Riverbend City Medical Center
Emergency Management Plan

Objectives and Background
Riverbend City Medical Center (RCMC) has developed and implemented an emergency management program designed to:

- Prevent or lessen the impact that a disaster may have on the institution and the community (mitigation).
- Identify resources essential to disaster response and recovery and facilitate their access and utilization. (preparedness).
- Prepare staff to respond effectively to disasters or emergency situations that affect the environment of care (response) and test response mechanisms.
- Plan processes for reestablishing operations after the incident (recovery).

Scope
This plan is designed to outline the basic infrastructure and operating procedures utilized to mitigate, prepare for, respond to, and recover from emergency situations that tax the routine operating capabilities of the medical center.

For planning purposes, the current hazard vulnerability analysis is included as an appendix. This plan covers all hospital facilities and areas and its comprehensive implementation is the responsibility of all hospital personnel.

Framework and Planning
The Hospital recognizes that success of emergency response activities is due to an integrated effort by all functional areas of the Hospital and certain external agencies. In order to ensure coordination of Hospital and community resources allocated to the disaster response effort, the Hospital utilizes the Hospital Emergency Incident Command System (HEICS) and establishes a command center, if warranted by the specific situation.

The primary purpose of the incident command system is provide administrative coordination and support for all Hospital resources allocated to the response effort and to establish effective communication and coordination with external agencies that may assist in the response effort. All local acute care hospitals have adopted the HEICS. HEICS facilitates a flexible, “all hazards” approach to emergency management that can be adapted to respond to a variety of emergencies. The Emergency Management Subcommittee recognizes, however, that certain emergency situations are more likely to occur or to have an adverse impact on the hospital or the community. Therefore, as a part of its mitigation and preparedness activities, RCMC conducts an annual hazard vulnerability analysis, designed to:

- Identify emergency situations that could occur in this environment.
- Assess their potential impact on the institution and the community.
• Assess the hospital’s preparedness to respond to and recover from them.
• The hazard vulnerability analysis is used to assess the hospital’s current emergency management activities and to identify necessary changes, additional planning activities, and specific exercise scenarios.

Because RCMC is a Level 1 trauma center and a primary receiving hospital for acute and critical disaster victims, program and contingency plan priorities have been developed in consultation with:

• Hennsey County Healthcare Emergency Planning Committee (HCHEP).
• Hennsey County Division of Environmental and Emergency Management (DEEM).
• State Hospital Association Emergency Planning Committee.
• State Bioterrorism Planning Committee.
• and other state, regional, and local planning bodies.

The Emergency Management Subcommittee reviews and references the Hennsey County hazard vulnerability analysis when conducting the analysis for the Hospital.

Contingency plans, developed as the result of a hazard vulnerability analysis, are designed to guide personnel in the initial stages of specific emergency situations that may seriously overtax or threaten to overtax the routine capabilities of the Hospital. If an emergency situation warrants, the Hospital Emergency Incident Command System (HEICS) will be activated and a command center will be established to coordinate and sustain response efforts.

The basic framework and specific contingency plans have been submitted to DEEM to become a part of the Hennsey County Metropolitan Medical Response System (MMRS), Chemical Stockpiling Emergency Preparedness Program (CSEPP) plan, domestic preparedness (WMD) plan, and the city-county’s general emergency operations plan (EOP).

The Hospital currently has contingency plans in place to guide initial response to:

• Mass Casualty Incidents (Medical and Trauma)
• Bomb Threats
• Hostage situations
• Civil disturbances
• Hazard Materials Incidents (including chemical and radiation emergencies)
• Biological Terrorism
• Tornado Warning
• Infant Abduction
• Fire
• Evacuation
• Shelter-in-Place
• Severe Winter Weather
• Mutual Aid/Alternative Care Site
Through the 2008 hazard vulnerability analysis, the Emergency Management Subcommittee identified the following as:

- Posing the greatest risk, based on the probability of occurrence:
  - Tornado.
  - Bomb Threat.
  - Civil Disturbance.
  - Mass Casualty Incident (Medical or Trauma).
  - Fire Alarm Failure.
  - Large Internal HazMat Spill.

- Posing significant risk, based on potential impact and the hospital or community’s low level of preparedness:
  - Mass Casualty HazMat Incident.
  - Earthquake.
  - Chemical Terrorism.
  - External Flood.
  - Communications Failure.
  - Fire.
  - Infectious Disease Outbreak.

In addition, the Hospital has worked with the state bioterrorism committee, the State Hospital Association (SHA), the Hennsey County Healthcare Emergency Planning Committee (HCHEP), the Division of Environmental and Emergency Management (DEEM), and area/regional hospitals to establish state-wide mutual aid compacts and individual mutual aid agreements. The corresponding mutual aid plans are activated if RCMC or another area facility must be evacuated due to an emergency situation that affects the environment of care or needs additional resources in order to remain operational during emergency response.

**Emergency Operating Procedures**

In emergency situations, certain standing policies and procedures of the Hospital and rules and regulations of the Medical Staff may be waived by the Incident Commander, the Medical Care Director, or other first-tier incident command center staff to ensure that essential patient care can be rendered and that the facility can be secured.

For example, under normal circumstances, the individual patient receives the highest quality medical care that the Hospital is capable of providing. In an emergency situation that involves a mass influx of acute and critically injured patients, the philosophy may change to provide the best available medical care for the greatest number of patients.

**Roles of Key Personnel Assigned Under HEICS**

The Hospital utilizes the Hospital Emergency Incident Command System (HEICS) to coordinate essential services and assign basic responsibilities during disaster response.

This system is flexible and allows the Hospital to activate and organize a command structure based on the response needs of the actual event. In most cases, Hospital Administrators and other key staff will assume disaster response responsibilities consistent with their primary responsibilities.
The basic HEICS structure, utilized at RCMC and adopted through the HCHEP for use in other area hospitals, follows:

• **Incident Commander**—The Administrator-on-call or the Hospital Operations Administrator (HOA) assumes the role of incident commander. After consultation with other Command Center staff, the Administrator-on-call or HOA may relinquish responsibility to another administrator, if appropriate. The incident commander organizes and directs the Command Center and provides overall direction for hospital operations.

To ensure appropriate coordination and documentation of disaster response activities, the incident commander may assign the following functions to members of the Administrative or Support staffs.

• **Safety Officer**—Identifies and takes steps to mitigate factors that may affect the safety of Hospital responders.

• **Liaison Officer**—Establishes contact and works with external agencies responding to the disaster.

• **Public Information Officer**—Establishes a public information center away from the Command Center and provides official information to the media. The Public Information Officer will coordinate release of patient information with the Command Center.

• **Security Officer**—Organizes and enforces scene/facility security by restricting building and grounds access and directing traffic.

• **Operations Chief**—Organizes and directs activities to ensure that the goals and assignments of the Command Center are carried out and that all necessary patient care and support functions are appropriately staffed.

• **Logistics Chief**—Organizes and directs maintenance and supply operations to ensure that patient care and support services have the supplies, equipment, and utilities necessary to perform essential functions.

• **Finance Chief**—Tracks expenditures for cost recovery and to ensure that funds can be allocated for special purchases essential to disaster response.

• **Planning Chief**—Develops and presents an action plan for sustaining operations given the disaster scenario at 4, 8, 24, and 48 hours from the time of the incident. Various associate hospital directors have been trained to assume this role.
**Administrative Assistants** will work with assigned administrators to:

- answer Command Center telephone lines.
- document actions taken during disaster response.
- act as runners.
- assume other duties as assigned.

**Staff Roles**

During a disaster situation, all Hospital personnel are considered essential to the operation of the Hospital.

The HEICS allows for easy expansion of the basic incident command structure to include additional personnel assignments designed to accommodate the needs of specific disaster situations. Designated staff has been assigned to fill HEICS positions and trained to assume these roles.

The contingency plans establish and outline the role of some employees during specific emergency situations. In some emergencies, the Hospital may establish a personnel pool to supplement or staff essential response or operating functions. In those situations, employees may be assigned responsibilities commiserate with their abilities but outside their normal job responsibilities.

**Identification of Hospital Personnel**

All Hospital employees are required to wear their medical center identification badges during disaster response activities. Employees who report to the Hospital for disaster response and are not wearing their ID badges may be issued a temporary badge by Medical Center Security, once their identities and role in the response effort has been verified.
Emergency Credentialing

In circumstances in which the emergency management plan has been activated and additional healthcare professionals are required to meet response need, the chief executive officer of the RCMC, chief of staff or their designee(s) may grant emergency privileges. This would include but not be limited to physicians, nurses, dentists, and allied health professionals.

The chief executive officer, chief of staff or their designee(s) will verify the license in following manner:

- A current copy of the pocket Medical License and current valid driver's license or photo ID.
- A hospital picture ID.
- State Medical Licensure Board web site if access is available.
- State Medical Directory.
- ID that certifies the individual is a member of a Disaster Medical Assistance Team (DMAT).
- ID that certifies a state, federal, or municipal entity has granted the individual the authority to administer patient care under emergency circumstances.
- Presentation by a current hospital or medical staff member who can vouch for the individual’s identity.

The responsible individual is not required to grant privileges to any individual and is expected to make such decisions on a case-by-case basis at his or her discretion. The licensed independent practitioner (LIPs) granted emergency privileges would have privileges within his/her own specialty. They will be assigned to a specific unit relating to their specialty. They will report to that unit supervisor or designee(s) under the incident command structure for patient care assignments and supervision.

Volunteer healthcare professionals will be granted privileges only for the duration of the emergency; once the situation is under control their emergency privileges will expire at the discretion of the chief executive officer, chief of staff or their designee.

The Hospital will establish a credentialing center to process volunteers in the Graduate Medical Education Office.

Staff and Family Support

Because all Medical Center personnel are considered essential during emergency response situation, the Hospital recognizes its responsibility to provide meals, rest periods, psychological, and other personnel support. In addition, the Hospital recognizes that providing support, such as communication services and dependent care, to employees’ families during emergency situations allows employees to respond in support of the essential functions of the Hospital.

The Operations Chief, working through the Human Resources Director and his/her unit leaders will initiate support programs and activities, based on the demands of the specific emergency. Contingency plans for specific needs that can be anticipated have been established and tested during drills or actual plan implementations. These include, but are not limited to:

- Emergency child care
- Emergency transportation
- Staff/family lodging and meals
- Psychological and bereavement counseling
- Staff/family prophylaxis or immunization

**Initiating Emergency Response and Notifying Staff**

The Hennsey County Government has implemented City Watch, a reverse 911 system, that has the capability to notify hospitals and other area responders simultaneously when a threatening situation arises or a disaster occurs. Under this system or other alternative systems, RCMC and other area acute care hospitals will be notified when weather or another emergency threatens the local area.

If an emergency situation affects the operation of the facility, the employee who discovers the situation will report it to his/her supervisor immediately. The supervisor will notify the Hospital Administrator. If appropriate after consultation with key personnel, the Hospital Administrator will initiate the plan and notify the paging operator to issue an overhead or group page and instructions. Essential off-duty staff will be notified by activating departmental call lists.

**Notifying External Agencies**

Whenever a situation adversely affects the Hospital’s ability to provide services to the community, the Hospital notifies appropriate authorities and city-county agencies and coordinates mutual aid and other response activities through the county Emergency Operations Center (EOC), if appropriate, or directly with receiving hospitals.

The HOA or Administrator-on-call, functioning as the incident commander, will work with Medical Center Security Dispatch or Physical Plant Dispatch to make initial notification to external authorities, if necessary.

Once the incident command system has been initiated, the Liaison Officer will establish and maintain necessary communication with external agencies and authorities.

**Hospital Communication During Emergency Response**

The Hospital will use established communication channels (i.e., telephone, overhead page, digital pagers, 2-way radios) whenever possible, to communicate vital information during a disaster. If established communication channels are unavailable, the Command Center will establish a 2-way radio relay or runner/courier system to communicate vital information throughout the Hospital. Through the MMRS, local Amateur radio operators have been assigned to each acute care hospital to provide an alternative communication system between and among the hospitals, the scene commander, the community emergency operations center (EOC) and other external agencies. In most cases, the radio operator assigned to RCMC will operate out of the command center.

The Hospital has an established alternative communication policy, HP 10-17, that outlines problem identification and reporting, user notification, and interim procedures for primary communication systems.
**Alternative Sources of Utilities**

The Hospital has established alternative sources of essential utilities to meet the needs of patient care and essential support functions during an internal disaster.

- Generators will supply emergency power to patient care and other critical areas during a power outage. (See Contingency Plan for Power Outage, this document, and Utilities Management Plan.)
- Vendors will supply water to the Hospital during emergency situations. (See PPD Emergency Preparedness Plan.)
- Medical gas will be supplied by cylinders.

For more detailed information, see Utilities Management Plan.

**Emergency Supplies and Equipment**

Each patient care unit and some ancillary, support, and administrative areas maintain an emergency supply box that contains extension cords, flashlights, batteries, and other supplies essential during a facility emergency.

Emergency supply carts have been created and are maintained for initial response to specific disaster situations, such as mass casualty events, hazardous materials incidents, and power outages.

Procurement and delivery procedures for supplies and equipment known to be required during specific emergency situations have been incorporated into the specific contingency plan. If additional or unanticipated emergency supplies are needed, the unit coordinator or designee will call the Command Center, 3-2855, or send the request by runner to N102, Hospital Administration. If the situation does not warrant establishing a formal command center, designated staff will notify PPD Dispatch, 3-6281, of supply and equipment needs. The Logistics Chief, working with the Materials Supply and Nutrition Supply unit leaders and the Finance Chief, will work to procure additional supplies, as needed.

The Hospital has established agreements with its vendors to supplement routine supply/equipment needs during an acute or prolonged disaster situation.

Working with the regional Pharmacy Counter-Terrorism Committee, the Hospital has established a pharmaceutical cache of specific medications that are required to prophylax or treat patients and staff in response to certain emergencies identified by the hazard vulnerability analysis. In aggregate, Hennesey County acute care hospitals maintain a cache of many of these medications sufficient to treat 1000 patients for 72 hours. To facilitate acquisition of pharmaceuticals needed by all hospitals during an emergency, a regional pharmacy command center will be established at RCMC or an alternate site, if necessary. The Hospital and the committee also have established agreements with vendors and retail pharmacies in the area.

**Decontamination**

The Hospital has the capability for small-incident decontamination, using either a portable or permanent decontamination unit. All ED nurses and techs are trained to provide decontamination through a certification class and annual continuing education. In addition, the Hospital has identified and trained additional staff to support its decon capabilities.
Inpatient and ED Patient Management

Different emergency situations or types of disasters require different patient management strategies. The Operations Chief will work with the Medical Care Director and Inpatient and Treatment areas supervisors to tailor the patient management strategies to the particular situation. In some cases, more detailed patient management guidelines are outlined, as warranted, in specific contingency plans.

In order to provide appropriate care to Emergency Department patients and to treat incoming disaster victims, patients being seen in the Emergency Department at the time a contingency plan is activated may be transferred to appropriate units or disaster response treatment areas.

In order to handle the influx of severely ill or injured patients which a community disaster might bring, the Hospital may need to discharge inpatients who were admitted for elective procedures or whose treatment needs currently are not urgent. The Hospital uses a Nursing Disaster Report to assess patients who may be eligible for transfer or discharge. If the patient is discharged or transferred, the medical record face sheet accompanies the patient to the point of discharge for appropriate processing and continuity of care.

The Logistics Chief, working with the Transportation Unit Leader, and the Operations Chief, working with the Discharge Unit Leader, will coordinate transportation of inpatients discharged from the Hospital to facilitate disaster response activities. The Liaison Officer, through communication with external agencies, may assist the unit leaders to access public and private transportation systems.

Flow of Patient Information (Tracking Disaster Victims)

The Planning Chief, working with the Patient Information Officer, will oversee patient tracking and flow of patient information.

The Hospital has a disaster tag for use in emergency situations or community disasters that involve a mass influx of casualties.

- Initial incoming patient information will be transmitted from triage to the Command Center by FAX, 3-2044, or by a runner.
- Patient care updates will be transmitted to the Command Center using a logging system implemented on each treatment unit.
- The Patient Information Officer, working with Family Center staff will coordinate notification of the patient’s family and release of patient information to family with the Red Cross.

Mutual Aid Agreements

RCMC has signed a state-wide mutual aid compact and has established mutual aid agreements with other hospitals in the area to share facilities, supplies, equipment, and personnel resources in the event of a defined disaster in order to provide essential services to the community. The agreement serves to confirm the willingness of all participating hospitals to accept patients required to be evacuated from another hospital due to an internal or external disaster. The receiving hospital will accept patients based on its operating capability at the time of the notification. It further acknowledges each hospital’s willingness to share supplies,
equipment, and other resources during a defined emergency or disaster situation, so long as it does not compromise that hospital’s ability to provide essential care.

**Security**
The Hospital has established a security strategy that is implemented based on changes in the national, regional or local threat level.
During an emergency situation, the Security Officer, working with the Incident Commander and the Safety Officer, will implement contingency plans to secure the facility and areas within the facility and manage vehicular and pedestrian traffic, based on the needs of specific situation. The security force will be supplemented with police officers during an emergency. In addition, staff who report to the personnel pool may be used to augment the security forces, if the situation warrants.

**Disaster Recovery**
The Hospital has established business recovery plans, developed by Hospital Finance and Medical Center Information Services. The Incident Commander and incident command chiefs will work together to plan recovery from emergency situations that affect the Hospital’s facilities and operations, based on the specific scenario.

**Emergency Management Plan and Evaluation**
The Hospital Safety Officer assumes responsibility for coordinating the development, evaluation, and revision of the Emergency Management Plan. To ensure that the plan is integrated with the community emergency response plan, the Hospital Safety Officer serves as chairperson of the Hennsey County Healthcare Emergency Planning Committee and the Metropolitan Medical Response System Executive Committee and as a member of the state bioterrorism committee, and the Hennsey County Schools Emergency Planning Committee. The Hospital Safety Officer serves as a standing member of the Hospital Emergency Management Subcommittee of the Hospital Environment of Care Committee.
The Emergency Management Subcommittee will evaluate the Emergency Management Plan and its objective, scope, and effectiveness annually using established criteria and as changes to the Hospital facilities and programs necessitate. Emergency preparedness drills, conducted at least twice annually, will serve as a basis for continuing evaluation and modification of the overall plan and individual contingency plans.
The Hospital Safety Officer or subcommittee chairperson will present an evaluation of the Emergency Preparedness Plan annually to the Hospital Environment of Care Committee.

**Emergency Management Education and Training**
- Emergency contingency plans are outlined in Hospital policy and available online in policy form.
- All Hospital employees receive general information about the Hospital’s Emergency Management Plan as a part of new employee orientation. Hospital employees are introduced to their roles in emergency response as a part of the department orientation program.
- All administrators and staff who may be called upon to assume a key position in the incident command system receive in depth HEICS education and training as a part of their orientation and annual updates on changes to the plan.
• All employees are required to participate in emergency management and response training as a part of their department continuing education. All employees are required to complete computer-based learning modules (CBL) on emergency management and WMD annually.
• All on-duty employees are required to participate fully in emergency response drills.

Department orientation and continuing education will include:

• Overview of Emergency Management Plan and ICS
• Specific roles and responsibilities
• Notification systems
• Communication systems
• Logistics

Performance Standards for Emergency Management/Response

• Employees will be able to demonstrate basic knowledge of emergency management by scoring 95% or above on the EM section of the annual safety survey and on questions asked as a part of emergency response exercises and safety surveillance activities. Leaders will be able to demonstrate knowledge of emergency management by scoring 95% or above on the EM section of the annual leadership safety survey.
• Designated Hospital areas will meet objectives identified for specific response exercises. The Emergency Management Subcommittee, working with the individual response areas, establishes performance standards for each contingency plan. These performance standards are used as evaluation tools during emergency response drills.
Appendix 1

Examples of Mitigation Activities

- Hazard vulnerability analysis.
- Building Maintenance Program, designed to maintain the building in compliance with life safety code.
- Continuing reassessment of condition of facility--Completion of Statement of Conditions.
- Participation in Project Impact, a city-wide assessment and planning program.
- Installation and maintenance of emergency generators; Generator testing program.
- Participation in Chemical Stockpiling Emergency Preparedness Program (CSEPP), NBC/Weapons of Mass Destruction Program, Metropolitan Medical Response System (MMRS) and Hennsey County Healthcare Emergency Planning Committee.
- Establishment of a decontamination unit.
- Staff education and training for decontamination.
- Purchase of dosimeters; train staff to use.
- Regular safety surveillance.
- Security risk assessments.
- Planned reduction of hazardous materials, including mercury.
- Installation and monitoring of security (access control, perimeter security, ED security, infant security, and monitoring) systems.
- Establishing a program for control of radiation-producing devices.
- Capital project planning activities (i.e., adding bollards and cameras to bulk O2 storage project).
Appendix 2

Examples of Preparedness Activities

- Contingency planning based on Hazard Vulnerability Analysis.
- Implementation of HEICS.
- HEICS education for administrative and other key response personnel.
- Establishment of a decontamination unit.
- Staff education and training for decontamination.
- State-wide and local mutual aid and alternative site agreements.
- Establishment of the Pharmacy Counter-Terrorism Committee.
- Establishment and maintenance of pharmaceutical cache.
- Agreements with vendors to provide critical supplies and pharmaceuticals.
- Participation in Chemical Stockpiling Emergency Preparedness Program (CSEPP), NBC/Weapons of Mass Destruction Program, Metropolitan Medical Response System (MMRS), Hennsey County Healthcare Emergency Planning Committee, Statewide Bioterrorism Committee, KHA HRSA Planning Committee (Regional Planning).
- Staff education and training.
- Extensive administrator education and training at Noble Training Center.
- Staff call-in rosters.
- Emergency response/fire drills.
Appendix 4

RCMC Hazard Vulnerability Analysis Summary
2004

Process
RCMC Emergency Management Subcommittee and representatives from areas with functional responsibility conducted a hazard vulnerability analysis in January 2004. The Hennsey County Division of Environmental and Emergency Management (DEEM) assisted with the analysis. Overall risk for each event was calculated based on probability, impact, and preparedness. Using these criteria, human related events, such as mass casualty incidents and terrorism, were calculated to pose the greatest overall risk at 51%. Overall risk for naturally occurring events was calculated at 26%; for technological events at 43%; and for hazardous materials events at 44%.

Results
The specific events that were perceived to pose the greatest risk were:

- Tornado (83%)
- Bomb Threat (78%)
- Civil Disturbance (72%)
- Mass Casualty incident (72%)
- Fire alarm failure (72%)
- Large internal hazardous materials spill (67%)
- Electrical failure (61%)
- Internal hazardous materials exposure (61%)

For the most part, these events posed the greatest risk, based on the probability of their occurrence.

Other events that were perceived to pose significant risk, based more on their potential impact or the hospital and communities low level of preparedness were:

- Mass Casualty hazmat incident (59%)
- Earthquake (59%)
- Chemical terrorism (56%)
- External Flood (56%)
- Communications failure (56%)
- Flood Internal (56%)
- Communications failure (56%)
- Fire (52%)
- Mass Casualty infectious disease incident (52%)