secured and with controlled access and exit.
b. If bioterrorism is suspected, all staff in the triage area will wear Personal Protective Equipment (PPE).
c. All patients entering the triage area will be tagged and registered. See Appendix T.1 - <State> Fire Chiefs Triage Tag.
d. Triage converging patients to immediate and delayed treatment categories.
e. In response to suspected or verified bioterrorist attack, isolate infected patients from other patients, especially if suspected agent is human-to-human contagious or is unknown. Use standard infection control standards at a minimum. Refer to AGENCY Policies and Procedures for more information.
f. Implement decontamination procedures as appropriate.
g. Arrange for transport of patients requiring higher levels of care as rapidly as possible through 911 or ESF8C. See Appendix T.2 – Patient Tracking Form.
h. Direct uninjured yet anxious patients to the area designated for counseling and information. Recognize that some chemical and biological agents create symptoms that manifest themselves behaviorally.
i. Provide written instructions for non-contagious patients seen and discharged.

3.8 Acquiring Response Resources

The Logistics Section should carefully monitor medical supplies and pharmaceuticals and request augmentation of resources from ESF8C at the earliest sign that stocks may become depleted. The hospital will maximize use
of available hospitals, other hospitals and other external resource suppliers as is feasible.

3.8.1 EOC Request Process

3.8.1.1 In the response to an incident, AGENCY staff may require additional personnel, supplies, or equipment or an executive decision concerning the acquisition or disposition of a resource, or the expenditure of funds. Requests for assistance will be transmitted from the various areas of the organization via existing lines of communications to the EOC. The EOC will acknowledge the receipt of the request and, immediately address the need from current resources or incorporate the request into planning and priority setting processes.

3.8.1.2 The Logistics Section staff in the EOC may turn to external vendors for the resources or the ESF8C.

3.8.1.3 The ESF8C will seek resources to fill the request from within the City/County. If resources cannot be found and the request is high priority, it will be submitted to Regional, State, and Federal response levels until the requested resource can be obtained.

3.8.2 Vendors

As information develops about current and future resource needs, healthcare facilities should consider contacting vendors of critical supplies and equipment to alert them of pending needs and to ascertain vendor capacity to meet those needs. AGENCY recognizes that in a major incident, medical supply vendors may face competing demands that exceed their capacity. In that case, request for assistance will be submitted to the Hospital Coordination System (HCS), who will set resource allocation priorities.

3.8.3 Other Hospitals/ Hospital Coordination System (HCS)

AGENCY will notify hospitals with which it has mutual assistance arrangements. It will also notify the Hospital Coordination System (HCS) and request assistance if the HCS has a resource acquisition role.

3.9 Communications

3.9.1 Communications Officer

The Incident Commander will appoint a Communications Officer, who may be the Communications Coordinator, who will work under the Logistics Section and will use the hospital’s communications resources to communicate with:

• The Emergency Support Function 8 Coordinator (ESF8C).
• Emergency response agencies.
• Outside relief agencies.
• Hospital Coordination System.
• Other hospitals.

Contact Lists:
• Telephone service providers and maintenance for the hospital’s internal telephone system, along with utilities are listed in Appendix J.2 – Basic Hospital Support.
• Staff contact telephone numbers are listed in Appendix J.1 – Staff Call Back.
• Incident response agency contact telephone numbers are listed in Appendix J.3 – Incident Contacts.
3.9.2 Communication Procedures
• See Appendix P.4 – Communications for communications procedures.
• All external communications will be authorized by the Incident Commander or designee unless emergency conditions require immediate communications.
• All outgoing and incoming messages will be recorded on message forms shown in Appendix O.3 – Basic EOC Forms or in notebooks.
• All incoming messages will be shared with the EOC Planning Section.

3.10 Public Information / Crisis Communications
3.10.1 Coordination
During a incident response, all public information activities must be coordinated with the City/County PIO.

3.10.2 PIO/Communication Tasks
AGENCY may perform the following public information / crisis communications tasks coordinated by the organizations Public Information Officer (PIO). See Appendix F.3 - EOC Job Action Sheets:
• Conducting interviews with print and broadcast news media.
• Coordinating the dissemination of information to hospital staff, community members, patients and other stakeholders.
• Managing visits by VIPs.
• Providing information to the Hospital Coordination System (HCS) and, where appropriate, coordinating media relations with the HCS.

3.10.3 Media Relations
• In an emergency, the Public Information Officer is designated as the media contact and will receive approval from the Incident Commander or Chief Executive Officer prior to any interviews or media releases.
• Most media inquiries regarding a County-wide incident will be managed by the County. Media requests and responses regarding the incident should be coordinated through the City/County Public Information Officer in the County EOC. It is critical that information disseminated by a hospital/healthcare facility be consistent with information disseminated through the City/County PIO. See Appendix P.6 – Public Information for additional procedures for managing Public Information activities and for a form for documenting media contacts.
• If AGENCY receives a media inquiry, the organizational media relations policy will be put into place. If AGENCY is part of a larger organization the media relations may be handled by the headquarters PIO. See Appendix P.4 - Communications for information disseminations procedures.

3.10.4 Community Relations
• The PIO will coordinate release of information to the community on the status of staff, family and friends. Briefings will be held at a safe location away from the designated assembly area to prevent further interruptions with evacuation and treatment efforts.
• The PIO will participate in media interviews and develop communications strategies to keep patients and community members informed of the situation at AGENCY, its operating status, and alternatives for receiving services.
• The PIO should establish relationships with community media, especially outlets that are preferred by communities served by AGENCY including non-English language broadcast media, where appropriate.
• In coordination with the City/County, the **PIO** can provide information to the community that includes recommended actions, protective measures, and locations of various services and resources. Under some circumstances, the **PIO** can request broadcast media to broadcast a message specifically for the staff of the hospital to inform them of hospital operational status and expected actions. Information should be disseminated in the languages spoken in the communities served by **AGENCY**.

### 3.10.5 Communication with Staff

The **PIO** will coordinate the delivery of information to staff through flyers, meetings, and conference calls. Information provided can include hospital status, impact of the incident on the community, status of the overall response, and hospital management decisions.

The **PIO** will also be alert for the spread of rumors among staff and will apply rumor control procedures to curtail the spread of false information.

### 3.10.6 Communications with Patients and Family Members

Refer to **Section 3.12** of the **Emergency Operations Plan (EOP)** for Mental Health guidance.

### 3.10.7 Confidentiality

The **PIO** will ensure that all public releases of information protect patient confidentiality.

### 3.11 Security

The purpose of security will be to ensure unimpeded patient care, staff safety, and continued operations. The Incident Commander will appoint a Security Officer (see **Appendix F.3 - EOC Job Action Sheets**) who will be responsible for ensuring the following security measures are implemented:

• Security will be provided initially by personnel under the direction of the Security Officer. Existing security may be augmented by contract security personnel, law enforcement, hospital staff or, if necessary, by volunteers.

• Checkpoints at building and parking lot entrances will be established as needed to control traffic flow and ensure unimpeded patient care, staff safety, and continued operations.

• Supervisors will ensure that all hospital staff wears their ID badges at all times. Security will issue temporary badges if needed.

• Security staff will use yellow tape and a bullhorn to assist in crowd control, if needed.

• The Security Officer will ensure that the hospital site is and remains secured following an evacuation.

### 3.12 Mental Health Response

The Mental Health Coordinator will report to the Medical Care Leader (e.g., Medical Director or Nursing Director) position in the Operations Section of the hospital’s emergency organization. Refer to **Appendix M - Mental Health Coordinator Checklist**. When directed by the Incident Commander to activate the hospital mental health response, the Mental Health Coordinator will:

a. Assess the immediate and potential mental health needs of hospital patients and staff, considering:
   • The presence of casualties.
   • Magnitude and type of incident.
   • Use or threat of weapons of mass destruction.
Hospital Emergency Operations Plan (EOP) Template

• Level of uncertainty and rumors.
• Employee anxiety levels.
• Level of effectiveness of EOC operations.
• Convergence of community members.
• Patient levels of stress and anxiety.
• Presence of children.
• Cultural manifestations.

b. Request the EOC to notify the City/County of the mental health response.

c. Communicate community mental health assessments to City/County and local jurisdiction contacts.

d. Determine need to: recall mental health staff to the hospital, request the response of contract mental health hospital, or request mental health assistance from the ESF8C or other hospitals. Establish communications and alert contract and other mental health providers who may need to support hospital’s mental health response. Coordinate with other mental health service responders.

e. Establish site for mental health team operations.

f. Conduct ongoing monitoring of the mental health status of employees and patients.

g. Establish procedures to refer employees or patients to required mental health services beyond the scope that can be delivered by the mental health team.

h. Document all mental health encounters with staff and patients. Include information required for follow-up on referrals. Maintain records of events, personnel time and resource expenditures.

i. Coordinate any issuance of mental health information with the Incident Commander or PIO.

j. Provide reports on the mental health status of hospital employees and patients. Report mental health team actions and resource needs to the hospital EOC.

k. Activate procedures to receive and integrate incoming mental health assistance.

l. Initiate recovery activities.

3.12.1.1 Response to psychological aspects of emergencies including bioterrorism events.

The following are some steps that can be taken by hospital and licensed mental health personnel to mitigate and respond to the psychological impact of the incident:

a. Communicate clear, concise information about the infection, how it is transmitted, what treatment and preventive options are currently available, when prophylactic antibiotics, antitoxin serum or vaccines will be available, and how prophylaxis or vaccination will be distributed.

b. Provide counseling to the worried well and victims’ family members.

c. Give important tips to parents and caregivers such as:

• It is normal to experience anxiety and fear during a incident.
• Take care of yourself first. A parent who is calm in an emergency will be able to take better care of a child.
• Watch for unusual behavior that may suggest your child is having difficulty dealing with disturbing events.
• Limit television viewing of terrorist events or other incidents and dispel any misconceptions or misinformation.
3.13 Volunteer / Donation Management

3.13.1 Volunteers

In a widespread emergency, physicians and nurses may seek to volunteer at the hospital. The Logistics Section will establish a Volunteer and Donations Center. The center’s location will be set-up in a safe location based on existing incident conditions away from the hospital treatment center. See Appendix Q.1 – Volunteer Management Policies and Procedures, Appendix Q.2 – Volunteer Roster Form and Appendix Q.3 – Donation Management Form for tools for managing volunteers and donations.

All volunteers who arrive at the hospital will be sent to the Center for verification of identity and credentials and to complete volunteer registration forms. This center will provide for organization of the intake process. The Center will also coordinate the receipt of donations. The Logistics Section Chief will delegate the appropriate staff on site to handle this task:

• All donations will be documented and accounted for by the CFO or delegated staff.
• The Medical Director and hospital Nurse Manager will supervise distribution and disposal of donated medical supplies, equipment and pharmaceuticals.
• All donations will be documented and acknowledged by the CFO or designated staff prior to being handed over to the Medical Care Director for disbursement.

3.14 Response to Internal Emergencies

3.14.1 Response

An Internal Emergency is an event that causes or threatens to cause physical damage and injury to the hospital, personnel or patients. Examples are fire, explosion, hazardous materials releases, violence or bomb threat. External events may also create internal incidents. See Appendix H.1 – Emergency Procedures.

The following procedures provide guidance for initial actions for internal emergencies (refer to AGENCY Fire Emergency Plan for complete information):

a. If the event is a fire within the hospital, institute RACE:
   
   **R** = Remove patients and others from fire or smoke areas.
   
   **A** = Announce CODE RED (3 times) and Call 911
   
   **C** = Contain the smoke/fire by closing all doors to rooms and corridors.
   
   **E** = Extinguish the fire if it is safe to do so.
   
   Evacuate the facility if the fire cannot be extinguished.

b. If the internal emergency is other than a fire, the person in charge will determine if assistance from outside agencies is necessary. Such notification will be done by calling 911.

c. Notification of on-duty employees of an emergency event will be made by calling the appropriate code shown in Appendix J.4 – Emergency Code, telling them of the situation or calling for help, as appropriate. During the early stages of an emergency, information about the event may be limited. If the emergency is internal to the hospital, it is important to communicate with staff as soon as possible.
d. If the event requires outside assistance and the telephones are not working, a person may be sent to the nearest working telephone, fire station or police department for assistance.

3.14.2 Damage Assessment

**AGENCY** will conduct an assessment of damage caused by the incident to determine if an area, room, or building can continue to be used safely or is safe to re-enter following an evacuation. Systematic damage assessments are indicated following an earthquake, flood, explosion, hazardous material spill, fire or utility failure. The facility may require three levels of evaluation.

**Level 1**: A rapid evaluation to determine if the building is safe to occupy.

**Level 2**: A detailed evaluation that will address structural damage and utilities.

**Level 3**: A structural/geological assessment.

Depending on the event and the level of damage, fire or law services may conduct a Level 1 or 2 assessments. If damage is major, a consulting engineering evaluation, assessment by a county engineer, and/or an inspection by the licensing agency may be required before the hospital can reopen for operations.

Following each level of evaluation, inspectors will classify and post each building as: 1) Apparently OK for Occupancy; 2) Questionable: Limited Entry; 3) Unsafe for any Occupancy. In some cases, immediate repairs or interim measures may be implemented to upgrade the level of safety and allow occupancy.

Refer to **Appendix S.1 – Damage Assessment Form** for a damage assessment site survey tool that may be used if the hospital facility is completely safe.

3.14.3 Hazardous Materials Management

**AGENCY** will maintain a list of all hazardous materials and their MSDSs, locations, and procedures for safe handling, containing and neutralizing them. This list should be kept with the hospital’s Policies and Procedures or other central and accessible location. The list should also be kept in an offsite location.

All materials will have their contents clearly marked on the outside of their containers. The location of the storage areas will be indicated on the facility floor plan. See **Appendix H.3**.

In the event of a hazardous material release inside the hospital, hospital staff should:

- Avoid attempting to handle spills or leaks themselves unless they have been trained, have appropriate equipment as shown in **Appendix N – Patient Decontamination Plan and Personal Protective Equipment** and can safely and completely respond. **NOTE: Level C protection, or below, is not acceptable for chemical emergency response.**
- Immediately report all spills or leaks to a supervisor.
- Isolate area of spill and deny entry to building or area. Initiate fire or hazmat cleanup notifications, as appropriate.
- Obtain further instructions from the hospital Executive Director or Safety Officer or refer to management guidance maintained at MSDS Online.
3.14.4 Evacuation Procedures

The hospital may be evacuated due to a fire or other occurrence, threat, or order of the hospital Executive Director or designee. Refer to **AGENCY** Facility Evacuation Plan for complete information. See **Appendix H.5 – Hospital Evacuation Plan Template**.

3.14.4.1 **AGENCY** will ensure the following instructions are communicated to staff:

a. All available staff members and other able-bodied persons should do everything possible to assist personnel at the location of the fire or emergency in the removal of patients.

b. Close all doors and windows.

c. Turn off all unnecessary electrical equipment, but leave the lights on.

d. Evacuate the area/building and congregate at the predetermined site.

Evacuation routes are posted throughout the hospital.

e. Patients, staff, and visitors should not be readmitted to the hospital until cleared to do so by fire, police, other emergency responders, or upon permission of the Incident Commander.

3.14.4.2 Procedures for evacuation of patients

a. Patients will be evacuated according to the following priority order:

• Persons in imminent danger.
• Wheelchair patients.
• Walking patients.

b. Staff should escort ambulatory patients to the nearest exit and direct them to the congregation point. Wheelchairs will be utilized to relocate wheelchair-bound patients to a safe place.

c. During an evacuation, a responsible person will be placed with evacuees for reassurance and to prevent patients from re-entering the dangerous area.

d. If safety permits, all rooms will be thoroughly searched by the Search and Rescue Team upon completion of evacuation to ensure that all patients, visitors, and employees have been evacuated.

e. Lists of patients evacuated will be prepared by the Nursing Director or designee and compared to the patient sign-in log. This list, including the names and disposition of patients, will be sent to the Medical Director, Incident Commander and Executive Director.

f. The Nursing Director or designee will report the numbers of patients and staff evacuated, as well as any injuries or fatalities, to the hospital Executive Director, Incident Commander, Safety Officer or designee.

g. When patients are removed from the hospital, staff will remain with them until they are able to safely leave or have been transported to appropriate facility for their continued care and safety. If patients evacuated from the hospital are unable to return home without assistance, the relatives of patients evacuated from the hospital will be notified of the patient’s location and general condition by the hospital staff as soon as possible.

3.14.4.3 Evacuation information

In case a partial or full facility evacuation is required, see **Appendix H.1 – Emergency Procedures** for general hospital evacuation procedures. The following information should be used to facilitate the evacuation:

• Floor plan and map of exits with the building, location of emergency equipment including fire extinguishers, phones, fire route out of the building, and first aid supplies. See **Appendix H.3 – Hospital Floor Plan**.
• Where and How to shut-off the utilities, including emergency equipment, gas, electrical timers, water, computers, heating, AC, compressor, and telephones are listed in Appendix H.4 – Utility Shutoff.

3.14.5 Decision on hospital operational status

Following the occurrence of an internal or external incident or the receipt of a credible warning the Executive Director will decide the operating status for AGENCY. The decision will be based on the results of the damage assessment, the nature and severity of the incident and other information supplied by staff, emergency responders or inspectors. The decision to evacuate the hospital, return to the facility and/or re-open the facility for partial or full operation depends on an assessment of the following:

• Extent of facility damage / operational status.
• Status of utilities (e.g. water, sewer lines, gas and electricity).
• Presence and status of hazardous materials.
• Condition of equipment and other resources.
• Environmental hazards near the hospital.

See Appendix S.2 – Hospital Open/Close Decision Tool for a tool to assist making the operating status decision for the hospital.

3.14.5.1 Extended hospital closure

If the AGENCY experiences major damage, loss of staffing, a dangerous response environment or other problems that severely limit its ability to meet patient needs, the Incident Commander, in consultation with the Executive Director, may suspend hospital operations until conditions change. If that decision is made, the hospital staff will:

a. If possible, ensure hospital site is secure.
b. Notify staff of hospital status and require that they remain available for return to work unless permission is provided.
c. Notify the Emergency Support Function 8 Coordinator (ESF8C) of its change in status. Request location of nearest source of medical services.
d. Notify the <State> Department of Public Health and Environment <State> Volunteer system, the <County Name> County Health Department, and/or the <County Name> County Medical Reserve Corps (MRC) Coordinator.
e. Notify the nearest hospital(s) and hospital(s) of the change in hospital operating status and intent to refer patients to alternate sources of care.
f. Notify corporate headquarters and the Hospital Coordination Center, if applicable.
g. Place a sign on the hospital in appropriate languages that explains the circumstances, indicates when the hospital intends to reopen (if known), and location of nearest source of medical services. See Appendix L.1 – Health Care Alternate and Referral Facility Locations.
h. If the environment is safe, station staff at hospital entrance to answer patient questions and make referrals.
i. Implement business recovery operations. Refer to Section 2.5, above.

3.14.5.2 AGENCY Response to Incident Alert, Warning or Notification

Incidents can occur both with and without warning. Upon receipt of an alert from the ESF8C or other credible sources the AGENCY Executive Director will notify key managers, order the updating of phone lists, and the inspection of protective equipment and supply and pharmaceutical caches.

Depending upon the nature of the warning and the potential impact of the emergency on AGENCY, the Executive Director and Medical Director may decide to evacuate the facility; suspend or curtail hospital operations; take
actions to protect equipment, supplies and records; move equipment and supplies to secondary sites; backup and secure computer files; or other measures he/she may find appropriate to reduce hospital, staff and patient risk.

The **AGENCY Executive** Director will consider the following options, depending on the nature, severity and immediacy of the expected emergency:

a. Close and secure the hospital until after the incident has occurred. Ensure patients and visitors can return home safely.
   - Review plans and procedures. Update contact information.
   - Check inventory of supplies and pharmaceuticals. Augment as needed.
   - Ensure essential equipment is secured, computer files backed-up and essential records stored offsite.
   - Notify the City/County, community members and staff. Cancel scheduled appointments.
   - If time permits, encourage staff to return to their homes.
   - If staff remains in the hospital, take shelter as appropriate for the expected incident.
   - Ensure staff is informed of call-back procedures and actions they should take if communications are not available.
   - Take protective action appropriate for the emergency.
   - Communicate status to the ESF8C.

b. Allow hospital to remain fully or partially operational.
   - Review plans and procedures. Update contact information.
   - Check inventory of supplies and pharmaceuticals. Augment as needed.
   - Reduce hospital operations to essential services.
   - Cancel non-essential appointments.
   - Ensure safety of patients and staff.
   - Communicate status to ESF8C.

3.14.5.3 Determining **AGENCY Response** Role (See Appendix E – Hospital Response Roles and Requirements)

If **AGENCY remains** fully or partially operational following an incident, the Executive Director, Medical Director, and other members of the EMG will define the response role the hospital will play. The appropriate response role for **AGENCY will** depend on the following factors:

- The impact of the incident on **AGENCY**.
- The level of personnel and other resources available for response.
- The pre-event medical care and other service capacity of **AGENCY**.
- The medical care environment of the community both before and after a incident occurs as assessed by the ESF8C (e.g., medical care demands may be reduced if the 911 system and nearby hospitals are operational and not overwhelmed).
- The needs and response actions of residents of the community served by **AGENCY** (e.g., convergence to the hospital following incidents).
- The priorities established by the **AGENCY Executive** Director and Board of Directors (e.g., to remain open if at all possible following a incident).
- The degree of planning and preparedness of **AGENCY and its staff**.

3.15 **Response to External Emergencies**

An External Incident is an event that occurs in the community. Examples include earthquakes, floods, fires, hazardous materials releases or terrorist
events. An external incident may directly impact the hospital facility and its ability to operate.

3.15.1 Local vs. Widespread Emergencies
Local emergencies are incidents with effects limited to a relatively small area. In local emergencies, other health facilities and resources will be relatively unaffected and remain viable options for sending assistance or receiving patients from the incident area.
In widespread emergencies, nearby medical resources are likely to be impacted and therefore less likely to be able to offer assistance to the hospital. Hospitals may also have a higher response priority than hospitals for resupply and other response assistance.

3.15.2 Weapons of Mass Destruction (WMD)
Preparations for an event involving weapons of mass destruction - chemical, biological, nuclear, radiological, or explosives (CBRNE) - should be based on existing programs for handling hazardous materials. See Appendix R – Bioterrorism Agents for a matrix of biological weapons agent characteristics.
If staff suspects an event involving CBRNE weapons has occurred, they should:
• Remain calm and isolate the victims to prevent further contamination within the facility.
• Contact the Administrator on Call, Emergency Preparedness Coordinator or supervisor.
• Secure personal protective equipment and wait for instructions.
• Comfort the victims.
• Contact appropriate City/County authorities. See Appendix J.3 – Incident Contacts.

3.15.2.1 Shelter-In-Place
Terrorist use of Weapons of Mass Destruction may result in the release of radiation, hazardous materials and biological agents in proximity to the hospital. Shelter-In-Place may be the best strategy to minimize risk of exposure to these agents. See Appendix H.6 - Shelter-In-Place Guidelines.

3.15.3 Bioterrorism Response
3.15.3.1 Reporting
Emergency amendments to the <State> Code of Regulations require that health care providers immediately report to the local health department those diseases that pose a significant public health threat, such as agents of biological terrorism. AGENCY will report diseases resulting from bioterrorist agents, like other communicable and infectious diseases, to the County Health Department Epidemiologist at (xxx) xxx-xxxx.

3.15.3.2 AGENCY response to a bioterrorism incident may be initiated by the Executive Director or Medical Director due to:
• The request of local civil authorities.
• Government official notification of an outbreak within or near the hospital’s community.
• Presentation of a patient with a suspected exposure to a bioterrorist agent. In case of presentation by a patient with suspected exposure to a bioterrorist agent, AGENCY will follow current CDC response guidelines.

3.15.3.3 Potential indicators of a bioterrorism attack are:
• Groups of people becoming ill around the same time.
• Sudden increase of illness in previously healthy individuals.
• Sudden increase in the following non-specific illnesses:
  ▪ Pneumonia, flu-like illness, or fever with atypical features.
  ▪ Bleeding disorders.
  ▪ Unexplained rashes, and mucosal or skin irritation, particularly in adults.
  ▪ Neuromuscular illness, like muscle weakness and paralysis.
  ▪ Diarrhea.
• Simultaneous disease outbreaks in human and animal or bird populations.
• Unusual temporal or geographic clustering of illness (for example, patients who attended the same public event, live in the same part of town, etc.).

Appendix R – Bioterrorism Agents provides a summary table of potential biological warfare agents, including signs, symptoms, transmission, precautions, and treatment.

3.15.3.4 Infection Control Practices for Patient Management

AGENCY will use Standard Precautions to manage all patients, including symptomatic patients with suspected or confirmed bioterrorism-related illnesses.

For certain diseases or syndromes (e.g., smallpox and pneumatic plague), additional precautions may be needed to reduce the likelihood for transmission. See Appendix R and Reference 7 for specific diseases and requirements for additional isolation precautions.

In general, the transport and movement of patients with bioterrorism-related infections, as with patients with any epidemiologically important infections (e.g., pulmonary tuberculosis, chickenpox, measles), should be limited to movement that is essential to provide patient care, thus reducing the opportunities for transmission of microorganisms within healthcare facilities.

• AGENCY has in place adequate procedures for the routine care, cleaning, and disinfection of environmental surfaces, and other frequently touched surfaces and equipment, and ensures that these procedures are being followed.

• Facility-approved germicidal cleaning agents are available in patient care areas to use for cleaning spills of contaminated material and disinfecting non-critical equipment.

• Used patient-care equipment soiled or potentially contaminated with blood, body fluids, secretions, or excretions is handled in a manner that prevents exposures to skin and mucous membranes, avoids contamination of clothing, and minimizes the likelihood of transfer of microbes to other patients and environments.

• AGENCY has policies in place to ensure that reusable equipment is not used for the care of another patient until it has been appropriately cleaned and reprocessed, and to ensure that single-use patient items are appropriately discarded.

• Sterilization is required for all instruments or equipment that enter normally sterile tissues or through which blood flows.

• Contaminated waste is sorted and discarded in accordance with federal, state and local regulations.

• Policies for the prevention of occupational injury and exposure to blood borne pathogens in accordance with Standard Precautions and Universal Precautions are in place.

If exposed skin comes in contact with an unknown substance/powder, recommend washing with soap and water only. If contamination is beyond the
hospitals capability, call 911. Local government, fire departments and hospitals normally conduct decontamination of patients and facilities exposed to chemical agents.

3.15.3.5 Patient placement
In small-scale events, routine hospital patient placement and infection control practices should be followed. However, when the number of patients presenting to a healthcare facility is too large to allow routine triage and isolation strategies (if required), it will be necessary to apply practical alternatives. These may include cohorting patients who present with similar syndromes, i.e., grouping affected patients into a designated section of a hospital or emergency department, or a designated ward or floor of a facility, or even setting up a response center at a separate building.

3.15.3.6 Evidence collection
a. **AGENCY will** establish procedures for collecting and preserving evidence in any suspected terrorist attack. In the event of a suspected or actual terrorist attack involving weapons of mass destruction, a variety of responders, ranging from health care providers to law enforcement and federal authorities, will play a role in the coordinated response. The identification of victims as well as the collection of evidence will be a critical step in these efforts.
   - The health care provider's first duty is to the patient; however interoperability with other response agencies is strongly encouraged.
   - The performance of evidence collection while providing required patient decontamination, triage and treatment should be reasonable for the situation.
   - Information gathered from the victims and first responders may aid in the epidemiological investigation and ongoing surveillance.
   - It is imperative that individual healthcare providers work with the local law enforcement agencies and prosecutors in the development and customization of these policies.

b. Evidence to be collected could include clothing, suspicious packages, or other items that could contain evidence of contamination. At a minimum:
   - **AGENCY has** a supply of plastic bags, marking pens, and ties to secure the bags.
   - Each individual evidence bag will be labeled with the patient's name, date of birth, medical record number, and date of collection and site of collection.
   - An inventory of valuables and articles will be created that lists each item that is collected. The list will be kept by the hospital and a copy given to the patient.
   - The person responsible for the valuables and articles will be identified and documented. If possessions are to be transported to the FBI or local law enforcement agency, the facility will document who received them, where they were taken, and how they will be returned to the owner.

3.15.3.7 Mass prophylaxis
**AGENCY encourages** its hospital to participate in a mass prophylaxis program, if the disruption to hospital operations would not negatively affect the health of the community the hospital serves.

Health care providers from hospitals throughout the county could be called to volunteer to distribute medication or provide vaccines in response to a large-scale attack. Under this scenario, **<County Name> County Health**
**Hospital Emergency Operations Plan (EOP) Template**

*Department* would establish mass prophylaxis sites throughout the County. These sites would be large facilities such as school gymnasiums or warehouses that can accommodate large groups of people. These sites would require a large number of healthcare providers to administer medications. Since the county does not employ enough practitioners to staff the sites, they will look to the private sector, including hospitals, to adequately staff mass prophylaxis sites.
**4 RECOVERY**

**4.1 Introduction**

Recovery actions begin almost concurrently with response activities and are directed at restoring essential services and resuming normal operations. Depending on the emergency's impact on the organization, this phase may require a large amount of resources and time to complete. This phase includes activities taken to assess, manage and coordinate the recovery from an event as the situation returns to normal. These activities include:

a. Deactivation of emergency response. The AGENCY Executive Director or designee will call for deactivation of the emergency when the hospital can return to normal or near normal services, procedures, and staffing. See Appendix P.8 – Deactivation of the EMG and EOC. Post-event assessment of the emergency response will be conducted to determine the need for improvements.

b. Establishment of an employee support system. Human resources will coordinate referrals to employee assistance programs as needed.

c. Accounting for incident-related expenses. The Finance Section Chief will account for incident related expenses. Documentation will include: direct operating cost; costs from increased use; all damage or destroyed equipment; replacement of capital equipment; and construction related expenses.

d. Return to normal hospital operations as rapidly as possible.

**4.2 Documentation**

To continue providing the same efficient service as was provided prior to the incident, AGENCY will immediately begin gathering complete documentation including photographs. Depending on the event, it may be necessary to expedite resumption of health care services to address unmet community medical needs.

**4.3 Inventory Damage and Loss**

AGENCY will document damage and losses of equipment using a current and complete list of equipment serial numbers, costs, and dates of inventory. One copy will be filed with the CFO and another copy in a secure offsite location. Refer to Appendix O.4 – Financial Tracking Forms for forms for tracking costs and losses.

**4.4 Lost Revenue through Disruption of Services**

The CFO will work with the Finance Section to document all expenses incurred from the incident. An audit trail will be developed to assist with qualifying for any Federal reimbursement or assistance available for costs and losses incurred by the hospital as a result of the incident.

**4.5 Cost / Loss Recovery Sources**

Depending on the conditions and the scale of the incident, AGENCY will seek financial recovery resources in accordance with the following:

- **4.5.1 The eligibility of hospitals for federal reimbursement for response costs and losses remains ambiguous. It may be possible to gain reimbursement through county channels under certain (largely untested) circumstances.**

- **4.5.2 Public Assistance (FEMA/OES) - After a incident occurs and the President has issued a Federal Incident Declaration, assistance is available to applicants through FEMA and the OES. The Small Business Administration (SBA)**
provides physical incident loans to businesses for repairing or replacing incident damages to property owned by the business. Businesses and Non-profit organizations of any size are eligible.

Federal Grant - Following a presidential incident declaration, the Hazard Mitigation Grant Program (HMGP) is activated.

4.5.1 A private non-profit facility is eligible for emergency protective measures (i.e., emergency access such as provision of shelters or emergency care or provision of food, water, medicine, and other essential needs), and may be eligible for permanent repair work (i.e., repair or replacement of damaged elements restoring the damaged facilities):

- Pre-incident design
- Pre-incident function
- Pre-incident capacity

4.5.2 Insurance Carriers - **AGENCY will** file claims with its insurance companies for damage to the hospital. The hospital will not receive federal reimbursement for costs or losses that are reimbursed by the insurance carrier. Eligible costs not covered by the insurance carrier such as the insurance deductible may be reimbursable.

4.6 Psychological Needs of Staff and Patients
Mental health needs of patients and staff are likely to continue during the recovery phase. The Mental Health Coordinator will continue to monitor for and respond to the mental health needs of hospital staff and patients.

4.7 Restoration of Services
**AGENCY will** take the following steps to restore services as rapidly as possible:

a. If necessary, repair hospital facility or relocate services to a new or temporary facility.

b. Replace or repair damaged medical equipment.

c. Expedite structural and licensing inspections required to re-open.

d. Facilitate the return of medical care and other hospital staff to work.

e. Replenish expended supplies and pharmaceuticals.

f. Decontaminate equipment and facilities.

g. Attend to the psychological needs of staff and community.

h. Follow-up on rescheduled appointments.

4.8 After-Action Report
**AGENCY will** conduct after-action debriefings with staff and participate in consortium and City/County after-action debriefings. The hospital will also produce an after-action report describing its activities and corrective action plans including recommendations for modifying the surge capacity expansion procedures, additional training and improved coordination. See **Appendix P.9 After Action Report**.

4.9 Staff Support
The hospital recognizes that hospital staff and their families are impacted by community-wide incidents. The hospital will assist staff in their recovery efforts to the extent possible.
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