<Insert Name of Agency>
Home Health
Emergency Operations Plan

<Insert Date Template is Completed/Revised>
Supersedes Previous Version

HOME HEALTH AGENCY PROFILE

Agency Name: ______________________________

Address: ______________________________

____

____

County: ______________________________

Phone: ______________ Fax: ______________

Emergency Phone: ______________________________

Owner/Corporation: ______________________________

Address: ______________________________

____

____

Phone: ______________ Secondary Phone: ______________

Emergency Phone: ______________________________

Facility Administrator: ______________________________

Address: ______________________________

____

____

Phone: ______________ Secondary Phone: ______________

Emergency Phone: ______________________________

Emergency Operations Plan Coordinator: ______________________________

Address: ______________________________

____

____

Phone: ______________ Secondary Phone: ______________

Emergency Phone: ______________________________

Licensed Facility Bed Capacity: ______________________

Average Daily Census: ______________________

Long Term Care Services: *(e.g., specialty services or units)* ______________________

____

Patients in Care

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

Disability or Other Challenges	
Alzheimer's, dementia or cognitive impairment: ______	Confined to bed: ______
Blind or low vision: ______	Require 24-hour constant care: ______
Deaf or hearing impaired: ______	Chronic condition (please specify): ______
Speech impaired: ______	Other (please specify): ______
Limited mobility or difficulty walking: ______	______
	______

Dependency		
Dialysis: ______	Insulin: ______	Walker/cane/scooter/wheelchair: ______
Ventilator: ______	Oxygen: ______	Other (please specify): ______
Service animal: ______		______
Other machine dependent: ______		______

For Official Use Only

SIGNATURE PAGE

Facility/Agency

____ __________________
Name, Title Date

____ __________________
Name, Title Date

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

<u>District Level</u>

____ __________________
Emergency Planner Date

____ __________________
Surveillance Nurse Date

____ __________________
Emergency Response Coordinator Date

<u>State Level</u>

____ __________________
EOP Program Director Date

Local County Emergency Management Agency

____ __________________
County EMA Date

RECORD OF CHANGES

Submit recommended changes to this document to the **<Insert Agency EOP Coordinator>**.

Change Number	Date of Change	Description of Change	Initials

RECORD OF DISTRIBUTION

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

Recipient Name	Department/Agency	Date Distributed	Initials

TEMPLATE INSTRUCTIONS

This template has been developed by the Mississippi State Department of Health to aid healthcare facilities in the development of emergency operations plans. It addresses many key factors in emergency operations management including plan development, coordination with community partners, communication, resource and asset acquisition and tracking, and appropriate security measures. The template also provides guidance regarding staff management, utilities management, patient care, continuity of operations, and emergency operations program management considerations including training, plan review and exercises.

By using the template, planners can easily insert information where specified. If the organization has policies and procedures already in place to address specific events and hazards, these can be inserted in the body of the plan where indicated or in the applicable functional annex or Incident Specific annex section of the plan.

The template has been designed to address certain emergency planning requirements of the Joint Commission, the National Incident Management System (NIMS) and the Mississippi State Department of Health. It is organized in such a way that information can be quickly located in an emergency.

Healthcare organizations requiring assistance with plan development are encouraged to use this tool to help build a comprehensive emergency operations plan. Those institutions that already have comprehensive emergency plans can use the information contained in the template to supplement areas of their plans where gaps may exist.

It should be noted that the template contains some concepts that may not be applicable to every healthcare institution. It is up to each healthcare organization to customize its individual plans to best meet the needs of the organization and the communities in which it serves.

Font Styles and Interpretations

Font Style	Interpretation
<Text>	Indicates that the facility is required to insert specific information as instructed. The facility should replace the instructional text with the actual information.
Text	Indicates that the facility is required to provide specific information at length as instructed (i.e., specific procedures, processes or resources). The facility should replace the instructional text with the actual information.
Text	Indicates sample information that has been provided for the facility's consideration. The facility may select, add to or delete the sample information to tailor the information to its specific requirements.

Updating the Table of Contents

Once all required and optional sections of the template are completed and the plan is ready to be finalized, the Table of Contents (TOC) and the List of Tables need to be updated to reflect the appropriate heading names, section references and page numbers. To update the TOC, right click within the section so that all of the contents are highlighted in grey. Select the **Update Field** option from the menu that opens. The section will then automatically update or the **Update Table of Contents** dialog box will open. Select the **Update the Entire Table** option and click **OK**. The fields will then automatically update. Repeat this process for the List of Tables.

***Please note:** This template is formatted for double-sided printing.

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I. Introduction

A. Purpose

The purpose of this plan is to improve the capacity of **<Insert name of agency>** to prepare for, detect, respond to, recover from and mitigate the negative outcomes of threats and emergencies. The Emergency Operations Plan (EOP) uses an all-hazards approach to outline policies and procedures that will be used in response to emergencies. Functional Annexes provide policies and procedures regarding particular aspects of planning, including the Strategic National Stockpile (SNS), Continuity of Operations (COOP), the State Medical Asset and Resource Tracking Tool (SMARTT) and the Volunteers in Preparedness Registry (VIPR). Incident Specific Annexes highlight specific hazards the agency may face and identify the actions that will be taken to address these hazards. Other supporting documents include:

List other supporting plan documents included in the plan. Examples:

- *Transportation contracts*
- *Evacuation maps*
- *Mutual aid agreements*
- *Organizational charts*
- *Floor plans*
- *Policies and procedures*
- *Fire safety plan*

B. Scope

The Emergency Operations Plan is designed to guide planning and response to a variety of hazards that could threaten the safety of patients and staff or the environment of the agency, or adversely impact the ability of the agency to provide healthcare services to its patients. The plan is also designed to meet state and local planning requirements.

This plan applies to **<Insert the names and locations of facilities to which the plan applies>**.

Table I-1
Primary and Affiliate Facilities

Primary Facility		
Facility Name	**Address (Street, City, State, Zip)**	**County**

Home Health

Affiliate Facilities		
Facility Name	**Address (Street, City, State, Zip)**	**County**

II. Administration

A. Executive Summary

The **<Insert name of agency>** 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 agency. Coordination of planning and response with other healthcare organizations, public health and local emergency management are emphasized in the plan. The plan also addresses proper plan maintenance, communications, resource and asset management, patient care, continuity of operations, management of staff, evacuation and contingency planning for utilities failure.

The plan will undergo an annual review process to ensure any plan deficiencies are identified and addressed. A corrective action process will be instituted and maintained in the plan to ensure lessons learned and action items identified from exercises and real events are properly addressed and documented.

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

All response activities will follow the National Incident Management System (NIMS) guidelines. NIMS provides guidelines for common functions and terminology to support clear communications and effective collaboration in an emergency situation. In addition, the agency will follow the Incident Command System (ICS) organizational structure in response to emergency events and in exercises. ICS provides an organizational structure in emergencies that is flexible to the size and complexity of the event. It establishes a clear chain of command, manageable span of control, established objectives and the use of common terminology by those involved in the response. 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 in the ICS system and in their roles and responsibilities to ensure they are prepared to meet the needs of patients in an emergency.

B. Plan Review and Maintenance

1. Plan Review

The Emergency Operations Plan will be reviewed and updated annually, incorporating the latest National Incident Management System (NIMS) elements, data collected during actual and exercise plan activations, changes in the Hazard Vulnerability Assessment, changes in emergency equipment, changes in external agency participation, etc.

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

2. Exercises

<Insert name of agency> must test its plan and operational readiness at least annually. This is accomplished through exercises in which many planned disaster functions are performed as realistically as possible under simulated disaster conditions.

An After-Action Review meeting (AAR) will be held immediately after the disaster or exercise. A written report will be completed within **<Insert timeline for completing AAR>** and will include a plan for corrective action. This corrective action will be incorporated into the plan as soon as it is feasible. The **<Insert position title>** will be responsible for coordinating the exercises, AAR and corrective action planning.

All exercises will incorporate elements of the National Incident Management System (NIMS) and Incident Command System (ICS).

Future exercises will be utilized to evaluate the effectiveness of improvements that were made in response to critiques of the previous exercise.

3. Training

a. Staff Training Requirements and Tracking

All employees will receive specific training during new employee orientation and at least annually on:

List training requirements for employees. Examples:

- *Roles of the individual, department and agency in an emergency*
- *Information and skills required*
- *Use of backup communication systems*
- *Acquiring supplies and equipment*

C. Authorities and References

List the legal bases for emergency operations and activities. These may include laws, statutes, ordinances, executive orders, regulations, formal agreements and pre-delegation agreements, and pre-delegation of emergency authorities. List the pertinent reference materials, including related plans or local jurisdiction.

- **<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>**
- **Minimum Standards of Operations for Home Health Agencies**
  Mississippi State Department of Health
  Title 15, Part III, Subpart 01, Chapter 46
- **Home Health Agencies**
  Mississippi Code Annotated

41-71-1 through 41-71-19

- **National Incident Management System (NIMS)**
  Federal Emergency Management Agency (FEMA)
  http://www.fema.gov/emergency/nims/
- **Incident Command System (ICS)**
  FEMA
  http://www.fema.gov/emergency/nims/IncidentCommandSystem.shtm
- **The Joint Commission**
  www.jointcommission.org
- **Strategic National Stockpile**
  Centers for Disease Control and Prevention
  http://www.bt.cdc.gov/stockpile/index.asp
- **Volunteers in Preparedness Registry**
  Mississippi State Department of Health
  http://volunteer.msdh.state.ms.us/VolunteerRegistry/Default.aspx
- **State Medical Asset and Resource Tracking Tool**
  EMS Emergency Performance Improvement Center
  http://www.emspic.org/?q=node/7

III. Situation

A. Risk Assessment

A hazard vulnerability analysis conducted by **<Insert name of agency>** provides details on local hazards including type, effects, impacts, risk, capabilities and other related data. Due to its location and geological features, **<Insert name of agency>** is vulnerable to the damaging effects of certain hazards that include, but are not limited to:

1. Natural Disasters

Natural disasters include severe weather events such as hurricanes, tropical storms, thunderstorms, snow and ice storms, mudslides, flooding and wildfire events.

2. Human-Caused Events

Human-caused events include terrorism, criminal events, biological events, hazardous material and chemical spills, extended power outages and fires.

3. Neighboring Threats

List neighboring threats that may influence policy development and decision-making. Examples:

- *Hurricane evacuation zones as provided by the local Emergency Management Agency*
- *Flood zone as provided by the local Emergency Management Agency (this information will likely come from the Flood Insurance Rate Map)*
- *Surge zone as provided by the local Emergency Management Agency*

List the proximity to any local points of interest that may affect or impact the agency in a unique way. Examples:

- *Naval port*
- *Airport*
- *Railway*
- *Coastline*
- *Major transportation artery*
- *River*
- *Levee*
- *Chemical plant*
- *Nuclear energy facility*

4. Operational Threats

Operational threats are risks associated with internal processes, business practices and personnel that have the potential to cause a disruption to services. The agency should assess its operational risks and determine those risks with the highest potential to impact agency functions. The following table describes operational risks and the agency level of vulnerability to experiencing disruptions due to these risks.

Table III-1
Operational Risks

Risk Description	Vulnerability	Description/Recommendations
Orders of Succession		
Delegations of Authority		
Designated and Trained Employee Backups		
Record and File Backup Procedures		
Alternate Care Sites and Evacuation		
Building Physical Security		
Emergency Communication Capabilities		
Neighboring Threats		
Coordinating Departments		

B. County Hazard Vulnerability Analysis

Local emergency management agencies have completed full hazard vulnerability analyses for local communities. The hazard vulnerability analysis for **<Insert county and/or counties>** can be accessed at **<Insert location of hazard vulnerability analysis>**.

For each of the hazards identified in the local hazard vulnerability analysis, the agency should develop an Incident Specific Annex outlining the activities that will take place in preparing for, responding to and recovering from each event.

Incident Specific annexes are located in the Incident Specific Annex section at the end of this plan.

IV. Assumptions

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

List planning assumptions. Examples:

- *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.*

V. Concept of Operations

A. General

1. The National Incident Management System and Incident Command System

a. Introduction to the National Incident Management System

<Insert name of agency> has developed this Emergency Operations Plan to be consistent with the National Incident Management System (NIMS). NIMS is a nationally standardized incident management system that provides guidelines for common functions and terminology to support clear communication and effective collaboration in an emergency situation. The agency encourages other healthcare stakeholders including associations, utilities, partners and suppliers to also adopt this strategy to ensure a coordinated response to future threats.

b. Introduction to the Incident Command System

<Insert name of agency> has also adopted the Incident Command System (ICS). This system utilizes a structured yet flexible approach to all-hazards planning and response. ICS enables effective and efficient incident management via the integration and coordination of five major functional areas: command, operations, planning, logistics and finance administration. It provides specific forms to guide incident action planning and facilitates clear communications in an emergency by instituting a common communication plan for those involved in response. ICS is also flexible and scalable, allowing functional areas to be added as necessary and terminated when no longer necessary.

c. Approach, Goals and Implementation

The Emergency Operations Plan will have a functional approach. That is, the plan will be organized around specific functions. Common functions that must be performed in an emergency will be identified, responsibility for those tasks will be assigned and standard operating guidelines will be developed for carrying out specific tasks associated with the larger function. Because the goal of this approach is to have a coordinated response, it is important that the task-based guidelines and procedures be developed to be consistent with the agency's overall Emergency Operations Plan and policies. Implementation of new procedures and guidelines should also be consistent with NIMS and ICS principles.

B. Incident Management

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

1. 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.

2. 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.

3. 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.

4. 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, reestablishment of communications with patients and documentation of expenses and damages for possible reimbursement or to properly file insurance claims.

C. Plan Activation

The Emergency Operations Plan will be activated in response to internal or external threats to the agency. Internal threats could include a fire, bomb threat, loss of power or other utility, or other incidents that threaten the well being of patients, staff and/or the facility itself. External threats include events that may not affect the facility directly but have the potential to overwhelm agency resources or put the agency on alert. Examples might include a mass casualty incident or a large scale disease outbreak in the community resulting in infection of patients and/or staff, severe weather or other hazardous incident in the community.

1. Threat Confirmation

If an employee learns of an occurrence that may constitute a disaster, he or she should attempt to confirm the nature of the threat and its potential impact to the agency.

The employee should confirm the information is from a trustworthy source and not rumor or hearsay. Possible sources include:

- Emergency response organizations, such as fire and police
- Radio and/or TV stations

- The National Oceanic and Atmospheric (NOAA) Weather Radio Stations warning issued through the National Weather Services (NWS)

2. Persons Responsible for Plan Activation

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

The following individuals have the authority to initiate the Emergency Operations Plan:

Primary: ____________________

Backup 1: ____________________

Backup 2: ____________________

3. Alerting Staff

To notify staff that the Emergency Operations Plan has been activated, those within the headquarters facility will be contacted first through the **<Insert internal communication system (e.g., overhead paging system, internal meeting, radio, etc.)>**.

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

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

4. Alerting External Agencies

<Insert name of agency> works closely with external partners, including **<List names of external agencies>**. The **<Insert position title>** will be the individual responsible for contacting these external agencies to notify them that the Emergency Operations Plan has been activated.

VI. Roles and Responsibilities

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

Describe the emergency responsibilities assigned to individual position titles as well as departments. To meet this goal the EOP should contain specific details outlining what will be expected of individuals and departments during an event.

A. Departments

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

Table VI-1
Roles and Responsibilities

Department	Roles and Responsibilities	Lead Point of Contact

B. Positions

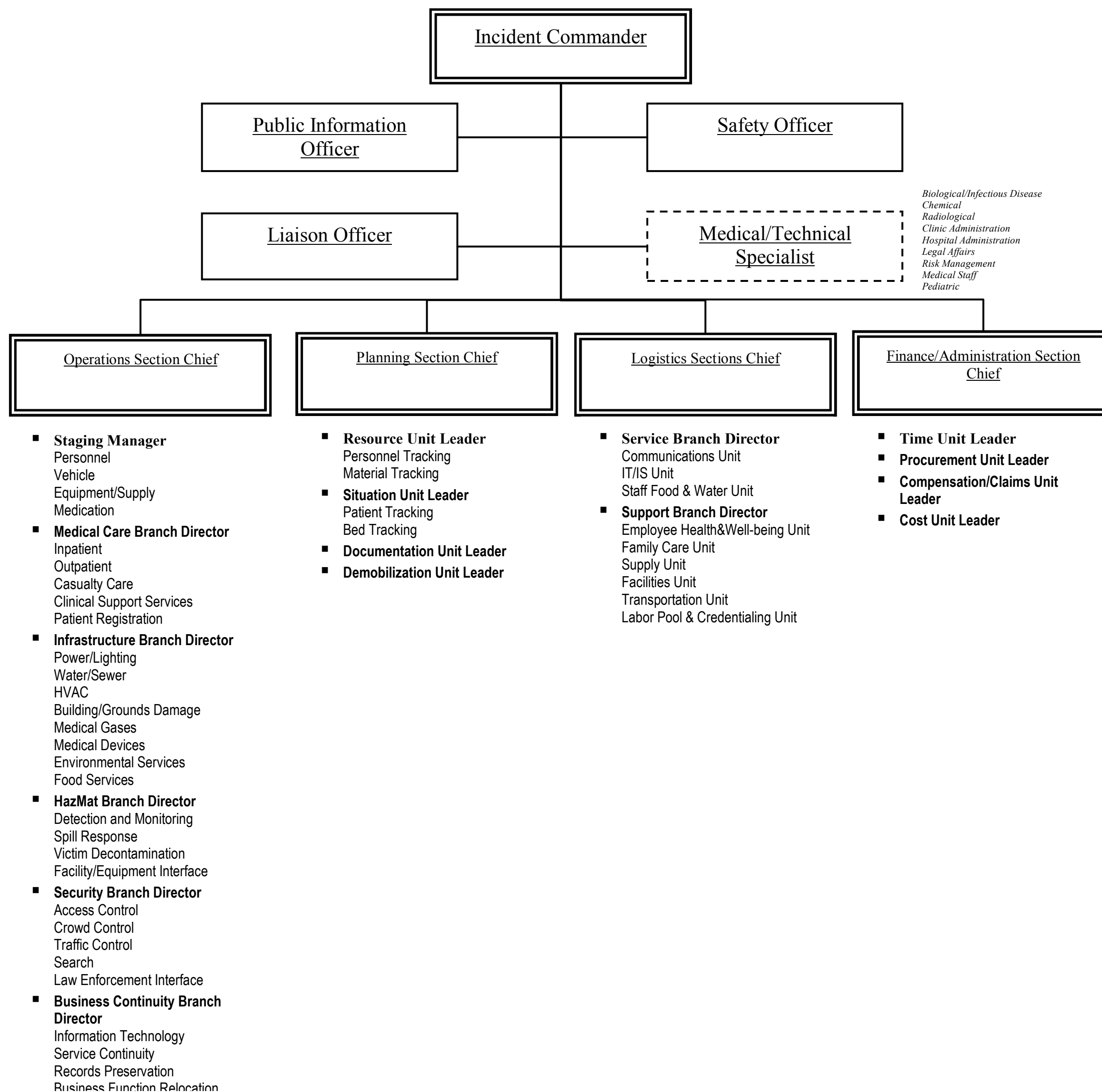
Identifying and assigning personnel in the Hospital Incident Command System depends a great deal on the size and complexity of the incident. The Hospital Incident Command System is designed to be flexible enough so that the number of staff needed to respond to an incident can be easily expanded or contracted.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

VII. Command and Coordination

A. Command Structure

Command will be organized according to the Hospital Incident Command System (HICS). The chart below illustrates the structure of response activities under 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.

1. Organizational Chart



2. Identifying and Assigning Incident Command System Personnel

a. Incident Commander

The Incident Commander sets the incident objectives, strategies and priorities. The Incident Commander has overall responsibility at the incident or event.

b. 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. The Operations Section is expanded to include branches, divisions and units as needed.

c. Logistics Section

The Logistics Section provides support, resources and other essential services to meet the operational objectives set by the Incident Commander.

d. Planning Section

The Planning Section prepares and documents the Incident Action Plan to accomplish objectives, collects and evaluates information, maintains resource status and maintains documentation for incident records.

e. Administration/Finance Section

The Finance/Administration Section monitors costs related to the incident while providing accounting, procurement, time recording and cost analysis.

3. Orders of Succession

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

Identify agency essential functions below and assign a primary person and three successors for each function identified.

Table VII-1
Key Personnel and Orders of Succession

Essential Function	Primary	Successor 1	Successor 2	Successor 3

4. Delegations of Authority

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

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

Table VII-2
Delegations of Authority

Task	Incumbent	Delegated Position	Limitations

B. Local Emergency Operations Center Coordination

This agency will coordinate fully with the **<Insert the 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.

Describe/outline how the agency will coordinate with the local Emergency Management Agency and/or Emergency Operations Center (EOC) during a disaster.

C. Public Health Coordination

<Insert name of agency> will coordinate planning and response activities with public health. Activities may include:

- *Following disease reporting requirements*
- *Providing regular updates to the Statewide Medical Asset and Resource Tracking Tool (SMARTT) as required (See Annex C)*
- *Participating in and providing support for the Volunteer in Preparedness Registry (VIPR) (See Annex D)*

Home Health

- *Participating in public health planning initiatives*
- *Receiving guidance and health alerts through the Health Alert Network (HAN)*
- *Participating in any after-action planning as requested by public health officials*

Describe/outline how the agency will coordinate planning and response activities with public health.

VIII. Communications

A. Internal Communication

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

B. Communication with External Agencies

<Insert name of agency> works closely with several external partners. The **<Insert position title>** will be the individual responsible for communicating with external agencies, updating them on the status of operations and answering inquiries. To communicate with external agencies, **<Insert name of agency>** will use **<Insert external communication system (e.g., phone tree, radio, media)>**. External agencies that **<Insert name of agency>** will communicate with in an emergency and their contact information is located in the chart below.

Table VIII-1
External Contacts

Agency	Purpose for Contact	Contact Name/Title	Phone	Alternate Contact Info

C. 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)>**.

1. 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.

D. Communication with Patients and Families

To ensure communication with patients and their families is consistent and timely during an emergency, policies and protocols have been established for communication activities prior to and during an emergency.

1. Planning Activities

<Insert name of agency> will embark on planning activities to ensure patients and their families are supplied with necessary information in an emergency. **<Insert communication planning activities the agency is or will be conducting (e.g., counseling patients and families on communications and safety guidelines in an emergency)>**.

2. Response Activities

Include how the agency will communicate with patients during and after an emergency.

E. Communication with Vendors of Essential Supplies, Services and Equipment

<Insert name of agency> has developed a list of vendors, contractors and consultants that can provide specific services before, during and after an emergency event. The **<Insert position title>** is responsible for maintaining the list. This list will be updated periodically. The list includes the name of the purveyor, the supplies, services or equipment they provide to the agency, a phone number and alternate contact information. A copy of the list is included with this plan. See Attachment C.

F. Communication with Other Healthcare Organizations

Indicate if agreements exist between healthcare organizations in the community to share information and resources.

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 agency'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

G. Communications about Patients to Third Parties

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated regulations that govern privacy, security and electronic transaction standards for health care information. The act guarantees certain privacy rights regarding an individual's personal medical/health information. However, there are purposes under the law for which healthcare organizations are permitted or required to use or disclose a patient's health information to third parties without the consent or authorization of the patient. In an emergency, the most likely scenarios include:

- Other health care organizations: The agency may release a patient's information to a treatment facility for their continued care after discharge.
- Public Health: The agency is required to report patient information to public health in order to:
  - Prevent or control diseases
  - Report death
  - Report abuse or neglect
  - Track products as regulated by the federal Food and Drug Administration (FDA) and report problems or reactions to medications or products.
  - Provide notification and communication about product recalls, replacements and look-backs
- Law Enforcement: Information may be disclosed for law enforcement purposes under certain circumstances, such as reporting of certain types of physical injuries, locating persons, and reporting and investigating crimes.

Any questions regarding the disclosure of patient information should be directed to **<Insert position title>**.

H. Backup Communications Redundancy and Equipment

The primary means of internal communication for this agency will be **<Insert internal communication system>**. The primary means of external communication will be **<Insert external communication system>**. **<Insert name of agency>** also maintains backup communications systems or devices to use in the event primary communication devices are inoperable. Backup communications systems and devices will be tested **<Indicate time interval for testing (monthly, quarterly, etc)>**. Backup communications systems and devices include:

List backup communications equipment and system. Examples:

- *E-mail*
- *Alpha-numeric or digital pagers*
- *Interdepartmental or healthcare radio networks*

- *Fax machines*
- *Ham radios*
- *Cellular phones*
- *Runners*

I. 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.

IX. Resources and Assets

A. Acquiring and Replenishing Medications and Supplies

Supplying the agency in an emergency will be initially satisfied by pulling from locally stored supplies. As replenishment becomes necessary, resources will be requested from vendors. A list containing the names and contact information of the vendors that deliver and/or manufacture supplies and provide critical services can be found at **<Insert location of list>**.

Patient medications will typically be supplied by the patient/caregiver in the home. If there is knowledge of an approaching threat, such as a hurricane or winter storm, the patient care staff will assist the patient/caregiver in obtaining supplies and medications needed to sustain them through an emergency.

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

B. Sharing Resources with Other Healthcare Organizations

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

Include procedure for sharing or borrowing supplies within the agency's healthcare network, if applicable.

If the healthcare organizations sharing the resources are within **<Insert name of jurisdiction>**, the borrowed or loaned products should be documented on a Resource Accounting Record form (HICS Form 257). The equipment should then be returned after use. Any consumable supplies that are used should be billed via invoice and paid by the organization using the supplies. Any unused consumables should be returned.

Include other procedures, if applicable.

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

Include other procedures, if applicable.

C. Monitoring Quantities of Resources and Assets

The **<Insert position title>** is responsible for monitoring quantities of assets and resources during an emergency. Resources and assets used during an emergency are tracked using a Resource Accounting Record form (HICS Form 257). Available services and resources can also be tracked daily using the State Medical Asset Resource Tracking Tool (SMARTT). For additional information on SMARTT, see Annex C.

List other inventory tracking systems, if applicable.

D. Transportation Assets

<Insert name of agency> will identify and seek to enter agreements with transportation providers with appropriate vehicles and personnel to assist in the transport of patients, staff and necessary supplies in the event evacuation of the community is necessary. A list of these providers is located in Section XIV.B of this plan. If these providers are not able to provide transportation services in an emergency, **<Insert position title>** will coordinate with the **<Insert name of local Emergency Management Agency>** to acquire the necessary transportation resources to safely evacuate patients.

X. Management of Staff

A. Assignment of Staff

In a disaster, personnel may not necessarily be assigned to their regular duties. They will be asked to perform various jobs that are vital to the operation. **<Insert position title>** will delegate assignments and instruct staff where to report in an emergency. Staff will be assigned as needed and provided information outlining their job responsibilities and who they report to.

B. Managing Staff Support Needs

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

Housing for staff will be located at:

- ***Include housing options for staff such as specific rooms in hotels, motels, American Red Cross shelter, etc. Include address information for each option.***

Identified resources for transporting staff include:

- ***Include transportation resources for transporting staff such as facility van, taxis, community service organizations, etc. Include contact information for each resource listed.***

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

- ***Include name of department(s) and/or organizations (e.g., social workers, chaplains, community mental health service organizations, etc.) Include contact information for each department/organization listed.***

C. Managing Staff Family Support Needs

In a disaster situation, the agency will make arrangements for child care and/or elder care for employees who would be unable to respond otherwise. Staff using this service should make arrangements with the **<Insert position title (e.g., Family Care Unit Manager)>**. Staff should make sure that they provide the following items for their dependents:

- All prescriptions in their original containers
- Immunization records (under 4 years) if available
- Emergency contact other than staff member
- Diapers, if applicable
- Baby food and bottles

- Child's/adult's favorite item
- Toiletry Items

In extreme situations, arrangements will be made for intermediate to long-term housing for staff and immediate family. Provisions will be made for clothing, food and fuel for transportation to and from work as needed.

Staff needing accommodations for their pets will give this information to the **<Insert position title (e.g., Family Care Unit Manager)>**. This information will be passed on to the appropriate individuals and every effort will be made to accommodate staff's pets so staff can come to work and perform their duties. A local kennel, veterinarian or shelter can be established to accept staffs' pets at their own expense. Staff using this service will need to bring the appropriate items for the care of their pet(s).

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

D. Identification of Staff

All staff should wear agency-issued identification **<Insert type of identification (e.g., badges)>** to visit patients. Approved temporary staff and volunteers will receive temporary identification. **<Insert position title>** will be responsible for coordinating identification of staff and volunteers. Badging operations will be conducted at **<Insert badging location>**.

XI. Patient Management in an Emergency

A. Patient Care and Treatment, Transfer and Discharge

Prior to an emergency, nursing staff will educate patients and caregivers on the steps to be taken in the event an emergency occurs. Patients will be evaluated for evacuation assistance needs. If an emergency situation has the potential to threaten the health of the patient and evacuation with the caregiver is not a viable option, the agency will contact the patient's physician for orders to transfer the patient to appropriate healthcare facilities until such time the patient can once again safely receive health services in their home.

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

B. Patient Tracking

<Insert position title> will track patients who are transferred to healthcare facilities or are evacuated as a result of a community threat. Contact with the patient/caregiver will be re-established as soon as possible after the emergency. The **<Insert position title and/or department(s)>** staff shall be responsible for tracking patients.

Indicate method that will be used to track patients evacuated by caregivers or to healthcare facilities (e.g. HICS Master Evacuation Tracking form or other mechanism).

In addition, **<Insert name of agency>** shall utilize third-party information such as **<Insert other patient tracking system that may be used (WebEOC, American Red Cross database or fax tracking information, etc.)>** as appropriate to assist families in locating patients.

XII. Utilities

A. Alternate Means of Meeting Headquarter Building Utility Needs

Indicate whether the headquarters (office) facility has backup generator power in the event of an electrical outage. If so, complete the following sections.

1. Generator Details

Table XIII-1
Generator Details

Generator Details	Generator 1	Generator 2	Generator 3
Generator Make/Model			
Watt Rating			
Type of Fuel Required			
Tank Capacity			
How many hours of power can be generated using current fuel supply?			

2. Generator Functions

Specify what functions or circuits the generator will provide power for and any instructions regarding the operation or conservation of power during generator operation.

Table XIII-2
Systems Supported by the Generator

Systems	Generator Instructions

3. Generator Failures

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

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

4. Generator Fuel

Include the procedures and responsibility for providing generator fuel during and after an event.

Table XIII-3
Fuel Suppliers

	Company/Agency Name	Type Fuel Provided	Contact Name	Phone	Alternate Contact
Primary					
Backup 1					
Backup 2					

B. Assisting At-Home Patients with Restoration of Utilities

After an emergency, nursing staff will re-establish contact with patients as soon as possible. If the patient is lacking critical utility services, the staff person will assist the patient and caregiver in evaluating the status of utility service restoration. The staff member will evaluate whether the patient may need to be moved to a healthcare facility or temporary shelter until utility services are restored.

For Official Use Only

XIII. Recovery

A. Initiation and Recovery

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

B. Protocol

List recovery protocols. Examples:

- *Inspect facility for safety issues*
- *Ensure adequate supplies and personnel are in place to provide care to patients*
- *Test critical systems*

C. Restoration of Services

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

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

D. 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.

E. After-Action Report/Corrective Action Plan

After any real incident or exercise where the Emergency Operations Plan is activated, an after-action report and a corrective action plan will be developed. The purpose of the after-action report is to document the overall performance of the agency 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 corrective action plan is to ensure issues and opportunities for improvement are adequately addressed to improve response capabilities to future events. The corrective action 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.

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

XIV. 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 makes recommendations for improvements

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

Continuity of Operations (COOP) (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 (IP) that are intended to resolve preparedness gaps and shortcomings experienced in exercises or real-world events.

Decontamination - To make 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 facility leadership and personnel if they are away or unavailable during an emergency.

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

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

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

Homeland Security Exercise and Evaluation Program (HSEEP) - Developed by the Department of Homeland Security (DHS) as a threat and performance-based exercise program that provides doctrine and policy for planning, conducting and evaluating exercises. HSEEP was developed to enhance and assess terrorism prevention, response and recovery capabilities at the federal, state and local levels. HSEEP training courses are free and available online.

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

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

Incident Command System (ICS) - A standardized, on-scene, all-hazards incident management approach that: allows for the integration of facilities, equipment, personnel, procedures and

communications operating within a common organizational structure; enables a coordinated response among various jurisdictions and functional agencies, both public and private; 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.

Long Term Care Facility - A facility that provides rehabilitative, restorative, and/or ongoing skilled nursing care to patients or residents in need of assistance with activities of daily living. Long term care facilities include nursing homes, rehabilitation facilities, inpatient behavioral health facilities and long-term chronic care hospitals.

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

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

Mutual Aid Agreements (aka MOA) - 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. Also referred to as inter-local agreements or Memorandums of Agreement (MOA).

National Incident Management System (NIMS) - A systematic, proactive approach to guide departments and agencies at all levels of government, nongovernmental organizations, and the private sector to work seamlessly to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life 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. Includes severe weather events such as hurricanes, tropical storms, thunderstorms, snow and ice storms, mudslides, floods and wildfire events

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

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

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

procedures and conducting exercises with staff to ensure they are capable of implementing response procedures when necessary.

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

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

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

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

Standard Operating Guidelines (SOGs) - Approved methods for accomplishing a task or set of tasks. SOGs are typically prepared at the department or agency level. They may also be referred to as Standard Operating Procedures (SOPs).

State Medical Asset and Resource Tracking Tool (SMARTT) - A web-based tool capable of monitoring hospital, Emergency Medical Services (EMS) system and health center resources on a regular basis. SMARTT also serves as a sophisticated communications tool that allows information to be disseminated throughout a state's healthcare system. SMARTT is a multi-state system in use in the states of Mississippi, North Carolina, South Carolina and West Virginia.

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.

Volunteers in Preparedness Registry (VIPR) - A secure registration system and database for health professional volunteers willing to respond to public health emergencies

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

XV. Acronyms

AAR	After-Action Report
CAP	Corrective Action Plan
CD	Compact Disc
CDC	Centers for Disease Control and Prevention
COOP	Continuity of Operations Plan
DHS	Department of Homeland Security
EMC	Emergency Management Coordinator
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
EPA	Environmental Protection Agency
ESF	Emergency Support Function
FBI	Federal Bureau of Investigation
FDA	Food and Drug Administration
FEMA	Federal Emergency Management Agency
HAN	Health Alert Network
HC	Healthcare
HCF	Healthcare Facility
HICS	Hospital Incident Command System
HIPAA	Health Information Portability and Accountability Act
HSEEP	Homeland Security Exercise and Evaluation Program
HVA	Hazard and Vulnerability Analysis
HVAC	Heating, Ventilation and Air Conditioning
IC	Incident Command
ICS	Incident Command System
IP	Improvement Plan
IS	Independent Study
JAS	Job Action Sheets

JIC	Joint Information Center
JIS	Joint Information System
MAA	Mutual Aid Agreement
MEMA	Mississippi Emergency Management Agency
MOU	Memorandum of Understanding
MSDH	Mississippi State Department of Health
NIMS	National Incident Management System
NOAA	National Oceanic and Atmospheric Administration
NWS	National Weather Service
OEPR	Office of Emergency Planning and Response
PIO	Public Information Officer
POC	Point of Contact
POD	Point of Distribution
PPE	Personal Protective Equipment
SHO	State Health Officer
SMARTT	State Medical Asset Resource Tracking Tool
SNS	Strategic National Stockpile
SOG	Standard Operating Guidelines
SOP	Standard Operating Procedures
VIPR	Volunteers In Preparedness Registry

XVI. Attachments

Attachment A: Emergency Staffing and Staff Roster

Attachment B: Risk Worksheets

Attachment C: Vendor Contact Information

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

Attachment E: MSDH District Information

A. Emergency Staffing and Staff Roster

Table XVIII-1
Agency Emergency Staffing Roster

Name	Department	Phone	E-mail Address	Emergency Staffing Role

B. Risk Worksheets

Emergency Preparedness Planning

Is there an Emergency Planning/Preparedness Committee for the organization/facility that meets periodically to discuss emergency management issues including past incidents, upcoming events, new policies and procedures, potential risks and hazards, preparedness activities, etc.?

How often does the committee meet?

Does the committee coordinate with state/county/city emergency management personnel?

Primary contact for the Emergency Preparedness/Planning Committee:

Neighboring Threats

Neighboring threats constitute a significant hazard or risk that could affect the surrounding community, generally within a five mile radius. The nature of these threats is usually human-related, such as a nearby power generation facility that could experience an accidental spill or release, or a cargo rail line carrying potentially hazardous materials. The operations of a healthcare provider and its capabilities to provide essential services could be significantly impeded during such an event.

Review the list of Neighboring Threats below and check "Yes," "No" or "N/A" accordingly.

Neighboring Threats	YES	NO	N/A
Is the facility located near an airport or a flight path of either commercial or private airplanes?			
Is the facility located near a military base?			
Is the facility near a major interstate highway?			
Is the facility near an oil, nuclear power or chemical processing plant?			
Is the facility located within 5 miles of an ocean or major lake or river?			
Is the facility located on or near a fault line?			
Is the facility located in tornado prone areas?			

Home Health

Neighboring Threats	YES	NO	N/A
Is the area prone to flooding?			
Is the facility located in an area prone to extreme snow or ice conditions?			
Is the facility located on the side of or immediately below a cliff?			
Is the facility located in a rural or urban area?			
Does the community have a high-density population?			
Is traffic congestion or significant traffic a consistent problem?			
Are there train tracks that cross near the facility?			
Is there a large hospital located within 5 miles of the facility?			
Are EMS and Fire located within 5 miles of the facility?			

Operational Threats

Assessing the challenges that could take place within the facility is essential. The ability to mitigate situations that could present major problems and setbacks is critical to ensuring continued operations. Identification of operational threats presents the opportunity to address issues that have not yet been resolved and validate processes that are already in place.

Review the list of operational threats below and check “Yes,” “No” or “N/A” accordingly.

Operational Threats	YES	NO	N/A
Does the building have a security system?			
Does the building have operational smoke detectors?			
Dose the building have operational carbon monoxide detectors?			
Does the building have an operational sprinkler system?			
Are the above detectors and systems frequently tested?			
Have employees been trained to use the security and safety systems in the building?			
Does the facility store its medical and personnel records at least 18 inches from the ground?			
Are plans/checklists for emergency situations in place and stored in a central location?			
Are individuals who have limited training able to run the plans/checklists if other parties are not available?			

Operational Threats	YES	NO	N/A
Does the facility have an established plan/work schedule for 24 hour operations during emergency situations?			
Are employee recall procedures established?			
Are employees aware of the work schedule they will be required to fulfill?			
Do you have out of area contact numbers for all patients and staff members?			
Is the area around the facility well lit and patrolled regularly by security or police?			
Does the facility have more than one available road for access?			
Does the community surrounding the facility have a history of high crime?			
Is the facility located in a heavily forested area or surrounded with vegetation?			
Is the facility located above the first floor?			
Does the facility have a windowless room near the center of the building?			
Does the building have emergency lighting?			
Does the building have backup generator power?			
Is the backup power generator sufficient for emergency operations?			
Does the office have access to a telephone landline that is not part of the phone system?			
Are storm drains and culverts kept free from debris?			
Are there hazardous materials, radiological sources or biohazards in the facility?			
Are there specific procedures enacted during emergencies to prohibit onsite hazardous materials from becoming dangerous to the public?			

Historical Events

Documenting past events and emergencies that have affected the facility establishes a foundation on which to build emergency management planning assumptions. What types of emergencies have previously occurred in the community, at this facility and at other facilities in the area?

Previously Occurred	Event	Notes
	Fires	
	Severe Weather	
	Hazardous Materials Incidents	

Home Health

Previously Occurred	Event	Notes
	Transportation Accidents	
	Earthquakes	
	Floods	
	Civil Disorder	
	Hurricanes	
	Tornadoes	
	Terrorism	
	Utility Outages	
	Mass Casualty Incidents	
	Train Derailments	
	Disease Outbreak	
	Water Contamination	
	Sinkholes	
	Mudslides	

C. Vendor Contact Information

Table XVIII-2
Vendor Contact Information

Vendor	Contact	Phone	E-mail Address	Supply/Resource

D. Mutual Aid Agreements/Memorandums of Understanding

Include existing Mutual Aid Agreements and/or Memorandums of Understanding.

E. MSDH Information

Mississippi State Department of Health
Health Care Facilities Emergency Operation Plan (EOP)
By District All Hazards Emergency Planner

Northwest Public Health District I
240 Tower Dr
Batesville, MS 38606
662-563-5603 (Fax) 662-563-6307
All Hazards Planner - Robbie Morgan

Northeast Public Health District II
532 S. Church St. / P. O. Box 199
Tupelo, MS 38802
662-841-9015 (Fax) 662-841-9142
All Hazards Planner – Kristy Garza (Off) 662-231-7335

Delta Hills Public Health District III
2600 Browning Rd
Greenwood, MS 38930
662-455-9429 (Fax) 662-455-9448
All Hazards Planner – Burt Schmitz (Off) 662-237-9225

Tombigbee Public Health District IV
48 Lynn Lane
Starkville, MS 39759
662-323-7313 (Fax) 662-324-1011
All Hazards Planner - Rodney Johnson

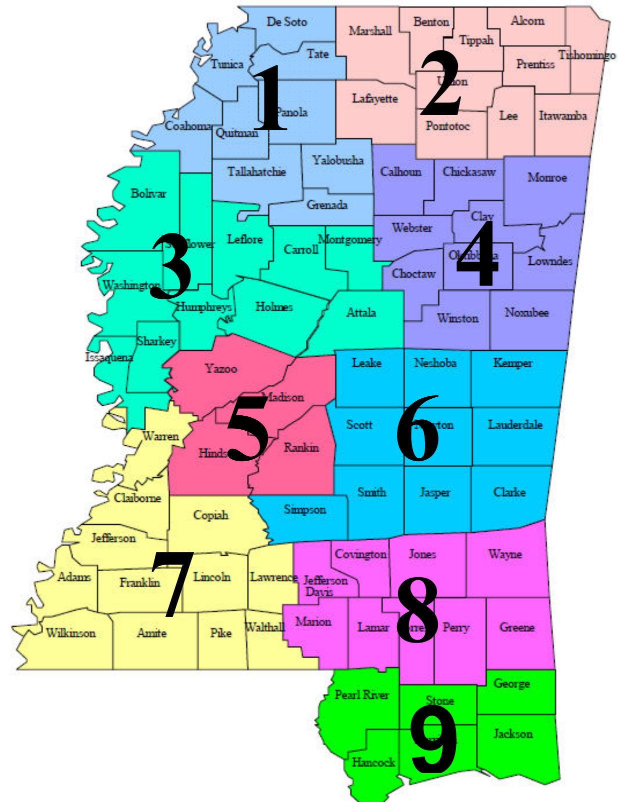
West Central Public Health District V
5963 Hwy 55 N / P. O. Box 1700
Jackson, MS 39215
601-978-7864 (Fax) 601-987-3561
All Hazards Planner- Kelly Drumm (Off) 601-957-1099

East Central Public Health District VI
3128 Eighth St / P. O. Box 5464
Meridian, MS 39302
601-482-3171 (Fax) 601-484-5051
All Hazards Planner - Ben Barham (Off) 601-693-2451

Southwest Public Health District VII
303 A Mall Dr
McComb, MS 39648
601-684-9411 (Fax) 601-684-0752
All Hazards Planner - Christy Hoover

Southeast Public Health District VIII
16 Office Park Dr. Ste 5
Hattiesburg, MS 39402
601-271-6099 (Fax) 601-271-9094
All Hazards Planner - Betty Kreider (Off) 601-428-4006

Coastal Plains Public Health District IX
1141 Bayview Avenue
Biloxi, MS 39530
228-436-6770 (Fax) 228-436-6781
All Hazards Planner – Tim Bomar (Off) 228-374-2128



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XVII. Annexes

Annex A: Strategic National Stockpile

Annex B: Continuity of Operations (Business Continuity)

Annex C: State Medical Asset and Resource Tracking Tool (SMARTT)

Annex D: Volunteers in Preparedness Registry (VIPR)

A. Strategic National Stockpile

Purpose

The Strategic National Stockpile (SNS) is a federal resource used 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 that local and state resources are inadequate or become overwhelmed. If such an event should affect this community, **<Insert name of agency>** may need to utilize SNS resources to treat patients and/or to provide prophylaxis to both patients and facility staff. The purpose of this annex is to outline procedures for coordinating with public health to obtain medications and needed medical supplies from the SNS during a public health emergency.

What is the SNS?

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 federal, state and local authorities agree that state and local resources have or will soon become overwhelmed, SNS supplies can be delivered to the state. Once the SNS supplies arrive in Mississippi, the Mississippi State Department of Health (MSDH) is responsible for managing the supplies and distributing them to affected communities and facilities across the state. Local governments will play a vital role in providing support to state SNS operations such as the use of facilities, resources, staff and volunteers to help with the distribution of medications and/or medical supplies to target populations. Healthcare facilities play a major role by treating those who are ill and providing medications to medical staff and their families to prevent them from becoming ill.

Coordination of Planning with Public Health

Planning for the SNS must be coordinated with MSDH.

Planning for mass prophylaxis of staff:

The first step in coordinating this planning is to register with the state by completing the Strategic National Stockpile (SNS) and Pandemic Influenza Programs Provider Enrollment MSDH Form #255. This form can be obtained on the MSDH website at www.healthyMS.com or from any district health office. This form ***was/was not*** submitted to the MSDH District Surveillance Nurse on **<Insert date (copy of form 255 attached)>**.

MSDH coordinates with registered facilities in planning for receiving the SNS. 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.healthMS.com) are to be used by healthcare personnel in the distribution of medications from the SNS. The **<Insert position title>** will work with MSDH to coordinate planning and training of staff for possible SNS activation. The MSDH point of contact for **<Insert name of agency>** SNS planning is the MSDH District Surveillance Nurse, **<Insert contact phone number>**.

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

Planning for receiving assets for treatment of ill patients:

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

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

Requesting the SNS

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 **<Insert name of agency>** encounters a situation where patient demand is anticipated to exceed available resources, the **<Insert position title>** of the healthcare facility should communicate this to **<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 to the state Emergency Operations Center (EOC) at the Mississippi Emergency Management Agency, which will assess the situation. If indicated by the event, MSDH will request the SNS assets from the Centers for Disease Control and Prevention (CDC).

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

- Communications plan that includes staff assigned (title of staff position) to request resupply, contact information for the county emergency management office and local and state public health offices, and any additional numbers that would be provided during an incident.
- Provision to MSDH of up-to-date information on case count, epidemiologic, intelligence and inventory information from treatment centers to support strategic decisions.
- Provision to MSDH of number of staff and/or staff family members for whom there has been insufficient distribution of prophylactic regimens.
- Detailed information for product description and quantities, related to specific requests.

Acquiring the SNS

If the situation necessitates the need for the SNS, the **<Insert position title>** of the healthcare facility will coordinate with MSDH for the receipt of SNS supplies. To some extent, circumstances will drive the response and dictate how supplies will be received. A representative from **<Insert name of agency>** might be asked to pick up SNS supplies from a health department point-of-dispensing (POD) site or another drop site in the county/city. If so, **<Insert name of agency>** will need to provide MSDH with the name of the healthcare representative designated to pick up the medications and/or medical supplies prior to pick up. Upon arrival at the designated location, the representative will be asked to

present two forms of identification; one form of identification issued by **<Insert name of agency>**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, **<Insert position title>** of the healthcare facility must notify the MSDH Command Center by phone at (601) 576-8085, as instructed in the packet of information received with the shipment.

Two methods for acquiring/receiving SNS assets include: 1) direct shipment to facility and 2) healthcare representative pick-up from a predetermined health department POD or other drop site in the county/city.

Healthcare facility (HCF) requirements for receiving for direct shipment:

- 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, etc.)
    - Adequate material handling equipment required to off-load and stage large pallets; if a loading dock is not available, the facility should ensure plans include how to off-load by hand
- HCF requirement for acquiring SNS assets from health department POD or drop site:
    - As stipulated above

Distribution of SNS Medications

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

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

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

Utilization of medications for the treatment of ill persons, although accompanied by medical guidance from MSDH and interim guidance from federal partners, is ultimately up to the attending physician. There are no treatment algorithms. Information about treatment regimen(s) should be captured as

part of the healthcare facility's standard Medical Administration Record (MAR), which is standard medical practice, not a stipulation of distribution of the SNS.

Healthcare facilities:

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

Security

Heightened security measures may be needed as a result of the events leading up to activation of SNS plans. Circumstances may lead some individuals to take unlawful measures to try to secure SNS assets for themselves and/or others. Adequate security measures must be in place to ensure SNS assets received by **<Insert name of agency>** are secure and to reduce any unnecessary risk to staff transporting or dispensing the medications. **<Insert name of agency>** will take appropriate measures to coordinate security.

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 communitywide event so an alternate plan is necessary.

Public Information

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

Demobilization

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

Within a week of demobilization of SNS operations, **<Insert name agency>** staff will conduct a debriefing to discuss lessons learned from the incident. The lessons learned identified in the debriefing will be used to update and improve the facility's SNS Annex. The **<Insert position title>** of the healthcare facility will update and revise plans accordingly and cooperate with MSDH in any after-action planning discussions or meetings.

References

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

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

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

Attachments

Attachment 1: SNS Planning Checklist for Healthcare Facilities

Attachment 1

SNS Planning Checklist for Healthcare Facilities
Primary Point of Contact (POC) (24/7) Name and contact information:
Secondary POC (24/7) Name and contact information:
Ship to Address (NO P.O. Boxes):
Describe the agency's plan to receive shipments after normal work hours (after 8 a.m. to 5 p.m.):

SNS Planning Checklist for Healthcare Facilities
Describe the agency's plan to receive/unload materials if shipped directly to the facility:
Describe the agency's plan if materials must be picked up and transported from a staged location in the county/city:
Describe the agency's plan to store SNS materials at appropriate temperature/storage requirements:
*****If shipments are requested, facilities could be responsible for costs of returning shipments to MSDH. A documentation of the understanding that persons cannot be charged or billed for supplies received from SNS (state or federal) must be completed at the time of receiving SNS materials.*****

SNS Planning Checklist for Healthcare Facilities
Describe the agency's security plan:

**As this is a voluntary program, please note that at any time an agency may select to participate.*

B. Continuity of Operations (Business Continuity)

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

COOP planning seeks to minimize the potential impact of these events on employees, operations and facilities. This annex will focus on denial of service due to equipment or systems failure with a special focus on information technology (IT) systems.

Phases of Continuity of Operations Planning

There are three phases to the COOP process:

- Normal Operations
- COOP Execution (Emergency Operations Period)
- Reconstitution (Return to Normal Operations)

Normal Operations

Normal operations are those periods without a declared state of emergency or the period directly following the conclusion of an event. Mitigation and planning activities can be conducted during normal operations to protect systems and prepare for an emergency affecting information systems.

Mitigation

Mitigation activities are those that eliminate or reduce the possibility of a disaster occurring. For IT systems, this would include measures to protect equipment and critical information such as backup power, firewalls, virus protection, password protection of files and data redundancy.

Preparedness

Preparedness activities develop the response capabilities that are needed in the event that an emergency occurs. These activities may include developing response procedures for the backup and restoration of data, training personnel in those procedures, conducting system(s) tests, executing

regular backups of data, developing manual interim process to ensure continuous service of essential functions and conducting exercises with staff to ensure they are capable of implementing response procedures when necessary.

COOP Execution

The COOP execution phase includes the actions that are taken when 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 agency>**.

Reconstitution

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

Roles and Responsibilities

The positions responsible for overseeing IT Continuity of Operations are:

Primary	
Name	
Contact	
Alternate Contact	
Roles and Responsibilities	
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

Describe the agency's plan/procedures for backing up vital data:

Describe how personnel trained on the plans/procedures for backing up vital data:

Does the agency have an emergency service plan? If so, explain:

Describe how the agency 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 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.

Essential Function	Name of Critical System/Equipment/Database	Location	Managed By	Responsibilities
Inventory Management				
Patient Management				
Food/Dining Services				
Communications Systems				
HVAC				
Security Systems				

C. State Medical Asset and Resource Tracking Tool (SMARTT)

Purpose

In a disaster, it is vital that healthcare facilities, local and state emergency management agencies, and public health have a clear understanding of the medical resources that are readily available in the affected and surrounding communities. Such information can make a tremendous impact on how quickly victims of a disaster receive needed medical services. The purpose of this annex is to introduce the State Medical Asset Resource Tracking Tool (SMARTT) and outline procedures for its use by the **<Insert name of agency>** to meet state requirements in reporting bed and transportation availability, service capabilities and disaster resources.

Background

SMARTT is a web-based tool capable of monitoring hospital, Emergency Medical Services (EMS) system and health center resources on a regular basis. SMARTT also serves as a sophisticated communications tool that allows information to be disseminated throughout a state's healthcare system. SMARTT is a multi-state system in use in the states of Mississippi, North Carolina, South Carolina and West Virginia.

Reporting Requirements

As required by law, hospitals, EMS, community health centers, dialysis centers and long term care facilities are required to input information into SMARTT daily. Required information includes bed availability, specialty service capabilities and disaster resources. Specialty service capabilities that the system tracks include burn centers, cardiology centers, obstetrics and gynecology (OB/GYN) centers, emergency departments and transport capabilities. Resource capabilities that the system tracks include isolation, decontamination, available personal protective equipment (PPE), surge capacity, and pharmacologic caches that the organization maintains. During a disaster or an exercise, the Mississippi State Department of Health (MSDH) may require more frequent reporting.

Roles and Responsibilities

At **<Insert name of agency>**, the **<Insert position(s) title>** will be responsible for the daily entry of required information into the SMARTT system and will be the main contact for the state for SMARTT issues. If more frequent reporting is required by the state, such as in a disaster situation or during system testing, the **<Insert position(s) title>** will be responsible for ensuring updates are entered into the system as required.

The **<Insert position(s) title>** will be responsible for ensuring primary personnel and adequate numbers of backup personnel are trained in the use of the system. All healthcare organizations must have a minimum of three personnel trained in the use of the SMARTT system. Names of staff currently trained and familiar in the use of the SMARTT include:

Table XIX-1
Roles and Responsibilities

	Name	Position	Department	Contact Information
Shift 1				
Primary				
Backup 1				
Backup 2				
Shift 2				
Primary				
Backup 1				
Backup 2				
Shift 3				
Primary				
Backup 1				
Backup 2				

Training

Training on the SMARTT system is available online at www.emspic.org. Newly hired staff with responsibilities for entering data into the SMARTT system will be trained on the use of the system within **<Insert number of days>** of hire. All staff will receive semi-annual re-orientation training on the system.

References and Authorities

General information and training on the use of the SMARTT system: www.emspic.org

D. Volunteers in Preparedness Registry (VIPR)

Purpose

The purpose of this annex is to familiarize healthcare staff and administrators with the Volunteers in Preparedness Registry (VIPR) and encourage participation and support of the program.

Background

After the attacks on the World Trade Center and Pentagon building on September 11th, 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 medical licensing to perform. In response, Congress authorized funding for states to develop Emergency Systems for the Advance Registration of Volunteer Health Professionals (ESAR-VHP). In Mississippi, VIPR is the online registration system for medical, health and non-medical responders for the state. It is a secure database of pre-credentialed healthcare professionals and pre-registered non-medical volunteers who are trained to provide a coordinated response to emergencies in support of established public health and emergency response systems. The volunteer registry improves the efficiency of volunteer deployment and utilization by verifying the credentials of volunteer healthcare professionals in advance. Pre-registration and pre-verification of potential volunteers enhances the state's ability to quickly and efficiently dispatch qualified health professionals to assist in emergency response activities.

How does VIPR Work?

Health professionals and others interested in participating in the program should visit the Mississippi State Department of Health Volunteer Registry website at http://volunteer.msdh.state.ms.us/VolunteerRegistry/Default.aspx.

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.

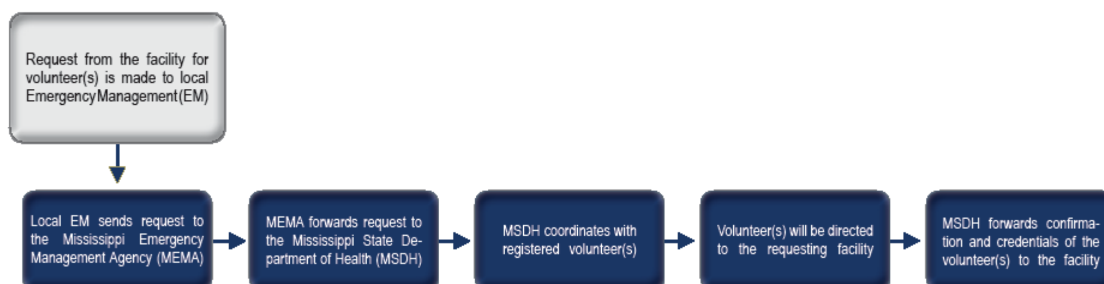
In the event of a disaster or mass casualty event, potential volunteers will be provided with information regarding volunteer opportunities and given the option to accept or decline. Volunteers are expected to maintain current contact information on the Volunteer Registry. The Volunteer Registry is supported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

What are the Benefits to the Volunteer?

First and foremost, individuals who volunteer under the volunteer registry 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, Special Medical Needs Shelter Operations, Strategic National Stockpile Operations, Cardiopulmonary Resuscitation (CPR), Personal Preparedness, the National Incident Management System and more. Continuing Education Units (CEUs) are available at no cost to many licensed professionals for much of the training offered under the program.

Requesting Volunteers

- If the agency experiences staffing shortages and/or patient surge conditions due to a disaster situation, a representative of the agency should first submit the request for staffing assistance to the local Emergency Management Agency.
- The request should be specific, indicating the number of staff needed, specific expertise needed and the estimated number of days the assistance will be required.
- From the local Emergency Management Agency, the request will be channeled to the Mississippi Emergency Management Agency (MEMA) where public health officials will use the VIPR system to generate a list of qualified and credentialed volunteers.
- Those individuals listed will be contacted by the state through the Health Alert Network (HAN) and provided with the opportunity to volunteer for the task. They will be provided with information regarding the event (including where they need to report) and be given the opportunity to accept or decline service as a volunteer.
- The requesting agency 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 University Hospital 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

Mississippi State Department of Health Volunteer Registry website:

http://volunteer.msdh.state.ms.us/VolunteerRegistry/Default.aspx

"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.

XVIII. Incident Specific Annexes

Incident Annex A: Biological Terrorism Event

Incident Annex B: Bomb Threat

Incident Annex C: Earthquake

Incident Annex D: Extended Power Outage

Incident Annex E: Extreme Temperatures

Incident Annex F: Fire

Incident Annex G: Floods

Incident Annex H: Pandemic Influenza

Incident Annex I: Severe Weather

Incident Annex J: Tropical Cyclones (Hurricanes)

Incident Annex K: Winter Storms

A. Incident Annex: Biological Terrorism Event

A bioterrorism attack is the deliberate release of viruses, bacteria or other germs (agents) used to cause illness or death in people, animals or plants. These agents are typically found in nature, but it is possible that they could be changed to increase their ability to cause disease, make them resistant to current medicines or to increase their ability to be spread into the environment. Biological agents can be spread through the air, through water or in food. Terrorists may use biological agents because they can be extremely difficult to detect and do not cause illness for several hours to several days. Some bioterrorism agents, like the smallpox virus, can be spread from person to person and some, like anthrax, cannot.

Include the organizational plan for a biological terrorism event.

B. Incident Annex: Bomb Threat

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

Include the organizational plan for a bomb threat.

C. Incident Annex: 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.

D. Incident Annex: Extended Power Outages

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

Include the organizational plan for extended power outages.

E. Incident Annex: Extreme Temperatures

The loss of the HVAC (Heating, Ventilation and Air Conditioning) system in a healthcare facility is a serious technological failure, under certain conditions. During times of mild weather, the failure of these systems would present a minor nuisance. During times of extreme weather, such as a frigid cold winter or usually hot summer, the failure of these systems can create harmful and fatal conditions for patients.

Include the organizational plan for extreme temperatures.

F. Incident Annex: 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.

G. Incident Annex: 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.

H. Incident Annex: Pandemic Influenza

A pandemic is a global disease outbreak. A flu 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.

I. Incident Annex: Severe Weather

Severe weather is any atmospheric phenomenon that can cause property damage or physical harm. Severe weather includes the following:

- Hail
- Intense cloud to ground lightning
- Torrential rain
- Strong winds (micro-bursts, straight line winds)
- Tornadoes

Include the organizational plan for severe weather.

J. Incident Annex: Tropical Cyclones (Hurricanes)

A tropical cyclone, also called a hurricane depending on its location and strength, is a storm system characterized by winds reaching a constant speed of at least 74 miles per hour and possibly exceeding 200 miles per hour. On average, a hurricane's spiral clouds cover an area several hundred miles in diameter. The spirals are heavy cloud bands from which torrential rains falls. Tornado activity may also be generated from these spiral cloud bands. Hurricanes are unique in that the vortex or eye of the storm is deceptively calm and almost free of clouds with very light winds and warm temperatures. Outside the eye, a hurricane's counter-clockwise winds bring destruction and death to coastlands and islands in its erratic path. High winds and heavy rains from hurricanes impact inland regions many miles from the coast.

Include the organizational plan for tropical cyclones.

K. Incident Annex: Winter Storms

Winter storms are often an underestimated threat. Snow and accompanying ice can immobilize a region and paralyze a city. Ice can bring down trees and break utility poles, disrupting communications and utility service. It can also immobilize ground and air transportation. The healthcare facility may find itself completely on its own for several days.

Include the organizational plan for winter storms.