

FLEMING COUNTY HOSPITAL

EOC EMERGENCY PREP

Development Date 3/99

Approvals: _____

Policy # EM 003 01

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Review/ Revise Dates 4/01, 4/04, 5/07,
6/10,5/13, 1/14

SUBJECT: EMERGENCY OPERATION PLAN EM 003-01

OPERATION OF THE FACILITY:

The Emergency Operation plan of Fleming County Hospital serves all of the planning partners in the hospital, the community and the region by providing maximal readiness and effective response for the handling of both internal and external disasters and emergency situations. This plan also provides a safe and secure environment for our patients, staff, and visitors for this community and for surrounding communities. The plan evaluates potential natural, technological or man made events that could significantly disrupt the environment of care. The evaluation is based on The Hazard Vulnerability Analysis; (EM (01.01.01 EP 2) one by the hospital in accordance with the city and county and one by the regional emergency preparedness group. (EM01.01.01 EP 3). This plan is developed in accordance with the Joint Commission, Hospital leadership, the Medical Staff and the Safety Committee of the hospital. (EM 01.01.01 EP 1)

SCOPE

This Emergency Operation Plan covers the activities of Fleming County Hospital and affiliated remote sites including:

- The main Hospital Building,
- The Gorman Medical Building,
- The Durable Medical Equipment Building (DME),
- The Rehabilitation Building.

OBJECTIVES

The objectives of the Emergency Operation Plan include:

1. Appropriate management of internal or external disaster situations.
2. Evaluate potential disaster scenario's, using an "all hazard " approach with respect to mitigation, preparedness, response, and recovery.
3. Educate the staff of Fleming County Hospital as to their roles in the Emergency Operation Plan.
4. Work cooperatively with various agencies to ensure integration of community emergency plans.
5. Recommend appropriate equipment, supplies, space utilization and training requirement to the leadership of Fleming County Hospital.

INTENT:

Fleming County Hospital uses an “all hazard approach” to plan for emergency situations. All potential disasters are evaluated to determine the probability of occurrence as well as the potential for damage or risk posed to the organization

EM02.02.01

EP 1

Plan Initiation

The Fleming County Hospital Emergency operation plan may be initiated by any one or in conjunctions with any of the following personnel:

1. The emergency department attending physician, or the ER nurse.
2. Administrator or the administrator on call.
3. House Supervisor.
4. Safety Officer.

Initial notification of external emergency situation is usually made through the emergency department, as they are notified of an expected influx of patients. Once the decision has been made by one of the people outlined above they will notify the operator to page overhead and make the subsequent notifications.

Notification of an internal emergency situation will be made by any employee who encounters an emergency situation in which the health or safety of the patients, staff and /or visitors may be endangered. This individual will take action to minimize the impact of the emergency situation. They then will notify the most senior manager in house of the situation for more appropriate action.

COMMUNITY INTEGRATION

Fleming County Hospital is represented on the Local Emergency Planning Committee (LEPC). The safety officer also works closely with the county emergency manger. Together they participate in at least one community or regional wide emergency preparedness drill per year. Members of the local emergency management service participate with hospital personnel, in the evaluation, assessment and debriefing to ensure integration with the with city and county emergency services.

Remote sites, DME and the Gorman Medical Building participate in the activation of the emergency plans. Fire notification for the Gorman Building and the Rehabilitation Building is made by the automatic fire alarm system; however these buildings can and should call 911. The DME building staff will call 911 for an emergency.

NOTIFICATION OF EXTERNAL AUTHORITIES

(EM02.02.01 EP 3)

As part of the initial response to any internal disaster, the Switchboard Operator should contact the following when appropriate:

The fire alarm panel is monitored by the central station and is monitored by the operator at the hospital's 24 hour control point. This control point is located at the emergency department registration desk. Fire; call 911 the fire alarm system automatically transmits a notification of an alarm to a central station. The central station notifies the local fire department. If a trouble call is transmitted from the fire alarm panel, the central station notifies the maintenance personnel. All other emergencies, call 911

NOTIFICATION OF PERSONNEL

(EM 02.02.01 EP 2)

When the emergency operation plan is activated the person who activated the plan will notify the operator to page the correct announcement, on the overhead paging system. The operator will page the announcement three (3) times approximately 10 seconds apart.

Once the leadership decides that additional personnel is needed the operator will notify key off duty personnel. Once the incident command is operational the incident commander will appoint someone to continue to notify additional personnel. This should be completed in an area away from the operator. Local radio station may be utilized to broadcast information; also text message will be used, along with the reverse 911 message system.

CONTINUE COMMUNICATION WITH EXTERNAL AUTHORITIES

(EM 02.02.01, EP 4)

Continued communications with the external authorities is imperative for a successful outcome. Therefore Fleming County Hospital Emergency Operation Center (EOC) will contact the Fleming County Emergency Operation Center by telephone at 845-1419, 845-8801, or 845- 4611. Also the hospital could contact the EOC by HAM radio or by a runner.

COMMUNICATION WITH FAMILIES OF PATIENTS

(EM 02.02.01, EP 5)

In the event of an emergency family communication is paramount. Families will need to know if a loved one is moved from the hospital to other sites. Internally a tracking system is used to keep track of patients. If the patient is moved from the hospital to another site a list of these patients will be maintained in the hospital emergency operation center, and will be shared with the county EOC. General information can be given to the local radio station for announcement. HIPPA rules will be followed

COMMUNICATION WITH MEDIA

(EM 02.02.01, EP 6)

If the event is a large regional or county event the hospital will join with the county and/ or region to make a joint information center. The hospital Privacy Information Officer (PIO) will go to the center and represent the hospital at the location. If the event is a small event the hospital will open the information center in the Rehabilitation building located at 900 Elizaville Ave, Flemingsburg, KY.

COMMUNICATION WITH SUPPLIERS

(EM 02.02.01, EP 7)

The Materials Management Department of Fleming County Hospital is responsible for providing materials and equipment (except pharmaceuticals food and linen) to the hospital departments as necessary. Material will be pulled from the standing inventory. When the inventory is starting to get low, standing orders from suppliers will be ordered. Materials will notify the incident commander when supplies have been ordered with expected date and time of delivery.

Pharmacy is responsible for ordering pharmaceuticals. Pharmacy will inform the incident commander of any problems in obtaining the necessary pharmaceuticals supplies and medications. .

Dietary maintains about a three day supply of food. Orders are usually received on Tuesdays and Fridays. Dietary will report to the incident commander any problems with obtaining or serving food during an emergency situation.

Housekeeping is responsible for keeping a supply of linen. Normally fresh linens are delivered Sunday evenings and Wednesday evenings.

The Chief Financial Officer or his designee is responsible for emergency authorizations for any required purchasing.

***COMMUNICATIONS WITH OTHER HEALTH CARE ORGANIZATIONS
NAMES AND TELPHONE NUMBERS***

(EM02.02.01, EP 8)

Facility	Name & title	Phone #	After hours contact	email	Amateur Radio CALL
Meadowview Hospital – Maysville	EOC	606-759-3112	606-759-5970		
	Billy Hicks, Dir of Support Services	606-584-0124	606-584-0124	Billy.hicks@lpnt.net	KJ4UXU
	Joel Brumley, E.D.Director	606-759-3180	606-759-5970	Joel.brumley@lpnt.net	
	Roger Russell, Emergency Preparedness Coordinator	606-783-6429	606-356-5994	rdrussell@st-claire.org	N4WRP
St. Claire-Morehead	Charlotte Kinney, Infection Control practitioner	606-783-6607	606-776-3318	cekinney@st-claire.org	
	Joan Wells, VP Inpatient Services	606-783-6604	606-776-3318	jmwells@st-claire.org	
	Nick Hammond,	606-783-	606-776-	nehammonds@st-claire.org	

	ED Manager	6617	3318		
St. Joseph –	Tammy Hood,	859-			
Mt Sterling	Emergency	497-			
	Coordinator	7715			
	Larry George	859-			WD4IRW
		497-			
		7705			
Morgan	Pat Lewis,	606-			KJ4YQK
County ARH	Emergency	743-			
	Coordinator,	3186,			
		ext 102			
	Steve	606-			
	Gavalchik,	743-			
	CEO	3186,ext			
		109			
Region 8	Terry Stewart	606-	606-	TerryW.Stewart@ky.gov	N4EWW
coordinator		674-	336-		
		6396	8382		

COMMUNICATION WITH OTHER HEALTH CARE ORGANIZATIONS

(EM 02.02.01, EP 9)

During emergencies Fleming County Hospital has several ways to communicate with other health care organizations in its contiguous geographic area. The first method would be the land line telephone system that is used everyday. Two back-up methods of communication located in the work room of the administration suite are a satellite radio telephone and an amateur radio (HAM). All the hospitals in the region have the satellite radio telephone along with the HAM radio. The regional emergency managers and the regional haz-mat team have satellite radio abilities. These units could be used by health care organizations to aid in communications

COMMUNICATIONS SUPPLIES

(EM 02.02.01, EP 10)

All the hospitals in region 8 participate in region 8 emergency preparedness group. The hospital will share any supplies that can be share during a disaster. The region also owns emergency supplies that are staged at several locations in the region. To obtain these supplies the hospital will contact the local emergency manger, who will make contact with the key holder of these supplies. There is also a surge trailer located here at the hospital for use, if needed. Contact the regional emergency manger and or the state public health department for these supplies.

COMMUNICATIONS PATIENT INFORMATION

(EM02.02.10, EP 11)

Fleming County Hospital will provide information on patient location and condition, as

long as the patient gives permission, or with in the guide lines to protect the patient privacy. Fleming County Hospital will use the existing HIPPA guidelines for this information.

COMMUNICATIONS WITH ALTERNATE CARE SITES

(EM 02.02.01, EP 13)

Communication to and from the alternate care site would be primarily with land line telephones. If this method fails then the use of the HAM base station and hand held's could be used. Family Radio Service (FRS) radio has been purchased for use at the alternate care site. A runner could also be used for sensitive information.

IDENTIFICATION OF PERSONNEL

During emergency operations, personnel should enter the building using the employee entrance. They should have their photo/ access control with them to enter the building. Employee will only access the build via this route. Other entries may be in lock down, and not be used by personnel.

Command should place someone at this entrance to prohibit non personnel from entering the building. A list of all people entering the building should be kept. (Note: a door log sheet is part of the lock down policy; this can be printed and used)

Key staff will also have vests specifically designed to distinguish these staff members as having an official role in response to a disaster indicating their role in managing the emergency situation. These vests are kept in the disaster kit in the incident command center (Board Room).

Licensed Independent Practitioners

(EM 02.02.13)

During a disaster the hospital may grant disaster privileges to volunteers licensed independent practitioners by following the bylaws of the Medical Staff and Board of Directors. Disaster privileges can only be granted if an emergency is declared on a local, state, or federal level and the needs of the patients can not be meet by the existing staff. The CEO of the facility or their designee may grant privileges. Disaster privileges may only be granted upon the receipt of the following:

1. Completion of a temporary emergency privilege form and signed statement by applicant attesting to accuracy of information.
2. One or more of the following must be provided:
 - a. current professional license to practice medicine in the State of Kentucky
 - b. identification that the individual is a member of the Disaster Medical Assistance Team (DMAT), if applicable
 - c. identification that the individual has been granted authority to render patient care in emergency circumstances, such authority having been granted by a federal, state, agency
 - d. presentation by current hospital or medical staff member(s) with personal knowledge regarding practitioner identity.
- 3 Presentation of a photo identification of applicant should be presented at time of the request of privileges. If applicable, the physicians DEA number should be presented to be maintained on file.

- 4 When feasible, the practitioner will be paired with current credential member of the Medical Staff of FCH and should act only under their direct supervision. If

not feasible the volunteer licensed independent practitioner will be over seen by mentoring or by medical record review conducted by the Chief of Staff, and or the Emergency Preparedness Medical staff member.

- 5 The volunteer independent practitioner will be given a Red card that says Volunteer Medical Staff to identify this person as a volunteer staff member. This card should be worn on the person between the neck and the waist at all times while on duty
- 6 Base on oversight of each volunteer licensed independent practitioner, the hospital determines with in seventy-two (72) hours of the practitioner's arrival if granted disaster privileges should continue.
- 7 Primary source verification of licensure occurs as soon as the disaster in under control or within seventy-two (72) hours from the time the volunteer licensed independent practitioner presents him or her self to the hospital, whichever comes first. If primary source verification of a volunteer licensed independent practitioner's licensure cannot be completed with in seventy-two (72) hours the hospital will document the following:
 - a. reason or reasons it could not be preformed with in the 72 hour time frame
 - b. evidence of the licensed independent practitioner's demonstrated ability to continue to provide adequate care, treatment and services
 - c. evidence of the hospital attempts to perform primary source verification as soon as possible
 - d. if, due to extraordinary circumstances, primary source verification of licensure of the volunteer licensed independent practitioner cannot be completed within 72 hours of the practitioner's arrival, it is preformed as soon as possible.

Any information verified that is not accurate will be immediately made available to the CEO or the Chief of Staff who will determine if any necessary action is to be taken

Volunteer Practitioners

(EM.02.02.15)

In the event that the Fleming County Hospital Disaster Plan has been activated and the hospital is unable to meet patient needs, the CEO or their designee may grant emergency privileges to non-staff, licensed practitioners.

Disaster privileges may only be granted to a licensed practitioner upon receipt of the following:

1. Completion of a temporary emergency privilege form and signed statement by applicant attesting to accuracy of information.

2. Before privileges for a licensed practitioner can be granted the person must have the following:

Valid government issued ID, and at least one of the following:

- a. Current professional license, certification or registration for your practice.
- b. identification that the individual is a member of the Disaster Medical Assistance Team (DMAT), if applicable
- c. identification that the individual has been granted authority to render patient care in emergency circumstances, such authority having been granted by a federal, state or municipal (if applicable)
- d. Presentation by current hospital or medical staff member(s) with personal knowledge regarding practitioner's identity.
- e. A current picture identification card from a health care organization that clearly identifies professional designations

Based on oversight of each volunteer practitioner, the hospital determines within seventy-two (72) hours of the practitioner's arrival if granted disaster privileges should continue.

Primary source verification of licensure occurs as soon as the disaster is under control or within seventy-two (72) hours from the time the volunteer licensed independent practitioner presents him or her self to the hospital, whichever comes first, by Human Resources Department. If primary source verification of a volunteer licensed independent practitioner's licensure cannot be completed within seventy-two (72) hours the hospital will document the following:

- reason or reasons it could not be performed within the 72 hour time frame
- evidence of the licensed independent practitioner's demonstrated ability to continue to provide adequate care, treatment and services
- evidence of the hospital attempts to perform primary source verification as soon as possible
- if, due to extraordinary circumstances, primary source verification of licensure of the volunteer licensed independent practitioner cannot be completed within 72 hours of the practitioner's arrival, it is performed as soon as possible.

Any information verified that is not accurate will be immediately made available to the CEO or the Chief of Staff who will determine if any necessary action is to be taken

In extraordinary situations, where communication does not allow verification of information, the verification will be completed as soon as possible and the decision to grant disaster privileges will be made by joint decision of the CEO and Chief of Staff or their designee.

Any information, that is verified, that is not accurate will be immediately made available to the CEO or Chief of Staff who will determine if any necessary action is to be taken (i.e. immediate termination of privileges).

When feasible, the practitioner will be paired with a current credentialed member of the Medical Staff of FCH and should act only under their direct supervision. If not

feasible to pair up volunteers with a member of the staff mentoring and or medical record review by the department head of the department to whom the volunteer is assigned

The volunteer practitioner will be given a Red card that says Volunteer Practitioner to identify this person as a volunteer staff member. This card should be worn by the volunteer between the neck and the waist at all times while on duty.

Disaster privileges will be granted for the duration of the disaster/emergency need only. Privileges will automatically be terminated at the end of the needed service.

This policy works in conjunction with the Medical Staff and Board of Trustees bylaws.

ASSIGNMENT OF PERSONNEL

In a major internal or external disaster, Fleming County Hospital utilizes a personnel pool for assignment of staff to all necessary positions in emergencies. This pool will be managed by the Individual assigned by the incident Commander and will be located in the Cafeteria. All staff that is released from their routine functions will report to the personnel pool for assignment, as will all off duty staff that is called in to assist

Assignment of staff will be based on the assessment of the Incident Commander and the request of the involved departments. Sign-in sheets will be maintained in the personnel pool, and records will indicate where each individual was assigned.

RECOVERY

I PURPOSE

The purpose of the recovery plan is to provide guidelines for returning Fleming County Hospital to normal, or near normal operations following a major disaster, while remaining within the resources, economic and institutional guidelines and limitations

Many activities performed in the recovery process will be reimbursable through subsequent actions to recoup losses, through insurance claims and or through federal, state, and local government assistance. ***Accountability for recovery activities will be required for justification and recovery of expenditures.***

II RECOVERY TEAM

A. Team Coordinator: CEO, CFO, Safety Officer or Designee

1. Identifies recovery team members, designates assignments, defines and clarifies roles.
2. Possess knowledge of information pertaining to insurance coverage and the process required for reimbursement.
3. Defines control procedures and prioritizes the critical business needs necessary for continuing operations within current/post-disaster capabilities.
4. Determines time frames for recovery

- B. Recovery team Members:
 - 1. All incident command organizational chart members
 - 2. Any employee or medical staff as deemed necessary
 - 3. Task and assignments as determined by the CEO/ Designee.

III CATEGORIES FOR RECOVERY

- A. Coordination
 - 1. Assures chain of command via HICS or the hospital organizational chart.
 - 2. Reviews the needs of potential need for alternate, buildings and each department requirements and needs.
 - 3. Establishes priorities
 - 4. Ensures safety of personnel on the property
 - 5. Asses remaining hazards and maintains security of the facility with lock down, and assesses security needs security of alternate facilities
 - 6. Notifies insurance adjusters
 - 7. Reports to recovery leader any needs and/ or concerns
 - 8. Document all activates
- B. Documentations
 - 1. Documentation is one of the most important aspects of the recovery process.
 - 2. Thorough and substantiated documentation must be completed of all damages, losses, and the sources or cause of damage. This may be done by the following:
 - a. Interviews
 - b. Photographs
 - c. Videos
 - d. Information from fire, law enforcement, EMS, public health, CDC and others
 - e. News film and notes
 - 3. Inform recovery leader of activates, including needs and concerns
- C. EMPLOYEE SUPPORT- Employee is the most important asset to Fleming County Hospital.
 - 1. Conduct early employee debriefings
 - 2. Account for and provide services for dependants including child and senior care.
 - 3. Notify off duty personnel about work, if staff is working shorten work week
 - 4. Provide employee's families information regarding employees as soon as possible
 - 5. arrange for stress debriefing or crisis counseling
 - 6. arrange for assistance with temporary shelter
 - 7. Inform recovery leader of activities, including needs and concerns

D. PATIENT RELOCATION- patients may be transfer to other locations, this may be temporary, for patient safety or to enable the recovery process to take place:

- 1 .Provide notification to family and physicians of the movement of patients
2. To local nursing home if available
3. to other area hospitals, or beyond
4. to other evacuation sites
5. provide notice to families when patient is relocated back to Fleming County Hospital
6. Notify attending physician of relocation to Fleming County Hospital
7. Inform recovery leader of activities, including needs and concerns

E. RECORD PRESERVATION

1. Medical electronics information systems
2. Medical paper records
3. All legal records
4. Business affiliation records
5. Vendor, sales, customer client records
6. Licenses and Permits
7. Insurance policies
8. Tax and Financial data including accounts receivable/ Payable
9. Personnel/ Employee records
10. Building specifications including floor plans/ blueprints
11. Regulatory/ compliance documents
12. Inform recovery Leader of activities, including needs and concerns

*EM02.02.03
EPI,2,AND 3*

F. Inventory and re-supply

1. Immediately inventory of all material and documentation Of:
 - a. materials used during disaster
 - b. materials damaged or contaminated
 - c. materials needed
2. Documentation of batch or lot numbers
3. Notify vendors and initiate standing emergency orders
4. Obtain alternative services from vendors if needed.
5. notify emergency management for regional supplies if needed
6. notify local EOC for additional needed supplies
7. Inform Recovery Leader of activities, including needs and concerns

G. Facilities Services

1. Utilities and Equipment Servicing: All utilities will be inspected to insure safety before being returned to service. Certain utilities like water medical gases and air quality must be tested and certified before reusing the building
2. Grounds recovery: remove any hazard such as down trees or limbs, debris, standing water. Down electric lines will be handled by the local electric company. Barricade any problems that can not be moved to limit entry

3. Clean-up: Secure additional sources for cleaning supplies and manpower. Quick response often prevents further damage and allows normal function to be restored efficiently
Hazard material, or biological, infection organisms or radiological clean-up may need help from Hazmat, Public Health, and CDC or appropriate personnel and or protective equipment
4. Construction: Shoring and or bracing of walls, ceiling windows can be taken care of using outside contractors. Document the time of all outside contractor.
5. Salvage: Cover useable equipment and supplies to protect from elements and further damage. Obtain needed equipment from outside sources to assist in salvage operations. Documents the use of all salvage contractors
6. Redecorating: Consider outside contractors subject to approval from CEO and Insurance carriers. Document damage and supplies used.
7. Inform Recovery Team Leader of activities include needs and concerns.

H. Pharmacy Critical Functions

1. Pharmacy staff will be available for any needed duty during an emergency. If pharmacy facility is intact it can be used for any activities. If facility is not intact, the critical function for the pharmacy department is:
 - a. Obtain license for pharmacy activities at a new location from state board of pharmacy and DEA. State board of pharmacy phone is 1-859- 246-2820; the DEA office is the Detroit branch the number is 1-800- 230-6844 ext #3,
 - b. Obtain medications and supplies from supplier. Forms are in pharmacy disaster recovery plan. McKesson is the main distributor our account number is #810830 Telephone number is 1-877-425-6242 ask for the top 250 purchased items,
 - c. Dispense all pharmaceuticals and related supplies as ordered by a physician using computer down time protocols
 - d. Begin resumption of operation as indicated by pharmacy disaster recovery plan.

SHARING OF RESOURCES EM 02.02.03, EP 4, 5, AND 6

Resources will be shared if all possible. The local EOC will make request of the hospital for resources to be share with other local healthcare originations. The regional EOC or the regional emergency manager will make request to the County EOC, which in turn will make the request to the hospital. At he same time the regional supplies can be used for emergency supplies. The material department in the hospital and the CFO will monitor the supply use and make necessary orders and try to determine when the supplies will arrive. Also the Region 8 Emergency Preparedness Group has some supplies available to be used for emergency and certain other events. These supplies can be accessed by the County Emergency Manager.

MANAGING PATIENT ACTIVITIES

TRANSPORTATION OF SUPPLIES AND PATIENTS

EM02.02.03, EP 9 & 10

In a major internal or external disaster, the incident commander, in consultation with the Chief of Staff and /or the Director of Nursing, or their designee will make determinations concerning scheduling, modification and discontinuation of services. Changes in inpatient schedules or services control of patient information and patient transportation will be communicated to the patient Care Managers. Any changes in outpatient schedules or services will require phone calls to those who were scheduled, made by responsible person. They will also call the local radio station, WFLE, and have the changes announced.

If it is necessary to discharge non –emergency patients from the ED the ED physician will expedite the process. The Incident Commander will notify the Chief of Staff of anticipated inpatient bed needs. The Director of Nursing or a designee will triage hospitalized patients and evaluating them for possible discharge

Several methods of transportation will be used to transport patients and supplies to alternate care sites, ambulances will be used along with vans from Licking Valley, buses from the school board, and truck from the county departments.

