1. ****

**<Insert Name of Center>**

**Community Mental Health Center**

**Emergency Operations Plan**

<Insert Date Template is Completed/Revised>

Supersedes Previous Version

This plan covers license year <insert year>

<License Number>

1. **Center Profile**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Center Name:** |  | | | |
| **Address:** |  | | | |
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| **County:** |  | | | |
| **Phone:** |  | | **Fax:** |  |
| **Emergency Phone:** | |  | | |

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| --- | --- | --- | --- |
| **Owner/Corporation:** |  | | |
| **Address:** |  | | |
|  |  | | |
| **Phone:** |  | **Secondary Phone:** |  |
| **Emergency Phone:** |  | | |

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| --- | --- | --- | --- | --- | --- |
| **Center Administrator:** | | |  | | |
| **Address:** |  | | | | |
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| **Phone:** |  | | | **Secondary Phone:** |  |
| **Emergency Phone:** | |  | | | |

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| **Emergency Operations Plan Coordinator:** | | |  | | |
| **Address:** |  | | | | |
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| **Phone:** |  | | | **Secondary Phone:** |  |
| **Emergency Phone:** | |  | | | |

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| **Number of Examination Rooms:** |  |
| **Specialty Services or Units:** |  |

**Table 1: Primary and Affiliate/Sister Centers**

|  |  |  |  |
| --- | --- | --- | --- |
| **Primary Center** | | | |
| **Center Name** | **Address (Street, City, State, Zip)** | **County** | **Contact Number** |
|  |  |  |  |
| **Affiliate/Sister Centers** | | | |
| **Center Name** | **Address (Street, City, State, Zip)** | **County** | **Contact Number** |
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Note: See Attachment E for more information.

1. **Signature Page**

**<Insert Center Name>**

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

Name, Title Date

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

Name, Title Date

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

**Regional Level**

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

Regional MEHC Planner Date

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

Regional Emergency Preparedness Nurse Date

1. **Record of Changes**

This is a continuing record of all changes to the emergency operations plan.

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Recipient Name** | **Department/Agency** | **Date Distributed** | **Initials** |
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**Table of Contents**

**Center Profile i**

**Signature Page iii**

**Record of Changes iiv**

**Record of Distribution v**

**1.** **INTRODUCTION 1**

A. Purpose 1

B. Scope 2

C. Assumptions 2

**2.** **ADMINISTRATION 3**

A. Executive Summary 3

B. Plan Review and Maintenance 3

C. Authorities and References 4

**3.** **SITUATION 6**

Risk Assessment 6

**4.** **CONCEPT OF OPERATIONS 7**

A. Incident Management 7

B. Plan Activation 7

**5.** **ROLES AND RESPONSIBILITIES 9**

A. Essential Services 9

B. Positions 9

**6.** **COMMAND AND COORDINATION 10**

A. Command Structure 10

B. Local Emergency Operations Center Coordination 12

C. Public Health Coordination 13

**7.** **MANAGEMENT OF STAFF 14**

A. Assignment of Staff 14

B. Managing Staff Support Needs 14

C. Volunteer Needs 14

**8.** **PATIENT MANAGEMENT IN AN EMERGENCY 15**

A. Patient Scheduling, Triage/Assessment, Treatment, Transfer, and Discharge 15

B. Functional and Access Needs Populations 15

**9.** **UTILITIES AND SUPPLIES 16**

A. Power 16

B. Water 17

**10.** **OTHER CRITICAL UTILITIES 19**

Maintenance Activities 19

**11.** **EVACUATION 20**

A. Decision Making: Evacuate or Shelter-in-Place 20

B. Transportation Resources 21

C. Evacuation Locations 22

D. Patient Records and Maintenance 22

E. Patient Provisions/Personal Effects 23

F. Evacuation Routes 24

G. Evacuation Priorities 24

H. Securing Equipment 24

I. Securing Vital Records 24

**12.** **RECOVERY 25**

A. Initiation and Recovery 25

B. Protocol 25

C. Restoration of Services 25

D. Utility Restoration 26

E. Staff/Patient Re-Entry 26

F. Staff Debriefing 26

G. After-Action Report/Improvement Plan 26

**13.** **GLOSSARY 27**

**14.** **ACRONYMS 31**

**15.** **ATTACHMENTS 32**

Attachment A: Training Plan 33

Attachment B: Mutual Aid Agreements/Memorandum of Understanding 34

Attachment C: Alternate Care Site Evacuation Routes and Center Floor Plans 35

Attachment D: Sample Hospital Incident Command System Forms 36

Attachment E: Affiliated Centers Specific Information 37

**16.** **ANNEXES 38**

Annex A: Communications Plan 39

Annex B: Safety and Security 51

Annex C: Strategic National Stockpile 53

Annex D: Continuity of Operations 63

Annex E: Mississippi Responder Management System and Volunteer Information 74

**17.** **Incident Specific Appendices 77**

Appendix A: Active Shooter 78

Appendix B: Biological Event 79

Appendix C: Bomb Threat 80

Appendix D: Chemical Event 81

Appendix E: Cyber Attack 82

Appendix F: Earthquake 83

Appendix G: Explosive Event 84

Appendix H: Extended Power Outages 86

Appendix I: Fire 87

Appendix J: Floods 88

Appendix K: Hazardous Materials and Decontamination 89

Appendix L: Hurricanes 90

Appendix M: Radiological/Nuclear Event 91

Appendix N: Pandemic Influenza/Infection Control/Isolation 92

Appendix O: Severe Weather/Extreme Temperatures/Winter Storms 93

Appendix P: Wildfire 95

**List of Tables**

[Table 1: Primary and Affiliate/Sister Centers ii](#_Toc480890095)

[Table 2: Exercises Conducted 4](#_Toc480890096)

[Table 3: Individuals Responsible for Emergency Operations Plan Activation 8](#_Toc480890097)

[Table 4: Roles and Responsibilities 9](#_Toc480890098)

[Table 5: Key Personnel and Orders of Succession 11](#_Toc480890099)

[Table 6: Delegations of Authority 12](#_Toc480890100)

[Table 7: Generator Details 16](#_Toc480890101)

[Table 8: Quantities of Potable and Non-Potable Water 18](#_Toc480890102)

[Table 9: Maintenance Activities 19](#_Toc480890103)

[Table 10: Evacuation or Shelter-in-Place Decision Making Chart 20](#_Toc480890104)

[Table 11: Transportation Resources 21](#_Toc480890105)

[Table 12: Evacuation Locations 22](#_Toc480890106)

[Table 13: Mutual Aid Agreements/Memorandum of Understanding 34](#_Toc480890107)

[Table 14: External Contacts 39](#_Toc480890108)

[Table 15: Communication Methods 42](#_Toc480890109)

[Table 16: Internal Center Emergency Intercom Codes 43](#_Toc480890110)

[Attachment 2: Table 1: Employee Emergency Call Back Roster 45](#_Toc480890113)

[Attachment 2: Table 2: Patient Physicians Emergency Call Back Roster 46](#_Toc480890114)

[Attachment 2: Table 3: Volunteers Emergency Call Back Roster 47](#_Toc480890115)

[Attachment 2: Table 4: Contractors Emergency Call Back Roster 48](#_Toc480890116)

[Attachment 2: Table 5: Vendor Contact Information 49](#_Toc480890117)

[Attachment 2: Table 6: Critical Infrastructure Contact Information 50](#_Toc480890118)

[Table 17: Internal Security Assignments 51](#_Toc480890111)

[Table 18: Continuity Centers 65](#_Toc480890112)

* 1. **INTRODUCTION**
     1. **Purpose**

*The Community Mental Health Center (CMHC) must comply with all applicable federal and state emergency preparedness requirements. The CMHC must establish and maintain an emergency preparedness program that meets the requirements of this section.*

*The emergency preparedness program must include, but not be limited to, the following elements:*

*(a) Emergency plan. The CMHC must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually.*

*The plan must do all of the following:*

*(1) Be based on and include a documented, center-based, and community-based risk assessment, utilizing an all hazards approach.*

*(2) Include strategies for addressing emergency events identified by the risk assessment.*

*(3) Address client population, including, but not limited to, the type of services the CMHC has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.*

*(4) Include a process for ensuring cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials’ efforts to ensure an integrated response during a disaster or emergency situation, including documentation of the CMHC’s efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.*

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

* Communications plan
* Continuity of operations plan
* Evacuation maps and floor plans
* Mutual aid agreements
* Organizational charts
* Policies and procedures
* Fire safety plan
* Hazard vulnerability analysis
* Training and exercise plans
* Incident specific appendices
  + 1. **Scope**

The emergency operations plan (EOP) is designed to guide planning and response to a variety of hazards that could threaten the environment of the center or the safety of patients, staff and visitors, or adversely impact the ability of the center to provide healthcare services to the community. The plan is also designed to meet local and state planning requirements.

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

* + 1. **Assumptions**

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

**Planning assumptions:**

* Top five hazards are identified.
* 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.
  1. **ADMINISTRATION**
     1. **Executive Summary**

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

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 during exercises. In the event of a communitywide emergency, the agency’s incident command structure will be integrated into and be consistent with the community command structure. Staff will receive training on the ICS structure and on their roles and responsibilities to ensure they are prepared to meet the needs of patients in an emergency.

* + 1. **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. 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.

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

**Exercises**

The **<Insert name of responsible individual*>*** will test the center’s plan and operational readiness at least annually. The center must participate in a community mock disaster drill at least annually. Also the center must conduct a paper-based, tabletop exercise at least annually (42 CFR 485.920). This is accomplished through exercises in which many planned disaster functions are performed as realistically as possible under simulated disaster conditions.

An after action report/improvement plan (AAR/IP) meeting will be completed within sixty days. Items/gaps identified in the IP will be incorporated into the gaps of the emergency operations plan as soon as it is feasible. The **<Insert position title>** will be responsible for coordinating the exercises, AARs/IPs, and improvement planning.

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

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

**Table 2: Exercises Conducted**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Type of Exercise*** | ***Hazard Exercised*** | ***Date of Exercise*** | ***After Action Report Completed*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* + 1. **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/>

**National Incident Management System (NIMS)**

Federal Emergency Management Agency (FEMA)

<https://www.fema.gov/national-incident-management-system>

**Incident Command System (ICS)**

FEMA

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

**Strategic National Stockpile**

Centers for Disease Control and Prevention

<http://www.cdc.gov/phpr/stockpile/index.htm>[p](http://www.bt.cdc.gov/stockpile/index.asp)

**Mississippi Responder Management System**

Mississippi State Department of Health

<https://signupms.org/index.php>

**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/>

* 1. **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.

**Center and Mississippi State Department of Health County Medical HVAs are located in Attachments 1 and 2 of the Continuity of Operations Annex. A template is available for the center HVA and can be obtained from the Mississippi State Department of Health Regional MEHC Planner. The Medical HVA can also be obtained from the Regional MEHC Planner if center is unable to find on county website.**

**<Insert the top five hazards from center HVA below>**

1.

2.

3.

4.

5.

* 1. **CONCEPT OF OPERATIONS**
     1. **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 center’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 center’s strategies for preparedness>**
* **Response:** Response includes those actions that are taken when a disruption or emergency occurs. It encompasses the activities that address the short-term, direct effects of an incident. Response activities in the healthcare setting can include activating emergency plans and triaging and treating patients who have been affected by an incident. **<Insert center’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, center repairs, organized return of patients into the center, and reconstitution of patient records and other vital information systems. Another key consideration in the recovery and response phases of an incident is the tracking of staff hours, expenses, and damages incurred as a result of the emergency. Detailed records will need to be maintained throughout an emergency to document expenses and damages for possible reimbursement or to properly file insurance claims. **<Insert center’s strategies for recovery>**
  + 1. **Plan Activation**

The emergency operations plan will be activated in response to internal or external threats to the center. Internal threats could include fire, bomb threat, loss of power or other utility disruption, or other incidents that threaten the well-being of patients, staff, and/or the center itself. External threats include events that may not affect the center directly but have the potential to overwhelm center resources or put the center on alert.

**Persons Responsible for Plan Activation**

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

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

The following individuals have the authority to initiate the emergency operations plan (EOP):

**Table 3: Individuals Responsible for Emergency Operations Plan Activation**

|  |  |
| --- | --- |
| Title | Contact Number |
| Primary: |  |
| Backup 1: |  |
| Backup 2: |  |

**Alerting Staff**

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

Staff away from the center 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 center works closely with several external partners **(see Annex A: Communications Plan)**. The **<Insert position title>** will be the individual responsible for contacting these external agencies to notify them that the EOP has been activated.

* 1. **ROLES AND RESPONSIBILITIES**

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

* + 1. **Essential Services**

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

**Table 4: Roles and Responsibilities**

|  |  |  |
| --- | --- | --- |
| ***Essential Services*** | ***Roles and Responsibilities*** | ***Lead Point of Contact*** |
| Administration |  |  |
| Nursing |  |  |
| Business Office |  |  |
| Housekeeping |  |  |
| Pharmacy |  |  |
| (Add additional essential services if needed) |  |  |

* + 1. **Positions**

Identifying and assigning personnel in accordance with the Hospital Incident Command System (HICS) depends a great deal on the size and complexity of the incident. The HICS is designed to be flexible enough so that the number of staff needed to respond to an incident can be easily expanded or contracted. HICS Form No. 203 is used to document and assign staff to HICS specific positions. (See sample HICS forms in Attachment D.)

* 1. **COMMAND AND COORDINATION**
     1. **Command Structure**

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

**Organizational Chart**

Incident Commander

Public Information Officer

Liaison Officer

Safety Officer

Medical/Technical Specialist

*Biological/Infectious Disease*

*Chemical*

*Radiological*

*Clinic Administration*

*Hospital Administration*

*Legal Affairs*

*Risk Management*

*Medical Staff*

*Pediatric*

Operations Section Chief

* **Staging Manager**

Personnel

Vehicle

Equipment/Supply

Medication

* **Medical Care Branch Director**

Inpatient

Outpatient

Casualty Care

Clinical Support Services

Patient Registration

* **Infrastructure Branch Director**

Power/Lighting

Water/Sewer

HVAC

Building/Grounds Damage

Medical Gases

Medical Devices

Environmental Services

Food Services

* **HazMat Branch Director**

Detection and Monitoring

Spill Response

Victim Decontamination

Center/Equipment Interface

* **Security Branch Director**

Access Control

Crowd Control

Traffic Control

Search

Law Enforcement Interface

* **Business Continuity Branch Director**

Information Technology

Service Continuity

Records Preservation

Business Function Relocation

Planning Section Chief

* **Resource Unit Leader**

Personnel Tracking

Material Tracking

* **Situation Unit Leader**

Patient Tracking

Bed Tracking

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

Logistics Sections Chief

* **Service Branch Director**

Communications Unit

IT/IS Unit

Staff Food & Water Unit

* **Support Branch Director**

Employee Health & Well-being Unit

Family Care Unit

Supply Unit

Facilities Unit

Transportation Unit

Labor Pool & Credentialing Unit

Finance/Administration Section Chief

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

**Orders of Succession**

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

**Table 5: Key Personnel and Orders of Succession**

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

**Delegations of Authority**

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

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

**Table 6: Delegations of Authority**

| **Authority** | **Type of Authority** | **Position Holding Authority** | **Triggering Conditions** |
| --- | --- | --- | --- |
| Close center\* | Emergency Authority | Senior Leadership | When conditions make coming to or remaining in the center unsafe |
| Represent center when engaging Government Officials\* | Administrative Authority | Senior Leadership | When the pre-identified is not available |
| Activate center memorandum of understanding/mutual aid agreements\* | Administrative Authority | Senior Leadership | When the pre-identified leadership is not available |
| Add additional authorities as needed\* |  |  |  |

\* Examples

* + 1. **Local Emergency Operations Center Coordination**

This organization will coordinate fully with the **<Insert name of local emergency management agency>**, follow the prescribed Incident Command System, and integrate fully with community agencies in activation for a disaster event or during exercises. In addition, the center will provide the following information: center needs and a list of essential services the center can provide. The center will participate in any county/regional coalition/local emergency planning committee.

* + 1. **Public Health Coordination**

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

* Following disease reporting requirements in the [MSDH List of Reportable Diseases and Conditions PDF.](http://msdh.ms.gov/msdhsite/_static/resources/877.pdf)
* In the event the Emergency Operations Plan is activated by the center, the Mississippi State Department of Health Regional Emergency Response Coordinator shall be notified along with the local emergency management agency. Reference Regional Public Health Emergency Preparedness Map in Annex A: Communications Plan.
* 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 Health Alert Network.
* Participating in any after-action planning as requested from public health officials.

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

* 1. **MANAGEMENT OF STAFF**
     1. **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 the **<Insert reporting location>**. The **<Insert position title>** will delegate assignments based on communication with the center’s command center. Staff will be assigned as needed and provided information outlining their job responsibilities and who they report to.

**<Insert center policy/reference>**

* + 1. **Managing Staff Support Needs**

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

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

* + 1. **Volunteer Needs**

**<Insert or reference center’s policy for credentialing, assigning to tasks, and Just in Time Training.>**

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

* 1. **PATIENT MANAGEMENT IN AN EMERGENCY**
     1. **Patient Scheduling, Triage/Assessment, Treatment, Transfer, and Discharge**

When there is a disaster, the **<Insert position title>** will inform the **<Insert local emergency management agency>** of the ability of the center to render aid and the type of aid.

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

* + 1. **Functional and Access Needs Populations**

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

* 1. **UTILITIES AND SUPPLIES**
     1. **Power**

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

**Table 7: Generator Details**

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

**Generator Failures**

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

If the center’s power distribution system fails and cannot be repaired in a reasonable time period, the **<Insert name and number of local emergency management agency (EMA)>** and theMississippi State Department of Health Public Health Command/Coordination Center at 601-576-8085should be notified. The EMA/ERC will assess if resources are available to provide assistance or if evacuation is necessary.

* + 1. **Water**

**Water for Drinking and Sanitation**

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

**Water Usage**

Estimate water needs under normal operating conditions to determine water needs during a water restriction situation. **<Insert estimated ninety-six hour water usage for center>**. **Reference Table 6-4.1 from the Centers for Disease Control and Prevention Emergency Water Supply Planning Guide.**

**Amount of Water on Hand**

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

**Table 8: 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**
  1. **OTHER CRITICAL UTILITIES**

**Maintenance Activities**

The following table lists other utilities critical for daily operations that should be addressed for maintenance.

**Table 9: Maintenance Activities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **System** | **Primary Personnel** | **24/7 Contact Information** | **Outside of Center** | **24/7 Contact Information** |
| Generators/electric |  |  |  |  |
| Heating, ventilation, and air conditioning |  |  |  |  |
| Water/sewer systems |  |  |  |  |
| Information technology |  |  |  |  |
| List others that apply |  |  |  |  |

* 1. **EVACUATION**
     1. **Decision Making: Evacuate or Shelter-in-Place**

The decision whether to evacuate the center or shelter-in-place will rest with the **<Insert position title(s)>**, whowill be responsible for deciding which action to take and when evacuation or shelter-in-place activities should commence. The decision will be made in consultation with center 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 center, patient acuity, staffing, accessibility to critical supplies, availability of transportation assets for evacuation, and accessibility of possible evacuation destinations. External factors to be considered in making the decision to evacuate or shelter-in-place include: the nature and timing of the event; the location or projected path of the threat such as a flooding incident, ice storm, or hurricane; and the vulnerability of the center to the threat.

The chart below identifies the following hazards **(Include the top five hazards from the internal hazard vulnerability analysis)** that could necessitate the need for the evacuation or shelter-in-place of patients and staff, who is responsible for making the decision, who is to be consulted, the timeline of activities, and factors that should be considered in deciding whether to evacuate or shelter-in-place.

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

**Table 10: 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 storm force winds | Category, track, and speed of storm |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

\*Examples

* + 1. **Transportation Resources**

The **<Insert name of facility>** will identify appropriate resources to assist with transportation of the patient population, staff, supplies and necessary equipment in the event evacuation is necessary. The agency will seek to identify primary and back-up transportation providers (not including county 911 emergency medical service) with suitable vehicles and personnel to ensure adequate resources are available in an emergency and ensure that the vendors or volunteers who will help transport patients and those who receive them at shelters and other facilities are trained on the needs of the chronic, cognitively impaired, and medically fragile population and are knowledgeable on the methods to help minimize transfer trauma.

If these agencies/organizations are not able to provide transportation resources, the **<Insert position title>** will request resources through the **<Insert name of local emergency management agency>**.

**Table 11: Transportation Resources**

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

* + 1. **Evacuation Locations**

If the facility is damaged to the extent that patient care cannot be rendered, or it is determined that evacuation is warranted due to fire, an approaching hurricane, or other hazard, patients may be transported to a receiving facility for temporary care. The farther medically fragile patients must travel, the less safe the evacuation becomes for them. Therefore, the distance traveled must be balanced with the possible harm extended travel may cause.

**Table 12: Evacuation Locations**

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

* + 1. **Patient Records and Maintenance**

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

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

The **<Insert position title>** is responsible for maintaining and transferring patient records during an event. Center patient records may be stored digitally on a computer’s hard drive, on CDs, and/or maintained in hard copy files. Computers will be unplugged, 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) 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 center>** has implemented/is considering scanning critical data/documents. Critical data includes:

* Patient information (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 (contact information)
* Reference center Health Information Portability and Accountability Act Policy
  + 1. **Patient Provisions/Personal Effects**

In an evacuation, provisions for patient care will also be moved with the patient to ensure adequate medical care is maintained throughout the evacuation and care at the receiving center. This will include necessary medications, medical equipment, supplies, staff, and psychological first aid to care for patients. Procedures are in place to ensure patient’s personal effects are also transferred with the patient.

**Describe procedures for ensuring provisions for patient care and transport of personal effects are addressed in an evacuation and identify the staff and/or responsible departments.**

* + 1. **Evacuation Routes**

**Floor plans with evacuation routes are located in Attachment C: Alternate Care Site Evacuation Routes and Center Floor Plans.**

* + 1. **Evacuation Priorities**

**Describe the order of patient evacuation**.

* + 1. **Securing Equipment**

The **<Insert position title>** will be responsible for ensuring center equipment is secure or is safely moved in the event of an evacuation of the center. The center should keep in mind that some medical and diagnostic equipment must be re-calibrated after being moved or disconnected from a power source. Mutual aid agreements with other healthcare centers should be sought and maintained for the sharing of equipment and/or resources in an emergency.

* + 1. **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 center.The **<Insert position title>** will be responsible for coordinating with the **<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.

* 1. **RECOVERY**
     1. **Initiation and Recovery**

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

* + 1. **Protocol**

**List 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 center.
* 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, patient transportation providers, and non-medical transportation providers to restore pre-incident transportation capability and capacity.
* Work with local emergency management service providers and contractors to restore information technology and communication systems.
* Ensure corrective action plans are incorporated into the improvement plan to track for progress. Corrective actions captured in the after action report/improvement plan (AAR/IP) should be tracked and continually reported on until completion. Once all corrective actions have been consolidated in the final IP, the IP may be included as an appendix to the AAR. The AAR/IP is then considered final and may be distributed to exercise planners, participants, and other preparedness stakeholders as appropriate.
  + 1. **Restoration of Services**

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

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

* + 1. **Utility Restoration**

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

* + 1. **Staff/Patient Re-Entry**

The **<Insert position title>** will give approval for the return of staff and patients to the center. The coordination of the return of staff and patients to the center will be the responsibility of the **<Insert position title>**.

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

* + 1. **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.

* + 1. **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 after action report/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 corrective actions are completed within the targeted timeframes.

* 1. **GLOSSARY**

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

**After Action Report (AAR)** - A report that includes observations of an exercise or real event and that makes recommendations for improvements. The purpose of the after action report is to document the overall performance of the organization during the exercise or real event. It will contain a summary of the scenario or events, staff actions, strengths, issues, opportunities for improvement, and best practices.

**Communications Redundancy** - A communications system wherein alternative modes of communication are identified 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.

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

**Decontamination** - The process of making safe by eliminating poisonous or otherwise harmful substances, such as noxious chemicals or radioactive material.

**Delegations of Authority** - Specifies who is authorized to make decisions or act on behalf of center 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 center 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 as a threat and performance-based exercise program that provides doctrine and policy for planning, conducting, and evaluating exercises. HSEEP was developed to enhance and assess terrorism prevention, response, and recovery capabilities at the local, state, and federal levels. HSEEP training courses are free and available online.

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

**Improvement Plan (IP)** - Is used to ensure issues and opportunities for improvement are adequately addressed to improve response capabilities to future events and 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.

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

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

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

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

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

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

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

**Natural Disasters** - The effect of a natural hazard that affects the environment and leads to financial, environmental, and/or human losses.Theseinclude 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 center 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 incident 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 incident 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 center repairs.

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

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

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

**Functional and Access Needs Populations** - Populations with access and functional needs are patients who are pediatric, geriatric, disabled, or have serious chronic conditions or addictions.

* 1. **ACRONYMS**

**AAR** After Action Report

**AHRQ** Agency for Healthcare Research and Quality

**CD** Compact Disc

**COOP** Continuity of Operations Plan

**EOC** Emergency Operations Center

**EOP** Emergency Operations Plan

**ERC** Emergency Response Coordinator

**ESAR-VHP** Emergency System for Advance Registration of Volunteer Health Professionals

**FEMA** Federal Emergency Management Agency

**HICS** Hospital Incident Command System

**HSEEP** Homeland Security Exercise and Evaluation Program

**HVA** Hazard and Vulnerability Analysis

**HVAC** Heating, Ventilation and Air Conditioning

**IC** Incident Command

**ICS** Incident Command System

**IP** Improvement Plan

**IS** Independent Study

**JIC** Joint Information Center

**MAA** Mutual Aid Agreement

**MEHC**  Mississippi Emergency Support Function 8 Healthcare Coalition

**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

**POC** Point of Contact

**PPE** Personal Protective Equipment

**SNS** Strategic National Stockpile

* 1. **ATTACHMENTS**

Attachment A: Training Plan

Attachment B: Mutual Aid Agreements/Memorandum of Understanding

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

Attachment D: Sample Hospital Incident Command System Forms

Attachment E: Affiliated Centers Specific Information

**Attachment A: Training Plan**

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

It is recommended all employees receive specific training during new employee orientation and at least annually on: **<Insert date>**.

* Emergency Preparedness Policies and Procedures

Suggested Training:

* Independent Study (IS)-100.HCb, IS-200.HCa, IS-700 and IS-800:
  + Personnel who will have a direct role in response to an incident will be trained in Incident Command System (ICS)-100 and ICS-200.
* ICS-300 and ICS-400:
  + Personnel who will assume Incident Command positions and/or supervisory roles will be trained in ICS-300 Intermediate ICS for Expanding Incidents and ICS-400 Advanced ICS.
* Psychological First Aid Training
* Public Information Officer Training

**The center should be able to provide documentation of completion of all trainings.**

**National Incident Management System (NIMS)**

Federal Emergency Management Agency (FEMA)

<http://www.training.fema.gov/is/>

**National Incident Management System (NIMS)**

Federal Emergency Management Agency (FEMA)

Implementation for Healthcare Organizations Guidance

<http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/nims-implementation-guide-jan2015.pdf>

**Attachment B: Mutual Aid Agreements/Memorandum of Understanding**

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

**Table 13: Mutual Aid Agreements/Memorandum of Understanding**

|  |  |  |  |
| --- | --- | --- | --- |
| **Centers/Agencies in Agreement** | **Nature of Agreement** | **Expiration Date (if applicable)** | **Date Verified/Point of Contact** |
| Sysco\* | Emergency Food Supply | None |  |
| XYZ center\* | Shelter |  |  |
| Shelters\* |  |  |  |
| Transportation service\* | Transport |  |  |
| Additional MOUs |  |  |  |
|  |  |  |  |

\*Examples

**Attachment C: Alternate Care Site Evacuation Routes and Center Floor Plans**

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

**Attachment D: Sample Hospital Incident Command System Forms**

Hospital Incident Command System (HICS) forms are provided by the Regional MEHC Planner and may be used as guidance for the center.

HICS 203 – Organization Assignment List

HICS 207 – Hospital Incident Management Team Chart

HICS 254 – Disaster Victim/Patient Tracking

HICS 255 – Master Patient Evacuation Tracking

HICS 257 – Resource Accounting Record

HICS 260 – Patient Evacuation Tracking Form

**Attachment E: Affiliated Centers Specific Information**

This attachment should include the following location specific information:

* Table 2: Exercises Conducted
* Table 3: Individuals Responsible for Emergency Operations Plan Activation
* Table 4: Roles and Responsibilities
* Table 6: Delegations of Authority
* List of Top Five Hazards from Center Hazard Vulnerability Analysis
* Center Floor Plan
* Table 12: External Contacts
* Attachment 2: Table 1: Employee Emergency Call Back Roster
* Attachment 2: Table 6: Critical Infrastructure Contact Information
* Center Hazard Vulnerability Analysis
* The Mississippi State Department of Health County Medical Hazard Vulnerability Analysis
  1. **ANNEXES**

Annex A: Communications Plan

Annex B: Safety and Security

Annex C: Strategic National Stockpile

Annex D: Continuity of Operations

Annex E: Mississippi Responder Management System and Volunteer Information

**Annex A: Communications Plan**

**<Reference/insert communications policy>**

**Internal Communication**

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

**Communication with Response Partners**

Thecenter’s liaison **<Insert name>** will provide updates to external organizations within **<Indicate time interval>**. To communicate with external agencies, the center will use **<Insert external communication system (e.g., phone tree, radio, media)>**.

**Table 14: External Contacts**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agency** | **Purpose for Contact** | **Contact Name/Title** | **Phone** | **Alternate Contact Info** |
| Fire |  |  |  |  |
| Emergency Medical Services |  |  |  |  |
| Emergency Management Agency |  |  |  |  |
| Police Department |  |  |  |  |
| Sheriff |  |  |  |  |
| Coroner |  |  |  |  |
| Other such as Regional MEHC Planner, Regional Emergency Response Coordinator |  |  |  |  |
| Other Healthcare facilities with MOUs |  |  |  |  |
| Epidemiology (hotline number) |  |  |  |  |
| Surrounding Hospitals |  |  |  |  |
| Sister Centers |  |  |  |  |

**Attachment 1: Mississippi State Department of Health Regional Public Health Emergency Preparedness Map**

**<Insert current Mississippi State Department of Health Regional Public Health Emergency Preparedness Map provided by Regional MEHC 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 response, the **<Insert position title (e.g., Public Information Officer)>**will coordinate with them to form a Joint Information Center (JIC). The information that will go out to the community will come from the JIC as a single, consistent, and unified message from all of the affected agencies.

**Communication with Patients and Families**

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

**Communication with Vendors of Essential Supplies, Services, and Equipment**

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

**Communication with Other Healthcare Organizations**

The center 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:

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

**Communication about Patients to Third Parties**

**<Reference center Health Insurance Portability and Accountability Act Plan/Policy)>**

**Backup Communications Redundancy and Equipment**

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

**Table 15: Communication Methods**

|  |  |  |  |
| --- | --- | --- | --- |
| **Internal/External** | **Primary** | **Alternate** | **Testing** |
| Internal\* | Telephone\* | Runner\* |  |
| External\* | Telephone\* | Cell phone\* |  |
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\*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 16: Internal Center Emergency Intercom Codes**

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| **Code** | **Emergency/Threat** |
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**Attachment 2: Emergency Call Lists**

Table 1: Employee Emergency Call Back Roster

Table 2: Patient Physicians Emergency Call Back Roster

Table 3: Volunteers Emergency Call Back Roster

Table 4: Contractors Emergency Call Back Roster

Table 5: Vendor Contact Information

Table 6: Critical Infrastructure Contact Information

**Attachment 2: Table 1: Employee Emergency Call Back Roster**

**<Insert Date> (Indicate Location)**

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| --- | --- | --- | --- | --- |
| **Name** | **Department** | **Phone** | **Email Address** | **Emergency Staffing Role** |
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**Attachment 2: Table 2: Patient Physicians Emergency Call Back Roster**

**<Insert Date> (Indicate Location)**

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| --- | --- | --- | --- | --- |
| **Name** | **Department** | **Phone** | **Alternate Phone** | **Email Address** |
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**Attachment 2: Table 3: Volunteers Emergency Call Back Roster**

**<Insert Date> (Indicate Location)**

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| --- | --- | --- | --- | --- |
| **Name** | **Department** | **Phone** | **Email Address** | **Emergency Staffing Role** |
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**Attachment 2: Table 4: Contractors Emergency Call Back Roster**

**<Insert Date> (Indicate Location)**

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| --- | --- | --- | --- | --- |
| **Company Name** | **Contact Name** | **Phone** | **Alternate Phone** | **Email Address** |
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**Attachment 2: Table 5: Vendor Contact Information**

**<Insert Date> (Indicate Location)**

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| --- | --- | --- | --- | --- |
| **Vendor** | **Contact** | **Phone** | **Supply/Resource** | **Mississippi Emergency Access Program: Yes or No** |
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**Attachment 2: Table 6: Critical Infrastructure Contact Information**

**<Insert Date> (Indicate Location)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Supply/Resource** | **Vendor** | **Contact** | **Phone** | **Email Address** |
| Water |  |  |  |  |
| Electricity |  |  |  |  |
| Gas |  |  |  |  |
| Telephone |  |  |  |  |
| Internet |  |  |  |  |
| Voice Over Internet Protocol Vendor |  |  |  |  |
| Transportation |  |  |  |  |
| Mental health |  |  |  |  |
| Employee assistance program |  |  |  |  |
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**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 17: Internal Security Assignments**

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

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

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

**Controlling Movement within the Center**

Movement of people will be restricted based on consultation with the center’s command/coordination center and the exact nature of the emergency. Those individuals with center identification badges and temporary identification (volunteers, etc.) will be allowed access throughout the center to perform their duties. Any visitors, patients, and family members will be restricted to their units unless treatment is required. If this is the case, a center staff member will escort the patient to their destination. The Incident Commander, in conjunction with the Operations Section Chief and Security Branch Manager, can alter the flow of non-staff traffic as deemed necessary throughout the event.

**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 may 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 disaster that is so severe that local and state resources are inadequate or become overwhelmed. If such an event should affect this community, the **<Insert name of center>** may need to utilize SNS resources to treat patients and/or to provide prophylaxis to both patients and center 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, state, and federal 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 the MSDH.

**Planning for mass prophylaxis of center staff:**

The first step in coordinating this planning is to register with the state by completing the SNS and Pandemic Influenza Programs Provider Enrollment MSDH Form No. 255E. This form will be submitted to the MSDH Regional Emergency Preparedness Nurse **<Insert the date of submission>.** If not, this form can be obtained by selecting Strategic National Stockpile on the MSDH website at [www.healthyMS.com](http://www.healthyMS.com) or from any regional 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](http://www.healthyMS.com)) are to be used by healthcare personnel in the distribution of medications from the SNS. The **<Insert position title>** will work with the Mississippi State Department of Health (MSDH) to coordinate planning and training of staff for possible Strategic National Stockpile (SNS) activation. The MSDH point of contact for the **<Insert name of center>** SNS planning is the MSDH Regional Emergency Preparedness Nurse, **<Insert contact phone number>**.

The MSDH also requires a coordinating physician/pharmacist to be identified from the center to oversee the dispensing of medications and/or administration of vaccine(s). The coordinating 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 the **<Insert name of center>** is **<Insert name of coordinating physician/pharmacist>**.

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

The MSDH does not require completion of the provider enrollment form for healthcare facilities to receive SNS assets for the treatment of ill persons.

* The MSDH will need case count, epidemiologic intelligence, and inventory information from treatment centers to support strategic decisions.

* The 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 center>** encounters a situation where patient demand is anticipated to exceed available resources, the **<Insert position title>** of the healthcare center should communicate this to the **<Insert name of local emergency management agency>**.If local and regional resources are not sufficient to supply the increased demand, the request will be forwarded by the local emergency management agency to the Mississippi Emergency Management Agency at the State Emergency Operations Center which will assess the situation. If indicated by the event, the MSDH will request the SNS assets from the Centers for Disease Control and Prevention.

**The healthcare center 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 the Mississippi State Department of Health (MSDH) of up-to-date information on case count, epidemiologic intelligence, and inventory information from treatment centers to support strategic decisions.
* Provision to the 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 centerwill coordinate with the 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 center>** might be asked to pick up SNS supplies from a health department point of distribution site or another drop site in the county/city. If so, the **<Insert name of center>** will need to provide the 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 center>** 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 center must notify the MSDH 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 center:

* 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 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 center should ensure plans include how to off-load by hand.

Healthcare representative pick-up from a predetermined health department point of distribution 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 Mississippi State Department of Health (MSDH) SNS Plan or provided by the MSDH with the vaccine. These algorithms will be provided to the **<Insert name of center>** in the SNS supplies received and through the MSDH guidance issued to healthcare facilities and medical providers. The **<Insert position title>** coordinating at the healthcare center will oversee the distribution of SNS medications to patients. The **<Insert** **position title>** of the healthcare center will coordinate the distribution of the SNS medications to staff and their families.

Health information forms provided by the 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 the MSDH within forty-eight hours for patient tracking. The **<Insert** **position title>** of the healthcare center will coordinate the collection of these documents and ensure they are received by the MSDH within the proper timeframe.

The **<Insert name of center>** 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 [**MSDH SNS Plan**](http://msdh.ms.gov/msdhsite/_static/resources/1136.pdf). 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 the 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 center’s standard medical administration record, which is standard medical practice, not a stipulation of distribution of the SNS.

Healthcare centers:

* 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.

A copy of the standing orders, algorithms and health information forms can be found in the [**MSDH SNS Plan**](http://msdh.ms.gov/msdhsite/_static/resources/1136.pdf).

**Security**

Heightened security measures may be needed as a result of the events leading up to activation of Strategic National Stockpile (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 center>** are secure and to reduce any unnecessary risk to staff transporting or dispensing the medications. The **<Insert name of center>** will take appropriate measures to coordinate security at the center.

**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.**

Ensure **<Insert name of responsible individual>** documents dispensing activity in the Administration Section of Table 2.

*The SNS is a voluntary program. Please note: at any time, a center may elect to participate.*

**Public Information**

During SNS activation, the Mississippi State Department of Health (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 distribution 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 the **<Insert name of center>** should be consistent with the message issued by the state to avoid confusion and panic in the general public. The **<Insert name of center>** should coordinate any information released to the public with the local emergency operations center and/or joint information center.

**Demobilization**

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

Within a week of demobilization of SNS operations, the **<Insert name of center>** 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 center’s SNS Annex. The **<Insert** **position title>** of the healthcare center will update and revise plans accordingly and cooperate with the MSDH in any after-action planning discussions or meetings.

**References**

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

<http://msdh.ms.gov/msdhsite/_static/44,0,122,154.html>

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

Centers for Disease Control and Prevention, Strategic National Stockpile website:

<http://www.cdc.gov/phpr/stockpile/>

**Strategic National Stockpile Planning Checklist for Centers**

| **Strategic National Stockpile Planning Checklist for Centers** |
| --- |
| **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 Post Office Boxes):** |
| **Describe the center’s plan to receive shipments after normal work hours (after 8 a.m. to 5 p.m.):** |
| **Describe the center’s plan to receive/unload materials if shipped directly to the center:** |
| **Describe the center’s plan if materials must be picked up and transported from a staged location in the county/city:** |
| **Describe the center’s plan to store Strategic National Stockpile materials at appropriate temperature/storage requirements:** |
| ***\*\*If shipments are requested, facilities could be responsible for costs of returning shipments to the Mississippi State Department of Health. A documentation of the understanding that persons cannot be charged or billed for supplies received from the Strategic National Stockpile (SNS) (state or federal) must be completed at the time of receiving SNS materials.\*\**** |
| **Describe the center’s security plan:** |
| **Describe/insert center’s dispensing plan.** |

**Attachment 1: Closed Point Of Distribution Form**

**<Insert closed point of distribution form provided by Regional MEHC 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 this organization’s ability to provide the healthcare functions that patients and the community depend on. Therefore, it is vitally important to have plans in place to be able to continue to perform mission-essential functions and protect vital information in the event that the organization is faced with a situation that could disrupt operations. Continuity of operations (COOP) planning addresses three possible types of disruption to an organization:

* Denial of access to a center (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 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 (mitigation and preparedness).
* 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 information technology systems, this would include measures to protect equipment and critical information such as backup power, firewalls, virus protection, password protection of files, and data redundancy.

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

**Continuity of Operations Execution**

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

**Reconstitution**

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

**Continuity Elements**

During an emergency, continuing operation of essential functions is imperative. In order to more efficiently 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 inAttachments 1 and 2 of this Annex.

**Continuity Centers**

The **<insert name of center>** has identified continuity centers to conduct business and/or provide clinical care to maintain essential functions when the original property, host center, or contracted arrangement where the center 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 18: Continuity Centers**

|  |  |  |  |
| --- | --- | --- | --- |
| **Continuity Center** | **Type of Center** | **Location of Center** | **Accommodations** |
| ABC Hospital\* | Devolution Site | 1234 Medical Center Drive, Niceville | Identified meeting rooms with telephones, internet access, ham radio access, satellite radio access, 2 desktop computers, laptop connectivity |
| County Emergency Operations Center\* | 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, laptop connectivity |
| Home Telework\* | Devolution Site | Home of Record Center Leadership | Telephones, internet access, no ham radio, no satellite phone, desktop computers, laptop connectivity |

\*Examples

**Continuity Communications**

The **<Insert name of center>** 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 center has established communication requirements that address the following factors:

* Centers possess, operate, and maintain, or have dedicated access to communication capabilities at their primary centers, off-sites, and pre-identified alternate care sites.
* Center leadership and members possess mobile, in-transit communications capabilities to ensure continuation of incident specific communications between leadership and partner emergency response points of contact.
* Centers have signed agreements with other pre-identified alternate care sites to ensure they have adequate access to communication resources.
* Centers 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 thirty days following the event.

**Essential Records Management**

The **<Insert name of center>** 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 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 center>** devolution option requires the transition of roles and responsibilities for performance of center essential functions through pre-authorized delegations of authority and responsibility. The authorities are delegated from center leadership to other representatives in order to sustain essential functions for an extended period. The devolution option will be triggered when one or more center 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 center activities will do so until termination of devolution option.

**Sample Mission Essential Functions**

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

* Laboratory Services
* Health Information Technology
* Central Supply
* Human Resources
* Pharmacy Services
* Public Relations
* 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** |  |
| **Backup 3** | |
| **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 emergency information technology service plan? If so, explain:** |
|  |
| **Describe how the organization plans to minimize service interruptions as a result of necessary scheduled downtime:** |
|  |
| **Describe the contingency plans that are in place for managing unscheduled operational interruptions:** |
|  |
| **Describe how end-users are trained in executing downtime plans/procedures:** |
|  |
| **Describe how data will be retrieved (whether stored on external hardware, the operating system, or as backed up data) in the event of an operational interruption:** |
|  |
| **Describe the process by which data will be entered into the system as soon as it is restored following an outage or disruption:** |
|  |

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

The chart below identifies critical information technology (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** |
| Inventory management |  |  |  |  |
| Patient management |  |  |  |  |
| Communications systems |  |  |  |  |
| Heating, ventilation, and air conditioning |  |  |  |  |
| Security systems |  |  |  |  |
| Other |  |  |  |  |
|  |  |  |  |  |
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**Attachment 1: Center Hazard Vulnerability Analysis**

The hazard vulnerability analysis (HVA) must be completed before the center emergency operations plan is submitted.

**<Insert center HVA>**

Note: If center does not have an HVA template, a template may be obtained from the Regional MEHC Planner.

**Attachment 2: Mississippi State Department of Health County Medical Hazard Vulnerability Analysis**

**<Insert or reference location of the Mississippi State Department of Health County Medical Hazard Vulnerability Analysis>**

Note: If unable to locate the county Medical Hazard Vulnerability Analysis on your county’s website, you may contact your Regional MEHC Planner for assistance.

**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.

**Operations**

Health professionals and others interested in participating in the program should visit the MRMS website at [https://signupms.org](https://signupms.org/index.php).

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

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

**Volunteer Benefits**

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 center experiences staffing shortages and/or patient surge conditions due to a disaster situation, a representative of the healthcare center 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, location, and the estimated number of days the assistance will be required.
* From the local emergency management agency, the request will be channeled to the State Emergency Operations Center to the Mississippi State Department of Health where public health officials will use MRMS 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. Information will be provided regarding the event (including where to report) and the opportunity to accept or decline service as a volunteer will be given.
* The requesting healthcare center will be provided with an update from the state regarding the status of the request, including the number of volunteers responding and estimated date and time of arrival.



**Liability Protections for Volunteers**

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

An unpaid volunteer acting on behalf of the Mississippi State Department of Health 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](https://signupms.org/index.php)

“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

* 1. **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: Nuclear/Radioactive Event

Appendix N: Pandemic Influenza/Infection Control/Isolation

Appendix O: Severe Weather/Extreme Temperatures/Winter Storms

Appendix P: Wildfire

**Appendix A: Active Shooter**

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

**Include the organizational plan for an active shooter event.**

**Planning considerations:**

* Contacting response partners
* Intercom codes
* Center lockdown policy
* Center “go box” (map of center, keys, etc.)

**Links:**

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

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

**Appendix B: Biological Event**

A biological event, either natural or manmade, is the 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:**

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

**Links:**

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

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

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

[The Mississippi State Department of Health Strategic National Stockpile Plan](http://msdh.ms.gov/msdhsite/_static/resources/1136.pdf)

**Appendix C: Bomb Threat**

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

**Include the organizational plan for a bomb threat.**

**Planning considerations:**

* Contacting response partners
* Intercom codes
* Bomb threat call checklist
* Center lockdown policy
* Evacuation decision maker(s) with contact information
* Evacuation plan/procedures with meeting locations identified
* Search procedures for each department
* Train staff on awareness of suspicious packages

**Link:**

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

**Appendix D: Chemical Event**

A chemical event is the intentional use of toxic chemicals to inflict mass casualties and mayhem on an unsuspecting 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 unintentional explosion of an industrial chemical factory, a tanker car, or a transport truck in proximity to a civilian residential community, school, or worksite.

**Include the organizational plan for a chemical event.**

**Planning efforts need to be made for these specific chemical attacks: blister agent, toxic industrial chemicals, nerve agent, and chlorine tank explosion.**

**Planning considerations:**

* Contacting response partners
* Intercom codes
* Shut down heating, ventilation, and air conditioning
* Decontamination plan/procedures

**Links:**

<https://chemm.nlm.nih.gov/chempack.htm>

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

**Appendix E: Cyber Attack**

Cyber security involves protecting infrastructure by preventing, detecting, and responding to cyber incidents. Unlike physical threats that prompt immediate action - like 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.phe.gov/Preparedness/planning/cip/Documents/cybersecurity-checklist.pdf>

**Appendix F: Earthquake**

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

**Include the organizational plan for an earthquake.**

**Planning considerations:**

* Contacting response partners
* Evacuation plan/procedure with meeting locations identified
* Procedures for utility shut down
* Medical surge (if applicable)
* Mass fatality and casualty

**Links:**

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

<http://www.ready.gov/earthquakes>

**Appendix G: Explosive Event**

An unintentional explosion can result from a gas leak in the presence of an ignition source. These leaks/explosions can occur in building’s gas lines, infrastructure pipelines, or during 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 IED.**

**Planning considerations:**

* Contacting 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 plan/procedures with meeting locations identified
* Fire extinguishers (types, location, and training)
* Smoke detector locations
* Sprinkler systems
* Disaster Resiliency and National Fire Protection Association (NFPA) Codes and Standards Refer to the NFPA Standards in NFPA 101 Life Safety Code, and NFPA 1600, Disaster/Emergency Management and Business Continuity Programs

**Links:**

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

<http://www.ready.gov/explosions>

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

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

**Appendix H: Extended Power Outages**

Extended loss of electrical services can be fatal for a medically fragile population in a healthcare center. 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:**

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

**Links:**

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

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

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

**Appendix I: Fire**

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

**Include the organizational plan for fire.**

**Planning considerations:**

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

**Links:**

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

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

**Appendix J: Floods**

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

**Include the organizational plan for floods.**

**Planning considerations:**

* Contacting response partners
* Intercom codes
* Internal and external flooding
* Shut down power to affected area(s)
* Evacuation plan/procedures with meeting locations identified
* Monitor weather, radio, and media outlets

**Links:**

<http://www.ready.gov/floods>

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

**Appendix K: Hazardous Materials 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:**

* Contacting 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 plan/procedures with meeting locations identified
* Identify exposure procedures
* Infection control plan

**Links:**

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

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

**Appendix L: Hurricanes**

A tropical cyclone, also called a hurricane depending on its location and strength, is a storm system characterized by winds reaching a constant speed of at least seventy-four miles per hour and possibly exceeding two hundred miles per hour. On average, a hurricane’s spiral clouds cover an area several hundred miles in diameter. The spirals are heavy cloud bands from which torrential rains fall. 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 may impact inland regions many miles from the coast.

**Include the organizational plan for tropical cyclones.**

**Planning considerations:**

* Contacting response partners
* Storm surge zones
* Hurricane evacuation routes
* Evaluation of patients for discharge/transfer
* Evacuation plan/procedures
* Transfer agreements and transportation
* Staffing needs
* Section 7: Resources and Assets
* Section 10: Utilities and Supplies
* Shelter in place plan (if applicable)
* Monitor weather radio and media outlets
* Influx of patients
* Reference severe weather plan

**Links:**

<http://www.ready.gov/hurricanes>

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

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

**Appendix M: Radiological/Nuclear 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 center 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:**

* Contacting response partners
* Intercom codes
* Proximity to nuclear center (plume projections)
* Evacuation plan/procedures with meeting locations identified
* Identify exposure procedures
* Decontamination plan
* Identify necessary emergency actions to save lives and protect the staff
* Nuclear medicine

**Links:**

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

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

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

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

**Appendix N: Pandemic Influenza/Infection Control/Isolation**

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

**Include the organizational plan for pandemic influenza/infection control/isolation.**

**Planning considerations:**

* Contacting response partners
* Infection control plan
* Isolation plan
* Immunization policy
* Preventative measures (personal protective equipment, hand sanitizer, etc.)
* Staff absenteeism due to illness

**Links:**

<http://www.flu.gov/>

<http://www.ready.gov/pandemic>

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

[The Mississippi State Department of Health Strategic National Stockpile Plan](http://msdh.ms.gov/msdhsite/_static/resources/1136.pdf)

[The Mississippi State Department of Health List of Reportable Diseases and Conditions PDF](http://msdh.ms.gov/msdhsite/_static/resources/877.pdf)

**Appendix O: Severe Weather/Extreme Temperatures/Winter Storms**

**Severe Weather**

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

**Extreme Temperatures**

The loss of the heating, ventilation, and air conditioning (HVAC) system in a healthcare center is a serious technological failure, under certain conditions. During times of extreme weather, such as a frigid winter or unusually 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 center may find itself completely on its own for several days.

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

**Planning considerations:**

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

**Links:**

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

<http://www.ready.gov/tornadoes>

<http://www.ready.gov/heat>

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

**Appendix P: 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:**

* Contacting response partners
* Intercom codes
* Shut down heating, ventilation, and air conditioning
* Close doors and windows
* Smoke (inhalation, visibility)
* Evacuation plan/procedures 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>