



**<Insert Name of Facility>
Personal Care Home
Emergency Operations Plan**

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

Facility Profile

Facility Name: _____

Address: _____

County: _____

Phone: _____ **Fax:** _____

Emergency Phone: _____

Email Address: _____

Owner/Corporation: _____

Address: _____

Phone: _____ **Secondary Phone:** _____

Emergency Phone: _____

Facility Administrator: _____

Address: _____

Phone: _____ **Secondary Phone:** _____

Emergency Phone: _____

Emergency Operations Plan Coordinator: _____

Address: _____

Phone: _____ **Secondary Phone:** _____

Emergency Phone: _____

Licensed Facility Bed Capacity: _____

Average Daily Census: _____

Specialty Services or Units: _____

Residents in Care

Provide the **average** number of individuals within the facility's care who have the following disabilities and/or dependencies:

Disability or Other Challenges	
Alzheimer's, dementia or cognitive impairment: _____	Confined to bed: _____
Blind or low vision: _____	Require 24-hour constant care: _____
Deaf or hearing impaired: _____	Chronic condition (please specify): _____
Speech impaired: _____	Other (please specify): _____
Limited mobility or difficulty walking: _____	_____
Primary Language other than English: _____	_____
Dependency	
Dialysis: _____ Insulin: _____	Walker/cane/scooter/wheelchair: _____
Ventilator: _____ Oxygen: _____	Other (please specify): _____
Service animal: _____	_____
Other machine dependent: _____	_____
Bariatric Bed: _____	_____

**Table 1
Primary and Affiliate/Sister Facilities**

Primary Facility			
Facility Name	Address (Street, City, State, Zip)	County	Contact Number
Affiliate/Sister Facilities			
Facility Name	Address (Street, City, State, Zip)	County	Contact Number

Signature Page

<Insert Facility Name>

Name, Title

Date

Name, Title

Date

Mississippi State Department of Health, Office of Emergency Planning and Response

District Level

Emergency Planner

Date

~~Emergency Response Coordinator~~

~~Date~~

Emergency Preparedness Nurse

Date

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1. INTRODUCTION

A. Purpose

~~As stated from the *Minimum Standards of Operation for Personal Care Homes- Residential Living, Subchapter 23, Rule 48.23.1* and the *Minimum Standards of Operations for Personal Care Homes-Assisted Living, Subchapter 21, Rule 47.21*:~~

~~The licensed entity shall develop and maintain a written preparedness plan utilizing the “All Hazards” approach to emergency and disaster planning. The plan must include procedures to be followed in the event of any act of terrorism or man-made or natural disaster. The emergency operations plan (EOP) will be reviewed by the Mississippi State Department of Health (MSDH) Office of Emergency Planning and Response (OEPR) or designees for conformance with the “All Hazards Emergency Preparedness and Response Plan.” Particular attention shall be given to critical areas of concern which may arise during any “all hazards” emergency whether required to evacuate or to shelter in place. Additional plan criteria or a specified EOP format may be required as deemed necessary by OEPR. The six (6) critical areas of consideration are:~~

- ~~▪ Communications - facility status reports shall be submitted in a format and a frequency as required by OEPR.~~
- ~~▪ Resources and Assets~~
- ~~▪ Safety and Security~~
- ~~▪ Staffing~~
- ~~▪ Utilities~~
- ~~▪ Clinical Activities~~

~~EOPs must be exercised and reviewed annually or as directed by OEPR/CMS. *Written evidence of current approval or review of provider EOPs by OEPR shall accompany all applications for facility license renewals.*~~

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

- Alternate care sites/devolution sites
- Transportation contracts with designated patient transporters
- Communications plan
- Continuity of operations
- Evacuation maps
- 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 residents, staff, and visitors, the environment of the facility, or adversely impact the ability of the facility to provide healthcare services to its residents. The plan is also designed to meet local and state planning requirements.

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

C. Planning Assumptions

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

- 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 facility>** 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, resident 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 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 residents 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 **<Insert position title or group>**. Plan updates will be the responsibility of **<Insert position title>**.

Exercises

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

Also the facility will conduct a paper-based, tabletop exercise at least annually. This is accomplished through exercises in which many planned disaster functions are performed as realistically as possible under simulated disaster conditions.

An after-action review (AAR) will be held immediately after the disaster or exercise. An After-Action Report/Improvement Plan 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, AARs, and improvement planning.

All exercises will incorporate elements of the National Incident Management System 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 will be utilized to evaluate the effectiveness of improvements that were made in response to critiques of the previous exercise.

**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>

Mississippi Emergency Management Agency (MEMA)

<http://www.msema.org/>

Minimum Standards for Personal Care Homes Assisted Living

Mississippi State Department of Health
 Title 15, Part III, Subpart 01, Chapter 47

~~Minimum Standards for Personal Care Homes Residential Living~~

~~Mississippi State Department of Health
Title 15, Part III, Subpart 01, Chapter 4~~

~~Institutions for the Aged or Infirm~~

~~Mississippi Code Annotated
43-11-1 through 43-25-17~~

~~Emergency Management Guide for Nursing Homes~~

~~Florida Health Care Association, 2008
<http://www.fhca.org/emereprep/index.php>~~

National Incident Management System (NIMS)

Federal Emergency Management Agency (FEMA)
<http://www.fema.gov/emergency/nims/>

Incident Command System (ICS)

FEMA
<https://www.fema.gov/incident-command-system-resources>

The Joint Commission

www.jointcommission.org

~~Strategic National Stockpile~~

~~Centers for Disease Control and Prevention
<http://www.bt.cdc.gov/stockpile/index.asp>~~

Mississippi Responder Management System

Mississippi State Department of Health
www.signupms.org

State Medical Asset and Resource Tracking Tool

Emergency Medical Services Emergency Performance Improvement Center
<http://www.emspic.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

Mississippi Emergency Access Program (MEAP)

<http://www.dps.state.ms.us/divisions/office-of-emergency-operations/mississippi-statewide-credentialing-access-program/>

CDC Emergency Water Supply Planning Guide Table 6-4.1

<http://www.cdc.gov/healthywater/pdf/emergency/emergency-water-supply-planning-guide.pdf>

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.

~~Facility and Mississippi State Department of Health County Medical HVAs provided by the District Planner are located in Attachment 1 and 2 of the Continuity of Operations Annex.~~

Insert the top five hazards from facility 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 facility'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 facility'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 residents who have been affected by an incident. **<Insert facility'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, facility repairs, organized return of residents into the facility, and reconstitution of resident 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 facility's strategies for recovery>**

B. Plan Activation

The emergency operations plan (EOP) will be activated in response to internal or external threats to the facility. Internal threats could include fire, bomb threat, loss of power or other utility disruption, or other incidents that threaten the well-being of residents, staff, and/or the facility itself. External threats include events that may not

affect the facility directly but have the potential to overwhelm long term care resources or put the facility on alert.

Persons Responsible for Plan Activation

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

The following individuals have the authority to activate the Emergency Operations Plan (EOP):

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 EOP has been activated, those within the facility will be contacted first through the **<Insert internal communication system (e.g., overhead paging system, radio)>**.

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

Alerting Response Partners

The facility 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 EOP has been activated.

5. ROLES AND RESPONSIBILITIES

During an event, specific roles and responsibilities will be assigned to individual position titles as well as facility 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	Point of Contact
Administration		
Dietary		
Housekeeping		
Maintenance		
Nursing		
Safety and Security		
(Add additional essential services if needed)		

B. Positions

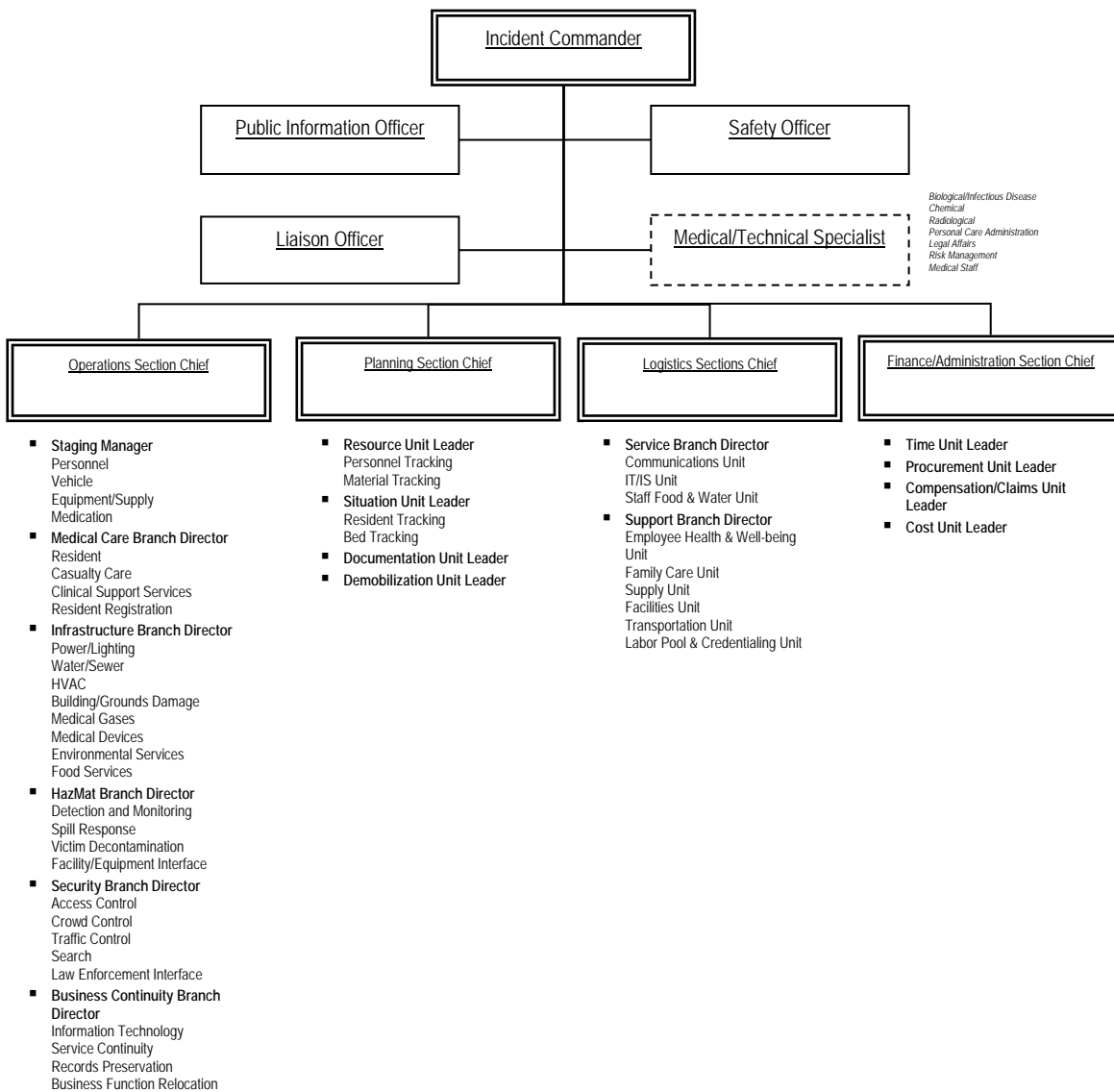
Identifying and assigning personnel in accordance with the Incident Command System (ICS) depends a great deal on the size and complexity of the incident. ICS is designed to be flexible enough so that the number of staff needed to respond to an incident can be easily expanded or contracted. Hospital Incident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

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 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



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 facility will provide information on patient needs during initial planning with local Emergency Management Agency (to include essential services). The facility will participate in any district/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:

- ~~▪ Following disease reporting requirements listed on the Mississippi State Department of Health's (MSDH) website at [MSDH List of Reportable Diseases and Conditions PDF](#).~~
- In the event the Emergency Operation Plan is activated by the facility, the [Regional Healthcare Coordination Center \(MSDH RHCC\) Emergency Response Coordinator](#) shall be notified ~~along with the local Emergency Management Agency.~~
 - ~~○ Reference District Public Health Emergency Preparedness Map in Annex A: Communications.~~
- ~~▪ Participating in and providing support for the Mississippi Responder Management System (See Annex E).~~
- Participating in public health planning initiatives.
- Receiving guidance and health alerts through the [Virginia Department of Health \(Health Alert Network VDH\)](#).
- Participating in any after-action planning as requested from public health officials.

<Insert description/outline below how the facility 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 facility can sustain operations before needing re-supply. This gives the facility 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 facility.

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

B. 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 facility'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 facility may need to evacuate or temporarily close.

Agreements can be found in Attachment B: Mutual Aid Agreements/Memorandum of Understanding Table 14.

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 Command Center. Staff will be assigned as needed and provided information outlining their job responsibilities and who they report to.

<Insert facility 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 critical functions for the hospital. 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 transportation of staff and staff family include:

<Insert transportation resources for 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>

Volunteer Needs

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

~~Volunteer contact list can be found in Annex A: Communications, Attachment 2, Table 5.~~

9. RESIDENT MANAGEMENT IN AN EMERGENCY

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

In the event of an emergency affecting the facility, the **<Insert position title and/or department(s)>** will assess staffing and resident care capacity. Additional staff will be called upon to assist in managing the needs and evacuation of residents as necessary. Resident care staff will assess the needs of residents, provide appropriate care, and update ~~the State Medical Asset Resource Tracking Tool~~[the Virginia Healthcare Alerting and Status System](#) as needed. Resident admissions to the agency may be curtailed until the emergency situation has subsided. If evacuation is called for, resident care will be coordinated with the receiving facility.

B. Vulnerable Populations

Vulnerable populations are residents who are pediatric, geriatric, disabled, or have serious chronic conditions or addictions. As these residents are identified in the triage process, they will be linked with needed services. For those services the facility cannot provide, social service personnel will assist the resident by linking them with healthcare or social service agencies that can provide the assistance the resident requires.

C. Management of Behavioral Health Residents

The management of residents receiving behavioral health services will be coordinated with the **<Insert position title and/or department(s)>** and security as necessary. Resident medications and medical records should accompany the resident in the event they are being transferred or evacuated to another facility. Coordination should be made with the receiving facility so it can adequately accommodate the resident.

D. Behavioral Health Services to Residents

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 residents in an emergency. Current contact information will be maintained for these organizations so residents, 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 facility personnel have been trained in psychological first aid or other psychosocial interventions to ensure the facility can provide support to residents needing such care.

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

E. Resident Tracking

<Insert facility's tracking policy- if no policy in place, describe below>

The facility receiving residents will have a resident tracker assigned to track the residents entering and leaving the resident care areas. The **<Insert position title and/or department(s)>** will perform this task in conjunction with the Director of Nursing or designee. The **<Insert position title and/or department(s)>** staff will use the Hospital Incident Command System (HICS) form HICS 254 - Disaster Victim Resident Tracking Form (See sample HICS forms in Attachment D), using the triage tracking number to log in residents at the point of triage. The location of these residents in the continuum of care will be logged in using this form until disposition status is determined.

In the event that the computer system is down, the registration staff will coordinate the use of the Disaster Victim Resident Tracking Form with the **<Insert facility resident tracking system>**. The **<Insert position title and/or department(s)>** will tag the residents as they arrive in the treatment area.

Ensure that patient/resident identification wristband (or equivalent identification) must be intact on all residents.

If residents are evacuated, the HICS 260 – Resident Evacuation Tracking Form will be used. When more than two residents are being evacuated, the HICS 255 – Master Resident Evacuation Tracking Form (See sample HICS forms in Attachment D) should be used to gain a master copy of all those that were evacuated. Form should include, but is not limited to: resident name, date of birth, Medicare/Medicaid number, evacuation site location, date of evacuation, arrival time at evacuation site, date of return to facility (if known), and comments/notes.

Each resident unit, in conjunction with the **<Insert position title (e.g., Resident Tracking Manager)>**, shall designate a team member responsible for this task. The information for each resident must be completed when the receiving facility is contacted and a report given regarding the resident's status. The **<Insert position title (e.g., Resident Tracking Manager)>** or designee shall assist the evacuating unit as necessary to assure that appropriate tracking information is completed for each unit.

In addition, **<Insert name of facility>** will utilize third-party information such as **<Insert other resident tracking system that may be used (e.g., ~~Mississippi Resident Tracking System~~, American Red Cross database, or fax tracking information)>** as appropriate to assist families in locating residents.

10. UTILITIES AND SUPPLIES

A. Power

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

**Table 5
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:			

ICF/IDD Facilities must meet power needs for each resident.

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>**.

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

B. Water Supplies

Water for Drinking, Cooking, and Sanitation

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

Water Usage

Estimate water usage under normal operating conditions to determine water needs during a water restriction situation. **<Insert estimated 3 day water usage for facility>**. Reference **Table 6-4.1 from CDC Emergency Water Supply Planning Guide**.

Amount On Hand

Identify quantities of potable and non-potable water on-site and identify vendors for acquiring additional potable and non-potable water.

**Table 6
Quantities of Potable and Non-Potable Water**

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

Acquiring Additional Water

Potable water can be supplied through:

- **List supplier name/contact information**

Non-potable water can be supplied through:

- **List supplier name/contact information**

Water Rationing

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

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

Water used for bathing and cleaning may have to be restricted. Hand washing will require soap and water, if in sufficient quantity. If water is unavailable, the use of hand

sanitizers will be encouraged. Fruit juices and broth, which should normally be discarded in preparing meals, could be set aside for use in preparing meals that may call for adding water.

<Insert facility policy>

Disinfection

Environmental Protection Agency Guideline Document for disinfection of drinking water.

- Use bottled water that has not been exposed to contamination if available.
- If bottled water is not available, water may be boiled to make it safe. Boiling water will kill most types of disease-causing organisms that may be present. If the water is cloudy, filter it through clean cloths or allow it to settle, and draw off the clear water for boiling. Boil the water for one minute, let it cool, and store it in clean containers with covers.
- If unable to boil water, water may be disinfected using household bleach. Bleach will kill some, but not all, types of disease-causing organisms that may be in the water. If the water is cloudy, filter it through clean cloths or allow it to settle, and draw off the clear water for disinfection. Add 1/8 teaspoon (or 8 drops) of regular, unscented, liquid household bleach for each gallon of water, stir it well, and let it stand for 30 minutes before you use it. Store disinfected water in clean containers with covers.
 - Non-chlorine bleach should not be utilized to disinfect water.
 - Typically, household chlorine bleaches will be 5.25 percent available chlorine. Follow the procedure written on the label. When the necessary procedure is not given, find the percentage of available chlorine on the label and use the information in the following table as a guide. (1/8 teaspoon and 8 drops is about the same quantity.)

**Table 7
Water Disinfection**

Available Chlorine	Drops per Quart/Gallon of Clear Water	Drops per Liter of Clear Water
1%	10 per Quart - 40 per Gallon	10 per Liter
4-6%	2 per Quart - 8 per Gallon (1/8 teaspoon)	2 per Liter
7-10%	1 per Quart - 4 per Gallon	1 per Liter

C. Oxygen

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

11. OTHER CRITICAL UTILITIES

Maintenance Activities

The following table lists other utilities critical to the comfort and care of residents and daily operations that should be addressed for maintenance.

**Table 8
Maintenance Activities**

System	Primary Personnel	24/7 Contact Information	Outside of Facility	24/7 Contact Information
Generators/Electric				
Heating, ventilation, and air conditioning				
Information technology				
Oxygen				
Water/sewer systems				
List others that apply				

12. EVACUATION

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

The decision whether to evacuate the facility or shelter-in-place will rest with the **<Insert position title(s)>**, who 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 facility staff and external stakeholders such as emergency management, fire department, or public health personnel. Both internal and external factors will be considered in deciding whether to evacuate or shelter-in-place.

Internal factors could include the physical structure of the facility, resident acuity, staffing, accessibility to critical supplies, availability of transportation assets for evacuation (not including county ambulances), and accessibility of possible evacuation destinations. External factors to be considered in making the decision to evacuate or shelter-in-place include the nature and timing of the event, the location or projected path of the threat such as in the case of a flooding incident, ice storm or hurricane, and the vulnerability of the facility to the threat.

The chart below identifies hazards **(Include the top 5 hazards from the county medical hazard vulnerability analysis (HVA) provided by the District Planner)** that could necessitate the need for the evacuation or shelter-in-place of residents 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 or facility HVA and additional threats faced by the facility that could necessitate either evacuation or shelter-in-place response activities.

**Table 9
Evacuation or Shelter-in-Place Decision Making Chart**

Hazard	Decision Authority	Alternate	Consulting Parties	Timeline	Triggers for Evacuation
Fire*	Administrator	Director of Nursing	Facilities Manager, City Fire Chief	Immediately	Location and intensity of fire
Hurricane*	Administrator	Director of Nursing	Emergency Management	48 hours prior to arrival of tropical force winds	Category, track and speed of storm

*Examples

B. Transportation Resources

The **<Insert name of facility>** will identify appropriate resources to transport the resident population, staff, supplies, and necessary equipment in the event evacuation of the facility is necessary. The facility will seek to identify primary and back-up transportation providers with suitable vehicles and personnel to ensure adequate resources are available in an emergency.

Ensure that the vendors or volunteers who will help transport residents 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.

The following transportation providers (not including the county 911 Emergency Medical Service) have agreed to provide transportation to the **<Insert name of facility>** in the event evacuation of all or part of the facility is necessary. If these providers are not able to provide transportation resources, the **<Insert position title>** will request resources through the **<Insert name of local Emergency Management Agency>**.

**Table 10
Transportation Resources**

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

C. Resident Records and Maintenance

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

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

The **<Insert position title>** is responsible for maintaining and transferring resident records during an event. Facility resident records may be stored digitally on a computer's hard drive, on CDs, and/or maintained in hard copy files. Computers will be unplugged and moved to a higher location in the building or moved offsite. Digital records will be saved to a removable storage medium (e.g., CD, DVD, USB flash drive,

thumb drive) and carried offsite. Assessing the backup of the electronic data retrieval system will be a function of the annual review of the emergency preparedness system.

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

- Resident 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 facility Health Insurance Portability and Accountability Act Policy

D. Resident Provisions/Personal Effects

Describe procedures for ensuring provisions for resident 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

In the event the facility is damaged to the extent that resident care cannot be rendered, or it is determined that evacuation is warranted due to fire, an approaching hurricane, or other hazard, residents may be transported to a receiving facility for temporary care. The terms “close”, “within area”, and “outside of area” represent the concept that healthcare facility residents need to move as short a distance as possible. The farther medically fragile residents 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.

Close Proximity

Close proximity locations are within a short distance (within 10 miles) from the facility and will be utilized when unplanned or immediate evacuations are necessary.

**Table 11
Close Proximity Evacuation Locations**

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

Within Area

Within area locations are those within a reasonable distance (within 10 – 50 miles) from the facility and will be utilized for unplanned or planned evacuations relative to the type of hazard or threat to the facility.

**Table 12
Within Area Evacuation Locations**

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

Out of Area

Out of area locations are a significant distance (over fifty miles) from the facility and will be utilized for planned evacuations.

**Table 13
Out of Area Evacuation Locations**

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

F. Evacuation Routes

Floor plans with evacuation routes and maps to evacuation locations are located in Attachment C: Alternate Care Site Evacuation Routes and Facility Floor Plans.

G. Evacuation Priorities

Describe the order of resident evacuation.

H. Securing Vital Records

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

13. RECOVERY

A. Initiation and Recovery

The decision to enter into the recovery stage of an event is made by the **<Insert position title>**. During this phase, the **<Insert name of facility>** will undertake recovery procedures to return the facility 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 facility.
- 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, regional, and state Emergency Medical System providers, resident 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 improvement plan to track for progress.

C. Restoration of Services

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

List responsibilities in restoring services (e.g., restoration of utilities, repair or replacement of critical systems, and overseeing of facility 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/Resident 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 and residents to the facility. The coordination of the return of staff and residents to the facility will be the responsibility of the **<Insert position title>**.

List preparations and procedures for returning residents after an emergency (e.g., transport of residents back to the facility and related activities).

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.

14. 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.

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 improving safety by eliminating poisonous or otherwise harmful substances, such as noxious chemicals or radioactive material.

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

Devolution Site - Alternate site designated for Continuity of Operations if original site is compromised.

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

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

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

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 federal, state, and local levels. HSEEP training courses are free and available online.

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

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

Isolation - The separation of an ill resident from others to prevent the spread of an infection or to protect the resident 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.

~~**Mississippi Responder Management System (MRMS)** - A secure registration system and database for health professional volunteers willing to respond to public health emergencies.~~

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

Mutual Aid Agreements (aka 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 Memorandums of Agreement (MOA).

National Incident Management System (NIMS) - A systematic, proactive approach to guide departments and agencies at all levels of government, nongovernmental

organizations, and the private sector to work seamlessly to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life, property, and harm to the environment.

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

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

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

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

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

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

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

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

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

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

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

15. ACRONYMS

AAR	After-Action Report
AHRQ	Agency for Healthcare Research and Quality
CD	Compact Disc
CDC	Centers for Disease Control and Prevention
COOP	Continuity of Operations
CVHC	<u>Central Virginia Healthcare Coalition</u>
DHS	Department of Homeland Security
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ESAR-VHP	Emergency System for Advance Registration of Volunteer Health Professionals
FEMA	Federal Emergency Management Agency
HAN	Health Alert Network
HC	Healthcare
HICS	Hospital Incident Command System
HIPAA	Health Insurance Portability and Accountability Act
HSEEP	Homeland Security Exercise and Evaluation Program
HVA	Hazard Vulnerability Analysis
HVAC	Heating, Ventilation and Air Conditioning
ICS	Incident Command System
IP	Improvement Plan
IS	Independent Study
JIC	Joint Information Center
MAA	Mutual Aid Agreement
MEAP	Mississippi Emergency Access Program
MEMA	Mississippi Emergency Management Agency
MOU	Memorandum of Understanding
MRMS	Mississippi Responder Management System
MSDH	Mississippi State Department of Health
NFPA	National Fire Protection Association
NIMS	National Incident Management System
OEPR	Office of Emergency Planning and Response
PIO	Public Information Officer
POC	Point of Contact
POD	Point of Dispensing
PPE	Personal Protective Equipment
RHCC	<u>Regional Healthcare Coordination Center</u>
SNS	Strategic National Stockpile
VDH	<u>Virginia Department of Health</u>

16. ATTACHMENTS

Attachment A: Training Plan

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

Attachment C: Alternate Care Site Evacuation Routes and Facility Floor Plans

Attachment D: Sample Hospital Incident Command System Forms

Attachment A: Training Plan

<Insert facility staff training requirements and tracking> and include the following:

It is recommended that all employees will receive specific training during new employee orientation and at least annually on:

- Emergency Preparedness Policies and Procedures
- Psychological First Aid
- Public Information Officer (PIO) 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 facility 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 in Place

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

**Table 14
Mutual Aid Agreements/Memorandum of Understanding in Place**

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

*Examples

Attachment C: Alternate Care Site Evacuation Routes and Facility Floor Plans

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

Attachment D: Sample Hospital Incident Command System Forms

Sample Hospital Incident Command System Forms (HICS) are provided by the District 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

17. ANNEXES

Annex A: Communications

Annex B: Safety and Security

~~Annex C: Strategic National Stockpile~~

Annex DC: Continuity of Operations

~~Annex E: Mississippi Responder Management System and Volunteer Information~~

Annex A: Communications

<Reference/Insert Communications Policy>

Internal Communication

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

Communication with External Response Partners

The <Insert Facility's Liaison> will provide updates to external response partners within <Indicate time interval>. To communicate with external response partners, the facility will use <Insert external communication system (e.g., phone tree, radio, and media)>.

Table 15
External Contacts

Agency	Purpose for Contact	Contact Name/Title	Phone	Alternate Contact Info
Coroner				
Emergency Management Agency				
Emergency Medical Services				
Emergency Public Information (hotline number)				
Fire				
Ombudsman				
Other Healthcare facilities with MOUs				
Other such as Emergency Planner or Emergency Response Coordinator				
Police Department				
Sheriff				
Sister Facilities				
Surrounding Hospitals				

Attachment 1: MSDH District Public Health Emergency Preparedness Map

<Insert current MSDH District Public Health Emergency Preparedness Map provided by District Planner>

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)>**. It is recommended that staff who may serve in this capacity have public information officer training.

Coordination of Public Information with Response Partners

If several agencies are involved in a 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 Residents 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

The facility's plan should include the following communication: planning activities the facility is or will be conducting, providing safety information upon admission of the patient, collaboration with other healthcare facilities, and/or community service organizations for patient tracking and psychological first aid, etc. To ensure communication with patients and their families is consistent and timely during an emergency, this facility has established and will continue to establish family contact lists for patients and working relationships with local, state, and federal partners to ensure patient safety, physical, and psychological needs are met during a disaster. The facility should ensure that families are aware of and knowledgeable about the facility 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 facility 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. Residents 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 facility's plan for establishing a family support center>

This facility 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 facility. These locations are subject to change due to the unknown nature of the incident.

Communication with Vendors of Essential Supplies, Services, and Equipment

<Insert name of facility> 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, but not less than annually. The list includes the name of the vendor and the supplies, services, or equipment they provide to the facility, a phone number, and alternate contact information.

Communication with Other Healthcare Organizations

The **Facility Liaison <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:

- Resources and assets that can be shared.
- Process for the dissemination of the names of residents and the deceased for tracking purposes.

Communication about Residents to Third Parties

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

Communication with the Long-Term Care Ombudsman Program

Prior to any disaster, discuss the facility's emergency plan with a representative of the Long Term Care Ombudsman Program serving the area where the facility is located and provide a copy of the plan to the Long Term Care Ombudsman Program. When responding to an emergency, notify the local Long Term Care Ombudsman Program of how, when, and where residents will be sheltered, so the program can assign representatives to visit and provide assistance to residents and their families.

Backup Communications Redundancy and Equipment

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

**Table 16
Communication Methods**

Internal/External	Primary	Alternate	Testing
Internal*	PBX	Runner	
Internal*	Phone	Vocera	
External*	Telephone	Satellite Radio, Ham Radio	

*Examples

Use of Plain Text by Staff in Emergencies

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

**Table 17
Internal Emergency Intercom Codes**

Code	Emergency/Threat

Attachment 2: Emergency Call Lists

Table 1: Employee Emergency Call Back Roster

Table 2: Resident Physicians Emergency Call Back Roster

Table 3: Vendor Contact Information

Table 4: Critical Infrastructure Contact Information

**Attachment 2: Table 4
Critical Infrastructure Contact Information
<Insert Date> (Indicate Location)**

Supply/Resource	Vendor	Contact	Phone	E-mail Address
Electricity				
Employee assistance program				
Gas				
Internet				
Mental Health				
Telephone				
Transportation				
VOIP Vendor				
Water				
Other				

Annex B: Safety and Security

Internal Security Measures

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

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

Table 18
Internal Security Assignments

Area to Secure	Assigned Staff	Department	Contact Information

Controlling Access

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

Only families of disaster victims, families picking up discharged residents, physicians, and individuals assisting in the treatment of victims will be allowed to enter facility property. Employees will park in their regular parking spaces and must present facility ID. Physicians will enter through <Insert location of designated entry area(s)> and will be given identifying badges. All others seeking entrance to the facility shall be directed to <Insert location of designated entry area(s)> for directions or other information. Staff from <Insert name of applicable departments and/or labor pool> may be used to escort families to appropriate areas as needed.

Controlling Movement within the Facility

Movement of people will be restricted based on consultation with the Facility Command Center and the exact nature of the emergency. Those individuals with facility ID badges and temporary identification (volunteers, etc.) will be allowed access throughout the facility to perform their duties. Any visitors, residents, and/or family members will be restricted to their units unless treatment is required. If this is the case, a facility staff member will escort the resident to their destination. The Incident Commander, in

conjunction with the Operations Section Chief and Security Branch Manager/Director, can alter the flow of non-staff traffic as deemed necessary throughout the incident.

Controlling Vehicle Traffic

The **<Insert position title>** will assign staff members to control traffic at all unsecured entrances. No one without specific facility business is to be permitted beyond that point unless requested by someone with such authority. All visitors, families, etc., will be directed to the appropriate area.

The **<Insert position title>** will ensure that a security officer or staff person controls the following areas: **<Insert external areas, entrances, and exits that will require security personnel>**. The **<Insert position title>** will monitor traffic patterns and close off any areas deemed necessary in consultation with the Security Branch Manager/Director and the facility Command Center.

Coordination with Local Law Enforcement Agencies

In the event of an internal or external incident, the **<Insert name of local law enforcement agency>** can be called to assist. They can 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: Strategic National Stockpile

Purpose

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

Definition of the Strategic National Stockpile

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

Coordination of Planning with Public Health

Planning for the SNS must be coordinated with MSDH.

Planning for mass prophylaxis of Personal Care Home staff:

The first step in the coordination of this planning is to register with the state by completing the MSDH Strategic National Stockpile and Pandemic Influenza Programs Provider Enrollment Form No. 255E. This form was submitted/will be submitted to the MSDH District Emergency Preparedness Nurse ~~<Insert the date of submission>~~. If not, this form can be obtained on the MSDH website by selecting Strategic National Stockpile at www.healthyMS.com or from any district health office.

The MSDH coordinates with registered facilities in planning for receiving the SNS. The MSDH will also provide training including how the treatment algorithms and standing orders contained in the MSDH SNS Plan (plan is located on the MSDH website at

~~www.healthyMS.com) are to be used by healthcare personnel in the distribution of medications from the Strategic National Stockpile (SNS). The <Insert position title> will work with MSDH to coordinate planning and training of staff for possible SNS activation. The MSDH point of contact for <Insert name of facility> SNS planning is the MSDH District Emergency Preparedness Nurse, <Insert contact phone number>.~~

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

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

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

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

~~Requesting the Strategic National Stockpile~~

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

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

- ~~▪ Communications plan that includes staff assigned to request resupply, contact information for the county emergency management office and local and state public health offices, and any additional numbers that would be provided during an incident.~~

- ~~Provision to MSDH of up-to-date information on case count, epidemiologic, intelligence and inventory information from treatment centers to support strategic decisions.~~
- ~~Provision to MSDH of number of staff and/or staff family members for whom there has been insufficient distribution of prophylactic regimens.~~
- ~~Detailed information for product description and quantities related to specific requests.~~

~~Acquiring the Strategic National Stockpile~~

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

~~Two methods for acquiring/receiving SNS assets include:~~

~~1) Direct shipment to facility:~~

- ~~With over 5,000 regimens of medication~~
- ~~Plan for receiving SNS assets to include:

 - ~~Day and night point of contact (in triplicate) who has authority to order and receive materials and sign for controlled substances~~
 - ~~Identification of location for receipt of SNS delivery (e.g., building A, rear loading dock, south entrance)~~
 - ~~Adequate material handling equipment required to off-load and stage large pallets; if a loading dock is not available, the facility should ensure plans include how to off-load by hand~~~~

~~2) Healthcare representative pick-up from a predetermined health department Open POD or other drop site in the county/city.~~

~~Distribution of Strategic National Stockpile Medications~~

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

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

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

~~**A copy of the standing orders, algorithms and health information forms can be found in the SNS Plan. The standing orders and algorithms can be found in Section IV: Clinical Policies and Procedures, and the health information forms can be found in Section V: Forms.**~~

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

~~Healthcare facilities:~~

- ~~▪ Must have a plan to store SNS assets under appropriate medical and pharmaceutical laws and regulations~~
- ~~▪ Must have an inventory plan~~
- ~~▪ Must not charge for SNS assets~~
- ~~▪ Must have a dispensing plan~~

~~Security~~

~~Heightened security measures may be needed as a result of the events leading up to activation of SNS plans. Circumstances may lead some individuals to take unlawful measures to try to secure SNS assets for themselves and/or others. Adequate security measures must be in place to ensure SNS assets received by the <Insert name of~~

~~facility> are secure and to reduce any unnecessary risk to staff transporting or dispensing the medications. The <Insert name of facility> will take appropriate measures to coordinate security at the facility.~~

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

Public Information

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

Demobilization

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

~~Within a week of demobilization of SNS operations, <Insert name of facility> staff will conduct a debriefing to discuss lessons learned from the incident. The lessons learned identified in the debriefing will be used to update and improve the facility's SNS Plan. The <Insert position title> of the healthcare facility will update and revise plans accordingly, cooperate with MSDH in any after-action planning discussions or meetings, and will ensure dispensing exercise is documented in the Administration Section of Table 2.~~

~~Since this is a voluntary program, a facility may elect to participate at any time.~~

References

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

~~www.msdh.state.ms.us/msdhsite/index.cfm/44,1136,122,154,pdf/SNSPlan2008%2Epdf~~

~~Note: the previous link may change when the new plan is uploaded.~~

Centers for Disease Control and Prevention, Strategic National Stockpile website:
www.bt.cdc.gov/stockpile/

Strategic National Stockpile Planning Checklist for Personal Care Homes

SNS Planning Checklist for Personal Care Home

Primary Point of Contact (POC) (24/7) Name and contact information:

Secondary POC (24/7) Name and contact information:

Ship to Address (Do not use P.O. Boxes):

Describe the facility's plan to receive/unload materials if shipped directly to the facility:

Describe the facility's plan to receive shipments after normal work hours (after 8 a.m. to 5 p.m.):

SNS Planning Checklist for Personal Care Home

Describe the facility's plan if materials must be picked up and transported from a staged location in the county/city:

Describe the facility's plan to store SNS materials at appropriate temperature/storage requirements:

*****If shipments are requested, facilities could be responsible for costs of returning shipments to MSDH. A documentation of understanding that persons cannot be charged or billed for supplies received from SNS (state or federal) must be completed at the time of receiving SNS materials.*****

Describe the facility's security plan:

SNS Planning Checklist for Personal Care Home

--

Attachment 1: Closed Point of Dispensing Form

<Insert Closed Point of Dispensing Form provided by District Planner>

Annex D: 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 residents and the community depend on. Therefore, it is vitally important to have plans in place to be able to continue to perform mission-essential functions and protect vital information in the event that the organization is faced with a situation that could disrupt operations. Continuity of operations (COOP) planning addresses three possible types of disruption to an organization:

- Denial of access to a facility (such as 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 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.

COOP Execution

The 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 name of facility>**.

Reconstitution

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

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 facility>** has identified continuity facilities to conduct business and/or provide clinical care to maintain essential functions when the original property, host facility, or contracted arrangement where the facility 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 19
Continuity Facilities**

Continuity Facility	Type of Facility	Location of Facility	Accommodations
ABC Hospital*	Alternate Site/Devolution Site	1234 Medical Center Drive, Niceville	Identified meeting rooms with telephones, internet access, ham radio access, satellite radio access, 2 desktop computers, and laptop connectivity
County EOC*	Alternate Site/Devolution Site	7000 Disaster Way My Town, Gotham City	Possible meeting room with telephones, internet access, shared ham radio capability, shared satellite phone capability, no desktop computers, and laptop connectivity
Home Telework*	Alternate Site/Devolution Site	Home of Record Facility Leadership	Telephones, internet access, no ham radio, no satellite phone, desktop computers, and laptop connectivity

*Examples

Continuity Communications

The **<Insert name of facility >** maintains a robust and effective communications system to provide connectivity to internal response players, key leadership, and state and federal response and recovery partners. The facility has established communication requirements that address the following factors:

- Facilities possess, operate, and maintain, or have dedicated access to communication capabilities at their primary facilities, off-sites, and pre-identified alternate care sites.
- Facility leadership and members possess mobile, in-transit communication capabilities to ensure continuation of incident specific communications between leadership and partner emergency response points of contact.
- Facilities have signed agreements with other pre-identified alternate care sites to ensure they have adequate access to communication resources.
- Facilities possess interoperable redundant communications that are maintained and operational as soon as possible following a continuity activation, and are readily available for a period of sustained usage for up to 30 days following the event.

Essential Records Management

The **<Insert name of facility >** 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 and use of these records and systems enables the performance of essential functions and reconstitution to normal operations.

Devolution of Control and Direction

The **<Insert name of facility >** devolution option requires the transition of roles and responsibilities for performance of facility essential functions through pre-authorized delegations of authority and responsibility. The authorities are delegated from facility leadership to other representatives in order to sustain essential functions for an extended period. The devolution option will be triggered when one or more facility leaders are unable to perform the required duties of the position. The responsibilities of the position will be immediately transferred to designated personnel in the delegation of authority matrix. Personnel delegated to conduct facility activities will do so until termination of devolution option.

Mission Essential Functions

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

- Health Information Technology
- Resident Care
- Central Supply
- Human Resources
- Pharmacy Services
- Public Relations
- Food Services
- Security
- Laundry
- Health Information Management

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 are trained on the plans/procedures for backing up vital data:

Does the organization have an information technology emergency service plan? If so, explain:

Describe how the organization plans to minimize information technology 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 (IT) systems, equipment, and databases that are used by the organization and describes what function the system serves, where it is located, who manages the IT needs of the system, equipment, or database, and what those responsibilities are.

IT Functions	Name of Critical System/Equipment /Database	Location	Managed By	Responsibilities
Communications systems				
Food/dining services				
Heating, ventilation, and air conditioning				
Inventory management				
Security systems				
Resident management				
Other				

Attachment 1: Facility Hazard Vulnerability Analysis

<Insert facility hazard vulnerability analysis provided by ~~District~~
Planner jurisdiction or CVHC>

Attachment 2: MSDH County Medical Hazard Vulnerability Analysis

<Insert MSDH County Medical Hazard Vulnerability Analysis provided by District Planner>

Annex E: Mississippi Responder Management System and Volunteer Information

Purpose

The purpose of this annex is to familiarize healthcare staff and administrators with the Mississippi Responder Management System (MRMS) and encourage participation and support of the program.

Background

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

How does MRMS work?

Health professionals and others interested in participating in the program should visit the MSDH Responder Management System website at <https://signupms.org>.

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

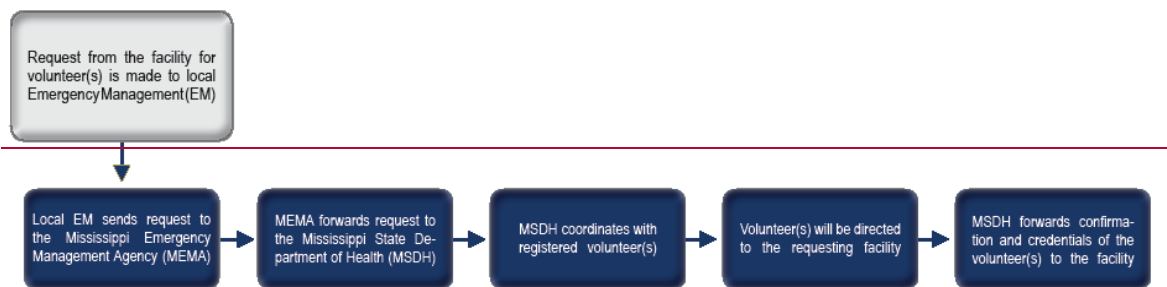
In the event of a disaster or mass casualty event, potential volunteers will be provided with information regarding volunteer opportunities and given the option to accept or decline. Volunteers are expected to maintain current contact information in the MRMS. MRMS is supported by federal funding from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

What are the Benefits to the Volunteer?

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

Requesting Volunteers

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



Liability Protections for Volunteers

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

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

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

References

~~The Mississippi State Department of Health Responder Management System website:~~

~~<https://signupms.org>~~

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

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

18. 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 and Decontamination

Appendix L: Hurricanes

Appendix M: Missing Resident

Appendix N: Nuclear/Radioactive Event

Appendix O: Pandemic Influenza/Infection Control/Isolation

Appendix P: Severe Weather/Extreme Temperatures/Winter Storms

Appendix Q: Wildfire

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 facility.

Include the organizational plan for an active shooter event.

Planning considerations:

- Contact response partners
- Intercom codes
- Facility Lockdown Policy
- Facility “Go Box” (map of facility, keys, etc.)

Links:

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

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

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 do 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:

- Contact 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

<http://www.ready.gov/sites/default/files/documents/files/biological.pdf>

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

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

[**MSDH SNS Plan**](#)

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 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:

- Contact response partners
- Intercom codes
- Bomb Threat Call Checklist
- Facility 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

D. Chemical Event

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

Chemical terrorism often refers to the use of military chemical weapons that have been illicitly obtained or manufactured *de novo*. However, a chemical event could also be an accidental release such as the intentional explosion of an industrial chemical factory, a tanker car, or a transport truck in proximity to a civilian residential community, school, or worksite.

Include the 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:

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

Links:

[http://www.mhanet.org/Images/aWebDocuments/PDFs/Emergency%20Prep/CHEM PACK%20Training%202015.2-M1s.pdf](http://www.mhanet.org/Images/aWebDocuments/PDFs/Emergency%20Prep/CHEM%20PACK%20Training%202015.2-M1s.pdf)

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

E. Cyber Attack

Cyber security involves protecting an 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 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.ready.gov/document/common-sense-guide-cyber-security-small-businesses>

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

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>

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 Improvised Explosive Device.

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>

<http://m.fema.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>

H. Extended Power Outages

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

Include the 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/electrical%20power%20outage_loss%20response%20plan.wv.pdf

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

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>

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>

K. Hazardous Materials and 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-incident>

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

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 74 miles per hour and possibly exceeding 200 miles per hour. On average, a hurricane's spiral clouds cover an area several hundred miles in diameter. The spirals are heavy cloud bands from which torrential 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
- Resources and Assets
- 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>

M. Missing Resident

A missing resident is defined as an individual who is cognitively, physically, mentally, emotionally, and/or chemically impaired; wanders away, walks away, runs away, escapes, or otherwise leaves a facility or environment unsupervised, unnoticed, and/or prior to their scheduled discharge.

Include the organizational plan for missing resident.

Planning considerations:

- Identify elopement risk
- Contact response partners
- Intercom codes
- Facility Lockdown Policy
- Procedures are described if a patient/resident turns up missing during an evacuation:
 - Notify the patient/resident's family
 - Notify local law enforcement
 - Notify personal care home administration and staff

Link:

<http://www.nccdp.org/wandering.htm>

N. 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 efforts need to be made for these specific nuclear and radiological events: Radiological Dispersal Device, Nuclear Detonation, and Nuclear Accident.

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/>

O. 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 (for staff and residents)
- Preventative measures (e.g., personal protective equipment, and 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>

http://msdh.ms.gov/msdhsite/_static/44,0,122,278.html

[MSDH SNS Plan](#)

[MSDH List of Reportable Diseases and Conditions PDF](#)

P. 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 facility is a serious technological failure, under certain conditions. During times of extreme weather, such as a frigid cold winter or usually hot summer, the failure of these systems can create harmful and fatal conditions for patients.

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 facility 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
- Utilities and Supplies
- Loss of HVAC
- 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>

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](http://www.readyforwildfire.org/wildfire_action_plan)