Miami Children's Hospital

Emergency Operation Plan

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Emergency
Operations
Plan

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I.   INTRODUCTION

The Emergency Operations Plan provides an organized process to initiate, manage, and recover from a variety of emergencies, both external and internal, which could confront the Miami Children's Hospital and surrounding community.

The Emergency Operations Plan describes a comprehensive "all hazards" command structure for coordinating the six critical areas: communications, resources and assets, safety and security, staffing, utilities, and clinical activities. The overall response procedures will include single emergencies that can temporarily affect demand for services, along with multiple emergencies that can occur concurrently or sequentially that can adversely impact patient safety and the ability to provide care, treatment, and services for an extended length of time.

The Miami Children's Hospital has updated emergency plans to establish the necessary policies and procedures to achieve preparedness and respond to and recovery from an incident. The newly revised plans and procedures will be exercised and reviewed to determine and measure functional capability. This is also in compliance with the National Incident Management System (NIMS) components (NIMS Element 3).

A. RESPONSIBILITIES

During an emergency, the Hospital Incident Command System (HICS) will be in place. The staff have been trained in NIMS and identified through the HICS system.

Leadership

The hospital's leaders, including the medical staff, are involved in the planning activities of the Emergency Operations Plan. The medical staff, administrators, and department heads are represented in the Emergency Management Committee.

Emergency Program Manager

Because of the increasing complexity and importance of emergency preparedness for hospitals and healthcare systems, the Director of Public Safety, Emergency Preparedness & DECON is responsible for providing overall support to the hospital's preparedness efforts, including developing needed procedures, coordinating production or revision of the Emergency Operations Plan (EOP), planning and executing training and exercises, and writing After Action Reports (AAR). The Director of Public Safety, Emergency Preparedness & DECON also represents the hospital at various preparedness meetings at the local, regional, and state levels.

The Emergency Management Committee

Vital to successful planning for any disaster is the identification and tasking of a select group of multidisciplinary hospital representatives, including medical staff to become members of the hospital's Emergency Management Committee. Involving local agencies such as police, fire/emergency medical services, emergency management, and public health in committee deliberations will help clarify roles and responsibilities and encourage personal networking. This familiarization will help promote much needed priority setting, information-sharing, and joint decision-making during a real incident. The committee should meet regularly and consist of clinical and non-clinical representatives from key departments and functioning units of the facility. The Director of Public Safety, Emergency Preparedness & DECON will be the committee's chairperson and report and issues to the CEO or designee.

The chairperson should set each meeting's agenda and facilitate the committee's work to achieve an annually established set of objectives. Subcommittees or task groups should be appointed to accomplish identified projects or to plan training and exercises. Minutes of each meeting should be published and widely disseminated to apprise all hospital staff of committee activities and changes to the Emergency Management Program and Emergency Operations Plan.

Other effective means of keeping hospital staff informed with "need to know" emergency planning and response information include publishing response updates in hospital newsletters and making presentations at employee orientation and safety fairs. To ensure overall readiness and support, the chairperson must regularly inform the hospital's Chief Executive Officer and other senior administrators of committee activity, obstacles encountered, and assistance needed.

B. DEFINITIONS

1. Internal Event

   An Internal Event involves an incident within the hospital that disrupts normal hospital operations. Incidents include bomb threats, utility failures, hostage situations, and infant/pediatric abductions.

2. External Event

   An External Event involves an incident beyond the immediate boundaries of the hospital. Such an incident can result in a sudden arrival of a large number of casualties, including contaminated or contagious victims, which involve the Emergency Department. Other External Emergencies include severe weather, utility outages, etc. that may not impact the hospital directly, but could require a status alert for the facility.

3. Patient Surge Event

   A Patient Surge Event involves a large influx of victims from an internal or external event requiring treatment, such as the result of a fire, explosion, train wreck, or bioterrorism event. The victims may arrive at the Emergency Department via ambulance or other emergency service vehicle.

4. Any series of events which creates an overload situation in the Emergency Department may necessitate the use of the emergency procedures described in the Patient Surge Plan. The event may be combined with other response plans used to protect the facility, such as in the event of an approaching hurricane.

II.   PLANNING ACTIVITIES

A. HAZARD VULNERABILITY ANALYSIS

Miami Children's Hospital will identify the potential emergencies that could affect demand for the hospital's services or its ability to provide those services, the likelihood of those events occurring, and the consequences of those events The assessment is a Hazard Vulnerability Analysis (HVA), Form I is the HVA tool to use, which is designed to assist in gaining a realistic understanding of the vulnerabilities and to help focus the resources and planning efforts. The community's and region's HVA assessments will also be an aid in the assessment for the organization. A list of priority concerns will be developed from the HVA and will be evaluated annually.

B. COMMUNITY INVOLVEMENT

Miami Children's Hospital has established a relationship with the community. In conjunction with the community, priorities have been set among the potential emergencies identified in the hazard vulnerability analysis. The communication has been established on what the needs and vulnerabilities are for Miami Children's Hospital. It has identified the capabilities that the community can contribute to aid in meeting the needs of the facility. Miami Children's Hospital is a major healthcare facility in the community. During a disaster, the hospital's role within the community is to care for sick and/or wounded individuals who may present for treatment. The facility and community are involved through:

- Miami Dade County Hospital Preparedness Consortium
- Southeast Florida Regional Domestic Security Task Force (SEFRDSTF)
- Local emergency management meetings
- Regional hospital council meetings
- State meetings
- C. Mitigation & Preparedness

The Director of Public Safety, Emergency Preparedness & DECON will develop appropriate specific emergency response plans based on priorities established as part of the Hazard Vulnerability Analysis. Each Emergency Response Plan will address the four phases of emergency management activities:

Mitigation -   Activities designed to reduce the risk of and potential damage due to an emergency (i. e., the installation of stand-by or redundant equipment, training).

Preparedness -   Activities that will organize and mobilize essential resources (i. e., plan-writing, employee education, preparation with outside agencies, acquiring and maintaining critical supplies).

Response -   Activities the hospital undertakes to respond to disruptive events. The actions are designed with strategies and actions to be activated during the emergency (i. e., control, warnings, evacuations).

Recovery -   Activities the hospital undertakes to return the facility to complete business operations. Short-term actions assess damage and return vital life-support operations to minimum operating standards. Long-term focus on returning all hospital operations back to normal or an improved state of affairs.

D. Incident l Command Center (ICS)

1.   The ICS will be set up immediately in the Nursing Conference Room at Phase II and III (see page 18) situations and may be set up at the discretion of the Incident Commander for the Phase I of a disaster. If the Nursing Conference Room is not available, an alternate site will be identified by the Incident Commander, and the location will be announced overhead.

2.   The ICS will be established by the Incident Commander. The following is the order of authority in the role of Incident Commander:

   a. Director of Public Safety, Emergency Preparedness & DECON
   b. Administrator-On-Call (AOC)
   c. Operations Administrator
   d. Chief Executive Officer

3.   The Command Center staff report to the Command Center including Public Information Officer, Safety Officer, Liaison Officer, and administrative support for phones and documentation.

NOTE: The Medical/Technical Specialist would respond only if needed in a specific disaster event such as infectious disease like smallpox.

4. Incident Commander will organize and direct the ICS and give overall direction for hospital operations and, if needed, authorize evacuation.

5. Safety Officer will assist and ensure that the emergency operations plan is implemented and identify any hazards and unsafe conditions.

6. Public Information Officer (PIO) will provide information to the news media. The PIO will also oversee the Media Center.

7. Administrative support will provide phone and documentation support along with receiving various information/tracking lists and messages.

8. The Section Chiefs for Operations, Planning, Finance, and Logistics will establish their functions indicated by the Incident Commander. They will then report to their designated meeting place to receive further instructions.

9. The Incident Commander or Liaison Officer, initiates communication with local emergency response groups, as needed.

10. The proper Incident Command Structure identification apparel is issued to the Command Center Staff and Section Chiefs.

11. The Manager of Public Safety deploys the Miami Children's Hospital's Security Force to the appropriate location as designated in preparation for securing the facility (lock-down), if necessary.

12. The proper identification is worn by the Security Force to distinguish the Force from local law enforcement officials.

13. The Public Information Officer communicates to local Media needed information concerning the emergency, including instruction for walk-in victims and route for emergency vehicles and services.

14. Once the type of the emergency is determined, the appropriate Emergency Response Plan will be initiated.

E. Hospital Incident Command Structure (HICS)

The hospital has implemented the Hospital Incident Command Structure (HICS) developed by the Emergency Medical Services Authority (EMSA) of California as a revision from the previous Hospital Emergency Incident Command System (HEICS).

HICS is an incident management system based on the Incident Command System (ICS) that assists hospitals in improving their emergency management planning, response, and recovery capabilities for unplanned and planned events. HICS is consistent with ICS and the National Incident Management System (NIMS) principles. The new HICS has been restructured to be consistent with ICS and NIMS principles and will provide greater flexibility/adaptability for the hospital setting (NIMS Element 11 & 12).

Incident Commander

| Public Information Officer | Safety Officer |
| Liaison Officer | Medical/Technical Specialist |

| Operations Section Chief | Planning Section Chief | Logistics Section Chief | Finance/Admin Section Chief |
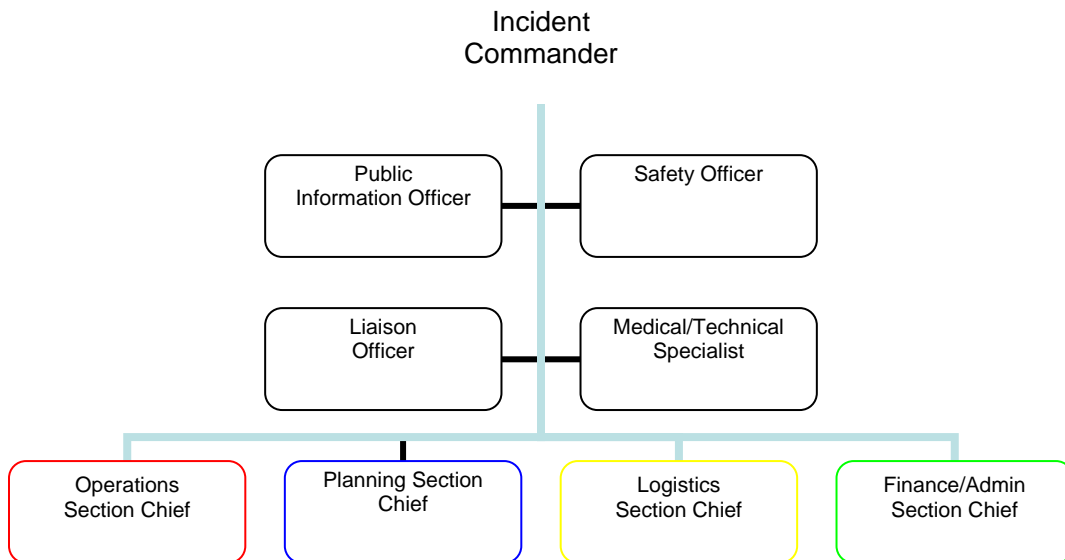
Operations Section

The Operations Section conducts the tactical operations (e.g., patient care, clean up) to carry out the plan using defined objectives and directing all needed resources. Many incidents that are likely to occur involve injured or ill patients. The Operations Section will be responsible for managing the tactical objectives outlined by the Incident Commander. This section is typically the largest in terms of resources to marshal and coordinate. To maintain a manageable span of control and streamline the organizational management, Branches, Divisions, and Units are implemented as needed. The degree to which command positions are activated depends on the situational needs and the availability of qualified command officers.

Planning Section
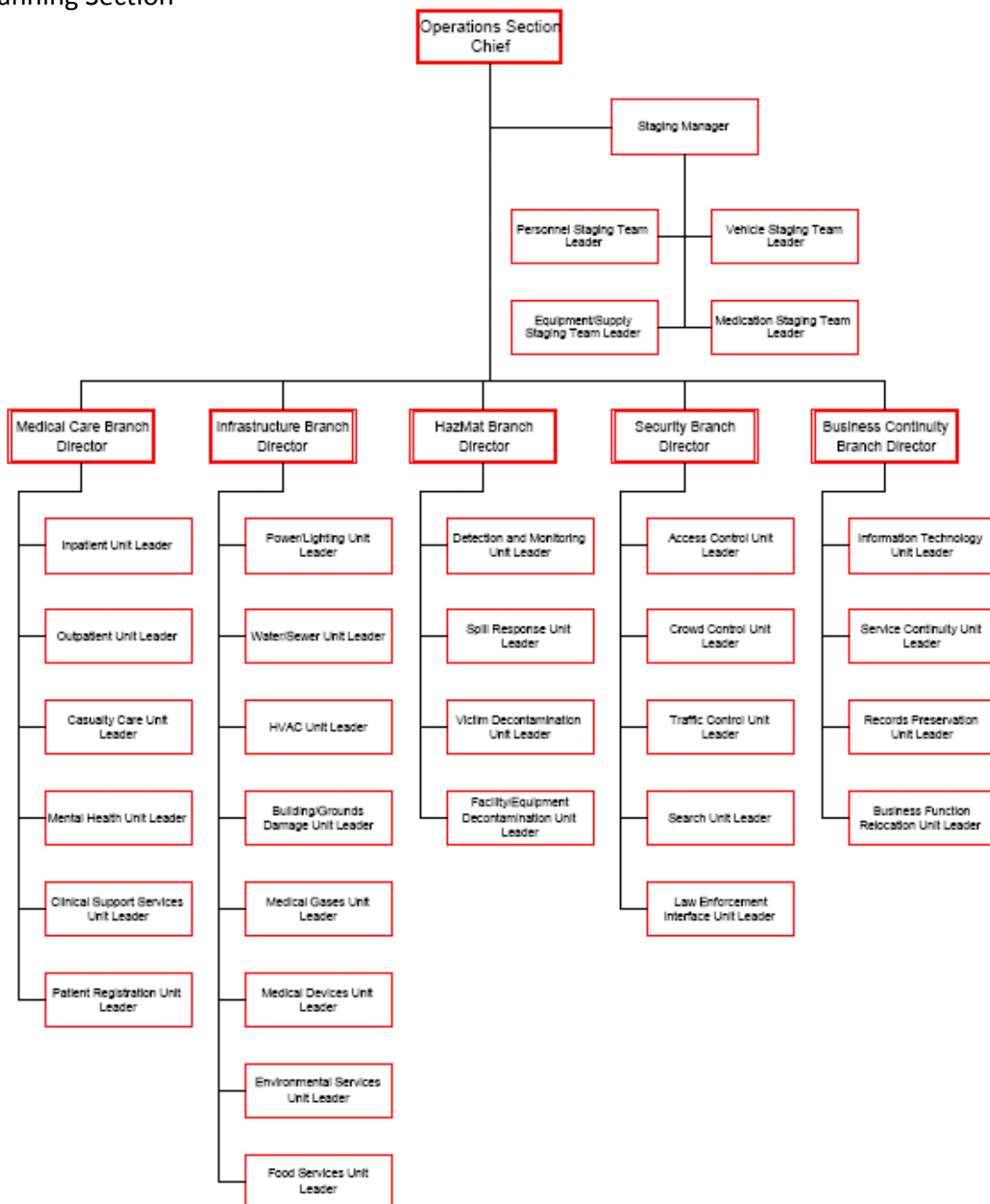
The Planning Section collects and evaluates information for decision support, maintains resource status information, prepares documents, and maintains documentation for incident reports. It will also be responsible for preparing status reports, displaying various types of information, and developing the Incident Action Plan (IAP). The effectiveness of the Planning Section has a direct impact on the availability of information needed for the critical, strategic decision-making done by the Incident Commander and the other General Staff positions.
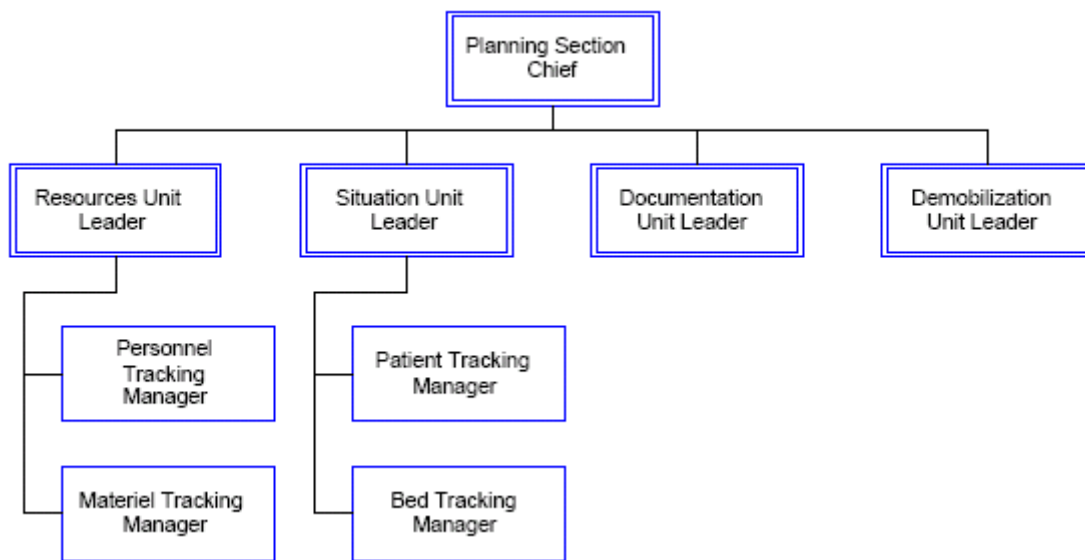
Logistics Section

The Logistics Section provides support, resources, and other essential services to meet the operational objectives set by Incident Command. For the hospital to respond effectively to the demands associated with a disaster, support requirements will be coordinated by the Logistics Section. These responsibilities include acquiring resources from internal and external sources using standard and emergency acquisition procedures and requests to the local EOC. Each resource request from an area in the hospital should be reported to the Logistics Section using pre-identified ordering procedures outlined in the EOP. When requesting resources from outside sources, it will be important that the hospital specify exactly what its need is and not try to identify how that need can be met: that will be done at the local EOC. In addition, it is important for the hospital to know how the requests are to be made (electronically, fax, phone).
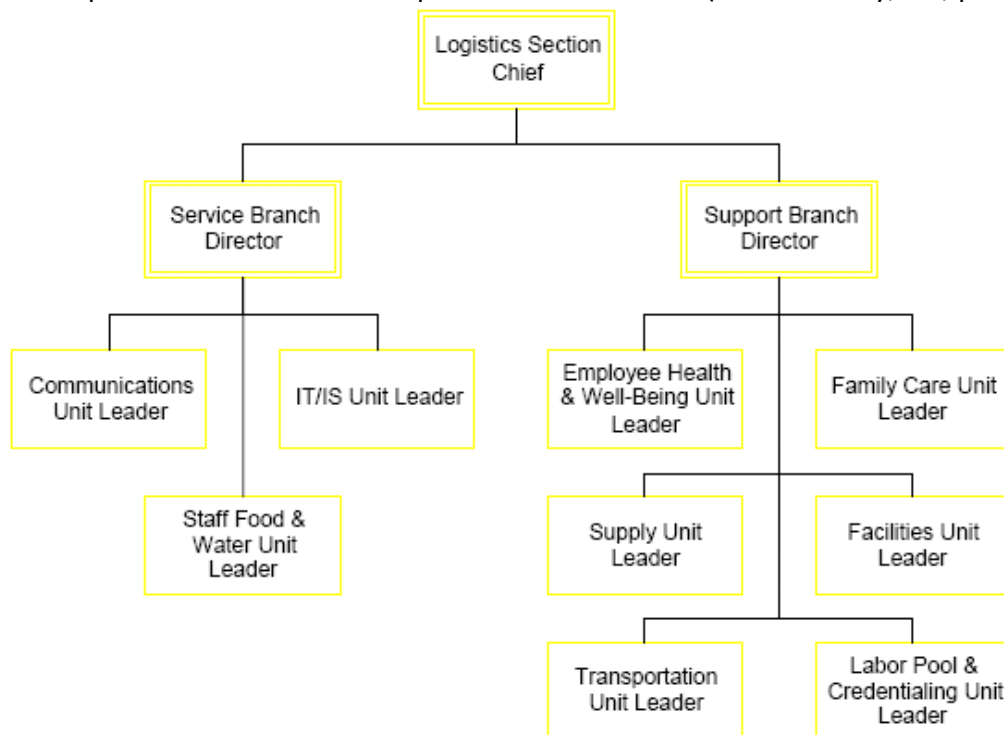
Finance Section

The Finance/Administration Section monitors costs related to the incident while providing accounting, procurement, time recording, and cost analyses. The costs associated with the response must be accounted for from the outset of the incident. These costs can come from multiple sources such as overtime; loss of revenue-generating activities; and repair, replacement, and/or rebuild expenses. Daily financial reporting requirements are likely to be modified and, in select situations, new requirements outlined by state and federal officials.

Preplanning efforts should identify what state and federal financial aid documents must be completed for receiving reimbursement. In addition to patient costs being tracked, vendor expenses, mutual aid financial remuneration, and personnel claims must also be accounted for and processed. The Finance/Administration Section coordinates personnel time (Time Unit), orders items and initiates contracts (Procurement Unit), arranges personnel-related payments and Workers' Compensation (Compensation/Claims Unit), and tracks response and recovery costs and payment of invoices (Cost Unit).
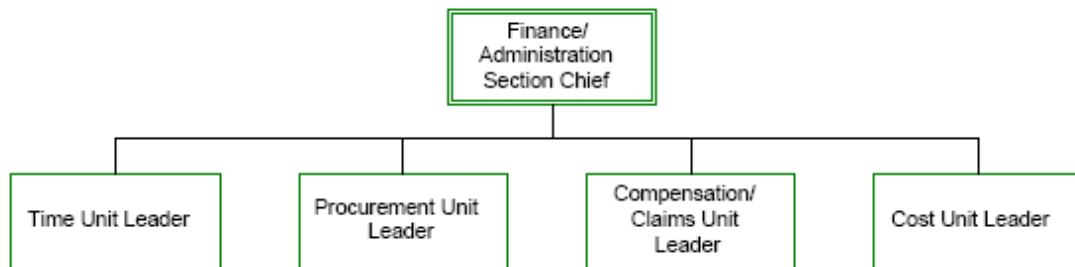
F.   INVENTORY & MONITORING OF ASSETS & RESOURCES

The Miami Children's Hospital has identified and documented the resources and assets that are available on-site and/or elsewhere prior to an incident. Form II (Inventory and Sustainability Tool) includes the assets and resources such as:

- Personal protective equipment (PPE)
- Water
- Fuel
- Medical
- Surgical
- Medications

Par Level

There have been par levels set for this inventory to assure availability during an emergency. A par level is a quantity that represents a midpoint between extremes on a scale of valuation. A separate inventory with stocked additional supplies stored at the warehouse is kept in the Logistics packet (NIMS Element 15).

III.   EMERGENCY OPERATIONS PLANS

A. RESPONSE

A response procedure to an emergency can include the following: maintaining or expanding services, conserving resources, curtailing services, supplementing resources from outside the local community, closing the hospital to new patients, staged evacuation, and total evacuation.

a. Staff Response

1. All available staff on duty will report to the auditorium and STAND-BY (i.e., being ready, willing and able to perform assigned duties) for further instruction.
2. Staff away from their department or duty station, who cannot report physically to the auditorium, will communicate with the department and identify their current location and status of activity.
3. Patient care activities being conducted away from the department, such as radiology, surgery, etc, will continue until a point of completion is reached.
4. The patient and Staff will return to the appropriate area as soon as possible or receive instructions to secure the patient in an ancillary location if necessary.
5. The Staff will notify their Department Heads of the location of the patient and Staff member.

6. Staff will continue their designated, patient care activities in preparation for response to the directions provided by the ICS.
7. All Staff requesting to go off duty must obtain the approval of their Department Heads. The Department Heads may not give this approval without prior clearance from the Incident Commander. Staff must not leave their workstations until relief has arrived or until dismissed by the Department Heads.

b. Departmental response

1. Each Department Head, for both clinical and non-clinical operations, will assess the status of their Staff to maintain normal operation.
2. Each Department Head, or designee, will identify available resources, such as beds, personnel, and equipment, which could be allocated to the emergency response.
3. The Department Head will STAND-BY with information on status of department.
4. The Department Head will provide information to the ICS staff or Incident Command Section Leader when requested.
5. When the departments receive the notification of the specific emergency, the Department Heads will initiate the appropriate departmental response plan for the emergency.
6. The Department Heads will report any problems or concerns to the appropriate Section Leader or the Command Center staff.
7. No department should reduce its hours of operation without prior approval from the Operations Section Chief.

B. SUSTAINABILITY

The importance of sustainability on supplies is crucial to determine if services can still be rendered during an event. The planning on sustainability for Miami Children's Hospital, without the support of the community for 96 hours, should be a coordinated effort of the Emergency Management Committee and the departments over the six critical areas before an event has occurred. Where supplies and alternative means are required to sustain 96 hours, resources and assets, alternative sources, and the sustainability at that point must be identified. If near or around 96 hours cannot be sustained, procedures must be in place on the response procedures that the facility can adjust such as, maintaining or expanding services, conserving resources, curtailing services, supplementing resources from outside the local community, closing the hospital to new patients, staged evacuation, and total evacuation. The Form II: Inventory and Sustainability Tool has identified those resources and assets and the sustainability indicated in hours.

C. RECOVERY PROCEDURES

To return to normal operations from an emergency, the Miami Children's Hospital will undertake the following:

1. When deemed appropriate, the Incident Commander will initiate the recovery phase by announcing a "All Clear" to the situation.

2. The Incident Commander will notify the Miami Children's Hospital Operator to alert the staff of the end of the event by announcing a "All Clear" by normal code announcement methods.

3. The staff are also notified through alternate announcements including Intranet messages, personal communication devices (pagers, walkie-talkies, or cellular telephones), and an overhead paging system.

4. Call List notification procedures are initiated for off-duty Staff concerning the need to report to the department or to remain at their current locations.

5. The Incident Commander notifies community Emergency Management Services of the "All Clear" action.

Upon announcement of the All Clear, all information concerning the emergency will be recorded and properly filed for later reference.

1. Section Leaders and ICS staff will contact Unit leaders to receive information and critiques concerning the response to the emergency.

2. All expenses and overtime information will be provided to the Finance Section for documentation. Evidence of the damage or abnormalities caused by the emergency, or response to the emergency, should be documented through photographs or descriptive writings.

3. All communication equipment, data processing systems, and other equipment used during the emergency will be evaluated for appropriate use in the next emergency and consumable supplies documented for restocking.

4. All ICS identification apparel should be repackaged or replaced for the next emergency.

5. The physical surrounding of the ICS shall be cleaned and furniture repositioned for normal operations. All documents used for event will be gathered and replacement copies of forms and documentation sheets will be replenished.

6. The Command Center staff and appropriate designees will conduct the evaluation of the emergency and the response.

7. The Public Relations Officer will communicate to local Media needed information concerning the "All Clear" to local media.

D. PLAN INITIATION AND TERMINATION

To facilitate the orderly initiation of the response to an emergency, the following steps of the Emergency Operations Plan will be initiated (see chart below).

a. Information received by the Miami Children's Hospital concerning an external emergency facing the community or an internal emergency involving the function of the Hospital will be passed directly to the Operations Administrator, Administrator on call and the Director of Public Safety, Emergency Preparedness & DECON

2.

3. When notified of a potential disaster, the Operations Administrator, Administrator on call and the Director of Public Safety, Emergency Preparedness & DECON, Emergency Department (ED) Physician, and ED Charge Nurse will:

   a. Evaluate the issues such as location of incident (internal, external), the distance from the Miami Children's Hospital, the scope of the incident (single individual, mass casualty, or malicious attack), and weather conditions (seasonal and current)
   b. Discuss the operations pertaining to the conversion of the hospital to disaster status
   c. Plan care of casualty and non-casualty patients arriving in the Emergency Department during a disaster
   d. Will evaluate the information concerning this emergency and determine if initiation of the Emergency Operation Plan (EOP) is warranted. Two of the three are required to initiate the EOP
   e. Once it has been determined to activate the EOP, the individual who takes the role of Incident Commander will notify the hospital, staff, and executives as soon as possible.

E. INCIDENT PHASES

1. Phase I – when notified by EMS and/or other sources of an incident has occurred that may involve multiple casualties or a small incident with no casualties that occurred within the facility.
   - Situation that most likely can be managed with the staff already on duty.
   - Staff should remain on duty and review their department specific procedures to be prepared to respond to the next level if situation requires an upgrade.
   - The Operations Administrator will have a bed count and expected discharges ready to report.
   - The Hospital Command Center (ICS) may be set up and only selected departments notified.

2. Phase II – when the facility will be receiving patients or major incident within the facility. Some support for the Emergency Department will be required and/or the affected area may need some support.
   - Situation may require additional staff to be called into the hospital.
   - All staff will remain on duty and follow their procedures.
   - The ICS will be set up to coordinate emergency operations.

3. Phase III – when the facility will be receiving large numbers of patients and/or significant issues have occurred within the facility and the need for extensive support will be addressed.
   - The ICS will be set up to coordinate emergency operations.
   - This major event will require mobilization of most aspects of the Hospital Incident Command System in the EOP, including department callback procedure and planning for staff relief over an extended period of time.

4. The plan may be called "All Clear" for the disaster situation while the recovery efforts continue until the hospital is back to normal operations.

Emergency Initiation Process

INCIDENT

OA / Director of Public Safety, Emergency Preparedness & DECON / AO / CEO

Community Data

Hospital Data

Stand-by Alert — **Initiation** — No Alert

Alert
Emergency Operation Plan

Facility-wide Emergency Response Plans

- Severe Weath
- Structural
- Nuclear
- Utility Failure
- Patient Surge
- Contaminated Patient
- Contagious Patient
- Hurricane

Departmental Emergency Response Plans

- Engineering
- Emergency Department
- Nursing
- Security
- Nutrition
- Environmental Services
- Human Resources

F. ALTERNATE CARE SITE

Miami Children's Hospital must be prepared for the possibility that the buildings or spaces in which patient care is normally provided will be rendered unusable. In this event, Miami Children's Hospital has entered into several MOU's with the County and other Hospitals.

IV. COMMUNICATION MANAGEMENT

A. INTERNAL & STAFF NOTIFICATION LEVELS
During an emergency:

1. The Incident Commander will notify the Miami Children's Hospital Operator to alert the Staff of the incident by announcing a Code, usually by overhead page.
2. The Staff are also notified through alternate announcements including Intra-net messages and personal communication devices (e. g., pagers, walkie-talkies, and cellular telephones) as well as Call Lists and overhead paging.
3. Alternate communication to staff may include notification through the Public Information Officer by radio or television, dependent on the procedures.
4. Communications systems may include the following:

   a. Internal telephone system: Internal communications will be limited to disaster-related issues once EOP has been initiated. THE OPERATOR SHOULD NOT BE CALLED FOR INFORMATION.
   b. Radios: Communications Unit Leader will determine location and availability of radios and report to the Logistics Chief so distribution of radios can be determined.
   c. Alpha-numeric pagers, email, public address system, inter-departmental radios, inter-hospital radio network, fax, cellular telephones, runners, and E-Notify

EMERGENCY RESPONSE PLANS-CODES

Event	Audible Page	Repeat Frequency
Disaster Emergency Operations Plan All Clear	"**Code D (Internal) (External)**" paged three times **"Code D"**	Announce each hour Page on authority of Incident Commander
Bomb Threat	"**Code 13**" paged three times **"Code 13"** page three times **"Code ____ All Clear"**	Repeat three times On authority of Administration or Incident Commander
Fire **Code Red Plan** All Clear	"**Code Red (+location)** paged three times **Code Red (+location) All Clear** paged three times**"**	Repeat three times On authority of Administration or Incident Commander
Infant Abduction	Code Lindbergh- paged three times with location and abductors descriptions. (Adult M/F wearing, Etc.)	Repeat three times On authority of Administration
Bomb Threat		
Utility Failure All Clear	"**Code (Water, Black out, etc.)**" paged three times **"Code _____"** **"Code _____All Clear"**	Repeat three times On authority of Administration or Incident Commander

DEPARTMENT CALL LIST INFORMATION

COMMAND CENTERS	CODE D LINE	EXT. #
1- NURSING CONFERENCE ROOM 2ND FLOOR	786-624-6652	6652
2- MEDIA CENTER-RESEARCH BUILDING CONFERENCE ROOM	786-624-6658	6658
3- PERSONNEL POOL-AUDITORIUM	786-624-6670	6670

	DEPARTMENT	CODE D LINE	EXT. #
Nursing Units	2 EAST	786-624-6620	**6620**
	3 EAST	786-624-6630	**6630**
	3 NORTH	786-624-6631	**6631**
	3 NORTH EAST	786-624-6632	**6632**
	3 SOUTH	786-624-6634	**6634**
	N.I.C.U.	786-624-6621	**6621**
	C.V. UNIT	786-624-6622	**6622**
	OPERATING ROOM	786-624-6623	**6623**
	P.I.C.U.	786-624-6624	**6624**
	P.I.C.U. STEP DOWN	786-624-6625	**6625**
First Floor Main Building	EMERGENCY ROOM	786-624-6610	**6610**
	EMERGENCY ROOM	786-624-6611	**6612**
	OUTPATIENT REGISTRATION	786-624-6612	**6612**
	RAPID CARE CENTER	786-624-6613	**6613**
	LABORATORY	786-624-6614	**6614**
	PATIENT ACCESS	786-624-6615	**6615**
Variety Wing	ADMINISTRATION-small conf. room	786-624-6650	**6650**
	ADMINISTRATION-large conf. room	786-624-6651	**6651**
	NURSE ADMINISTRATOR OFFICE	786-624-6653	**6653**
	PSYCHIATRY UNIT FRONT DESK	786-624-6654	**6654**
	PHARMACY FRONT DESK	786-624-6655	**6655**
Radiology	MRI CONTROL ROOM	786-624-6616	**6616**
	RADIOLOGY FRONT DESK	786-624-6617	**6617**
Communications Dept.	COMMUNICATIONS	786-624-6660	**6660**
	COMMUNICATIONS	786-624-6661	**6661**
	COMMUNICATIONS	786-624-6662	**6662**
	COMMUNICATIONS	786-624-6663	**6663**
Other	PATIENT FINANCIAL SERVICES	786-624-6656	**6656**
	PATIENT FINANCIAL SERVICES	786-624-6657	**6657**
	PLANT OPERATIONS OFFICE	786-624-6680	**6680**
	IT DEPT. DATA CENTER MAIN HOSPITAL	786-624-6682	**6682**
	IT DEPT. RESEARCH BLDG. 3RD FLOOR	786-624-6673	**6673**
	SAFETY/SECURITY DIRECTOR	305-669-6407	**6659**
	SECURITY CONTROL CENTER	786-624-6699	**6699**
	AFTER HOURS/PRE-REGISTRATION	786-624-6671	6671
	AFTER HOURS/PRE-REGISTRATION	786-624-6674	6674

B. NOTIFICATION & COMMUNICATION WITH EXTERNAL AUTHORITIES

1. All appropriate external authorities will be notified to facilitate effective response, continuing operations, and recovery from an emergency that disrupts the normal patient care and/or business operations of the organization.

2. When an emergency plan is initiated, the appropriate external authorities and community resources will be notified.

C. **COMMUNICATION WITH PATIENTS & FAMILY**

1. A family support center should be established to coordinate the needs and information to family members of patients, to coordinate the information on the location of patients, and to provide critical incident stress debriefings.

2. Under the Logistics Section with the Support Branch and the Family Unit Leader, they would setup procedures for the patient's families.

3. There will need to be direct communication with the Patient Tracking Manager for tracking of patients.

4. The immediate emergency contact family member that is not present with the patient will be contacted with the location of the patient once they are moved or evacuated.

D. **COMMUNICATION WITH MEDIA**

1. The Public Information Officer (PIO) has the responsibility for media and public information as it pertains to an event that involves the hospital. The PIO has established working relationships with local media, New Jersey emergency management office, and public health prior to an event. The PIO regularly attends meetings with the systems that would establish a joint information center (JIC). The information that will go out to the community will come from the JIC as a unified message to the area (NIMS Element 10, 13 & 14).

2. If the hospital is involved solely during an event, the PIO in the Hospital Command Center will communicate with the community or local media.

E. **COMMUNICATION WITH PURVEYORS**

Miami Children's Hospital will develop a list of purveyors, including vendors, contractors, and consultants that can provide specific services before, during, and after an emergency event. The list will be maintained by in the pre-designated ICS and through the Director of Public Safety, Emergency Preparedness & DECON and updated annually. Where appropriate, Memoranda of Understandings (MOUs) will be developed needed to help facilitate services during the time of a community event.

F. **COMMUNICATION WITH OTHER HEALTHCARE ORGANIZATIONS**

The Healthcare organizations that are located within the geographical area to the facility have a working relationship with Miami Children's Hospital before an event occurs. This occurred through a direct Mutual Aid agreement (MAA) with each individual hospital or town, borough, parish, county, and/or regional hospital group (NIMS Element 4). Form III: Communication with Other Healthcare Organizations can be used to document this information.

The key information to share with the other healthcare organizations would be:

- Command structures & other command centers information
- Names & roles of command center structure
- Resources & assets to be potentially shared
- Process for the dissemination of patient & deceased individual names for tracking purposes
- Communication with third parties

In order for the other healthcare organizations to establish communications, they have existing systems in place for interoperability since an event may disable one or more communication methods, resulting in limited communication resources. The Miami Dade County Emergency Operations Center (EOC) has established other lines of communication to include but not limited to the MEDCOM to ensure that secondary communication is accessible during an event. This should ensure some interoperability with other organizations (NIMS Element 8).

The patient information that may be shared with the other healthcare organizations, local or state health departments, or other law enforcement authorities on the whereabouts on patients during an emergency may include patient's name and location. The information shared about the patients will be in accordance with applicable laws and regulations.

G. ALTERNATE CARE SITE COMMUNICATIONS

The Hospital Command Center (ICS) will maintain communications with the Alternate Care Site (ACS). Once the ACS has been established, the site will initiate contact with the ICS and establish an Alternate Care Command Center (ACCC) at the location of the ACS to ensure that continuous communication, leadership and documentation will occur. The available communication will be the following: phones, fax, and radios. For each of the ACS, the communication systems will be itemized.

H. BACKUP COMMUNICATIONS

The Miami Children's Hospital will maintain a current listing of backup communication systems or devices. The communication devices or systems should be tested on a regular basis <<time frame>> and be included in exercises.
A listing of all communication of primary or secondary communication systems or devices should be listed below:

1. Alpha-numeric or digital pagers may be considered as backup communications.
2. Email will only be as available as the infrastructure is working.

3. The overhead address or paging system cannot be tied into the telephone or fire system only. These systems should work independently in case of infrastructure damage.
4. Inter-departmental radios or inter-hospital radio networks may be used as backup communication. Training must be achieved along with an instruction card attached for those that do not use the equipment often.
5. Fax machines may be used as backup as long as some are on the emergency power.
6. Cellular telephones or Blackberries have proven to shut down quickly during a natural or large-scale disaster. The facility must be under the G.E.T.S. program for their hospital issued cell phones or blackberries. This will ensure priority of connection during a disaster.
7. Runners will take some staffing requirements that may be otherwise short. This would be a last resort when all other communication fails.

The HICS form, HICS 205 – INCIDENT COMMUNICATIONS LOG (INTERNAL AND EXTERNAL), can be used prior to an event for a listing of internal and external phone numbers. This form would also be used during an event when it is determined what communications are available at the time.

V. RESOURCE AND ASSET MANAGEMENT

A. OBTAINING & REPLENISHING MEDICAL, NON-MEDICAL & MEDICATION SUPPLIES

The amounts, locations, processes for obtaining and replenishing of medical and non-medical pharmaceutical supplies, including personal protective equipment, will be established before an event. The process will need to go from mitigation to recovery stages. Medical supplies would include anything used in the care of patients. Non-medical supplies would include food, linen, water, fuel, and transportation vehicles.

For those items that usage would exceed par levels as a result of a large scale incident or times that would expire (e. g., additional antibiotics, vaccines, PPE), a Mutual Aid Agreement has been developed to expedite receipt of items when needed. The policy MOU Agreement references the agreement with the other healthcare organizations on response of assets (NIMS Element 15).

The amounts and locations of current supplies will need to be evaluated to determine how many hours the facility can sustain before replenishing. This will give the facility a par level on supplies and aid in the projection of sustainability before terminating services or evacuating if supplies are unable to get to the facility. The inventory of resources and assets that were discussed earlier in the Planning Activities Section is the starting point of par levels.

The processes for obtaining and replenishing those supplies once the par level has decreased will need to be identified. This would include a list of the vendors and contractors that deliver and manufacture the supplies. Most facilities have just-in-time delivery of supplies. A stockpile within the company or corporation, stockpile with the local vendor, prepayment of supplies to be used in times of emergency, or regional purchase of supplies to be stockpiled in a warehouse are some ways of obtaining and replenishing

supplies. The disadvantage of these methods is the idea that one vendor would have enough for all hospitals within the region to deliver, but the supplies are not checked often for expiration or not located in a controlled environment, or the local, county, or state resources would pull that stockpile before hospitals could access the supplies for field use. It is ideal to have other vendors outside of regional and state areas also available for delivery of supplies. A disadvantage to supplies offsite would be a natural disaster where delivery of supplies would not be possible.

B. SHARING OF RESOURCES

The process of sharing resources with other healthcare organizations outside of the community during a regional event would go through the Miami Dade County EOC. Those resources will be tracked by the AHCA (Agency for Healthcare Administration) ESS (Emergency Status System) The community EOC will be responsible for delivery of the needed resources.

C. MONITORING RESOURCES AND ASSETS

During the emergency, a process has been put into place under the Logistics Chief that will monitor the overall quantities of assets and resources. This information will be communicated through HICS within the facility and to those within the community.

VI. SECURITY AND SAFETY OPERATIONS

A. SECURITY WITH COMMUNITY

When the community is overwhelmed and local support is unavailable, the Miami Children's Hospital will notify the company or vendor that has been predestinated for security and safety support. The information on the vendor will be located on the HICS-258 directory located in the ICS.

B. MANAGING HAZARDOUS WASTE

The hazardous waste discussed here are the biological, chemical, and radioactive waste after decontamination and during isolation procedures. The waste handling after decontamination will be located in Appendix IV: Decontamination Procedures. This would also include the waste that would accumulate if pick up by vendors were not available due to the disaster. Maintaining the current list of vendors and back-up vendors is crucial.

C. BIOLOGICAL, RADIOLOGICAL & CHEMICAL ISOLATION & DECONTAMINATION

During the emergency, there may be contaminated and/or contagious patients that present to the hospital or may already be located in the hospital. For contagious patients in need of isolation, the Infection Prevention and Control Department has established guidelines located in their Infection Prevention and Control Department for isolation and standard precautions to adhere. For contaminated patients, the Appendix IV: Decontamination Procedures would be implemented.

D. ACCESS & EGRESS CONTROL

Due to the limited amount of security in the facility at any given time, there may be a time when the facility may be locked down. Secure Operations or a "lock down" refers to the locking of all entrance and exit doors to buildings and the posting of personnel at these doors to assure that only authorized persons enter or exit. (See Appendix II: Secure Operations Procedures)

E. TRAFFIC CONTROL

Based on the characteristics of the event, the Incident Commander will initiate the organization's Traffic Control Plan to manage the movement of personnel, vehicles, and patients both inside and on the grounds of the facility. The Security personnel will manage the movement of patients and staff inside the facility. If advisable, the Security staff will also assist in the movement of vehicles, both emergency and commercial, on the grounds. When appropriate, local law enforcement will assist in the management of traffic on the grounds of facility. (See Appendix III: Traffic Control Plan)

VII.   STAFF MANAGEMENT

A. ROLES AND RESPONSIBILITIES
   The Miami Children's Hospital will assure that critical staff functions will be performed for the rapid, effective implementation of any emergency response. In addition, it is the policy of the Miami Children's Hospital to assure adequate staff are available to perform these critical functions at any time of the day or night.
   When the Incident Command System (ICS) is established, the Miami Children's Hospital ICS Organization Chart and Job Action Sheets are used to assure critical task positions are filled first, and as other staff members become available, they are assigned to the most critical jobs remaining.

   The Incident Command Staff is responsible for assuring that the critical tasks they manage are filled by the most appropriate available staff member and to assure that the tasks are performed as quickly and effectively as possible.

   If staff is not available for handling critical tasks defined by the Job Actions Sheets, staff will be drawn from the appropriate departments or, if none are available, from the labor pool.

   As staff are recalled, they will replace personnel on tasks they are better qualified to perform. If questions arise, the ICS Section Leaders will determine who will perform the task. The tasks are evaluated frequently to assure the most appropriate staff members available are being used, burnout or incident stress problems are identified, and staff members in these jobs are rotated as soon as possible.

CRITICAL STAFF ASSIGNMENTS

Critical Function Areas	Staff Assigned by Work Shift	Key Tasks	Identification
Communication			
Resource & Assets			
Safety & Security			
Staff Responsibilities			Badge Vest
Utilities Management			
Patient Clinical & Support Activities			
Licensed Independent Practitioners (LIP)			

B. MANAGING STAFF SUPPORT ACTIVITIES

During activations of the EOP, various modifications and accommodations are made for hospital staff to assist them in coming to the hospital to provide needed services. The following accommodations are authorized:

1. Where travel is difficult or impossible because of weather conditions, the hospital will work with volunteer groups with appropriate vehicles to assist them in getting to and from the hospital.
2. Where necessary because of conditions, the hospital will accommodate staff who need to sleep, eat, and/or other services in order to be at the hospital to provide needed services.-See Sleep Plan in Hurricane manual
3. The Logistics Chief with the Service Branch Staff Food and Water Leader would handle the needs of staff during the emergency. The Logistics Chief would be authorized to modify the normal use of hospital space, fitness center or rehab, and/or to work with local hotels and motels to provide accommodations for staff. Meal service for staff is authorized where approved by the Logistics Chief.
4. The hospital will be prepared for incident stress debriefings. These areas will be staffed by hospital staff, staff from community mental health services, clergy, and others trained in incident stress debriefing. As part of planning for mass

casualty and similar incidents, staffing and alternatives will be identified and contacted to determine facilities and processes to be used.

5. Communication to staff family members will also be arranged through the Staff Food and Water Leader.

C. MANAGING STAFF FAMILY SUPPORT ACTIVITIES

During activations of the EOP, various accommodations may be made for staff's families to assist staff availability for providing their services. These include:

1. Family accommodations will be made available in those unusual situations where entire families must come to enable staff to be present for emergency services coverage. These will normally be arranged prior to families arriving at the hospital.

2. The staff that needs accommodation(s) for their dependent(s), such as a child or adult, will give this information to their recall caller. The caller will then notify the Staff Food and Water Leader that accommodations will need to be established. A daycare center will be established. The staff member will need to bring the following items:

Staff member will need the following items:

- ID badge/name tag
- Prescriptions
- Change of clothes (for everyone)
- Toiletries

The Staff dependent adult/child will need the following items:

- All prescriptions in their original containers
- Immunization Records (under 4 yrs) if available
- Emergency contact other than parent
- Diapers, if applicable
- Baby food & bottles
- Child's/Adult's favorite item

3. The staff that needs accommodation(s) for their pets will give this information to their recall caller. The caller will then notify the Staff Food and Water Leader that accommodations will need to be established. A local kennel, veterinarian, or shelter can be established to accept the animal(s) for the staff member. The staff member will need to bring the following items for the animal:

    - ID tag
    - Shot records
    - Favorite bedding, toy, etc.
    - Food & any prescriptions

D. TRAINING AND IDENTIFICATION OF STAFF

The staff identified in the critical areas will receive the appropriate training in HICS and NIMS prior to an event. This training will also include the staff, LIP, and authorized volunteers. The proper Incident Command Structure identification apparel is issued to the appropriate roles in the HICS. Employees will wear their hospital identification badges at all times during the emergency. Additional role vests, badges, hats, scarves, etc. will be worn will serving in that role during the emergency.

VIII. MANAGING UTILITIES

During an emergency, the organization will provide alternate means for providing essential utility systems as identified in the plan. These utility systems will be identified as well as alternate means for providing the services. The organization will assess the requirements needed to support these systems such as fuel, water, and supplies for a period of time identified in the Inventory and Sustainability Matrix.

This assessment shall include the requirements for 96 hours without community support. The alternative means for these sources are located in the Inventory and Sustainability Response Tool (Form III).

The alternative utility systems and supplies networks shall include, but not be limited to the following:
1. Emergency power supply system
2. Water supplies for consumption and essential care activities
3. Water supplies for equipment and sanitary usage
4. Fuel supplies for building operations, generators, and essential transportation services
5. Medical gas systems
6. Ventilation systems, Vacuum systems and Steam
7. Other essential utilities

IX. MANAGING PATIENT CLINICAL AND SUPPORT ACTIVITIES

A. CLINICAL ACTIVITIES

The Miami Children's Hospital has a policy on the clinical activities for the treatment of patients during an emergency. These activities include triage, scheduling, assessment, treatment, and discharge.

B. EVACUATION ACTIVITIES

1. An evacuation of the hospital for a situation, which renders the facility no longer capable of providing the necessary support patient care, treatment and services, will be directed by the Incident Commander. The evacuation will be handled in cooperation with local Police or Fire and/or local EOC.

2. The local Police or Fire and/or the EOC will be notified as soon as the potential for evacuation is considered and will be kept updated on an ongoing basis in order to begin the process for identification of the availability of vehicles to relocate the patients.

C. SPECIAL PATIENTS

The Miami Children's Hospital has a MOU as a MMF (Medical Management Facility) during emergencies these patients include pediatrics, geriatrics, and disabled. This may also include patients with serious chronic conditions such as mental health or addiction.

D. PERSONAL HYGIENE AND SANITATION REQUIREMENTS

The alternative means to personal hygiene can be baby wipes, personal wipes, or alcohol-based rubs. Family can also be used to clean the patient during an event. The alternative means to sanitation, if toilets are inoperable, is kitty litter, bags in toilet, or bucket brigade. Environmental Services use of water will be curtailed to the extent of one change of water per day for mopping except in surgery, delivery rooms, and isolation areas.

E. MENTAL HEALTH SERVICES

During an emergency, the organization will provide mental health services to the appropriate patient. The staff may use patient registration and triage information, and medical records to determine this population and the appropriate services required. The Behavioral Health Department will be responsible for tracking these patients receiving these services during the emergency. Any of these services provided to the organization's patient will be documented in the patient's records. The staff will assess the processes used to manage the mental health services during the emergency exercises or actual events and revise the policies, procedures and Emergency Response Plans, as deemed necessary.

F. MORTUARY SERVICES

In the event of an event involving deceased patients, the organization will contact the local medical examiner for the appropriate clearance and procedures. If necessary, a refrigerated trailer should be requested for securing bodies not able to be contained in facility's existing morgue from the community. The Medical Examiner's office will be notified when the refrigerated trailer is full or the disaster has been cleared. Refer to the organization's policy on deceased patients during an emergency.

G. PATIENT TRACKING: INTERNAL AND EXTERNAL

For the departments that will be receiving disaster patients such as the Emergency Room and patient care units, they will have patient trackers assigned to track the patients entering and leaving the areas. That information will be given to the Patient Tracking Manager who will track all the patients within the facility during disaster. The form to use for patient tracking will be the HICS 254 – Disaster Victim Patient Tracking Form.

If patients are evacuated, the process should be the same except for the forms. The individual patient tracking for evacuation will be the <u>HICS 260 – Patient Evacuation Tracking Form.</u> When more than two are being evacuated, the <u>HICS 255 – Master Patient Evacuation Tracking Form</u> should be used to gain a master copy of all those that were evacuated. According to the facilities MOU; MAC; or third-party information such as WebEOC, American Red Cross database, or fax in tracking information, information will be maintained for the regional tracking methods. In some of these methods, there may be the possibility of families gaining access to this information to find their loved ones.

X. DISASTER PRIVILEGES

A. VOLUNTEER LICENSED INDEPENDENT PRACTITIONERS (LIP)

The hospital grants disaster privileges to volunteer licensed independent practitioners (LIP) when the Emergency Operations Plan has been activated in response to a disaster and the hospital is unable to meet immediate patient needs. The policy on Volunteer LIP (EM.02.02.13EP1-9) has identified the process for granting disaster privileges. See Policy H9510G17

B. OTHER LICENSED VOLUNTEERS

The hospital assigns disaster responsibilities to volunteer that are licensed, certified and/or registered in a skilled healthcare position when the Emergency Operations Plan has been activated in response to a disaster and the hospital is unable to meet immediate patient needs. The Policy on Other Licensed Volunteers (EM.02.02.15EP1-9) has identified the process for granting disaster privileges. See Policy H9510G17

XI. ANNUAL REVIEW

The annual review of the Emergency Operations Plan will be conducted 60 days after the new calendar year. The annual review will include the review of the Hazard Vulnerability Analysis, Inventory of Resources and Assets process, the objectives and scope of the Emergency Operations Plan.

The scope for the Emergency Operations Plan is to design and assure appropriate, effective response to a variety of emergency situations that could affect the safety of patients, staff, and visitors, the physical environment of Miami Children's Hospital, or adversely impact upon the hospital's ability to provide healthcare services to the community. The program is applied to Miami Children's Hospital, and it's affiliated clinics and medical practices.

The objectives for 2010 are developed from information gathered during risk assessment activities such as the HVA, annual evaluation of the previous year's program activities, and exercise and drills conducted the previous year. The Objectives for this Plan are: *Listed below are some examples*

- *Purchase of new DECON Trailer*

- *Increase staff trained in 8-hour First Receiver Operations Level*
- *Send Emergency Program Manager to 40-hour HazWoper certification*
- *Purchase evacuation tools for patient evacuation*
- *Update the alternate care sites through assessments*

XII. TESTING AND EXERCISE

The Miami Children's Hospital will activate its Emergency Operations Plan (EOP) twice a year, either in response to an actual emergency or in a planned exercise. At least one drill or actual event requiring activation of an emergency response plan will be documented and critiqued in each free standing business occupancy. The hospital will conduct at least one exercise a year that includes an influx of actual or simulated patients, will test its emergency plans to include an escalating event in which the local community is unable to support the hospital, and will conduct at least one exercise a year that includes participating in at least one communitywide exercise. The exercises and actual events will evaluate the hospital's response to handling of communications, resources and assets, security, staff, utilities and patients. (NIMS Element 7)

XIII.   NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS) COMPLIANCE

The Miami Children's Hospital is working to adopt the seventeen elements required of the NIMS at the organization level and across all departments and nursing units. The community partners including the Emergency Management office and other health care organizations have also or is working to adopt the NIMS language. (NIMS Element 1)

The Miami Children's Hospital has documented the local, state and/or federal preparedness grants that have been received and deliverables to be achieved. Documentation demonstrates that preparedness grants received by the organization meet any regional, state or local funding commitments. The grant dollars received so far in <<Year>> has been <<$0.00>>. That funding has been used to purchase: <<List items in general>> to enhance the emergency management program (NIMS Element 2).

NIMS Compliance training in IS 100, 200, 700 and 800 has been completed by those individuals designated in leadership roles as of 8th Day of May 2009. The copies of certificates and/or sign in sheets are in the Emergency Program Manager's office. The information is also documented on the NIMS Tracking Tool (NIMS Elements 5 & 6).

The hospitals and healthcare organizations that are included in our geographical area has established common language of hospital terminology on disaster codes to be used internally or in communication with other hospitals. During an emergency, the common language or acronyms will not be used in communication with the local emergency management office, law enforcement or other government agencies (NIMS Element 9).