<Insert Name of Agency>
Home Health
Emergency Operations Plan

<Insert Date Template is Completed/Revised>
Supersedes Previous Version
This plan covers license year <insert year>
<License Number>

Approved 28 August 2017

Agency Profile

Agency Name: _____

Address: _____

_____

County: _____

Phone: _____ **Fax:** _____

Emergency Phone: _____

Email Address: _____

Owner/Corporation: _____

Address: _____

_____

Phone: _____ **Secondary Phone:** _____

Emergency Phone: _____

Agency Administrator: _____

Address: _____

_____

Phone: _____ **Secondary Phone:** _____

Emergency Phone: _____

Emergency Operations Plan Coordinator: _____

Address: _____

_____

Phone: _____ **Secondary Phone:** _____

Emergency Phone: _____

Average Daily Census: _____

Specialty Services: _____

Outpatients in Care

Provide the **average** number of individuals within the agency'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: _____	Chronic condition (please specify): _____
Speech impaired: _____	Other (please specify): _____
Limited mobility or difficulty walking: _____	_____
Patients with primary language other than English	

Dependency			
Dialysis: _____	Insulin: _____	Walker/cane/scooter/wheelchair: _____	
Ventilator: _____	Oxygen: _____	Other (please specify): _____	
Service animal: _____	Power Dependent: _____	_____	
Other machine dependent: _____		_____	
Bariatric Bed: _____		_____	

Table 1
Primary and Branch Offices (See Attachment E)

Primary Agency			
Agency Name	**Address (Street, City, State, Zip)**	**County**	**Contact #**
Branch Offices			
Agency Name	**Address (Street, City, State, Zip)**	**County**	**Contact #**

Signature Page

<Insert Agency Name>

_____	_____
Name, Title	Date
_____	_____
Name, Title	Date
_____	_____
Emergency Planner	Date
_____	_____
Emergency Preparedness Nurse	Date

Record of Changes

This is a continuing record of all changes to the Emergency Operations Plan.

Change Number	Date of Change	Description of Change	Initials

Record of Distribution

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

Recipient Name	Department/Agency	Date Distributed	Initials

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1. INTRODUCTION

A. Purpose

The EOPs must be exercised and reviewed annually.

Regulatory and Centers for Medicare and Medicaid Services require the following supporting plan documents:

- Transportation contracts with designated patient transporters
- Communications plan
- Continuity of Operations plan
- Mutual aid agreements
- Organizational charts
- Floor plans
- Policies and procedures
- Fire safety plan
- Hazard vulnerability analysis
- Training and exercise plans
- Incident specific appendices

B. Scope

The emergency operations plan (EOP) 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. The plan is also designed to meet state and local planning requirements.

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

C. Assumptions

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

- Identify top five hazards.
- 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.

2. ADMINISTRATION

A. Executive Summary

The **<Insert name of agency>** emergency operations plan (EOP) 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.

All response activities will follow the National Incident Management System (NIMS) guidelines. In addition, the agency will follow the Incident Command System (ICS) organizational structure in response to emergency events and in exercises. In the event of a community wide emergency, the agency's incident command structure will be integrated into and be consistent with the community command structure. Staff is encouraged to receive training in the ICS system and in their assigned roles and responsibilities, to ensure they are prepared to meet the needs of patients in an emergency.

B. Plan Review and Maintenance

Plan Review

The EOP will be reviewed and updated annually incorporating: the latest NIMS elements, data collected during actual and exercise plan activations, changes in the hazard vulnerability analysis, 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 the **<Insert position title or group>**. Plan updates will be the responsibility of the **<Insert position title>**.

Exercises

The **<Insert name of agency>** must test its plan and operational readiness at least annually. The home health agency will participate in a community mock disaster drill at

least annually. Also, the home health agency will conduct a paper-based, tabletop exercise at least annually (42 CFR 484.22). This is accomplished through exercises in which many planned disaster functions are performed as realistically as possible under simulated disaster conditions.

An After-Action Report/Improvement Plan (AAR/IP) will be completed within 60 days after the event. Items/gaps identified in the improvement plan will be incorporated into the emergency operations plan as soon as it is feasible. The **<Insert position title>** will be responsible for coordinating the exercises and AAR/IPs.

All exercises will incorporate elements of the National Incident Management System and Incident Command System and are Homeland Security Exercise and Evaluation Program compatible. Information on the Homeland Security Exercise and Evaluation Program can be found at https://www.preptoolkit.org/web/hseep-resources.

Future exercises should be planned and conducted according to improvement action items identified during previous exercises.

Table 2
Exercises Conducted

Type of Exercise	Hazard Exercised	Date of Exercise	AAR Completed

C. Authorities and References

<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>

National Incident Management System (NIMS)
Federal Emergency Management Agency (FEMA)
https://www.fema.gov/national-incident-management-system

Incident Command System (ICS)
FEMA
https://training.fema.gov/emiweb/is/icsresource/index.htm

The Joint Commission
www.jointcommission.org

The Community Health Accreditation Program (CHAP)
www.chapinc.org

Accreditation Commission for Health Care, Inc. (ACHC)
www.achc.org

Centers for Medicare & Medicaid Services (CMS)
http://www.cms.gov

Disaster Resiliency and NFPA Codes and Standards
Refer to the National Fire Protection Association (NFPA) Standards in NFPA 101 Life Safety Code, and NFPA 1600, Disaster/Emergency Management and Business Continuity Programs

3. SITUATION

Risk Assessment

A hazard vulnerability analysis (HVA) conducted by the **<Insert name of entity>** provides details on local hazards including type, effects, impacts, risk, capabilities, and other related data.

<Insert the top five hazards from agency HVA>

1.
2.
3.
4.
5.

4. CONCEPT OF OPERATIONS

A. Incident Management

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

- **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. **<Insert agency's strategies for mitigation>**

- **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.**<Insert agency's strategies for preparedness>**

- **Response:** Response activities include 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. **<Insert agency's strategies for response>**

- **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, agency repairs, organized return of patients into the agency, and reconstitution of patient records and other vital information systems. Another key consideration in the recovery and response phases of an incident is the tracking of staff hours, expenses, and damages incurred as a result of the emergency. Detailed records will need to be maintained throughout an emergency to document expenses and damages for possible reimbursement or to properly file insurance claims. **<Insert agency's strategies for recovery>**

B. Plan Activation

The emergency operations plan will be activated in response to internal or external threats to the agency. 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

agency itself. External threats include events that may not affect the agency directly but have the potential to overwhelm agency resources or put the agency on alert.

Persons Responsible for Plan Activation

Once a threat has been confirmed, the employee obtaining the information must notify their supervisor immediately. If the employee cannot contact their supervisor, they must immediately contact the **<Insert position title>** directly.

The supervisor should in turn contact the **<Insert position title>**.The **<Insert position title>** will assess the situation and initiate the plan if necessary.

The following individuals have the authority to activate the emergency operations plan:

Table 3
Individuals Responsible for Emergency Operations Plan Activation

Name	Contact Number
Primary:	
Backup 1:	
Backup 2:	

Alerting Staff (On and Off Duty)

To notify staff that the emergency operations plan has been activated; those within the agency will be contacted first through the **<Insert internal communication system (e.g., overhead paging system, radio)>**.

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

Alerting Response Partners

The agency works closely with several external partners **(See Annex A: Communications)**. 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.

5. ROLES AND RESPONSIBILITIES

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

A. Essential Services

The table below identifies the departmental roles and responsibilities during plan activation.

Table 4
Roles and Responsibilities

Essential Services	Roles and Responsibilities	Lead Point of Contact	Secondary Point of Contact
Administration			
Aides			
Business Office			
Nursing			
Therapy			
(Add additional essential services if needed)			

B. Positions

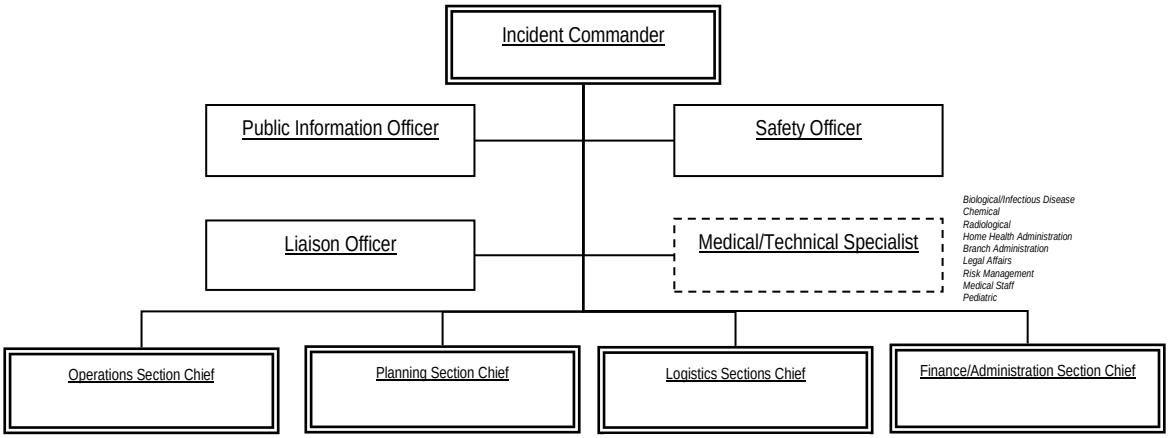
Identifying and assigning personnel in accordance with the Incident Command System (ICS) depends a great deal on the size and complexity of the incident. The ICS is designed to be flexible enough so that the number of staff needed to respond to an incident can be easily expanded or contracted. Hospital Incident Command System (HISCS) Form 203 is used to document and assign staff to ICS specific positions. See Attachment D for a list of Hospital Incident Command System Forms that can be provided by the Emergency Planner.

6. COMMAND AND COORDINATION

A. Command Structure

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

Organizational Chart



- 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
  - Agency/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

- Resource Unit Leader
  - Personnel Tracking
  - Material Tracking
- Situation Unit Leader
  - Patient Tracking
  - Bed Tracking
- Documentation Unit Leader
- Demobilization Unit Leader

- 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

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

Orders of Succession

Orders of succession ensure leadership is maintained throughout the agency during an event when key personnel are unavailable. Succession will follow agency policies for the key agency personnel and leadership. The following table lists position specific personnel.

Table 5
Key Personnel and Orders of Succession

Command and Control	Primary	Successor 1	Successor 2
Shift 1			
Home Health Representative			
Incident Commander			
Public Information Officer			
Safety Officer			
Liaison			
Operations Section Chief			
Planning Section Chief			
Logistics Section Chief			
Finance/Administration Section Chief			
Shift 2			
Home Health Representative			
Incident Commander			
Public Information Officer			
Safety Officer			
Liaison			
Operations Section Chief			
Planning Section Chief			
Logistics Section Chief			

Command and Control	Primary	Successor 1	Successor 2
Finance/Administration Section Chief			

Delegation 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, and
- Ensuring designees are trained to perform the emergency duties.

Table 6
Delegations of Authority

Authority	Type of Authority	Position Holding Authority	Triggering Conditions
Close office/branch	Emergency Authority	Senior Leadership	When conditions make coming to or remaining in the agency unsafe
Represent agency/organization when engaging Govt. Officials	Administrative Authority	Senior Leadership	When the pre-identified leadership is not available
Activate agency/organization's memorandum of understanding/mutual aid agreements	Administrative Authority	Senior Leadership	When the pre-identified leadership is not available
Add additional authorities as needed			

B. Local Emergency Operations Center Coordination

This organization will coordinate fully with the **<Insert name of local Emergency Management Agency>**, should follow the prescribed Incident Command System, and integrate fully with community agencies in activation for a disaster event or during exercises. In addition, the home health agency will provide information on patient needs during initial planning with the local emergency management agency (to include essential services). The agency will participate in any regional/county coalition/local emergency planning committee.

C. Public Health Coordination

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

- Participating in public health planning initiatives.
- Receiving guidance and health alerts through the Health Alert Network.
- Participating in any after-action planning as requested from public health officials.

<Insert description/outline below how the agency will coordinate planning and response activities with public health>

7. RESOURCES AND ASSETS

A. Acquiring and Replenishing Medications and Supplies

The amounts and locations of current pharmaceuticals and medical and non-medical supplies are evaluated to determine how many hours the agency and/or patient can sustain operations before needing re-supply. This gives the agency a par value on supplies and aids in the projection of sustainability before terminating services or evacuating if needed supplies are unable to reach the agency or patient's residence.

Supplying the home health 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 in Annex A: Communications.

If the home health agency is unable to acquire sufficient resources through outside vendors and pre-positioned arrangements to meet the healthcare needs of their patients, the **<Insert position title>** will communicate this need to the **<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 coordinating the transfer of patients to other facilities upon request.

B. Sharing Resources with Other Healthcare Organizations

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

- **Include procedure for sharing or borrowing supplies, if applicable**.

  If the healthcare organizations sharing the resources are within **<Insert name of jurisdiction>** the borrowed or loaned products should be documented. Hospital Incident Command System (HICS) Form 257 is an example of a Resource Accounting Record form, See Attachment D: Sample Hospital Incident Command System Forms. 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.**

  If the items shared or borrowed come from outside **<Insert name of jurisdiction>**, the request should be coordinated through the **<Insert name of emergency management agency>.** The agency should document the final location of the supplies, quantity, and type of items transported. The need must be demonstrated to exceed that of the local jurisdiction prior to disbursement of supplies or equipment.

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

C. Resource Sustainability

Establishing the sustainability of resources is crucial to determining if services can be rendered during a disaster for three to ten days, based on the agency's assessment of their hazard vulnerabilities. Resource inventory is currently maintained to provide for approximately **<Insert number of hours/days>**. If this cannot be sustained through current inventory, agreements are in place with suppliers and vendors for the remaining days. If supplies cannot be obtained, policies and procedures are in place in the event the agency may need to evacuate or temporarily close. See Planning Activities for Patient Resource requirements in Annex A: Communications.

8. MANAGEMENT OF STAFF

A. Assignment of Staff

In a disaster, personnel may not necessarily be assigned to their regular duties or their normal supervisor. They may be asked to perform various jobs that are vital to the operation but may not be their normal day to day duties. The designated reporting location for staff and volunteers will be **<Insert reporting location>**.The **<Insert position title>** will delegate assignments based on communication with the Home Health Command Center. Staff will be assigned as needed and provided information outlining their job responsibilities and to whom they report.

<Insert Agency Policy/Reference>

B. Managing Staff Support Needs

In some circumstances, it may be necessary to provide housing and/or transportation for staff that might not otherwise be able to perform their critical functions for the home health agency. These staff support functions will be coordinated through the **<Insert position title>**.

Housing for staff and staff family will be located at:

<Insert housing options and include addresses for staff and staff family>

Identified resources for transporting staff and staff family include:

<Insert identified resources for transporting staff and staff family>

Disasters can create considerable stress for those providing medical care. The **<Insert position title>** will coordinate the provision of crisis counseling including incident stress debriefings for staff with:

<Insert name of department(s) and/or organizations (e.g., social workers, chaplains, community mental health service organizations)>

<Insert contact information for each department/organization listed>

C. Volunteer Needs

<Insert or reference agency's policy for credentialing, assigning to tasks, Just in Time Training, feeding, and housing volunteers>

Volunteer contact list can be found in the Annex A: Communications, Attachment 2, Table 3.

9. PATIENT MANAGEMENT IN AN EMERGENCY

A. Patient Scheduling, Triage/Assessment, Treatment, Transfer, and Discharge

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 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 safely receive health services in their home.

After a disaster has occurred, the **<Insert position title and/or department(s)>** will assess staffing and patient care capacity and update State Medical Asset Resource Tracking Tool as needed. Additional staff will be called in to assist in managing the needs of home health patients if necessary. Nursing staff will be directed to assess the conditions of patients. Patient admissions to the agency may be curtailed until the emergency situation has subsided.

B. Behavioral Health Services to Patients

Prior to an emergency, the **<Insert position title and/or department(s)>** will establish links with local community mental health centers and community service organizations to identify community resources that can respond to the mental health needs of patients in an emergency. Current contact information will be maintained for these organizations so patients, their families, and others can be referred to those resources if needed. The **<Insert position title and/or department(s)>** will also ensure that appropriate home health personnel have been trained in psychological first aid or other psychosocial interventions to ensure the home health agencies can provide support to patients needing such care.

During and after an emergency, the **<Insert position title and/or department(s)>** will coordinate with community mental health resources to provide support for patients, family members, and staff.

C. Patient Tracking

<Insert Agency's Tracking Policy, if no policy in place describe below>

<Insert position title> will track patients who are transferred to healthcare facilities or are evacuated as a result of a community threat. Contact with the patient/caregiver will be re-established as soon as possible after the emergency. 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 (e.g. Hospital Incident Command System Master Evacuation Tracking form or other mechanism).

If patients are evacuated, the Hospital Incident Command System Master Evacuation Tracking Form should be used to gain a master copy of all those that were transferred. Form should include, but is not limited to: patient name, date of birth, Medicare/ Medicaid number, evacuation site location, date of evacuation, arrival time at evacuation site, date of return to agency (if known), and comments/notes.

Ensure that patient identification wristband or equivalent identification must be intact on all patients.

In addition, the **<Insert name of agency>** will utilize third-party information such as **<Insert other patient tracking system that may be used (e.g., Mississippi Patient Assessment and Tracking System, American Red Cross database, fax tracking information)>** as appropriate to assist families in locating patients.

10. UTILITIES AND SUPPLIES

A. Alternate Means of Meeting Office/Branch Building Utility Needs

In the event of an outage, the emergency generator will provide power to designated areas of the agency. 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.

Table 7
Generator Details

Generator Details	Generator 1	Generator 2	Generator 3
Generator make/model			
Watt rating			
Type of fuel required			
Tank capacity			
Number of hours of power can be generated using full fuel supply			
What triggers refueling of tanks for generators?			
Essential services supported by the generator			
Minimum kW needed for essential services			
Date of last full load test performed			
Type of external hook up needed for generator			
Person Responsible for:	**Primary**	**Backup 1**	**Backup 2**
Obtaining fuel			
Fuels generator			
Oversees maintenance contract			
Company/Agency Name	**Type Fuel Provided**	**Contact Name**	**Phone**
Primary:			
Backup 1:			
Backup 2:			

Generator Failures

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

B. Assisting Patients with Restoration of Utilities

After an emergency, 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 member will evaluate whether the patient may need to be moved to a healthcare agency or temporary shelter until utility services are restored.

11. EVACUATION

A. Decision Making: Evacuate or Shelter-in-Place

The decision whether to advise patients to evacuate or shelter-in-place will rest with the **<Insert position title(s)>**. This person(s) will 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 agency staff and external stakeholders such as emergency management, fire department, or public health personnel.

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 patient.

The chart below identifies hazards **(Include the top five hazards from the county medical hazard vulnerability analysis (HVA) that can be provided by the emergency planner or the agency's own HVA)** that could necessitate the need for the evacuation or shelter-in-place of patients and staff, who is responsible for making the decision, who is to be consulted, the timeline of activities, and factors that should be considered in deciding whether to evacuate or shelter-in-place.

Complete the chart below based on the top five hazards from the county medical hazard vulnerability analysis and additional threats faced by the agency that could necessitate either evacuation or shelter-in-place response activities.

Table 8
Evacuation or Shelter-in-Place Decision Making Chart

Hazard	Decision Authority	Alternate	Consulting Parties	Timeline	Triggers for Evacuation
Fire *	Administrator	Director of Nursing	Emergency Management, 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
Power Outage *	Administrator	Director of Nursing	Emergency Management	Immediately	Temperature, Power Dependency

*** Example**

B. Transportation Resources

The **<Insert name of agency>** will identify appropriate resources (not including ambulances or county 911 emergency medical services) to assist with transportation of the patient population, staff, supplies, and necessary equipment in the event evacuation is necessary. The agency will seek to identify primary and back-up transportation providers (not including ambulances or county 911 emergency medical services) with suitable vehicles and personnel to ensure adequate resources are available in an emergency.

Ensure that the vendors or volunteers who will help transport patients and those who receive them at shelters and other facilities are trained on the needs of the chronic, cognitively impaired, and medically fragile population and are knowledgeable on the methods to help minimize transfer trauma.

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>**.

Table 9
Transportation Resources

Name of Company:			
Memorandum of Agreement or Mutual Aid Agreement			
Types of Transportation Equipment Available:	Type:	Type:	Type:
Contact Name:		Contact Number:	
Alternate Contact Name		Contact Number:	
Name of Company:			
Memorandum of Agreement or Mutual Aid Agreement			
Types of Transportation Equipment Available:	Type:	Type:	Type:
Contact Name:		Contact Number:	
Alternate Contact Name		Contact Number:	

Name of Company:			
Memorandum of Agreement or Mutual Aid Agreement			
Types of Transportation Equipment Available:	Type:	Type:	Type:
Contact Name:		Contact Number:	
Alternate Contact Name		Contact Number:	
Name of Company:			
Memorandum of Agreement or Mutual Aid Agreement			
Types of Transportation Equipment Available:	Type:	Type:	Type:
Contact Name:		Contact Number:	
Alternate Contact Name		Contact Number:	

C. Patient Records and Maintenance

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

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

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 (e.g., face sheets, clinical data, physician orders, care plans)
  - Name
  - Social Security Number
  - Photograph
  - Medicaid or other health insurance number
  - Date of Birth
  - Diagnosis
  - Current drug/prescriptions and dietary regimens
  - Name and contact of next of kin/responsible person/Power of Attorney

- Family information (e.g., contact information)
- Reference Hospice Health Insurance Portability and Accountability Act Policy

D. Patient Provisions/Personal Effects

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 agency. This will include necessary medications, medical equipment, supplies, staff, and psychological first aid to care for patients. Procedures are in place to ensure patient's personal effects are also transferred with the patient.

Describe procedures for ensuring provisions for patient care, including food, one gallon/person of water, medications, and transport of personal effects are addressed in an evacuation and identify the staff and/or responsible departments.

E. Evacuation Locations

If the agency 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 agency for temporary care. The farther medically fragile patients must travel, the less safe the evacuation becomes for them. Therefore, the distance traveled must be balanced with the possible harm extended travel may cause.

Table 10
Evacuation Locations

Location	Agency Name	Address	Phone Number	Alternate Contact
Primary				
Backup 1				
Backup 2				

F. Evacuation Routes

Floor plans with evacuation routes are located in Attachment C, Routes to Evacuation Sites and Agency and Branch Office Floor Plans.

G. Evacuation Assessments

Describe the evacuation assessment of patients (tier system, acuity levels, power/technology dependence).

12. RECOVERY

A. Initiation and Recovery

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

B. Protocol

In order to efficiently recover from an event, protocols must be followed. Listed below are protocols important to recovery operations.

Recovery protocols:

- Prioritize health care service delivery recovery objectives by organizational essential functions.
- Maintain, modify, and demobilize healthcare workforce according to the needs of the agency.
- Work with local emergency management, service providers, and contractors to ensure priority restoration and reconstruction of critical building systems.
- Maintain and replenish pre-incident levels of medical and non-medical supplies.
- Work with local and state emergency medical system providers, patient transportation providers, and non-medical transportation providers to restore pre-incident transportation capability and capacity.
- Work with local emergency management service providers and contractors to restore information technology and communication systems.
- Ensure corrective action plans are incorporated into the after-action reports/improvement plans to track for progress.

C. Restoration of Services

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

List responsibilities in restoring services (e.g., restoration of utilities, repair or replacement of critical systems, overseeing of agency repairs).

D. Utility Restoration

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

E. Staff Re-Entry

The **<Insert position title>** will work with the Bureau of Health Facilities Licensure and Certification to give approval for the return of staff to the agency. The coordination of the return of staff to the agency will be the responsibility of the **<Insert position title>**.

List preparations and procedures for returning after an emergency.

F. 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.

G. After-Action Report/Improvement Plan

After any real incident or exercise where the emergency operations plan is activated, an after-action report and an improvement 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 improvement plan is to ensure issues and opportunities for improvement are adequately addressed to improve response capabilities to future events. The improvement 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.

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

13. 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 that makes recommendations for improvements. 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.

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

Continuity of Operations (COOP) Plan (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.

Decontamination - The process of making 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 agency leadership and personnel if they are away or unavailable during an emergency.

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

Health Insurance Portability and Accountability Act of 1996 (HIPAA) - U.S. government legislation that ensures a person's right to buy health insurance after losing a job, establishes standards for electronic medical records, and protects the privacy of a patient's health information.

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 local, state, and federal 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 to responsible parties, and establishes targets for 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; and 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.

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 (MAA) - 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. These are also referred to as inter-local agreements or Memorandum of Understanding (MOU).

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, 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 agency 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 agency 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.

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.

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

14. ACRONYMS

AAR/IP	After-Action Report/Improvement Plan
CD	Compact Disc
COOP	Continuity of Operations
CVHC	Central Virginia Healthcare Coalition
DHS	Department of Homeland Security
EMS	Emergency Medical Services
EOP	Emergency Operations Plan
FEMA	Federal Emergency Management Agency
HC	Healthcare
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
ICS	Incident Command System
IS	Independent Study
JIC	Joint Information Center
MAA	Mutual Aid Agreement
MOU	Memorandum of Understanding
NIMS	National Incident Management System
OEPR	Office of Emergency Planning and Response
POC	Point of Contact
POD	Point of Distribution
PPE	Personal Protective Equipment
SNS	Strategic National Stockpile
VDH	Virginia Department of Health

15. ATTACHMENTS

Attachment A: Training Plan

Attachment B: Mutual Aid Agreements/Memorandum of Understanding

Attachment C: Routes to Evacuation Sites and Agency and Branch Office Floor Plans

Attachment D: Sample Hospital Incident Command System Forms

Attachment E: Affiliated Facilities Specific Information

Attachment A: Training Plan

<Insert Agency Staff Training Requirements and Tracking>

Training:

- Emergency Preparedness Policies and Procedures
- Psychological First Aid Training
- IS-100.HC, IS-200.HC, IS-700 and IS-800:
  - Personnel who will have a direct role in response to an incident will be trained in ICS-100 (Incident Command System, An Introduction) and ICS-200 (Basic Incident Command System)
- IS-300 and IS-400:
  - Personnel who will assume Incident Command positions and/or supervisory roles will be trained in IS-300 Intermediate ICS for Expanding Incidents and IS-400 Advanced ICS

The home health agency should be able to provide documentation of completion of all trainings.

National Incident Management System (NIMS)
Federal Emergency Management Agency (FEMA)
http://www.training.fema.gov/is/

National Incident Management System (NIMS)
Federal Emergency Management Agency (FEMA)
Implementation for Healthcare Organizations Guidance
http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/nims-implementation-guide-jan2015.pdf

Attachment B: Mutual Aid Agreements/Memorandum of Understanding

List existing mutual aid agreements (MAA) and/or memorandum of understanding (MOU). MAAs and MOUs are stored **<Insert Location>.**

Table 11
Mutual Aid Agreements and/or Memorandum of Understanding

Facilities/Agencies in Agreement	Nature of Agreement	Expiration Date (if applicable)	Date Verified/POC
Sysco*	Emergency Food Supply	None	
XYZ Hospital*	Shelter		
Ben's transport service*	Transport		
Additional MOUs			

*** Examples**

Attachment C: Routes to Evacuation Sites and Agency and Branch Office Floor Plans

<Insert evacuation routes, floor plans, maps, and written directions to evacuation sites>

Attachment D: Sample Hospital Incident Command System Forms

Hospital Incident Command System (HICS) forms can be provided by the Emergency Planner.

HICS 203 – Organization Assignment List

HICS 207 – Hospital Incident Management Team Chart

HICS 254 – Disaster Victim / Patient Tracking

HICS 255 – Master Patient Evacuation Tracking

HICS 257 – Resource Accounting Record

HICS 260 – Patient Evacuation Tracking Form

Attachment E: Affiliated Facilities Specific Information

This attachment should include the following location specific information:

- Table 2: Exercises Conducted
- Table 3: Individuals Responsible for Emergency Operations Plan Activation
- Table 4: Roles and Responsibilities
- Table 6: Delegations of Authority
- List of Top Five Hazards from Agency Hazard Vulnerability Analysis
- Agency Floor Plan
- Table 12: External Contacts
- Attachment 2: Table 1: Employee Emergency Call Back Roster
- Attachment 2: Table 5: Critical Infrastructure Contact Information
- Agency Hazard Vulnerability Analysis
- MSDH County Medical Hazard Vulnerability Analysis

16. ANNEXES

Annex A: Communications

Annex B: Safety and Security

Annex C: Continuity of Operations

Annex A: Communications

<Reference/Insert Communications Policy>.

Internal Communication

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

Communication with External Response Partners

The **<Insert Agency's Liaison>** will provide updates to external organizations within **<Indicate time interval>**. To communicate with external agencies, the agency will use **<Insert external communication system (e.g., phone tree, radio, media)>**.

Include additional tables for each county served.

Table 12
External Contacts

Agency	Purpose for Contact	Contact Name/Title	Phone	Alternate Contact Info
Coroner				
Emergency Management Agency				
Emergency Medical Service				
EPI (hotline number)				
Fire				
Emergency Planner/ Emergency Response Coordinator				
Police Department				
Sheriff				
Surrounding Hospitals/Nursing Homes/etc.				
Sister Facilities				

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)>**.

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.

Communication with Patients and Families

Policies and protocols have been established for communication activities prior to and during an emergency. The **<Insert position title>** will communicate updates every **<Insert time interval>** in the **<Insert location>**.

Planning Activities

An agency's plan should include the following communication planning activities the agency is or will be conducting; providing safety and education information upon admission of the patient, collaboration with other healthcare facilities, and/or community service organizations for patient tracking and psychological first aid. To ensure communication with patients and their families is consistent and timely during an emergency, this agency has established and will continue to develop family contact lists for patients and working relationships with local, state, and federal partners to ensure that patient safety, physical, and psychological needs are met during a disaster. The Agency should ensure that families are aware of and knowledgeable about the agency plan, including: how and when they will be notified about evacuation plans, how they can be helpful in an emergency (e.g., coming to the agency to assist), and how/where they can plan to meet their loved ones. Out of town family members should be given a number they can call for information. Patients who are able to participate in their own evacuation should be informed and aware of their roles and responsibilities in the event of a disaster.

Response Activities

<Insert Agency's plan for establishing a family support center>

This agency has pre-designated points for families to meet during an emergency where they will be given updates during the event on the patients and how the incident is being

mitigated. At the time of the incident, families will be directed to this location upon arrival at the agency. These locations are subject to change due to the unknown nature of the incident.

Communication with Vendors of Essential Supplies, Services, and Equipment

The <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 patients, as well as a phone number and alternate contact information.

Communication with Other Healthcare Organizations

The **<Insert name>** will be responsible for providing key information to other healthcare organizations. 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, and
- Processes for the dissemination of the names of patients and the deceased for tracking purposes.

Communication about Patients to Third Parties

<Reference Agency Health Insurance Portability and Accountability Act Plan/Policy>

Backup Communications Redundancy and Equipment

List backup communications equipment and systems to be used in the event of telephone failure which must include a communication plan (e.g., radios, runners).

Table 13
Communication Methods

Primary	Alternate
Phone	Runner
Telephone	Cell phone, pager

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.

Attachment 2: Emergency Call Lists

Table 1: Employee Emergency Call Back Roster

Table 2: Patient Physicians Emergency Call Back Roster

Table 3: Volunteers Emergency Call Back Roster

Table 4: Vendor Contact Information

Table 5: Critical Infrastructure Contact Information

Attachment 2: Table 1
Employee Emergency Call Back Roster
<Insert Date> (Indicate Location)

Name	Department	Phone	E-mail Address	Emergency Staffing Role

Attachment 2: Table 2
Patient Physicians Emergency Call Back Roster
<Insert Date> (Indicate Location)

Name	Department	Phone	Alternate Phone	E-mail Address

Attachment 2: Table 3
Volunteers Emergency Call Back Roster
<Insert Date> (Indicate Location)

Name	Department	Phone	E-mail Address	Emergency Staffing Role

Attachment 2: Table 4
Vendor Contact Information
<Insert Date> (Indicate Location)

Vendor	Contact	Phone	Supply/Resource	Mississippi Emergency Access Program: Yes or No

Attachment 2: Table 5
Critical Infrastructure Contact Information
<Insert Date> (Indicate Location)

Supply/Resource	Vendor	Contact	Phone	E-mail Address
Electricity				
Employee Assistance Program				
Gas				
Internet				
Mental health				
Patient assistance				
Telephone				
Transportation				
Voice Over Internet Protocol vendor				
Water				
Other				

Annex B: Safety and Security

Internal Security Measures

<Insert Lockdown Plan/Policy including mutual aid agreement/memorandum of understanding with external agencies>

- Entrances and Exits (North, East, etc.)
- Reception

Table 14
Internal Security Assignments

Area to Secure	Assigned Staff	Department	Contact Information

Controlling Access

Employees will park in their regular parking spaces and must present agency issued ID. All others seeking entrance to the agency shall be directed to **<Insert location of designated entry area(s)>** for directions or other information.

Coordination with Local Law Enforcement Agencies

In the event of an internal or external incident **<Insert name of local law enforcement agency>** can be called to assist. They will assist with security of the perimeter and manage traffic flow in the event of patient relocation. Any request for additional resources must be coordinated through the **<Insert name of local Emergency Management Agency>**.

Annex C: Continuity of Operations

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 the 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 agency (such as damage to a building)
- Denial of service due to a reduced workforce (such as pandemic influenza)
- Denial of service due to equipment or systems failure (such as an information technology (IT) systems failure)

COOP planning seeks to minimize the potential impact of these events on employees, operations and facilities.

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 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 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.

Continuity of Operations Execution

The Continuity of Operations (COOP) execution phase includes the actions that are taken when an emergency occurs. This includes activating emergency procedures and staff to protect or restore information systems and data for essential functions of the **<Insert type of healthcare 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 agency repairs.

Continuity Elements

During an emergency, continuing operation of essential functions is imperative. In order to continue operation of essential functions, the following continuity elements have been listed:

- **Orders of Succession:** Located in **Command and Coordination Section**.
- **Delegations of Authority:** Located in **Command and Coordination Section**.
- **Risk Assessments and Hazard Vulnerability Analysis:** Located in **Attachment 1 and 2 of this annex.**

Continuity Facilities

The **<Insert name of agency>** has identified continuity facilities to conduct business and/or provide clinical care to maintain essential functions when the original property, host agency, or contracted arrangement where the agency conducts operations is unavailable for the duration of the continuity event. The table below lists the pre-arranged alternate sites, devolution sites, and telework options.

Table 15
Continuity Facilities

Continuity Agency	Type of Agency	Location of Agency	Accommodations
Branch Office(s)	Telework	1234 Medical Center Drive, Niceville	
Home Telework	Telework	Home of Record	

		Agency Leadership	

Essential Records Management

The **<Insert name of agency>** keeps all essential hardcopy records in a mobile container that can be relocated to alternate sites. In addition, electronic records, plans, and contact lists are maintained by the organization's leadership and can be accessed online and retrieved on system hard drives when applicable and appropriate. Access to and use of these records and systems enables the performance of essential functions and reconstitution to normal operations.

Mission Essential Functions

The **<Insert name of agency>** has established the following list as sample essential functions during a continuity of operations activation. The sample essential functions identified are:

- Patient care, health, and safety
- Health information technology
- Human resources
- Public relations
- Health information management
- Infusion therapy
- Physical therapy
- Add others as relevant

Roles and Responsibilities for Information Technology Continuity of Operations

The positions responsible for overseeing Information Technology Continuity of Operations are:

Primary	
Name	
Contact	
Alternate Contact	
Roles and Responsibilities	
Limitations	
Backup 1	
Name	
Contact	
Alternate Contact	
Roles and Responsibilities	
Limitations	
Backup 2	
Name	
Contact	
Alternate Contact	
Roles and Responsibilities	
Limitations	

Plans and Procedures for Information Technology Continuity of Operations

Describe the organization's plan/procedures for backing up vital data:
Describe how personnel trained on the plans/procedures for backing up vital data:
Does the organization have an emergency service plan? If so, explain:
Describe how the organization 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 information technology systems, equipment, and databases that are used by the organization and describes what function the system serves, where it is located, who manages the information technology needs of the system, equipment, or database, and what those responsibilities are.

Information Technology Functions	Name of Critical System/Equipment /Database	Location	Managed By	Responsibilities
Communication systems				
Inventory management				
Patient management				
Security systems				
Other				

Attachment 1: Agency Hazard Vulnerability Analysis

<Insert agency Hazard Vulnerability Analysis that can be provided by Emergency Planner>

17. INCIDENT SPECIFIC APPENDICES

Appendix A: Active Shooter

Appendix B: Biological Event

Appendix C: Bomb Threat

Appendix D: Chemical Event

Appendix E: Cyber Attack

Appendix F: Earthquake

Appendix G: Explosive Event

Appendix H: Extended Power Outages

Appendix I: Fire

Appendix J: Floods

Appendix K: Hazardous Materials/Decontamination

Appendix L: Hurricanes

Appendix M: Nuclear/Radioactive Event

Appendix N: Pandemic Influenza/Infection Control/Isolation

Appendix O: Severe Weather/Extreme Temperatures/Winter Storms

Appendix P: Surge Capacity

Appendix Q: Wildfire

Appendix A: Active Shooter

An active shooter is an individual actively engaged in killing or attempting to kill people in a confined and/or populated area; in most cases, active shooters use firearms(s) and there is no pattern or method to their selection of victims. Active shooter situations are unpredictable and evolve quickly. Typically, the immediate deployment of law enforcement is required to stop the shooting and mitigate harm to victims. Because active shooter situations are often over within ten to fifteen minutes, before law enforcement arrives on the scene, individuals must be prepared both mentally and physically to deal with an active shooter situation. This annex is designed to minimize the negative impacts and to provide an appropriate response in the event of an incident involving a person with a weapon within the agency.

Include the organizational plan for an active shooter event.

Planning considerations:

- Contacting response partners
- Intercom codes
- Agency Lockdown Policy
- Agency “Go Box” (map of agency, keys, etc.)

Links:

http://www.dhs.gov/publication/active-shooter-how-to-respond

http://training.fema.gov/is/courseoverview.aspx?code=IS-907

Appendix B: Biological Event

A biological event 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 may not cause illness for several hours to several days. Some bioterrorism agents, such as the smallpox virus, can be spread from person to person and some, such as anthrax, cannot.

Include the organizational plan for a biological event.

Planning efforts need to be made for these specific biological attacks: Aerosol Anthrax, Plague, Food Contamination, and Foreign Animal Disease.

Planning considerations:

- Contacting response partners
- Shut down heating, ventilation, and air conditioning
- Personal protection equipment plan/training
- Infection control plan
- Isolation/quarantine plan
- Food safety plan
- Treatment plan
- Decontamination procedures
- Negative pressure room
- Closed Point of Dispensing Enrollment form
- Reference Strategic National Stockpile Annex

Links:

http://www.fema.gov/pdf/emergency/nrf/nrf_BiologicalIncidentAnnex.pdf

https://www.ready.gov/Bioterrorism

http://www.dhs.gov/topic/biological-security

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4904a1.htm

Appendix C: 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 organizational plan for a bomb threat.

Planning considerations:

- Contacting response partners
- Intercom codes
- Bomb Threat Call Checklist
- Agency Lockdown Policy
- Evacuation Decision Maker(s) with contact information
- Evacuation with meeting locations identified
- Search procedures for each department
- Train staff on awareness of suspicious packages

Link:

https://emilms.fema.gov/is906/assets/ocso-bomb_threat_samepage-brochure.pdf

Appendix D: Chemical Event

A chemical event is the intentional use of toxic chemicals to inflict mass casualties and mayhem on an unsuspecting civilian population.

A chemical event often refers to the use of military chemical weapons that have been illicitly obtained or manufactured de novo. However, a chemical event could also be an accidental release such as the unintentional 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 organizational plan for a chemical event.

Planning efforts need to be made for these specific chemical attacks: Blister Agent, Toxic Industrial Chemicals, Nerve Agent, and Chlorine Tank Explosion.

Planning considerations:

- Contacting response partners
- Intercom codes
- Shut down heating, ventilation, and air conditioning
- Decontamination procedures

Links:

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4904a1.htm

Appendix E: Cyber Attack

Cyber security involves protecting that infrastructure by preventing, detecting, and responding to cyber incidents. Unlike physical threats that prompt immediate action such as stop, drop, and roll in the event of a fire, cyber threats are often difficult to identify and comprehend. Among these dangers are viruses erasing entire systems, intruders breaking into systems and altering files, intruders using your computer or device to attack others, or intruders stealing confidential information. The spectrum of cyber risks is limitless. Threats, some more serious and sophisticated than others, can have wide-ranging effects on the individual, community, organizational, and national level.

Include the organizational plan for a cyber attack.

Planning considerations:

- Policies and procedures for employee use of your organization's information technologies
- Procedures for securing all computer equipment and servers with specific individual access permissions
- Procedures to report lost items for employees
- Procedures to prevent unauthorized data transfer via USB drives (e.g., thumb drives/flash drives) and other portable devices
- Policies and procedures to disable inactive accounts, including those of transferred or terminated employees, after a set time period
- Procedures on how to address potential cyber security vulnerabilities with medical devices

Links:

http://www.ready.gov/cyber-attack

http://www.fema.gov/pdf/government/grant/hsgp/fy09_hsgp_cyber.pdf

http://www.phe.gov/Preparedness/planning/cip/Documents/cybersecurity-checklist.pdf

Appendix F: 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 organizational plan for an earthquake.

Planning considerations:

- Contact response partners
- Evacuation with meeting locations identified
- Procedures for utility shut down
- Medical surge (if applicable)
- Mass fatality and casualty

Links:

http://www.fema.gov/pdf/plan/prevent/rms/396/fema396_a.pdf

http://www.ready.gov/earthquakes

Appendix G: Explosive Event

An unintentional explosion can result from a gas leak in the presence of an ignition source. These leaks/explosions can occur in building lines, infrastructure pipelines, or transportation. The principal explosive gases are natural gas, methane, propane, and butane, because they are widely used for heating purposes. However, many other gases, like hydrogen and acetylene, are combustible and have caused explosions in the past. Gas explosions can be prevented with the use of intrinsic safety procedures to prevent ignition.

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 organizational plan for an explosive event.

Planning efforts need to be made for these specific explosive attacks: Gas Leak/Explosion and IEDs.

Planning considerations:

- Contact response partners
- Intercom codes
- Mass fatality and casualty
- Medical surge
- Blast injuries
- Secondary devices
- Shut down heating, ventilation, air conditioning, power, oxygen, and gas to affected area(s)
- Close doors and windows
- Evacuation with meeting locations identified
- Fire extinguishers (types, location, and training)
- Smoke detector locations
- Sprinkler systems
- Disaster Resiliency and National Fire Protection Association (NFPA) Codes and Standards
    - Refer to the NFPA Standards in NFPA 101 Life Safety Code, and NFPA 1600, Disaster/Emergency Management and Business Continuity Programs

Links:

http://www.dhs.gov/topic/explosives

http://www.ready.gov/explosions

https://www.osha.gov/SLTC/etools/hospital/hazards/fire/fire.html

http://www.nfpa.org/safety-information/for-consumers/escape-planning/basic-fire-escape-planning

Appendix H: Extended Power Outages

Extended loss of electrical services can be fatal for a medically fragile and compromised population in a healthcare agency. 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 organizational plan for extended power outages.

Planning considerations:

- Contact response partners
- Section 10: Utilities and Supplies: A. Power
- External Contacts (Power Company, electrical contractors, etc.)
- Evaluation of patients for hypothermia/hyperthermia

Links:

http://www.phe.gov/Preparedness/planning/cip/Documents/healthcare-energy.pdf

http://www.acphd.org/media/269431/electical%20power%20outage_loss%20response%20plan.ww.pdf

http://www.ready.gov/power-outage

Appendix I: 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 organizational plan for fire.

Planning considerations:

- Contact response partners
- Intercom codes
- Shut down heating, ventilation, air conditioning, power, oxygen, and gas to affected area(s)
- Close doors and windows
- Evacuation with meeting locations identified
- Fire extinguishers (types, location, and training)
- Smoke detector locations
- Sprinkler systems
- Disaster Resiliency and National Fire Protection Association (NFPA) Codes and Standards
    - Refer to the NFPA Standards in NFPA 101 Life Safety Code, and NFPA 1600, Disaster/Emergency Management and Business Continuity Programs

Links:

https://www.osha.gov/SLTC/etools/hospital/hazards/fire/fire.html

http://www.nfpa.org/safety-information/for-consumers/escape-planning/basic-fire-escape-planning

Appendix J: 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 organizational plan for floods.

Planning considerations:

- Contact response partners
- Intercom codes
- Internal and external flooding
- Shut down power to affected area(s)
- Evacuation with meeting locations identified
- Monitor weather radio and media outlets

Links:

http://www.ready.gov/floods

https://www.osha.gov/dts/weather/flood/index.html

Appendix K: Hazardous Materials/Decontamination

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 organizational plan for hazardous materials and decontamination.

Planning considerations:

- Contact response partners
- Intercom codes
- Identify sources of hazardous materials/waste
- Decontamination Plan
- Runoff of contaminated water during decontamination
- Identify necessary emergency actions to save lives and protect the staff and the environment
- Evacuation with meeting locations identified
- Identify exposure procedures
- Infection Control Plan

Links:

http://www.ready.gov/hazardous-materials-incidents

https://www.osha.gov/SLTC/hazardouswaste/training/decon.html

Appendix L: 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 seventy-four miles per hour and possibly exceeding two hundred 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 rain 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 organizational plan for tropical cyclones.

Planning considerations:

- Contact response partners
- Storm surge zones
- Hurricane evacuation routes
- Evaluation of patients for discharge/transfer
- Evacuation Plan
- Transfer agreements and transportation
- Staffing needs
- Section 7: Resources and Assets
- Section 10: Utilities and Supplies
- Shelter in Place Plan (if applicable)
- Monitor weather, radio, and media outlets
- Influx of patients
- Reference Severe Weather Plan

Links:

http://www.ready.gov/hurricanes

http://emergency.cdc.gov/disasters/hurricanes/index.asp

http://www.nws.noaa.gov/om/hurricane/index.shtml

Appendix M: 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 organizational plan for nuclear and radiological events.

Planning considerations:

- Contact response partners
- Intercom codes
- Proximity to nuclear facility (plume projections)
- Evacuation with meeting locations identified
- Identify exposure procedures
- Decontamination Plan
- Identify necessary emergency actions to save lives and protect the staff
- Nuclear medicine

Links:

http://www.ready.gov/nuclear-power-plants

http://www.ready.gov/nuclear-blast

http://www.ready.gov/radiological-dispersion-device-rdd

http://www.remm.nlm.gov/

Appendix N: Pandemic Influenza/Infection Control/Isolation

A pandemic is a global disease outbreak. An influenza 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 organizational plan for pandemic influenza/infection control/isolation.

Planning considerations:

- Contact response partners
- Infection Control Plan
- Isolation Plan
- Immunization Policy
- Preventative measures (e.g., personal protective equipment, hand sanitizer)
- Staff absenteeism due to illness

Links:

http://www.flu.gov/

http://www.ready.gov/pandemic

http://www.cdc.gov/flu/pandemic-resources/index.htm

Appendix O: Severe Weather/Extreme Temperatures/Winter Storms

Severe Weather

Severe weather is any atmospheric phenomenon that can cause property damage or physical harm.

Extreme Temperatures

The loss of the heating, ventilation, and air conditioning (HVAC) system in a healthcare agency is a serious technological failure under certain conditions. During times of extreme weather, such as a frigidly cold winter or usually hot summer, the failure of these systems can create harmful and fatal conditions for patients.

Winter Storms

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 agency may find itself completely on its own for several days.

Include the organizational plan for severe weather/extreme temperatures/winter storms.

Planning considerations:

- Contact response partners
- Intercom codes
- Section 10: Utilities and Supplies
- Loss of heating, ventilation, and air conditioning
- Identify necessary emergency actions to save lives and protect the staff
- Evaluation of patients for hypothermia/hyperthermia
- Monitor weather radio and media outlets
- Severe weather
    - Hail
    - Intense cloud to ground lightning
    - Torrential rain
    - Strong winds (micro-bursts, straight line winds)
    - Tornadoes
    - Extreme cold and heat
    - Ice and snow

Links:

http://www.ready.gov/severe-weather

http://www.ready.gov/tornadoes

http://www.ready.gov/heat

http://www.ready.gov/winter-weather

Appendix P: 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 organizational plan for surge capacity including alternate on-site triage and treatment locations.

Planning considerations:

- Contact response partners
- Intercom codes
- Alternate triage options during a mass casualty event
- Variations of casualty events
- Staffing needs
- Equipment and supplies
- Evaluation of patients for discharge/transfer

Links:

http://archive.ahrq.gov/news/ulp/btbriefs/btbrief3.htm

http://www.phe.gov/Preparedness/planning/mscc/handbook/Documents/mscc080626.pdf

Appendix Q: 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 organizational plan for wildfire.

Planning considerations:

- Contact response partners
- Intercom codes
- Shut down heating, ventilation, and air conditioning
- Close doors and windows
- Smoke (inhalation, visibility)
- Evacuation with meeting locations identified

Links:

http://www.ready.gov/wildfires

https://www.osha.gov/dts/wildfires/index.html

http://www.readyforwildfire.org/wildfire_action_plan