OUTLINE

EMERGENCY OPERATIONS PLAN - HOSPITAL

APPROVAL SIGNATURES

POLICY/Introduction letter from the MTF Commander

TABLE OF CONTENTS

BASIC PLAN

 A. SCOPE AND APPLICABILITY

 B. EOP GOALS

 C. EOP OBJECTIVES

 D. FEDERAL RESPONSE FRAMEWORK

 E NATIONAL INCIDENT MANAGEMENT SYSTEM

 F. INSTALLATION EMERGENCY RESPONSE PLAN

 G. PLANNING AND RESPONSE ASSUMPTIONS

 1. Event characteristics

 2 Victim characteristics

 H. AUTHORITY AND RESPONSIBILITY

 1. Emergency Planning/Safety Committee

 2. Program responsibilities

 3. Organization chart

 I. PROGRAM EVALUATION

 1. Goals and objectives

 2. Annual review

J. REFERENCES

 K. GLOSSARY OF KEY TERMS

FUNCTIONAL ANNEXES

 A. MITIGATION

 1. Hazard Vulnerability Analysis (HVA)

 (a) Top 3-5 vulnerabilities clearly identified

 (b) Integration with the community-wide HVAs

 (c) Annual review of the HVA

 2. Summary of mitigation activities to address top 3-5 identified risks on the HVA

 B. PREPAREDNESS

 1. Preparedness activities based on the HVA

 2. Incident Command System (ICS)

 3. Integration of MTF plans with community-wide plans

 4. Meeting minutes (Emergency Management Committee, community planning groups)

 5. Memoranda of understanding and other agreements

 6. Training programs (New employee orientation, NIMS, Decontamination Training, etc.)

 7. Drills and exercises

 8. After-action reports

 9. Corrective action plans

 10. Warning systems

 11. Continuity of Operations Plan (COOP)

 (a) Essential functions, systems, skill sets, and response assignments

 (b) Back-up facilities/systems/telecommuting, etc.

 C. RESPONSE

 1. Initiating and termination of EOP

 2. ICS/EOC Activation

 3. Communication/coordination with community

 (a) Hospital status/capacity

 (b) Event management

 (c) Patient management

 (d) Resource sharing

 (e) Patient victim tracking

 4. Reference Materials

 (a) Job action sheets

 (b) Incident planning guides

 (c) Incident response guides

 (d) Forms

 5. Financial tracking and documentation

 6. MTF emergency codes

 7. Specific response plans (top 3-5 from HVA)

 8. Surge/expansion plans

 9. Plans for deploying clinical resources outside the MTF

 10. 96-hour capability

 (a) Capabilities and response plans when the MTF cannot be supported by the local community

 (1) Communications

 (2) Resources

 (3) Utilities

 (4) Staff

 (5) Safety and security

 (b) Response procedures

 (1) Maintaining/expanding services

 (2) Conservation of resources

 (3) Curtailment of services

 (4) Supplementing resources from the outside disaster zone

 (5) Partial/staged evacuation

 (6) Full evacuation

 11. Communication systems (primary and redundant)

 (a) Networks

 (b) HAM radio

 (c) EMS systems

 (d) Other (phones, cell phones, satellite, email, pagers, radios, etc.)

 12. Emergency communication strategies

 (a) Staff/medical staff

 (b) External authorities/agencies

 (c) Media

 (d) Patients and families

 (e) Supply, service and equipment vendors

 (f) Other healthcare organizations

 (g) Patient information with Third Parties

 (h) Alternate sites of care

 13. Management of resources and assets

 (a) Inventory, acquisition, monitoring, replenishment of assets and resources (fuel, food, water, pharmaceuticals, medical supplies and equipment, linens, personal protective equipment)

 (b) MTF resource directory

 (c) Staff support (food, water, respite, medical, mental health, dependent care, pet care)

 (d) Resource and asset sharing with other healthcare organizations

 (e) Transportation (patients, staff, supplies)

 14. Management of safety and security

 (a) Management of internal safety and security

 (b) Control access and movement

 (c) Coordination of security activities with community agencies

 (d) Management of hazardous materials and waste

 (e) Radiological, biological, chemical isolation and decontamination

 15. Management of workforce roles and responsibilities

 (a) Staff and medical staff roles and responsibilities

 (b) Reporting instructions

 (c) Training

 (d) Acceptance and use of staff from other MTFs and civilian facilities

 (e) Acceptance and use of volunteers (clinical and non-clinical)

 (f) Identification of workforce (ID badges, vests, wristbands, etc.)

 16. Management of utilities

 (a) Electricity

 (b) Water

 (c) Fuel

 (d) Medical gases

 (e) HVAC, Communications, and other essential utilities

 17. Management of clinical and support activities

 (a) Management of Patient activities (triage, treatment areas, scheduling, admission, potential rapid discharge and transfer)

 (b) Evacuation

 (c) Surge activities (creating surge beds, cohorting patient, cancelling elective procedures)

 (d) Clinical services for vulnerable patients

 (e) Patient hygiene and sanitation needs

 (f) Patient mental health needs

 (g) Decedent management/mass fatality procedures

 (h) Documentation and tracking of patient clinical information

 (i) Specific responsibilities by department (labor pool, volunteers, emergency department, nutrition care, housekeeping, facilities, pharmacy, respiratory therapy, social services, etc.

 18. SMART Teams

 D. RECOVERY

 1. Initiation of recovery activities

 2. Return to normal operations

 3. Event evaluation

 (a) Multi-disciplinary event debriefing

 (b) After action reports

 (c) Corrective action plans

 (d) EOP update

HAZARD-SPECIFIC APPENDICES

 A. Mass Casualty

 B. Severe Weather

 C. HAZMAT Incident

 D. Fire

 E. Active Shooter in the Workplace

 F. Bomb Threat

 G. Infant Abduction

 H. CBRNE

 I. Influx of infectious patients

 j. Other