Mary Lanning
HEALTHCARE

Emergency Operations Plan 2025

Review and Update April, 2025

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Emergency Operations Plan 2025

I. EMERGENCY OPERATIONS STRUCTURE

A. INTRODUCTION

A comprehensive emergency management program provides an all-hazards, systematic analysis for planning, shared decision making, internal and external collaborations, and assignment of available resources (staff, space, supplies) to effectively prepare for, respond to, and recover from all incidents and emergencies.

The program of Mary Lanning includes, but is not limited to:

- Leadership structure and accountability
- Hazard Vulnerability Analysis
- Mitigation and preparedness activities
- Emergency Operations Plan
- Continuity of Operations and disaster recovery
- Education and training
- Exercises and training
- Program evaluation

B. DEFINITIONS

1. Emergency
   An Emergency is an unexpected or sudden event that significantly disrupts the organization's ability to provide care, the environment of care itself, or that results in a sudden, and significantly changed or increased demand for the organization's services. Emergencies include utility failures such as sewer or water failure; fire system or generator failure and can result in sudden arrival of a large number of casualties, including contaminated or contagious victims, which involve the Emergency Department. Other emergencies include winter/ice storms, utility outages, wild fires and tornadoes that may not impact the hospital directly, but could require implementation of a status alert for the facility.

2. Disaster
   A Disaster is a type of emergency that, due to its complexity, scope or duration threatens the organization's capabilities and requires outside assistance to sustain patient care, safety, or security functions.

3. Patient Surge Event
   A Patient Surge Event involves a large influx of victims from an emergency requiring treatment, such as the result of a fire, explosion, train wreck, chemicals, or bioterrorism event. The victims may arrive at the Emergency Department via ambulance or other emergency service vehicle, by private vehicle, or walk-in. Any series of events, which creates an overload situation in the Emergency Department, may necessitate the use of the emergency procedures described in the Patient Surge Emergency Response Plan. The event may be combined with other response plans used to protect the facility, such as in the event of an approaching tornado or snowstorm.

C. SCOPE, RESPONSIBILITIES, AND LEADERSHIP

The Emergency Operations Plan provides an organized process to initiate, manage, and recover from a variety of emergencies, which could confront Mary Lanning Healthcare and the surrounding community.

The Emergency Operations Plan describes a comprehensive "all hazards" command structure for coordinating the six critical areas: communications, resources and assets, safety and security, staffing, utilities, and clinical activities. The overall response procedures will include single emergencies that can temporarily affect demand for services, along with multiple emergencies that can occur concurrently or sequentially that can adversely impact patient safety and the ability to provide care, treatment, and services for an extended length of time.

During an emergency, the Hospital Incident Command System (HICS) will be in place. Mary Lanning Healthcare has updated emergency plans to establish the necessary policies and procedures to achieve preparedness and respond to and recover from an incident. The staff is encouraged to complete NIMS and HICS training. All staff receive emergency and safety education at orientation to the organization. Annual required education modules are assigned thereafter. The emergency plans and procedures will be exercised and reviewed to determine and measure functional capability.

Leadership and Oversight

The hospital's leaders, including the medical staff, are involved in the planning and development activities of the Emergency Operations Plan. Members of the medical staff, administrators, and department leaders are represented on the Emergency Management Team and the Environment of Care Safety Committee which review and approve the Plan.

Emergency Management Committee and Program Coordination

Leaders identify an individual to lead the emergency management program to be accountable for the following:

- Developing and maintaining the emergency operations plan and policies and procedures
- Implementing the four phases of emergency management (mitigation, preparedness, response, and recovery)
- Implementing emergency management activities across the six critical areas
- Coordinating the emergency management exercises and developing after-action reports
- Collaborating across clinical and operational areas to implement organization wide emergency management
- Identifying and collaborating with community response partners

The appointed Emergency Management Program Coordinator (EMPC) is Donna Munsell, MSN, DNP. This role also provides overall support to the hospital's preparedness efforts, including developing needed procedures, coordinating production, or revision of the Emergency Operations Plan (EOP), planning and executing training and exercises, and writing After Action Reports (AAR). The EMPC represents the hospital at various preparedness meetings at the local, regional, and state levels. Donna has received formal and informal training, education, and/or

experience in emergency management, incident command, and hospital operations and familiarity with local, regional, and state healthcare-system design and emergency response procedures.

The Emergency Management Committee meets to plan drills and perform an after-action debriefing/report evaluation for all actual events and exercises, regardless if the EOP is activated. All evaluations are documented. The activities and observations which occur during those events include relevant input from all levels of staff affected. The evaluation includes the identification of deficiencies and opportunities for improvement. The evaluation is communicated to the EOC and to senior hospital leadership. The EOP or response plans may be modified based on evaluations of the emergency response or exercise. Subsequent emergency response exercises will reflect modifications and interim measures as described in the modified EOP. Members of this committee include Emergency Management Program Coordinator, Safety Officer, Chief Operating Officer, Trauma Coordinator, Director of ER, Director of Surgery, Director of IT, Clinic Manager, Accreditation Coordinator, and others as needed for drill planning, execution, and/or evaluation.

To ensure overall readiness and support, the chairperson must regularly inform the hospital's Chief Executive Officer and/or other senior leaders of committee activity, obstacles encountered, and assistance needed.

II. PLANNING ACTIVITIES

A. HAZARD VULNERABILITY ANALYSIS

The hazard vulnerability analysis (HVA) is a risk assessment which includes an evaluation of the natural hazards, human-caused hazards, technological hazards, hazardous materials, and emerging infectious diseases that are categorized as having the highest likelihood of occurring with significant impacts on the operating status of the hospital and its ability to provide services. The HVA is designed to assist in gaining a realistic understanding of the vulnerabilities and to help focus the resources and planning efforts. A list of priority concerns is developed from the HVA and is evaluated on an annual basis. Mary Lanning Healthcare has identified the potential emergencies within the organization and the community that could affect demand for the hospital's services or its ability to provide those services, the likelihood of those events occurring, and the consequences of those events.

B. COMMUNITY INVOLVEMENT

Mary Lanning Healthcare has established a relationship with the community. In conjunction with the community, priorities have been set among the potential emergencies identified in the hazard vulnerability analysis. The communication and identification occur at the time of the hospital's review of its Emergency Operations Plan, which occurs at least every two years and has been presented to the Community on what the needs and vulnerabilities are for Mary Lanning Healthcare. It has identified the capabilities that the community can contribute to aid in meeting the needs of the facility. Mary Lanning Healthcare is the only healthcare facility in the community. During a disaster, the hospital's role within the community is to care for sick and/or wounded individuals who may present for treatment. The facility and community are involved through:

- Adams County Local Emergency Planning Committee (LEPC) meetings
- Tri-Cities Medical Response System (TRIMRS)
- Regional hospital council meetings
- Coordination and collaboration with the South Central Heartland District Health Department

C. HOSPITAL COMMAND CENTER (HCC)

1. The HCC will be set up immediately in the Administration Offices in Phase II and Phase III situations. In the case that the space is rendered unavailable or unusable due to the emergency, the Incident Commander will have authority to identify an alternate location and relocate the command center. HCC may be set up at the discretion of the Incident Commander for the Phase I of a disaster.

2. The Incident Commander will establish the HCC. The Incident Commander role will be determined by the order of authority; however, a senior authority can delegate to most qualified or available individual(s) below:
   - Chief Executive Officer
   - Administrator-On-Call (See Appendix B)
   - House/Nursing Supervisor
   - EOC Committee Leadership
   - Safety Officer

3. The Incident Command Center staff report to the HCC, including Public Information Officer, Safety Officer, Liaison Officer, and administrative support for phones and documentation.

4. Incident Commander will organize and direct the HCC and give overall direction for hospital operations and, if needed, authorize evacuation.

5. Safety Officer will assist and ensure that the emergency operations plan is implemented and identify any hazards and unsafe conditions.

6. Public Information Officer (PIO) or designee will provide information to the news media. The PIO or designee will also oversee the Media Center.

7. Administrative support will provide phone and documentation support along with receiving various information/tracking lists and messages.

8. The Section Chiefs for Operations, Planning, Finance, and Logistics will establish their functions indicated by the Incident Commander. They will then report to their designated meeting place to receive further instructions.

9. The Incident Commander or Liaison Officer initiates communication with local emergency response groups, as needed.

10. The proper Incident Command Structure identification vest is issued to the Command Center Staff and Section Chiefs.

11. The Manager of Safety and Security deploys security staff to the appropriate location as designated in preparation for securing the facility (lock-down), if necessary.

12. The proper identification is worn by the security staff to distinguish the Force from local law enforcement officials.

13. The Public Information Officer is the source of information for MLH staff. They also work with the Media Center to communicate with local Media needed information concerning the emergency, including instruction for walk-in victims and route for emergency vehicles and services.

14. Once the type of emergency is determined, the appropriate Emergency Response Plan will be initiated.

D. HOSPITAL INCIDENT COMMAND STRUCTURE (HICS)

The hospital has implemented the Hospital Incident Command Structure (HICS) developed by the Emergency Medical Services Authority (EMSA) of California as a (2006) revision from the previous Hospital Emergency Incident Command System (HEICS). The newest revision is HICS 2014. All HICS charts, guides, forms and job action sheets are located in binders of the Emergency Response Cart.

III. EMERGENCY OPERATIONS PLAN

A. MITIGATION, PREPAREDNESS, RESPONSE & RECOVERY

The Emergency Management Program Coordinator, together with the Emergency Management Committee, developed appropriate specific emergency response plans based on priorities established as part of the Hazard Vulnerability Analysis. Each Emergency Response Plan will address the four phases of emergency management activities:

Mitigation - Activities designed to reduce the risk of and potential damage due to an emergency (i. e., the installation of stand-by or redundant equipment, training).

Preparedness - Activities that will organize and mobilize essential resources (i. e., plan-writing, employee education, preparation with outside agencies, acquiring and maintaining critical supplies).

Response - Activities the hospital undertakes to respond to disruptive events. The actions are designed with strategies and actions to be activated during the emergency (i. e., control, warnings, evacuations).

Recovery - Activities the hospital undertakes to return the facility to complete business operations. Short-term actions assess damage and return vital life-support operations to minimum operating standards. Long-term focus on returning all hospital operations back to normal or an improved state of affairs. Incident command will appoint a recovery team to assess the operational level of each department, and determine what assistance is needed to complete recovery efforts.

- Facility repair and restoration (windows, walls, roof)
- System restoration (HVAC, water, med gas, communication, etc.)
- Supply systems (clinical supplies, medications, linen)
- Support systems (trash, security, transportation)
- Equipment replacement (medical and business)
- Patient care support (temporary clinics)
- Staff support (childcare, shelter)

B. RESPONSE

A response procedure to an emergency can include the following: maintaining or expanding services, conserving resources, curtailing services, supplementing resources from outside the local community, closing the hospital to new patients, staged evacuation, and total evacuation. The response activities the hospital undertakes to respond to actual events will initiate the Emergency Operations Plan (EOP) and/or the appropriate Emergency Response Plan. When the EOP has been established, the HICS and incident phase will be implemented. If the facility experiences an actual emergency, the facility will implement its response procedures related to care, treatment, and services for its patients.

1. Staff Response

a. All Staff on duty will report to their departments and STAND-BY (i.e., being ready, willing and able to perform assigned duties) for further instruction.
b. Staff away from their department or duty station, who cannot report physically to the department, will communicate with the department, and identify their current location and status of activity.
c. Patient care activities being conducted away from the department, such as radiology, surgery, etc., will continue until a point of completion is reached.
d. The patient and Staff will return to the appropriate area as soon as possible or receive instructions to secure the patient in an ancillary location if necessary.
e. The Staff will notify their Department Heads of the location of the patient and Staff member.
f. Staff will continue their designated patient care activities in preparation for response to the directions provided by the HCC.
g. All Staff requesting to go off duty must obtain the approval of their Department Director. The Director may not give this approval without prior clearance from the Incident Commander. Staff must not leave their workstations until relief has arrived or until dismissed by their Director or Manager.

2. Departmental response

a. Each Department Leader, for both clinical and non-clinical operations, will assess the status of their Staff to maintain normal operation.
b. Each Department Director, or designee as Leader, will identify available resources, such as beds, personnel, and equipment, which could be allocated to the emergency response.
c. The Department Leader will STAND-BY with information on status of department.
d. The Department Leader will provide information to the HCC staff or Incident Command Section Leader when requested.
e. When the departments receive the notification of the specific emergency, the Department Director, Manager, or Charge Nurse will initiate the appropriate departmental response plan for the emergency.
f. The Department Leader will report any problems or concerns to the appropriate Section Leader or the Command Center staff.
g. No department should reduce its hours of operation without prior approval from the Operations Section Chief.

C. SUSTAINABILITY

The importance of sustainability on supplies is crucial to determine if services can still be rendered during an event. The planning on sustainability for Mary Lanning Healthcare without the support of

the community for 96 hours, should be a coordinated effort of the Emergency Management Committee and the departments over the six critical areas before an event has occurred. Where supplies and alternative means are required to sustain 96 hours, resources and assets, alternative sources, and the sustainability at that point must be identified. If near or around 96 hours cannot be sustained, procedures are in place relative to response procedures that the facility can adjust such as, maintaining or expanding services, conserving resources, curtailing services, supplementing resources from outside the local community, closing the hospital to new patients, staged evacuation, and total evacuation. The sustainability assessment has identified those resources and assets and the sustainability indicated in hours.

D. RECOVERY PROCEDURES

To return to normal operations from an emergency, the Mary Lanning Healthcare will undertake the following:

1. When deemed appropriate, the Incident Commander will initiate the recovery phase by announcing an "**All Clear"** to the situation.
2. The staff is also notified through alternate announcements including Intranet messages, personal communication devices (Vocera), personal cell phones, and an overhead paging system if necessary.
3. Call List notification procedures are initiated for off-duty Staff concerning the need to report to the department or to remain at their current locations.
4. The Incident Commander notifies community Emergency Management Services of the "All Clear" action.
5. Upon announcement of the **All Clear**, all information concerning the emergency will be recorded and properly filed for later reference.
6. Section Leaders and HCC staff will contact Unit leaders to receive information and critiques concerning the response to the emergency.
7. All expenses and overtime information will be provided to the Finance Section for documentation. Evidence of the damage or abnormalities caused by the emergency, or response to the emergency, should be documented through photographs or descriptive writings.
8. All communication equipment, data processing systems, and other equipment used during the emergency will be evaluated for appropriate use in the next emergency and consumable supplies documented for restocking.
9. All ICS identification vests should be repackaged or replaced for the next emergency.
10. The physical surrounding of the HCC shall be cleaned, and furniture repositioned for normal operations. All documents used for event will be gathered and replacement copies of forms and documentation sheets will be replenished.
11. The Command Center staff and appropriate designees will conduct the evaluation of the emergency and the response.
12. The Public Information Officer communicates with internal staff and contacts the Media Center to release an "**All Clear"** to local media.
13. Incident Command will monitor the hospital's status and declare an "All Clear" for the incident when appropriate.
14. Communicate the hospital's status and "All Clear" to the Emergency Operations Center, area hospitals, and other officials. Normal operations can then resume.
15. Conduct a final media briefing and update personnel, patients, families, and others of the event termination.
16. Restock supplies, equipment, forms etc.
17. Restore normal patient care operations.
18. Finalize the Incident Action Plan and demobilization plan. Compile a final incident report.

19. Conduct after-action reviews and debriefings. Compile the after-action report and corrective action plans for approval by the Incident Commander.
20. Compile a final report of response costs and expenditures and lost revenue for approval by the Incident Commander.
21. Contact insurance carriers to initiate reimbursement and claims procedures.

E. PLAN INITIATION & TERMINATION

To facilitate the orderly initiation of the response to an emergency, the following steps of the Emergency Operations Plan will be followed.

1. Information received by Mary Lanning Healthcare concerning an external emergency facing the community or an internal emergency involving the function of the Hospital will be passed directly to Administration and the House Supervisor. After regular business hours, the Administrator on Call will be notified.

2. When notified of a potential disaster, the House Supervisor and the Administrator or Administrator on Call will:
   a. Evaluate the issues such as location of incident (internal, external), the distance from the organization and/or offsite locations, the scope of the incident (single individual, multiple event), and weather conditions (seasonal and current)
   b. Discuss the operations pertaining to the conversion of the hospital to disaster status
   c. Plan care of casualty and non-casualty patients arriving in the Emergency Department during a disaster, if applicable.
   d. Will evaluate the information concerning this emergency and determine if initiation of the Emergency Operation Plan (EOP) is warranted.
   e. Once it has been determined to activate the EOP, the individual who takes the role of Incident Commander, through the PIO, will notify the hospital, staff, and executives as soon as possible.

F. INCIDENT PHASES

1. Phase I – when notified by EMS and/or other sources of an incident that may involve multiple casualties or a small incident with no casualties that occurred within the facility.

   - Situation that most likely can be managed with the staff already on duty.
   - Staff should remain on duty and review their department specific procedures to be prepared to respond to the next level if the situation requires an upgrade.
   - The House Supervisor will have a bed count and expected discharges ready to report.
   - The Hospital Command Center may be set up and only selected departments notified.

2. Phase II – when the facility will be receiving patients or major incident within the facility. Some support for the Emergency Department will be required and/or the affected area may need some support.

   - Situation may require additional staff to be called into the hospital.
   - All staff will remain on duty and follow their procedures.
   - The HCC will be set up to coordinate emergency operations.

3. Phase III – when the facility will be receiving large numbers of patients and/or significant issues have occurred within the facility and the need for extensive support will be addressed.

    - The HCC will be set up to coordinate emergency operations.
    - This major event will require mobilization of most aspects of the Hospital Incident Command System in the EOP, including department callback procedure and planning for staff relief over an extended period of time.

4. The plan may be called "All Clear" for the disaster situation while the recovery efforts continue until the hospital is back to normal operations.

G. CONTINUITY OF OPERATIONS STRATEGY

A Continuity of Operations and Disaster Recovery Strategy is an essential component of Emergency Management Planning. Mary Lanning Healthcare has developed a Continuity of Operations and Disaster Recovery Plan (COOP) which focuses on the organization, with the goal of assessing damage, protecting the physical plant, information technology systems, business and financial operations, and other infrastructure, from direct disruption or damage so it may continue to function throughout or shortly after an emergency. The COOP developed by Mary Lanning Healthcare discusses its' succession plans and delegation of authority plans in the event of service disruption and can be found as a separate supplement to this Emergency Operations Plan.

H. ALTERNATE CARE SITE

Mary Lanning Healthcare is prepared for the possibility that the buildings or spaces in which patient care is normally provided will be rendered unusable. In this event, an alternate care site may be pre-designated as a location on the facility grounds and/or campus. Other facilities such as hospitals, community locations, etc. have been assessed and identified as alternate site locations. The information is in Appendix A: Memorandum of Understanding - Alternate Care Sites, Transfer Agreements, and Supplies and Resources.

The organization will track the location of patients assigned to alternate care sites throughout the disaster.

I. 1135 WAIVERS

In the event of a federally declared public health emergency, the organization may request an 1135 waiver if it decides that it needs to utilize alternate care sites for care or treatment. These waivers under section 1135 of the Social Security Act typically end no later than the termination of the emergency period (unless terminated sooner), or 60 days from the date the waiver or modification is first published unless the Secretary of HHS extends the waiver by notice for additional periods of up to 60 days, up to the end of the emergency period.

When requesting a waiver from the regional office our facility will provide

- Facility Name/Type
- Full Address (including county, city/town, and state)
- CCN (Medicare Provider Number)
- Contact person with contact information
- Summary of why the waiver is needed

- Type of relief sought (regulatory requirement/reference that is seeking to be waived)

The Centers for Medicare & Medicaid (CMS) (regional office) will review the 1135 waiver request to determine if the waiver will be granted. Mary Lanning will resume compliance with normal rules and regulations as soon as we can do so, and in any event, the waiver or modifications that we are operating under are no longer available after the termination of the emergency period. Federally certified/approved providers must operate under normal rules and regulations unless they have sought and have been granted modifications under the waiver authority from specific requirements.

J. SHELTERING PATIENTS, STAFF, VOLUNTEERS, and VISITORS

All persons who remain in the facility will be sheltered in patient rooms or in secure locations on the unit such as center hallways or internal storage rooms. Staff and volunteers in the hospital, who are not involved in patient care, will follow the plan specific to their department. Visitors to the facility will be protected just as our patients are. If an emergency situation requires taking cover, staff will ensure they are sheltered. They will be instructed to follow evacuation procedures if necessary and may be allowed to leave if they choose.

IV. COMMUNICATION MANAGEMENT

(Please also refer to INFORMATION TECHNOLOGY CONTINGENCY PLAN policy, IT-10008)

A. INTERNAL & STAFF NOTIFICATION LEVELS

The facility will prepare in advance to support communications during an emergency. During an emergency:

1. The Incident Commander or the PIO will notify Staff through alternate announcements including Intranet messages and alerts through Mass Notification System (Informacast), and personal communication devices, as well as call lists and overhead paging.
2. Alternate communication to staff may include notification through the Public Information Officer by radio or television, dependent on the procedures.
3. Communications systems may include the following:
   a. Internal telephone system: Internal communications will be limited to disaster-related issues once EOP has been initiated. Should internal phones be down, utilize the Internal Downtime Cell Phone Directory accessible through Internet Shortcuts.
   b. Radios: Communications Unit Leader will determine location and availability of radios and report to the Logistics Chief so distribution of radios can be determined.
   c. Informacast, email, public address system, Vocera, fax, cell phones, and runners.

EMERGENCY RESPONSE PLANS-CODES

Event	Audible Page
Cardiac Arrest	Code Blue
Hazardous Material Release	Code Orange
Fire	Code Red
Trauma Patient/ Trauma Team Activation	Code Yellow

Pediatric Resuscitation Team	Code Pink
Hostage Situation	Code Two
Infant/child abduction	Dr. Kidd
Show of force	Dr. Armstrong
Disaster plan Activation	Code triage standby Code triage activate
Active Shooter or Intent to Harm	Active Shooter
Neurological event	Code Stroke
Severe weather warning	Severe Thunderstorm Warning Tornado Watch Tornado Warning

B. NOTIFICATION & COMMUNICATION WITH EXTERNAL AUTHORITIES

1. All appropriate external authorities will be notified to facilitate effective response, continuing operations, and recovery from an emergency that disrupts the normal patient care and/or business operations of the organization. Notification will be made to the following organizations.
    - Hastings Fire and Rescue – 402-461-2350
    - Hastings Police Division – 402-461-2364
    - Adams County Emergency Management – 402-461-2360

2. When an emergency plan is initiated, the appropriate external authorities and community resources will be notified.

3. Mary Lanning communicates information about the general condition of patients under our care to the public and private entities assisting in disaster relief.

C. COMMUNICATION WITH PATIENTS & FAMILY

1. A family support center is established to coordinate the needs and information to family members of patients, to coordinate the information on the location of patients, and to provide critical incident stress debriefings.

2. The Operations Section with the Patient Family Assistance Branch Director and the Family Unification Unit Leader, they will setup procedures and a location for the patient's families known as the Patient Family Support Center.

3. The Logistics Section with the Employee Family Care Unit Leader, they will setup procedures and a location for the employees' families known as the Employee Family Support Center.

4. There will be direct communications with the Planning Section and the Patient Tracking Manager for tracking of patients and beds.

5. The emergency contact for the patient, that is not currently present with the patient, will be informed of the location of the patient if they are moved or evacuated.

D. COMMUNICATION WITH MEDIA & COMMUNITY

1. The Public Information Officer (PIO) has the responsibility for internal communication as well as with media and public information as it pertains to an event that involves the hospital. The PIO ensures a working relationships with local media, Adams County Emergency Management office, and South Central Heartland Public Health Department prior to an event. The PIO regularly attends meetings with the systems that would establish a Joint Information Center (JIC). The information that will go out to the community will come from the JIC as a unified message to the area.

2. If the hospital is involved solely during an event, the PIO (or designee) in the Hospital Command Center will communicate with internal staff, the community, or local media.

E. COMMUNICATION WITH SUPPLIERS

Mary Lanning Healthcare has developed a list of suppliers that is currently used for supplies, services, and equipment or specific services before, during, and after an emergency event. The list of suppliers currently used for services includes repair of utility systems, linen delivery, trash and biowaste pickup, clinical engineering or biomedical equipment, and construction.

The phone numbers and names of these suppliers are maintained by the respective department leaders. Where appropriate, Memoranda of Understandings (MOUs) have been developed as needed to help facilitate services during the time of a community event. See Appendix A.

F. COMMUNICATION WITH OTHER HEALTHCARE ORGANIZATIONS

The Healthcare organizations that are located within the geographical area to the facility have a working relationship with Mary Lanning Healthcare before an event occurs. This collaboration has been established with:

- South Central Heartland District Health Department (402) 462-6211
- TRIMRS (308) 293-0623 The list of all TRIMRS members and their contact information is included in Appendix G

Regional hospitals and Federal, State, and local emergency preparedness contacts can be found in Appendix A.

The key information to share with the other healthcare organizations would be:

- Command structures & other command centers information
- Names & roles of command center structure
- Resources & assets to be potentially shared
- Process for the dissemination of patient & deceased individual names for tracking purposes
- Communication with third parties

In order for the other healthcare organizations to establish communications, they have existing systems in place for interoperability since an event may disable one or more communication methods, resulting in limited communication resources. The TRIMRS Regional radio system is available in the Emergency Department. This should ensure some interoperability with other organizations.

The patient information that may be shared with the other healthcare organizations, local or state health departments, or other law enforcement authorities on the whereabouts on patients during an emergency may include patient's name and location. The information shared about the patients will be in accordance with applicable laws and regulations.

MLH will maintain documentation of completed and attempted contact with the local, state, regional, and federal emergency preparedness officials in our service area. This contact is made for communication and collaboration on coordinated response planning for a disaster or emergency situation. This correspondence may be written or emailed, within working groups, or educational events. See Appendix D.

G. ALTERNATE CARE SITE COMMUNICATIONS

The Hospital Command Center (HCC) will maintain communications with the Alternate Care Site (ACS). Once the ACS has been established, the site will initiate contact with the HCC and establish an Alternate Care Command Center (ACCC) at the location of the ACS to ensure that continuous communication, leadership and documentation will occur. The available communication will be the following: cell phones, LAN line phones, fax, and radios.

H. BACKUP COMMUNICATIONS

Mary Lanning Healthcare maintains a current listing of backup communication systems or devices. The communication devices or systems are tested on a regular basis and are included in exercises.

If regular means of communication are down, but cell phones are still operational, an internal downtime cell phone directory may be found in Appendix G.

A listing of all communication of primary or secondary communication systems or devices should be listed below:

1. If phone service remains available, it will be used.
2. Email will only be used if the infrastructure is working.
3. The overhead address or paging system or fire alarm system may be used for status updates.
4. Inter-departmental radios or inter-hospital radio networks may be used as backup communication. Training is achieved along with an instruction card attached for those that do not use the equipment often.
5. Vocera units may be used to communicate between clinical staff members.
6. Fax machines may be used as backup as long as some are on emergency power.
7. Amateur/Ham radios may be used either with internal or external operators.
8. Cellular telephones have proven to shut down quickly during a natural or large-scale disaster. Select leaders from the MLH organization have signed up with GETS for their hospital issued cell phones and/or personal cell phones. This will ensure priority of connection during a disaster. Manager of Safety and Security retains the list of these staff.
9. Runners will take some staffing requirements that may be otherwise short. This would be a last resort when all other communication fails.

I. NAMES AND CONTACT INFORMATION

Mary Lanning Healthcare keeps a list of staff and their contact information. This is maintained by each department in a "**DEPARTMENT CALL LIST INFORMATION"** file. The current staff list with contact numbers may be found at: S:/DisasterEmployee Call Rosters/. Department Directors are responsible to keep these lists updated on a regular basis. Providers and their contact information is

maintained in the Medical Staff Services office. The list of organizational volunteers is maintained in the Auxiliary office. Materials Management maintains the names and contact information of all vendors of supplies, goods, and/or services under arrangement.

J. GENERAL CONDITION & LOCATION OF PATIENTS

Mary Lanning Healthcare communicates information about the general condition of patients to the public and private entities assisting in disaster relief. This includes evacuation of patients to an alternate care site or receiving hospital. All communication is arranged with the Public Information Officer or their designee.

K. COMMUNICATION DOCUMENTATION

Mary Lanning Healthcare has a process for cooperation and collaboration with the local, state, tribal, regional, and federal emergency preparedness officials in our service area and will maintain documentation of completed and attempted contact. This contact is made for communication, and where possible collaboration, on coordinated response planning in an effort to maintain an integrated response during a disaster or emergency situation.

V. SECURITY & SAFETY OPERATIONS

A. SAFETY & SECURITY INTERNAL

The organization has established security and safety procedures for various types of incidents that involve emergencies and everyday occurrences. The Security Office has security officers on duty for 24/7 operations. There is an interior and exterior patrol for visibility to patients, staff and visitors. The Security Department has policies and procedures in place for staff to adhere. The staff has been trained and is aware of their responsibilities of safety.

B. SECURITY WITH COMMUNITY

Mary Lanning Healthcare will use law enforcement resources when necessary for security and safety support. When the community is overwhelmed and local support is unavailable, Mary Lanning Healthcare uses internal Security staff. We may also notify the Engineering Department for additional security and safety support.

C. MANAGING HAZARDOUS MATERIALS AND WASTE

The hazardous materials and waste discussed here are the biological, chemical, and radioactive waste associated with decontamination, isolation, hospital hazardous waste and/or trash.

The waste handling of hazardous materials and waste during and after isolation procedures will follow the guidelines located in the Infection Prevention and Control Manual and Hazardous Materials and Waste Plan. In the event that the procedures cannot be followed, or the Infection Control Practitioner or Medical Care Branch Director has directed other procedures, those will take precedence.

In the event a vendor or contractor has been unable to collect the hazardous waste and the accumulation has exceeded the normal storage areas, the Director or Manager of Environmental Services (EVS) will be contacted for pick up or other instruction. If possible, these materials will be placed in gated or locked areas. The hazardous materials and waste may include trash, linens, or bio-hazardous waste. A current list of vendors and back-up vendors is retained by the Manager of EVS.

D. BIOLOGICAL, RADIOLOGICAL, & CHEMICAL ISOLATION & DECONTAMINATION

During the emergency, there may be contaminated and/or contagious patients that present to the hospital or may already be located in the hospital. For contagious patients in need of isolation, the Infection Prevention Department has established guidelines located in their Infection Prevention and Control Manual and Policies for isolation and standard precautions to adhere to. See Appendix J for decontamination procedures.

E. ACCESS & EGRESS CONTROL

Due to the limited amount of security in the facility at any given time, there may be a time when the facility is locked down. Secure Operations or a "lock down" refers to the locking of all entrance and exit doors to buildings and the posting of personnel at these doors to assure that only authorized persons enter or exit. This will also control the movement of individuals within the facility.

F. TRAFFIC CONTROL

Based on the characteristics of the event, the Incident Commander will initiate the organization's Traffic Control Plan to manage the movement of personnel, vehicles, and patients both inside and on the grounds of the facility. The Security personnel will manage the movement of patients and staff inside the facility. If advisable, the Security staff will also assist in the movement of vehicles, both emergency and commercial, on the grounds. When appropriate, local law enforcement will assist in the management of traffic on the grounds of facility**.**

VI. STAFF MANAGEMENT

A. STAFFING PLANS

Mary Lanning Healthcare will ensure that essential and critical staff functions are performed for the rapid, effective implementation of any emergency response. In addition, it is policy to ensure that adequate staff is available to perform these critical functions at any time of the day or night.

When the Incident Command is established, the HICS Organization Chart and Job Action Sheets are used to assure essential and critical task positions are filled first. The Incident Command Staff are responsible for assuring all essential staff functions are filled by the most appropriate staff member available and to assure that the tasks are performed as quickly and effectively as possible. All staff on site will report to their Department Director/Manager. Staff should remain in their departments until notified that they are needed in another capacity. Requests for staff will be communicated from Incident Command to the Department Leader, and staff will then report to the assigned location. Department Directors/Managers maintain their own disaster call rosters if additional staff are needed. Some departments will train initially to fill additional duties during an emergency, such as runners, transporters, patient trackers, security, secure operations and scribes/Recorders

As staff are recalled, they will replace personnel for tasks that they are better qualified to perform. If questions arise, the ICS Section Leaders will determine who will perform the task. The tasks are evaluated frequently to ensure the most appropriate staff members available are being used, burnout or incident stress problems are identified, and staff members in these jobs are rotated as soon as possible.

CRITICAL STAFF ASSIGNMENTS

Critical Function Areas	ICS Roles	Key Tasks	Identification
Communication	PIO, Communications Unit Leader	Internal/External Communications	Vest
Resource & Assets	Logistics Chief, Supply Unit Leader, Equipment Supply Staging	Obtaining, Sharing & Replenishing Supplies	Vest
Safety & Security	Safety Officer, Security Branch Director	Safety and security of facility, staff and patients, assist in evacuation	Vest
Utilities Management	Operations Chief, Infrastructure Branch Director	Maintain & Supply Utilities	Vest
Patient Clinical & Support Activities	Operations Chief, Medical Care Branch Director and Leaders	Care for patients, assist in evacuation	Vest
Licensed Practitioners	Medical-Technical Specialist, Medical Care Branch Director, Behavioral Health Unit Leader, Outpatient Unit Leader	Patient Care, assist in evacuation	Vest

B. MANAGING STAFF SUPPORT ACTIVITIES

During activations of the EOP, various modifications, such as food, housing, transportation, and incident stress debriefings, are made for hospital staff to assist them in coming to the hospital to provide needed services. The following accommodations are authorized:

1. Where travel is difficult or impossible because of weather conditions, the hospital will work with volunteer groups with appropriate vehicles to assist them in getting to and from the hospital.
2. Where necessary because of conditions, the hospital will accommodate staff that need shelter/sleep, eat, and/or other services in order to be at the hospital to provide the services needed.
3. The Logistics Chief with the Support Branch Director and/or Employee Health Leader would handle the needs of staff during the emergency. The Logistics Chief would be authorized to modify the normal use of hospital space, fitness center, or gymnasiums, and/or to work with local hotels and motels to provide accommodation for staff.
4. Meal service for staff is authorized where approved by the Logistics Chief.

5. The hospital will be prepared for incident stress debriefings. Hospital staff, staff from the Behavioral Services Unit and Clergy will staff these areas and others trained in incident stress debriefing. As part of planning for mass casualty and similar incidents, staffing and alternatives will be identified and contacted to determine facilities and processes to be used.
6. Communication to staff family members will also be arranged through the Employee Family Care Unit Leader.

C. MANAGING STAFF FAMILY SUPPORT ACTIVITIES

During activations of the EOP, various accommodations may be made for staff's families which would enable staff to better respond to the incident. Services may be available at the direction of the Incident Commander. These include:

1. Family accommodation may be made available in those unusual situations where entire families must come to enable staff to be present for emergency services coverage. These will normally be arranged prior to families arriving at the hospital.

2. The staff that need accommodation(s) for their dependent(s), such as a child or adult care, will give this information to their recall caller.

3. The staff that need accommodation(s) for their pets will give this information to their recall caller.

D. ON -DUTY STAFF

Mary Lanning Healthcare has a system to track the location of on-duty staff during an emergency. The organization will keep current records indicating when staff are assigned to what duties and when they are reassigned. Tracking is governed by the Human Resources Director.

E. VOLUNTEERS

Volunteers may be utilized in an emergency for various tasks as runners, food preparation, setting up cots or other means to shelter. The organization has assessed staffing needs which includes volunteers. Volunteers receive training upon hire and annually for their role in emergency response by the Director of Auxiliary.

Volunteer health care professionals such as licensed practitioners, are provided with emergency response training as detailed in the MLH Medical Staff Bylaws, Article IV and in Section X. below.

F. TRAINING & IDENTIFICATION OF STAFF

All employees, providers, volunteers, and contracted staff receive training upon hire, annually, and whenever roles change or policies are updated. This training is documented. The Safety Officer and Emergency Management Program Coordinator are responsible for the content of the education. See Policy ADM72.00 *Emergency Preparedness Training*.

Additionally, the staff identified in the critical areas will receive the appropriate training in HICS prior to an event. This training will also include the staff, providers, and authorized volunteers. The proper Incident Command Structure identification vest is issued to the appropriate roles in the HICS. Employees will wear their hospital identification badges at all times during the emergency. Additional

role vests, badges, hats, scarves, etc. will be worn will serving in that role during the emergency. For functional areas listing, see Appendix E.

VII. RESOURCE AND ASSET MANAGEMENT

A. INVENTORY AND MONITORING OF ASSETS AND RESOURCES

Mary Lanning Healthcare has identified and documented the resources and assets that are available on-site and/or elsewhere prior to an incident such as:

- Personal protective equipment (PPE)
- Potable or bottled water and food
- Non-potable water
- Fuel and equipment required for operations
- Medical gasses including oxygen and supplies
- Medical, lab, and surgical supplies
- Medications and related supplies

B. PAR LEVELS

There have been par levels set for this inventory to assure availability during an emergency. A par level is a quantity that represents a midpoint between extremes on a scale of valuation. A separate inventory with stocked additional supplies is kept by the Director of Materials Management.

The agreement with TRIMRS (Appendix G) provides support and resources in the form of medical supplies and equipment if necessary. These are provided to the hospital when supplies have been exhausted or to another location to establish a basic medical unit to care for patients when the facility no longer has capability.

C. OBTAINING & REPLENISHING MEDICAL, NON-MEDICAL & MEDICATION SUPPLIES

The amounts, locations, processes for obtaining and replenishing of medical and non-medical pharmaceutical supplies, including personal protective equipment, has been established before an emergency. The process goes from mitigation to recovery stages. Medical supplies would include anything used in the care of patients. Non-medical supplies would include food, bedding and linen, water, fuel, transportation vehicles, and other provisions.

For those items that usage would exceed par levels as a result of a large-scale incident or times that would expire (e. g., additional antibiotics, vaccines, etc.) Mary Lanning Healthcare will work with TRIMRS, and our South Central Heartland District Health Department to assist with our needs. The amounts and locations of current supplies were evaluated to determine how many hours the facility can sustain before replenishing. This gave the facility a par level on supplies and aid in the projection of sustainability before terminating services or evacuating, if supplies are unable to get to the facility. The inventory of resources and assets is maintained by the Director of Materials Management.

The processes for obtaining and replenishing those supplies once the par level has decreased were identified. This includes a list of the vendors and contractors that deliver and manufacture the supplies. A stockpile within the company or corporation, stockpile with the

local vendor, prepayment of supplies to be used in times of emergency, or regional purchase of supplies to be stockpiled in a warehouse are some ways of Mary Lanning Healthcare may obtain and replenishing supplies.

D. SHARING OF RESOURCES

The agreement signed with TRIMRS identifies those resources that could be shared. The process of sharing resources with other healthcare organizations outside of the community during a regional event would also go through TRIMRS and/or the Adams County Emergency Management Office. TRIMRS tracks those resources and is responsible for delivery.

E. MONITORING RESOURCES and ASSETS

During the emergency, a process has been put into place under the direction of the Logistics Chief that will monitor the overall quantities of assets and resources. This information will be communicated through HCC within the facility and to those within the community. Mary Lanning Healthcare has developed, in advance, preparation activities to provide for resources and assets.

F. ALTERNATE CARE SITE RESOURCES and ASSETS

In the event that MLH could not continue to provide patient care, we would transfer patients out of the facility to others with which we have MOUs or other hospitals in the regional area who may not be affected. Mary Lanning Healthcare has made arrangements for transporting supplies, equipment, and staff and for transferring pertinent information to the alternate care sites identified in Appendix A.

VIII. MANAGING UTILITIES

During an emergency, the organization will provide alternate means for providing essential utility systems as identified in the plan. These utility systems will be identified as well as alternate means for providing the services. The organization will assess the requirements needed to support these systems such as fuel, water, and supplies for a period identified in the Inventory and Sustainability Matrix.

This assessment shall include the requirements for 96 hours without community support. Individual Emergency Response Plans and/or Utility Failure Plans are developed to address each of the utilities and managed by the Engineering Department. MOUs are in place to secure service.

The alternative utility systems and supplies networks shall include, but not be limited to the following:

1. Emergency power supply system
2. Lighting
3. Water supplies for consumption and essential care activities
4. Water supplies for equipment and sanitary usage
5. Fuel supplies for building operations, generators, and essential transportation services
6. Medical gas systems
7. Ventilation systems, Vacuum systems and Steam
8. Other essential utilities

IX. MANAGING PATIENT CLINICAL AND SUPPORT ACTIVITIES

A. CLINICAL ACTIVITIES AND ASSISTANCE FOR NON-PATIENTS

The Incident Commander, in consultation with the Medical Care Branch Director or their designees, will make determinations concerning the clinical activities for the treatment of patients during an emergency. These activities include triage, scheduling, assessment, treatment, admission and discharge. Changes in patient schedules or services will be communicated to the Incident Commander and affected departments. Any changes in outpatient schedules or services will require phone calls to those who were scheduled, made by the responsible service. Alternate uses of facility space may be required for patient treatment in emergency situations. Pre-designated areas have been identified – see Appendix E. If patients must be transferred to an alternate facility to maintain continuity of care, MLH has transfer agreements in place with other area hospitals. See Appendix A.

If it is necessary to discharge non-emergency patients from the ED, the ED attending physician or designee will expedite the process. The Medical Care Branch Director will notify the Incident Commander of anticipated inpatient bed needs. Available physicians and nursing staff will be responsible for triage of the hospitalized patients and evaluating them for possible discharge.

During an emergency the community may view the hospital as a place of refuge, whether they are in need of health care services or not. People who may present to the hospital seeking shelter or other assistance, or visitors of patients who may already be at a MLH facility, will be provided the same protections as patients, including food and water if necessary, until the emergency passes.

B. EVACUATION ACTIVITIES

1. The Incident Commander will direct an evacuation of the hospital for a situation which renders the facility no longer capable of providing the necessary support patient care, treatment, and services. The evacuation will be handled in cooperation with local Police or Fire and TRIMRS. The evacuation plan and procedures is located in Appendix I Evacuation Plan.

2. The local Police or Fire Departments and TRIMRS will be notified as soon as the potential for evacuation is considered and will be kept updated on an ongoing basis in order to begin the process for identification of the availability of vehicles to relocate the patients.

C. VULNERABLE PATIENTS

The hospital currently provides clinical services for treatment of vulnerable patients on a daily basis and will continue during an emergency. These patients include pediatrics, geriatrics, and the disabled. This also includes patients with mental health conditions.

D. PERSONAL HYGIENE & SANITATION REQUIREMENTS

The alternative means to personal hygiene may include baby wipes, personal wipes, or alcohol-based rubs. The alternative means to sanitation, if toilets are inoperable, is detailed in water or sewer emergency response plan. EVS procedures detail water restrictions for housekeeping purposes.

E. MENTAL HEALTH SERVICES

During an emergency, the organization will continue to provide mental health services to the appropriate patients. The staff may use patient registration and triage information, and medical records

to determine this population and the appropriate services required. The Behavioral Health Unit Leader will be responsible for tracking these patients receiving these services during the emergency. Any of these services provided to the organization's patient will be documented in the patient's records. The Behavioral Health Unit Leader will assess the processes used to manage the mental health services during the emergency.

F. MORTUARY SERVICES

In the event that there are deceased patients, Mary Lanning Healthcare will contact the county Coroner and follow appropriate clearance and procedures. The Morgue representative will be responsible for managing these patients. If necessary, a refrigerated trailer will be requested for securing bodies if unable to be contained in the existing morgue. The Coroner's office will be notified when the refrigerated trailer is full or the disaster has been cleared.

G. PATIENT TRACKING: INTERNAL AND EXTERNAL

For the departments that will be receiving disaster patients such as the Emergency Room and patient care units, they will have patient trackers assigned to track the patients entering and leaving the areas with developed forms. That information will be given to the Patient Tracking Manager who will track all the patients within the facility during disaster. See Patient Tracking in Appendix F.

This tracking system includes the location of patients sheltered on site during an emergency and includes documentation of the name and location of the receiving facility or alternate care site in the event that a patient is relocated during the emergency.

According to the facilities MOUs, the American Red Cross database, or fax-in tracking information, information will be maintained for the regional tracking methods. In some of these methods, there may be the possibility of families gaining access to this information to find their loved ones. Mary Lanning Healthcare has developed in advance preparation activities to manage patients during an emergency.

H. FAMILY REUNIFICATION PLAN

The responsibility of family reunification after a disaster is managed by the staff assigned as Patient Family Assistance Branch Director(s). The Adams County Emergency Manager's office sets up a community location specifically for family reunification. Under the direction of the Operations Section Chief, the Branch Director(s) communicate directly with the Adams County Emergency Manager to assist family members of victims and unaccompanied children.

X. DISASTER PRIVILEGES

A. VOLUNTEER ADVANCE PRACTICE PROFESSIONALS (APPs)

The hospital grants disaster privileges to volunteer APPs when the Emergency Operations Plan has been activated in response to a disaster and the hospital is unable to meet immediate patient needs. The medical staff bylaws identify those responsible for granting disaster privileges to volunteer APP and the process is located in MLH Medical Staff Bylaws, Article IV.

B. OTHER LICENSED VOLUNTEERS

The hospital assigns disaster responsibilities to volunteers that are licensed, certified, and/or registered in a skilled healthcare position when the Emergency Operations Plan has been activated in response to a disaster and the hospital is unable to meet immediate patient needs.

XI. TESTING & EXERCISE

A. PROCEDURE

Mary Lanning Healthcare will activate its EOP in response either to an actual emergency, or in a planned exercise. Activities from all emergencies or exercises will be summarized in an After-Action Report. The planned exercises are based on:
Likely emergencies or disaster scenarios as identified on the HVA
Risks identified in after-action reports from previous exercises or actual emergencies
Failures within the six critical areas of communications, resources and assets, clinical service, security, staff, and utilities
The hospital will conduct at least two exercises a year that include:

- A full-scale, community-based exercise. Or, when a community-based exercise is not possible, a facility-based, functional exercise
- The second annual exercise includes, but is not limited to, one of the following:
  - A second full-scale, community-based exercise
  - A second facility-based, functional exercise
  - Mock disaster drill
  - 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

Each freestanding business occupancy location, that does not offer emergency services or is a community-designated disaster receiving station, will conduct at least one operations-based or discussion-based exercise per year IF not conducted in conjunction with the hospital's exercises.

The hospital will designate an individual(s) whose sole responsibility during emergency response exercises is to monitor performance and document opportunities for improvement. This person is knowledgeable in the goals and expectations of the exercise and may be a staff member of the hospital. The individual will monitor its management of communications, resources and assets, security, staff, utilities and patient clinical and support care activities.

XII. PLAN REVIEW

A. PROCEDURE

The Emergency Operations Plan will be reviewed at least once every two years by the Emergency Management Committee. The review will include the review of the Hazard Vulnerability Analysis, Inventory of Resources and Assets process, the objectives and scope of the Emergency Operations Plan, and the needs and Vulnerabilities of the community. Finalized revisions of the Plan will be shared with the multidisciplinary Environment of Care Safety Committee.

B. OBJECTIVES

Plan objectives are developed from information gathered during risk assessment activities such as the HVA, evaluation of the previous years' program activities, and exercises and drills conducted. The

current years' goals are set by the Emergency Management Committee and approved during a regularly scheduled meeting.

XIII. NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS) COMPLIANCE

A. ADOPTION OF NIMS

Mary Lanning Healthcare is working to adopt NIMS at the organization level and across all departments and nursing units to better communicate and collaborate with our community partners.

B. PREPAREDNESS PLANNING

During an emergency, the Hospital Incident Command System (HICS) will be in place. The staff have been trained in NIMS and identified through the HICS system. Mary Lanning Healthcare has updated emergency plans to establish the necessary policies and procedures to achieve preparedness and respond to and recovery from an incident. The newly revised plans and procedures will be exercised and reviewed to determine and measure functional capability. This is also in compliance with the National Incident Management System (NIMS) components.

C. PREPAREDNESS TRAINING & EXERCISES

NIMS compliance training includes IS100, 200, 700, and 800. The training modules are completed based on the roles of Incident Command and those with response expectations. The list of completed training is maintained by the Compliance Officer.

D. COMMUNICATION

The hospitals and healthcare organizations or TRIMRS that are included in our geographical area has established common language of hospital terminology on disaster codes to be used internally or in communication with other hospitals. During an emergency, the common language or acronyms will not be used in communication with the local emergency management office, law enforcement or other government agencies.

E. COMMAND & MANAGEMENT

The organization will manage all emergency incidents, exercises and preplanned events in accordance with ICS organizational structures, doctrine, and procedures as defined by NIMS. The ICS Implementation will include the application of the Incident Action Planning and adopt principles of the Public Information.

Appendix A
Memorandum of Understanding
Alternate Care Sites, Transfer Agreements, and Supplies and Resources

Organization	Contact	Address	Service	Phone
Adams County Emergency Management	Ron Pughes – EM Coordinator rpughes@acema.org	1313 N. Hastings Ave Hastings, NE 68901	Emergency Contact – Assistance with Disaster	402-461-2360
Adams County Fairgrounds	Jolene Laux – Fairgrounds Manager jlaux@adamscountyfairgrounds.com	947 S. Burlington Hastings, NE 68901	Alternate Care Site	402-462-3247
Adams County Sheriff's Department	John Rust - Sheriff	500 W. 4th St Hastings, NE 68901	Emergency Contact	402-461-7181
Aurora Memorial Hospital	Contact through TRIMRS	Aurora, NE	Agreement to Accept Patients	
Bosselman Energy	Ron Williams, Manager	3123 W Stolley Park Road Grand Island, NE 68802	Agreement to supply fuel	402-463-7912 402-463-7637 402-469-2614
Christenson Cleaning & Restoration	Charlie Christenson, Owner	Hastings, NE 68901	Cleaning and Restoration	402-463-7622
City of Hastings	Shawn Metcalf– Hastings City Administrator	220 N. Hastings Ave Hastings, NE 68901	Emergency Contact And Alternate Care Site	402-461-2306
Culligan of Hastings	Traci Novak Office Manager theresa@culliganhastings.com	1618 N. Lincoln Hastings, NE 68902	Emergency supply of water	402-463-3747 402-303-9674
Good Samaritan Hospital	Contact through TRIMRS	1031 East 31st St Kearney, NE 68847	Transfer Agreement for Patients	308-865-7100

Hastings Fire and Rescue	Chief- Troy Vorderstrasse	1313 N. Hastings Ave Hastings, NE 68901	Emergency Contact Transfer Patients	402-461-2350
Grand Island Regional Medical Center	Contact through TRIMRS	3533 PrairieView St. Grand Island, NE 68801	Emergency Contact	308-675-5000
City of Grand Island	Jon Rosenlund, Hall County Emergency Management	PO Box 196, Grand Island, NE 68801	Emergency Contact	308-385-5360
Kearney Regional Hospital	Shana Stouffer – Director of Clinical Services – EMC	804 22nd Ave Kearney, NE 68847	Transfer Agreement for Patients	308-455-3655 402-202-9175
Hastings Police Department	Captain Adam Story	317 S. Burlington Hastings, NE 68901	Emergency Contact	402-461-2380
Hastings Public Schools	Dr. Christopher Prososki – Superintendent	1924 W. A Hastings, NE 68901	Alternate Care Site	402-461-7500
PAC2	Kyla Eck - Director	711 N. Colorado Hastings, NE 68901	Alternate Care Site	402-462-5333
S & S Septic Pumping LLC	Dan Saathoff	Hastings, NE 68901	Emergency Septic System	402-469-4613 402-469-8487 402-631-8776
St. Francis Medical Center	Contact through TRIMRS	2620 W. Faidley Ave Grand Island, NE 68803	Transfer Agreement for Patients	308-384-4600
St. Cecilia's High School	Business Manager – Deb Huthmacher (Business Manager) Principal – Sandy V.	521 N. Kansas Hastings, NE 68901	Alternate Care Site	402-462-2105
South Central Heartland District Health Department	Michele Bever	606 N. Minnesota Ave Hastings, NE 68901	Emergency Contact	402-462-6211
TRIMRS	Matt Larson	516 W. 11th St, Suite 108B Kearney, NE 68845	Healthcare Coalition Coordinator	402-469-2138

Appendix B
Administrative On-call
Guidelines

The purpose of Administrative Call is to provide 24/7 upper management leadership support and availability. In the event of a disaster the Administrator on call will serve as the Incident Commander until such time a member of the Executive Team arrives on site.

Administrative Call assignment is published by the Executive Assistant Staff.

Administrative Call is assigned in 7 day increments beginning at 0800 on Friday and ending at 0759 the following Friday.

Any changes in the On-call assignment must be communicated to the Executive Assistant Staff.

The name of the assigned Administrative Call person is documented on the Daily Call Schedule which is maintained by the Emergency Department.

In general, all calls to the Administrator on call should be channeled through the on-duty House Supervisor. If a call is received from staff other than the House Supervisor, it is recommended that the Administrator on call communicate with the House Supervisor to ensure appropriate on-site support.

The Administrator on call has the authority to access support from any member of the leadership team as needed.

Examples of situations that may arise for which Administrative on-call person would be contacted:

1. Any situation that may result in legal action against the Hospital.
2. Substantial damage to Hospital property.
3. Incident that may result in publicity to/for hospital.
4. Question related to confidentiality, EMTALA, if unclear.
5. Code Yellow situation that may require Disaster Plan to be initiated.
6. Potential hospital emergency, i.e. when the fire downtown caused heavy smoke in the hospital, threatening safety of patients and staff.
7. Fire alarms activated.
8. Abduction of child or infant, or bomb or terroristic threat.
9. Severe staffing situations (would call Nurse Manager or Director Inpatient Nursing first).

10. Serious concern regarding medical care of a patient.

11. Family/patient situation where harm could occur.

12. Difficult or unanticipated patient situation (would call Nurse Manager or Director Inpatient Nursing first).

13. Suspected employee impairment.

14. Permission to pay for cab or other services, Home Away From Home, or hotel for pt/family discharged with long distance to drive and no money.

15. Authorization for pharmacist to fill medication, at no charge to patient, for patient that has no money.

16. EPC patient escape from BSU.

17. Snow emergencies when staff needs rides.

Appendix C
1135 Waiver

Waivers may be administered during an emergency by regulatory agencies. Waivers allow health care providers to temporarily streamline their work and ensure patients continue to have safe access to care. Waivers allow for flexibility to meet deadlines and offer the possibility of extending them.

In an emergency an 1135 Waiver an emergency may be declared by the Federal government and can be requested by a State for an individual provider. An 1135 waiver happens when one of the two following events occur:

- The U.S. President declares a disaster or emergency under the Stafford Act or the National Emergencies Act.
- The U.S. Department of Health and Human Services declares a public health emergency.

The 1135 waiver is limited in scope in respect to time. The waiver usually ends when the disaster or emergency situation is over, or in 60 days from the original issuance of the waiver unless additional 60 day periods are required to be added.

Request to Operate Under a CMS 1135 Waiver Procedure

Scope

Applies to employees at any site located in a county included in a presidential declaration of emergency or disaster and 1135 waiver scope when unable to operate in compliance with Centers for Medicare and Medicaid Services (CMS) requirements due to impact of a disaster.

Procedure

If the site is impacted by a disaster to a degree that compliance to Centers for Medicare & Medicaid Services (CMS) requirements is not possible, at the request of the Healthcare Incident Command System (HICS) Incident Commander, the CEO, or the Compliance Officer will submit a request to operate under an 1135 waiver authority to the CMS Regional Office via email: **CMS Regional Office for Nebraska: ROCHISC@cms.hhs.gov**

When requesting a waiver to the regional office our facility will provide

- Facility Name/Type
- Full mailing address (including county)
- CCN (Medicare Provider Number)
- Facility contact person with contact information
- Brief summary of why the waiver is needed
- The scope of the issue and impact it has on the entity
- Type of relief sought (regulatory requirement/reference that is seeking to be waived)

The CMS regional office will review the 1135 waiver request to determine if the waiver will be granted.

Mary Lanning will resume compliance with normal rules and regulations as soon as we are able to do so and in any event the waiver or modifications that we are operating under are no longer available after termination of the emergency period.

Federally certified/approved providers must operate under normal rules and regulations, unless they have sought and have been granted modifications under the waiver authority from specific requirements.

Appendix D

Memorandum of Understanding
Regional Hospitals and Federal and State Contacts

Organization	Contact	Address	Service	Phone
Adams County Emergency Management	Ron Pughes – EM Coordinator rpughes@acema.org	1313 N. Hastings Ave Hastings, NE 68901	Emergency Contact – Assistance with Disaster	402-461-2360
Adams County Sheriff's Department	John Rust - Sheriff	500 W. 4th St Hastings, NE 68901	Emergency Contact	402-461-7181
City of Hastings	Shawn Metcalf – Hastings City Administrator	220 N. Hastings Ave Hastings, NE 68901	Emergency Contact And Alternate Care Site	402-461-2306
Good Samaritan Hospital		1031 East 31st St Kearney, NE 68847	Transfer Agreement for Patients	308-865-7100
Hastings Fire and Rescue	Chief - Troy Vorderstrasse	1313 N. Hastings Ave Hastings, NE 68901	Emergency Contact Transfer Patients	402-461-2350
St. Francis Medical Center		2620 W. Faidley Ave Grand Island, NE 68803	Transfer Agreement for Patients	308-384-4600
Hastings Police Department	Captain Raylee VanWinkle Chief Adam Story	317 S. Burlington Hastings, NE 68901	Emergency Contact	402-461-2380
South Central Heartland District Health Department	Michele Bever	606 N. Minnesota Ave Hastings, NE 68901	Emergency Contact	402-462-6211
TRIMRS	Matt Larson	516 W. 11th St, Suite 108B Kearney, NE 68845	Healthcare Coalition Coordinator	402-469-2138

Updated April 7, 2025

See TRIMRS Contract Exhibit B (Appendix G below) for list of participating Hospitals and contact information

Appendix E

Functional and Assembly Locations Listing

FUNCTION	LOCATION	INTERNAL EXTENSION	FROM OUTSIDE DIAL	FAX LINE
Emergency Command Center and Incident Commander	Executive Offices	5108	402-461-5108	402-461-5321
Safety/Security Officer	Engineering Department	5370	402-461-5370	402-461-5321
Media Center	TBD			
Triage Area and Immediate Treatment - RED	Emergency Department	5186	402-461-5186	402-461-5073
Urgent Treatment - YELLOW	Outpatient and Pre-op Surgical Services	5115 or 5117 or 5171	402-461-5115	402-461-5390
Minor Treatment - GREEN	Hastings Family Care	2959	402-463-2929	

Code Triage Locations- 1st Floor Main Hospital

Green (Minor Injuries): MOB- 2nd Floor Hastings Family Care Clinic

Appendix F
Patient Tracking, Identification and Documentation

During activation of the Incident Command System, each triage area (Triage, Critical Care, Immediate Treatment, Delayed Treatment) will be staffed with two members of the patient tracking support staff. One member has the responsibility to check patients in and out of the area; the other member is responsible for acquiring patient information. The Patient Tracking Officer will be posted in the Incident Command Center.

Essential Steps:

A. Each patient tracking staff should immediately identify the Treatment Area Coordinator for their assigned treatment area.

B. Each patient presenting to the Emergency Department (Triage) will be issued a packet containing a pre-numbered triage tag and a pre-numbered identification bracelet, as well as patient tracking cards. The numbers will be in the form of stickers.

C. The patient tracking staff will pull a sticker from the sheet of stickers in the packet and place it on the Mass Care Patient Log. The Mass Care Patient Log is then filled in with the time and date that the patient entered the specific *area (It is the responsibility of the clinical staff to give the patient tracking staff 2 stickers.)*

D. When the patient is removed from the area, the patient tracking staff will apply the date, time, and destination of the appropriate patient on their tracking log. If the patient is returned to the same area, the tracking staff will apply the time, date, and area to which the patient returned. The same process occurs when a patient is transferred to another triage area until the patient is either discharged or admitted.

E. All documentation, including physician and nursing numbered forms, are placed with the patient by the triage nurse and remain with the patient to final disposition.

F. The second member of the patient tracking staff will seek identification information from the patient after initial assessment and treatment. This information is written on the Emergency Admissions Information Form. The yellow copy is then forwarded via messenger to the Patient Tracking Officer.

G. The information gathering staff will fax, or send by messenger, all of the Mass Care Patient Logs to the Incident Command Center every 20 (twenty) minutes slashing through the information that has already been faxed so the Tracking Officer will know which information is new and which was previously faxed during the mass casualty incident.

H. The Patient Tracking Officer will keep a tracking log for each patient received using the information gathered from the support staff.

I. The support staff will be made up of employees from Health Information, Admissions, and Patient Accounts, as needed.

Appendix G
MOU for TRIMRS Response in the Event of a Disaster

Tri-Cities Medical Response System
Strengthening Emergency Response through Collaboration

MEMORANDUM OF UNDERSTANDING AMONG THE HOSPITALS OF THE TRI-CITIES MEDICAL RESPONSE SYSTEM

WHEREAS, hospitals in rural Nebraska are susceptible to Medical Disasters (as defined below), that have the potential to exceed the resources of any individual hospital;

WHEREAS, Tri-Cities Medical Response System ("TRIMRS") includes Nebraska licensed hospitals that desire to work in partnership and collaboration with each other and with public health, safety, law enforcement, and government entities and others for an integrated medical response to any Medical Disaster;

WHEREAS, this Memorandum of Understanding ("Memorandum") is a voluntary, nonbinding agreement amongst the TRIMRS hospitals listed on Exhibit A, (each a "Hospital" and collectively the "Hospitals") for the purpose of providing mutual aid at the time of a Medical Disaster.

NOW, THEREFORE, in consideration of the above recitals, the parties agree as follows:

I. DEFINITIONS

A. Medical Disaster. An incident that exceeds a Hospital's effective response capability or a situation that cannot be appropriately resolved solely by using the Hospital's own resources. A Medical Disaster may include, but is not limited to, a natural disaster, infectious disease outbreak, technological hazard, manmade disaster, community disorder, insurgency, terrorism, or enemy attack.

B. Impacted Hospital. The Hospital where the Medical Disaster occurred or where Medical Disaster victims are being treated. Also referred to as the Recipient Hospital when pharmaceuticals, supplies, personnel, or equipment are requested, or as the Patient-Transferring Hospital when the evacuation of patients is required.

C. Donor Hospital. A Hospital that provides personnel, pharmaceuticals, supplies, or equipment to an Impacted Hospital experiencing or responding to a Medical Disaster. Also referred to as a Patient- Receiving Hospital when the Medical Disaster involves evacuating or transferring patients.

D. Patient-Receiving Hospital. A Hospital that receives transferred patients from an Impacted Hospital responding to a Medical Disaster.

E. Patient-Transferring Hospital. An Impacted Hospital that evacuates or transfers patients to a Patient- Receiving Hospital in response to a Medical Disaster.

F. Recipient Hospital. An Impacted Hospital that receives personnel, pharmaceuticals, supplies, or equipment from a Donor Hospital in response to a Medical Disaster.

II. GENERAL PROVSIONS RELATING TO ALL REQUESTS

A. Medical Disaster Determination. The senior administrator (or designee) of a Hospital will make a determination as to whether a Medical Disaster exists in that Hospital, and whether (i) additional pharmaceuticals, supplies, equipment, or personnel will be needed to care for patients, and (ii) patients will need to be transferred.

B. Authority to Request Assistance. Only an authorized administrator at a Hospital has the authority to request or authorize the transfer of pharmaceuticals, supplies, equipment, personnel, or patients under this Memorandum. Each Hospital shall identify authorized administrators on Exhibit B.

C. Communication of Request. Upon a determination of a Medical Disaster, an Impacted Hospital may verbally or in writing request pharmaceuticals, supplies, equipment, or personnel from a Donor Hospital, or the transfer of patients to a Patient-Receiving Hospital. If reasonably possible given the circumstances, written documentation of the request should be received by the Donor Hospital/Patient-Receiving Hospital prior to the transfer of pharmaceuticals, supplies, equipment, or personnel, or patients to the Recipient Hospital/Patient-Receiving Hospital. If circumstances prevent the delivery of written documentation of the request prior to the transfer, and Impacted Hospital must deliver such written documentation within 15 days of the request. All Hospitals will use best efforts to comply with all federal and state requirements, including FEMA requirements, to facilitate FEMA or other federal or state reimbursement.

III. REQEUSTS FOR PHARMACEUTICAL, SUPPLIES, EQUIPMENT, OR PERSONNEL

A. Requests for Personnel

1. Information Provided by Impacted Hospital. In its request for personnel, the Impacted Hospital will provide the Donor Hospital with the following information:

a. The type and number of requested personnel;

b. An estimate of how quickly the requested personnel are needed;

c. The location to which personnel are to report; and

d. An estimate of how long the personnel will be needed.

e. Specific information regarding special skills, training, experience, or licensure required to provide the needed services.

2. Personnel Provided by the Donor Hospital. Donor Hospital will use its best efforts to help Impacted Hospital meet the unmet need, but in no event will be required to jeopardize its own operations. Personnel provided by a Donor Hospital ("Donated Personnel") must be fully qualified, and licensed, accredited, or credentialed (if applicable) to perform the duties they have been performing for the Donor Hospital. The Recipient Hospital will credential the Donated Personnel in accord with its privileging, credentialing, and employment policies and procedures. The Donor Hospital will cooperate as is reasonable to provide as permitted by law all relevant information concerning qualifications, accreditations, credentials, and licenses of the Donated Personnel to the Recipient Hospital to assist in credentialing processes. Prior to concurrent with the arrival of Donated Personnel at the site designated by the Recipient Hospital, the Donor Hospital will transmit a list of Donated Personnel and relevant information concerning qualifications, accreditations or credentials and licenses to the Recipient Hospital, to the attention of the Recipient Hospital's senior administrator. Upon arrival at the site designated by the Recipient Hospital, Donated Personnel will be required to present their Donor Hospital identification badge and other information as agreed by the Donor Hospital and the Recipient Hospital.

As appropriate to the situation, Recipient Hospital and Donor Hospital will cooperate to promptly draft and agreement for lease of Donated Personnel or other satisfactory documentation of the arrangement.

3. Recipient Hospital 's Obligations Upon Recipient of Donated Personnel. In addition to credentialing, a Recipient Hospital will:

a. Meet Donated Personnel at the entry point of the site designated by the Donor Hospital and brief Donated Personnel on the Medical Disaster;

b. Review and confirm the Donated Personnel's Donor Hospital identity and qualifications;

c. Provide Recipient Hospital identification to Donated Personnel;

d. Identify where and to whom the Donated Personnel are to report and assign professional staff of the Recipient Hospital, as appropriate, who will orient and supervise the Donated Personnel;

e. Provide return transportation for the Donated Personnel to the Donor Hospital, if needed;

f. Provide housing, meals, or allowances for Donated Personnel, as reasonable and only as agreed to by both the Recipient Hospital and Donor Hospital at the time of the request;

g. Complete an exit interview with the Donated Personnel and provide a copy of the exit interview to the Donor Hospital.

4. Reimbursement. The Recipient Hospital will reimburse the Donor Hospital for the salaries of the Donated Personnel at the Donated Personnel's rate as established at the Donor Hospital if the Donated Personnel are employees being paid by the Donor Hospital. The Donor Hospital shall remit to the Recipient Hospital an invoice of the salary reimbursement within 15 days of deployment to Recipient Hospital. Reimbursement by the Recipient Hospital will be made within 90 days following receipt of the invoice. All Hospitals will use best efforts to comply with all federal and state requirements, including FEMA requirements, to facilitate FEMA or other federal or state reimbursement.

5. Compliance with all Applicable Regulations and Laws/Confidentiality. The donor Hospital and Recipient Hospital will share joint responsibility for ensuring that all Donated Personnel follow all applicable regulations and laws related to their licensure. This includes ensuring patient confidentiality as outlined in the HIPAA/HITECH acts. Donated Personnel should also respect the confidentiality of the Recipient Hospital regarding all activities related to the disaster or public health emergency and will report any concerns upon completion of their duties at the Recipient Hospital through the exit interview. Recipient Hospital will report any concerns regarding the above to the Donor Hospital.

B. Requests for Pharmaceuticals Supplies or Equipment.

1. Information Provided by Impacted Hospital. In its request for pharmaceuticals, supplies, or equipment the Impacted Hospital will provide the Donor Hospital with the following information:

a. The quantity and exact type of requested pharmaceuticals, supplies, or equipment ("Requested Materials");

b. An estimate of how quickly the Requested Materials are needed;

c. An estimate of the time period for which the Requested Materials will be needed; and

d. Location to which the Requested Materials should be delivered.

2. Response to Requests. Donor Hospital will use its best efforts to help the Impacted Hospital meet the unmet need, but in no event will it be required to jeopardize its own operations. Donor Hospital will document the quantity of and condition of any equipment, pharmaceuticals, and supplies (collectively "Donated Materials") before sending them to the Recipient Hospital. As appropriate to the situation, Recipient Hospital and Donor Hospital will cooperate to draft an agreement as soon as reasonably possible for lease of Donated Materials or other satisfactory documentation of the arrangement.

3. Recipient Hospital's Obligations Upon Receipt of Donated Materials. A Recipient Hospital receiving Donated Materials from a Donor Hospital will be responsible for the following:

a. Coordination of transport of Donated Materials from the Donor Hospital to the site identified by the Recipient Hospital;

b. Documenting the quantity, type, and condition (if applicable) of Donated Materials received from a Donor Hospital;

c. Maintaining an inventory of Donated Materials during the Recipient Hospital' s possession and documenting the use of Donated Materials;

d. Promptly returning equipment or unused pharmaceuticals or supplies to the Donor Hospital in the same condition as when they were received from the Donor Hospital.

4. Donor Hospital's Obligations Upon Return of the Donated Materials. The Donor Hospital will, upon Recipient Hospital's return of equipment or unused pharmaceuticals or supplies, document of the quantity, type and condition (if applicable) of returned Donated Materials.

5. Reimbursement. The Recipient Hospital will reimburse the Donor Hospital for consumed pharmaceuticals and supplies and reasonable rental of equipment, at the fair market rate or otherwise as permitted by state/federal law and agreed by both Hospitals. Such costs shall include those arising from the use, damage, replacement, loss, or transport of Donated Materials. The Donor Hospital shall remit to the Recipient Hospital an invoice reflecting its costs within 15 days of supply, along with a copy of the documentation. Reimbursement by the Recipient Hospital will be made within 90 days following receipt of the invoice. All Hospitals will use best efforts to comply with all federal and state requirements, including FEMA requirements, to facilitate FEMA or other federal or state reimbursement.

C. Liability Arising from Requests for and Donations of Personnel, Pharmaceuticals, Supplies, or Equipment.

1. Liability Arising From or Relating to Donated Materials. The Recipient Hospital will assume legal responsibility for all Donated Materials received from the Donor Hospital while such Donated Materials are in the possession of the Recipient Hospital, and during transport to and from the Donor Hospital. The Recipient Hospital, to the extent permitted by federal law, will also be responsible for all liability claims arising from the use of Donate Materials while in possession of the Recipient Hospital, except that the Donor Hospital shall be liable for payment of that portion of any and all claims that may result or arise out of any alleged malfeasance or neglect caused or alleged to have been caused by its employees, agents, or subcontractors, in all the performance or omission of any act relating to the Donated Materials.

2. Liability Arising From or Relating to Donated Personnel. If worker's compensation insurance does not provide coverage through no fault of Donor Hospital, the Recipient Hospital will assume legal responsibility for all injuries to Donated Personnel. Further, Recipient Hospital shall bear the reasonable costs of defending any liability claims, or malpractice claims concerning the acts of Donated Personnel while working pursuant to Recipient Hospital's direction. Provided, however, that the Donor Hospital shall be liable for payment of that portion of any and all claims that may result or arise out of any alleged malfeasance or neglect caused or alleged to have been caused by its employees, agents, or subcontractors, in the performance or omission of any act relating to the Donated Personnel.

3. Insurance. Each Hospital shall maintain sufficient comprehensive general liability insurance to cover that the Hospital for its negligent acts or omissions and those of or its employees, agents, or subcontractors arising out of this Memorandum. Within 15 days of a Donor Hospital's request, Recipient Hospital will provide a certificate of coverage from a reputable insurer confirming coverage. Recipient Hospital will take measures to confirm with its professional liability of malpractice insurer that Donated Personnel are insured while acting at the direction of the Recipient Hospital under this Memorandum. Additionally, a Donor Hospital will maintain in force its worker's compensation coverage concerning Donated Personnel so as to provide such coverage while Donated personnel are assisting Recipient Hospital. Within 15 days of Recipient Hospital's request, Donor Hospital will provide a certificate of coverage from a reputable worker's compensation insurer confirming coverage.

4. Joint Cooperation. In the event that a claim is made against both a Recipient Hospital and a Donor Hospital, it is the intent of both Hospitals to cooperate in the defense of said claim their insurers to do likewise. Both Hospitals shall, however, retain the right to take any and all actions they believe necessary to protect their own interests.

IV. TRANSFERS OF PATIENTS ARISING FROM A MEDICAL DISASTER

A. Information Provided by Patient-Transferring Hospital. In its request to transfer patients, whether the patients are victims of the medical disaster or other patients not directly affected by the medical disaster, a Patient-Transferring Hospital will provide the Patient-Receiving Hospital with the following information:

a. The number of patients that need to be transferred;

b. The general nature of their illness or condition; and

c. Specialized services that each patient will require.

B. Patient-Receiving Hospital's Obligations Upon Request for Transfer of Patients. After receiving a request for the transfer of patients from an Impacted Hospital, the senior administrator (or designee) of the Patient-Receiving Hospital will conduct and assessment of the Patient-Receiving Hospital's capacity to receive and appropriately care for the patients indicated by the Patient-Transferring Hospital as soon as practically possible. The senior administrator (or designee) of the Patient-Receiving Hospital will then communicate the Patient-Receiving Hospital's capacity to accept transfers of patients to the Patient-Transferring Hospital. All such verbal communication will be confirmed in writing as soon as practically possible given the circumstances.

C. Patient-Transferring Hospital's Obligations Upon Transfer of Patients. A Patient-Transferring Hospital will be responsible for the following:

a. Coordinating the transportation of transferred patients to the Patient-Receiving Hospital, initiating the patient-tracking system/documentation, and confirming that each transferred patient has reached the Patient-Receiving Hospital;

b. Subject to Patient-Transferring Hospital's access to records, providing the Patient-Receiving Hospital with copies of the patient's medical records, insurance information, and other patient information useful for care of the transferred patient;

c. Notifying both the patient's family or guardian and the patient' s attending or personal physician of the transfer.

The Patient-Receiving Hospital shall assist to the extent practicable in the performance of these obligations. Nothing in this Memorandum removes a Patient-Transferring Hospital' s obligations under the Emergency Medical Transfer and Active Labor Act ("EMTALA") or other federal or state law.

D. Patient-Receiving Hospital 's Obligations Upon Transfer of Patients. Once admitted to the Patient-Receiving Hospital, the patient will become a patient of the Patient-Receiving Hospital until discharged or transferred. A Patient-Receiving Hospital assumes the legal and financial responsibility for transferred patients upon admission of the patient into the Patient-Receiving Hospital, including but not limited to any liability or malpractice claims arising from medical care rendered at the Patient-Receiving Hospital. Provided, however, that nothing herein is intended to render Patient-Receiving Hospital liable for injury

or damages suffered by a Transferred Patient solely by reason of Patient-Transferring Hospital 's or its agents ' or employees' actions.

V. TERM

This Memorandum shall be effective upon date signed and shall continue until **June 30, 2023** Any Hospital may voluntarily revoke its participation in the Memorandum at any time by distributing Notice to all other Hospitals in accordance with Section VII.

VI. CONTACT INFORMATION

Each Hospital hereby provides Contact Information as attached on Exhibit B to facilitate requests under this Memorandum. At a minimum, such Contact Information includes:

a. The Hospital's physical and mailing address;

b. The name, e-mail address, and phone number of the primary contact;

c. The names, e-mail addresses, and phone numbers (either direct dial numbers or extensions) of two additional administrators, if available; and,

d. Facsimile number for the Hospital.

e. Authorized administrators as required above.

In the event that Contact Information for a Hospital changes, that Hospital shall notify the TRIMRS Coordinator in writing of such changes in accordance with the Article V, and the Coordinator will disseminate the changed Contact Information to other Hospitals.

VII. NOTICE

Any written notices under this Agreement shall be delivered (i) by facsimile transmission to the telephone number provided by the party for such purposes, so long as delivery of such facsimile transmission is confirmed by the notifying Hospital; (ii) by United Parcel Service, FedEx, or similar mail service or by Unites State Postal Service mail, postage prepaid, and in any case addressed to the Coordinator or to the Hospital' s primary contact; (iii) by hand-delivery with receipt signed by employee/agent with credible authority of the Coordinator or receiving Hospital; or (iv.) by electronic (e-mail).

VIII. AMENDMENT

This Memorandum may be amended at any time by agreement of two-thirds of the participating Hospitals. Before any amendment shall become effective, it shall be reduced to writing and signed by at least two-thirds of the Hospitals then parties to the Memorandum.

IX. GENERAL PROVISIONS

1. Counterparts. This Memorandum may be executed by separate signature pages, each of which is an original, but which together constitute one and the same instrument.

2. Assignment. No Hospital may assign this Memorandum or its responsibilities hereunder; except that any Hospital may assign this Memorandum to a successor of a substantial part of the Hospital's business or assets.

3. Internal Hospital Disaster Plans. This Memorandum does not in any way relieve each Hospital from any responsibility to develop its own disaster or emergency management plan, and contemplates the possible implementation of such plan in conjunction with this Memorandum. Each Hospital agrees *to* integrate the terms of this Memorandum into its disaster or emergency management plan.

4. Independent Contractor. Nothing in this Memorandum shall be deemed or construed to create the relationship of partnership of joint venture between any of the Hospitals. No Hospital shall hold itself out as having any authority to enter into any contract or create any obligation or liability on behalf of, in the name of, or binding upon any other Hospital.

5. Master Copy of Memorandum. A master Memorandum, with copies of the executed signature pages, and the list of Hospitals that have executed the Memorandum, will be maintained by the TRIMRS Coordinator and will be available for inspection by each Hospital upon request.

6. Governing Law. This Memorandum will be governed by and construed in accordance with the Laws of the State of Nebraska.

The undersigned Hospital's authorized representatives hereby execute this Memorandum of Understanding.

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Tri-Cities Medical Response System

Strengthening Emergency Response through Collaboration

EXHIBIT A

TRI-CITIES MEDICAL RESPONSE SYSTEM AREA HOSPITALS

Hospital Name	City	County
Brodstone Memorial Hospital	Superior	Nuckolls
Callaway District Hospital	Callaway	Custer
CHI Health Good Samaritan	Kearney	Buffalo
CHI Health St Francis	Grand Island	Hall
Cozad Community Hospital	Cozad	Dawson
Franklin County Memorial Hospital	Franklin	Franklin
Gothenburg Health	Gothenburg	Dawson
Grand Island Regional Medical Center	Grand Island	Hall
Harlan County Health System	Alma	Harlan
Howard County Medical Center	St. Paul	Howard
Jennie M Melham Memorial Medical Center	Broken Bow	Custer
Kearney County Health Services	Minden	Kearney
Kearney Regional Medical Center	Kearney	Buffalo
Lexington Regional Health Center	Lexington	Dawson
Mary Lanning Healthcare	Hastings	Adams
Memorial Community Health	Aurora	Hamilton
Merrick Medical Center	Central City	Merrick
Phelps Memorial Health Center	Holdrege	Phelps
Valley County Health System	Ord	Valley
Webster County Community Hospital	Red Cloud	Webster

Tri-Cities Medical Response System

Strengthening Emergency Response through Collaboration

MEMORANDUM OF UNDERSTANDING

AMONG THE HOSPITALS OF THE

TRI-CITIES MEDICAL RESPONSE SYSTEM

SIGNATURE PAGE

Hospital: Mary Lanning Healthcare

Address: 715 N. St. Joseph Ave.

City, State, Zip: Hastings, NE 68901

Signature: Mark Callahan

Printed Name: Mark Callahan

Title: Chief Operating Officer

Date: 10-12-2023

Exhibit B
Memorandum of Understanding among the Hospitals of the Tri-Cities Medical Response System Contact Information (update June 16, 2020)

Hospital	Main Number	Authorized Administrator	Additional Contact	Additional Contact
Brodstone Memorial Hospital Superior, NE	402-879-3281	Treg Vyzourek, CEO Office: 402-207-1516 Cell: 308-660-2641 tvyzourek@brodstone.org	Diane Littrell, Incident Command Office: 402-879-3281; ext 116 Cell: 785-738-0295 dlittrell@brodstone.org	Dena Alvarez, RN, CCO Office: 402-879-3281 ext 228
Callaway District Hospital Callaway, NE	308-836-2228	Brett Eggleston, CEO Office: 308-836-2228; ext 2131 beggleston@callawayhospital.org	Kim Schied, DON Office: 308-836-228; ext 115 Cell: 308-870-1413 kschied@callawayhospital.org	
CHI Health Good Samaritan Kearney, NE	308-865-7100	Michael Schnieders, CEO Office: 308-224-5828 mschnieders@catholichealth.net	Renae Jacobson Office: 308-865-7684 renaejacobson@catholichealth.net	Jason Taylor Office: 308-865-7968 suehunter@catholichealth.net
CHI Health St. Francis Grand Island, NE	308-398-4600	Ed Hannon Office: 308-398-5407 Cell: 660-464-2598 ehannon@sfmc-gi.org	Dale Beye Office: 308-398-3222 Cell: 308-380-8361 dbeye@sfmc-gi.org	Dave Kozak, Facility Office: 308-398-5355 dkozak@sfmc-gi.org
Cozad Community Health System Cozad, NE	308-784-2261	Danielle Gearhart, CEO Office: 308-784-2261 dgearhart@cozadhealthcare.com	Alison Feik, Emergency Coord. Cell: 308-529-1052 bryantalison@yahoo.com	
Franklin County Memorial Hospital Franklin, NE	308-425-6221	Theresa Rizzo, CEO Office: 308-425-6221; ext 304 trizzo@fcmh.biz	Julie Bydalek, CNO Office: 308-425-6221 Cell: 308-470-0608 jabydalek@fcmh.biz	Trisha Slocum, Infection Control Office: 308-425-6221 tslocum@fcmh.biz
Gothenburg Health Gothenburg, NE	308-537-3661	Mick Brant, CEO Office: 308-537-3661 mbrant@gothenburghealth.org	Wanda Cooper Office: 308-537-3661 wcooper@gothenburghealth.org	
Grand Island Regional Medical Center Grand Island, NE	402-705-8276	Larry Speicher, CEO Office: 308-675-4435 Cell: 308-627-6630 larry.speicher@giregional.org	Bill Redinger Office: 308-675-4449 Cell: 402-705-8276 bill.redinger@giregional.org	Alaina Friest Office: 308-675-4450 Cell: 308-233-2688 alaina.friest@giregional.org
Harlan County Health System Alma, NE	308-928-2151		Leanne Bewley Office: 308-928-2151 lbewley@harlancohealth.org	

Hospital	Main Number	Authorized Administrator	Additional Contact	Additional Contact
Howard County Medical Center St. Paul, NE	308-754-4421	Arlan Johnson, CEO Office: 308-754-4421 ajohnson@hcmc.us.com	Jillyn, Klein, COO Office: 308-754-4421 jklein@hcmc.us.com	
Jennie M Melham Memorial Medical Center Broken Bow, NE	308-872-6891	Veronica Schmidt, CEO Office: 308-872-4160 Cell: 308-870-2872	Kristin Bailey Office: 308-872-6891 kristin.bailey@melham.org	Elaine Price, Patient Care Coord. Office: 308-872-4387 Cell: 308-870-2832 elaine.price@melham.org
Kearney County Health Services Minden, NE	308-832-3400	Luke Poore, CEO Office: 308-832-3400; ext 2800 lpoore@kchs.org	Connie Linder, Safety Director Office: 308-832-3400 ext 2257 Cell: 308-830-1413 kchssafety2@kchs.org	
Kearney Regional Medical Center Kearney, NE	308-455-3600	William Calhoun, CEO Office: 308-455-3600 bcalhoun@kearneyregional.com	Travis Gregg, Office: 308-455-3796 Cell: 308-627-1021 tgregg@kearneyregional.com	Shanna Stofer Office: 308-455-3600 sstofer@kearneyregional.com
Lexington Regional Health Center Lexington, NE	308-324-5651	Leslie Marsh, CEO Office: 308-324-8303 lmarsh@lexrhc.org	Jessica Nordstrom, Infection Control Office: 308-324-5651 Cell: 308-325-6210 jnordstrom@lexrhc.org	
Merrick Medical Center Central City, NE	308-946-3015		Cherie Flinn Office: 308-946-3015 ext 244 Cherie.Flinn@bryanhealth.org	Misti Morris Misti.Morris@bryanhealth.org
Mary Lanning Healthcare Hastings, NE	402-463-4521	Eric Barber, CEO Office: 402-461-5108 ebarber@marylanning.org	Donna Munsell, Emergency Management Coordinator Office: 402-460-5637 donna.munsell@marylanning.org	
Memorial Community Hospital Aurora, NE	402-694-3171	Diane Keller, CEO Office: 402-694-8202 Cell: 402-984-9554 dkeller@mchiaurora.org	Leeta Christie, Emergency Coordinator Office: 402-694-8264 Cell: 402-631-8920 lchristie@mchiaurora.org	Laurie Andrews, Safety Officer Office: 402-694-8201 Cell: 402-604-1163 landrews@mchiaurora.org
Phelps Memorial Health Center Holdrege, NE	308-995-2685	Mark Harrel, CEO Office: 308-995-2880 Cell: 308-991-8040 mharrel@phelpsmemorial.com	Tesha Broadfoot Office: 308-995-3201 Cell: 308-224-5717 tlbroadfoot@phelpsmemorial.com	Matt Crooker Office: 308-995-2854 Cell: 308-224-5717 mdcrooker@phelpsmemorial.com

Hospital	Main Number	Authorized Administrator	Additional Contact	Additional Contact
Valley County Health System Ord, NE	308-728-4200	Nancy Glaubke, CEO Office: 308-728-4200 nglaubke@valleycountyhealthsystem.org	Ben Young Office: 308-728-4386 Cell: 308-750-2844 byoung@valleycountyhealthsystem.org	
Webster County Community Hospital Red Cloud, NE	402-746-5600	Mirya Hallock, CEO Office: 402-746-5600 mhallock@websterhospital.org	Heidi Kauk, DON Office: 402-746-5600 hkauk@websterhospital.org	

The individuals can initiate a callout using the mass notification system.

	Main Number	Authorized Administrator	Additional Contact	Additional Contact
TRIMRS Mass Notification System Callout	308-991-9842	Cody Samuelson, TRIMRS Coordinator Office: 888-669-7154 Cell: 308-991-9842 csamuelson@trphd.org	Jim Morgan, South Heartland District Health Office: 402-462-6211 Cell: 402-469-2543 jim.morgan@shdhd.org	Alison Feik, Exec. Chair. Office: 308-784-2231 Cell: 308-529-1052 afeik@cozadhealthcare.com

TRIMRS - APPENDIX A

During the performance of this contract, South Central Heartland District Health Department and the Tri-Cities Medical Response System, for themselves, their assignees and successors in interest (hereinafter referred to as the "SHDHD" and "TRIMRS") agree as follows:

1. Compliance with Regulations: SHDHD and TRIMRS shall comply with the Regulation relative to nondiscrimination in Federally-assisted programs of the Department of Transportation (hereinafter, ("DOT") Title 49, Code of Federal Regulations, Part 21, and the Federal Highway Administration (hereinafter "FHWA") Title 23, Code of Federal Regulations, Part 200 as they may be amended from time to time, (hereinafter referred to as the Regulations), which are herein incorporated by reference and made a part of this contract.

2. Nondiscrimination: SHDHD and TRIMRS, with regard to the work performed by it during the contract, shall not discriminate on the grounds of race, color, or national origin, sex, age, and disability/handicap in the selection and retention of subcontractors, including procurements of materials and leases of equipment. SHDHD arid TRIMRS shall not participate either directly or indirectly in the discrimination prohibited by 49 CFR, section 21.5 of the Regulations, Including employment practices when the contract covers a program set forth in Appendix B of the Regulations.

3. Solicitations for Subcontractors, Including Procurements of Materials and Equipment: In all solicitations either by competitive bidding or negotiation made by SHDHD and TRIMRS for work to be performed under a subcontract, including procurements of materials or leases of equipment, each potential subcontractor or supplier shall be notified by SHDHD and TRIMRS of the SHDHD's and TRIMR's obligations under this contract and the Regulations relative to nondiscrimination on the grounds of race, color, or national origin, sex, age, and disability/handicap.

4. Information and Reports: SHDHD and TRIMRS shall provide all information and reports required by the Regulations or directives issued pursuant thereto, and shah permit access to its books, records, accounts, other sources of information, and its facilities as may be determined by the (Recipient) or the FHWA to be pertinent to ascertain compliance with such Regulations, orders and instructions. Where any Information required of SHDHD and TRIMRS is in the exclusive possession of another who falls or refuses to furnish this information SHDHD and TRIMRS shah so certify to the (Recipient), or the FHWA as appropriate, and shah set forth what efforts it has made to obtain the information.

5. Sanctions for Noncompliance: In the event of the SHDHD's and/or TRIMR’s noncompliance with the nondiscrimination provisions of I his contract, the *(Recipient:)* shall impose such contract sanctions as it or the FHWA may determine to be appropriate, including, but not limited to:

    a. Withholding of payments to SHDHD and TRIMRS under the contract until SHDHD and TRIMRS complies, and/or

    b. Cancellation, termination or suspension of the contract, in whole or in part.

6. Incorporation of Provisions: SHDHD and TRIMRS shall include the provisions of paragraphs (1) through (6) in every subcontract, including procurements of materials and leases of equipment, unless exempt by the Regulations, or directives issued pursuant thereto. SHDHD and TRIMRS shall take such action with respect to any subcontract or procurement as the (Recipient)

or the FHWA may direct as a means of enforcing such provisions including sanctions for non-compliance. Provided, however, that, in the event SHDHD and/or TRIMRS becomes involved in, or is threatened with, litigation, with a subcontractor or supplier as a result of such direction, the SHDHD and/or TRIMRS may request the (Recipient; to enter into such litigation to protect the interests of the (Recipient;, and, in addition, SHDHD and/or TRIMRS may request the United States to enter into such litigation to protect the Interests of the United States.

Appendix H
Mass Fatality Plan

I. PURPOSE

The Mary Lanning Healthcare mass fatality plan provides guidelines for managing mass fatalities in a Unified Command setting with other external agencies such as Adams County Emergency Management and the South Central Heartland Health Department. Additionally, the mass fatality plan provides guidelines for properly processing human remains in a safe, secure, and respectful manner and for assisting the decedent's family.

II. PLANNING ASSUMPTIONS

Mass fatalities may occur from a variety of events, including, but not limited to natural disasters, pandemic/infectious disease outbreaks, large accidental incidents (e.g. airline crash, structural collapse, industrial accident), or terrorism (chemical, biological, radiological, or explosive).

Mass fatality incidents, for the most part, are usually confined within a geographical area and usually require a limited time period to resolve. Fatalities resulting from a pandemic/infectious disease situation may spread to multiple jurisdictions and may require months or over a year to resolve.

Mass fatality management requires significant coordination and planning with hospital partners locally and at the state level.

The hospital has limited capacity to store remains onsite and, therefore, will be dependent upon its partners including funeral homes, emergency management and others to take possession of these remains in a timely manner and store them. This will be accomplished as outlined in this plan and through Letters of Agreement, as necessary.

III. SCOPE

This mass fatality plan applies to the patient care operations and support functions at Mary Lanning Healthcare as well as other outlying properties owned and/or operated by Mary Lanning Healthcare. The plan's components include the following:

a) Procedures to protect the health of personnel handling deceased person(s).
b) Holding, identifying, tracking, and releasing human remains.
c) Expediting medical certification of death certificates.
d) Reporting deaths to the Adams Emergency Management Emergency Operations Center.
e) Assuring sufficient resource supplies (e.g. human remains pouches and other supplies) are available.
f) Maintaining Mary Lanning Healthcare's continuity of operations.
g) Interface with Local Emergency Operations Plan and the Medical Response System regional plan.

IV. DEFINITIONS

TERMINOLOGY	DEFINITION
Mass Fatality Incident	The number/occurrence of deaths that exceeds capabilities or can be adequately managed by local community resources and processes. Such an incident can be acute or long term.
Disaster Mortuary Operation Response Team	Works under the guidance of local authorities by providing technical assistance and personnel to identify and process deceased victims.
Tri-Cities Medical Response System (TRIMRS)	23-county collaboration of hospitals, emergency managers, public health departments, EMS, mental health centers and other medical response agencies.

COMMON ACRONYMS	DEFINITIONS
AOC	Administrator on Call
DMORT	Disaster Mortuary Operational Response Team
EMA	Emergency Management Agency
EOP	Emergency Operations Plan
HICS	Hospital Incident Command System
HVA	Hazard Vulnerability Analysis
JIC	Joint Information Center
MFI	Mass Fatality Incident
PPE	Personal Protective Equipment
TRIMRS	Tri-Cities Medical Response System
MLH	Mary Lanning Healthcare

V. PRIORITIES

For a mass casualty/mass fatality incident, Mary Lanning Healthcare will ensure the following are prioritized:

A. Release the deceased in order to focus on providing care for the living. The first priority is to save and protect lives.
B. Protect personnel assigned to handle the deceased.
C. Track information about the deceased.
D. Anticipate delays in community assistance and secure deceased and their personal effects.
E. Determine if interpreters or translators are needed to assist in mass fatality operations.
F. Provide assistance and information to family of possible victims arriving at Mary Lanning.

VI. RESPONSE

The Mary Lanning Healthcare Administrator on Call (AOC) has the authority to activate the Hospital Mass Fatality Plan. The Hospital Incident Command System (HICS) will be utilized to manage the incident. Activation will be dependent upon current hospital capabilities and capacities.

A unified command may be established with other partners, such as Adams County Emergency Management Agency and the South Central Heartland Health Department to enhance command and control efforts as well as outgoing public information. At a minimum, the hospital should apprise both agencies that it has activated the mass fatalities response plan.

A. Mary Lanning Healthcare will strive to continue normal operations for as long as possible and surge to hold human remains within its capabilities; it is estimated that the hospital can surge to hold a maximum of six remains for limited period of time.
B. Mary Lanning Healthcare will activate the EOP and mobilize essential personnel. Additionally, the hospital may begin notification and employee callback procedures.
C. Incident Command will assign the Casualty Care Unit Leader. During a mass fatality incident, the Casualty Care Leader is responsible for ensuring the mass fatality plan is being effectively implemented and the following are addressed:

    1. Family notification (with law enforcement and county attorney assistance).
    2. Safe and respectful storage of remains.
    3. Transferring of human remains to a temporary morgue, mortuary or other location.
    4. Security.
    5. Proper handling of personal effects.
    6. Evidence preservation/chain of custody based upon the direction of law enforcement.
    7. Documentation of integration with county attorney/law enforcement.
    8. Any need to request assistance from the Emergency Manager in establishing a community Family Assistance Center due to number or type of casualties and fatalities.
    9. Provision of assistance, as necessary, in helping to identify human remains.
    10. Completing all necessary paperwork, including the Fatality Tracking Form to account for decedents in a mass fatality disaster.

VII. IDENTIFICATION AND TRACKING

Processes are in place for decedent and human remains identification and tracking to ensure there is shared data collection to support communications during a mass fatality incident.

VIII. DECEASED AND HUMAN REMAINS MANAGEMENT

A. The hospital has limited capacity to store remains.
B. The County Attorney, acting as the County Coroner, is the lead agent for mass fatalities. The County Attorney may assign bodies to local mortuaries, establish a temporary morgue and coordinate emergency interment.
C. Local mortuaries are available to assist with surge fatalities through an agreement with the EMA. Mary Lanning Healthcare can access these mortuaries by requesting assistance through EMA.
D. If the hospital is at capacity for storage of remains, Incident Command will contact the Emergency Management Agency for refrigerated trucks, trailers or tents for the storage of remains.
E. If trucks or trailers are unavailable and the Hospital must maintain custody of the remains, remains may be stored in the area designated by Adams County Emergency Management. This area has the following available:

    1. Separated from patient care and the general public.
    2. Restricted access/secured.
    3. Non-porous flooring.

4. Room for office spaces.
5. Tractor-trailer accessible.
6. Hot and cold water available.
7. Heat or air conditioning (depending upon season).
8. Electricity available.
9. Communication capabilities (e.g. telephone, internet capability).
10. Removed from public view.

Remains should be stored between 38 degrees and 42 degrees. Dry ice, which may be in short supply in a disaster, may be utilized for short-term storage and can be obtained by contacting the lab director. Utilize temperature resistant gloves to construct a low wall of dry ice around groups (e.g. 20 remains). It is estimated that 22 lbs. of dry ice per remains, per day is needed, dependent upon outside temperature. Do not place dry ice on top of the remains because it can damage the remains. Cover remains with a plastic tarp. Ventilation is needed due to the carbon dioxide gas produced when the dry ice melts.

HVAC systems and/or portable air conditioners can also be used to cool the storage area.

a. Human Remains
   i. Bodies, body parts, and personal belongings will be tagged using the current identification system established by the hospital.
   ii. Human remains should be stored in body bags, which can be obtained by contacting the local health department or emergency manager. If body bags are unavailable, impermeable bags may be utilized (double-bagging is preferable). If impermeable bags are unavailable, use plastic sheets, shrouds, bed sheets, or other locally available material.
   iii. Body bags should not be stacked.
   iv. Unidentified body parts (e.g. limbs) should be treated as individual bodies.

b. Personal Effects
   The hospital will utilize the current procedures for identifying and tracking personal effects. For a crime scene situation, personal belongings may represent crime evidence and be used in solving a crime. Release items using standard chain-of-evidence receipting procedures. The deceased's personal belongings should accompany the body to the Medical examiner.

c. Security
   Incident Command will be responsible for establishing security as outlined within the Emergency Operations Plan.

d. Death Certificates
   i. Mary Lanning Healthcare's Emergency Department, Management of Expired Patients Policy requires the attending physician to complete the death certificate.
   ii. During activation of the Mass Fatality Plan, the County Attorney, acting in the role of County Coroner, shall coordinate completion of death certificates.

IX. TRANSPORTATION

A. In the event local mortuary and personnel are not available, the HOSPITAL may be responsible for physically moving the deceased to the morgue or other temporary storage location. The hospital may contact Emergency Management for additional assistance.
B. Bodies should be transported in body bags. When transporting remains, maintain an attitude of reverence and respect. Carry remains feet first and face up at all times. Do not stack remains

directly on top of each other. Secure remains in a manner that will prevent shifting during movement.

C. Ensure the vehicle used for transporting remains have markings removed if it that vehicle is normally used for commercial business. If a pickup truck or flatbed truck is utilized, ensure the vehicle's cargo bed is covered to prevent observance from the air.

D. Loading and unloading shall be accomplished discretely. Bodies should not be stacked or haphazardly loaded. Bodies may be transported on metal or plastic shelving systems, if properly secured. Wood shelving should be discouraged. The vehicle should be refrigerated and after transport, the vehicles should be decontaminated.

X. MEDIA

A. Refer to the hospital's Emergency Operations Plan for media communications.

B. The County Emergency Operations Center may establish a Joint Information Center (JIC) to ensure accurate and expedient information dissemination. They will coordinate public information activities through the JIC.

C. The County Attorney will maintain information concerning lists of the deceased and descriptions of any unidentified remains.

D. When the emergency involves significant health hazards, the Public Health Officer will initiate epidemic control measures (e.g. quarantines, advise of appropriate personal protective measures etc.).

XI. FAMILY ASSISTANCE AREA

The Mary Lanning Healthcare's Emergency Operation Plan outlines the family assistance center plan. A family assistance center may be established and operating as quickly as possible after the incident to provide regular briefings, respond to family member questions and to support family's information and bereavement needs. If the incident is large enough in scope, the Hospital or another organization may ask the Emergency Manager to establish a community Family Assistance Center.

XII. EMPLOYEE SAFETY

A. A mass fatality incident may place personnel managing the mass fatality incident at an increased level of health risk (e.g. chemical, radioactive or infectious agents).

B. Employees should follow established personal safety procedures, including:

1. Personal Protective Equipment (PPE)
   - The local Public Health Department will provide appropriate PPE guidelines based on the incident. Additionally, personnel should follow standard precautions for potential nuclear, biological, and chemical hazards.
   - Odors from decaying bodies may be unpleasant. Wearing a mask and using Vicks® VapoRub (or similar product) under the mask may be helpful.
2. Maintain hand hygiene by washing hands with soap immediately after removing gloves.
3. Receive immediate care to any wounds sustained during work with human remains, including immediate cleansing with soap and clean water.
4. Personnel should also be vaccinated against hepatitis B and obtain a tetanus booster if indicated.
5. Psychological Well Being
   - The hospital's Emergency Operations Plan outlines the provisions and resources available for the psychological needs of responders to assist personnel in coping with the symptoms that result from working in a mass fatality response.

EXHIBIT A

MASS FATALITY INCIDENT CASUALTY CARE UNIT LEADER

CASUALTY CARE UNIT LEADER

Mission: Organize and coordinate the delivery of emergency care to arriving patients.

Position Reports to: **Medical Care Branch Director** Command Location: _____		
Position Contact Information: Phone: (____) ____ - ____ Radio Channel:		
Hospital Command Center (HCC): Phone: (____) ____ - ____ Fax: (____) ____ - ____		
Position Assigned to:	Date: / /	Start:____:____hrs.
Signature:	Initials:	End:____:____hrs.
Position Assigned to:	Date: / /	Start:____:____hrs.
Signature:	Initials:	End:____:____hrs.
Position Assigned to:	Date: / /	Start:____:____hrs.
Signature:	Initials:	End:____:____hrs.

Immediate Response (0 – 2 hours)	Time	Initial

Receive appointment
• Obtain briefing from the Medical Care Branch Director on:
  ○ Size and complexity of incident
  ○ Expectations of the Incident Commander
  ○ Incident objectives
  ○ Involvement of outside agencies, stakeholders, and organizations
  ○ The situation, incident activities, and any special concerns
• Assume the role of Casualty Care Unit Leader
• Review this Job Action Sheet
• Put on position identification (e.g., position vest)
• Notify your usual supervisor of your assignment		

Assess the operational situation • Determine the status of casualty care areas; assess current capabilities, and project immediate and prolonged capacity to provide casualty care based on current data • Assess critical issues and treatment needs in casualty care areas • Ensure establishment of primary and secondary communication capabilities in casualty care areas • Provide information to the Medical Care Branch Director on the status		

Determine the incident objectives, tactics, and assignments
• Document unit objectives, tactics, and assignments on the HICS 204: Assignment List
• Based on the incident objectives for the response period consider the issues and priorities:
  ○ Appoint Casualty Care Unit personnel in collaboration with the Medical Care Branch Director
  ○ Determine strategies and how the tactics will be accomplished
  ○ Determine needed resources
• Brief unit personnel on the situation, strategies, and tactics, and designate time for next briefing		

CASUALTY CARE UNIT LEADER

Activities • Assist with establishment of casualty care areas in additional or new locations, as needed • Identify patient receiving areas and implement patient triage procedures with designated locations for patients with Immediate, Delayed, Minor, Expired, and Expectant needs • Assist with establishment of treatment and morgue areas in additional or new locations, if necessary • Track and document all casualty care patients and their dispositions • Triage and prioritize patients to receive care • Provide status updates to the Medical Care Branch Director regularly to discuss the Incident Action Plan (IAP), advising of accomplishments and issues encountered • Determine staffing needs and place requests with the Medical Care Branch Director • Consider development of a unit action plan; submit to the Medical Care Branch Director if requested • Provide regular updates to unit personnel and inform them of strategy changes as needed • Facilitate patient dispositions to other areas for diagnostics, studies, observation, admission, or transfer		
Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis • HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period • HICS 254: Ensure the Disaster Victim/Patient Tracking form is used to document triage, treatment, and disposition of incident victims • HICS 259: As directed by the Planning Section Patient Tracking Manager, document injuries and deaths on the Hospital Casualty/Fatality Report • HICS 260: Provide details on the Patient Evacuation Tracking form		
Resources • Determine equipment and supply needs; request from the Logistics Section Supply Unit Leader and report to the Medical Care Branch Director • Assess issues and needs in unit areas; coordinate resource management		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure personal protective equipment (PPE) is available and utilized appropriately • Determine if communicable disease risk exists; implement appropriate response procedures; collaborate with appropriate Medical-Technical Specialists, if activated		

CASUALTY CARE UNIT LEADER

Intermediate Response (2 – 12 hours)	Time	Initial

Activities
• Transfer the Casualty Care Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue coordination of care and disposition of patients
• Ensure patient records are documented correctly and collected
• Ensure patient care is prioritized effectively if crisis standards of care are enacted
• Activate the Mass Fatality Plan, if needed, including:
  ○ Family notification with law enforcement and medical examiner or coroner assistance
  ○ Patient Family Assistance areas
  ○ Safe and respectful storage of remains
  ○ Area security and privacy
  ○ Proper handling of personal effects
  ○ Evidence preservation and chain of custody
  ○ Documentation
  ○ Coordination with medical examiner or coroner
• Assess environmental services or housekeeping needs in all casualty care areas
• Meet regularly with the Medical Care Branch Director for status reports
• Communicate patient status and location information regularly to the Planning Section Patient Tracking Manager
• Advise the Medical Care Branch Director immediately of any operational issue you are not able to correct		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel comply with safety procedures and instructions • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure unit personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit • Ensure personal protective equipment (PPE) is available and utilized appropriately		

CASUALTY CARE UNIT LEADER

Extended Response (greater than 12 hours)	Time	Initial

Activities
• Transfer the Casualty Care Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate
  ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)
• Continue casualty care area supervision, including monitoring quality of care, documentation, and safety practices
• Provide updates to the Medical Care Branch Director and unit personnel		

Documentation • HICS 204: Document assignments and operational period objectives on Assignment List • HICS 213: Document all communications on a General Message Form • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis		
Resources • Assess issues and needs in unit areas; coordinate resource management • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed		
Communication *Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners*		
Safety and security • Ensure that all unit personnel continue to comply with safety procedures and instructions • Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader • Provide for staff rest periods and relief • Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques • Ensure personal protective equipment (PPE) is available and utilized appropriately		

Demobilization/System Recovery	Time	Initial

Activities
• Transfer the Casualty Care Unit Leader role, if appropriate
  ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital
  ○ Address any health, medical, and safety concerns
  ○ Address political sensitivities, when appropriate		

CASUALTY CARE UNIT LEADER

○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A) • Assist the Medical Care Branch Director and Unit Leaders with restoring treatment areas and the morgue to normal operations • Ensure the return, retrieval, and restocking of equipment and supplies • As objectives are met and needs decrease, return unit personnel to their usual jobs and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader • Notify the Medical Care Branch Director when demobilization and restoration is complete • Coordinate reimbursement issues with the Finance/Administration Section • Upon deactivation of your position, brief the Medical Care Branch Director on current problems, outstanding issues, and follow up requirements • Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed • Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include: ○ Review of pertinent position descriptions and operational checklists ○ Recommendations for procedure changes ○ Accomplishments and issues • Participate in stress management and after action debriefings		
Documentation • HICS 221: Demobilization Check-Out • Ensure all documentation is submitted to the Planning Section Documentation Unit		

Documents and Tools
❑ HICS 203 - Organization Assignment List ❑ HICS 204 - Assignment List ❑ HICS 213 - General Message Form ❑ HICS 214 - Activity Log ❑ HICS 215A - Incident Action Plan (IAP) Safety Analysis ❑ HICS 221 - Demobilization Check-Out ❑ HICS 252 - Section Personnel Time Sheet ❑ HICS 254 - Disaster Victim/Patient Tracking ❑ HICS 259 - Hospital Casualty Fatality Report ❑ HICS 260 - Patient Evacuation Tracking ❑ Mass Fatality Plan ❑ Hospital Emergency Operations Plan ❑ Hospital Incident Specific Plans or Annexes ❑ Hospital Surge Plan ❑ Crisis Standards of Care Guidelines ❑ Hospital policies and procedures ❑ Hospital organization chart ❑ Hospital telephone directory ❑ Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

EXHIBIT B

DECEDENT INFORMATION AND TRACKING CARD

Credit to Mass Fatality Incident Management Guidance for Hospitals and Other Healthcare Entities.

INCIDENT NAME		OPERATIONAL PERIOD		
MEDICAL RECORD / TRIAGE #	DATE	TIME	HOSPITAL LOCATION PRIOR TO MORGUE	
FIRST	MIDDLE	LAST	AGE	GENDER
IDENTIFICATION VERIFIED BY □ DRIVERS LICENSE □ STATE ID □ PASSPORT □ BIRTH CERTIFICATE □ OTHER:_____ IDENTIFICATION #: _____				
ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)				

PHOTO ATTACHED TO THIS CARD □ YES □ NO	FINGERPRINTS ATTACHED TO THIS CARD □ YES □ NO	DEATH CERTIFICATE SIGNED □ YES □ NO

NEXT OF KIN NOTIFIED? □ YES □ NO	NAME	RELATION	CONTACT TEL
STATUS	LOCATION	DATE / TIME IN	DATE / TIME OUT
HOSPITAL MORGUE			
HOSPITAL MORGUE			
HOSPITAL MORGUE			
HOSPITAL MORGUE			
FINAL DISPOSITION	DATE / TIME	NAME OF RECIPIENT	SIGNATURE OF RECIPIENT
RELEASED TO: □ CORONER □ COUNTY MORGUE □ MORTUARY □ OTHER: _____	DATE TIME		

LIST PERSONAL BELONGINGS	STORAGE LOCATION

ORIGINAL ON FILE IN MFI UNIT
COPY WITH DECEDENT
COPY TO MEDICAL CARE BRANCH DIRECTOR

EXHIBIT C

FATALITY TRACKING FORM

INCIDENT NAME		DATE / TIME PREPARED			OPERATIONAL PERIOD DATE/TIME			
MEDICAL RECORD NUMBER OR TRIAGE NUMBER	NAME	SEX	DOB/ AGE	NEXT OF KIN NOTIFIED YES / NO	HOSPITAL MORGUE		FINAL DISPOSITION, RELEASED TO:	
					IN DATE/TIME	OUT DATE/TIME	CORONER, MORTUARY, COUNTY MORGUE, OR OTHER (LIST)	DATE/TIME
COMPLETED BY _____ HOSPITAL UNIT _____								

Adapted from HICS Form 254. *Credits to Mass Fatality Incident Management Guidance for Hospitals and Other Healthcare Entities*.

APPENDIX I

EVACUATION PLAN
SECTION I

MARY LANNING HEALTHCARE

MARY LANNING HEALTHCARE
EVACUATION PLAN
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First Floor North

First Floor South

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Sixth Floor

Seventh Floor

Medical Office Building/Medical Services Building

EVACUATION PLAN
DEFINITIONS

Evacuation: The movement of patients from an at-risk location to a safe location within the hospital or to an outside location.

Horizontal Evacuation: Evacuation of patients in immediate danger to a "staging area" on the same floor. In the event that an external or internal force requires facility evacuation, Horizontal Evacuation of patients to a safe area is the first step in the evacuation process.

Vertical Evacuation: Mass evacuation of patients to another floor or entirely from the building. Vertical evacuation requires movement to a floor below or lower depending on instruction received. A safe area will be defined for each department. The safe area then becomes the Staging Area for vertical evacuation should it be required.

Evacuation Categories:

Walking Patient (Green): Any patient that is ambulatory. These patients may be moved via bus and/or private vehicle. These patients are the first category mobilized during a vertical evacuation.

Wheelchair Patient (Yellow): Any patient that is able to be moved by wheelchair. Sits up unassisted. These patients are the second category mobilized during a vertical evacuation as emergency medical services assistance may be required or initiation of evacuation carries may be required.

Ambulance Transport Patient (Red): Any patient that is incapable of walking or sitting during transport. These patients must be moved lying down. These patients are the last category mobilized during a vertical evacuation as emergency medical services assistance and/or evacuation carries will be required. Evacuation "Med Sleds" are present on inpatient nursing units.

Evacuation Command:	Area established by an Executive Team Member if on site. Otherwise, House Supervisor acts as Incident Command until Executive Team Member arrival. May also contact Administrator On Call for the purpose of direction and management of the entire evacuation process.
Command Center Coordinator:	Assigned by the President or designee. Holds primary responsibility for organization, coordination, and decision making efforts in the Evacuation Command Center.
Nursing Coordinators Office:	Area established by Nursing Directors and House Supervisors to direct and coordinate continuation of nursing care during evacuation process.

Evacuation Staging Area:	Area located adjacent to each unit. Initial area of evacuation during a horizontal evacuation.
Public Information Officer	Establishes a Media Center and delegates to the PR/Marketing Department to communicate with media or public.
Evacuation Safe Area:	Area located outside of hospital structure on hospital grounds. Area of evacuation during a vertical evacuation.
Transfer Team:	Team established to coordinate safe, efficient transfer of patients to other facilities. Transfer Team Members consist of: • Transfer Team Director - Role assumed by Director of Social Services to coordinate transfer of patients to other facilities. • House Supervisor • Nursing Director • Security • Engineering

INTRODUCTION

This Evacuation Plan augments the hospital's existing Emergency Operations Plan and incorporates the fundamental principles of all-hazards emergency management. This plan provides a concept of operations for evacuation functions and incident management and staff roles and responsibilities. It provides overall guidance to enable evacuation regardless of the hazard or incident type for the continuation of patient care.

When an incident occurs, the possibility exists that staff and patients may have to be evacuated from the facility. The Incident Commander, in coordination with a Unified Command or local entities (HPD, Hastings Fire, Adams Co. Emergency Management) will order an evacuation of the hospital for a situation which renders the facility no longer capable of providing the necessary support for patient care, treatment, and services.

The local Police or Fire Departments and TRIMRS will be notified as soon as the potential for evacuation is considered and will be kept updated on an ongoing basis in order to begin the process for identification of the availability of vehicles to relocate the patients.

EVACUATION PLAN IMPLEMENTATION

Mary Lanning Healthcare (MLH) serves as the only acute care health facility in Adams County. Mary Lanning serves as a regional referral center for surrounding cities and counties. In the event an incident occurs that necessitates the evacuation of MLH, the order to evacuate comes from the Incident Commander, Emergency Manager, Fire Chief, Chief of Police or other agency empowered to recommend or order an evacuation of the building. The Hospital President or designee, House Supervisor or designees, Director of Engineering/designee are notified immediately of the impending evacuation.

For non-critical care patients, the outpatient clinics should be the first areas of alternate care in the event an evacuation is necessary. These facilities have limited medical resources; supplies and equipment will be taken to those facilities if time and the situation permits. In the event that none of these facilities are accessible, the Hastings Senior High School, St. Cecelia, or the Fairgrounds may be established as an alternative care site. Establishment of an alternative care site will be determined by the Incident Commander (CEO or designee) and the Emergency Manager.

Agreements are on file with area hospitals for the transfer of critical care patients. Patient and staff transportation will be accomplished primarily via ambulances; however, private vehicles may be used based on the urgency of the evacuation. Or, if safe to do so, patients that can be discharged home will be handled through the rapid discharge process.

Primary Evacuation Safe Areas will be the employee parking lot (west), the Emergency Department/North Admissions parking lot (north), Outpatient Surgery parking lot (south) and the main entrance/MSB parking lots (east). These locations are noted in the individual departmental plans in Section II.

GENERAL INFORMATION

The first step in either horizontal or vertical evacuation is to identify patients as ambulatory, wheelchair, or helpless for purposes of the evacuation. This is accomplished by patient care providers in each department utilizing the established color-coded system. The recommended method for moving patients safely and efficiently is with the "Bucket Brigade" (see page 77).

When a total emergency patient evacuation is ordered by the Incident Commander or designee, follow these methods of moving patients:

I. HORIZONTAL EVACUATION

- Move patients who are closest to the danger first.
- Children should be handled like adults except during ambulatory evacuation. In this case, alternate older and younger children with a staff member in the evacuation line.
- Next, start moving ambulatory (***Green***) patients toward the safe area as defined in the department specific plans. Assign one employee to follow in the rear of each patient group. Do not leave ambulatory patients without guidance to prevent panic.
- Move wheelchair (***Yellow***) patients toward the safe area as defined in department specific plans. Return chairs for additional patients.
- Move helpless (***Red***) patients via stretchers. If stretchers are unavailable, use the blanket carry method or Evacuation "Med Sleds" present on each inpatient nursing floor to assist non-ambulatory patients.

II. VERTICAL EVACUATION

- Lead ambulatory (**Green**) patients up or down the nearest and safest protected exits/stairway. Refuge may be found one floor below the disaster or fire. However, if time permits, evacuate patients two floors downward.
- Non ambulatory (**Yellow**) and helpless (**Red**) patients should be moved down stairways by being carried by responding staff unless one or more elevators have been cleared for use by the Evacuation Command Center. Evacuation "Med Sleds" are present on each inpatient nursing floor to assist non-ambulatory patients.

  All carts in corridors during an evacuation shall be moved out of the corridor, if possible, or repositioned so that all carts are on the same side of the corridor to be compliant with required corridor widths.

SYNOPSIS OF EVACUATION PLAN

Horizontal evacuation of patients to a safe area is the first step in the evacuation process and is often all that is required, most commonly because of smoke. If evacuation is necessitated due to fire and/or smoke, note that each set of fire doors across the corridor provides a one hour fire-rated barrier and horizontal evacuation is much preferred over vertical evacuation. The safe area can also become the staging area for vertical evacuation should it become necessary to leave the floor.

Injured persons shall be brought to the Emergency Department or other designated area.

The Fire Department, if present, will direct evacuation efforts to the extent of ordering evacuation of specific areas, choosing evacuation routes, and similar matters. The Fire Department will also go into area filled with smoke or other toxic vapors to rescue persons therein. All other evacuation will depend upon hospital staff since the Fire Department will be busy containing the fire, smoke, or other toxic fumes.

In addition to the actual evacuation, it is necessary to continue medical care of evacuated patients. Where possible, an evacuation center inside of the building should be established although this may not always be possible. If patients must be evacuated to the outside of the hospital, a staging area should be established in the Emergency Department or other location by the Incident Commander.

Then, the Evacuation Team Leader (or designee) is to check off those departments which will need to be staffed during the evacuation and gives them to the Incident Command. The Section Leader will then contact the senior member of each department indicated. For departments not staffed at the time of the alert, the senior member will be contacted at home.

PHYSICIAN EFFORTS are the responsibility of the CMO, Chief of the Medical Staff, or designee who shall direct all physician efforts during the evacuation process.

NON-PHYSICIAN MEDICAL CARE is the responsibility of the Mass Care Leader.

A TRANSFER TEAM is to be established, if needed, to coordinate the transfer of patients to other medical facilities or alternate care site and/or discharge of patients into the care of their families. This team consists of a physician, PA or APRN, an RN and HIM staff.

A Patient Tracking Log is to be documented by staff at the staging area or the Evacuation Safe Area and the alternate care site.

Pharmacy and Central Supply stations will be established at the Evacuation Safe Area, if necessary.

Department Heads will identify staff on site and recall additional staff as required by the situation, utilizing the established call rosters from the Disaster Plan. If not needed for Department, staff may be used in other capacities around the organization.

A PUBLIC INFORMATION OFFICER is established by Incident Command, and is typically the Vice President of HR. This position may delegate to the Director of Public Relations or Designee.

EVACUATION RESPONSIBILITIES

I. RESPONSIBILITIES OF ADMINISTRATION

A. Should more than minor horizontal evacuation become likely, the Administrator On Call shall notify the following persons who shall compose the ***COMMAND CENTER TEAM***:

- President
- Vice President/Chief Operations Officer
- Vice President/Human Resources
- Vice President/Chief Financial Officer
- Vice President/Chief Nursing Officer
- Vice President/Clinic Operations
- Director of Engineering, or designee
- On Duty House Supervisor

1. The Safety Officer or highest authority present at the scene shall assume the responsibilities of the ***EVACUATION COMMAND CENTER***.
2. Upon the arrival of the Command Center Team, members shall select one among them to serve as the ***COMMAND CENTER COORDINATOR*** throughout the rest of the evacuation alert.

B. **RESPONSIBILITIES OF EVACUATION COMMAND CENTER COORDINATOR**

1. Determine the location of the Evacuation Command Center.
2. Determine the extent to which the hospital may have to be evacuated and be responsible for directing overall evacuation operations, as required by the situation. If more than minor horizontal evacuation is needed, the responsibilities of the Command Center Coordinator are as follows:
   a. Determine a safe place for the temporary shelter of evacuated persons. This area shall be termed the ***EVACUATION SAFE AREA.***
   b. Appoint a person to be the ***EVACUATION SAFE AREAS DIRECTOR***. If at all possible, this person should be a member of Administration. The responsibilities of the Evacuation Safe Areas Director are found on the next page of this plan.
   c. Determine general staffing needs of the hospital. Use the Employee Call Roster located at S:/Disaster/Employee Call Rosters to determine which departments should be specially notified.
   d. Appoint a person to act as the ***TRANSFER TEAM DIRECTOR*** until the Director of Social Services or his alternate arrives. The responsibilities of the Transfer Team Director are specified on the next page of this plan.
   e. Ensure that the ***PUBLIC INFORMATION CENTER*** has been established at an offsite location, away from campus. External communication will come from the Director of Public Relations at this location.
      1. If the Director of Public Relations is not present, assign a member of Administration (or other suitable person) to this responsibility until the Director of Public Relations arrives.

2. If Home Away from Home is not usable, select another site. Be sure to notify the Operator and Security.
3. The responsibilities of the ***PUBLIC INFORMATION OFFICER*** are specified in this plan.

f. Oversee Security efforts.
g. Consult with Engineering and with the Fire Department Chief (if present) to determine if any elevators can be used to evacuate non-ambulatory patients.
h. Inform the Nursing Coordinators Office about which elevators can be used, if any.
i. Notify the Chief Medical Officer or Designee

II. RESPONSIBILITIES OF THE NURSING COORDINATORS OFFICE

A. The Nursing Coordinators Office is staffed by the Chief Nursing Officer, Nursing Directors, Nursing Managers, and House Supervisors.

B. The Nursing Coordinators Office is responsible for all nursing care and patient care until patients have been returned to their rooms, transferred to another hospital, or discharged.

C. Work with the Chief Medical Officer, or designee, to assure medical care.

D. Assure that a line of communication with the Pharmacy and Sterile Processing is developed to ensure a supply of basic medications and medical supplies throughout the evacuation process.

E. If evacuation to other hospitals becomes likely, appoint a registered nurse to work with the Transfer Team Director (Director of Social Service) as a part of the Transfer Team. It is recommended that this registered nurse be a staff nurse from a medical or surgical floor. The responsibilities of this nurse are detailed in the section of this plan entitled ***TRANSFER TEAM RESPONSIBILITIES***.

F. Call in staff as needed utilizing the established Disaster Plan Call Rosters.

III. RESPONSIBILITIES OF THE EVACUATION SAFE AREA DIRECTOR

A. Establish an orderly evacuation safe area. Assure that each nursing unit, Sterile Processing, Pharmacy, Surgery, etc., have areas in which they can re-group. Use "Sharpie" or other permanent marker, tape, and paper to make signs which indicate each area.

B. If patients must be transferred to other hospitals, work with the Transfer Team Director to determine a good pickup site.

C. At least one (1) RN and one (1) physician, PA, or APRN will be assigned to work with the Evacuation Safe Area Director to assure continuity of patient care in the Evacuation Safe Area.

IV. RESPONSIBILITIES OF TRANSFER TEAM

A. The Transfer Team will organize in the Evacuation Command Center and is composed of:
1. A ***TRANSFER TEAM DIRECTOR*** (Director of Social Services/designee)

2. A ***REGISTERED NURSE*** appointed by the Nursing Coordinators Office
3. A ***PHYSICIAN*** appointed by the Medical Staff Leader
4. ***HEALTH INFORMATION STAFF PERSON***
5. ***ADMISSIONS DEPARTMENT STAFF***

B. **ADMISSIONS DEPARTMENT RESPONSIBILITIES**

1. Keep the Public Information Center informed of the names and conditions of patients and of the facilities to which patients have been transferred.
2. Keep records of all patients transferred to other facilities.

C. **RESPONSIBILITIES OF SOCIAL SERVICES (TRANSFER TEAM DIRECTOR)**

1. Coordinate activities of the Transfer Team.
2. Ensure that a means of transportation to other hospitals is established by contacting ambulance services, other hospitals, etc.
3. Hospital Public Information Officer (PIO) will establish a liaison with the Public Information Center (PIC) to provide the PIC with information about patients being evacuated, transferred, and/or discharged.
4. If it is anticipated that MLH must send evacuated patients to other health care facilities, contact hospitals and nursing homes to make preparations.
5. Arrange for all paperwork necessary for the transfer and/or discharge of patients. Follow established procedures as much as possible.
   Work with the Health Information staff person assigned.
6. Coordinate transportation with the local ambulance/EMS services.

D. **RESPONSIBILITIES OF THE HEALTH INFORMATION MANAGEMENT STAFF PERSON**

1. Report to the Evacuation Safe Area. Work with Admissions staff in the transfer of charts and other records necessary to ensure continuity of nursing care throughout the transfer process.

E. **RESPONSIBILITIES OF PHYSICIAN**

1. Evaluate the medical conditions of all evacuated patients.
2. Determine if any patients (such as from ICU) must be immediately transferred to another hospital. If so, notify the Director of the Transfer Team so that arrangements can be promptly made.

F. **ROLE OF REGISTERED NURSE**

1. Arrange for the transfer of charts and otherwise do what is necessary to ensure continuity of nursing care throughout the transfer process.

V. RESPONSIBILITIES OF THE MEDICAL STAFF

1. A ***PHYSICIAN COMMAND TEAM*** shall be established, ***IF NECESSARY***. For a **Major Evacuation** of the hospital, all of the following persons shall be contacted by the Evacuation Command Center and requested to assist with the evacuation efforts. The highest person on this listing shall be the temporary Medical Staff Leader and shall

determine how many of the other physicians on this list should be called. The Medical Staff Leader may select other physicians to serve on this team as needed.

- Chief Medical Officer
- Vice-President of the Medical Staff
- Chairperson - Emergency Services Medical Director
- Chairperson - Surgery Committee
- Emergency Room Physician On Duty

B. RESPONSIBILITIES OF THE PRESIDENT OF THE MEDICAL STAFF

1. The Emergency Department Physician On Duty shall act as Medical Staff Leader until relieved by the Chief Medical Officer or designee, or until he/she appoints another physician to act as Medical Staff Leader.
   a. Assign a sufficient number of physicians to the Evacuation Safe Areas to assure adequate medical care until patients can be either returned to their rooms, transferred to another facility, or discharged.
   b. Appoint one of the physicians to oversee physician activity in the Evacuation Safe Area. This person shall assure staffing of physicians, arrange for medications, continuation of patient care, and generally oversee physician involvement in the Evacuation Safe Area.
   c. Assign a member of the Physician Command Team to serve on the ***TRANSFER TEAM***. Generally this physician will be responsible for evacuation of patients to be transferred, determine transfer priorities, sign discharge/transfer papers, and ensure a medically safe transfer process.
      - Specific responsibilities of this physician are detailed in the section of this plan entitled "Transfer Team Responsibilities"
   d. Ensure a temporary Emergency Room is established, if necessary. Work with the ER physician(s) in this matter.
   e. Arrange for the recall of physicians to MLH.
      - Appoint a member of the Physician Command Team to determine what our physician staffing needs will be, which physicians should be contacted, make contact, etc.
   f. Assign physicians to oversee medical aspects of evacuation from any of the following areas which are being, or are likely to be, evacuated.
      - Critical Care Services
      - Pediatrics
      - Nursery
      - Labor & Delivery
      - Surgery

      Assign one physician, PA, or APRN to each nursing unit being evacuated, if possible.

VI. RESPONSIBILITIES OF NURSING SERVICES

A. HOUSE SUPERVISOR/NURSING DIRECTOR(S) ON DUTY

1. Report to the scene of the disaster and assume initial charge of the situation.
2. If evacuation required is more extensive than simple horizontal movement, Incident Command will request the following persons/positions to report to the scene:

    - Administrator On Call
    - Chief Nursing Officer
    - Director of Engineering
    - Chief Medical Officer
    - Director of Environmental Services
    - Security

3. Ensure that the Nursing Administration establishes a Nursing Coordinators Office in a designated area and provides nursing direction as needed.

B. **RESPONSIBILITIES OF NURSING COORDINATORS OFFICE**

1. If no other member of the Evacuation Command Team is present, assist with the duties of the Command Center Coordinator until the arrival of other members of the Evacuation Command Team distributing duties of the Nursing Coordinators Office among of Nursing Directors/Managers.
2. House Supervisors will man the Nursing Coordinators Office for the management of communication from the Evacuation Control Center and the Nursing Units.
3. The Nursing Division Directors/Managers will oversee evacuation of patient care areas under their direction.

VII. RESPONSIBILITIES OF THE MEDIA CENTER DIRECTOR

A. The Public Information Officer is a member of the Evacuation Control Team and will assign the responsibility of establishing an Information Center at a designated alternate location for media releases.
B. Establish a liaison with the Evacuation Command Center to keep updated on all information which may be released to staff and non-hospital personnel.
C. Internal communication will come from the Public Information Officer who will provide hospital staff with selected information.
D. Do not give any information to the press or public. Refer them to the PIO or Media Center Director for Mary Lanning.

VIII. GENERAL INSTRUCTIONS FOR ALL AREAS

The following are general instructions for all areas of the hospital. Specific additional assignments for several departments begin in Section II.

IF THE DEPARTMENT DOES NOT NEED TO BE EVACUATED

Retain present staff to provide assistance to other departments.

IF THE DEPARTMENT MUST BE EVACUATED

A. Follow the evacuation methods previously identified for horizontal or vertical evacuation.

B. Remove as many irreplaceable documents and/or equipment as possible.

C. Shut off all electrical equipment and close all doors before leaving.

D. If assistance is needed with the evacuation of equipment and other materials, call the Planning Section Chief or Resources Unit Leader in Incident Command.

E. If assistance is needed with the evacuation of injured and/or handicapped persons from your area, call Planning Section Chief or Resources Unit Leader and request extra staff assistance

PLEASE SEE THE SPECIFIC DEPARTMENTAL RESPONSIBILITIES WHICH ARE ASSIGNED IN SECTION II OF THIS PLAN

EVACUATION PLAN
SECTION II

EVACUATION METHODS

A. Wherever possible, the most efficient method of patient evacuation is a "bucket brigade" movement, described below:

1. Station one staff person at every other doorway along one side of the hall.
2. Beginning from the end of the floor to be vacated, horizontally evacuate patients a room at a time. As patients are taken from their room, pass them along to successive staff members in a "bucket brigade" method until they are at a safe staging area.
3. Close the door of each room as it is emptied.
   As staff at the end of the brigade line become available, they should report to the staging area on the floor to assist in vertical evacuation (if necessary).
4. When patients are at the staging area, vertical evacuation may begin, if needed.
5. After the area has been evacuated and all patients accounted for at a safe staging area, further evacuation should be performed by having ambulatory patients form a line by clasping hands. With a registered nurse in the lead and another staff member at the rear of the line, take patients down the stairwell to the Evacuation Center.
6. Ambulatory patients may be evacuated via elevator only after all non-ambulatory patients have left and elevators have been authorized as safe for use.

NON-AMBULATORY PATIENTS should be evacuated by elevator only if it has been cleared for safe use. Otherwise, use stairwells for evacuation. Evacuation "Med Sleds" are present on all inpatient nursing units. If assistance is needed with the evacuation of injured and/or handicapped persons from the area, call Planning Section Chief or Resources Unit Leader and request extra staff assistance. Elevators are to be reserved for downward movement only. staff returning to their floors must use the stairwells.

B. ***INJURED PERSONS*** should be brought to the Emergency Department. If the ER has been evacuated, an alternate ER will be set up in the Evacuation Center.

All carts in corridors during an evacuation shall be moved out of the corridor, if possible, or repositioned so that all carts are on the same side of the corridor to be compliant with required corridor widths.

MARY LANNING HEALTHCARE
EVACUATION PLAN

FRONT LOBBY AREA

Departments Involved:

Lobby Receptionist/switchboard
Gift Shop
Snack Bar/Garden View Grill
Chapel

Evacuation of Another Part of the Building:

All staff on site will report to their Department Director/Manager. Staff should remain in their departments until notified that they are needed in another capacity. Requests for extra staff will be communicated to Planning Section Chief or Resources Unit Leader.

Evacuation of Visitors and Staff From These Areas:

In the event that these areas must be evacuated, everyone should evacuate to the Evacuation Safe Area in front of the hospital.

Special Instructions:

If time allows, turn off lights, grill and electrical equipment. Close and lock all cash drawers.

Snack Bar - Lock cash register. Do not clean off tables, do not clean dishes, do not put food away, etc.

Do not make customers pay before evacuating. Keep track of the tickets when you return and put them in the money envelope with a note to the Director Nutrition Services.

MARY LANNING HEALTHCARE
EVACUATION PLAN

GROUND FLOOR CENTER & EAST

Departments Involved:

Pharmacy	Laundry
Environmental Services	Materials Management
Nutrition Services	Auxiliary
Security	Information Technology Services

Evacuation of Another Part of the Building:

All staff on site will report to their Department Director/Manager. Staff should remain in their departments until notified that they are needed in another capacity. Requests for extra staff will be communicated to Planning Section Chief or Resources Unit Leader.

Safe Staging Areas:

The north end of the corridor outside of the cafeteria or the lobby area between the elevators on ground floor center.

Information Technology will use their hallway as safe staging areas for a north evacuation to the Emergency Department parking lot on the north side of the hospital.

Evacuation of Visitors and Staff from These Areas:

Evacuation from these departments should always be to the north unless specifically directed to go south.

In a northern evacuation, staff and visitors should use the north stairs to the First Floor to reach the Evacuation Safe Area in the Emergency Department parking lot.

In a southern evacuation, staff and visitors should exit up the stairway through the Front Lobby to reach the Evacuation Safe Area in front of the hospital.

Laundry:

1. Determine what laundry will be needed at the Evacuation Safe Staging areas.
2. Establish a Laundry Supply Station at the Staging Area and distribute blankets, etc., to patients as needed.

Pharmacy:

1. If the Pharmacy must be evacuated:
    a) The Pharmacist in charge shall assure all pharmacy staff are accounted for and directed to designated evacuation area, check to assure or take action to close

and secure the hall vault, and assure that all exterior doors to the Pharmacy are closed and secure.

b) Pharmacist will assure BCA is accessible and reports are available.

2. Establish a Pharmacy Supply Station at the Evacuation Safe Area. A Pharmacist staffing this station must remain there at all times and shall take requests for medication and other pharmacy supplies. Assign a member of the Pharmacy staff to act as a runner between the Evacuation Safe Staging Area and the Pharmacy if the Pharmacy has not been evacuated.
3. Contact other health care facilities for back-up support in the event that the Pharmacy needs to be evacuated.

Nutrition Services:

1. If Nutrition Services must be evacuated, utilize staff to bring food and supplies to operate a coffee and nourishment station in the Evacuation Safe Staging Area. Turn off all equipment and open burners.
2. Staff who are on a nursing unit when the evacuation is announced should evacuate with that unit. Do not try to return to Nutrition Services.
3. Visitors must evacuate immediately. They will be discouraged from going to any of the nursing units or any other departments.

MARY LANNING HEALTHCARE
EVACUATION PLAN

GROUND FLOOR NORTH

Departments Involved:

Engineering Department

Evacuation of Another Part of the Building:

If you are working in the area of the hospital that is being evacuated, call the Engineering Department to report your location. Do not try to return to the Engineering Department. Assist in evacuating patients in the area where you are located and evacuate with the other staff to the Evacuation Safe Area.

All staff on site will report to their Department Director/Manager. Staff should remain in their departments until notified that they are needed in another capacity. Requests for extra staff will be communicated to Planning Section Chief or Resources Unit Leader.

Staging Areas:

Evacuation staging areas are in the Engineering Department corridor (north) and for south evacuation, the staffing area is located in the Engineering Department corridor between the dock elevator and the stairway.

Evacuation of Patients, Visitors and Staff from These Areas:

Visitors and staff in this department should be evacuated through the stairway at the north end of the Engineering Department corridor to the Evacuation Safe Area in the Emergency Department parking lot on the north side of the hospital.

For south evacuation visitors and staff should be taken to the Evacuation Safe Area in the Emergency Department parking lot via the stairway across from the dock elevator at the south end of the Engineering Department corridor.

Special Instructions:

If time allows, turn off all machines and electrical appliances.

MARY LANNING HEALTHCARE

EVACUATION PLAN

GROUND FLOOR SOUTH

Departments Involved:

Health Information
Quality Management
Accounting
Billing Services
Sterile Processing
Public Relations
Medical Staff Services
Social Services
Morgue
Human Resources
Administration/Executive Offices

Evacuation of Another Part of the Building:

All staff on site will report to their Department Director/Manager. Staff should remain in their departments until notified that they are needed in another capacity. Requests for extra staff will be communicated to Planning Section Chief or Resources Unit Leader.

Staging Areas:

Evacuation staging areas is in the corridor outside Administration/Executive Offices.

North evacuation staging area is the lobby area between the elevators, Ground Floor Center.

Evacuation of Patients, Visitors and Staff from These Areas:

Visitors and staff in these departments should be evacuated through the stairway at the south end of the corridor to the Evacuation Safe Area in the Outpatient Surgery/Employee parking lot on the southeast side of the hospital.

For north evacuation, visitors and staff should be taken to the Evacuation Safe Area in front of the hospital via the stairs on either side of the elevators on Ground Floor Center.

Special Instructions:

If time allows, turn off all machines and electrical appliances.

Sterile Processing Department

1. Upon an order for evacuation, the senior member of the Sterile Processing Department who is present in the hospital shall:

a. Arrange delivery of supplies, as utilized in the Disaster Plan, to the Evacuation Safe Area. Consider the need for egg crate and other materials to rest patients upon.
b. Establish a Sterile Processing Station at the Evacuation Safe Area to provide needed supplies and to act as a distribution point in the Safe Area.
c. Call in Sterile Processing staff as needed. Staff called is to report directly to Sterile Processing.
d. Make arrangements with sources to supply any material which cannot be supplied in-house.
e. If the department itself must be evacuated, send the following supplies to the Evacuation Safe Area if possible:
    - All exchange carts
    - Disaster carts

MARY LANNING HEALTHCARE
EVACUATION PLAN

FIRST FLOOR CENTER AND EAST

Departments Involved:

Laboratory	Radiology
Pathology	Ultrasound
Cytology	Histology
Infection Control	Pain Clinic

Evacuation of Another Part of the Building:

All staff on site will report to their Department Director/Manager. Staff should remain in their departments until notified that they are needed in another capacity. Requests for extra staff will be communicated to Planning Section Chief or Resources Unit Leader.

Staging Areas:

North staging area will be the hallway outside the Doctors Lounge.
South staging area will be in the lobby area between the elevators.

Evacuation of Patients, Visitors and Staff From These Areas:

Patients in these departments should be evacuated to the north end of the building unless directed to evacuate south.

In a northern evacuation, patients should be taken to the Evacuation Safe Area in the Parking Lot through the Outpatient Surgery entrance to the hospital.

In a southern evacuation, patients should be taken to the Evacuation Safe Area in front of the hospital through the Lobby.

Visitors and staff will evacuate using the same routes.

Special Instructions:

If time allows, turn off and disconnect all machines and electrical appliances and oxygen units.

Laboratory:

1. If the Lab must be evacuated, it is the responsibility of the senior member of the lab present at the time to determine which equipment must be removed to a safe location and in what order it should be evacuated.
2. Contact other health care facilities for assistance in the event that the hospital lab needs to be evacuated.
3. Consult with the medical staff leader to determine what lab support will be required.

Pain Clinic:

Primary Evacuation (North): North Employee Entrance to the Emergency Department parking lot. Evacuate to the farthest northern section of the parking lot.

Secondary Evacuation (South): Main entrance of the hospital to East parking lot.

General Electric Room:

Primary Evacuation (North): North Entrance of the hospital. Evacuate to the farthest Northern section of the parking lot.

Secondary Evacuation (South): Main entrance of the hospital to the East parking lot.

Ultrasound and Multipurpose Room:

Primary Evacuation (North): Hallway by North Elevator and exit out of the Emergency Department double doors to the farthest northern section of the North parking lot.

Secondary Evacuation (South): North Admissions hallway moving South to the Main entrance of the hospital. Exit to the East parking lot.

MRI, CT, and Nuclear Medicine:

Primary Evacuation (North): Exit through the Emergency Department ambulance entrance and travel to the farthest western section of the West employees parking lot.

Secondary Evacuation (South): Exit through the double doors on the West side of the Operating Room. Continue to the farthest West section of the West employee parking lot.

MARY LANNING HEALTHCARE
EVACUATION PLAN

FIRST FLOOR NORTH

Departments Involved:

Admission Services
Emergency Department
Cardiopulmonary
Nuclear Medicine

Evacuation of Another Part of the Building:

All staff on site will report to their Department Director/Manager. Staff should remain in their departments until notified that they are needed in another capacity. Requests for extra staff will be communicated to Planning Section Chief or Resources Unit Leader.

Staging Areas:

Evacuation staging areas are in the Emergency Department west hallway/EMS area or the Emergency Department waiting room.

South evacuation staging area is the lobby area between the elevators, First Floor Center.

Evacuation of Patients, Visitors and Staff From These Areas:

Patients in this department should be evacuated through the EMS entrance/exit, the Emergency Department waiting room entrance/exit to the Evacuation Safe Area in the Emergency Department parking lot on the north side of the hospital.

For south evacuation, patients should be taken to the Evacuation Safe Area in front of the hospital via the stairs on either side of the elevators on First Floor Center.

Visitors and staff will evacuate using the same routes.

Special Instructions:

1. If time allows, turn off all machines and electrical appliances and gases

MARY LANNING HEALTHCARE

EVACUATION PLAN

FIRST FLOOR SOUTH

Departments Involved:

Surgery	Outpatient Lobby/Registration	Billing/Cashier
Outpatient Surgery	Admission Services	Pre-Op
Anesthesia	Cath Lab	PACU

Evacuation of Another Part of the Building:

All staff on site will report to their Department Director/Manager. Staff should remain in their departments until notified that they are needed in another capacity. Requests for extra staff will be communicated to Planning Section Chief or Resources Unit Leader.

Staging Areas:

Evacuation staging areas are in the OP Lobby/Registration area or the area in front of the public elevators on First Floor Center.

Evacuation of Patients, Visitors and Staff From These Areas:

Patients in these departments should be evacuated out the east OP Lobby/Registration entrance/exit doors to the outpatient/employee parking lot or out the front lobby doors to the front parking lot. Visitors and staff will evacuate using the same routes.

Special Instructions:

1. Patients not in actual surgery should be evacuated to the Evacuation Safe Area. Bring all necessary supplies to provide care.
2. Patients in surgery or Cath Lab may not be moved until the surgeon in charge so directs. Patients transported directly from operating rooms shall be accompanied by the complete surgical team, which is responsible for the patient until the surgeon feels that the patient can be safely cared for by PACU staff.
3. If time allows, turn off all machines and electrical appliances and gases.

Admissions Services – The senior member of the Admissions Services shall report to the Transfer Team Director in the Evacuation Command Center.

1. Assign staff to the Transfer Team and send them to the Evacuation Command Center.
2. The responsibilities of Admissions Services are to keep track of patients who may be transferred to other facilities and/or discharged and to assist with the transfer/discharge process. Details are found in the Section 1 of the plan entitled “Transfer Team Responsibilities”.

MARY LANNING HEALTHCARE
EVACUATION PLAN

SECOND FLOOR

Departments Involved:

Family Care Center

Evacuation of Another Part of the Building:

All staff on site will report to their Department Director/Manager. Staff should remain in their departments until notified that they are needed in another capacity. Requests for extra staff will be communicated to Planning Section Chief or Resources Unit Leader.

Staging Areas:

North staging area will be the hallway near north staircase.
South staging area will be the elevator lobby near south staircase.

Evacuation of Patients, Visitors and Staff From These Areas:

1. Horizontal evacuation should be carried out evacuating patients to the staging area on Second Floor. Proceed to vertical evacuation only if told to do so by the Evacuation Command Center.
2. If your area is to be evacuated, this should be done methodically, using the "bucket brigade" method described in Appendix A.
3. Crash carts from evacuated floors should be taken to the Evacuation Safe Area.
4. Patient charts should be moved with each patient.
5. Read and observe the "General Instructions For All Areas" in Section I
6. Refer to Appendix A for details on evacuation methods.
7. Shoes should always be with the patient. No slippers.

Special Instructions:

Labor and Delivery: (Applies only if Labor & Delivery is to be evacuated)

All Labor and Delivery patients should be evacuated with their spouse/family and with one-to-one nursing, if possible. call the Planning Section Chief or Resources Unit Leader in Incident Command.

1. Once assembled at a staging area, have all AMBULATORY PATIENTS form a line, with a staff member at each end of the line, and evacuate in a line to the Evacuation Safe Area via stairwell only.

3 Evacuation of ambulatory mothers with their babies may be via elevator ONLY it is felt that walking the mothers down the stairwells may endanger them because of a weakened physical condition. Mothers must wear shoes.

Nursery: (Applies only if the Nursery is to be evacuated)

1. Newborn babies should be given to their mothers to hold and should be evacuated together if at all possible. Fathers may assist.
2. The registered nurse leading the patients shall bring along charts for all patients in the line.
3. Evacuation of ambulatory mothers with their babies may be via elevator ONLY if it is felt that walking the mothers down the stairwells may endanger them because of a weakened physical condition.

MARY LANNING HEALTHCARE
EVACUATION PLAN

THIRD FLOOR

Departments Involved:

Acute Rehabilitation
Total Joint Unit

Evacuation of Another Part of the Building:

All staff on site will report to their Department Director/Manager. Staff should remain in their departments until notified that they are needed in another capacity. Requests for extra staff will be communicated to Planning Section Chief or Resources Unit Leader.

Staging Areas:

North staging area will be the hallway near north staircase.
South staging area will be the elevator lobby near south staircase.

Evacuation of Patients, Visitors and Staff From These Areas:

1. Horizontal evacuation should be carried out evacuating patients to the staging area on Third Floor. Proceed to vertical evacuation only if told to do so by the Evacuation Command Center.
2. If your area is to be evacuated, this should be done methodically, using the "bucket brigade" method described in Appendix A.
3. Crash carts from evacuated floors should be taken to the Evacuation Safe Area.
4. Patient charts should be moved with each patient.
5. Read and observe the "General Instructions For All Areas" in Section I
6. Refer to Appendix A for details on evacuation methods.
7. Move patients with shoes on. No slippers.

MARY LANNING HEALTHCARE
EVACUATION PLAN

FOURTH FLOOR

Departments Involved:

Intensive Care Services
Progressive Care Services
Telemetry
Pediatrics

Evacuation of Another Part of the Building:

All staff on site will report to their Department Director/Manager. Staff should remain in their departments until notified that they are needed in another capacity. Requests for extra staff will be communicated to Planning Section Chief or Resources Unit Leader.

Staging Areas:

North staging area will be the hallway near north staircase.
South staging area will be the elevator lobby near south staircase.

Evacuation of Patients, Visitors and Staff From These Areas:

1. Horizontal evacuation should be carried out evacuating patients to the staging area on Fourth Floor. Proceed to vertical evacuation only if told to do so by the Evacuation Command Center.
2. If your area is to be evacuated, this should be done methodically, using the "bucket brigade" method described in Appendix A.
3. Crash carts from evacuated floors should be taken to the evacuation Safe Area.
4. Patient charts should be moved with each patient.
5. Read and observe the "General Instructions For All Areas" in Section I
6. Refer to Appendix A for details on evacuation methods.
7. Patients should be evacuated with shoes. No slippers.

Special Instructions:

CRITICAL CARE SERVICES:

1. THESE PATIENTS SHOULD NOT BE MOVED UNLESS THERE IS A VERY DEFINITE THREAT TO LIFE OR THE PATIENTS. EVACUATE ONLY UNDER THE DIRECT INSTRUCTION OF THE EVACUATION COMMAND CENTER.
2. A physician will be assigned to the Critical Care Services to assist with evacuation. All necessary life support equipment must be transported with the patients if at all possible. If additional staff are needed, call the Planning Section Chief or Resources Unit Leader in Incident Command.

3. Notify the Transfer Team Director as soon as possible so that arrangements can be made for the immediate transfer to an ICU in other hospitals.
4. See the specific instructions for “Patients Requiring Specific Medical Equipment”, Section l.

Pediatrics:

1. Nursing staff shall hand carry small children with shoes on to the Evacuation Safe Area. Don’t forget patient charts which must be kept with the patient at all times.
2. Evacuate patients to the elevator landing or another safe staging area using the “bucket brigade” method specified in Appendix A of this plan.
3. Once assembled at a safe area, have all AMBULATORY PATIENTS clasp hands, with a staff member at each end of the line, and evacuate in a line to the Evacuation Safe Area via stairwell only. The registered nurse leading the patients shall bring along charts for all patients in the line.
4. Evacuate AMBULATORY PATIENTS using the elevator, ONLY if it has been cleared for use.

MARY LANNING HEALTHCARE
EVACUATION PLAN

FIFTH FLOOR

Departments Involved:

Infusion Center
Hospitalist Offices
Sleep Lab
Computer Lab

Evacuation of Another Part of the Building:

All staff on site will report to their Department Director/Manager. Staff should remain in their departments until notified that they are needed in another capacity. Requests for extra staff will be communicated to Planning Section Chief or Resources Unit Leader.

Staging Areas:

North staging area will be the hallway near north staircase.
South staging area will be the elevator lobby near south staircase.

Evacuation of Patients, Visitors and Staff From These Areas:

1. Horizontal evacuation should be carried out evacuating patients to the staging area on Fifth Floor. Proceed to vertical evacuation only if told to do so by the Evacuation Command Center.
2. Patient charts should be moved with each patient.
3. Read and observe the "General Instructions For All Areas" in Section I
4. See the specific instructions for "Handling of Patients Requiring Medical Equipment" in Section l
5. Refer to Appendix A for details on evacuation methods.
6. Move patients with shoes on. No slippers.

MARY LANNING HEALTHCARE
EVACUATION PLAN

SIXTH FLOOR

Departments Involved:

Medical Surgical Inpatient Unit
Oncology

Evacuation of Another Part of the Building:

All staff on site will report to their Department Director/Manager. Staff should remain in their departments until notified that they are needed in another capacity. Requests for extra staff will be communicated to Planning Section Chief or Resources Unit Leader.

Staging Areas:

North staging area will be the hallway near north staircase.
South staging area will be the elevator lobby near south staircase.

Evacuation of Patients, Visitors and Staff From These Areas:

1. Horizontal evacuation should be carried out evacuating patients to the staging area on Sixth Floor. Proceed to vertical evacuation only if told to do so by the Evacuation Command Center.
2. If your area is to be evacuated, this should be done methodically, using the "bucket brigade" method described in Appendix A.
3. Crash carts from evacuated floors should be taken to the Evacuation Safe Area.
4. Patient charts should be moved with each patient.
5. Read and observe the "General Instructions For All Areas" in Section I.
6. Refer to Appendix A for details on evacuation methods.
7. Move patients with shoes on. No slippers.

MARY LANNING HEALTHCARE
EVACUATION PLAN

SEVENTH FLOOR

Departments Involved:

Behavioral Services Unit

Evacuation of Another Part of the Building:

All staff on site will report to their Department Director/Manager. Staff should remain in their departments until notified that they are needed in another capacity. Requests for extra staff will be communicated to Planning Section Chief or Resources Unit Leader.

Staging Areas:

North staging area will be the hallway near north staircase.
South staging area will be the elevator lobby near south staircase.

Evacuation of Patients, Visitors and Staff From These Areas:

1. Horizontal evacuation will use the appropriate staging area(s) on Seventh Floor.
2. Proceed to vertical evacuation only if told to do so by the Evacuation Command Center.
   a. For vertical evacuation, the first alternate location for 7th floor patients will be Conference Room #1 on the ground floor.
   b. Second alternate location for 7th floor patients will be Conference Room J/K in the basement of MSB.
      - Ligature risk assessments are on file with BSU Director and Compliance Officer
   c. Adequate staff will provide 1:1 observation for patients at moderate and high risk for self-harm.
3. Refer to Appendix A for details on evacuation methods.
4. Move patients with shoes on

MARY LANNING HEALTHCARE
EVACUATION PLAN

MEDICAL OFFICE BUILDING/MEDICAL SERVICES BUILDING

Departments Involved:

Outpatient, ambulatory clinics located on campus in the MOB/MSB:

Hastings Family Care
MLH Pulmonary and Sleep Clinic
MLH Orthopedics
MLH Wound Center
MLH Cardiac and Pulmonary Rehab
MLH Diabetic Education
Bryan Heart
Bryan College of Nursing
Education Department and Library
MLH Neurology
MLH General Surgery

Staging Areas:

There will be three meeting points for the evacuated staff and patients depending on which exit is used:

- If evacuation occurs in front of the building or the south side, the meeting point will be in the southwest corner of the outpatient surgery parking lot. (Side B)
- If evacuation occurs at the back of the building on the north side, the meeting point will be across the parking lot to the north next to Morrison Cancer Center.
- If evacuation occurs on the east side, the meeting point will be across the street in the staff parking lot next to Home Away from Home.
- Evacuation routes will be posted in each clinic/department.
- There is to be communication between the areas by cell phone via clinic manager/leads, for all patients from the north and south sides of the building will be transferred to the east side meeting point at Home Away from Home once the area is deemed safe by authorities.
- All staff are responsible for evacuating the patients located in their respective areas. Once a room is cleared, close the door and evacuate outside using the nearest stairwell.
- If a patient is unable to ambulate for evacuation, staff will place them in the stairwell nearest to them and await emergency personnel to assist with evacuation. If a med sled is readily available, staff will use that to assist in evacuating patients as needed.

Evacuation of Patients, Visitors and Staff From These Areas:

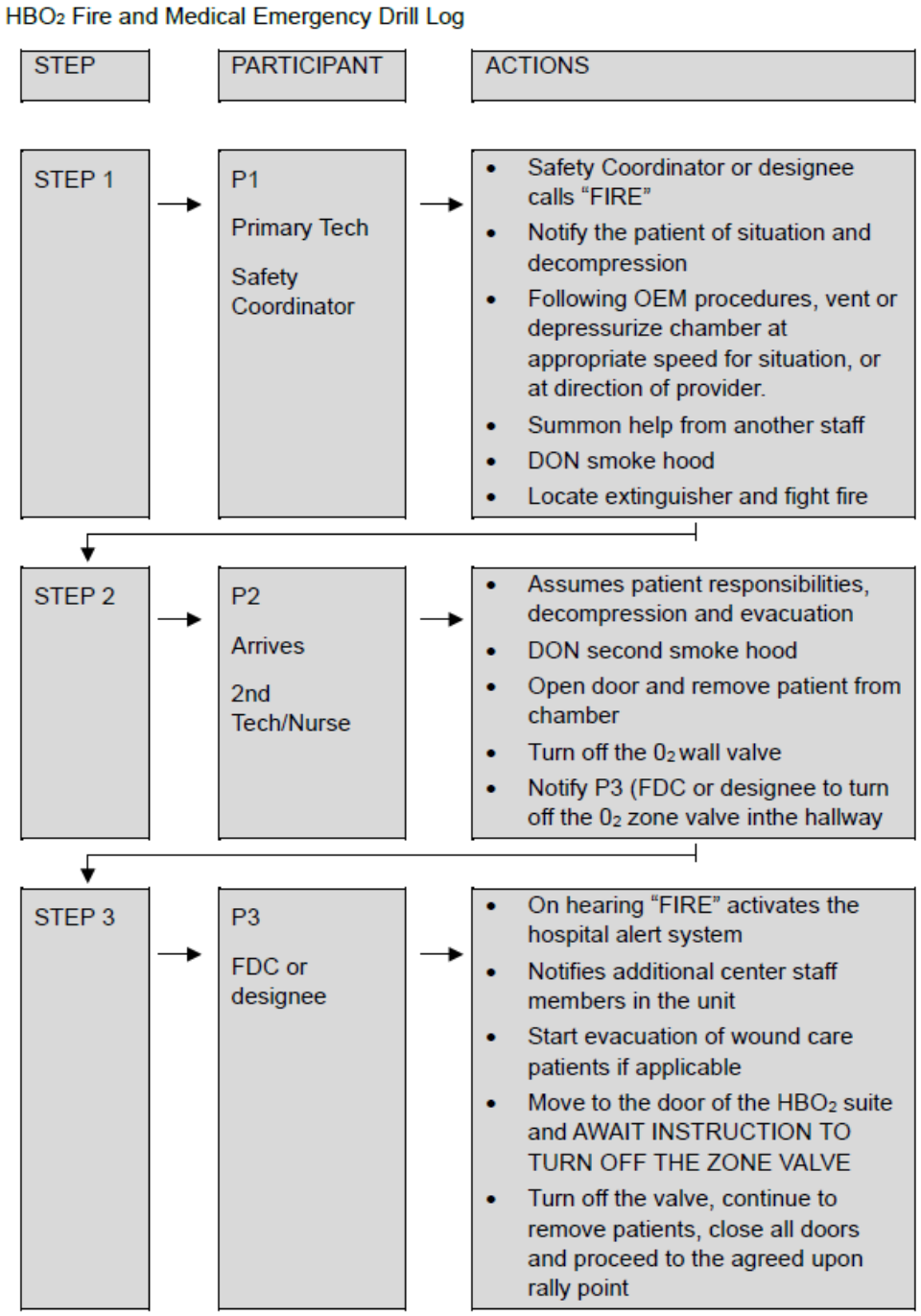
Hastings Family Care

1. Check-in/out on side A is responsible for aiding in evacuating of the waiting room on their respective side. Staff at 2285 will be responsible for obtaining the emergency backpack located under the counter, furthest cabinet to the west.
2. Check-in/out on side B is responsible for aiding in evacuation of the waiting room (hallway) on side B. Staff at 2284 will be responsible for obtaining the emergency backpack located behind the nurse's station, lowest cabinet south.
3. The lab technicians are responsible for evacuating patients in the lab and checking all bathrooms in that adjacent hallway for patients, lab technicians will also be

responsible for ensuring an oxygen tank is brought with them from the minor procedure room.

4. Staff offices in the north wing on side B are responsible for evacuating their respective hall closest and checking the bathrooms.
5. Staff offices in the south wing on side B are responsible for evacuating the respective hall and checking the break room.
6. Nursing staff from each side will be responsible for obtaining the emergency medication kits from the medication room.

Wound Center – additional requirements for HBO patients and chamber.



Appendix J

Emergency Department Decontamination Procedure

1. If anticipating patient(s) arrival by private vehicle, encourage patient/family to call ED upon arrival and pull up to ambulance bay. Post signage or direct a staff member to stand at the ER entrance to redirect contaminated patients to the ambulance bay.
2. If a contaminated patient(s) presents to the ED desk, assist patient via wheelchair or other appropriate assistive device back outside and around to the ambulance bay. Notify environmental services for any contamination of the ED waiting room.
3. If multiple patients arrive, or are anticipated, notify security immediately to assist with monitoring hospital entrances to decrease the possibility of contamination within the hospital.
4. If patient(s) arrives by ambulance, have patient remain in bay and ambulance pull out.
5. Reference Up to Date, Lippincott for more specific decontamination for specific agents. Note that there are a few agents that are NOT treated with immediate water irrigation such as dry lime, elemental metals, and phenol.
6. All providers assisting patient(s) will need to don appropriate PPE. Staff assisting patient(s) in the bay and shower must not go back into the ED. Additional staff must wait inside and take patient(s) by handoff.
7. Assess ABCs. If patient(s) is maintaining airway independently, proceed with decontamination. Notify provider of situation and possible contaminants.
8. Notify Cardiopulmonary of oxygen needs
9. Notify Materials Management for PPE, laundry, and blanket and towel needs
10. Utilize portable screens to offer privacy and have patient remove all clothing and jewelry.
11. Shower patient(s) in garage shower with copious amounts of water (minimum 3 minutes) if indicated.
12. Utilize eye wash station as needed.
13. Assist patient(s) into inside shower and assist patient with second shower if indicated. Encourage use of gentle soap unless contraindicated.
14. Assist patient(s) with active drying (towels) and into dry gown. Have inside staff assist patient(s) to treatment room for medical evaluation.
15. ED will notify Ron Pughes (402-519-8203) or dispatch of potential HAZMAT contamination as appropriate.
16. Notify security and Environmental Services when done using the decontamination shower to have the shower cleaned and the tank emptied. They will need to be alerted to what chemicals were involved.

References:

Chilcott, R. P., Larner, J., & Matar, H. (Eds). (2018). *Primary response incident scene management PRISM: Guidance for the operational response to chemical incidents. Volume 1: Strategic guidance for mass casualty disrobe and decontamination* (2nd ed.). University of Hertfordshire. PRISM Volume 1: Strategic Guidance (medicalcountermeasures.gov)

Harvard School of Public Health Emergency Preparedness and Response Exercise Program. (2014). *Hospital based decontamination preparedness resources.* Harvard School of Public Health. mdph-hospital-based-decontamination-resources-june-2014.pdf (massgeneral.org)

Kaushik, S. & Bird, S. (2022). Topical chemical burns: Initial assessment and management. *Up To Date.* Retrieved January 6, 2023, from Topical chemical burns: Initial assessment and management - UpToDate