

Hospital Emergency Operations Plan

Emergency Management Plan

I PURPOSE

The mission of University Hospital of Brooklyn (UHB) is to improve the health of the people of Kings County by providing cost-effective, quality health and hospital services consistent with this mission. The Governing Body, medical staff and administration have established and provide ongoing support for the Emergency Management Program as conceived by the Emergency Management Committee described in this plan.

The purpose of the **Emergency Management Plan** is to define the Emergency Management Program, which can respond effectively to events that pose an immediate danger to the health and safety of patients, staff, and visitors.

The Emergency Management Plan consists of a number of procedures designed to respond to those situations most likely to disrupt the normal operations of the hospital and return the hospital to a normal status. An Emergency Management Plan is meant to be an all hazards plan and is designed for each emergency identified in the Hazards Vulnerability Analysis (HVA) that could impact the operation of the hospital. The Emergency Management Plan is developed to assure availability of resources for the continuation of patient care during an emergency. The Plan also addresses the medical needs of victims of a hospital or community based incident

II SCOPE

The Emergency Management Plan is designed to assure appropriate, effective response to a variety of emergency situations that could affect the safety of patients, staff, and visitors, or the environment of UHB, or adversely impact upon the hospital's ability to provide healthcare services to the community. The plan is also designed to assure compliance with applicable codes and regulations.

The plan is applied to SUNY Downstate Medical Center/University Hospital of Brooklyn and it's affiliated clinics.

III FUNDAMENTALS

- A. Emergencies will occur. Effective assessment and planning will reduce the impact of emergencies on the quality of patient care.
- B. Some emergencies can be best managed by developing a redundant set of resources to mitigate the anticipated impact.
- C. Many types of emergencies can be identified from past organizational or community experience. Collaborative planning by healthcare organizations and local, state, and federal emergency response agencies can help identify the types of emergencies most likely to affect an area through use of a Hazard Vulnerability Analysis (HVA). In addition, collaborative planning can help communities maximize the effectiveness of available resources.

- D. Organizations need Emergency Response Plans describing the specific responses to the identified emergencies deemed critical by use of the HVA and other information.
- E. Space, personnel, supplies, communications and other resources may be impacted by an emergency.
- F. Staff on duty may be unable to maintain essential services alone.
- G. Emergency conditions may require modification of normal patient care routines. The conditions may require discontinuation of services, patient transfer, and establishment of alternative care sites, facility evacuation or discharge of patients.
- H. Periodic drills are essential for maintaining staff awareness of emergency procedures and for evaluating the effectiveness of plans.
- I. Scheduled drills and actual implementations of the Emergency Management Plan provide opportunities to observe staff performance and to identify opportunities for improvement.
- J. Return to normal operations after an emergency occurs may take days or weeks. A business and clinical recovery plan is an essential component of the Plan.

IV OBJECTIVES

- A. An HVA is completed to assess the impact of likely emergencies. The HVA is used to guide the development of the Emergency Management Plan. The HVA is reviewed at least annually to determine if the likely emergencies have changed.
- B. The Emergency Management Plan clearly defines the process for initiation and implementation of that plan. The description includes the command structure for the plan, the conditions requiring activation of the plan, and the individual(s) responsible for implementation of the plan.
- C. The Emergency Management Plan include a current description and organization chart illustrating how the hospital's disaster command staff will be organized, and will work interactively with the community Emergency Operations Center.
- D. The Emergency Management Plan includes a current list of governmental and commercial organizations that must be notified to effectively implement the plan. The list includes the agency or organization name, the basic function of the organization if needed, the telephone or other contact numbers, and a list of contact personnel, as available.
- E. The Emergency Management Plan includes a list of key staff essential to full implementation of the plan and procedures for contacting them. The contact procedure includes on-site and remote contact processes.
- F. The Emergency Management Plan includes a description of the methods of identification of caregivers, other facility staff, and community responders. Community responders

may include law enforcement, fire service personnel, media, volunteer organizations, and contractors.

- G. The Emergency Management Plan includes a list of the most critical response requirements. A list of on-duty staff that will be assigned (i. e., Job Action Sheets) to the critical response positions is also included in each plan.
- H. The Emergency Management Plan includes processes that address support of staff and staff family members. In addition, they include processes for identifying critical supplies and monitoring consumption, a process for metering supplies to maximize response effectiveness, and a process for re-supplying. The processes are incorporated into individual Emergency Management Plans as appropriate.
- I. Plans for horizontal and vertical evacuation of the facility are maintained. The plans are incorporated into the Emergency Management Plan as appropriate.
- J. Current utility failure response plans are in place.
- K. Backup systems for internal and external communications systems are in place.
- L. Appropriate facilities for managing biological, chemical, and radioactive isolation and decontamination are in place, and tested within the past year.
- M. Staff's knowledge of their role in the Emergency Management Plan is evaluated annually. Changes in Emergency Management Plans are incorporated into the annual mandatory education curriculum.

Definitions

Emergency Management Plan – The plan used to manage emergencies involving “all hazards.” This describes a management method that may be adapted to most emergency situations. UHB uses the Incident Command System (ICS).

Departmental Emergency Response Plans – Are plans that describe the specifics of how the organization plans to respond to specific emergency situations as identified by HVA and other analysis.

Emergency Management Program/Committee – The program/committee that can identify, plan, prepare, drill, implement, and recover from an emergency and evaluate the response to the drills and actual emergencies. The Program also will identify the processes and elements that may be improved with better planning, equipment, or training.

V ORGANIZATION AND RESPONSIBILITY

- A. The Governing Body receives regular reports of the activities of the Emergency Management Program from the Safety Committee Chairperson. They review the reports and, as appropriate, communicate concerns about identified issues and regulatory compliance. They also provide support to facilitate the ongoing activities of the Emergency Management Program.

- B. The CEO receives regular reports of the current status of the Emergency Management Program through the Safety Committee. The CEO reviews the reports and, as necessary, communicates concerns about key issues and regulatory compliance to the Disaster Director. The Disaster Director makes recommendations to the Safety Committee for purchase of supplies and equipment necessary for the improvement of the emergency response capability.
- C. The Chairperson of the Safety Committee works under the general direction of the CEO. The Disaster Director is responsible for managing all aspects of the Emergency Management Program. The Disaster Director advises the Safety Committee regarding emergency management issues which may necessitate changes in policies and procedures, orientation or education or purchase of equipment.
- D. Department heads are responsible for orienting new personnel to the procedures of the department and, as appropriate, to job and task specific responsibilities for emergency management. Where necessary, the Disaster Director and members of the Emergency Preparedness Committee provide assistance.
- E. Individual personnel are responsible for learning and following job and task specific procedures for emergency response and for participation in emergency activities as appropriate to their jobs.

THE ORGANIZATION ADDRESSES EMERGENCY MANAGEMENT (EC.4.10)

Hazard Vulnerability Analysis (EC.4.10.1)

An HVA is completed to assess the impact of likely emergencies. The HVA is used to guide the development of the Emergency Management program. The HVA is reviewed at least annually to determine if the likely emergencies have changed.

Emergency Response Plans (EC.4.10.2)

Emergency Response Plans are developed and maintained for each of the emergencies identified as priorities in the HVA. These plans are compared to the community-wide plans of the local emergency management agency to assure consistency with their plans, and coordination of the hospital's role in those plans at least annually.

UHB has developed an 'All Hazards' Emergency Management Plan based on the ICS, used by county, state, and national emergency management staff. This system is used for the management of internal and external event responses,

Management Plan (EC.4.10.3)

UHB has developed and maintains a written management plan describing the processes it implements to effectively manage emergencies affecting the facility, patients, staff, and to respond to emergencies in the community that cause an influx of patients. This Plan is evaluated annually, and changed as necessary, based on changes in conditions, regulations and standards, and identified needs

Leadership and Medical Staff Involvement (EC.4.10.4)

The Emergency Management Plan is developed, maintained, and reviewed with the

involvement of the UHB leadership, including the involvement of the medical staff. Leadership reviews and approves all management plans, and both leadership and medical staff are involved in plan development, and in critique of the activation of plans both as drills and actual events.

Processes for Mitigation, Preparedness, Response and Recovery (EC.4.10.5)

Emergency Response Plans include the activity designed to mitigate the impact of the emergency, such as building elements, and specialized equipment, and to prepare for the emergency with activities including staff training, adequate supplies, and equipment for responding the potential emergency, and plans to handle the space and facilities during emergency situations. The Emergency Response Plans include the specifics of the response, including job assignments, staffing strategies, and the management of patients, both victims of the emergency and existing patients. The plans for recovery include the immediate cessation of the emergency plans, and return to normal operations, critique and evaluation of the response to the plans, and changes to the plans to improve them. Recovery plans for incidents that directly affect the hospital facility are done as quickly as practical after the event, and include the interim measures to provide for ongoing patient care.

Processes for Implementing the Plans, and Recovery Processes (EC.4.10.6)

The Emergency Management Plan clearly states the criteria for, and the processes to initiate the plan and how the plan will be implemented. The criteria include example of the conditions that indicate the plan should be activated, the individual(s) responsible for initiation of the plan, and the use of the command structure to manage the emergency. The plan also includes the response elements for staff, and facility use. The plans define when the plan should be terminated, and the transition back to normal, including recovery elements such as capture of medical record information, financial information, restoration of areas modified for the emergency use, and return to normal management processes.

Processes to Notify Staff of Emergency Implementations (EC.4.10.7)

When emergency plans are implemented, a number of methods are used to notify affected staff. Primary within the hospital is the audible page system, used to announce codes to alert the staff to the emergency. In addition, communications tools such as telephones and pagers are used to assure key staff are aware of the situation. For notifying staff away from the facility, telephones, cell phones, and radio pagers are used. For calling staff back to the organization when needed, telephone trees are maintained by departments and updated periodically.

Notifying Governmental Authorities (EC.4.10.8)

The Emergency Management Plan includes a current list of governmental and commercial organizations that must be notified to effectively implement the plan. The list includes the agency or organization name, the basic function of the organization if needed, the telephone or other contact numbers, and a list of contact personnel, as available. When an event that requires or indicates contact with a governmental agency or authority occurs, the Incident Commander authorizes the contact, and the information is forwarded to that agency by the Liaison Officer or the Incident Commander.

Of particular notice are the plans in the Emergency Department to identify potential bioterrorist agents and their symptoms to support the early identification of a covert incident.

Assignment of Staff (EC.4.10.9)

The ICS is used to assure that each implementation includes staff as needed to effectively activate the plan. The system is based on the use of checklists and an organization chart, to assure each task is considered, and staff are made available to complete those tasks. The organization chart assists the incident commander in allocating the available staff to fill the most critical tasks. In many cases individuals may be able to accomplish tasks from several lists, and the system is designed to be scalable from small to very large incidents. The ICS process also allows for planning staff to look ahead, and determine when more staff should be called in, and when staff on duty should be relieved to provide rest and breaks.

Management of Patient Care Activity (EC.4.10.10)

The Emergency Management Plan addresses the management of patient care activities. The plans include procedures for discontinuation of elective treatment, for evaluation of patients for movement to other units, release to home or transfer to other facilities as space is needed. The plan also includes procedures for the management of information about incoming patients and about current patients for planning, patient management, and informing relatives and other; and for transport of patients.

Procedures also address the transportation and housing of staff that may not be able to get to or from the facility during an emergency or who may need housing and other services for their families. A procedure is in place for incident stress debriefing. Staff involved in emergency operations is offered an opportunity to address incident related issues with qualified behavioral health professionals.

Arrangements have been made with vendors and other services to assure availability of supplies and materials in a timely fashion. In addition, the local Emergency Operation Center plans provide for mission critical supplies.

Release of information to the news media would follow the procedures developed by the Institutional Advancement who would act as spokespersons for the organization. The Incident Commander will release information as appropriate to the situation. In larger incidents, the local Emergency Operation Center may act as spokesperson for the overall emergency and hospital information.

Relocation and Evacuation of the Facility (EC.4.10.12)

A facility evacuation plan is in place and can be implemented in phases. Relocation of staff away from the area of emergency may be undertaken by staff on the spot, moving to areas in adjacent zones. A full evacuation would be implemented if the impact of an emergency renders the hospital inoperable or unsafe for occupancy, and would be implemented at the direction of the CEO or senior leadership available.

Alternate Care Sites (EC.4.10.13)

Nearby hospitals (see list in Command Center) are the primary alternate care sites. If they are unable to accept patients from University Hospital of Brooklyn during an emergency, the Incident Commander will work with local emergency management agencies to determine where patients can be relocated.

The Incident Commander, Head of Emergency Services, and the Safety Officer would assign appropriate staff to assure required equipment, medication, staffing, communications, and transportation are mobilized to support relocation and management of patients at remote sites.

Patients would be transported to the alternate sites by a combination of the local EMS system, and private ambulances, as well as vans suitable to transport ambulatory patients. Transport would be coordinated by the EMS systems as part of their disaster response plans. Hospital vans would be used to move staff to those alternate sites as needed. Hospital trucks would be used to move supplies and other essentials such as medical records, medications, and medical equipment, when needed.

The ICS patient tracking process would be used to assure the organization is able to identify the location of all patients, and provide them with necessary staff support, and material support.

Telephones and cell phones would be used for communications as available. If phone service has been disrupted, backup systems, such as amateur radio, or MERCI radio would be used to provide voice information and the internet would be used to transmit written data.

Staff Identification (EC.4.10.14)

University Hospital of Brooklyn uses the regular staff identification badge to identify caregivers and other employees during mass casualty or major environmental disasters. Individuals entering the facility need to have a visible SUNY Downstate / Kings County Hospital/ NYPD/FDNY ID visible in order to enter. Staff or civil authorities without ID's must go through University Police, be positively identified, and receive a temporary badge or other approved alternate.

Key members of the Incident Command team are issued a colored vest with the ICS command title across the back and on the front to identify their role in the response. These vests move with the job title as more senior staff become available, and during longer incidents, as jobs are handed from staff to staff. The Liaison Officer from the Incident Command team is assigned to work with law enforcement, fire services, emergency management agencies, contractors, the media, and volunteer responders to issue University Hospital of Brooklyn emergency identification or to determine what form of identification each responding group will display.

Community Emergency Planning (EC.4.10.15)

On a periodic basis, University Hospital of Brooklyn meets, under the auspices of New York City of Emergency Management/ NYPD with other healthcare agencies to share information, and discuss their resources. This meeting focuses on the essential elements of their command structures and control centers for emergency response, the

names and roles of individuals in their command structures and command center telephone numbers, the resources and assets that could potentially be shared in an emergency response and the processes by which names of patients and deceased individuals brought to their organizations can be shared to facilitate identifying and locating victims of the emergency.

Backup Systems for Communications In The Event of Failure (EC.4.10.18)

Several alternate communication systems are available for use during emergency responses. The systems include the regular phone system, an emergency phone system, public telephones, two-way radios, and cellular phones. The implementation of the emergency plan focuses on maintaining vital patient care communications. Once the initial level of the plan is in place, the Safety Officer will work with representatives of the telephone company to determine the scope and likely duration of the outage and to identify alternatives.

Alternate Roles for Staff during Emergencies (EC.4.10.19)

During emergencies, the hospital implements the Emergency Operation Plan, which defines the Incident Command Staff that supersedes normal hospital management. Senior staff, as available, is assigned responsibilities using the Incident Command System. They assure that key tasks are staffed. Most staff performs their usual tasks as they are trained for, however in the differing context of the emergency. The Incident Command Staff receive one-on-one training and drills about their roles. Other staff, who will be asked to perform alternate tasks are trained for them, or receive just-in-time briefing at the time of the activity.

Alternate Sources of Utility Systems (EC.4.10.20)

Alternate plans for supply of utilities for patient care are maintained for failure contingencies. Plans include use of the emergency power system, backup systems for water, fuel stored for heating and power, and power for critical HVAC and ventilation systems from alternate power sources. Managers and staff in all departments affected by the plans are trained as part of organization wide and department specific education. The plans are tested from time to time as part of the regularly scheduled drills of the Emergency Management Plan and actual outages of utility systems.

Chemical and Radioactive Isolation and Decontamination (EC.4.10.21)

The management of situations involving nuclear, biological, or chemical contamination is a joint effort between national, state, and local officials, and the healthcare community. University Hospital of Brooklyn is prepared to manage a limited number of individuals contaminated with hazardous materials and to meet the care needs of others who have been decontaminated by other agencies.

The staff of the Emergency Department has training and equipment for handling decontamination of some affected individuals, depending on the severity of the event. Once that capability is exhausted, contaminated victims will be isolated and managed by local agencies with specific appropriate expertise.

If the facility is contaminated, a contractor experienced in the isolation and

decontamination process will be contacted by the Incident Command staff. The Safety Officer, with Public Safety assistance, will assure isolation of the affected area until it is declared safe by appropriate experts.

Conducting drills to test emergency management (EC.4.20)

University Hospital of Brooklyn tests the response phase of its Emergency Management Plan at least twice a year, either in response to an actual emergency or in planned drills. Actual events are documented in the same manner as planned drills. Drills are planned to test various elements of the Emergency Management Plan and to test the various Emergency Response Plans for specific priority emergencies. Where practical, drills, are planned in conjunction with other hospitals and local Emergency Management agencies.

These drills are conducted at least four months apart and no more than eight months apart to maintain training and readiness and to allow time to integrate the findings and opportunities to improve identified into plans for future plans and emergency responses.

University Hospital of Brooklyn offers emergency services and a community- designated disaster receiving station we conducts at least one drill or participates in an actual implementation each year that includes an influx of actual or simulated patients. Where practical, some actual simulated patients are used. For other patients, “paper patients” are used with their characteristics and injuries noted on clipboards. Staff will note what to would do and what supplies were “expended” and to better evaluate the entire logistics of handling large numbers of patients.

University Hospital of Brooklyn participates in at least one communitywide drill each year relevant to high priority emergencies identified in our hazard vulnerability analysis and the community plans. During each drill we assess the communication, logistics, and function of the organization’s and community’s command structures, and try to find methods to improve the communications, and effectiveness.

All drills and implementations are documented, observed as practical, and critiqued to identify deficiencies and opportunities for improvement. Identified problems and opportunities are pursued to improve the overall emergency response processes.

Collection, Analysis, and Dissemination of Information (EC.9.10.2)

The Emergency Preparedness Committee coordinates the collection and analysis of information. The information is used to evaluate the effectiveness of the programs and to improve performance. The information collected includes deficiencies in the plan, staff knowledge and performance deficiencies, actions taken to address identified issues, and evidence of successful improvement activities. Information from Emergency Management drills and implementations is included in reports to the Safety Committee

Performance Monitoring (EC.9.10.3)

The Disaster Director manages the Emergency Management Program (as chair of the Committee) and the performance measurement process.

Disaster Director is responsible for preparing quarterly reports of performance and experience for the Safety Committee. The reports include ongoing measurement of performance, a summary of identified problems, and potential improvements to the Emergency Management Plan identified during drills and implementations and other activity. Reports would include the results of any Root Cause Analysis (RCA) of Sentinel Events if these became necessary.

Disaster Director establishes performance indicators to objectively measure the effectiveness of the Emergency Management Program and determines appropriate data sources, data collection methods, data collection intervals, analysis techniques and report formats for the performance improvement standards. Human, equipment, and management performance are evaluated to identify opportunities to improve the Emergency Management Program.

This performance measurement process is one part of the evaluation of the effectiveness of the Emergency Management Plan. A performance indicator has been established to measure at least one important aspect of the Emergency Management Program. Which changes yearly and is in the annual report to Safety Committee ○

Annual Review of Management Plans (EC.9.10.4)

The plan shall be evaluated on an ongoing basis to assure it meets the Emergency Department, Safety, Risk Management and Performance Improvement needs of the institution.

The Emergency Preparedness Plan shall be reviewed at least annually. The appraisal will identify components of the program that need to be instituted, revised or deleted. The annual report will be presented to the administration and Governing Body of the institution.

The hospital will test the disaster plan at least twice a year, including one drill in conjunction with community agencies. i.e. Mayor's Office of Emergency Management (OEM), State Emergency Management Agency (SEMA), Federal Emergency Management Agency (FEMA) and The New York City Department of Health and Mental Hygiene (NYCDOHMH)

Annual Program Evaluation (EC.9.10.5)

The Disaster Director is responsible for performing the annual evaluation of the Emergency Management Program.

Annual evaluations examine the scope, objectives, performance, and effectiveness of the Emergency Management Plan. The annual evaluation uses a variety of information sources including: internal policy and procedure review, incident report summaries, Emergency Preparedness Committee meeting minutes and reports, and summaries of other activities. In addition, findings by outside agencies such as accrediting or licensing bodies, or qualified consultants are used. The findings of the annual evaluation are presented in a narrative report supported by relevant data. The report provides a balanced summary of performance over the preceding 12 months. Strengths are noted and deficiencies are evaluated to set goals for the next year.

The annual evaluation is presented to the Safety Committee. The Committee reviews and approves the report. The deliberations, actions and recommendations of the Committee are documented in the Safety Committee Minutes. The annual evaluation is distributed to the Chief Executive Officer, the Performance Improvement Committee, and other Department Heads as appropriate. Once the evaluation is finalized, the Director of Disaster is responsible for implementing the recommendations in the report as part of the performance improvement process.

Patient Safety (EC.9.10.9)

The Safety Officer is responsible for working with the individual responsible integrating EC monitoring and response activities into the Patient Safety program. The integration includes conducting risk assessments to identify environmental threats to patient safety, conducting environmental rounds to evaluate patient safety concerns on an ongoing basis, participating in the analysis of patient safety incidents, participating in the development of material for general and job-related orientation and on-going education, and participating in meetings of the Patient Safety Committee.

Orientation, Training, and Education (HR.2.10)

All staff must attend new employee orientation within 30 days of hire. New employee orientation addresses key issues and objectives of The Emergency Management Plan.

Employees also receive departmental safety orientation at their respective work areas regarding hazards and their responsibilities to patients, visitors and co-workers. In addition, the Emergency Preparedness Committee conducts regular CBRNE training for staff.