Emergency Operations Plan

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| **Organization(s)**  Patient Sortal Health | | Title  Emergency Operations Plan | | Identification Number  PSHAdmin-004 |
| **Department**  Administration | Level  ☐ System  ☐ Organization  ☐ Division  ☐ Department | | Category  ☐ Clinical  ☐ Management  ☐ Regulatory | Posting Date  [MM/DD/YYYY] Effective Date  [MM/DD/YYYY] |
| Review Cycle☐ 1 year ☐ 3 years  Last Review Date:[MM/DD/YYYY] | | | Replaces  Title: Emergency Operations Plan  Effective Date(s):[MM/DD/YYYY] | |

Plan Mission Statement

Consistent with the organization’s mission, vision, and values to provide safe care, this plan establishes the parameters of its response to emergency situations.

Purpose

To define the Emergency Management Program to guide the organization’s response to situations that pose an immediate danger to the health and safety of patients, staff, and visitors; to return the hospital/clinic to a normal status; and to comply with regulations.

Scope

* Applies to all types of emergency situations that affect safety and security of the organization, originating both within the hospital/clinic/clinic and outside of it.
* Applies to both natural disasters and human-created situations.

Responsibilities and Reporting Structure

The governing body is responsible for the following:

* Receiving reports of the activities of the Emergency Management Program from the Safety Committee or Emergency Preparedness Committee chair
* Reviewing the reports and, as appropriate, supporting the ongoing activities of the Emergency Management Program

Leaders of the medical staff are responsible for the following:

* Participating in planning activities prior to developing an Emergency Operations Plan
* Implementing the four phases of emergency management (mitigation, preparedness, response, and recovery)
* Implementing emergency management across the six critical areas (communications, resources and assets, safety and security, staff responsibilities, utilities, and patient clinical and support activities)
* Collaborating across clinical and operational areas to implement emergency management hospital/clinic-wide
* Identifying and collaborating with community response partners

The Safety Committee or Emergency Preparedness Committee chair is responsible for the following:

* Reporting the activities of the Emergency Management Program to the governing body
* Working under the general direction of the chief executive officer (CEO)

The Emergency Preparedness Committee is responsible for the following:

* Developing an Emergency Operations Plan
* Reviewing and updating the plan at least every two years
* Comparing the Emergency Operations Plan to communitywide plans of local emergency management agencies to ensure consistency
* Coordinating the hospital/clinic’s role in communitywide emergency plans with local emergency management agencies at least every two years
* Maintaining a documented inventory of the resources and assets it has on site that may be needed during an emergency
* Establishing staff training requirements for the Emergency Operations Plan
* Addressing the request for and implementation of 1135 waivers (*see* 1135 Waiver Request Procedures)
* Designating an individual(s) to monitor performance and documenting opportunities for improvement during emergency response exercises

The CEO is responsible for the following:

* Receiving regular reports of the current status of the Emergency Management Program through the Safety Committee or Emergency Preparedness Committee
* Reviewing the reports and, as necessary, communicating concerns about identified issues and regulatory compliance to the disaster director
* Helping determine fiscal needs to support the Emergency Operations Plan

The disaster director is responsible for the following:

* Advising the Safety Committee or Emergency Preparedness Committee regarding any emergency management issues that may necessitate the following:
  + Purchase of supplies and equipment necessary for the improvement of the emergency response capability
  + Management of grant programs
  + Changes to policies and procedures
  + Orientation, education, and training of staff regarding emergency response
  + Integration of, and ensuring the consistency of, the hospital/clinic’s incident command structure into the community’s command structure
  + Evaluation of the effectiveness of the Emergency Operations Plan through a comprehensive exercise and evaluation process
  + Reporting of disaster drill activity and interim changes to the plan

Department managers/directors are responsible for the following:

* Ensuring new personnel receive orientation regarding emergency response
* Providing new personnel with department, job, or task-specific education and training regarding emergency response
* Providing any necessary assistance to the disaster director and/or Emergency Preparedness Committee

All staff members are responsible for the following:

* Participating in applicable emergency response orientation, education, and training activities
* Learning and following department, job, and/or task-specific procedures for emergency response

Processes

**Hazard Vulnerability Analysis (HVA)**

The HVA assesses the impact of likely emergencies. It is used to guide the development of the Emergency Management Program.

The Emergency Preparedness Committee performs the following activities:

* Conducts a yearly review of the HVA.
* Determines if likely emergencies have changed.
* Collaborates with community partners to prioritize potential emergencies.
* Communicates needs and vulnerabilities to community emergency response agencies and identifies the community’s capability to meet its needs.
* Defines mitigation activities, based on the HVA.
* Defines its preparedness activities to organize and mobilize essential resources, based on the HVA.

**Emergency Operations Plans**

Emergency Operations Plans address each of the emergencies identified as priorities in the HVA. Each plan includes information about the following aspects of emergency management as they relate to the specific emergency described in the plan:

* Emergency preparation activities
* Criteria for activating the plan
* Individual responsible for authorizing activation for the plan
* Chain of command for the duration of the emergency, including succession planning
* Emergency response processes for leadership, staff, and volunteers
* Management of patients and patient care activities for the duration of the emergency
* Documented alternative sites for care, treatment, and services that meet patient needs
* Means to shelter patients, staff, and volunteers on site who remain in the facility
* Documented methods for evacuating the facility when necessary, including moving patients, staff, and others to the following areas:
  + Another floor or area within the building
  + Outside the building
* Criteria for terminating the plan
* Emergency recovery activities, including but not limited to capture of medical record information, financial information, and restoration of areas modified for emergency use
* Capabilities and response procedures when the hospital/clinic cannot be supported by the local community in efforts to provide communications, resources and assets, security and safety, staff, utilities, or patient care for at least 96 hours
* Documented processes for the management of transportation to alternative care sites during an emergency of the following:
  + Some or all patients
  + Patients’ medications, supplies, and equipment
  + Staff
* Processes for the management of security and safety during an emergency, including the following:
  + Internal security and safety
  + Roles of community security agencies
  + Management of hazardous materials and waste
  + Provisions for decontamination
  + Control of entrance and exit of the facilities
  + Control of movement within all facilities
  + Control of vehicles that access the facilities
* Processes for the management of staff during an emergency, including the following:
  + Process for assigning staff to all essential functions
  + Identification of the individuals to whom staff report in the hospital/clinic’s incident command structure
  + Staff support needs such as housing, transportation, and incident stress debriefing
  + Family support needs of staff (for example, children, pets, elder care)
  + Documented system to track the location of on-duty staff during an emergency
* Documented processes for the management of utilities during an emergency, including alternative means for providing the following:
  + Electricity and lighting
  + Water for consumption, essential care activities, equipment operation, and sanitary purposes
  + Fuel for building operations, generators, and essential transport services provided by the hospital/clinic
  + Medical gas/vacuum systems
  + Temperature control for patient health and safety
  + Safe, sanitary storage of supplies, including food, fuel, medications, medical equipment and supplies, and other materials
  + HVAC
  + Other utilities deemed essential (for example, vertical and horizontal transport, steam for sterilization)
* Documented processes for the management of hazardous materials and waste during an emergency
* Processes for the management of patients during an emergency, including the following:
  + Activities as part of patient scheduling, triage, assessment, admission, transfer, and discharge
  + Evacuation to a safe location within or outside of the hospital/clinic
  + Increases in demand for clinical services for vulnerable populations
  + Personal hygiene and sanitation needs
  + Mental health service needs
  + Mortuary services
  + Documentation and tracking of patients’ clinical information
  + System to track the location of patients sheltered on site
* Plans for the management of resources and assets, including the following:
  + Obtaining and replenishing medications and related supplies
  + Obtaining and replenishing medical supplies such as personal protective equipment
  + Obtaining and replenishing nonmedical supplies
  + Sharing resources and assets with other health care organizations
  + Monitoring quantities of resources and assets during an emergency
  + Arranging transportation for patients, as well as their medications, supplies, and equipment, and for staff to an alternative care site(s)
  + Arranging the transfer of pertinent information such as essential clinical and medication-related information with patients moving to alternative care sites

**Emergency Communications Plan**

Communication during emergency situations is addressed in the organization’s Emergency Communications Plan. This plan is documented in writing. Elements of this plan include the following:

* Methods used to notify affected staff when Emergency Operations Plans are implemented. These include but are not limited to overhead announcement system, telephones, pagers, cell phones, reverse 911 systems, amateur radios, identified television and radio programs, employee hotline, and backup systems and technologies
* Methods used to notify governmental authorities, local emergency management agencies, and other external organizations when Emergency Operations Plans are implemented and include essential elements of their respective command structures, resources and assets, and names of patients and the deceased
* Methods used to communicate with staff, patients, and their families throughout the emergency situation
* Documented methods used to communicate with external authorities, including governmental authorities and local emergency management agencies, throughout the emergency situation
* Documented circumstances in which information about patients will be communicated to third parties, including but not limited to other health care organizations, the state health department, police, and the Federal Bureau of Investigation
* Documented methods used to communicate information about patients to third parties, as described above
* Methods used to communicate with the community or the media
* Documented methods used to communicate with suppliers of essential services, equipment, and supplies
* Methods of communication with any established alternative care site
* Process for communicating information about the general condition and location of patients to entities assisting with disaster relief
* Process, in the event of an evacuation, to release patient information to the family, patient representatives, or others responsible for the care of the patient
* Names and contact information of the following:
  + Staff
  + Physicians
  + Other hospital/clinics and critical access hospital/clinics
  + Volunteers (if needed or required)
  + Entities providing services under arrangement
  + Relevant federal, state, tribal, regional, and local emergency preparedness staff
  + Other sources of assistance

The Emergency Preparedness Committee performs the following activities:

* Maintains a current contact list and phone tree to be used during an emergency.
* Establishes criteria for calling staff to the facility to assist with the emergency response.
* Maintains a current contact list for governmental, commercial, and other external emergency response organizations.

The incident commander performs the following activities:

* Authorizes contact with relevant external organizations during an emergency.
* Forwards relevant information to various external organizations.
* Coordinates interaction between the organization and all external emergency response organizations.

**Continuity of Operations**

The Emergency Operations Plan establishes processes for maintaining continuity of operations during an emergency, particularly management of patient care. This plan is documented in writing and addresses the following elements:

* Succession plan listing key leader replacements if not available to carry out his/her duties
* Delegation of authority plan describing decisions and policies that can be implemented by authorized successors and triggers that initiate this delegation
* Process for requesting an 1135 waiver for care and treatment at an alternative care site
* Criteria for discontinuation of elective treatments
* Management of information about incoming patients
* Availability of patient care supplies and equipment during the emergency
* Evaluation of patients for movement to other units
* Release of patients to their homes or transfer to other facilities
* Communication with patients and families regarding status, including movement, relocation, or transfer
* Transportation of patients, when necessary
* Criteria for relocating or evacuating patients, staff, and others
* Identification of alternative locations where patient care can be continued
* Assignment of staff to relocation and evacuation activities
* Description of patient tracking procedures to be used during relocation or evacuation
* Alternate roles for staff during the emergency
* Alternate sources of utility systems during the emergency

**Disaster Privileging**

The CEO or other designated individual determines when the hospital/clinic’s existing staff is insufficient to provide safe patient care during the emergency. Disaster Privileging Procedures address the following elements:

* Identification of individual(s) with authority to initiate and perform disaster privileging in the Medical Staff Bylaws, Rules, and Regulations
* Criteria for initiating the disaster privileging process
* Criteria for individuals seeking disaster privileges
* Criteria and process for verifying the identity and credentials of individuals seeking disaster privileges through primary source verification
* Process to be used when primary source verification of an individual’s credentials cannot be performed within 72 hours due to the emergency
* Description of care, treatment, and services to be provided by volunteer practitioners during the emergency
* Process and responsibility for overseeing the performance and professional practice, care, treatment, and services provided by volunteer practitioners during the emergency
* Identification of volunteer practitioners during the emergency
* Termination of disaster privileges at the time the Emergency Operations Plan is terminated

**Chemical and Radioactive Decontamination Response**

* Select staff members are trained in the Occupational Safety and Health Administration’s Hazardous Waste Operations and Emergency Response guidelines to address patients presenting to the organization and decontamination activities.
* Emergency department (ED) staff receives training and uses equipment to handle decontamination of a limited number of individuals.
* The safety officer works with public safety agencies to ensure isolation of any contaminated areas of the facility itself until the affected area is declared safe by appropriate experts.

Emergency Preparedness Drills

The Emergency Preparedness Committee performs the following activities:

* Tests the emergency plan at least annually
* Conducts one of the following exercises every other year:
  + A full-scale, community-based exercise
  + A facility-based, functional exercise (when a full-scale, community-based exercise is not possible)
* Conducts one of the following exercises in the opposite year:
  + A second full-scale, community-based exercise
  + A second facility-based, functional exercise
  + A mock disaster drill
  + A tabletop exercise or workshop that meets the following criteria:
    - Is led by a facilitator
    - Includes a group discussion
    - Uses a narrated, clinically relevant emergency scenario
    - Uses a set of problem statements, directed messages, or prepared questions designed to challenge the emergency plan
* When planning annual emergency plan testing exercises, considers that, if the emergency plan is activated in response to an actual emergency (natural or otherwise), the organization is exempt from its next required full-scale, community-based exercise or facility-based, functional exercise.
* Documents response to emergency plan testing exercises (or actual emergency responses, as applicable).
* Analyzes results of emergency plan testing exercises to identify opportunities for improvement.

Orientation and Education

All staff and employees perform the following activities:

* Participate in orientation on the Emergency Management Program within 30 days of new hire.
* Participate in department, job, and/or task-specific training regarding emergency preparedness and response.
* Participate in all planned emergency preparedness drills.

Human Resources staff maintains documentation on staff participation in, and/or completion of, all emergency preparedness orientation and training activities.

Performance Monitoring

The disaster director manages performance measurement related to the Emergency Management Program, including performance of the following activities:

* Provides quarterly reports of performance and experience to the Safety Committee or Emergency Preparedness Committee.
* Includes the following elements in those quarterly reports:
  + Ongoing measurement of performance
  + Reports from the individual(s) designated to monitor performance and document opportunities for improvement
  + Summary of identified problems
  + Potential improvements to the Emergency Management Program, including the Emergency Operations Plan or any related policies and procedures as identified during drills and/or implementation
  + Results of any root cause analyses of sentinel events (as applicable)
* Establishes performance indicators that objectively measure the effectiveness of the Emergency Management Program.
* Determines appropriate data sources, data collection methods and intervals, analysis techniques, and report formats.

Evaluation

The Emergency Preparedness Committee does the following:

* Reviews the objectives and scope of its Emergency Operations Plan at least every two years.
* Reviews the Emergency Operations Plan at least every two years.
* Reviews the HVA at least every two years.
* Conducts a review of its inventory at least every two years.
* Reports on results of those reviews to senior hospital/clinic leadership.

The disaster director does the following:

* Evaluates the Emergency Management Program at least every two years regarding its scope, objectives, performance, and effectiveness.
* Uses the following sources in this evaluation:
  + Internal policies and procedures
  + Incident report summaries
  + Emergency Preparedness Committee meeting minutes and reports
  + Findings by outside agencies, such as accrediting or licensing bodies
* Reports findings of this evaluation to the Safety Committee or Emergency Preparedness Committee.
* Implements recommendations of the Safety Committee or Emergency Preparedness Committee.
* Establishes a process related to 1135 waivers.

The Safety Committee or Emergency Preparedness Committee does the following:

* Reviews and approves the report from the disaster director.
* Documents its deliberations, actions, and recommendations in the Safety Committee or Emergency Preparedness Committee minutes.
* Distributes the evaluation to the following:
  + CEO
  + Performance Improvement Committee
  + Department directors, as appropriate

References

Joint Commission Standard EM.01.01.01, EP 2. The [hospital/clinic] conducts a hazard vulnerability analysis (HVA) to identify potential emergencies within the organization and the community that could affect demand for the [hospital/clinic]’s services or its ability to provide those services, the likelihood of those events occurring, and the consequences of those events. The findings of this analysis are documented.

Joint Commission Standard EM.01.01.01, EP 3. The [hospital/clinic], together with its community partners, prioritizes the potential emergencies identified in its hazard vulnerability analysis (HVA) and documents these priorities.

Joint Commission Standard EM.02.01.01, EP 2. The [hospital/clinic] develops and maintains a written Emergency Operations Plan that describes the response procedures to follow when emergencies occur.

Joint Commission Standard EM.02.01.01, EP 4. The [hospital/clinic] develops and maintains a written Emergency Operations Plan that describes the recovery strategies and actions designed to help restore the systems that are critical to providing care, treatment, and services after an emergency.

Joint Commission Standard EM.02.01.01, EP 7. The Emergency Operations Plan identifies alternative sites for care, treatment, and services that meet the needs of the [hospital/clinic]’s patients during emergencies.

Joint Commission Standard EM.02.01.01, EP 12. [For hospital/clinics that use Joint Commission accreditation for deemed status purposes:] The Emergency Operations Plan includes a continuity of operations strategy that covers the following:

* A succession plan that lists who replaces key leaders during an emergency if a leader is not available to carry out his or her duties
* A delegation of authority plan that describes the decisions and policies that can be implemented by authorized successors during an emergency and criteria or triggers that initiate this delegation

Joint Commission Standard EM.02.01.01, EP 13.*[[1]](#endnote-1)* For hospital/clinics that use Joint Commission accreditation for deemed status purposes: If a hospital/clinic has one or more transplant programs (*see* Glossary), the following must occur:

* A representative from each transplant program must be included in the development and maintenance of the hospital/clinic’s emergency preparedness program
* The hospital/clinic must develop and maintain mutually agreed upon protocols that address the duties and responsibilities of the hospital/clinic, each transplant program, and the organ procurement organization (OPO) for the donation service area where the hospital/clinic is situated, unless the hospital/clinic has been granted a waiver to work with another OPO, during an emergency

Joint Commission Standard EM.02.01.01, EP 14. [For hospital/clinics that use Joint Commission accreditation for deemed status purposes:] The [hospital/clinic] has a procedure for requesting an 1135 waiver for care and treatment at an alternative care site.

Joint Commission Standard EM.02.01.01, EP 15. The Emergency Operations Plan describes a means to shelter patients, staff, and volunteers on site who remain in the facility.

Joint Commission Standard EM.02.01.01, EP 16. [For hospital/clinics that use Joint Commission accreditation for deemed status purposes:] The [hospital/clinic] has one or more emergency management policies based on the emergency plan, risk assessment, and communication plan. Procedures guiding implementation are defined in the emergency management plan, continuity of operations plan, and other preparedness and response protocols. Policy and procedure documents are reviewed and updated at least every two years; the format of these documents is at the discretion of the [hospital/clinic].

Joint Commission Standard EM.02.02.01, EP 4. The Emergency Operations Plan describes the following: How the [hospital/clinic] will communicate with external authorities during an emergency.

Joint Commission Standard EM.02.02.01, EP 7. The Emergency Operations Plan describes the following: How the [hospital/clinic] will communicate with suppliers of essential services, equipment, and supplies during an emergency.

Joint Commission Standard EM.02.02.01, EP 12. The Emergency Operations Plan describes the following: How, and under what circumstances, the [hospital/clinic] will communicate information about patients to third parties (such as other health care organizations, the state health department, police, and the Federal Bureau of Investigation [FBI]).

Joint Commission Standard EM.02.02.03, EP 9. The Emergency Operations Plan describes the following: The [hospital/clinic]’s arrangements for transporting some or all patients; their medications, supplies, and equipment; and staff to an alternative care site(s) when the environment cannot support care, treatment, and services.

Joint Commission Standard EM.02.02.05, EP 4. The Emergency Operations Plan describes the following: How the [hospital/clinic] will manage hazardous materials and waste.

Joint Commission Standard EM.02.02.07, EP 2. The Emergency Operations Plan describes the following: The roles and responsibilities of staff for communications, resources and assets, safety and security, utilities, and patient management and evacuation during an emergency.

Joint Commission Standard EM.02.02.07, EP 7. The [hospital/clinic] trains staff for their assigned emergency response roles.

Joint Commission Standard EM.02.02.07, EP 11. [For hospital/clinics that use Joint Commission accreditation for deemed status purposes:] The [hospital/clinic] has a system to track the location of on-duty staff during an emergency.

Joint Commission Standard EM.02.02.09, EP 2. As part of its Emergency Operations Plan, the [hospital/clinic] identifies alternative means of providing the following: Electricity and lighting.

Joint Commission Standard EM.02.02.09, EP 3. As part of its Emergency Operations Plan, the [hospital/clinic] identifies alternative means of providing the following: Water needed for consumption and essential care activities.

Joint Commission Standard EM.02.02.09, EP 4. As part of its Emergency Operations Plan, the [hospital/clinic] identifies alternative means of providing the following: Water needed for equipment and sanitary purposes.

Joint Commission Standard EM.02.02.09, EP 7. As part of its Emergency Operations Plan, the [hospital/clinic] identifies alternative means of providing the following: Utility systems that the [hospital/clinic] defines as essential (for example, vertical and horizontal transport, heating and cooling systems, and steam for sterilization).

Joint Commission Standard EM.02.02.11, EP 3. The Emergency Operations Plan describes the following: How the [hospital/clinic] will evacuate (from one section or floor to another within the building, or, completely outside the building) when the environment cannot support care, treatment, and services.

Joint Commission Standard EM.02.02.11, EP 5. The Emergency Operations Plan describes the following: How the [hospital/clinic] will manage the personal hygiene and sanitation needs of its patients.

*Joint Commission Standard EM.03.01.03, EP 3.* The [hospital/clinic] conducts exercises to test the emergency plan at least twice per year. The first annual exercise is selected from one of the following:

* A full-scale, community-based exercise
* When a community-based exercise is not possible, a facility-based, functional exercise

The second annual exercise includes, but is not limited to, one of the following:

* A second full-scale, community-based exercise
* A second facility-based, functional exercise
* Mock disaster drill

Tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically relevant emergency scenario and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan

Joint Commission Standard LD.04.01.10. [Hospital/clinic] leaders, including leaders of organized medical staff, provide oversight for emergency management activities.

Attachments

1135 Waiver Request Procedures

Disaster Privileging Procedures

Emergency Communications Plan

Emergency Operations Plan

Hazard Vulnerability Analysis Policy

Approval

|  |  |  |
| --- | --- | --- |
| Name and Credentials  [Name and Credentials]  Title  [Title] | Name and Credentials  [Name and Credentials]  Title  Chief Executive Officer (CEO) | |
| Signature | | Date  [MM/DD/YYYY] |
| Signature | | Date  [MM/DD/YYYY] |

1. This element of performance is not a requirement for critical access hospital/clinics. [↑](#endnote-ref-1)