Emergency Communications Plan

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| **Organization(s)**Patient Sortal Health  | TitleEmergency Communications Plan | Identification NumberPSHdmin-003 |
| **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 yearsLast Review Date:[MM/DD/YYYY] | ReplacesTitle: Emergency Communications PlanEffective Date(s):[MM/DD/YYYY] |

Plan Mission Statement

As part of its Emergency Operations Plan (EOP), the hospital/clinic maintains an Emergency Communications Plan to accomplish the following:

* Maintain a current list of names and contact information of relevant stakeholders and sources of assistance
* Operate a system to track patients during an emergency

Purpose

To establish and maintain resources necessary for effective communication during an emergency to facilitate essential pathways for information distribution and to ensure patient safety and safe facilities operations.

Scope

Applies to the entire hospital/clinic.

Definitions

Emergency – An unexpected or sudden event that significantly disrupts the organization’s ability to provide care, treatment, or services or the environment of care itself or that results in a sudden, significantly changed or increased demand for the organization’s services. Emergencies can be either human-made or natural (such as an electrical system failure or a tornado), or a combination of both, and they exist on a continuum of severity.

Responsibilities and Reporting Structure

The Emergency Preparedness Committee is responsible for the following:

* Overseeing, reviewing, revising, maintaining, and implementing this plan
* Creating and maintaining the contact list for use during emergencies
* Identifying an individual to serve as tracking coordinator

The tracking coordinator is responsible for managing the Emergency Roster and Patient Emergency Tracking Log.

Processes

**Contact List**

The Emergency Preparedness Committee does the following:

1. Identifies, in writing, the relevant stakeholders and sources of assistance that are necessary to include in the Emergency Communications Plan, including the following:
	* Staff
	* Physicians
	* Other hospital/clinics and critical access hospital/clinics
	* Volunteers
	* Entities providing essential services
	* Suppliers of essential equipment and supplies
	* Federal, state, regional, and local emergency preparedness staff
	* External authorities, including government authorities
* Relevant third parties, including other health care organizations, the state health department, police, and the Federal Bureau of Investigation (FBI)
	+ Any other organizations that provide assistance during an emergency
1. Provides the name and applicable contact information (such as landline telephone number, cell phone number, e-mail address, and so on) for each individual or organization identified on the list.
2. Reviews the list as part of the EOP evaluation.
3. Updates the list to reflect changes in names, organizations, contact information, or other details as part of the EOP evaluation and/or as necessary (for example, due to staff changes).
4. Ensures that the list is easily accessible to relevant staff during an emergency.
5. Ensures that the list and its use are incorporated into all emergency preparedness drills conducted at the hospital/clinic.
6. Plans drills and exercises.
7. Evaluates drills and exercises and responses to real events.

Communication Methods

The Emergency Preparedness Committee does the following:

1. Identifies and maintains appropriate primary and alternative methods for communicating with relevant stakeholders and sources of assistance, as defined in this policy, during an emergency. Methods include but are not limited to the following, as appropriate to each intended audience:
	* Overhead announcement system
	* Telephones
	* Pagers
	* Cell phones
	* E-mail
	* Reverse 911 systems
	* Amateur/ham radios
	* Identified television and radio programs or stations
	* Employee hotline
	* Backup systems and technologies

**Patient Tracking System**

The Emergency Preparedness Committee does the following:

1. Identifies an individual who will serve as tracking coordinator for the hospital/clinic during an emergency.
2. Defines the role of the tracking coordinator as part of the EOP.
3. Ensures that patient transfer agreements and related documentation are addressed in the EOP and relevant policies and procedures.

In a shelter-in-place situation, the tracking coordinator (and any individual he or she designates)

does the following:

1. Prioritizes immediate health and safety of patients and staff.
2. Documents the names of all patients, staff, and visitors on site during the emergency in the Emergency Roster. This is done as quickly as possible following the declaration of an emergency.
3. Documents the location of all patients on site during the emergency in the Patient Emergency Tracking Log.
4. Documents patients who voluntarily leave the hospital/clinic on their own during the emergency in the Patient Emergency Tracking Log.
5. Documents patients who are discharged from the hospital/clinic using normal processes in the Patient Emergency Tracking Log.
6. Reviews and updates the Emergency Roster and Patient Emergency Tracking Log whenever doing so does not compromise or interfere with the immediate health and safety of patients and staff.
7. Provides the information in the Emergency Roster and Patient Emergency Tracking Log to the incident commander, leadership, or other appropriate individuals and/or groups as necessary.

If patients are transferred to another facility during the emergency, the tracking coordinator (and any individual he or she designates) does the following:

1. Updates the Patient Emergency Tracking Log with the following information:
	* Date and time the transfer is initiated
	* Evacuation triage category (standard or immediate)
	* Name and location of the facility that will receive the patient
	* Contact name, phone number, and/or other contact information (for example, cell phone number, e-mail address) for the transferring and receiving organizations
	* Notes on whether the patient’s medical records and/or medications are sent with the patient
	* Notes on whether the patient’s family has been notified of the transfer
	* Date and time the transfer is completed
2. Provides the transfer information, as documented in the Patient Emergency Tracking Log, to the incident commander, leadership, or other appropriate individuals and/or groups as necessary.

References

*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.02.02.01, EP 20.* [For hospital/clinics that use Joint Commission accreditation for deemed status purposes:] As part of its communication plan, the [hospital/clinic] maintains the names and contact information of the following:

* Staff
* Physicians
* Other hospital/clinics and critical access hospital/clinics
* Volunteers
* Entities providing services under arrangement
* Relevant federal, state, tribal, regional, and local emergency preparedness staff
* Other sources of assistance

*Joint Commission Standard EM.02.02.01, EP 21.* [For hospital/clinics that use Joint Commission accreditation for deemed status purposes:] The Emergency Operations Plan describes the following:

* Process for communicating information about the general condition and location of patients under the organization’s care to public and private entities assisting with disaster relief
* Process, in the event of an evacuation, to release patient information to family, patient representative, or others responsible for the care of the patient

*Joint Commission Standard EM.02.02.11, EP 12.* [For hospital/clinics that use Joint Commission accreditation for deemed status purposes:] The [hospital/clinic] has a system to track the location of patients sheltered on site during an emergency. This system includes documentation of the name and location of the receiving facility or alternate site in the event a patient is relocated during the emergency.

Code of Federal Regulations (CFR). §482.15(b)(2). Condition of Participation: Emergency Preparedness, 2016

Centers for Medicare & Medicaid Services (CMS). 81 FR 63859. Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 2016

Attachments

Emergency Management Plan

Emergency Operations Plan

Emergency Roster

Emergency Transfer Agreements with Other Facilities Policy

Patient Emergency Tracking Log

Approval

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