Emergency Management Plan

Mangum Regional Medical Center

One Wickersham Drive

Mangum, Oklahoma 73554

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INTRODUCTION

The purpose of the Mangum Regional Medical Center All Hazards Emergency Management Plan (EMP) is to establish a basic emergency preparedness program to provide timely, integrated, and coordinated response to the wide range of natural and man-made disasters that may disrupt normal operations and require a preplanned response.

The reason for this approach is to:

- Provide maximum safety and protection from injury and illness for patients, visitors, and staff.
- Provide care promptly and efficiently to all individuals requiring medical attention in an emergency.
- Provide a logical and flexible chain of command to enable maximum use of resources.
- Maintain and restore essential services as quickly as possible following an emergency incident or disaster.
- Protect property, facilities, and equipment.
- Satisfy all applicable regulatory and accreditation requirements.

POLICY

Mangum Regional Medical Center has developed a plan which includes all policies and procedures to adequately prepare, mitigate, respond, and recover from a natural or man-made disaster or other emergency. This is done in a manner that protects the health and safety of patients, visitors, and staff, and that is coordinated with the local community-wide response to a large-scale disaster.

Executive management recognizes that the families of our employees are their primary concern during a disaster, and we support employees to ensure their own families are safe. We support and encourage each employee to create a personal preparedness plan for their families. It is expected that all employees will be prepared and ready to fulfill their duties and responsibilities as part of the team to provide the best possible emergency care to patients and the community. Each supervisor ensures that employees are aware of their responsibilities.

The hospital works in close coordination with the local health department and other local emergency officials, agencies, and health care providers to ensure a coordinated community-wide response to disasters.

SCOPE

Within the context of this EMP, a disaster is any emergency event which exceeds or threatens to exceed the routine capabilities of the facility.

This EMP describes the policies and procedures the facility follows to mitigate, prepare for, respond to, and recover from the effects of emergencies.

This plan applies to Mangum locations, annexes and administrative areas and covers all

employees, contractors and volunteers.

Development and implementation of this plan complies with relevant sections of State of Oklahoma and CMS rules and regulations.

Mangum Regional Medical Center is a critical access hospital serving rural Oklahoma. The facility has a Rural Health Clinic on site with their own emergency plan. The remote, rural location presents unique challenges during times of disaster.

MITIGATION

Mitigation is the pre-event planning and action steps that aim to lessen the effects of potential disaster. Mitigation activities may occur both before and following a disaster.

The hospital undertakes risk assessment and hazard mitigation activities to lessen the severity and impact of a potential emergency by identifying potential emergencies (or hazards) that may affect the facility's operations or the demand for its services.

Identification of Hazards and Vulnerabilities

During the mitigation phase, the hospital identifies internal and external hazards using a Hazard Vulnerability Analysis (HVA) annually to identify hazards. Within the HVA, the direct and indirect effect these hazards may have are quantified and prioritized (refer to Appendix 1 for HVA).

The hospital conducts a Management of Environment Safety Survey also known as the building risk assessment of its facilities to rank problems and set priorities for remediation. (Refer to Appendix 2, Environment Safety Survey).

Mitigation of Hazards and Vulnerabilities

The hospital uses the HVA and the Management of Environment Safety Survey to regularly take steps towards reducing the potential impact hazards have on the facility. Ongoing policy development, plan revision, repairing and retrofitting contributes to reducing the overall vulnerability of the hospital to various hazards.

Insurance Coverage

The Corporate Office team meets with insurance carriers to review all insurance policies and assess the facility's coverage for relocation to another site, loss of supplies and equipment, and structural and nonstructural damage to the facility.

PREPAREDNESS

Preparedness activities build hospital capacity to manage the effects of emergencies.

The Manager of Plant Operations has developed plans and operational procedures to improve the effectiveness of the facility's response to emergencies. Annually, the hospital will:

- ☐ Review and update the EMP and other related documents.

- Review the hospital Emergency Response Role.
- Develop and update agreements with other community health care providers and with civil authorities.
- Train personnel on emergency response procedures.
- Conduct drills and exercises and revise the EMP and related documents if needed.

Emergency Response Role
The hospital may play a variety of roles in responding to a disaster including, but not limited to:

- Providing emergency medical care.
- Providing temporary shelter.
- Expanding services to meet increased community needs created by damage to/evacuation of other health facilities.
- Sheltering in place or closing the hospital in order to move staff or patients to other facilities as needed.

During an emergency the Hospital Administrator will determine if the hospital will:

1) Continue normal operation. This decision will be made internally with consideration of the following:
    o Orders from authorities
    o Integrity of the facilities
    o Ability to access hospital
    o Security
    o Availability of support staff
    o Availability of medical staff
    o Ability to provide uncompromised care
    o Availability of medications/vaccines
    o Adequate supplies for staff, e.g. water, food
    o Availability of power and other utilities

2) Provide care to only those affected by the emergency or close.
    a. If the emergency is community-wide the hospital will consider becoming a triage center, family gathering area, or other solution in support of the medical community.
    b. If the Hospital Administrator or designee approves the decision to continue to care for and admit patients, staff will then consider the need to:

- o Divert ER patients; or
- o Increase the number of staff by using agency or qualified volunteers.

When Mangum Regional Medical Center decides to take any of the actions described above, the facility notifies the Greer County Public Health Department and the Greer County Office of Emergency Management. (Refer to Appendix 3- Disaster Contacts).

Incident Command System/National Incident Management System

The hospital has adopted the principles of Incident Command System/National Incident Management System (ICS/NIMS) to ensure compatibility with local government response plans and procedures.

Directors and managers are trained in the concepts of ICS and NIMS so that they can integrate with Executive Management and response agencies during an emergency.

Incident Command Center

Mangum Regional Medical Center has selected the cafeteria as the Incident Command Center. The Incident Command Center is the location which the on-scene Incident Command Team will gather to assess and manage the situation.

The alternate Incident Command Center is the business office. During an area-wide disaster, fire, EMS and law enforcement may not be able to respond to emergencies. This is why it is critical that staff be capable of assessing the damage and immediately respond to the situation.

When the community is involved with an event, the Greer County Public Health Department and the Greer County Office of Emergency Management will set up a community Emergency Operation Center (EOC). The EOC is where non-tactical teams from multiple agencies will join together to manage the strategic scope and disseminate information to partner agencies and individuals. The phone number for the county EOC is in Appendix 3, Disaster Contacts.

Integration with Community-wide Response

The hospital ensures that its response is coordinated with the decisions and actions of the Greer County Public Health Department and other health care agencies involved in the response.

Coordination with Government Response Agencies

The hospital notifies local authorities of any emergency impacting operations and will coordinate its response to community-wide disasters with the overall medical and health response of the Operational Area. Refer to Appendix 3- Disaster Contacts.

To ensure coordination with government response agencies, staff:

- ☐ Participates in planning, training and exercises involving government response agencies and medical health agencies in the community.

- ☐ Develops reporting and communications procedures with government response agencies and medical health agencies in the community.

- ☐ Defines procedures for requesting and obtaining medical resources and for evacuating/transporting patients.

- ☐ During an emergency response, reports the status and resource needs of the hospital and obtain or provide assistance in support of the community-wide response.

- ☐ Cooperate with Emergency Responders, such as EMS and law enforcement personnel when they respond to emergencies at the hospital. This may include providing information about the location of hazardous materials or following instructions to evacuate and close the facility.

Coordination with other Medical Facilities

Mangum Regional Medical Center recognizes that it may need to rely on other health care facilities, especially those nearby, in responding to a disaster to increase its capacity to meet patient care needs.

The hospital discusses plans with other health facilities to explore the expansion of provisions to cover disaster response conditions.

The hospital seeks to establish written agreements with relevant facilities.

These agreements are reciprocal and Mangum Regional Medical Center will provide support to these facilities if conditions and resources allow. Refer to Appendix 4, List of Memorandums of Understanding.

Acquisition of Resources

The hospital has developed written Memorandums of Understanding (MOU) for acquisition of supplies through other hospitals, and health care providers if their resources are available. Refer to Appendix 4, List of Memorandums of Understanding.

Procedures to work with Greer County Public Health Department to acquire supplies through the Strategic National Stockpile (SNS) during a disaster have also been developed.

Roles and Responsibilities

Hospital Administrator

The Hospital Administrator is directly or through delegation responsible for:

- ☐ Development and implementation of this Emergency Management Plan (EMP).

- ☐ Appointing an Emergency Preparedness Committee (EPC) that is responsible for coordinating the development and maintenance of the facility EMP and, provide for ongoing training for staff. Refer to Appendix 5, Emergency Preparedness Committee.

- Appointing the Incident Management Team (IMT) that is the leadership team that is activated during a disaster in compliance with ICS/NIMS.
- Supporting staff training to ensure preparation for performing emergency roles.
- Ensuring that drills and exercises are conducted semi-annually and records are maintained.
- Determining how, when and who will perform the annual disaster program evaluations and updates.
- Activating the hospital's emergency response and the emergency team.
- Developing the criteria for and direct the evacuation of staff, patients, and visitors when indicated.
- Ensuring the hospital takes necessary steps to avoid interruption of essential functions and services or to restore them as rapidly as possible.

Medical Director

The Medical Director, directly or through delegation:

- Serves on the Emergency Preparedness Committee (EPC).
- Identifies alternates and successors if unavailable or if response requires 24-hour operation.
- Contacts local health department to determine how to receive medical updates.
- Provides clinicians with updates from the Center for Disease Control and Greer County Health Department on standards for the detection, diagnosis, and treatment of novel diseases and agents.
- Ensures the continuity of care and maintenance of medical management of all patients in the care of the clinic during a disaster.
- Assigns clinical staff to medical response roles such as triage and treatment.
- Determines disaster response clinical staffing needs in cooperation with the Chief Clinical Officer.

Chief Clinical Officer

The Chief Clinical Officer fills the following roles:

- Serves on the Emergency Preparedness Committee (EPC).
- Communicates with Greer County Public Health Department for public health threats and guidance.
- Provides clinicians with updates on standards or the detection, diagnosis, and treatment of public health threats.
- Determines the disaster response clinical staffing needs in cooperation with the Medical Director.
- Performs other duties delegated by Medical Director, Hospital Administrator, or

Incident Commander consistent with training and scope of practice.

Plant Operations Manager

The Plant Operations Manager is responsible for the following roles:

- Chair the Emergency Preparedness Committee (EPC).

- The Plant Operations Manager appoints teams and develop procedures for the following response tasks:

    o Light search and rescue - appoint and train a light search and rescue team to ensure all rooms are empty and all staff, patients, and visitors leave the premises when the hospital is evacuated.

    o Appoint and train a damage assessment team on each shift to evaluate damage.

Clinical Staff

All clinical staff have emergency and disaster response responsibilities. Details are outlined in each job description when applicable. All staff are required to:

- Familiarize themselves with evacuation procedures and routes for their areas.

- Become familiar with basic emergency response procedures for fire, HAZMAT, and other emergencies.

- Understand their roles and responsibilities in hospital's plans for response to and recovery from disasters.

- Participate in training and exercises. Refer to Appendix 6, Training and Exercises.

All staff will also be encouraged to:

- Make suggestions to their supervisor or the Emergency Preparedness Committee (EPC) on how to improve clinic emergency preparedness.

Notifications

Primary emergency notification to staff and partners off-site will be the local telephone system. Staff within the hospital are notified of emergencies affecting the hospital by alarms, strobe lights and an overhead paging system. In the event the hospital telephone and paging systems are not operational, staff will be notified via email, personal cell phones, radio, and local civil authority methods.

Internal Contacts

The Plant Operations Manager or HR manager updates Appendix 7, Staff Call List, at least quarterly or when information changes. The Staff Call List includes 24/7 contact information for all staff members.

The Staff Call List is available on the shared drive and hard copies are to be kept with each Director. Managers are responsible for keeping a hard copy of numbers for those who report to them. Refer to Appendix 7, Staff Call List.

External Contacts

The Plant Operations Manager will compile and maintain lists of external contact phone numbers such as emergency response agencies, key vendors, stakeholders, and resources annually in Appendix 8, Vendor Contact List. Additionally, government response entities, nearby hospitals, media, and others are updated in Appendix 3, Disaster Contact List annually.

Emergency Resources

Personnel

The hospital relies primarily on its existing staff for response to emergencies and take the following measures to estimate staff capability and availability for emergency response:

- Identify clinical staff with conflicting practice commitments.
- Identify clinical staff and support staff.
- Identify staff with distance and other barriers that limit their ability to report to the facility.
- Identify staff that is likely to be able to respond rapidly to the hospital.
- Identify bi-lingual staff by language.

The hospital takes the following steps to facilitate response to emergencies by its staff when their homes and families may be impacted:

- Promote staff home emergency preparedness.
- Identify childcare resources that are likely to remain open following a disaster.
- Coordinate with other entities to establish an emergency relief fund for affected staff.

Pharmaceuticals / Medical Supplies / Medical Equipment

Hospitals are required to prepare a plan that the facility would implement as a result of an occurrence or imminent threat of an emergency epidemic. The plan shall be reviewed and updated annually thereafter.

The hospital Pharmacy Director determines the level of medical supplies and pharmaceuticals is prudent and possible to stockpile. Given limited resources, the facility stockpiles only those items it is highly likely to need immediately in a response or in its day-to-day operations. All stored items are rotated to the extent possible.

The Pharmacy Director identifies primary and secondary sources of essential medical supplies and pharmaceuticals and develops estimates of the expected time required for re-supply in a disaster environment.

If the Governor of Oklahoma declares a disaster, mass quantities of pharmaceuticals, equipment, or supplies are distributed through the Strategic National Stockpile (SNS). Each local public health department will distribute the supplies as requested throughout their

territory.

The hospital will alert Greer County Health Dept. of supply needs and make appropriate requests as outlined in the local SNS distribution plan.

Personal Protective Equipment (PPE)

The hospital takes measures to protect its staff from exposure to infectious agents and hazardous materials. Health care workers have access to and are trained on the use of PPE.

The Chief Clinical Officer or designee receives training annually to provide just-in-time training in the event use of PPE is required. Training records reflect the nature of training each employee receives in the proper use of PPE. Protective equipment is located in central supply area by nurse's station.

Training, Exercises and Plan Maintenance Drills and Exercises

The hospital incorporates disaster preparedness information into its normal communications and education programs for staff and patients including:

- Home and family preparedness.
- Information on facility emergency preparedness activities and staff responsibilities.
- Procedures for emergency evacuation, including alarm systems, exit routes and meeting areas. Responsibilities for predetermined staff to perform critical duties prior to evacuation (i.e. fire wardens, critical equipment shut down).
- Rescue and medical duties for those employees who are to perform them.
- Information dissemination channels for these activities include newsletters, pamphlets, health education and in-service education classes, internet postings and specific personnel who can be contacted with questions.

Hospitals are required to maintain an up-to-date notification list for emergency epidemics that includes clinics, physicians and providers working as contractors or staff. Health Centers must participate in testing notification methods for those on the list by a broadcast fax or another communications method for rapid notification.

According to the Occupational Safety and Health Administration (OSHA) parts of this plan necessary for self-protection must be reviewed with each employee upon hire, when employee responsibilities change, and when the plan is changed.

Refer to Appendix 6, Training and Exercises for general guidelines.

RESPONSE

Response Priorities

Mangum Regional Medical Center has established the following disaster response priorities:

- Life safety: Provide for the safety of patients, staff, and visitors.

- Contain hazards that could pose a threat to people in the hospital.
- Provide care for injured patients, staff, and visitors.
- Protect critical infrastructure, facilities, vital records, and other data.
- Restore essential services/utilities.
- Support the overall community response.
- Provide crisis public information.
- Resume the normal delivery of patient care.

Alert, Warning and Notification

Disasters can occur both with and without warning. Upon receipt of an alert from credible sources the Hospital Administrator:

- Notifies key managers,
- Implements Incident Command System,
- Activates the Incident Command Center, and
- Reviews plans and consider possible actions.

Depending upon the nature of the warning and the potential impact of the emergency, the Incident Commander may decide to:

- Evacuate the hospital;
- Suspend or curtail operations;
- Ensure essential equipment is secured, computer files backed-up and essential records stored offsite;
- Implement other measures the Incident Commander may find appropriate to reduce clinic, staff and patient risk.
- Notify the Greer County Health Department and Greer County Office of Emergency Management, community members, and staff.

Response Activation and Initial Actions

This plan may be activated in response to events occurring within the hospital or external to it.

Any employee or staff member who observes an incident or condition which could result in an emergency condition should report it immediately to the Hospital Administrator or his/her supervisor.

Staff report fires, serious injuries, threats of violence and other serious emergencies to fire or police by calling 9-1-1.

All staff initiate emergency response actions consistent with the emergency response procedures.

If the emergency significantly impacts patient care capacity or the community served by the hospital, the Hospital Administrator or Incident Commander will notify Greer Health

Department.

Refer to Appendix 9, Emergency Codes for response to adverse situations.

Incident Management Team

The facility organizes its emergency response structure to mobilizes appropriate resources and take actions required to manage its response to disasters utilizing the Incident Command System (ICS) and National Incident Management System (NIMS). ICS is flexible and can be increased or decreased in size, as needed. The specific functions that are activated and their relationship to one another will depend upon the size and nature of the incident. ICS is also a standardized management system used by government agencies and facilities in emergencies.

ICS employs four functional sections (operations, planning, logistics, and finance) who report to the Incident Commander in its organizational structure. Each activated section will have a person in charge of it, but a supervisor may be in charge of more than one functional element. Below are brief descriptions of the ICS structure that create the Incident Management Team (IMT).

As a whole, the IMT is responsible for the strategic, or "big picture" thinking of the disaster response. The IMT collects, gathers and analyzes data; makes decisions that protect life and property, and maintains continuity of the organization. The IMT disseminates decisions to all impacted agencies and individuals.

Incident Commander: Is the first person on scene, until the duties are transferred if necessary: Ultimately the Mangum Hospital Administrator.

- Oversees the command/management function.
- Provides overall emergency response policy direction.
- Oversees emergency response planning and operations.
- Coordinates the responding staff and organizational units.

Operations Section: Mangum Medical Director and Chief Clinical

Officer

- Coordinates all operations in support of the emergency response and implements the incident action plan for a defined operational period.
- Operations Section manages medical and mental health care.

Planning and Intelligence Section: Mangum Hospital Administrator

- Collects, evaluates, and disseminates information.
- Develops the incident action plan in coordination with other functions.
- Performs advanced planning; and, documents the status of the hospital and its

response to the disaster.

Logistics Section: Mangum Plant Operations Manager

- ☐ Logistics provides facilities, services, personnel, equipment, and materials to support response operations.

- ☐ Logistics manages volunteers and the receipt of donations.

Finance and Administration Section: Mangum Hospital Administrator

- ☐ Tracks personnel and other resource costs associated with response and recovery.

- ☐ Finance and Administration provides administrative support to response operations.

Incident Command Center

The Incident Command Center (ICC) is a central command and control area for where the Incident Management Team meets to carry out the functions at a strategic level in an emergency, and ensuring the continuity of operation of the organization.

The primary ICC is located in the cafeteria. A backup location is in the business office. Both locations are capable of communicating with outside agencies such as police, fire, and the local health department. Each location has copies of this EMP, forms for recording and managing information, and facility floor plans. Refer to Appendix 10, Command and Control and Appendix 11, Hospital and Clinic Floor Plans.

If both ICC locations are unavailable or unsafe, the Incident Commander will select a new location based on environmental conditions.

The Incident Commander will deactivate the ICC when the response phase ends, and recovery activities can be performed at normal workstations. Refer to Appendix 10, Command and Control.

Action Plans

The Action Plan is developed by the Incident Management Team and establishes the priorities and objectives of the response.

Action plans are developed for a specified time period which may range from a few hours to several days.

The action plans are sufficiently detailed to guide the response.

Patient Population

The specific patient population served is outlined such as inpatient or outpatient and their unique vulnerabilities in the event of an emergency or disaster such as mobility, transportation, language barriers, medical condition, or pharmacological needs.

Both inpatient and outpatient populations could be impacted in the event of a disaster or emergency. Inpatients may particularly be at risk due to possible immobility, cognitive or sedated limitations, dependence on oxygen, intravenous medications, or medical devices/machines. Outpatients may also have mobility or cognitive limitations that must be considered. The need for supervision and transportation of any inpatient or outpatient is evaluated.

Mobility needs are particularly outlined in the event of evacuation. Identification of those patients who may need additional assistance or resources is essential.
Continuity of operations and succession planning/delegation of authority is included to ensure the patient population is cared for in a safe manner.

Subsistence Needs

The provision of subsistence needs for staff and patients whether they evacuate or shelter in place includes food, water, medical and pharmaceutical supplies. This provision is adequate (at least 72 hours) for all patients and staff for the duration of the emergency situation or until evacuation occurs or operations cease.

The consulting CDM or dietary manager is involved in a comprehensive plan to ensure adequate supplies of food and water are available for each patient as well as staff and visitors. (see policy FNS 4.9 and US Foods Contact list and disaster plan).

The consulting pharmacist or on-site pharmacy staff is involved in a comprehensive plan to ensure adequate supply of medications are available for each patient.

The consulting supply chain manager or facility supply clerk is involved in a comprehensive plan to ensure adequate medical supplies are available for each patient. The supply clerk utilizes local and regional resources in the form of MOU to achieve this essential portion of the plan.

Agreements are in place with food, water, medical or pharmaceutical vendors to receive additional supplies within 48 hours in the event of a disaster or emergency.
Alternate sources of energy to maintain: temperature, emergency lighting, fire protection and sewage and waste disposal are available.

In the event a portable generator is utilized (in addition to a permanent generator) the portable generator must conform to the same testing and maintenance of fuel storage and generator testing in accordance with regulations. Heating and cooling of the facility must be considered to ensure temperatures in patient areas are maintained in a safe range.

Sewage and waste disposal are managed in a safe, effective manner during the emergency. Treatment of soiled linens or disposal of biohazard material are considered. Agreements with vendors to pick up these items are in place.

Tracking of Staff and Patients

During an emergency event, a system to track the location of all on-duty personnel and sheltered patients has been developed that will identify the exact locations in the form of paper or electronic means.
An electronic database is utilized so information is sharable among emergency response personnel and easily accessed for continuity of patient care. The electronic database is backed-up off site.

The Hospital Administrator or designee maintains and updates the database as needed as well as be responsible for compiling/securing medical records needed for transfer if applicable.
In the event staff or sheltered patients are re-located, the hospital documents on a paper spreadsheet as well as the EMR the specific name and location of the receiving facility or other location and on-duty staff who leave the hospital during the emergency event.
Patients who leave the hospital voluntarily during the emergency or those who have been appropriately discharged do NOT need to be tracked.

Medical Care

The confidentiality of patient information remains important even during emergency conditions. Hospital staff take feasible and appropriate steps to protect confidential information.

A system of medical documentation (electronic database) that preserves patient information, protects confidentiality of patient information, secures and maintains availability of records has been developed and maintained.

Existing non-emergent requirements for patient records continues to be in place.

Electronic medical documentation is backed-up by a computer/server and supported by emergency generator power for access of information during a disaster or emergency.

A paper back up plan for all medical documentation is utilized in the event of electronic outages in order to ensure continuity of care and coordination between caregivers. Paperback up binder included all forms for patient care, assessment, triage, medication record, and discharge or transfer forms.

Triage/First Aid

The Operations Section chief (Medical Director and Chief Clinical Officer) will establish a site for triage and first aid. Qualified staff are assigned to triage incoming patients. Triage refers to the evaluation and categorization of the sick or wounded when there are insufficient resources for medical care of everyone at once.

In mass casualty situations, triage is used to decide who is most urgently in need of care and whose injuries are less severe and must wait for medical care. The facility uses a method for

triage which involves a color-coding tag system using red, yellow, green, white, and black tags:

- **Red tags** - (immediate) are used to label those who cannot survive without immediate treatment but who have a chance of survival.

- **Yellow tags** - (observation) for those who require observation (and possible later re-triage). Their condition is stable for the moment and, they are not in immediate danger of death. These victims will still need hospital care and would be treated immediately under normal circumstances.

- **Green tags** - (wait) are reserved for those who will need medical care at some point, after more critical injuries have been treated.

- **White tags** - (dismiss) are given to those with minor injuries for whom a doctor's care is not required.

- **Black tags** - (expectant) are used for the deceased and for those whose injuries are so extensive that they will not be able to survive given the care that is available.

Mangum Regional Medical Center establishes a triage area in the ER area. When possible, the triage area will be clearly delineated and secured with controlled access and exit. Color-coding tags are located in the Emergency Department area and staff are trained in the method.

Triage staff wear appropriate personal protective equipment and use universal precautions when interacting with patients. Appropriate personal protective equipment is used when the involvement of chemicals or hazardous materials is suspected or a contagious illness is of concern.

All patients entering the triage area are tagged and registered.

The medical care team provides medical services within the hospitals's capabilities and resources.

Patient Release/Discharge

Patients are permitted to leave with family or friends ONLY after they have signed a release form.

Children are allowed to leave ONLY with parents, family members or other adults who accompanied them to the clinic and who provide confirming identification (e.g., driver's license or other government identification). If no appropriate adult is available, clinic staff will:

- ☐ Provide a safe supervised site for children away from unrelated adults.

- ☐ Attempt to contact each child's family.

- ☐ If contact is not possible, contact Child Protective Services to provide temporary custodial supervision until a parent or family member is located.

To the extent possible, patients injured during an internal disaster are given first aid by the

clinical staff.

If the circumstances do not permit treating patients at the hospital, they are referred to a higher level of care emergency room.

If immediate medical attention is required and it is not safe or appropriate to refer the patient to the emergency room, 911 are called and the patient sent by ambulance to the nearest emergency room. Due to legal liabilities, staff will not transport patients in their private vehicles.

If 911 services are not available, a request for medical transport is conveyed to local health department. In a widespread emergency, the county determines how and where to transport victims through already established channels selected by the county.

Visitors or volunteers who require medical evaluation or minor treatment are treated and referred to their physician or the hospital.

Employees who need medical evaluation or minor treatment are treated and referred to their physician or the hospital.

Acquiring Response Resources

The Logistics Section monitors medical supplies and pharmaceuticals and request augmentation of resources at the earliest sign that stocks become depleted.

The hospital maximizes use of available hospitals, other clinics, and other external resource suppliers as is feasible.

If resources cannot be found and the request is high priority, it will be submitted to Regional, State, and Federal response levels until the requested resource can be obtained.

Vendors

As information develops about current and future resource needs, the hospital considers contacting vendors of critical supplies and equipment to alert them of pending needs and to ascertain vendor capacity to meet those needs.

The hospital recognizes that in a major disaster, medical supply vendors may face competing demands that exceed their capacity. In that case, request for assistance is submitted to the local health department, who will set resource allocation priorities.

Communications

Logistics Section Chief will be responsible for appointing a Communications Officer, if necessary, to use the hospital's communications resources to communicate with:

- Other hospitals
- The Greer County Health Department
- The Greer County Emergency Operations Center (EOC)
- State of Oklahoma

- Emergency response agencies
- Outside relief agencies
- Mangum Hospital Board of Directors Staff telephone numbers
  are listed in Appendix 7, Staff Call List.

Disaster response agency contact telephone numbers are listed in Appendix 3, Disaster Contacts.

The hospital has developed and is maintaining a written emergency communication plan that details how the hospital will coordinate patient care within the facility, across healthcare providers, collaboratively with local, state, regional and tribal public health departments. Emergency officials are contacted depending on type of emergency with regard to transferring of patients to another hospital or facility, transportation needs, food and water needs, equipment or staffing needs.

Primary means of communication are via regular telephone service. In the event an alternate communication means is necessary, cell phones or walkie talkies will be utilized.
A list of local emergency officials (Disaster Contacts) is outlined in Appendix 3 and other like hospitals or facilities in the Transfer Agreements in Appendix 4.

A list of staff including physicians, entities providing service by arrangement, and volunteers is found in the Emergency Plan. See Appendix 7 for staff, Appendix 8 for vendors including Organ Procurement Organizations.

An element of the communication plan is to share information with local, regional, tribal and state officials regarding the hospital's ability to provide assistance by reporting occupancy availability or other needed resources such as staffing, equipment, food, water or supplies.

Security

The purpose of security ensures unimpeded patient care, staff safety, and continued operations.

The Incident Commander appoints a Security Officer who will be responsible for ensuring security measures are implemented.

If security becomes an issue, the hospital may get assistance from law enforcement.

Security is provided initially by existing security services or by personnel under the direction of the Plant Operations Manager. Security may be augmented by contract security personnel, law enforcement, clinical staff or, if necessary, by volunteers.

Checkpoints at building and parking lot entrances are established as needed to control traffic flow and ensure unimpeded patient care, staff safety, and continued operations.

All clinical staff are required to wear their ID badges at all times. Security issues temporary badges if needed.

The Plant Operations Manager ensures that the site is and remains secure following an

evacuation.

Volunteer Management

The hospital accepts and utilizes volunteer support from individuals with varying levels of skill and training during an emergency.

Non-medical volunteers are allowed to perform non-medical tasks. The Hospital Administrator assigns roles to specific volunteers based on need during the emergency such as assisting with transport, assisting with tracking documents, assisting with communication in accordance with state law scope of practice.

A list of potential non-medical local volunteers and contact information is maintained in Appendix 7.

The hospital accepts and utilizes volunteer medical professional support from individuals with varying levels of skill and training during an emergency.

Volunteer medical professional support staff are assigned roles by the Medical Director and Chief Clinical Officer according to their scope of practice and state licensure.

A list of potential medical professional volunteers and contact information is maintained in Appendix 7.   They include off duty staff, local retired professionals, those from neighboring facilities, state-established volunteer registries, or other federally designated volunteer health professionals.

Facility credentialing manager utilizes Emergency Privilege documents during this time.

Donation Management

Donation of all items are collected in a central location designated at the time by the Plant Operations Manager. All items are logged, dispensed or disposed of as appropriate.

Damage Assessment

The hospital assesses damage caused by the disaster to determine if an area, room, or building can continue to be used safely or is safe to re-enter following an evacuation.

Systematic damage assessments are indicated following an earthquake, flood, explosion, hazardous material spill, fire or utility failure.

Hazardous Materials Management

Refer to Hazardous Materials Management Plan in separate binder Plan #700.

Evacuation Procedures

The hospital may be evacuated due to a fire or other occurrence, threat, or order of the Hospital

Administrator or designee. Refer to Appendix 12 Evacuation Plan.
A safe evacuation plan has been developed which addresses the needs of the evacuees as well as staff members, families, or members of the public who may have sought refuge at the hospital during the emergency.

Responsibilities of staff members during the evacuation are outlined based on needs of each patient and what resources are available. A prioritization method and triage plan is utilized.

Identification of evacuation location is identified.

Primary means of communication are via regular telephone service. In the event an alternate communication means is necessary, cell phones or walkie talkies are utilized.

Where and how to shut-off the utilities, including emergency equipment, gas, electrical timers, water, computers, heating, AC, compressor, and telephones.

Transfer Agreements

The hospital has established pre-arranged transfer agreements with other healthcare facilities or hospitals to receive patients in the event of limitations or cessation of operations in order to ensure continuity of patient care. (see the Emergency Plan appendix 4).

Consideration is given to which transfer hospital is appropriate given the geographic nature of the emergency and any possible barriers to transport.

Waiver 1135

When the U.S. President declares a major disaster or emergency and the National Health and Human Services Secretary declares a public health emergency, a waiver 1135 is put into place and effective.

During this time, the facility works in collaboration with state, regional, tribal and local facilities during an emergency regarding staffing including licensure requirements, equipment and supplies at the alternate site.

The hospital works with local emergency officials to allow an organized and systematic response to assure continuity of care when services at the facility have been severely disrupted.

In addition to waiving some staffing licensure requirements, some Medicare Conditions of Participation may also be waived for the duration of the emergency.

Decision on Operational Status

Following the occurrence of an internal or external disaster or the receipt of a credible warning the Incident Commander will decide the operating status for the hospital.

The decision is based on the results of the damage assessment, the nature, and severity of the disaster and other information supplied by staff, emergency responders, or inspectors.

The decision to evacuate the hospital, return to the facility, and/or re-open the facility for partial or full operation depends on an assessment of the following:

- Staff availability
- Extent of facility damage / operational status
- Status of utilities (e.g. water, sewer lines, gas and electricity)
- Presence and status of hazardous materials
- Condition of equipment and other resources
- Availability of supplies
- Environmental hazards
- Recommendation of local authorities
- Extended hospital closure

If the hospital experiences major damage, loss of staffing, a dangerous response environment, or other problems that severely limit its ability to meet patient needs, the Incident Commander, in consultation with the Hospital Administrator, may suspend operations until conditions change.

If the hospital remains fully or partially operational following a disaster, the Hospital Administrator, Medical Director, and other members of the IMT defines the response role the facility will play.

The appropriate response role for the facility depends on the following factors:

- The impact of the disaster on the hospital.
- The level of personnel and other resources available for response.
- The pre-event medical care and other service capacity of the hospital.
- The medical care environment of the community both before and after a disaster occurs.
- The needs and response actions of residents of the community served by the hospital.
- The priorities established by the hospital's Administrator and Board of Directors (e.g., to remain open if possible following a disaster)
- The degree of planning and preparedness of the hospital and its staff

Weapons of Mass Destruction (WMD)

Preparations for an event involving weapons of mass destruction - chemical, biological, radiological, nuclear, or explosives (CBRNE) - are based on existing programs for handling hazardous materials.

- If staff suspects an event involving CBRNE weapons has occurred, they should:
  - Remain calm and isolate the victims to prevent further contamination within the hospital.
  - Contact the Medical Director, Chief Clinical Officer, or other appropriate clinician.
  - Secure personal protective equipment and wait for instructions.
  - Comfort the victims.
  - Contact appropriate Operational Area authorities.
  - Refer to Appendix 3, Disaster Contacts
  - Refer to Appendix 13 Pandemic Disease Plan.

Shelter-In-Place

When there is a chance that there has been a release of radiation, hazardous materials, or biological agents in proximity to the organization the safest response may be to shelter-in-place. Refer to Appendix 14, Shelter in Place.

A shelter in place plan has been developed in the event that an evacuation cannot or should not be executed. (such as in the case of a tornado where sheltering in place might be more appropriate).

The hospital administrator will make the decision as to which patients and staff would be sheltered in place and communicate to all emergency officials.

The hospital administrator will give consideration of the building's capability to survive the emergency event or the transportation effort ability and will transition to the evacuation plan as necessary.

Mass prophylaxis

The hospital encourages its providers to participate in a mass prophylaxis program.

Health care providers from hospitals throughout the county could be called to volunteer to distribute medication or provide vaccines.

Greer County would establish mass prophylaxis sites throughout the county.

These sites would be large facilities such as school gymnasiums or warehouses that can accommodate large groups of people.

These sites would require a large number of healthcare providers to administer medications.

RECOVERY

Recovery actions begin almost concurrently with response activities and are directed at restoring essential services and resuming normal operations.

Depending on the emergency's impact on the organization, this phase may require a large number of resources and time to complete.

This phase includes activities taken to assess, manage, and coordinate the recovery from an event as the situation returns to normal. These activities include:

- Deactivation of emergency response: The hospital Administrator or designee will call for deactivation of the emergency when the hospital can return to normal or near normal services, procedures, and staffing. Refer to Appendix 10, Command and Control.

- After Action Report: Post-event assessment of the emergency response will be conducted to determine the need for improvements. Refer to Appendix 15, After Action Reports.

- Establishment of an employee support system: Human resources will coordinate referrals to employee assistance programs as needed.

Accounting for disaster-related expenses

The Finance Section Chief accounts for disaster-related expenses.

Documentation will include:

- Direct operating cost
- Costs from increased use
- All damaged or destroyed equipment
- Replacement of capital equipment
- Construction related expenses
- Return to normal clinic operations as rapidly as possible

Inventory Damage and Loss

The hospital documents damage and losses of equipment using a current and complete list of equipment serial numbers, costs, and dates of inventory.

One copy will be filed with the Chief Financial Officer and another copy in a secure offsite location.

Lost Revenue through Disruption of Services

The Corporate finance team works with the Finance Section to document all expenses incurred from the disaster.

An audit trail is developed to assist with qualifying for any Federal reimbursement or assistance

available for costs and losses incurred by the hospital because of the disaster.

Cost / Loss Recovery Sources

The eligibility of facilities for federal reimbursement for response costs and losses remains ambiguous. It may be possible to gain reimbursement through county channels under certain circumstances.

Depending on the conditions and the scale of the incident, the hospital will seek the following financial recovery resources:

Public Assistance

After a disaster occurs assistance may be available to applicants through:

- The Federal Emergency Management Agency (FEMA).
- The OKLA Department of Emergency Management.
- The Small Business Administration (SBA) provides physical disaster loans to businesses and non-profit organizations.
- Federal Grant - Following a presidential disaster declaration, the Hazard Mitigation Grant Program (HMGP) is activated.

Insurance Carriers

The hospital files with its insurance companies for any damage.

The hospital will not receive federal reimbursement for costs or losses that are reimbursed by the insurance carrier.

Eligible costs not covered by the insurance carrier such as the insurance deductible may be reimbursable.

Psychological Needs of Staff and Patients

Mental health needs of patients and staff are likely to continue during the recovery phase.

The hospital recognizes staff and their families are impacted by community-wide disasters. The hospital will assist staff in their recovery efforts to the extent possible.

Restoration of Services

The hospital takes the following steps to restore services as rapidly as possible:

---If necessary, repair hospital or relocate services to a new or temporary facility.

---Replace or repair damaged medical equipment.

---Expedite structural and licensing inspections required to re-open.
---Facilitate the return of medical care and other staff to work.

---Replenish expended supplies and pharmaceuticals.

---Decontaminate equipment and hospital.

---Attend to the psychological needs of staff and community.

After-Action Report

The hospital conducts after-action debriefings with staff and participate in Greer County debriefings.

The hospital produces an after-action report describing its activities and corrective action plans. Refer to Appendix 15, After- Action Report.

The hospital will review this plan using the After-Action Report and will revise the plan as needed.

Training and Testing Program

The hospital has developed and is maintaining a training and testing program that trains all new and existing staff, and individuals providing services under arrangement in these elements:

---Emergency preparedness plan, policies and procedures.

---Life Safety policies and procedures.

---Specific training regarding Evacuation, Shelter in Place, Triage system, Incident Command System.

---Disaster Drills and/or table-top exercises. (required 2 annually).

The hospital participates in regional training and testing though partnerships with other emergency management entities.

Testing. The hospital conducts exercises to test the emergency plan at least twice per year. The hospital does all of the following:

(i) Participates in an annual full scale exercise in coordination with the Medical Emergency Response Center (MERC) in Lawton, OK and with Mangum local city and county disaster and emergency teams; or

(A) When a community-based exercise is not accessible, conducts an annual Mangum Regional Medical Center exercise (tornado, flood, fire, active shooter,) or

(B) If the hospital experiences an actual natural or man-made emergency that requires activation of the emergency plan, the hospital is exempt from engaging in its next required full-scale community-based exercise or individual, hospital-based functional exercise following the onset of the emergency event.

(ii) Conducts an additional annual exercise that may include, but is not limited to the following:

> **(A)** A second full-scale exercise that is in coordination with the MERC and City of Mangum or an exercise at Mangum Regional Medical Center; or

> **(B)** A mock disaster drill; or

> **(C)** A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.

(iii) Analyzes the hospital's response with a debriefing meeting of department managers after a drill or actual event with documentation on After Action Reports and maintains documentation of all drills, tabletop exercises, and emergency events, and revise the hospital's emergency plan, as needed.

The hospital trains each new employee and existing employees annually.

Demonstration of staff knowledge, documentation of training and testing is maintained in personnel files.

See Appendix 6: training and testing as well as the training competency form.

Appendicies

Appendix 1   Completed Hazard Vulnerability Analysis

Appendix 2   Completed Environment of Safety Survey

Appendix 3   Disaster Contacts

Appendix 4   Memorandums of
Understanding

Appendix 5   Emergency Preparedness
Committee

Appendix 6   Training and Exercises

Appendix 7   Staff Call List

Appendix 8   Vendor Contact List

Appendix 9   Emergency Codes

Appendix 10   Command and Control

Appendix 11   Clinic and Hospital Floor Plan

Appendix 12   Evacuation Plan

Appendix 13   Pandemic Disease Plan

Appendix 14 Shelter in Place

Appendix 15   After Action Reports

RESOURCES

Reference 1, Colorado Department of Public Health and Environment, Disease Control and Environmental Epidemiology Division. (2007). *Rules and Regulations Pertaining to Preparations for a Bioterrorist Event, Pandemic Influenza, or an outbreak by a novel and highly fatal infectious agent or Biological Toxin (CCR Number 6 CCR1009-5), Regulation 3.*

Reference 2, HRSA Emergency Preparedness PIN 2007-15

Reference 3, United States Department of Labor, Occupational Safety & Health Administration. *Means of Egress, Emergency Action Plans (29 CFR1910.38)*