Emergency Management and

Business Continuity Plan

# <insert logo here>

Emergency Management and

Business Continuity Requirements

**Emergency Services provides mission critical services requiring the continuity or immediate recovery of services and processes.**

If mission critical services are interrupted, once it is confirmed that essential infrastructure and resources are available at the primary or alternate location, actions to resume services (and relocate if necessary). Preparations to initiate these actions should be taken at the earliest time possible.

# Mission Critical Processes and Applications

**RECOVERY TIME [0-2 hours]**

|  |  |  |
| --- | --- | --- |
| **PROCESS** | **APPLICATION** | **DOWNTIME POLICY** |
| Triage |  |  |
| Diagnosis |  |  |
| Emergency Treatment |  |  |
| Discharge/Admit Patient |  |  |
|  |  |  |

**RECOVERY TIME [Insert hours]**

|  |  |  |
| --- | --- | --- |
| **PROCESS** | **APPLICATION** | **DOWNTIME POLICY** |
| Fast Track Treatment Area |  |  |
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# Continuity Procedures

## Following an event that impacts your department and/or your operations, consider the following:

* Round on patients
* Facilitate physician’s orders
* Identify critical operation points, functions or skills necessary for continuity of operations (e.g., management staff; specific levels of expertise, training or experience; recording or documentation requirements; health and safety concerns)
* Assess need to close department and/or relocate services
* Update Hospital Command Center (HCC) regarding department status, including resource needs, closure requirements and staffing shortages
* Plan for service reduction based on need, critical nature of service and recovery times in plan
* Communicate with incident command, all interdependent departments and other affected services regarding status and strategies for continuity/recovery
* Provide written notification to employees regarding status and strategies for continuity/recovery for the duration of the event and compensation provisions, if feasible
* Document the duration of the event
* Track, record and report all expenses during and related to the event:
  + Loss of revenue (i.e.: income the hospital will not receive due to interruption of care)
  + Physical losses (i.e.: damage done to space and equipment)
  + Fixed costs (i.e.: non-variable costs paid whether department is operating or not)
  + Operating costs (i.e.: variable costs that may increase due to the event)
* Track, record and report all on-duty time for personnel who are working during the event.
  + Establish and maintain documentation of all payroll activities
  + Ensure records are accurate and complete.
  + Keep time sheets on all staff (exempt or not)
  + Provide instructions to all employees to ensure time sheets and travel expense claims are completed properly
  + Ensure that time records, travel expense claims, and other related information are prepared and submitted to payroll
* Retain all invoices to ensure all costs are captured and attributable to the event
* Establish and maintain documentation of all purchasing activities
* Track costs for use of equipment purchased and leased during the event

# Personnel Procedures

Employee Checklist

* Report to your department
* Bring/Wear ID Badge at all times
* Receive assignment from Department/Unit Manager
* Report to Labor Pool at the direction of Department/Unit Manager
* Prepare to stay/sleep at the Medical Center and bring the following: Bottled Water
* Toiletries
* Flashlight
* Personal Medications
* Change of Clothing

## Following an event that impacts your department and/or your personnel, consider the following:

* Evaluate immediate and ongoing staff needs based on existing and predicted levels of human resources available
* Activate your call list
* Notify Employees: communicate event impact, estimated duration and location/time/frequency of updates
* Determine staff availability
* Notify human resources, managers, union representatives and other key personnel as to status and plan implementation
* Coordinate alternative staff resource options with human resources. If needed:
  + Identify similar core competencies that exist
  + Request staffing needs update from the labor pool to sustain essential functions
  + Secure contract staff or borrow from another facility
  + Cross train staff with similar competencies by educators
* Develop and implement contingency staffing schedules and Implement alternative staff resource options that may supplement staffing needs (i.e., runners)
* Use sign in and time reporting sheet to account for all staff and hours during incident

ALTERNATE WORK OPTIONS

* Identify alternate work options available through “telecommuting” or other off-site possibilities as determined in departmental BCPs
* Assess flexible leave options that would allow employees to address family needs while continuing to support the employing organization through a flexible work plan
* Collaborate with EIS for remote access for staff performing mission critical processes

HEALTH AND SAFETY

* Evaluate potential health and safety issues with Environmental Health and Safety that might arise through diversion of staff to new job roles

FAMILY CARE PLAN

It should be assumed during a disaster that all employees might be needed. If staff must perform role at the medical center and requires care for dependents during the response, confirm with the Hospital Command Center that the Family Care Plan has been activated.

* Work with Environmental Services to set up space for over night arrangements
* Communicate with food services needs to accommodate staff staying overnight and working extra shifts

# Interdependencies

To perform mission critical processes, the department depends on the following internal and external services.

|  |  |  |
| --- | --- | --- |
| **INTERDEPENDENCY** | **SERVICE/PROCESS** | **ACTIONS IF SERVICE IS UNAVAILABLE** |
| Pharmacy | Stocking of Pyxis and provision of emergency medication orders | * Put Pyxis on override and have pharmacist dispense medications * Assess availability of specific medications (e.g. Adavan for seizure – increase par levels if needed) |
| Laboratories | Testing of specimens/blood tests | * Perform point of care testing * Send to other facility or exterior contractor |
| Diagnostic Imaging | Receiving of diagnostic images (X-ray, CT, MRI) | * Bring mobile units to ICU. CT scans would be conducted once available |
| Bed Control | Assigning Patients | * Create a bed control board and use manual procedures |
| Respiratory | Treatments/Procedures | * Use contractor services |
| Cardiology | Tests/Procedures |  |
| Surgical Services | Procedures |  |
| Central Transport | Transport Patients | * Use contractor services |
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# Mission Critical Equipment and Supplies

During activations, the department manager/designee will assess the availability of Equipment and Supplies and report the status to the Hospital Command Center (HCC) as requested. During this process the following steps will be taken:

* Inventory and document status of equipment and supplies
* Check condition of storage or onsite stockpiles to determine the level of damage, if applicable
* Create a resupply list
* Assess how long department can operate with available equipment and supplies
* Request assistance from HCC for Mutual Aid Agreement, if needed

Additional notes:

| **MISSION CRITICAL EQUIPMENT AND SUPPLIES** | | | | |
| --- | --- | --- | --- | --- |
| **EQUIPMENT/SUPPLY ITEM** | **QUANTITY/PAR LEVEL** | **POST INCIDENT INVENTORY** | **GAP/AMTNEEDED** | **ACTIONS IF ITEM IS UNAVAILABLE** |
| Airway Management Equipment |  |  |  | * [Insert actions when item is unavailable] |
| Beds w/ Bedding – Sheets/Blankets |  |  |  |  |
| Cardiac Monitors – Patient Rooms |  |  |  |  |
| **MISSION CRITICAL EQUIPMENT AND SUPPLIES** | | | | |
| Cardiac Transport Monitors |  |  |  |  |
| Central Line Cart |  |  |  |  |
| Central Station Monitor |  |  |  |  |
| Computers on Wheels |  |  |  |  |
| Crash Cart Cardiac: Monitors with defibrillator capabilities |  |  |  |  |
| Ice Machine |  |  |  |  |
| Med Refrigerator |  |  |  |  |
| Normal Saline |  |  |  |  |
| O2 E Bottles |  |  |  |  |
| PPE |  |  |  |  |
| Patient Refrigerator |  |  |  |  |
| Dressing Care |  |  |  |  |
| Formula Mixing Station |  |  |  |  |
| IV Fluids + Equipment [Bags of prefilled solutions] |  |  |  |  |
| BP Cuffs |  |  |  |  |
| Line Cart |  |  |  |  |
| Pediatric Coded Blue Cart |  |  |  |  |
| Pharmaceuticals |  |  |  |  |
| Stretchers/Gurneys |  |  |  |  |
| Suction Equipment |  |  |  |  |
| Water |  |  |  |  |
| Normal Saline |  |  |  |  |

# Vendors/Resources Call List

| COMPANY/DEPARTMENT | POINT OF CONTACT | PHONE NUMBER | EMERGENCY CONTRACT IN PLACE Y/N? |
| --- | --- | --- | --- |
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# Mission Critical Vital Records

| **RECORD NAME** | **LOCATION** | **ALTERNATE BACK UP SOURCE** | **RECORD TYPE**  **PAPER/ELECTRONIC** |
| --- | --- | --- | --- |
| Admission Arrival Questions | [Insert Record Location] |  | Paper |
| Admission Physician Order |  |  | Electronic |
| Admission Assessment Form |  |  | Paper |
| Employee Files |  |  | Paper |
| Patient Records |  |  | Paper |
| Waiver, Transfer, Process Forms |  |  | Paper |
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# Staff Call List

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FIRST**  **NAME** | **LAST**  **NAME** | **JOB**  **TITLE** | **SHIFT** | **EXTENSION** | **PAGER** | **HOME** | **CELL** | **ETA [mins]** |
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Evacuation, Relocation and Recovery Procedures

# Evacuation Procedures

|  |  |
| --- | --- |
| **Horizontal Evacuation Location** | Imaging PACU (20) patients |
| **Vertical Evacuation Location** | Mezzanine Parking Area |
| **Assembly for full building evacuation** | Starbucks: Corner of Robertson and Beverly |
| **Nearest Elevator** | North Tower Lobby Elevators and Saperstein |
| **Nearest Stairwell** | North Tower Lobby |

* Communicate patient transport needs to command center
* Determine discharge areas and inform those picking up patient(s) of the location and circumstances of the event
* Discharge low-acuity patients

# Relocation Procedures

* Determine which patients will need staff to accompany them during the relocation
* Designate staff at facility to meet patients upon arrival
* Locate and make ready critical supplies: assign staff to gather extra equipment and have it ready as needed
* Print census and face sheets, if possible
* Direct staff to prepare patients for movement to alternate location
* Any supplies or equipment needed for specialized treatment will be packaged and evacuated with the patient (bedside and special medications)
* Patient medications to accompany patient, if possible:
  + Must be dosage-specific for each patient.
  + Must be identified with patient name and medical record number
* Notify the state of need to move patients and gain authorization for movement of controlled substances with patient
* Controlled substance will not go with the patient unless a nurse or physician accompanies the patient
* Collect hard copy patient records
* Load patients in appropriate vehicles with designated staff
* Communicate patient is in route
* Transport equipment/supplies/medications and records
* Secure medications with designated staff at alternate site
* Inventory medications at alternate site with pharmacy
* See Medical Center Evacuation Plan for additional procedures

In an event where the primary location is deemed to be inoperable or unsafe, the Department Director or designee, will initiate department closure procedures and activate the alternate location, which may provide full or limited operational capability.

* Notify EMS
* Place hospital on diversion
* Hold outside transfers
* Identify patients eligible for rapid admission
* Acuity of patients in ED to be relocated

The only patients that will take priority over the ED patients assigned a bed are those experiencing life threatening emergencies elsewhere in the hospital and surgical cases in progress. NOTE: Relocation will be coordinated with the Hospital Command Center as appropriate.

Conditions for Consideration for Alternate Site

* Waiting room space
* Computer with network access
* Medical gases
* Treatment rooms [or space that can be adequately converted into a treatment room]
* Proximity to ancillary services and supplies

|  |  |
| --- | --- |
| **🗹 Full Operational Capability** | **🞎 Limited Operational Capability** |
| **Address:** [Insert location] | |
| **Contact Number/s: ###-###-####** | |

* Receive relocation destination(s) from the HCC
* Assure that all patients have a Hospital ID band. If necessary, triage tags may be used until patient registration can occur. Use the Patient Tracking form to monitor the departure and arrival of patients.
* Determine which patients will go to where. All admitted patients go directly to their unit/floor.
* The HCC will identify alternate holding space if physical space in a unit or floor is not available at the time of the move. An alternate access entrance(s) will be determined for all other users of the ED entrance, including outpatients, visitors and transfer ambulance services
* The senior ED physician on duty will determine patients that need House Staff to accompany them during the relocation. The ED charge nurse will assign ED staff to continue patient care.
* The senior ED physician will assign an attending physician to the new location to oversee medical care.
* The HCC will notify the Department of Health and any insurance or regulatory agencies as necessary
* Notify all Hospital Departments of relocation.
* Transport services will respond to the ED to facilitate transfer of patients.
* Pastoral Care and Public Relations will respond to the ED to assist with questions and reassure patients and visitors.
* Respiratory Therapy will respond and assist patients and staff.
* Security will:
  + direct any incoming patients or users of the ED entrance to the new location or alternate entrance(s).
  + seal off the ED entrance once the relocation is complete.
  + guard the ED entrances, both internal and external.
  + change the keyed lock access codes for the internal ED doors for the duration of the relocation to prevent unauthorized access and for safety reasons.
* The Patient Access Department will respond to assure all needed forms and equipment are available in the new location.
* Information Services will assure that computer access for all needed functions is available in the new location.
* Public Relations will prepare a statement for media release and prepare any signage for placement in the ED and the new location.
* Pharmacy will determine and deliver any medications needed in the new location and remove any controlled substance or other medications as they deem necessary from the ED Pyxis
* The ED will secure all lockable cabinets, storage areas, etc. The keys will be given to Security.
* Environmental Services will assure an adequate supply of linen and trash containers to the new area.

**The receiving unit staff will:**

* Advise any patients in their area of the situation and reassure them.
* Make space available for stretchers, wheelchairs, beds, equipment and supplies.
* Request assistance with activity, staffing or physician coverage from the Command Center as needed.
* Assign a staff person to utilize the Patient Log Form as patients are received.
* Prepare department patients for discharge as quickly as possible.
* Advise scheduled patients of any changes in their appointment times.
* Identify ED staff working in the relocation area and work collaboratively to provide patient care.

### Recovery and Resumption of Services

* Confirm with the HCC to validate all clear to return to facility.
* Assign staff to gather supplies.
* Collect hard copy patient records.
* Contact Incident Commander (IC) on transport of equipment/supplies/meds, patients, staff and records.
* Identify alternate ancillary resources.
* Regulatory sign-off – DPH, licensing, etc
* Notification to IC and EMS for patient transport needs.
* Document borrowed-supplies list.
* Load supplies, equipment, records and return to facility.
* Secure meds with designated staff to return to facility.
* Inventory meds with pharmacy upon return.
* Load patients in appropriate vehicles with designated staff in non-EMS transport units.
* Designated staff to return to facility to meet patients upon arrival.
* Contact IC to inform facility depts. of patient return in route.
* Return to facility.
* Notify EMS agencies of reopening.
* Notify PIO to release communication to public of reopening.
* PIO or IC designee to contact families of patient return to facility.

# Recovery Procedures

**Prior to recovery and resumption of services at the primary site, it is essential to determine the status of the facility and equipment. Once it is confirmed that essential infrastructure and supplies are available, efforts to recover at the primary patient care area can be initiated.**

* Identify missing or damaged medical equipment such as point of care testing machines, ventilators, portable monitors, smart pumps, blood gas machine, ventilators, bronchoscopes, echocardiogram machines, ultrasound machines, cardiac tear testing machines, etc.
* Alert supply chain team about equipment that was sent with patients when they were evacuated.
* Assist Biomed team to return and reconfigure medical equipment that was moved or disconnected during the relocation Work with Biomed teams and vendors to ensure that any specialized medical equipment and systems are functioning correctly.
* Work with IT and Communications to identify missing or damaged computers or communications equipment.
* Work with Facilities team to ensure that all gas and suction lines are working correctly.