**<Insert Name of Agency>**

**Hospice**

**Emergency Operations Plan**

**License Number \_\_\_\_\_\_**

<Insert Date Template is Completed/Revised>

Supersedes Previous Version

Hospice Facility Profile

|  |  |  |  |
| --- | --- | --- | --- |
| **Facility Name:** |  | | |
| **Address:** |  | | |
|  |  | | |
| **Facility**  **Administrator:** |  | | |
| **Facility EOP**  **Contact:** |  | | |
| **Administrator**  **Phone #:** | **EOP Contact Phone #:** | | |
| **County:** |  | | |
| **Phone:** |  | **Fax:** |  |
| **Emergency Phone:** |  | | |

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| --- | --- | --- | --- | --- |
| **Owner/Corporation:** | |  | | |
| **Address:** |  | | | |
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|  | **Is the owner/corporation the license holder? \_\_\_\_Yes \_\_\_\_No**  **(If not, please provide the name and address of the license holder.)** | | | |
|  |  | | | |
|  |  | | | |
| **Phone:** |  | | **Fax:** |  |
| **Emergency Phone:** | |  | | |

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| --- | --- | --- | --- |
| **Licensed Facility Bed Capacity:** | | |  |
| **Average Daily Census:** |  | | |
|  | |  | |

Patients in Care

Provide the approximate number of individuals within the facility’s care who have the following disabilities and/or dependencies:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Disability or Other Challenges** | | | | | | | | | | | | | | | | | | | | |
| Alzheimer’s, dementia or cognitive impairment: | | | | | | | | |  |  | Confined to bed: | | | |  | | | | |  |
| Blind or low vision: | | |  | | | | | | |  | Require 24-hour constant care: | | | | |  | | | |  |
| Deaf or hearing impaired: | | | | |  | | | | |  | Non-English Speaking (specify): | | | | | |  | | |  |
| Speech impaired: | |  | | | | | | | |  |  | |  | | | | | | |  |
| Limited mobility or difficulty walking: | | | | | | |  | | |  |  | | Other: | | | | | | |  |
|  | | | | | | | | | |  |  | |  | | | | | | |  |
|  |  | |  | | | | | | |  |
| **Dependency** | | | | | | | | | | | | | | | | | | | | |
| Dialysis: |  | | | Insulin: | | | |  | |  | Walker/cane/scooter/wheelchair: | | | | | | |  |  | |
| Ventilator: |  | | | Oxygen: | | | |  | |  |  | |  | | | | | |  | |
| Service animal: |  | | |  | | | |  | |  |  | | | Medications (specify) | | | | |  | |
| Other machine dependent: | | | | | |  | | | |  | |  | |  | | | | |  | |
|  | | | | | | | | | |  | |  | | Other: | | | | |  | |

Outpatient Services

Does your facility track the number of individuals within the facility’s care who have the following disabilities and/or dependencies? \_\_\_\_\_\_Yes \_\_\_\_\_\_No

If “yes”, ho often does the tracking take place (e.g., daily, weekly, monthly, other)?

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Disability or Other Challenges** | | | | | | | | | | | | | | | | | | | | | | |
| Alzheimer’s/dementia/cognitive impairment: | | | | | | | | |  |  | Confined to bed: | | | | | |  | | | | |  |
| Blind or low vision: | | |  | | | | | | |  | Require 24-hour constant care: | | | | | | | |  | | |  |
| Deaf or hearing impaired: | | | | |  | | | | |  | Non-English speaking: | | | | | | |  | | | |  |
| Speech impaired: | |  | | | | | | | |  |  | | | | |  | | | | | |  |
| Limited mobility or difficulty walking: | | | | | | |  | | |  |  | | | | Other (please specify): | | | | | | |  |
|  | | | | | | | | | |  |  | | | |  | | | | | | |  |
|  |  | | | |  | | | | | | |  |
| **Dependency** | | | | | | | | | | | | | | | | | | | | | | |
| Dialysis: |  | | | Insulin: | | | |  | |  | Walker/cane/scooter/wheelchair: | | | | | | | | |  |  | |
| Ventilator: |  | | | Oxygen: | | | |  | |  |  | |  | | | | | | | |  | |
| Service animal: |  | | |  | | | |  | |  |  | | | Medications: | | | | | | |  | |
| Other machine dependent: | | | | | |  | | | |  | |  | |  | | | | | | |  | |
|  | | | | | | | | | |  | |  | | Other: | | | | | | |  | |

1. Signature Page

**Facility/Agency**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name, Title Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name, Title Date

**Mississippi State Department of Health, Office of Emergency Preparedness and Response**

**District Level**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Emergency Planner Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Surveillance Nurse Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Emergency Response Coordinator Date

Record of Changes

Submit recommended changes to this document to the **<Insert Facility EOP Coordinator/Manager & Facility Administrator>**.

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| --- | --- | --- | --- |
| **Change Number** | **Date of Change** | **Description of Change** | **Initials** |
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Record of Distribution

This plan has been provided to the following personnel and/or agencies.

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| --- | --- | --- | --- |
| **Recipient Name** | **Department/Agency** | **Date Distributed** | **Initials** |
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Template Instructions

This template has been developed by the Mississippi State Department of Health (MSDH) to aid healthcare facilities in the development of emergency operations plans. It addresses many key factors in emergency operations management including plan development, coordination with community partners, communication, resource and asset acquisition and tracking, and appropriate security measures. The template also provides guidance regarding staff management, utilities management, patient care, continuity of operations, and emergency operations program management considerations including training, plan review and exercises.

By using the template, planners can easily insert information where specified. If the organization has policies and procedures already in place to address specific events and hazards, these can be inserted in the body of the plan where indicated or in the applicable functional annex or Incident Specific annex section of the plan.

The template has been designed to address certain emergency planning requirements of the Joint Commission, the National Incident Management System (NIMS) and the Mississippi State Department of Health. It is organized in such a way that information can be quickly located in an emergency.

Healthcare organizations requiring assistance with plan development are encouraged to use this tool to help build a comprehensive emergency operations plan. Those institutions that already have comprehensive emergency plans can use the information contained in the template to supplement areas of their plans where gaps may exist.

It should be noted that the template contains some concepts that may not be applicable to every healthcare institution. It is up to each healthcare organization to customize its individual plans to best meet the needs of the organization and the communities in which it serves.

**Font Styles and Interpretations**

|  |  |
| --- | --- |
| **Font Style** | **Interpretation** |
| **<Text>** | Indicates that the facility is required to insert specific information as instructed. The facility should replace the instructional text with the actual information. |
| ***Text*** | Indicates that the facility is required to provide specific information at length as instructed (i.e., specific procedures, processes or resources). The facility should replace the instructional text with the actual information. |
| *Text* | Indicates sample information that has been provided for the facility’s consideration. The facility may select, add to or delete the sample information to tailor the information to its specific requirements. |

**Updating the Table of Contents**

Once all required and optional sections of the template are completed and the plan is ready to be finalized, the Table of Contents (TOC) and the List of Tables need to be updated to reflect the appropriate heading names, section references and page numbers. To update the TOC, right click within the section so that all of the contents are highlighted in grey. Select the **Update Field** option from the menu that opens. The section will then automatically update or the **Update Table of Contents** dialog box will open. Select the **Update the Entire Table** option and click **OK**. The fields will then automatically update. Repeat this process for the List of Tables.

\*Please note: This template is formatted for double-sided printing.

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## A. Introduction

### 1. Purpose

The purpose of this plan is to improve the capacity of **<Insert name of agency>**to prepare for, detect, respond to, recover from and mitigate the negative outcomes of threats and emergencies. The Emergency Operations Plan (EOP) uses an all-hazards approach to outline policies and procedures that will be used in response to emergencies. Functional Annexes provide policies and procedures regarding particular aspects of planning, including the Strategic National Stockpile (SNS), Continuity of Operations (COOP), the State Medical Asset and Resource Tracking Tool (SMARTT) and the Volunteers in Preparedness Registry (VIPR). Incident Specific Annexes highlight specific hazards the organization may face and identify the actions that will be taken to address these hazards. Other supporting documents include transportation contracts, evacuation ;maps, mutual aid agreements, organizational charts, floor plans, policies and procedures, and fire safety plans.

### 2. Scope

The Emergency Operations Plan is designed to guide planning and response to a variety of hazards that could threaten the safety of patients, staff and visitors, the environment of the agency, or adversely impact the ability of the agency to provide healthcare services to its patients. The plan is also designed to meet state and local planning requirements.

This plan applies to **<Insert the names and locations of facilities to which the plan applies>**.

TableA-1  
Primary and Affiliate Facilities

|  |  |  |
| --- | --- | --- |
| **Primary Facility** | | |
| **Facility Name** | **Address (Street, City, State, Zip)** | **County** |
|  |  |  |
| **Affiliate Facilities** | | |
| **Facility Name** | **Address (Street, City, State, Zip)** | **County** |
|  |  |  |
|  |  |  |
|  |  |  |

## B. Administration

### 1. Executive Summary

The**<Insert name of agency>** Emergency Operations Plan is an all-hazards plan that outlines policies and procedures for preparing for, responding to and recovering from possible hazards faced by the organization. Coordination of planning and response with other healthcare organizations, public health and local emergency management are emphasized in the plan. The plan also addresses proper plan maintenance, communications, resource and asset management, patient care, continuity of operations, management of staff, evacuation and contingency planning for utilities failure.

The plan will undergo an annual review process to ensure any plan deficiencies are identified and addressed. A corrective action process will be instituted and maintained in the plan to ensure lessons learned and action items identified from exercises and real events are properly addressed and documented.

Authority for activating the plan will rest with **<Insert position title>**. Activation of the plan will be conducted in concert with agency command staff as well as local emergency management and public health personnel.

All response activities will follow the National Incident Management System (NIMS) guidelines. NIMS provides guidelines for common functions and terminology to support clear communications and effective collaboration in an emergency situation. In addition, the agency will follow the Incident Command System (ICS) organizational structure in response to emergency events and in exercises. ICS provides an organizational structure in emergencies that is flexible to the size and complexity of the event. It establishes a clear chain of command, manageable span of control, established objectives and the use of common terminology by those involved in the response. In the event of a communitywide emergency, the agency’s incident command structure will be integrated into and be consistent with the community command structure. Hospice staff will receive training in the ICS system and in their roles and responsibilities to ensure they are prepared to meet the needs of patients in an emergency.

### 2. Plan Review and Maintenance

#### a. Plan Review

The Emergency Operations Plan will be reviewed and updated annually incorporating the latest National Incident Management System (NIMS) elements, data collected during actual and exercise plan activations, changes in the Hazard Vulnerability Assessment, changes in emergency equipment, changes in external agency participation, etc.

Plan review should also consider changes in contact information, new communications with the local Emergency Management Agency, review of evacuation routes and alternate care sites, and staff and departmental assignments. The review will be conducted by**<Insert position title or group>**.Plan updates will be the responsibility of**<Insert position title>**.

#### b. Exercises

**<Insert name of agency*>*** must test its plan and operational readiness at least annually. This is accomplished through exercises in which many planned disaster functions are performed as realistically as possible under simulated disaster conditions.

An After-Action Review (AAR) meeting will be held immediately after the disaster or exercise. A written report will be completed within **<Insert timeline for completing AAR>** and will include a plan for corrective action. This corrective action will be incorporated into the plan as soon as it is feasible. The **<Insert position title>** will be responsible for coordinating the exercises, AAR and corrective action planning.

All exercises will incorporate elements of the National Incident Management System (NIMS) and Hospital Incident Command System (HICS).

Future exercises will be utilized to evaluate the effectiveness of improvements that were made in response to critiques of the previous exercise.

#### c. Training

All employees will receive specific training during new employee orientation. Training of employees should take place at least annually. Training requirements may include the following: roles of the individual, the department, and the organization; information and skills required for employment at the facility; use of communication systems, including back-up communication systems; and acquiring supplies and equipment.

**<List training requirements for employees.>**

### 3. Authorities and References

***List the legal bases for emergency operations and activities. These may include laws, statutes, ordinances, executive orders, regulations, formal agreements and pre-delegation agreements, and pre-delegation of emergency authorities. List the pertinent reference materials, including related plans or local jurisdiction.***

* **<Insert title and date of local city and/or county Emergency Operations Plan >**
* **<Insert titles of other organizational plans or policies that have a connection to the Emergency Operations Plan>**
* **Minimum Standards of Operations for Hospice**

Mississippi State Department of Health

Title 15, Part III, Subpart 01, Chapter 01

* **Mississippi Hospice Law of 1995**

Mississippi Code Annotated

41-85-1 through 41-85-25

* **National Incident Management System (NIMS)**

Federal Emergency Management Agency (FEMA)

* <http://www.fema.gov/emergency/nims/> **Incident Command System (ICS)**

FEMA

<http://www.fema.gov/emergency/nims/IncidentCommandSystem.shtm>

* **The Joint Commission**

[www.jointcommission.org](http://www.jointcommission.org)

* **Strategic National Stockpile**

Centers for Disease Control and Prevention

<http://www.bt.cdc.gov/stockpile/index.asp>

* **Volunteers in Preparedness Registry**

Mississippi State Department of Health

<http://volunteer.msdh.state.ms.us/VolunteerRegistry/Default.aspx>

* **State Medical Asset and Resource Tracking Tool**

EMS Emergency Performance Improvement Center

<http://www.emspic.org/?q=node/7>

## C. Situation

### 1. Risk Assessment

A Hazard Vulnerability Analysis conducted by **<Insert name of agency>** provides details on local hazards including type, effects, impacts, risk, capabilities and other related data. Due to its location and geological features, <**Insert name of agency>** is vulnerable to the damaging effects of certain hazards that include, but are not limited to:

#### a. Natural Disasters

Natural disasters include severe weather events such as hurricanes, tropical storms, thunderstorms, snow and ice storms, mudslides, flooding and wildfire events.

#### b. Human-Caused Events

Human-caused events include terrorism, criminal events, biological events, hazardous material and chemical spills, extended power outages and fires.

#### c. Neighboring Threats

**<Refer to the County/Counties Hazard and Vulnerability Assessment(s) in Annex T-18. An**

***List neighboring threats that may influence policy development and decision-making. Examples:***

* *Hurricane evacuation zones as provided by the local Emergency Management Agency*
* *Flood zone as provided by the local Emergency Management Agency (this information will likely come from the Flood Insurance Rate Map)*
* *Surge zone as provided by the local Emergency Management Agency*

***List the proximity to any local points of interest that may affect or impact the agency in a unique way. Examples:***

* *Naval port*
* *Airport*
* *Railway*
* *Coastline*
* *Major transportation artery*
* *River*
* *Levee*
* *Chemical plant*
* *Nuclear energy facility*

#### d. Operational Threats

Operational threats are risks associated with internal processes, business practices and personnel that have the potential to cause a disruption to services. The agency should assess its operational risks and determine those risks with the highest potential to impact agency functions. The following table describes operational risks and the agency’s level of vulnerability to experiencing disruptions due to these risks.

**Table C-1  
Operational Risks**

| Risk Description | Vulnerability | Description/Recommendations |
| --- | --- | --- |
| Orders of Succession |  |  |
| Delegations of Authority |  |  |
| Designated and Trained Employee Backups |  |  |
| Record and File Backup Procedures |  |  |
| Alternate Care Sites and Evacuation |  |  |
| Building Physical Security |  |  |
| Emergency Communication Capabilities |  |  |
| Neighboring Threats |  |  |
| Coordinating Departments |  |  |
| Disruption of Outpatient Services |  |  |

### 2. County Hazard Vulnerability Analysis

Local emergency management agencies have completed full hazard vulnerability analyses for local communities. The hazard vulnerability analysis for **<Insert county and/or counties*>*** can be accessed at **<Insert location of hazard vulnerability analysis>**.

In some cases, hospice agencies provide outpatient services across jurisdictional lines. In these situations, the agency should incorporate information from the hazard vulnerability analysis conducted for each jurisdiction.

For each of the hazards identified in the local hazard vulnerability analysis, the agency should develop an Incident Specific annex outlining the activities that will take place in preparing for, responding to and recovering from each event.

Incident Specific annexes are located in the Incident Specific Annex 18 at the end of this plan.

## D. Assumptions

The following assumptions delineate what is assumed to be true when the EOP was developed. The assumptions statement shows the limits of the EOP, thereby limiting liability.

***List planning assumptions. Examples:***

* *Identified hazards will occur.*
* *Healthcare personnel are familiar with the EOP.*
* *Healthcare personnel will execute their assigned responsibilities.*
* *Executing the EOP will save lives and reduce damage.*

## E. Concept of Operations

### 1. General

#### a. The National Incident Management System and Incident Command System

##### i. Introduction to the National Incident Management System

**<Insert name of agency>** has developed this Emergency Operations Plan to be consistent with the National Incident Management System (NIMS). NIMS is a nationally standardized incident management system that provides guidelines for common functions and terminology to support clear communication and effective collaboration in an emergency situation. The agency encourages other healthcare stakeholders including associations, utilities, partners and suppliers to also adopt this strategy to ensure a coordinated response to future threats.

##### ii. Introduction to the Incident Command System

**<Insert name of agency>** has also adopted the Hospital Incident Command System (HICS). This system utilizes a structured yet flexible approach to all-hazards planning and response. HICS enables effective and efficient incident management via the integration and coordination of five major functional areas: command, operations, planning, logistics and finance administration. It provides specific forms to guide incident action planning and facilitates clear communications in an emergency by instituting a common communication plan for those involved in response. HICS is also flexible and scalable, allowing functional areas to be added as necessary and terminated when no longer necessary.

##### iii. Approach, Goals and Implementation

The Emergency Operations Plan will have a functional approach. That is, the plan will be organized around specific functions. Common functions that must be performed in an emergency will be identified, responsibility for those tasks will be assigned and standard operating guidelines will be developed for carrying out specific tasks associated with the larger function. Because the goal of this approach is to have a coordinated response across the organization, it is important that the task-based guidelines and procedures be developed to be consistent with the organization’s overall Emergency Operations Plan and policies. Implementation of new procedures and guidelines should also be consistent with NIMS and HICS principles.

### 2. Incident Management

Incident management activities are divided into four phases: mitigation, preparedness, response and recovery. These four phases are described below.

#### a. Mitigation

Mitigation activities are those that eliminate or reduce the possibility of a disaster occurring. For healthcare operations, this may include installing generators for backup power, installing hurricane shutters and raising electrical panels to protect them from possible flood damage.

#### b. Preparedness

Preparedness activities develop the response capabilities that are needed in the event an emergency occurs. These activities may include developing emergency operations plans and procedures, conducting training for personnel in those procedures, and conducting exercises with staff to ensure they are capable of implementing response procedures when necessary.

#### c. Response

Response includes those actions that are taken when a disruption or emergency occurs. It encompasses the activities that address the short-term, direct effects of an incident. Response activities in the healthcare setting can include activating emergency plans, and triaging and treating patients who have been affected by an incident.

#### d. Recovery

Recovery focuses on restoring operations to a normal or improved state of affairs. It occurs after the stabilization and recovery of essential functions. Examples of recovery activities include the restoration of non-vital functions, replacement of damaged equipment and facility repairs.

### 3. Plan Activation

The Emergency Operations Plan will be activated in response to internal or external threats to the facility. Internal threats could include fire, bomb threat, loss of power or other utility, or other incidents that threaten the well-being of patients, staff and/or the facility itself. External threats include events that may not affect the facility directly but have the potential to overwhelm agency resources or put the agency on alert. Examples might include a mass casualty incident or a large-scale disease outbreak in the community resulting in infection of patients and/or staff, severe weather or other hazardous incident in the community.

#### a. Threat Confirmation

If an employee learns of an occurrence that may constitute a disaster, he or she should attempt to confirm the nature of the threat and its potential impact to the organization.

The employee should confirm the information is from a trustworthy source and not rumor or hearsay. Possible sources include:

* Emergency response organizations, such as fire and police
* Radio and/or TV stations
* The National Oceanic and Atmospheric (NOAA) Weather Radio Stations warning issued through the National Weather Services (NWS)

Agency personnel may also need to confirm threats to outpatients treated by the agency, even when the facility may not immediately be affected by the potential threat. This process may prove more difficult than threat confirmation of a large-scale event and/or an event occurring at or near the facility. Facility personnel responsible for threat confirmation should have a general idea of the location of outpatients and the ability to confirm events that may affect their care and treatment.

#### b. Persons Responsible for Plan Activation

Once a threat has been confirmed, the employee obtaining the information must notify their supervisor immediately. The supervisor should in turn contact **<Insert position title>**. If the employee cannot contact their supervisor, they must immediately contact **<Insert position title>** directly. The **<Insert position title>** will assess the situation and initiate the plan if necessary.

The following individuals have the authority to initiate the Emergency Operations Plan:

|  |  |
| --- | --- |
| **Primary:** |  |
| **Backup 1:** |  |
| **Backup 2:** |  |

#### c. Alerting Staff

To notify staff that the Emergency Operations Plan has been activated, those within the headquarters facility will be contacted first through the **<Insert internal communication system (e.g., overhead paging system, internal meeting, radio, etc.)>**.

Staff away from the facility at the time of activation will be contacted by **<Insert external communication system (e.g., phone tree, radio, media)>**. The individuals responsible for initiating contact with staff include **<Insert position title (e.g., dispatcher, supervisors, etc.)>**.

To ensure personnel are adequately informed throughout the course of emergency response activities, the organization will provide updates and general information to staff through **<List regularly scheduled briefings, facility internal website, e-mails, etc**.**>** This flow of information regarding the incident will continue throughout the emergency until the all-clear signal is given.

#### d. Alerting External Agencies

**<Insert name of agency>**works closely with external partners, including **<List names of external agencies>**. The **<Insert position title>** will be the individual responsible for contacting these external agencies to notify them that the Emergency Operations Plan has been activated.

## F. Roles and Responsibilities

During an event, specific roles and responsibilities will be assigned to individual position titles as well as facility departments.

***Describe the emergency responsibilities assigned to individual position titles as well as agency departments in the following two sections. To meet this goal, the EOP should contain specific details outlining what will be expected of individuals and departments during an event.***

### 1. Departments

The tables below identify the departmental roles and responsibilities during plan activation for inpatient and outpatient care.

Table F-1  
Roles and Responsibilities for Inpatient Care

|  |  |  |
| --- | --- | --- |
| **Department** | **Roles and Responsibilities** | **Lead Point of Contact** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Table F-2  
Roles and Responsibilities for Outpatient Care

|  |  |  |
| --- | --- | --- |
| **Department** | **Roles and Responsibilities** | **Lead Point of Contact** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

### 2. Positions

Identifying and assigning personnel in the Hospital Incident Command System (HICS) depends on the size and complexity of the incident. The HICS is designed to be flexible enough so that the number of staff needed to respond to an incident can be easily expanded or contracted. HICS Form 203 is used to document and assign staff to HICS specific positions.

## G. Command and Coordination

### 1. Command Structure

Command will be organized according to the Hospital Incident Command System (HICS). The chart below illustrates the structure of response activities under the HICS. The chart shows the chain of command and the span of control under each level of management. It also illustrates the flexibility of HICS to expand or contract response activities based on the type and size of the event.

#### a. Organizational Chart

Incident Commander

Public Information Officer

Liaison Officer

Safety Officer

Medical/Technical Specialist

*Biological/Infectious Disease*

*Chemical*

*Radiological*

*Clinic Administration*

*Hospital Administration*

*Legal Affairs*

*Risk Management*

*Medical Staff*

*Pediatric*

Operations Section Chief

* **Staging Manager**

Personnel

Vehicle

Equipment/Supply

Medication

* **Medical Care Branch Director**

Inpatient

Outpatient

Casualty Care

Clinical Support Services

Patient Registration

* **Infrastructure Branch Director**

Power/Lighting

Water/Sewer

HVAC

Building/Grounds Damage

Medical Gases

Medical Devices

Environmental Services

Food Services

* **HazMat Branch Director**

Detection and Monitoring

Spill Response

Victim Decontamination

Facility/Equipment Interface

* **Security Branch Director**

Access Control

Crowd Control

Traffic Control

Search

Law Enforcement Interface

* **Business Continuity Branch Director**

Information Technology

Service Continuity

Records Preservation

Business Function Relocation

Planning Section Chief

* **Resource Unit Leader**

Personnel Tracking

Material Tracking

* **Situation Unit Leader**

Patient Tracking

Bed Tracking

* **Documentation Unit Leader**
* **Demobilization Unit Leader**

Logistics Sections Chief

* **Service Branch Director**

Communications Unit

IT/IS Unit

Staff Food & Water Unit

* **Support Branch Director**

Employee Health & Well-being Unit

Family Care Unit

Supply Unit

Facilities Unit

Transportation Unit

Labor Pool & Credentialing Unit

Finance/Administration Section Chief

* **Time Unit Leader**
* **Procurement Unit Leader**
* **Compensation/Claims Unit Leader**
* **Cost Unit Leader**

#### b. Identifying and Assigning Incident Command System Personnel

##### i. Incident Commander

The Incident Commander sets the incident objectives, strategies and priorities. The Incident Commander has overall responsibility at the incident or event.

##### ii. Operations Section

The Operations Section conducts the tactical operations (e.g., patient care, clean up) to carry out the plan using defined objectives and directing all needed resources. The Operations Section is expanded to include branches, divisions and units as needed.

##### iii. Logistics Section

The Logistics Section provides support, resources and other essential services to meet the operational objectives set by the Incident Commander.

##### iv. Planning Section

The Planning Section prepares and documents the Incident Action Plan to accomplish objectives, collects and evaluates information, maintains resource status and maintains documentation for incident records.

##### v. Administration/Finance Section

The Finance/Administration Section monitors costs related to the incident while providing accounting, procurement, time recording and cost analysis.

#### c. Orders of Succession

Orders of succession ensure leadership is maintained throughout the agency during an event when key personnel are unavailable. Succession will follow facility policies for the key agency personnel and leadership*.*

***Identify agency essential functions below and assign a primary person and two successors for each function identified.***

Table G-1  
Key Personnel and Orders of Succession

| Essential Function | Primary | Successor 1 | Successor 2 |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

#### d. Delegations of Authority

Delegations of authority specify who is authorized to make decisions or act on behalf of agency leadership and personnel if they are away or unavailable during an emergency. Delegation of authority planning involves the following:

* Identifying which authorities can and should be delegated
* Describing the circumstances under which the delegation would be exercised, including when it would become effective and terminate
* Identifying limitations of the delegation
* Documenting to whom authority should be delegated
* Ensuring designees are trained to perform their emergency duties

Table G-2  
Delegations of Authority

| Task | Incumbent | Delegated Position | Limitations |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### 2. Local Emergency Operations Center Coordination

This organization will coordinate fully with the **<Insert name of the local Emergency Management Agency>**, follow the prescribed Incident Command System and integrate fully with community agencies in activation for a disaster event or during exercises.

***Describe/outline how the facility will coordinate with the local Emergency Management Agency and/or Emergency Operations Center (EOC) during a disaster.***

### 3. Public Health Coordination

**<Insert position title>** will coordinate planning and response activities with public health. Activities may include:

* *Following disease reporting requirements.*
* *Participating in public health planning initiative.*
* *Participating in any after-action planning as requested from public health officials*

***Describe/outline below how the agency will coordinate planning and response activities with public health.***

## H. Communications

### 1. Internal Communication

To ensure personnel are adequately informed throughout the course of emergency response activities, the facility will provide updates and general information to staff through regularly scheduled briefings, facility internal website, e-mail, etc. This flow of information regarding the incident will continue throughout the emergency until the all-clear signal is given.

### 2. Communication with External Agencies

**<Insert name of agency>** works closely with several external partners. The **<Insert position title>** will be the individual responsible for communicating with external agencies, updating them on the status of operations and answering inquiries. To communicate with external agencies, **<Insert name of agency>** will use **<Insert external communication system (e.g., phone tree, radio, media)>**. External agencies that the organization should communicate with in an emergency and their contact information are listed in the chart below.

Table H-1  
External Contacts

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Agency | Purpose for Contact | Contact Name/Title | Phone | Alternate Contact Info |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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### 3. Public Information

The **<Insert position title (e.g., Public Information Officer)>**will have the responsibility for coordinating media and public information. All media inquiries should be directed to the **<Insert position title (e.g., Public Information Officer)>**.No other staff member should interact directly with the media unless they have approval from the **<Insert position title (e.g., Public Information Officer)>**.

#### a. Coordination of Public Information with Response Partners

If several agencies are involved in response, the **<Insert position title (e.g., Public Information Officer>** will coordinate with them to form a Joint Information Center (JIC). The information that will go out to the community will come from the JIC as a single, consistent and unified message from all of the affected agencies.

### 4. Communication with Patients and Families

To ensure communication with patients and their families is consistent and timely during an emergency, policies and protocols have been established for communication activities prior to and during an emergency.

#### a. Planning Activities

**<Insert name of agency>** will embark on planning activities to ensure the facility is equipped to supply necessary information to patients and their families in an emergency.

***Include communication planning activities the facility is or will be conducting. These should include providing safety information upon admission of the patient, collaboration with other healthcare facilities and/or community service organizations for patient tracking, referral assistance,, etc.***

#### b. Response Activities

##### i. Inpatient

***Indicate how the agency will communicate with patients and designated family members before (if pre-incident warning is possible, e.g. hurricane), during, and after an emergency.***

##### ii. Outpatient

***Indicate how the agency will communicate with outpatients and designated family members before (if pre-incident warning is possible, e.g., hurricane), during and after and emergency.***

### 5. Communication with Vendors of Essential Supplies, Services and Equipment

**<Insert name of agency>**has developed a list of vendors, contractors and consultants that can provide specific services before, during and after an emergency event. The **<Insert position title>** is responsible for maintaining the list. This list will be updated periodically. The list includes the name of the vendor and the supplies, services or equipment they provide to the agency, a phone number and alternate contact information. A copy of the list is included with this plan. See Attachment R-3.

### 6. Communication with Other Healthcare Organizations

***Indicate here if agreements exist between healthcare facilities in the community to share information and resources****.*

Key information to be shared with other healthcare organizations in the community during a disaster includes:

* Command structures, including names and contact information for the command center
* Resources and assets that can be shared
* Process for the dissemination of the names of patients and the deceased for tracking purposes

### 7. Communication about Patients to Third Parties

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated regulations that govern privacy, security and electronic transaction standards for healthcare information. The act guarantees certain privacy rights regarding an individual’s personal medical/health information. However, there are purposes under the law for which healthcare organizations are permitted or required to use or disclose a patient’s health information to third parties without the consent or authorization of the patient. In an emergency, the most likely scenarios include:

* Other healthcare organizations: The agency may release a patient’s information to a treatment facility for their continued care after discharge.
* Public Health: The agency is required to report patient information to public health in order to:
* Prevent or control diseases
* Report death
* Report abuse or neglect
* Track products as regulated by the federal Food and Drug Administration (FDA) and report problems or reactions to medications or products
* Provide notification and communication about product recalls, replacements and look-backs
* Law Enforcement: Information may be disclosed for law enforcement purposes under certain circumstances, such as reporting of certain types of physical injuries, locating persons, and reporting and investigating crimes.

Any questions regarding the disclosure of patient information should be directed to**<Insert position title> (Example: name of legal counsel; reference agency or corporate leadership, etc.)**.

### 8. Backup Communications Redundancy and Equipment

The primary means of internal communication for this agency will be **<Insert internal communication system>**. The primary means of external communication will be **<Insert external communication system*>****.* **<Insert name of agency>** also maintains backup communications systems or devices to use in the event primary communication devices are inoperable. Backup communications systems and devices will be tested **<Indicate time interval for testing (monthly, quarterly, etc.)>**. Backup communications systems and devices include: **(*List backup communications equipment and system. Examples: E-mail; Alpha-numeric or digital pagers; Interdepartmental or healthcare radio networks; Fax machines; Ham radios; Cellular phones; Runners).***

### 9. Use of Plain Text by Staff in Emergencies

To launch an effective response to an emergency event, it is critical that communications between responding agencies and personnel are clear and understandable. To ensure communication is understood in an emergency, staff will use plain text and avoid the use of acronyms, radio ten codes and other terminology that may lead to confusion in the midst of emergency response activities.

Table I-2  
Emergency Intercom Codes

|  |  |
| --- | --- |
| **Code** | **Emergency/Threat** |
| **Code Blue\*** | **Security\*** |
| **Dr. Green\*** | **Patient Emergency\*** |
|  |  |
|  |  |
|  |  |
|  |  |

## \*Examples

## Resources and Assets

### 1. Acquiring and Replenishing Medications and Supplies

Supplying the agency in an emergency will be initially satisfied by pulling from local resources. As replenishment becomes necessary, resources will be requested from vendors. A list containing the names and contact information of the vendors that deliver and/or manufacture supplies and provide critical services can be found at **<Insert location of list>**.

For outpatients, medications will typically be supplied by the patient/caregiver in the home. If there is knowledge of an approaching threat (such as a hurricane or winter storm), the patient care staff will assist the patient/caregiver in obtaining supplies and medications needed to sustain them throughout the duration of the event.

If the agency is unable to acquire sufficient resources through outside vendors and pre-positioned arrangements to meet the healthcare needs of the community, **<Insert position title>** will communicate this need to **<insert name of local Emergency Management Agency>** to help locate resources and replenishments. If sufficient supplies cannot be acquired, the local emergency management agency will also provide assistance with transferring patients to other facilities upon request.

***Include additional details concerning resource and asset support for outpatient care. May refer to MOU’s or MOA’s regarding food, water, medical supplies, etc.***

### 2. Sharing Resources with Other Healthcare Organizations

If the need arises to share resources among area healthcare organizations, the following protocol should be followed.

***Include procedure for sharing or borrowing supplies within the agency’s healthcare network, if applicable.***

If the healthcare organizations sharing the resources, the borrowed or loaned products should be documented. The equipment should then be returned after use. Any consumable supplies that are used should be billed via invoice and paid by the organization using the supplies. Any unused consumables should be returned.

***Include other procedures, if applicable.***

### 3. Monitoring Quantities of Resources and Assets

The **<Insert position title>** is responsible for monitoring quantities of assets and resources during an emergency.

***List other inventory tracking systems, if applicable.***

### 4. Transportation Assets

**<Insert name of agency>** will seek to identify primary and backup transportation providers with suitable vehicles and personnel to ensure adequate resources are available in an emergency. If these providers are not able to provide transportation services in an emergency, **<Insert position title>** will coordinate with the **<Insert name of county EM**A> to acquire the necessary transportation resources to safely evacuate patients.

***Provide additional detail concerning transportation and evacuation support to outpatients. This includes identifying how outpatients will be assisted in evacuating from their locations as well as the methods and equipment that will be utilized.***

### 5. 96-Hour Sustainability

Establishing the sustainability of resources is crucial to determining if services can be rendered during a disaster. Resource inventory is currently maintained to provide for approximately **<Insert number of hours/days>**. If 96 hours cannot be sustained either through inventory or critical supply procurement, policies and procedures are in place in the event the facility may need to evacuate or temporarily close.

***Provide additional detail concerning 96-hour sustainability for outpatients. This includes outlining how the agency will assist outpatients in inventory, rationing and ensuring adequate supplies and resources.***

***(Examples: If in an inpatient setting, may provide documentation of any agreements regarding resources, or documentation of any agreements for coordination of efforts—reference MOU’s, MOA’s, agreements with sister agencies, etc. If in an outpatient setting, may provide documentation of educational materials regarding emergency preparedness, response, or recovery which may be used to assist patients, their family/support system, and staff in planning for an emergency/disaster.)***

## J. Safety and Security

### 1. Internal Security Measures

The **<Insert position title (e.g., Security Branch Director)>** will coordinate security operations that will be required once emergency measures are initiated. **(If in an inpatient facility, provide documentation of the larger facility’s security measures—e.g., if hospice is located in a hospital, the hospital security plan should be referenced, if the hospice will follow that plan. If not, provide the hospice facility security plan. If hospice is outpatient, provide security plan.)**

Security Officers and or staff members from **<Insert name of department(s) or available staff>** will conduct internal security operations. The **<Insert position title>** will explain roles and responsibilities and ensure communications among team members is sufficient to accomplish tasks. **<The information below may be utilized to develop a facility security plan.>**

Table J-1  
Internal Security Assignments

|  |  |  |  |
| --- | --- | --- | --- |
| **Area to Secure** | **Assigned Staff** | **Department** | **Contact Information** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

#### a. Controlling Access

The **<Insert position title>** will be tasked with maintaining external security along with restricted movement of persons in to and out of the facility’s parking lot and entryways. Security will be coordinated with Security Officers and or staff members from **<Insert name of department(s) or available staff from the labor pool>**.

#### b. Controlling Movement Within the Facility

Movement of people will be restricted based on consultation with the Command Center and the exact nature of the emergency. Those individuals with ID badges and temporary identification (volunteers, etc.) will be allowed access throughout the facility to perform their duties. Any visitors, patients and family members will be restricted to their units unless treatment is required. The Incident Commander, in conjunction with the Operations Section Chief and Security Branch Manager, can alter the flow of non-staff traffic as deemed necessary throughout the event.

#### c. Controlling Vehicle Traffic

The **<Insert position title>** will assign staff members to control traffic at all unsecured entrances. All visitors, families, etc. shall be directed to the appropriate area.

### 2. Coordination with Local Law Enforcement Agencies

In the event of an internal or external incident that requires security resources greater than what the agency has available, **<Insert name of external security agencies>** can be called to assist. They will assist with security of the perimeter of the property, along with the entrances to the facility. Any request for additional security units from these departments must be coordinated through the **<Insert name of local Emergency Management Agency>.**

Any outside police/military assets will report to their own Incident Command structure. Unified Command will be used for effective control. <**Insert contracted security assets (if any)>** will report directly to the internal agency security unit leaders.

In order to facilitate communications, a security radio or other communication device may be given to the Liaison Officer from the outside agency if interoperable communications have not been established. The **<Insert position** **title** **(security branch director)>** will coordinate all communications with these agencies.

### 3. Hazardous Materials and Waste

If an incident occurs resulting in hazardous waste being present in the facility, all persons not directly related to the response effort will be removed from the environment and will not be allowed to return until the area has been deemed safe.

***List the procedures for the handling and disposal of hazardous materials and waste or identify where such procedures may be found.***

### 4. Isolation

***If the facility accepts patients with need for isolation, identify the number of isolation rooms available and the procedures in place for containing infectious disease or where such procedures may be found.***

### 5. Securing Equipment

**<Insert position title>** will be responsible for ensuring equipment is secure or is safely moved in the event of an evacuation of the facility. **<Insert position title>** will be responsible for ensuring staff members tasked with moving the equipment are knowledgeable of the equipment and know how to safely move it. The key to efficient movement is the training and availability of technicians and maintenance personnel who can move the equipment to other areas of the same facility or, when the size and operation requirements allow, remove equipment completely from the building. When evacuation allows time to remove or relocate equipment and fixtures, they are often damaged in the hurry to save them and to ensure necessary support for the patient who needs them. The facility should keep in mind that some medical and diagnostic equipment must be re-calibrated after being moved or disconnected from a power source. Mutual aid agreements with other healthcare facilities should be sought and maintained for the sharing of equipment and/or resources in an emergency.

***Include mutual aid agreements, if applicable.***

### 6. Securing Vital Records

**<Insert position title>** will be responsible for ensuring vital agency records are secure or are safely moved in the event of an evacuation of the facility. **<Insert position title>** will be responsible for coordinating with **<Insert name of departments (e.g., medical records, IT, accounting, human resources, etc.)>** to ensure proper procedures are followed in moving and/or securing these records.

## K. Management of Staff

### 1. Assignment of Staff

In a disaster, personnel may not necessarily be assigned to their regular duties. They will be asked to perform various jobs that are vital to the operation. **<Insert position title>** will delegate assignments and instruct staff where to report in an emergency. Staff will be assigned as needed and provided information outlining their job responsibilities and to whom they report.

Specific Job Action Sheets outlining job tasks in coordination with the Hospital Incident Command System (HICS) can be found at [www.hicscenter.org](http://www.hicscenter.org).

### 2. Managing Staff Support Needs

In some circumstances, it may be necessary to provide housing and/or transportation for staff who might not otherwise be able to perform their critical functions for the agency. These staff support functions will be coordinated by **<Insert position title>**. Housing for staff will be located at:

* ***Include housing options for staff such as specific rooms in the facility, hotels, motels, American Red Cross shelter, etc. Include address information for each option.***

Identified resources for transporting staff include:

* ***Include transportation resources for transporting staff such as facility van, taxis, community service organizations, etc. Include contact information for each resource listed.***

Disasters can create considerable stress for those providing medical care. **<Insert position title>** will coordinate the provision of mental health support including incident stress debriefings for staff with

* ***Include name of department(s) and/or organizations (e.g., social workers, chaplains, community mental health service organizations, etc.) Include contact information for each department/organization listed.***

### 3. Managing Staff Family Support Needs

In a disaster situation, the facility will arrange for child care and/or elder care for employees who would be unable to respond otherwise. Staff using this service should make arrangements with the **<Insert position title (e.g., Family Care Unit Manager)>**.Staff should make sure that they provide the following items for their dependents:

* All prescriptions in their original containers
* Immunization records (under 4 years) if available
* Emergency contact other than staff member
* Diapers, if applicable
* Baby food and bottles
* Child’s/adult’s favorite item
* Toiletry Items

Staff needing accommodations for their pets will give this information to the **<Insert position title (e.g., Family Care Unit Manager)>**.This information will be passed on to the appropriate individuals and every effort will be made to accommodate staff’s pets so staff can come to work and perform their duties. A local kennel, veterinarian or shelter can be established to accept staffs’ pets at their own expense. Staff using this service will need to bring the appropriate items for the care of their pet(s).

* ID tag
* Shot records
* Medications
* Favorite bedding, toy, etc.
* Food and any prescriptions

### 4. Identification of Staff

All staff should wear agency-issued identification **<Insert type of identification (e.g., badges)>** to enter the facility and visit patients. Approved temporary staff and volunteers will receive temporary identification. **<Insert position title>** will be responsible for coordinating identification of staff and volunteers. Badging operations will be conducted at **<Insert badging location>**.

## L. Patient Management in an Emergency

### 1. Patient Scheduling, Treatment, Transfer and Discharge

#### a. Inpatient Care

In the event of an emergency affecting **<Insert name of agency>**, **<Insert position title and/or department(s)>** will assess staffing and patient care capacity. Additional staff will be called in to assist in managing the needs and evacuation of patients if necessary. Patient care staff will assess the needs of patients and provide appropriate care. Patient admissions to the agency may be curtailed until the emergency situation has subsided. If evacuation is called for, patient care will be coordinated with the receiving facility. See Section XIV Evacuation.

#### b. Outpatient Care

Prior to an emergency, nursing staff will educate patients and caregivers on the steps to be taken in the event an emergency occurs. Patients will be evaluated for evacuation assistance needs. If a community evacuation is called for, the agency will coordinate the transfer and care of the patient to appropriate healthcare facilities until such time the patient can once again receive health services from their home.

***Provide additional detail concerning the continuation of care to outpatients during an event.***

### 2. Patient Hygiene and Sanitation Needs

In the event there is a disruption in the normal water supply, the following methods can be utilized to facilitate patient sanitation and hygiene.

Patient sanitation will be handled with the use of bedside toilets and the use of bedpans. Waste will be red-bagged and disposed of as biohazard waste. Another method is the use of cat litter in red bags. The red bags can then be placed in toilets. When deemed necessary by Infection Control, the red bags can be removed from the toilets and disposed of as biohazard waste.

Patient hygiene will be handled by use of potable water, which will be allocated to departments by **<Insert title of staff position and/or department(s)>**.

**<If inpatient, reference larger facility procedures. If outpatient, reference any educational or training materials utilized to insure appropriate hygiene and sanitation measures are taken by staff, patients, and/or patient family/support system.>**

### 3. Patient Tracking

**<Insert position title** >will track patients who are transferred to other healthcare facilities or are evacuated as a result of a community threat. The **<Insert position title and/or department(s)>** staff shall be responsible for tracking patients.

**<Indicate method that will be used to track patients evacuated by caregivers or to healthcare facilities (HICS Master Evacuation Tracking form or other mechanism).>**. If applicable, **<Insertposition title**> will also be responsible to for maintaining and tracking the transfer and location of outpatients within the care of the organization.

In addition, **<Insert name of agency>** shall utilize third-party information such as **<Insert other patient tracking system that may be used (WebEOC, American Red Cross database, or fax tracking information, etc.>** as appropriate to assist families in locating patients.

## 

## M. Utilities

### 1. Power

In the event of an outage, the emergency generator will provide power to designated areas of the facility. The **<Insert position title and/or department(s)>** will call the power company to report the outage and get an estimated time that the power will be restored. The **<Insert position title and/or department(s)>** will notify all departments of the power failure and the status of repair. In the event a power failure happens after normal business hours, the **<Insert position title (e.g., Dispatcher) and/or department(s)>** will immediately notify the **<Insert position title and/or department(s)>** to report the outage.

***Indicate how the agency will assist outpatients during power outages. This may include providing portable generators, working with the power company to have power restored or assisting outpatients in evacuating to a different location.***

#### a. Generator Details

Table M-1  
Generator Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Generator Details** | **Generator 1** | **Generator 2** | **Generator 3** |
| Generator Make/Model |  |  |  |
| Watt Rating |  |  |  |
| Type of Fuel Required |  |  |  |
| Tank Capacity |  |  |  |
| How many hours of power can be generated using current fuel supply? |  |  |  |

#### b. Systems Supported by the Generator

***Specify what functions the generator will provide power for and any instructions regarding the operation or conservation of power during generator operation.***

Table M-2  
Systems Supported by the Generator

| **Systems** | **Generator Instructions** |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |

#### c. Generator Failures

In the event of a generator failure, the problem is immediately assessed by **<Insert position title and/or department(s)>***,* who will make needed repairs or contact **<Insert name and contact information of generator maintenance company>**.

If the agency’s power distribution system fails and cannot be repaired in a reasonable time-period, the **<Insert name of local Emergency Management Agency>** should be notified. They will assess if resources are available to provide assistance or if evacuation is necessary.

#### d. Generator Fuel

***Include the procedures and responsibility for providing generator fuel during and after an event.****.*

Table M -3  
Fuel Suppliers

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Company/Agency Name | Type Fuel Provided | Contact Name | Phone | Alternate Contact |
| Primary |  |  |  |  |  |
| Backup 1 |  |  |  |  |  |
| Backup 2 |  |  |  |  |  |

### 2. Water Supplies

#### a. Water for Drinking, Cooking and Sanitation

If there is an interruption in water service, the problem will be immediately assessed by **<Insert position title and/or department(s)>,** who will make needed repairs or contact **<Insert name and contact information for water supplier>** to report the outage and get an estimated time that water service will be restored. The **<Insert position title and/or department(s)>** will notify all departments of the water service interruption and when it will be restored. If a water service interruption happens after normal business hours, the **<Insert position title (e.g., Dispatcher>** will immediately notify the **<Insert position title and/or department(s)>** to report the situation. The **<Insert position title>** will determine if water use restrictions should be implemented (e.g., bathing, cooking, etc.), or if patient relocations, discharges or transfers are necessary.

***Indicate how the agency will assist outpatients in maintaining, restoring and acquiring additional water for drinking, cooking and sanitation purposes. This can include providing water to outpatients, working with service providers to restore water services and/or ensuring that outpatients have adequate water supplies to sustain through the duration of an event.***

#### b. Amount On Hand

Identify resources and quantities of potable and non-potable water.

Table M-4  
Quantities of Potable and Non-Potable Water

| Type | Quantity |
| --- | --- |
| **Potable Water** | |
| Bottled Water (units) |  |
| Storage Tank (gallons) |  |
| Water Well (gallons) |  |
| Other |  |
| **Non-Potable Water** | |
| Fire Department |  |
| National Guard |  |
| Other |  |

#### c. Acquiring Additional Water

Potable water can be supplied through:

* ***List supplier name/contact information***

Non-potable water can be supplied through:

* ***List supplier name/contact information***

#### d. Water Rationing

If an emergency situation is anticipated that could affect water supplies, certain measures can be initiated to ensure the agency has enough potable and non-potable water to supply the facility until water service is restored. The facility can stockpile bottled water for drinking and cooking. Containers capable of holding water can be filled prior to the event including pots, buckets and bathtubs.

If an event occurs that does limit water supplies to the facility, water-rationing measures may have to be initiated to conserve water until water supplies have been restored. Patient sanitary needs will be addressed by the use of bedside toilets or bedpans. Waste will be red-bagged and disposed of as hazardous waste. Another method is the use of cat litter in red bags. If using this method, the red bags and cat litter will be placed in toilets. When deemed necessary by Infection Control or when water service is restored, the red bags will be removed from the toilets and disposed of as biohazard waste.

Water used for bathing and cleaning may have to be restricted. Hand washing will require soap and water, if in sufficient quantity. If water is unavailable, the use of hand sanitizers will be encouraged. Fruit juices and broth, which should normally be discarded in preparing meals, could be set aside for use in preparing meals that may call for adding water.

#### e. Disinfection

See EPA Guideline Document for disinfection of drinking water.

### 3. Medical Gas/Vacuum Systems

In the event of a loss of the vacuum system, the **<Insert position title and/or department(s) and facility administration>** must be notified immediately. They will determine if repairs can be made in an expeditious manner or whether portable suction equipment beyond reserve units in the facility must be procured.

In the event of a loss of medical gases, the **<Insert position title and/or department(s) and facility administration>** must be notified immediately. They will determine if repairs can be made in an expeditious manner or if emergency medical gas supplies must be procured.

The agency maintains **<Identify the amount of medical gas available and the location>**. Additional cylinders can be procured through **<Insert name and contact information of supplier>**.

***Indicate how the agency will assist outpatients in maintaining, restoring and acquiring additional medical gas, oxygen and other critical medical utilities. This can include providing medical gas and oxygen to outpatients, working with service providers to restore services and/or ensuring that outpatients have adequate supplies to sustain throughout the duration of an event.***

### 4. Other Critical Utilities

#### a. Maintenance Activities

Table M-5  
Maintenance Activities

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **Primary Personnel** | **Contact Information** | **Backup Personnel** | **Contact Information** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

#### b. Maintaining Utility Operations

Table M-6  
Maintaining Utility Operations

|  |  |  |  |
| --- | --- | --- | --- |
| **System** | **Maintenance** | **Evaluation** | **Testing** |
| Generators |  |  |  |
| HVAC |  |  |  |
| Water/Sewer Systems |  |  |  |
| Medical Gases/Vacuum Systems |  |  |  |
| Other |  |  |  |

#### c. Utility Restoration

***Describe procedures for restoration of critical systems not already identified in the plan or identify where these procedures can be located.***

## N. Evacuation

### 1. Decision Making: Evacuate or Shelter-in-Place

The decision whether to evacuate the facility or shelter-in-place will rest with the **<Insert position title(s)>**, whowill be responsible for deciding which action to take and when evacuation or shelter-in-place activities should commence. The decision will be made in consultation with facility staff and external stakeholders such as emergency management, fire department or public health personnel. Both internal and external factors will be considered in deciding whether to evacuate or shelter-in-place.

Internal factors could include the physical structure of the facility, patient acuity, staffing, accessibility to critical supplies, availability of transportation assets for evacuation, and accessibility of possible evacuation destinations. External factors to be considered in making the decision to evacuate or shelter–in-place include the nature and timing of the event, the location or projected path of the threat such as in the case of a flooding incident, ice storm or hurricane, and the vulnerability of the facility to the threat.

The **<Insert position title>** will determine how far in advance full-scale evacuation procedures will be initiated based on the nature and timing of the event. In the event of the threat of a hurricane, the decision to evacuate or shelter-in-place will be made at approximately **<Insert number of hours>** prior to landfall. It is understood that storm tracks and speeds will influence and may change this time frame.

Outpatients will be evaluated for evacuation assistance needs. If an emergency situation has the potential to threaten the health of the patient and evacuation with the caregiver is not a viable option, the agency will contact the patient’s physician for orders to transfer the patient to appropriate healthcare facilities until such time the patient can once again safety receive health services from their home. Indicate additional evacuate procedures related to outpatients. This includes how far in advance an agency recommendation to evacuate will occur.

***Complete the chart below based on the types of threats faced by the facility that could necessitate either evacuation or shelter-in-place response activities.***

Table N-1  
Evacuation or Shelter-in-Place Decision Making Chart

**Chart Instructions**

**Hazard**: Identify the type of hazard.

**Decision Authority**: Identify the position that has the authority to make the decision to evacuate or shelter-in-place.

**Alternate**: Identify the position that will be the alternate to the primary decision maker.

**Consulting Parties**: Identify the positions/departments that should be consulted regarding the decision to evacuate or shelter-in-place.

**Timeline**: Identify a timeline to evacuate or shelter-in-place based on the hazard type.

**Additional Considerations**: Identify additional factors of considerations.

| **Hazard** | **Decision Authority** | **Alternate** | **Consulting Parties** | **Timeline** | **Additional Considerations** |
| --- | --- | --- | --- | --- | --- |
| *Fire* | *Administrator* | *Director of Nursing* | *Facilities Manager, City Fire Chief* | *Immediately* | *Location and intensity of fire* |
| *Hurricane* | *Administrator* | *Director of Nursing* | *Emergency Management* | *48 hours prior to arrival of tropical force winds* | *Category, track and speed of storm* |
|  |  |  |  |  |  |
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### 2. Transportation Companies

The following transportation agencies/organizations have agreed to provide transportation to **<Insert name of facility>** in the event evacuation of all or part of the facility is necessary. If these agencies/organizations are not able to provide transportation resources, the **<Insert position title>** will request resources through the **<Insert name of local Emergency Management Agency>.**

***Indicate how the agency will support outpatient evacuation. This includes identifying the agency’s role in assisting with outpatient evacuation, the facilities that will provide care to outpatients, the continuation of care during evacuation and the transportation methods that will be used.***

Table N-2  
Transportation Resources

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Agency/Company | Types of Transportation Equipment Available | Contact Name | Contact Number | Alternate Contact Information |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

### 3. Patient Records and Maintenance

In the event of an evacuation, patient records should be moved with the patient to the receiving facility.

***Describe the procedure for ensuring patient records are transported with the patient and identify who is responsible.***

The **<Insert position title>** is responsible for maintaining and transferring patient records during an event. Patient records may be stored digitally on a computer’s hard drive, on CDs, and/or maintained in hard copy files. Computers will be unplugged and placed on tops of desks in case of flooding, moved to a higher location in the building or moved offsite. Digital records will be saved to a removable storage medium (e.g., CD, DVD, USB flash drive, etc.) and carried offsite. Assessing the backup of the electronic data retrieval system will be a function of the annual review of the emergency preparedness system.

Hard copies of records will be stored in such a way that the critical records can be gathered and transported. The **<Insert name of agency>** has implemented/ is considering scanning critical data/documents. Critical data includes:

* Patient information (face sheets, clinical data, physician orders, care plans)
* Family information (contact information)

### 4. Patient Provisions

In an evacuation, provisions for patient care will also be moved with the patient to ensure adequate medical care is maintained throughout the evacuation and care at the receiving facility. This will include necessary medications, medical equipment, supplies and staff to care for patients.

***Describe procedures for ensuring provisions for patient care is addressed in an evacuation and identify the staff and/or responsible departments.***

### 5. Alternate Locations

In the event the facility is damaged to the extent that patient care cannot be rendered, or it is determined that evacuation is warranted due to fire, an approaching hurricane or other hazard, patients may be transported to a receiving facility for temporary care. The terms “close”, “within area”, and “outside of area” are not linked to a specific number of miles. They represent the concept that healthcare facility patients need to move as short a distance as possible to be safe, depending on the specific hazard. The farther frail residents must travel, the less safe the evacuation becomes for them. Distance traveled must be balanced with the harm extended travel causes such residents.

Potential alternate locations include:

#### a. Close Proximity

Close proximity locations are within a short distance from the primary facility and will be utilized when unplanned or immediate evacuations are necessary.

Table N-3  
Close Proximity Alternate Locations

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Location | Facility Name | Address | Phone Number | Alternate Contact |
| **Primary** |  |  |  |  |
| **Backup 1** |  |  |  |  |
| **Backup 2** |  |  |  |  |

#### b. Within Area

Within area locations are those within a reasonable distance from the primary facility and will be utilized for unplanned or planned evacuations relative to the type of hazard or threat to the facility.

Table N-4  
Within Area Alternate Locations

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Location | Facility Name | Address | Phone Number | Alternate Contact |
| **Primary** |  |  |  |  |
| **Backup 1** |  |  |  |  |
| **Backup 2** |  |  |  |  |

#### c. Out of Area

Out of area locations are a significant distance from the primary facility and will be utilized for planned evacuations.

Table N-5  
Out of Area Alternate Locations

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Location | Facility Name | Address | Phone Number | Alternate Contact |
| **Primary** |  |  |  |  |
| **Backup 1** |  |  |  |  |
| **Backup 2** |  |  |  |  |

### 6. Evacuation Routes

***Attach maps of evacuation routes.***

### 7. Evacuation Priorities

***Describe the order of patient evacuation****.*

### 8. Continuation of Care

### Describe how continuation of care for patients will be maintained during and after evacuation.

### 9. Equipment

***Describe how the facility will supply necessary medical equipment needed for continuation of care for patients during evacuation.***

## O. Recovery

### 1. Initiation and Recovery

The decision to enter into the recovery stage of an event is made by the **<Insert position title>**. In this stage, **<Insert name of agency>** will undertake recovery procedures to return the agency to normal operations.

### 2. Protocol

***List recovery protocols. Examples:***

* *Inspect facility for safety issues*
* *Ensure adequate supplies and personnel are in place to provide care to patients*
* *Test critical systems*

### 3. Restoration of Services

**<Insert position title>** will coordinate the restoration of services after an emergency situation affecting the agency.

For outpatients, nursing staff will re-establish contact with patients as soon as possible. If the patient is lacking critical utility services, the staff person will assist the patient and caregiver in evaluating the status of utility service restoration. The staff person will evaluate whether the patient may need to be moved to a healthcare facility or temporary shelter until utility services are restored. ***List responsibilities in restoring services (e.g., restoration of utilities, repair or replacement of critical systems, overseeing of facility repairs, etc.).***

### 5. Staff Debriefing

A debriefing will be conducted within **<Insert** **number of hours>** of the incident to collect lessons learned from the incident or exercise. These lessons learned will be used to revise and update the plan. The **<Insert position title>** will be responsible for coordinating the debriefing.

### 6. After-Action Report/Corrective Action Plan

After any real incident or exercise where the Emergency Operations Plan is activated, an after-action report and a corrective action plan will be developed. The purpose of the after-action report is to document the overall performance of the organization during the exercise or real event. It will contain a summary of the scenario or events, staff actions, strengths, issues, opportunities for improvement and best practices.

The purpose of the corrective action plan is to ensure issues and opportunities for improvement are adequately addressed to improve response capabilities to future events. The corrective action plan will include a list of issues to be addressed, tasks that will be performed to address them, individuals responsible for completing the tasks and a timeline for completion.

**<Insert position title>** will be responsible for coordinating the development of the after-action report and corrective action plan and will ensure identified corrective actions are completed within the targeted timeframes.

## P. Glossary

**Activation -** When all or a portion of the plan has been put into motion.

**After-Action Report (AAR) -** A report that includes observations of an exercise or real event and makes recommendations for improvements.

**Communications Redundancy -** A communications system wherein alternative modes of communication are present in case a component fails.

**Continuity of Operations (COOP) (Business Continuity) -** Planning designed to facilitate the continuance of mission essential functions and the protection of vital information in the event that the organization is faced with a situation that could disrupt operations.

**Corrective Action Plan (CAP) -** The concrete, actionable steps outlined in the Improvement Plan (IP) that are intended to resolve preparedness gaps and shortcomings experienced in exercises or real-world events.

**Decontamination -** To make safe by eliminating poisonous or otherwise harmful substances such as noxious chemicals or radioactive material.

**Delegations of Authority -** Specifies who is authorized to make decisions or act on behalf of facility leadership and personnel if they are away or unavailable during an emergency.

**Emergency Operations Center (EOC) -** A specially equipped facility from which emergency leaders exercise direction and control, and coordinate necessary resources in an emergency situation.

**Hazard Vulnerability Analysis (HVA) -** Identifies possible hazards, including their probability, severity, frequency, magnitude and locations/areas affected.

**Health Alert Network (HAN) -** A nationwide program to establish the communications, information, distance-learning and organizational infrastructure to defend against health threats, including the possibility of bioterrorism.

**Homeland Security Exercise and Evaluation Program (HSEEP) -** Developed by the Department of Homeland Security (DHS) as a threat and performance-based exercise program that provides doctrine and policy for planning, conducting and evaluating exercises. HSEEP was developed to enhance and assess terrorism prevention, response and recovery capabilities at the federal, state and local levels. HSEEP training courses are free and available online.

**Human-Caused Events -** An event that is a result of human intent, negligence or error, or involving a failure of a man-made system. Includes terrorism, criminal events, biological events, hazardous material and chemical spills, extended power outages, fires or any event for which a human is responsible.

**Improvement Plan (IP) -** Identifies specific corrective actions, assigns them to responsible parties, and establishes targets for their completion.

**Incident Command System (ICS) -** A standardized, on-scene, all-hazards incident management approach that: allows for the integration of facilities, equipment, personnel, procedures and communications operating within a common organizational structure; enables a coordinated response among various jurisdictions and functional agencies, both public and private; establishes common processes for planning and managing resources.

**Isolation -** The separation of an ill patient from others to prevent the spread of an infection or to protect the patient from irritating or infectious environmental factors.

**Key Personnel -** Personnel designated by their department, organization or agency as critical to the resumption of mission-essential functions and services.

**Long Term Care Facility -** A facility that provides rehabilitative, restorative, and/or ongoing skilled nursing care to patients or residents in need of assistance with activities of daily living. Long term care facilities include nursing homes, rehabilitation facilities, inpatient behavioral health facilities and long-term chronic care hospitals.

**Mission Essential Functions (Essential Functions) -** Activities, processes or functions that could not be interrupted or unavailable for several days without significantly jeopardizing the operation of the department, organization or agency.

**Mitigation -** The stage of emergency management where activities are conducted that eliminate or reduce the possibility of a disaster occurring. For healthcare operations, this might include the installation of generators for backup power, the installation of hurricane shutters or the raising of electrical panels to protect from possible flood damage.

**Mutual Aid Agreements (aka MOA) -** Arrangements made between governments or organizations, either public or private, for reciprocal aid and assistance during emergency situations where the resources of a single jurisdiction or organization are insufficient or inappropriate for the tasks that must be performed to control the situation. Also referred to as inter-local agreements or Memorandums of Agreement (MOA).

**National Incident Management System (NIMS) -** A systematic, proactive approach to guide departments and agencies at all levels of government, nongovernmental organizations and the private sector to work seamlessly to prevent, protect against, respond to, recover from and mitigate the effects of incidents, regardless of cause, size, location or complexity, in order to reduce the loss of life and property and harm to the environment.

**Natural Disasters -** The effect of a natural hazard that affects the environment and leads to financial, environmental and/or human losses.Includes severe weather events such as hurricanes, tropical storms, thunderstorms, snow and ice storms, mudslides, floods and wildfire events.

**Orders of Succession -** Ensures leadership is maintained throughout the facility during an event when key personnel are unavailable.

**Personal Protective Equipment (PPE) -** Specialized clothing or equipment worn by an employee for protection against infectious materials.

**Preparedness -** The stage of emergency management where activities are conducted to develop the response capabilities needed in the event an emergency occurs. These activities may include developing emergency operations plans and procedures, conducting training for personnel in those procedures and conducting exercises with staff to ensure they are capable of implementing response procedures when necessary.

**Public Health -** The science and practice of protecting and improving the health of a community, as by preventive medicine, health education, control of communicable diseases, application of sanitary measures and monitoring of environmental hazards.

**Public Information -** Information that is disseminated to the public via the news media before, during and/or after an emergency or disaster.

**Recovery -** The stage of emergency management that focuses on restoring operations to a normal or improved state of affairs. This stage occurs after the stabilization and recovery of essential functions. Examples of recovery activities might include the restoration of non-vital functions, replacement of damaged equipment and facility repairs.

**Response -** The stage of emergency management that includes those actions that are taken when a disruption or emergency occurs. It encompasses the activities that address the short-term, direct effects of an incident. Response activities in the healthcare setting can include activating emergency plans, triaging and treating patients that have been affected by an incident.

**Standard Operating Guidelines (SOGs) -** Approved methods for accomplishing a task or set of tasks. SOGs are typically prepared at the department or agency level. They may also be referred to as Standard Operating Procedures (SOPs).

**State Medical Asset and Resource Tracking Tool (SMARTT) -** A web-based tool capable of monitoring hospital, Emergency Medical Services (EMS) system and health center resources on a regular basis. SMARTT also serves as a sophisticated communications tool that allows information to be disseminated throughout a state’s healthcare system. SMARTT is a multi-state system in use in the states of Mississippi, North Carolina, South Carolina and West Virginia.

**Strategic National Stockpile (SNS) -** A federal resource to provide medicine and medical supplies to protect the public in the event of a public health emergency as a result of an act of terrorism or a large scale natural or human-caused disaster that is so severe local and state resources are inadequate or become overwhelmed.

**Vital Records, Files and Databases -** Records, files, documents or databases which if damaged or destroyed would cause considerable inconvenience and/or require replacement or re-creation at considerable expense. For legal, regulatory or operational reasons, these records cannot be irretrievably lost or damaged without materially impairing the organization's ability to conduct business.

**Volunteers in Preparedness Registry (VIPR) -** A secure registration system and database for health professional volunteers willing to respond to public health emergencies.

**Vulnerable Populations -** Vulnerable populations are patients who are pediatric, geriatric, disabled or have serious chronic conditions or addictions.

## Q. Acronyms

**AAR** After-Action Report

**CAP** Corrective Action Plan

**CD** Compact Disc

**CDC** Centers for Disease Control and Prevention

**COOP** Continuity of Operations Plan

**DHS** Department of Homeland Security

**EMC**  Emergency Management Coordinator

**EMS** Emergency Medical Services

**EOC** Emergency Operations Center

**EOP** Emergency Operations Plan

**EPA** Environmental Protection Agency

**ESF** Emergency Support Function

**FBI** Federal Bureau of Investigation

**FDA** Food and Drug Administration

**FEMA** Federal Emergency Management Agency

**HAN** Health Alert Network

**HC** Healthcare

**HCF** Healthcare Facility

**HICS** Hospital Incident Command System

**HIPAA** Health Information Portability and Accountability Act

**HSEEP** Homeland Security Exercise and Evaluation Program

**HVA** Hazard and Vulnerability Analysis

**HVAC** Heating, Ventilation and Air Conditioning

**IC** Incident Command

**ICS** Incident Command System

**IP** Improvement Plan

**IS** Independent Study

**JAS** Job Action Sheets

**JIC** Joint Information Center

**JIS** Joint Information System

**MAA** Mutual Aid Agreement

**MEMA** Mississippi Emergency Management Agency

**MOU** Memorandum of Understanding

**MSDH** Mississippi State Department of Health

**NIMS** National Incident Management System

**NOAA** National Oceanic and Atmospheric Administration

**NWS** National Weather Service

**OEPR** Office of Emergency Planning and Response

**PIO** Public Information Officer

**POC** Point of Contact

**POD**  Point of Distribution

**PPE** Personal Protective Equipment

**SHO** State Health Officer

**SMARTT** State Medical Asset Resource Tracking Tool

**SNS** Strategic National Stockpile

**SOG** Standard Operating Guidelines

**SOP** Standard Operating Procedures

**VIPR** Volunteers In Preparedness Registry

## R. Attachments

Attachment 1: Emergency Staffing and Staff Roster

Attachment 2: Risk Worksheets

Attachment 3: Vendor Contact Information

Attachment 4: Mutual Aid Agreements/Memorandum of Understanding in Place

Attachment 5: MSDH District Information

Attachment 6: Facility Maps and Floor Plans

### ATTACHMENT 1

**Emergency Staffing and Staff Roster**

Table R-1  
Facility Emergency Staffing Roster

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Department** | **Phone** | **E-mail Address** | **Emergency Staffing Role** |
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### ATTACHMENT 2

**Risk Worksheets—Hazard & Vulnerability Analysis**

**Emergency Preparedness Planning**

Is there an Emergency Planning/Preparedness Committee for the organization/facility that meets periodically to discuss emergency management issues including past incidents, upcoming events, new policies and procedures, potential risks and hazards, preparedness activities, etc.?

How often does the committee meet?

Does the committee coordinate with state/county/city emergency management personnel?

Primary contact for the Emergency Preparedness/Planning Committee:

**Neighboring Threats**

Neighboring threats constitute a significant hazard or risk that could affect the surrounding community, generally within a five-mile radius. The nature of these threats is usually human-related, such as a nearby power generation facility that could experience an accidental spill or release, or a cargo rail line carrying potentially hazardous materials. The operations of a healthcare provider and its capabilities to provide essential services could be significantly impeded during such an event.

Review the list of Neighboring Threats below and check “Yes,” “No” or “N/A” accordingly.

| **Neighboring Threats** | **YES** | **NO** | **N/A** |
| --- | --- | --- | --- |
| Is the facility located near an airport or a flight path of either commercial or private airplanes? |  |  |  |
| Is the facility located near a military base? |  |  |  |
| Is the facility near a major interstate highway? |  |  |  |
| Is the facility near an oil, nuclear power or chemical processing plant? |  |  |  |
| Is the facility located within 5 miles of an ocean or major lake or river? |  |  |  |
| Is the facility located on or near a fault line? |  |  |  |
| Is the facility located in tornado prone areas? |  |  |  |
| Is the area prone to flooding? |  |  |  |
| Is the facility located in an area prone to extreme snow or ice conditions? |  |  |  |
| Is the facility located on the side of or immediately below a cliff? |  |  |  |
| Is the facility located in a rural or urban area? |  |  |  |
| Does the community have a high-density population? |  |  |  |
| Is traffic congestion or significant traffic a consistent problem? |  |  |  |
| Are there train tracks that cross near the facility? |  |  |  |
| Is there a large hospital located within 5 miles of the facility? |  |  |  |
| Are EMS and Fire located within 5 miles of the facility? |  |  |  |

**Operational Threats**

Assessing the challenges that could take place within the facility is essential. The ability to mitigate situations that could present major problems and setbacks is critical to ensuring continued operations.  Identification of operational threats presents the opportunity to address issues that have not yet been resolved and validate processes that are already in place.

Review the list of operational threats below and check “Yes,” “No” or “N/A” accordingly.

| **Operational Threats** | **YES** | **NO** | **N/A** |
| --- | --- | --- | --- |
| Does the building have a security system? |  |  |  |
| Does the building have operational smoke detectors? |  |  |  |
| Dose the building have operational carbon monoxide detectors? |  |  |  |
| Does the building have an operational sprinkler system? |  |  |  |
| Are the above detectors and systems frequently tested? |  |  |  |
| Have employees been trained to use the security and safety systems in the building? |  |  |  |
| Does the facility store its medical and personnel records at least 18 inches from the ground? |  |  |  |
| Are plans/checklists for emergency situations in place and stored in a central location? |  |  |  |
| Are individuals who have limited training able to run the plans/checklists if other parties are not available? |  |  |  |
| Does the facility have an established plan/work schedule for 24 hour operations during emergency situations? |  |  |  |
| Are employee recall procedures established? |  |  |  |
| Are employees aware of the work schedule they will be required to fulfill? |  |  |  |
| Do you have out of area contact numbers for all patients and staff members? |  |  |  |
| Is the area around the facility well lit and patrolled regularly by security or police? |  |  |  |
| Does the facility have more than one available road for access? |  |  |  |
| Does the community surrounding the facility have a history of high crime? |  |  |  |
| Is the facility located in a heavily forested area or surrounded with vegetation? |  |  |  |
| Is the facility located above the first floor? |  |  |  |
| Does the facility have a windowless room near the center of the building? |  |  |  |
| Does the building have emergency lighting? |  |  |  |
| Does the building have backup generator power? |  |  |  |
| Is the backup power generator sufficient for emergency operations? |  |  |  |
| Does the office have access to a telephone landline that is not part of the phone system? |  |  |  |
| Are storm drains and culverts kept free from debris? |  |  |  |
| Are there hazardous materials, radiological sources or biohazards in the facility? |  |  |  |
| Are there specific procedures enacted during emergencies to prohibit onsite hazardous materials from becoming dangerous to the public? |  |  |  |

**Historical Events**

Documenting past events and emergencies that have affected the facility establishes a foundation on which to build emergency management planning assumptions. What types of emergencies have previously occurred in the community, at this facility and at other facilities in the area?

| **Previously Occurred** | **Event** | **Notes** |
| --- | --- | --- |
|  | Fires |  |
|  | Severe Weather |  |
|  | Hazardous Materials Incidents |  |
|  | Transportation Accidents |  |
|  | Earthquakes |  |
|  | Floods |  |
|  | Civil Disorder |  |
|  | Hurricanes |  |
|  | Tornadoes |  |
|  | Terrorism |  |
|  | Utility Outages |  |
|  | Mass Casualty Incidents |  |
|  | Train Derailments |  |
|  | Disease Outbreak |  |
|  | Water Contamination |  |
|  | Sinkholes |  |
|  | Mudslides |  |

### ATTACHMENT 3

**Vendor Contact Information**

Table R-2  
Vendor Contact Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Vendor** | **Contact** | **Phone** | **E-mail Address** | **Supply/Resource** |
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### ATTACHMENT 4

### Mutual Aid Agreements/Memorandums of Understanding

***Include existing Mutual Aid Agreements and/or Memorandums of Understanding.***

### ATTACHMENT 5 – MSDH Information

**Mississippi State Department of Health**

**Health Care Facilities Emergency Operation Plan (EOP)**

**By District All Hazards Emergency Planner**

**3**

**6**

**5**



Northwest Public Health District I

2

240 Tower Dr

Batesville, MS 38606

**2**

1

662-563-5603 (Fax) 662-563-6307

**All Hazards Planner - Robbie Morgan**

**1**

Northeast Public Health District II

532 S. Church St. / P. O. Box 199

Tupelo, MS 38802

662-841-9015 (Fax) 662-841-9142

**4**

**All Hazards Planner – Kristy Garza** (Off) 662-231-7335

Delta Hills Public Health District III

2600 Browning Rd

Greenwood, MS 38930

662-455-9429 (Fax) 662-455-9448

**All Hazards Planner** – **Burt Schmitz** (Off) 662-237-9225

Tombigbee Public Health District IV

48 Lynn Lane

5

7

Starkville, MS 39759

6

662-323-7313 (Fax) 662-324-1011

**7**

**All Hazards Planner - Rodney Johnson**

**8**

West Central Public Health District V

5963 Hwy 55 N / P. O. Box 1700

Jackson, MS 39215

601-978-7864 (Fax) 601-987-3561

**All Hazards Planner- Kelly Drumm** (Off) 601-957-1099

**9**

8

East Central Public Health District VI

3128 Eighth St / P. O. Box 5464

Meridian, MS 39302

601-482-3171 (Fax) 601-484-5051

**All Hazards Planner - Ben Barham** (Off) 601-693-2451

Southwest Public Health District VII

303 A Mall Dr

McComb, MS 39648

601-684-9411 (Fax) 601-684-0752

**All Hazards Planner - Christy Hoover**

Southeast Public Health District VIII

**Wayne Vaughn**

OEPR Deputy Director

601-939-2660 Office

601-416-4599 Cell

**Pamela Ainsworth**

OEPR Planning Chief

601-933-7187 Office

769-798-8150 Cell

**Tina Riels**

EOP Project Lead

601-933-7181 Office

601-906-3175 Cell

16 Office Park Dr. Ste 5

Hattiesburg, MS 39402

601-271-6099 (Fax) 601-271-9094

**All Hazards Planner - Betty Kreider** (Off) 601-428-4006

Coastal Plains Public Health District IX

1141 Bayview Avenue

Biloxi, MS 39530

228-436-6770 (Fax) 228-436-6781

**All Hazards Planner – Tim Bomar** (Off) 228-374-2128

### 

### ATTACHMENT 6

### Facility Maps and Floor Plans

***Include facility maps and floor plans.***

## S. Annexes

Annex 1: Strategic National Stockpile

Annex 2: Continuity of Operations (Business Continuity)

Annex 3: Volunteers in Preparedness Registry (VIPR)

### ANNEX 1

### Strategic National Stockpile

**Purpose**

The Strategic National Stockpile (SNS) is a federal resource used to provide medicine and medical supplies to protect the public in the event of a public health emergency as a result of an act of terrorism or a large-scale natural or human-caused disaster that is so severe that local and state resources are inadequate or become overwhelmed. If such an event should affect this community, **<Insert name of agency>** may need to utilize SNS resources to treat patients and/or to provide prophylaxis to both patients and facility staff. The purpose of this annex is to outline procedures for coordinating with public health to obtain medications and needed medical supplies from the SNS during a public health emergency.

**What is the SNS?**

The SNS consists of antibiotics, chemical antidotes, anti-toxins, life-support medications, IV administration, airway maintenance supplies and medical/surgical items. Medications and medical supplies are intended to support treatment of ill patients and mass prophylaxis for those exposed but not yet symptomatic. Once federal, state and local authorities agree that state and local resources have or will soon become overwhelmed, SNS supplies can be delivered to the state. Once the SNS supplies arrive in Mississippi, the Mississippi State Department of Health (MSDH) is responsible for managing the supplies and distributing them to affected communities and facilities across the state. Local governments will play a vital role in providing support to state SNS operations such as the use of facilities, resources, staff and volunteers to help with the distribution of medications and/or medical supplies to target populations. Healthcare facilities play a major role by treating those who are ill and providing medications to medical staff and their families to prevent them from becoming ill.

**Coordination of Planning with Public Health**

Planning for the SNS must be coordinated with MSDH.

Planning for mass prophylaxis of agency staff:

The first step in coordinating this planning is to register with the state by completing the Strategic National Stockpile (SNS) and Pandemic Influenza Programs Provider Enrollment MSDH Form #255. This form can be obtained on the MSDH website at [www.healthyMS.com](http://www.healthyMS.com) or from any district health office. This form ***was/was not*** submitted to the MSDH District Surveillance Nurse on **<Insert date (copy of form 255 attached)>**.

MSDH coordinates with registered facilities in planning for receiving the SNS. MSDH will also provide training including how the treatment algorithms and standing orders contained in the MSDH SNS Plan (plan is located on the MSDH website at www.healthMS.com) are to be used by healthcare personnel in the distribution of medications from the SNS. The **<Insert position title>** will work with MSDH to coordinate planning and training of staff for possible SNS activation. The MSDH point of contact for **<Insert name of agency>** SNS planning is the MSDH District Surveillance Nurse, **<Insert contact phone number>**.

MSDH also requires a coordinating physician be identified from the facility to oversee the dispensing of medications and/or administration of vaccine(s). The physician is not required to be on-site, but staff will be required to work under his or her direction. The Coordinating Physician for **<Insert name of agency>** is **<Insert name of coordinating physician>**.

Planning for receiving assets for treatment of ill patients**:**

MSDH does not require completion of the Provider Enrollment Form for healthcare facilities to receive SNS assets for the treatment of ill persons.

* MSDH will need case count, epidemiologic, intelligence and inventory information from treatment centers to support strategic decisions.
* MSDH will need contact information for people at the treatment center responsible for providing periodic case counts.

**Requesting the SNS**

The SNS is a federal resource. As with all federal resources, it cannot be requested unless response to the incident is anticipated to exceed local and state resources. If **<Insert name of agency>** encounters a situation where patient demand is anticipated to exceed available resources, the **<Insert position title>** of the healthcare facility should communicate this to **<Insert name of local Emergency Management Agency>**. If local and regional resources are not sufficient to supply the increased demand, the request will be forwarded to the state Emergency Operations Center (EOC) at the Mississippi Emergency Management Agency, which will assess the situation. If indicated by the event, MSDH will request the SNS assets from the Centers for Disease Control and Prevention (CDC).

The healthcare facility will need a plan to request resupply of SNS assets. This plan should include:

* Communications plan that includes staff assigned (title of staff position) to request resupply, contact information for the county emergency management agency and local and state public health offices, and any additional numbers that would be provided during an incident.
* Provision to MSDH of up-to-date information on case count, epidemiologic, intelligence and inventory information from treatment centers to support strategic decisions.
* Provision to MSDH of number of staff and/or staff family members for whom there has been insufficient distribution of prophylactic regimens.
* Detailed information for product description and quantities related to specific requests.

**Acquiring the SNS**

If the situation necessitates the need for the SNS, the **<Insert position title>** of the healthcare facilitywill coordinate with MSDH for the receipt of SNS supplies. To some extent, circumstances will drive the response and dictate how supplies will be received. A representative from **<Insert name of agency>** might be asked to pick up SNS supplies from a health department point-of-dispensing (POD) site or another drop site in the county/city. If so, **<Insert name of agency>** will need to provide MSDH with the name of the healthcare representative designated to pick up the medications and/or medical supplies prior to pick up. Upon arrival at the designated location, the representative will be asked to present two forms of identification; one form of identification issued by **<Insert name of agency>** and one form of photo identification issued by the state (e.g., driver license). The representative will sign for all medications and/or medical supplies received. If there is a discrepancy between the order and what was received, **<Insert position title>** of the healthcare facility must notify the MSDH Command Center by phone at (601) 576-8085, as instructed in the packet of information received with the shipment.

Two methods for acquiring/receiving SNS assets include: 1) direct shipment to facility, and 2) healthcare representative pick-up from a predetermined health department POD or other drop site in the county/city.

Healthcare facility (HCF) requirements for receiving for direct shipment:

* Plan for receiving SNS assets to include:
* Day and night point of contact (in triplicate) who has authority to order and receive materials and sign for controlled substances
* Identification for receipt of SNS delivery (e.g., building A, rear loading dock, south entrance, etc.)
* Adequate material handling equipment required to off-load and stage large pallets; if a loading dock is not available, the facility should ensure plans include how to off-load by hand
* HCF requirement for acquiring SNS assets from health department POD or drop site:
* As stipulated above

**Distribution of SNS Medications**

Distribution of medications and/or administration of vaccinations from the SNS must follow the same algorithms for prophylaxis and standing orders contained in the MSDH SNS Plan or provided by MSDH with the vaccine. These algorithms will be provided to **<Insert name of agency>** in the SNS supplies received and through MSDH guidance issued to healthcare facilities and medical providers. The **<Insert position title>** coordinating at the healthcare facility will oversee the distribution of SNS medications to patients. The **<Insert** **position title>** of the healthcare facility will coordinate the distribution of the SNS medications to staff and their families.

Health information forms provided by MSDH (either hard copy or electronic copy) must be completed to receive medications and/or vaccines from the SNS. These forms must be returned to MSDH within 48 hours for patient tracking. **<Insert** **position title>** of the healthcare facility will coordinate the collection of these documents and ensure they are received by MSDH within the proper timeframe.

**<Insert name of agency>** may not charge patients, staff and/or their families for medications/vaccines or any supplies received from the SNS.

Utilization of medications for the treatment of ill persons, although accompanied by medical guidance from MSDH and interim guidance from federal partners, is ultimately up to the attending physician. There are no treatment algorithms. Information about treatment regimen(s) should be captured as part of the healthcare facility’s standard Medical Administration Record (MAR), which is standard medical practice, not a stipulation of distribution of the SNS.

Healthcare facilities:

* Must have a plan to store assets under appropriate medical and pharmaceutical laws and regulations
* Must have an inventory plan
* Must not charge for assets

**Security**

Heightened security measures may be needed as a result of the events leading up to activation of SNS plans. Circumstances may lead some individuals to take unlawful measures to try to secure SNS assets for themselves and/or others. Adequate security measures must be in place to ensure SNS assets received by **<Insert name of agency>** are secure and to reduce any unnecessary risk to staff transporting or dispensing the medications. **<Insert name of agency>** will take appropriate measures to coordinate security at the facility.

***Include a specific security plan identifying who will provide security. Please note, county and city police may not be able to provide security officers in the case of a communitywide event so an alternate plan is necessary.***

**Public Information**

During SNS activation, MSDH will activate its risk communication plan. Guidance will be communicated to the general public including the nature of the public health threat, where state operated point-of-dispensing (POD) sites will be located and who should go there. In addition, information will be provided regarding symptoms of infection and/or contamination and who should seek medical attention. Any public information messages released to the media from **<Insert name of agency>** should be consistent with the message issued by the state to avoid confusion and panic in the general public. **<Insert name of agency>** should coordinate any information released to the public with the local Emergency Operations Center (EOC) and/or Joint Information Center (JIC).

**Demobilization**

As SNS operations conclude, MSDH will provide specific instructions to healthcare facilities regarding what to do with unused supplies. The **<Insert** **position title>** of the healthcare facilitywill coordinate with MSDH in the final disposition of these supplies.

Within a week of demobilization of SNS operations, **<Insert name of agency>** staff will conduct a debriefing to discuss lessons learned from the incident. The lessons learned identified in the debriefing will be used to update and improve the facility’s SNS Annex. The **<Insert** **position title>** of the healthcare facility will update and revise plans accordingly and cooperate with MSDH in any after-action planning discussions or meetings.

**References**

Mississippi State Department of Health, Plan for Receiving, Distributing, and Dispensing the Strategic National Stockpile Assets:

[www.msdh.state.ms.us/msdhsite/indes.cfm/44,1136,122,154,pdf/SNSPlan2008%2Epdf](http://www.msdh.state.ms.us/msdhsite/indes.cfm/44,1136,122,154,pdf/SNSPlan2008%2Epdf)

Centers for Disease Control and Prevention, Strategic National Stockpile website: [www.bt.cdc.gov/stockpile/](http://www.bt.cdc.gov/stockpile/)

**Attachments**

Attachment A: SNS Planning Checklist for Healthcare Facilities

Attachment B: Insert copy of SNS Enrollment Form

**Attachment SNS-A**

| **SNS Planning Checklist for Healthcare Facilities** |
| --- |
| **Primary Point of Contact (POC) (24/7) Name and contact information:** |
| **Secondary POC (24/7) Name and contact information:** |
| **Ship to Address (NO P.O. Boxes):** |
| **Describe the agency’s plan to receive shipments after normal work hours (after 8 a.m. to 5 p.m.):** |
| **Describe the agency’s plan to receive/unload materials if shipped directly to the agency:** |
| **Describe the agency’s plan if materials must be picked up and transported from a staged location in the county/city:** |
| **Describe the agency’s plan to store SNS materials at appropriate temperature/storage requirements:** |
| ***\*\*If shipments are requested, facilities could be responsible for costs of returning shipments to MSDH. A documentation of the understanding that persons cannot be charged or billed for supplies received from SNS (state or federal) must be completed at the time of receiving SNS materials.\*\**** |
| **Describe the agency’s security plan:** |

\**As this is a voluntary program, please note that at any time an agency may select to participate.*

**ATTACHMENT SNS-B**

**SNS Enrollment Form**

### ANNEX 2

### Continuity of Operations (Business Continuity)

**Purpose**

Whether due to natural forces such as a hurricane, a technological event such as an electrical fire, or an event caused by humans such as an act of terrorism, a disaster can have a serious impact on this organization’s ability to provide the healthcare functions that patients and the community depend on. Therefore, it is vitally important to have plans in place to be able to continue to perform mission-essential functions and protect vital information in the event that the organization is faced with a situation that could disrupt operations. Continuity of Operations (COOP) planning addresses three possible types of disruption to an organization:

* Denial of access to a facility (such as due to damage to a building)
* Denial of service due to a reduced workforce (such as due to pandemic influenza)
* Denial of service due to equipment or systems failure (such due to an IT systems failure)

COOP planning seeks to minimize the potential impact of these events on employees, operations and facilities. This annex will focus on denial of service due to equipment or systems failure with a special focus on information technology (IT) systems.

**Phases of Continuity of Operations Planning**

There are three phases to the COOP process:

* Normal Operations
* COOP Execution (Emergency Operations Period)
* Reconstitution (Return to Normal Operations)

**Normal Operations**

Normal operations are those periods without a declared state of emergency or the period directly following the conclusion of an event. Mitigation and planning activities can be conducted during normal operations to protect systems and prepare for an emergency affecting information systems.

**Mitigation**

Mitigation activities are those that eliminate or reduce the possibility of a disaster occurring. For IT systems, this would include measures to protect equipment and critical information such as backup power, firewalls, virus protection, password protection of files and data redundancy.

**Preparedness**

Preparedness activities develop the response capabilities that are needed in the event that an emergency occurs. These activities may include developing response procedures for the backup and restoration of data, training personnel in those procedures, conducting system(s) tests, executing regular backups of data, developing manual interim process to ensure continuous service of essential functions and conducting exercises with staff to ensure they are capable of implementing response procedures when necessary.

**COOP Execution**

The COOP execution phase includes the actions that are taken when a disruption or emergency occurs. This includes activating emergency procedures and staff to protect or restore information systems and data for essential functions of the **<Insert name of agency>**.

**Reconstitution**

Recovery focuses on restoring the essential functions to a normal or improved state of affairs. It occurs after the stabilization and recovery of essential functions. Examples of recovery activities might include the restoration of non-vital functions, replacement of damaged equipment and facility repairs.

**Roles and Responsibilities**

The positions responsible for overseeing IT Continuity of Operations are:

|  |  |
| --- | --- |
| **Primary** | |
| **Name** |  |
| **Contact** |  |
| **Alternate Contact** |  |
| **Roles and Responsibilities** |  |
| **Backup 1** | |
| **Name** |  |
| **Contact** |  |
| **Alternate Contact** |  |
| **Roles and Responsibilities** |  |
| **Limitations** |  |

**Plans and Procedures**

|  |
| --- |
| **Describe the agency’s plan/procedures for backing up vital data:** |
|  |
| **Describe how personnel trained on the plans/procedures for backing up vital data:** |
|  |
| **Does the agency have an emergency service plan? If so, explain:** |
|  |
| **Describe how the agency plans to minimize service interruptions as a result of necessary scheduled downtime:** |
|  |
| **Describe the contingency plans that are in place for managing unscheduled operational interruptions:** |
|  |
| **Describe how end-users are trained in executing downtime plans/procedures:** |
|  |
| **Describe how data will be retrieved (whether stored on external hardware, the operating system or as backed up data) in the event of an operational interruption:** |
|  |
| **Describe the process by which data will be entered into the system as soon as it is restored following an outage or disruption:** |
|  |

**Critical Information Technology, Systems, Equipment and Databases**

The chart below identifies critical IT systems, equipment and databases that are used by the organization and describes what function the system serves, where it is located, who manages the IT needs of the system, equipment or database, and what those responsibilities are.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Essential Function** | **Name of Critical System/Equipment/Database** | **Location** | **Managed By** | **Responsibilities** |
| *Inventory Management* |  |  |  |  |
| *Patient Management* |  |  |  |  |
| *Food/Dining Services* |  |  |  |  |
| *Communications Systems* |  |  |  |  |
| *HVAC* |  |  |  |  |
| *Security Systems* |  |  |  |  |
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### ANNEX 3

### Volunteers in Preparedness Registry (VIPR)

**Purpose**

The purpose of this annex is to familiarize healthcare staff and administrators with the Volunteers in Preparedness Registry (VIPR) and encourage participation and support of the program.

**Background**

After the attacks on the World Trade Center and Pentagon building on September 11th, 2001, complications arose from the many well-intentioned medical volunteers who traveled to New York and Washington D.C. to provide assistance. Because a system was not in place to quickly credential medical volunteers, many of these individuals were either sent away or assigned menial tasks that did not require medical licensing to perform. In response, Congress authorized funding for states to develop Emergency Systems for the Advance Registration of Volunteer Health Professionals (ESAR-VHP). In Mississippi, VIPR is the online registration system for medical, health and non-medical responders for the state. It is a secure database of pre-credentialed healthcare professionals and pre-registered non-medical volunteers who are trained to provide a coordinated response to emergencies in support of established public health and emergency response systems. The volunteer registry improves the efficiency of volunteer deployment and utilization by verifying the credentials of volunteer healthcare professionals in advance. Pre-registration and pre-verification of potential volunteers enhances the state’s ability to quickly and efficiently dispatch qualified health professionals to assist in emergency response activities.

**How does VIPR Work?**

Health professionals and others interested in participating in the program should visit the Mississippi State Department of Health Volunteer Registry website at <http://volunteer.msdh.state.ms.us/VolunteerRegistry/Default.aspx>.

On the website, volunteers can register for the program, list contact information and professional licensure information and indicate where and how they would like to volunteer in the event of a disaster. Licensure information is verified through the appropriate state licensing boards. The information that volunteers supply to the website is confidential and will only be made available to government emergency planners if a disaster is declared. In addition, signing up for the program does not in any way obligate members to respond during a particular crisis.

In the event of a disaster or mass casualty event, potential volunteers will be provided with information regarding volunteer opportunities and given the option to accept or decline. Volunteers are expected to maintain current contact information on the Volunteer Registry. The Volunteer Registry is supported by federal funding from the National Healthcare Preparedness Program (NHPP).

**What are the Benefits to the Volunteer?**

First and foremost, individuals who volunteer under the volunteer registry will have the opportunity to use their experience and training in providing critical services to fellow Mississippians in a disaster situation. Training for members is provided across the state on topics such as Disaster Mental Health, Special Medical Needs Shelter Operations, Strategic National Stockpile Operations, Cardiopulmonary Resuscitation (CPR), Personal Preparedness, the National Incident Management System and more. Continuing Education Units (CEUs) are available at no cost to many licensed professionals for much of the training offered under the program.

**Requesting Volunteers**

* If the facility experiences staffing shortages and/or patient surge conditions due to a disaster situation, a representative of the healthcare facility should first submit the request for staffing assistance to the local Emergency Management Agency.
* The request should be specific, indicating the number of staff needed, specific expertise needed and the estimated number of days the assistance will be required.
* From the local Emergency Management Agency, the request will be channeled to the Mississippi Emergency Management Agency (MEMA) where public health officials will use the VIPR system to generate a list of qualified and credentialed volunteers.
* Those individuals listed will be contacted by the state through the Health Alert Network (HAN) and provided with the opportunity to volunteer for the task. They will be provided with information regarding the event (including where they need to report) and be given the opportunity to accept or decline service as a volunteer.
* The requesting healthcare facility will be provided with an update from the state regarding the status of the request, including the number of volunteers responding and estimated date and time of arrival.



**Liability Protections for Volunteers**

Volunteer immunity is available for good faith acts associated with volunteer services. However, there is no immunity for acts or omissions that are intentional, willful, wanton, reckless or grossly negligent (Miss. Code Ann. § 95-9-1).

An unpaid volunteer acting on behalf of the University Hospital is afforded coverage under the Tort Claims Act. Op.Atty.Gen. No. 2002-0144, Conerly, March 29, 2002.

State/political subdivision employees/agents receive some liability protections during a declared emergency (Miss. Code Ann. § 35-15-21).

**References**

Mississippi State Department of Health Volunteer Registry website:

<http://volunteer.msdh.state.ms.us/VolunteerRegistry/Default.aspx>

“Emergency Systems for Advance Registration of Volunteer Health Professionals (ESAR-VHP) – Legal and Regulatory Issues”, The Center for Law and the Public’s Health at Georgetown and Johns Hopkins Universities, 2008.

“Hurricane Katrina Response – Legal Protections for VHPs in Alabama, Louisiana and Mississippi”, The Center for Law and the Public’s Health at Georgetown and Johns Hopkins Universities, 2008.

## T. Incident Specific Annexes

Incident Annex 1: Biological Terrorism Event

Incident Annex 2: Bomb Threat

Incident Annex 3: Chemical Event

Incident Annex 4: Earthquake

Incident Annex 5: Explosive Terrorism Event

Incident Annex 6: Extended Power Outages

Incident Annex 7: Extreme Temperatures

Incident Annex 8: Fire

Incident Annex 9: Floods

Incident Annex 10: Hazardous Materials

Incident Annex 11: Nuclear/Radioactive Event

Incident Annex 12: Pandemic Influenza

Incident Annex 13: Severe Weather

Incident Annex 14: Surge Capacity

Incident Annex 15: Tropical Cyclones (Hurricanes)

Incident Annex 16: Wildfire

Incident Annex 17: Winter Storms

Incident Annex 18: Location-Specific Information for Each Service Area

### Incident Annex 1: Biological Terrorism Event

A bioterrorism attack is the deliberate release of viruses, bacteria or other germs (agents) used to cause illness or death in people, animals or plants. These agents are typically found in nature, but it is possible that they could be changed to increase their ability to cause disease, make them resistant to current medicines or to increase their ability to be spread into the environment. Biological agents can be spread through the air, through water or in food. Terrorists may use biological agents because they can be extremely difficult to detect and do not cause illness for several hours to several days. Some bioterrorism agents, like the smallpox virus, can be spread from person to person and some, like anthrax, cannot.

***Include the agency’s plan for a biological terrorism event.***

### Incident Annex 2: Bomb Threat

A bomb threat can be delivered as either a written or verbal notification of intent to detonate an explosive or incendiary device with the intent of causing harm to individuals or of causing damage to or the destruction of physical property. Such a device may or may not exist. While a good number of bomb threats are pranks, bomb threats made in connection with other crimes such as extortion, hijacking and robbery are quite serious.

***Include the agency’s plan for a bomb threat.***

### Incident Annex 3: Chemical Terrorism Event

Chemical terrorism is the intentional use of toxic chemicals to inflict mass casualties and mayhem on an unsuspecting civilian population. Chemical terrorism often refers to the use of military chemical weapons that have been illicitly obtained or manufactured de novo. However, additional concerns may include the intentional explosion of an industrial chemical factory, a tanker car or a transport truck in proximity to a civilian residential community, school or worksite.

***Include the agency’s plan for a chemical terrorism event.***

### Incident Annex 4: Earthquake

Earthquakes are among the most unpredictable and devastating of natural disasters. An earthquake can be defined as a sudden movement of the earth as the result of the abrupt release of pressure. This release of pressure can result at fault lines where two tectonic plates collide or separate; it can occur as the ground lifts or sinks due to underlying pressures, or pressure can be released in thrust faults or folded rock. An earthquake is also referred to as a “shaking hazard.”

***Include the agency’s plan for an earthquake.***

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### Incident Annex 5: Explosive Terrorism Event

Improvised Explosive Devices, commonly referred to as IEDs, have become common tools of domestic and international terrorists. According to the Agency for Healthcare Research and Quality (AHRQ), due to the public accessibility of explosive materials and bomb-making knowledge, a domestic terrorist attack would probably take the form of a conventional explosive munitions attack. An explosive device may consist of explosives alone or may be combined with biological, chemical or radiological materials. The AHRQ states that a “lack of knowledge about primary blast injuries and failure to recognize a blast’s effect on certain organs can result in additional morbidity and mortality.”

***Include the agency’s plan for an explosive terrorism event.***

### Incident Annex 6: Extended Power Outages

Extended loss of electrical services can be fatal for a frail and compromised population in a healthcare facility. While the occasional interruption of the electrical utility grid is part of life, steps need to be taken to protect vulnerable patients during times of any loss of power. Utility service can be interrupted by natural disasters, industrial accidents at power generation facilities or damage to power transmission systems.

***Include the agency’s plan for extended power outages.***

### Incident Annex 7: Extreme Temperatures

The loss of the HVAC (Heating, Ventilation and Air Conditioning) system in a healthcare facility is a serious technological failure, under certain conditions. During times of mild weather, the failure of these systems would present a minor nuisance. During times of extreme weather, such as a frigid cold winter or usually hot summer, the failure of these systems can create harmful and fatal conditions for patients.

***Include the agency’s plan for extreme temperatures.***

### Incident Annex 8: Fire

Fire is a rapid oxidation process that releases energy in varying intensities in the form of heat and often light, and generally creates and releases toxic vapors. Fire does not have to be in immediate proximity to be fatal. The reduced oxygen and production of smoke and fumes can replace breathable air, creating an anaerobic environment that leads to asphyxiation. Not all fires create visible smoke. Inside a building where airflow is restricted, the risk of dying from oxygen starvation is greatly increased.

***Include the agency’s plan for fire.***

### Incident Annex 9: Floods

Floods are one of the most common hazards in the United States. A flood is the inundation of a normally dry area caused by an increased water level in an established watercourse. Flood effects can be local, impacting a neighborhood or community, or very large, affecting entire basins and multiple states. Flooding can also occur along coastal areas as a result of abnormally high tides, storms and high winds.

***Include the agency’s plan for floods.***

### Incident Annex 10: Hazardous Materials

Hazardous Materials incidents occur when a hazardous substance has been dispersed into the environment in a manner that has the potential to harm people. These emergencies can result from the release of toxic substances in any quantity, the release of large quantities of a substance that is not problematic when used in smaller and controlled amounts, or from the results of combining two otherwise non-hazardous substances. Release can be in vapor, aerosol, liquid or solid form.

***Include the agency’s plan for hazardous materials.***

### Incident Annex 11: Nuclear/Radioactive Event

While nuclear power facilities have multiple mechanical, technological and procedural redundancies to minimize technological failure and human error, it is prudent to have a plan for dealing with the possibility of a catastrophic failure at a nuclear facility or threat of an act of terrorism. Likewise, radiological events occur without warning and will require rapid responses to decontaminate and treat those who may have been exposed.

***Include the agency’s plan for nuclear and radiological events.***

### Incident Annex 12: Pandemic Influenza

A pandemic is a global disease outbreak. A flu pandemic occurs when a new influenza virus emerges for which people have little or no immunity and for which there is no vaccine. The disease spreads easily from person to person, causes serious illness, and can sweep across the country and around the world in a very short time. It is expected that such an event could overwhelm local healthcare systems as an increased number of sick individuals seek healthcare services. In addition, the number of healthcare workers available to respond to these increased demands will be reduced by illness rates similar to pandemic influenza attack rates affecting the rest of the population.

***Include the agency’s plan for pandemic influenza.***

### Incident Annex 13: Severe Weather

Severe weather is any atmospheric phenomenon that can cause property damage or physical harm. Severe weather includes the following:

* Hail
* Intense cloud to ground lightning
* Torrential rain
* Strong winds (micro-bursts, straight line winds)
* Tornadoes

***Include the agency’s plan for severe weather.***

### Incident Annex 14: Surge Capacity

Surge capacity is a measurable representation of a healthcare system's ability to manage a sudden or rapidly progressive influx of patients within the currently available resources at a given point in time. Healthcare systems must develop and maintain surge capacity throughout the system in anticipation of the need to care for patients presenting from infectious disease outbreaks, public health emergencies and mass casualty incidents.

***Include the agency’s plan for surge capacity.***

### Incident Annex 15: Tropical Cyclones (Hurricanes)

A tropical cyclone, also called a hurricane depending on its location and strength, is a storm system characterized by winds reaching a constant speed of at least 74 miles per hour and possibly exceeding 200 miles per hour. On average, a hurricane’s spiral clouds cover an area several hundred miles in diameter. The spirals are heavy cloud bands from which torrential rains falls. Tornado activity may also be generated from these spiral cloud bands. Hurricanes are unique in that the vortex or eye of the storm is deceptively calm and almost free of clouds with very light winds and warm temperatures. Outside the eye, a hurricane’s counter-clockwise winds bring destruction and death to coastlands and islands in its erratic path. High winds and heavy rains from hurricanes impact inland regions many miles from the coast.

***Include the agency’s plan for tropical cyclones.***

### Incident Annex 16: Wildfire

Each year, thousands of acres of land and dozens of structures are destroyed by fires that can start at any time of the year. Wildfires have a variety of causes including arson, lightning, debris burning and carelessly discarded cigarette butts. Adding to the fire hazard is the growing number of people living in new communities built in areas that were once open land.

***Include the agency’s plan for wildfire.***

### Incident Annex 17: Winter Storms

Winter storms are often an underestimated threat. Snow and accompanying ice can immobilize a region and paralyze a city. Ice can bring down trees and break utility poles, disrupting communications and utility service. It can also immobilize ground and air transportation. The healthcare facility may find itself completely on its own for several days.

***Include the agency’s plan for winter storms.***

### Incident Annex 18: Location-Specific Information for Each Service Area

***Include any additional location-specific information for each service area (counties/cities) of the agency.***