Emergency Management and

Business Continuity Plan

NICU

# <insert logo here>

Emergency Management and

Business Continuity Requirements

**NICU is a mission critical department 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** |
| Admissions | * EHR | See Downtime Procedures and Forms |
| Transfer to another facility |
| Discharging Patients |
| Ongoing care |
| Medication administration | * eMAR |

**RECOVERY TIME [Insert hours]**

|  |  |  |
| --- | --- | --- |
| **PROCESS** | **APPLICATION** | **DOWNTIME POLICY** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# 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

* 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) |
| Laboratory Services | Testing of specimens/blood tests |    Bring mobile units to patient care unit. |
| Diagnostic Imaging | Receiving of diagnostic images (X-ray, CT, MRI) |    Bring mobile units to patient care unit. CT will not be conducted until available [or in ED if available] |
| Bed Control | Assigning Patients |    Create a bed control board and use manual procedures. |
| Respiratory Services | Treatment/Procedures |    Use contractor services for respiratory therapists. |
| Cardiology | Tests/Procedures |  |
| Surgical Services | Surgical Procedures |  |
| Patient Access | Registration of Patients |  |
| EVS (House Keeping) | Trash Removal, cleaning |  Collect trash less frequently but at least once daily. Depending on census & staffing, nurses may be able to pick up some slack. |
| Linens | Linens |  |
| Central Processing | Sterile Trays |  No procedures requiring sterile trays will be done (central lines). |
| Distribution | Supplies |  Will go into conservation mode, reusing supplies as appropriate w/o compromising safety (e.g. oral extension tubing, volufeeds & nipples can be washed if safe water is available). Other supplies may be used for a longer window. Some supplies must be changed per current standards (IV lines). |

# 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** | |
| Bedding - Sheets / Blankets |  |  |  | * [Insert actions when item is unavailable] | |
| Beds |  |  |  |  | |
| Bilimeter, transcutaneous |  |  |  |  | |
| Blanket Warmers |  |  |  |  | |
| Bottles, for feeding formula/milk |  |  |  |  | |
| Cardiac Monitors in patient rooms |  |  |  |  | |
| **MISSION CRITICAL EQUIPMENT AND SUPPLIES** | | | | |
| Cardiac Transport Monitors |  |  |  |  | |
| Cell Phones (hospital) |  |  |  |  | |
| Central Line Cart |  |  |  |  | |
| Central Station Monitor |  |  |  |  | |
| Communications Equipment |  |  |  |  | |
| Computers on wheels |  |  |  |  | |
| Crash Cart Cardiac Monitors with defibrillator capabilities |  |  |  |  | |
| Cribs, bassinette-style |  |  |  |  | |
| Cribs, pediatric with side rails |  |  |  |  | |
| Desktop Computers |  |  |  |  | |
| Diapers, weepee (ultra preemie) |  |  |  |  | |
| Diapers, PS (premature) |  |  |  |  | |
| Diapers, newborn |  |  |  |  | |
| Doppler |  |  |  |  | |
| Formula |  |  |  |  | |
| Germicidal Wipes |  |  |  |  | |
| Gowns |  |  |  |  | |
| Ice Machine |  |  |  |  | |
| Incubator |  |  |  |  | |
| IV fluids, Lactated Ringers |  |  |  |  | |
| IV fluids, D10 |  |  |  |  | |
| Med Refrigerator |  |  |  |  | |
| **MISSION CRITICAL EQUIPMENT AND SUPPLIES** | | | | |
| Nasal Cannulas |  |  |  |  | |
| Nipples, slow flow |  |  |  |  | |
| Nipples, standard flow |  |  |  |  | |
| Normal Saline, 3 mm vials |  |  |  |  | |
| O2 E cannisters |  |  |  |  | |
| Otoscope with pediatric sized covers |  |  |  |  | |
| Pace Makers |  |  |  |  | |
| Pharmaceutical Waste Container |  |  |  | * Dedicate a trash can for this purpose until we can be brought new ones. | |
| Phototherapy Lights |  |  |  |  | |
| PPE, gloves |  |  |  |  | |
| PPE, hair covers |  |  |  |  | |
| PPE, isolation gowns |  |  |  |  | |
| PPE, masks with eye shields |  |  |  |  | |
| PPE, masks without eye shields |  |  |  |  | |
| PPE, sterile gowns |  |  |  |  | |
| PPE, sterile towels |  |  |  |  | |
| Pt Refrigerator |  |  |  |  | |
| Pumps, Breast (electric) |  |  |  | * Use manual pumps; or have moms hand express | |
| Pumps, Medfusion (gavage feedings) |  |  |  | * Gravity feeds | |
| Pumps, Medfusion (IV fluids) |  |  |  | * Deliver fluids by aliquot when appropriate | |
| Pyxis |  |  |  |  | |
| Radiant Warmer |  |  |  |  | |
| Scale, for weighing patients |  |  |  |  | |
| **MISSION CRITICAL EQUIPMENT AND SUPPLIES** | | | | |
| Scale, for weighing diapers |  |  |  |  | |
| Sharps Container |  |  |  | * No safe alternative | |
| Stethoscope, pediatric |  |  |  |  | |
| Suction, Wall-mounted |  |  |  | * Use portable suction for ventilated patients, otherwise bulb syringe | |
| Ventilator-conventional |  |  |  |  | |
| Ventilator-CPAP |  |  |  |  | |
| Ventilator-SiPAP/BiPAP |  |  |  |  | |
| Vocera |  |  |  |  | |
| Wall mounted eMap computers |  |  |  |  | |
| Warming Lights |  |  |  |  | |
| Water, sterile for oral use |  |  |  |  | |
| Waterless Hand Sanitizer |  |  |  |  | |
| Wipes, baby |  |  |  |  | |
| Wipes, dry |  |  |  |  | |

# Vendors/Resources Call List

| COMPANY/DEPARTMENT | POINT OF CONTACT | PHONE NUMBER | EMERGENCY CONTRACT IN PLACE Y/N? |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Mission Critical Vital Records

| **RECORD NAME** | **LOCATION** | **ALTERNATE BACK UP SOURCE** | **RECORD TYPE**  **PAPER/ELECTRONIC** |
| --- | --- | --- | --- |
| Downtime Forms |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Staff Call List

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FIRST**  **NAME** | **LAST**  **NAME** | **JOB**  **TITLE** | **SHIFT** | **EXTENSION** | **PAGER** | **HOME** | **CELL** | **ETA [mins]** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

Evacuation and Relocation Procedures

|  |  |
| --- | --- |
| **Horizontal Evacuation Location** |  |
| **Vertical Evacuation Location** |  |
| **Assembly for full building evacuation** |  |
| **Nearest Elevator** |  |
| **Nearest Stairwell** |  |

* Prepare patients for evacuation
* Disconnect equipment from patients in accordance with ***Medical Equipment Transfer Protocols***
* Transport patients to the Emergency Department following confirmation that they are ready to receive ICU patients for interim care until placed in vehicle for evacuation
* As needed, contact the Hospital Command Center to request:
  + Portable Monitors
  + Portable Oxygen with regulators
  + Portable Suction
  + Portable Defibrillator
  + Portable Ventilator
* Contact Respiratory to assist in evacuating ventilator patients.
* Consider manually ventilating patients (ambu bag) during transport to the Holding Area and have the ventilator brought separately to the Holding Area.
* Package patients with IV bags and pumps if the IV cannot be discontinued during the evacuation process.
* Switch patients over to portable monitors as necessary (defibrillators may be utilized for this purpose).
* All NICU patients will be accompanied by personnel from the evacuating NICU to the Red (High Acuity) Holding Area and during transport. Whenever possible, relevant equipment will be transferred with the patient to the receiving facility. If the staff is not needed, staff should report to the Labor Pool***.***
* Once patient is turned over to the receiving facility, the NICU staff member will return to the facility being evacuated, returning all portable equipment to be used in the next transfer. patient.

*NOTE: NICU patients may be evacuated via helicopter upon approval of the Incident Commander.*

# Relocation Procedures

* 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
* 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
* 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

# 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.