Mary Greeley Medical Center
Ames, Iowa

All Hazards MGMC Emergency Operations Plan

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1.0   Purpose

Mary Greeley Medical Center (MGMC) and all affiliated entities have designed an Emergency Operations Plan (EOP) to manage and direct its resources to respond to all natural or man-made emergencies. An emergency is an unexpected or sudden event that significantly disrupts the organization's ability to provide care, or the environment of care itself, or that results in a sudden, significantly changed or increased demand for the organization's services. Emergencies can be either human-made or natural (such as an electrical system failure or a tornado), or a combination of both, and they exist on a continuum of severity. Chemical hazards and biological concerns such as emerging infectious diseases (EIDs) may occur within or as a result of another disaster cause or be themselves the primary concern. Exposure, contamination, and concerns for transmission warrant early consideration, continued monitoring/surveillance, vigilant care and adequate PPE. 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. An "all hazards" approach supports a general response capability that is sufficiently nimble to address a range of emergencies of different duration, scale, and cause. For this reason, the Plan's response procedures may address the prioritized emergencies but are also adaptable to other emergencies that the organization may experience.

All employees are expected to be completely familiar with their responsibilities and to have a working knowledge of the interactions of the various hospital departments and to perform within the framework defined in this manual.

2.0   Authority and Chain of Command

When the Emergency Operations Plan (EOP) is invoked it signifies a deliberate focused ongoing response to an incident and utilizes the Hospital Incident

Command System (HICS). The descending order of authority within MGMC during emergencies to initiate activation of HICS or during situations requiring special oversight is as follows:

1. CEO
2. Administrator on call (AOC)
3. House manager

The CEO, the AOC, or the House Manager, in descending order of availability, shall make a decision whether to implement a partial or full activation of the Emergency Operations Plan (EOP) or to maintain normal operations based on the facts known and the anticipated impact on the facility.

The Administrator On-call or House Manager may authorize activation of the Emergency Operations Plan (EOP) and notify as soon as possible the Medical Center CEO of the incident. Overall responsibility for direction of the Emergency Operations Plan (EOP) rests with the CEO.

The CEO may serve as the Incident Commander/Manager (IC) or delegates that responsibility to a designee. The Incident Commander/Manager will notify the Emergency Management Coordinator and/or designee to assist with HICS activation.

The Medical Chief of Staff or designee (Hospitalist on duty/in-house) in consultation with the on-duty Emergency Department Physician will coordinate physician assignments and will communicate with the Incident Commander/Manager. The Medical Chief of Staff will communicate information and instructions to licensed independent practitioners during an emergency.

Once the decision regarding the appropriate hospital response level has been made by the Incident Commander/Manager, this information should be shared immediately with other key hospital leadership and staff.

3.0 Incident Communication

Communication methods include overhead paging, Cisco phones, Alertus, department telephone calling trees (WENS), paging, and when appropriate MGMC intranet and media.

The leadership, staff and licensed independent practitioners may receive three levels of notification of incidents:
- *Advisory* is given when no system-wide response is mandated but the potential for a response exists, or individual areas may begin preparations due to specific risks or needs.

- *Alert* is given when a response is likely or imminent and should prompt an elevated level of response preparedness. Alerts may include specific response measures.
- *Activation* is given when a response is required.

These notifications for external/internal incidents may come from several sources:
- Law Enforcement including but not limited to:
- Ames Police Department
- Story County Sheriff
- Iowa State University
- Iowa State Patrol
- Health Alert Network (HAN) - Iowa Department of Public Health (IDPH) ⬚ Story County Public Health
- Story County Emergency Management Agency (EMA)
- National Disaster Medical System (NDMS) – Federal Coordinating Center-- VA Central Iowa Health Care System, Des Moines
- Internal emergencies -overhead paging or MGMC Intranet Alert System (systems failure, red zones, etc.)

4.0 Advisory

Incident Advisory - Unplanned
Upon learning of a developing incident, the Incident Commander/Manager will establish the necessary portions of the Medical Center's Incident Command/Management System. The Incident Commander/Manager, with assistance of the Emergency Management Coordinator or designee, may confer for further incident details with:

- Story County Emergency Management Agency
- Law Enforcement
- Story County Public Health Agency
- Iowa Department of Public Health

Event or Exercise Advisory - Planned
The department(s) having primary responsibility for the Medical Center's involvement with the planned event will notify the Emergency Management Coordinator who will brief Administration and Department Managers prior to the event and periodically during the event. Administration will determine or will be informed of the need for partial or full activation of the Medical Center's Incident Command/Management System.

5.0 Alert

Incident Alert or Activation

All external incoming information regarding a possible incident will typically be the immediate responsibility of the Emergency Department (ED) and forwarded to the House Manager (HM) and/or the Administrator on-call (AOC) until the Hospital Command Center (HCC) is established to manage incoming information. Internal events shall be reported to the HM, unless directed otherwise.

ED staff shall perform the following procedures:

1. Obtain important information as soon as possible that should include but not be limited to:
    - ▪ Name of the person reporting the incident
    - ▪ Phone number
    - ▪ Type of incident including specific hazard/agent
    - ▪ Location of incident
    - ▪ Number and types of injuries
    - ▪ Special actions being taken (i.e. decontamination)
    - ▪ Estimated time of arrival of EMS units to MGMC
2. Provide all available information to the House Manager (HM).

House Manager (HM) shall perform the following procedures:

1. In emergency situations the House Manager or designee will directly page or authorize the ED or MGMC operator to page the appropriate response code for activation of the EOP.
2. For non-emergent situations the House Manager will consult with the administrator on-call to determine if an activation of the EOP should occur.
3. If authorization is obtained, the designee, ED staff, or Switchboard operator will activate the appropriate response and, if indicated, page the appropriate response two to three times.
4. The house manager or designee will activate the response at his/her discretion or when authorized by the AOC.
5. The house manager or designee will direct the ED to provide notification of a locally developing incident to area, county, and state officials using Health Alert Network system in the Emergency Department

Mary Greeley staff shall perform the following procedures:

1. Upon hearing an emergent response paged all on-duty staff should proceed with their initial assigned EOP duties, relevant to the designated page.
2. Upon hearing an emergency response paged, unless otherwise directed by assigned duty or direction from leadership, staff shall log onto work station computers to monitor for Alertus notifications.
3. All staff on duty shall begin preparations for the response code, but *do not* proceed to alternate assigned locations/duties until instructed, unless they

are part of an emergency response team (fire, medical emergency, combative person).

4. Floor and unit census information will be readied, if requested, so the House Manager can provide current information to the Incident Commander/Manager

5. Census should include:
   - o patients, visitors
   - o staff, volunteers
   - o staff available to assist in another area of the Medical Center
   - o time the census was taken.
   - o hourly updates will be provided when requested by the Incident Commander/Manager.

6. Call list procedures are activated by each department. The Incident Commander/Manager will request additional staff resources based on known and anticipated needs identified.

6.0 Hospital Incident Command/Management System (HICS) Activation

The CEO, the AOC, or the House Manager, in descending order of availability, shall make a decision whether to implement a partial or full activation of the Emergency Operations Plan (EOP) or to maintain normal operations based on the facts known and the anticipated impact on the facility. Based on the incident assessment Incident Command/Management positions will be activated. The activated Incident Command/Management positions may initially be filled by in-house midlevel staff until management personnel arrive. Some individuals may simultaneously perform several roles throughout the entire response or until additional assistance arrives.

The Incident Commander/Manager will determine incident objectives and priorities.

7.0 Establishing the Hospital Command Center (HCC)

The HCC may be established virtually using MS Teams or in a room designated and communicated at the time of an incident (or a combination of both). Portable HICS/HCC carts with support materials are located at opposite ends of the main building-room 2619 and the workroom in administration.

Depending on infrastructure damage, access issues, or other threats, and considering emergency power for computers, fax/copiers, cell phones, radios, media access, lighting, fans, etc., alternate site or forward Command Post considerations include:

- Administration boardroom
- North Tower/Addition conference rooms
- Home Health conference room, East Building
- Student Work Room (West Patient Tower, 2nd floor)

- Diabetes Education conference rooms, 3-North
- CAS Training Rooms, 4 North
- Accounting or Supply Chain Management conference rooms

It is not necessary that each/all HICS Command/Management Section be stationed in the HCC. The staff for those sections may be stationed in nearby space or operate from their normal offices or spaces listed above. Medical/Technical Specialists and external agency representatives may be located in the HCC or in a nearby auxiliary site as space allows. Administrative support staff will be available to assist senior command personnel with documentation and communication activities, or others available and identified by Command staff.

The opening of the HCC should result in:
- the activation of appropriate HICS workstations
- implementation of information management procedures
- accessing necessary communication technology
- accessing the HICS support material prepared for each position activated, as necessary (stored in HCC HICS cart);
  - accessing the Job Action Sheets, as necessary

8.0   Situation Assessment and Monitoring

Updates for external/internal incidents may come from several sources:
- Law Enforcement including but not limited to:
  - Ames Police Department
  - Story County Sheriff
  - Iowa State University; ISU Police
  - Iowa State Patrol
- Health Alert Network (HAN) - Iowa Department of Public Health (IDPH)-including notification to area hospitals to update bed availability (EMResource-HAVBed)
- Story County Public Health
- Story County Emergency Management Agency (EMA)
- National Disaster Medical System (NDMS) – Veteran's Health Administration (Des Moines)
- Internal emergencies -overhead paging and/or MGMC Alertus system (systems failure, red zones, etc.)

- Key information in identifying and managing a variety of emerging infectious disease threats (such as influenza, MERS, and Ebola) may necessitate communications with Centers for Disease Control (CDC), IDPH as well as local resources (local Public Health, NCAH, ISU) or other authorities.

Alternative sources of information may include:
- Viewing surveillance cameras or video camera footage to observe critical areas can provide useful information.

- Video of critical areas may be taken and replayed for the Incident Commander/Manager
- Scanning radio traffic
- Monitor local/national media; news footage shown on local and national TV can also be useful in getting and maintaining situational awareness.

The Incident Commander/Manager will receive periodic scheduled Command briefings from Command Staff members and emergently as the situation warrants. If a Command Officer emergently needs to leave the Hospital Command/Management Center, a temporary acting officer should be appointed to ensure continuity of command.

9.0 Building the Hospital Incident Command/Management System Structure

The Incident Commander/Manager must ensure that other administrators (including the Board of Directors) not directly involved in managing the incident are kept properly informed and consulted when needed.

Command Staff will receive an initial incident briefing. The briefing will provide an overview of the general hospital response objectives, priorities and preliminary planning strategies.

The Incident Commander/Manager should immediately initiate the following positions, as necessary (scalable to needs of situation):

- Scribe
- Public Information Officer (PIO)-internal and external messaging; social media monitoring
- Safety Officer
- Liaison Officer
- Operations Section Chief
- Logistics Section Chief ⬜ Planning Section Chief
- Finance/Administration Chief
- If the situation requires specialized expertise, Medical/Technical Specialists may be assigned. These individuals are used to provide situational assessment assistance and response recommendations to the Incident Commander/Manager and Officers.
  These could include experts such as:
- Infectious Disease
- Administration (hospital, clinic)
- hazardous materials,
- risk management,
- legal affairs
- public health

As the Incident Command/Management positions are activated, a written record is crucial to document role assignments. This information should be posted in the HCC with the officers' names and contact information. See MGMC Incident Command/Management Organizational Chart for pre-assigned considerations.

The appropriate HICS assignment forms should be maintained (see Appendix E) and utilized for after action review.
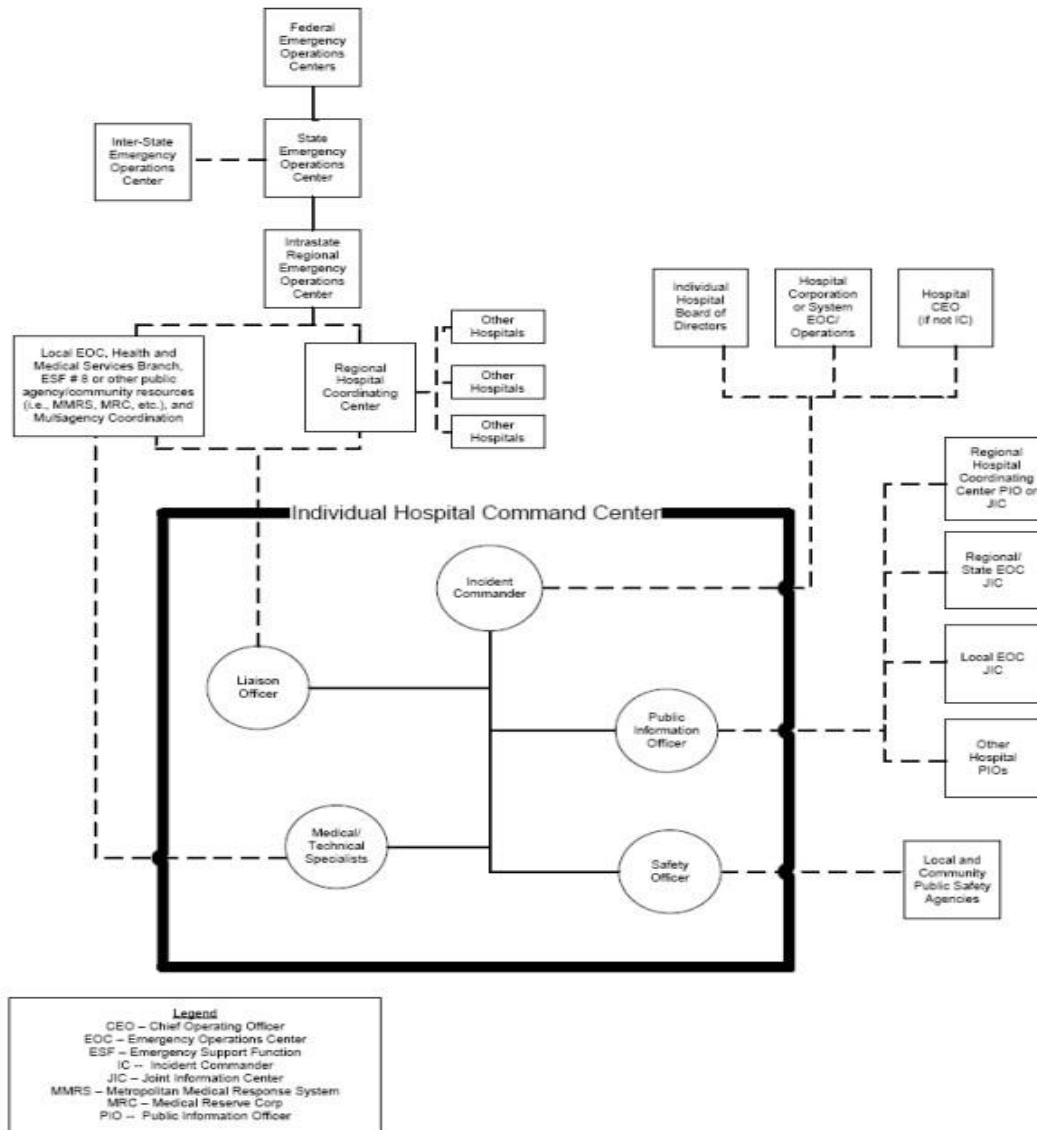
Hospital Command Center and other external organizations it may interact with.
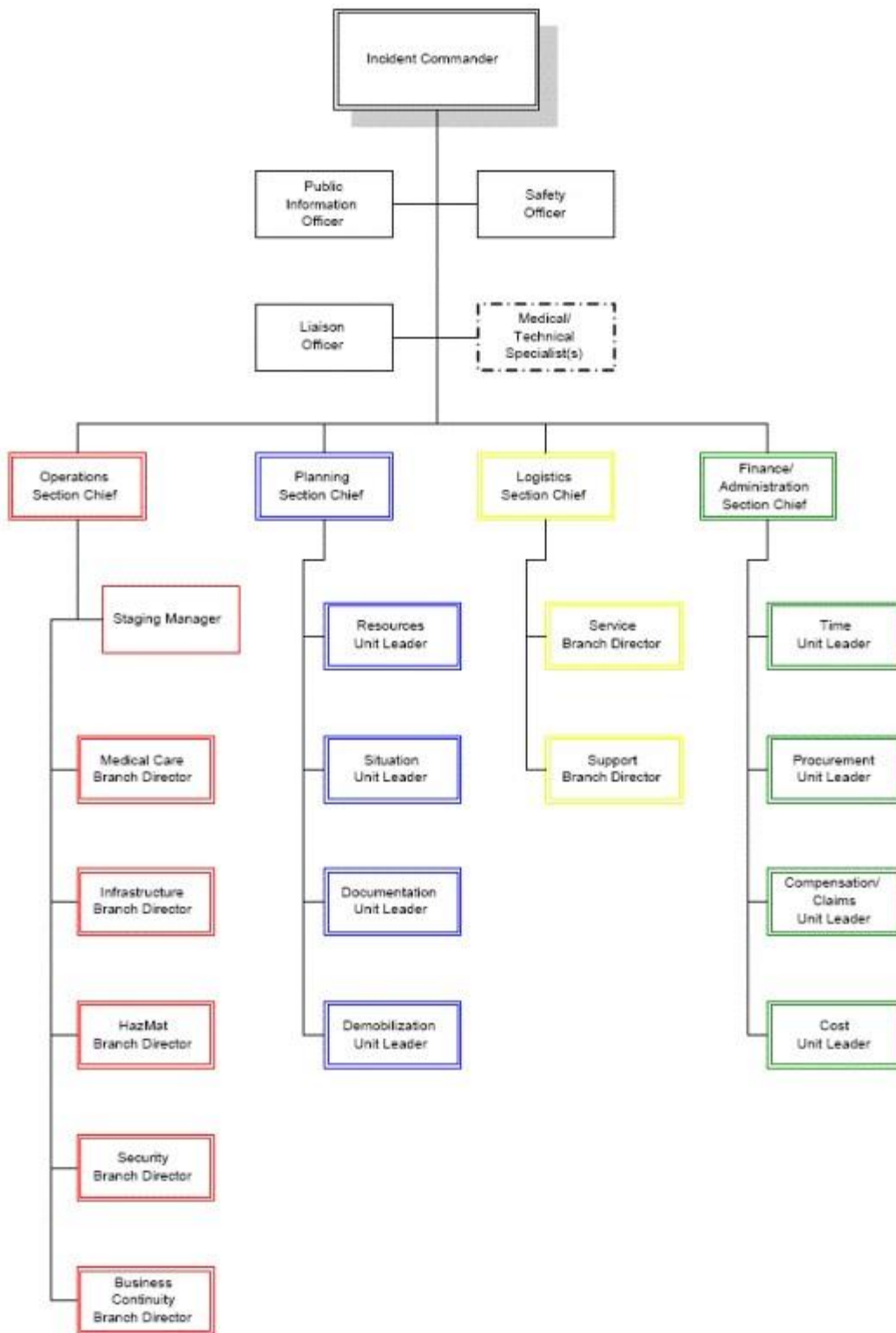
HICS sample organizational chart

9.1 Succession Plan during Emergencies

Staff filling MGMC Hospital Incident Command System (HICS) positions are a mixture of key leaders from within the institution along with others who possess special knowledge/skills that are vital to the management of an emergent situation. While

scalable to size and complexity of incidents, MGMC retains a default HICS organizational chart with each HICS position listed three deep with skey taffing options. In the event that the first listed HICS member is unable to carry out his or her duties, the first alternate member will assume responsibility for that role. In the event that this person is unavailable, the second alternate member identified will be activated. If none of these staff members are available, another appropriate staff member will be assigned to fill that role based on the needs of the particular emergency situation. The use of basic training (ICS), reference Job Action Sheets and ongoing documentation by key HICS members to guide their actions assures basic continuity in the performance of their essential job tasks pertaining to an incident.

9.2 Delegation of Authority

HICS roles are well-identified, the reporting structure within HICS is clearly delineated and the staff members filling those roles have the authority to implement the functions required for their specific roles. The overall and final authority for the management of the emergency situation rests with the Incident Commander. The MGMC HICS organization chart depicts the various reporting relationships from the Incident Commander through the various hospital service lines and incident specific needs. Staff that are trained to fill the "Section Chief" positions report directly to the Incident Commander and have the authority to manage their respective sections and carry out their respective tasks.

10.0 Incident Action Planning

Incident-specific Emergency Response Guides are available to guide the staff through the early stages of response. An Incident Action Plan (IAP) should be developed to establish and communicate response objectives, identify response needs, and resolve barriers associated with meeting the objectives.

Planning Cycle

The Incident Commander/Manager will identify the Command/Management Section Chiefs that will be expected to submit an IAP. Each Chief will be given electronic or paper forms to complete (see Appendix D) with the assistance of their Section team.

- This IAP will provide guidance for the response effort for a defined operational period. The IAP will be developed as soon as possible after the HCC is operational.
- The completed form should be submitted to the Planning Section Chief by the announced deadline. The Planning Section will assimilate the forms received into a single hospital IAP and present it to the Incident Commander/Manager.
- The Incident Commander/Manager will make modifications and brief the Command/Management staff on the document at a planning meeting.

During that meeting, the IAP will be modified based on discussion by the Command Staff and Section Chiefs.
- The Incident Commander/Manager or the Planning Section Chief will establish deadlines for when subsequent IAPs are to be submitted. The deadline would typically be a minimum of two hours before the end of the operational period identified to allow the Planning Section Chief time to develop the composite hospital IAP to brief the oncoming Command/Management Section Chiefs.

Forms

The forms to compose the IAP are found in Appendix E: HICS Forms. They can be revised, but the current formats follow the NIMS ICS–suggested content requirements. The electronic version can immediately be downloaded to the HCC via the Intranet and allows for rapid revisions to be made if necessary; print versions are available for use when computers are not available. [Administration HICS cart; HCC room HICS cart]

11.0 Communications and Coordination

MGMC Internal Communication Staff Communication

Internal communication will be accomplished using the following strategies and technologies when available:

- Phone, intranet, e-mail, overhead paging, and Alertus communications or fax for receiving information from MGMC departments utilizing HICS forms for documentation
- Portable phones or handheld radios - assigned to specific areas (radios with assigned channels by Logistics Section)
- Situation updates i.e. key command personnel conducting unit huddles or larger "town hall meeting" briefings with hospital staff before or during an operational period. Medical/technical specialists can help ensure that correct information is provided to the staff regarding their area of expertise

Patient and Family Communication

Internal

Keeping the internal patients and visitors properly informed is another important communication requirement. Providing them with insight on what happened and what the hospital is doing to address these issues can be done via overhead page announcements, Alertus, personal reassurance from the staff, using the hospital television channel (if available) to provide the news, information updates strategically posted throughout the facility, and print material put on individual meal trays or hand delivered.

External Patient Communication

Third party inquiries for patient information from other health care organizations, IDPH, Law Enforcement (including FBI and Homeland Security) will be coordinated by the HICS Liaison officer, HIPAA Compliance Officer and/or Community Relations related to locating patients, reunification of families, monitoring infectious disease, investigating terrorism or law enforcement cases. For general release of information see Policy Disaster: Release of Information. For incident specific requests legal council may be consulted to verify appropriate release of information related to HIPAA and other legislative constraints.

Information released regarding deceased patients will occur in conjunction with the Story County Medical Examiner based on their procedures.

Communication of patient information with Alternative Care Sites will utilize the defined MGMC staff communication procedures. A HICS Operations Chief or designee at the Alternate Care Site will be the primary contact for communication of patient or family information at the site.

External Community Partner Communication

Communication will occur with external response partners through:

- Ames/ISU EOC if the incident is confined to the city limits
- Story County EOC if the incident extends beyond the city limits.

 When an incident occurs without initial notification from police, fire, or EMS, they must be notified a (e.g., patient with chemical contamination, child abduction, public health threat) of the incident and any assistance requested.

During an incident requiring county, state or federal assistance periodic information-sharing and joint decision-making should occur among all the hospitals receiving victims and IDPH.

Situation information may be provided according to a communication plan by radio (e.g., VHF, UHF), the HAN radio system, HAM Radio, telephone (land line and cellular), teleconferencing, and the Internet.

Hospitals will also continue to communicate with other external partners as the situation unfolds. Maintaining a regularly updated resource directory of external agencies and vendors (Appendix D; HICS Forms; see Hospital Resource Directory – HICS 258) will assist in rapidly identifying contact information.

Information received from the outset of the incident should be followed by updated operational briefings based on a set timeline or on an as-needed basis. The Iowa Division of Homeland Security Emergency Management and the IDPH will be periodically requesting updated information The local EOC may ask the hospital to submit certain reports at designated times. Among the information requested will be an IAP and patient-tracking form. Effective preplanning should identify the forms to be completed and indicate the likely timeline for reporting.

The Liaison Officer is the hospital's principal contact with all outside agencies and will normally be the conduit for two-way communication between the HCC and local EOC. The size and duration of the incident may cause the EOC to request the Medical Center Liaison be stationed at the EOC. Additional staff support may be utilized to ensure that the information flows in a timely, effective, and accurate manner.

12.0 Staff Health and Safety

The Safety Officer will be primarily responsible for evaluating the ongoing situation and, with assistance from the Incident Command/Management staff and others, for identifying and resolving health and safety matters. Of paramount importance is maintaining the health and safety of the staff, regardless of the nature of the incident, including adherence to mandatory personal protective equipment (PPE) and safety procedures.

Safety Considerations

The Safety Officer should work closely with the Operations Section, in particular the Medical Care Branch Director and Support Branch Director, to ensure the staff has frequent rest periods, a rehabilitation sector is established, and medical surveillance (such as observing for signs and symptoms of fatigue and heat exhaustion, emotional stress, and pulse and blood pressure measurements) is conducted.

The Haz Mat Branch Director will take the lead in ensuring needed equipment and supplies are available and that facility cleanliness is maintained. They will also work with the Safety Officer to ensure proper disposal of hazardous waste materials by authorized contractors.

Only personnel who have received training and medical clearance consistent with Iowa OSHA standards, should wear personal protective equipment (PPE) for a chemical, biological, or radiation-related incident. Decontamination required will be performed by trained personnel and/or the Ames or Des Moines Hazardous Materials teams if needed. Consultation with the appropriate Medical/Technical Specialists identified in the HICS Organizational chart will occur. These specialists will assist in planning and implementing the appropriate response to these incidents.

Hazardous waste disposal will be managed with the contracted vendor or appropriate special vendors.

As soon as possible during a contagious biological event, staff should be given health and safety instructions on the proper precautions to be undertaken, in collaboration with Infection Prevention Professionals. If infectivity or route of infection is not yet established, full precautions (including respirators) should be used.

The Safety Officer should work with the Infection Control Professional and other Medical/Technical Specialists, to determine what information is needed, and protective measures for the staff are required. Instructions should be transmitted to the staff and patients in several forms (intranet, print format, pager messages, et al.) and be regularly updated as more information becomes available.

The Medical Center EOP includes a Pandemic/Surge Plan that addresses mass prophylaxis/ medication distribution to the staff if the situation warrants, this medication is stored in the Pharmacy. This plan includes procedures for medication and vaccination distribution to on and off-duty staff (and, as appropriate, their families), adverse outcome reporting, medication acquisition using standard vendor lists, documentation and tracking, and working with local public health officials and IDPH to procure additional medications if necessary.

The Safety Officer should maintain close vigilance for signs of fatigue and psychological stress. The Logistics Section, primarily the Staff Support Branch Director, will be responsible for addressing staff issues in conjunction with the Operations Section. Personnel showing signs of illness or stress must be cared for properly or additional adverse impact on other staff members is likely. The Employee Health & Well-Being Unit Leader will provide leadership in this effort. Maintaining reasonable work periods with periodic days off (Planning Section) and ensuring the availability of healthy nutrition (Service Branch) must be a priority.

The Incident Commander/Manager's efforts to provide timely, accurate, and candid information updates will also be important to maintaining the staff's willingness to work under difficult or dangerous conditions. It will be important that staff members who do become ill or injured are cared for immediately and effectively by the Employee Health & Well-Being Unit. Workers' compensation issues will be addressed jointly with the Compensation/Claims Unit Leader in the Finance/Administration Section.

13.0 Operational Considerations
The Medical Center should be prepared for the possibility that the response operations may go on for days, weeks, or possibly longer.

Contingency operational planning includes off-site considerations for medical care in the event that the Medical Center sustains physical or operational damage. Considerations include surge facilities and short-term evacuation. The Alternate Site Plan addresses some of this type of operational consideration.

13.1 Planning
The EOP is reviewed annually to evaluate and update components that require advance preparation for Mary Greeley Medical Center emergency response including resources and assets needed during an emergency incident. The healthcare environment is dynamic and changing. The plan will be updated when needed with approval of the Emergency Management Committee facilitated by the Emergency Management Coordinator. These planning efforts should also be coordinated where appropriate with others such as, other area hospitals, and appropriate community resources.

13.2 Security
Mary Greeley Medical Center prepares for how it will manage security during and incident.

Primary community security partners include Ames Police Department, Story County Sheriff, and ISU Police/Public Safety. The Medical Center works closely with these

agencies for emergency incident response planning. Communication is coordinated during an incident through Story County, Ames and ISU Communications/Dispatch Center Centers. The HICS Liaison Officer will facilitate communication with the Ames City EOC and Story County EOC. The Story County Emergency Management Coordinator or designee may be contacted by the HICS Liaison Officer to assist in identification of security resources required from outside of Story County.

13.3 Utilities

The medical center has identified and implemented procedures for responding to utility system disruptions or failures that are coordinated through the Facilities Management Department. The Director of Facilities Management and the affected area management team are responsible for making the decisions regarding what activities and resources will be used to mitigate the emergency (e.g., an emergency power system to mitigate external power failure), and preparing for the failure (e.g., flashlights, staff training about how to respond to a power failure). The recovery plans focus on return to normal conditions, and the resetting and recovery of emergency equipment and supplies.

The Utility Systems managed in this way include the following:

- Electrical Distribution
- Emergency Power
- Medical Gas
- HVAC
- Boiler & Steam
- Plumbing
- Vertical & Horizontal Transport
- Vacuum Systems
- Communication Systems

Additional support for communications systems problems, especially internet-based information creation, transmission, and storage is includes the Information Systems Department. Mitigation strategies, including redundant supply and storage, education, training, testing, restricted access, back-up power and security measures are coordinated by IS Department.

Should a utility-related incident occur, emergency power systems are available. Systems are inspected, maintained, and tested for reliability. They include emergency lighting, generators, emergency transfer switches, generator fuel supply and quality, redundant feeds, and staff downtime testing procedures.

13.4 Resources and Assets for Emergency Incidents

A documented inventory of assets and resources on-site is available from Directors of Supply Chain Management (supplies), Facilities (fuel), Dietetic Services (food, water, meal plans), Pharmacy (fluids and medications) as well as the Emergency Management Coordinator (disaster support inventory). The 96-hour plan and support list includes but is not limited to:

- Personal Protective Equipment
- Food
- Water
- Fuel
- Non-Medical Supplies
- Medical and surgical resources
- Facility resources
- Medication resources and assets:

These inventories of resources and assets are reviewed and update annually or more often as needed during the year by the Emergency Management Coordinator and the Directors of Supply Chain Management, Pharmacy, Dietary, and Facilities. The findings are presented to the Emergency Management Committee for their review/approval.

The Liaison Officer or designee will provide resource and asset information assistance as requested to the Story County Emergency Management Agency during an emergency incident.

The Liaison Officer or designee will coordinate access, distribution, and collection of state and/or federal assets (medications/supplies) with Story County Emergency Management and/or Story County Public Health. Mary Greeley Medical Center supports sharing resources and supplies with other health care organizations within and outside of Story County. Coordination of the process will occur through the HICS Liaison Officer or Logistics Section Chief.

The Liaison Officer or designee will coordinate access, distribution, and collection of state and/or federal assets (medications/supplies) with Story County Emergency Management (EMA) and/or Story County Public Health.

13.5 Response and Recovery Supplies

MGMC Administration, the Director of Mobile Intensive Care Services (transportation), Director of Quality Management (area healthcare facilities), and Supply Chain Management (materials, equipment and supplies) assist the Emergency Management Coordinator by maintaining Agreements of Understanding should additional resources or alternate sources be needed for response and recovery. The Agreements are reviewed annually and updated every three years. Lists of current agreements will be provided to the Emergency Management Coordinator.

During an incident the Logistics Section Chief can utilize the HICS Resource Accounting form to monitor quantities of resources and assets during an incident to assist in planning and acquisition of resources.

If resources and assets have been exhausted or become difficult to procure, the Liaison Officer or designee will communicate Mary Greeley Medical Center's need to Story County Emergency Management.

13.6 Patient Care and Evacuation

The manner in which care, treatment, and services are provided may vary by type of emergency. However, certain activities are so fundamental to patient safety (this can include decisions to modify or discontinue services, make referrals, or transport patients) that the organization should take a proactive approach in considering how they might be accomplished.   The emergency triage process will typically result in patients being quickly treated and discharged, admitted for a longer stay or transferred to a more appropriate source of care. The Emergency Nurses Association 5 Level Triage and SMART Triage (out of hospital, within MGMC for Mass Casualties) are utilized as the basis for triaging care.

Admission, transfer and discharge (patient flow) of patients will be coordinated by the Operations Section Chief or designated personnel based on assessment of current patient requirements, clinical care personnel, supplies, and equipment resources available to meet the volume and types of patients during an incident. Consideration for the appropriate resources for vulnerable populations such as geriatric, pediatric, disabled, addiction, and chronic conditions will be included in the assessment of the need for managing the patient flow.

Medical surge capacity refers to the ability to evaluate and care for a markedly increased volume of patients – one that challenges or exceeds normal operating capacity. This would refer to the physical space available and number of personnel available to care for the increased volume of patients. Numerous issues related to extended operations must be addressed in hospital planning.

Decisions regarding the need for transfer or evacuation will be made in conjunction with the Incident Commander/Manager and Command/Management positions, including the Chief of Medical Staff.   If surge capacity at Alternate sites is needed, the sites have been identified and arranged through MOUs assuring appropriate facilities for hygiene and sanitation (Alternate Care Site MOU's – Ames Public Schools and Iowa State University.

To determine surge capacity, the Command and Operations teams shall consider the following possibilities:
- Evaluate possible early discharge for current patients
- Establish discharge holding area
- Limit elective admissions and/or procedures
- Limit patient visitors
- Convert ACS beds into inpatient beds
- Use hallway or create alternate treatment areas (Pain Center, Wound Center, etc.)
- Communicate with the Story County Public Health, Iowa Department of Public Health, Story County Emergency Management Agency, and the American Red Cross regarding patient care needs

- Initiate or activate Memorandums of Agreements with Ames Public Schools or Iowa State University for Alternate Care Site facilities
- Utilize automated access control and additional security staffing to regulate entry into the facility
- Collaborate with Infection Control to initiate processes for limiting the transmission of infectious agents. This may include, but are not limited to:
  - Cohorting (grouping patients together)
  - Monitoring inpatients/staff for infection
  - Tracking absenteeism
  - Maintaining visitor logs
  - Social distancing (6 feet between individuals or as recommended)
  - Isolation procedures in accordance with Mary Greeley Medical Center Infection Control Policy/CDC Guidelines.
  - Quarantine procedures as directed by the Iowa Department of Public Health/CDC if necessary.
- Acceptance of patient referrals will be dependent on the designated level of response Mary Greeley Medical Center is in and according to the condition of the patient(s) needing to be transferred.
- The HICS Liaison Officer or designee will provide information to Story County Emergency Management Agency (EMA) with information regarding assets available if an event requires MGMC to accept evacuees.
- The HICS Liaison Officer or designee will contact the Story County EMA if additional resources/assets are needed from outside the geographical area.
- The HICS Liaison Officer or designee will provide Story County EMA and the Story County Public Health information as needed as to the status of Mary Greeley Medical Center either by conference call or in person to monitor the situation, coordinate activities and make status recommendations.

A disaster may result in the decision to keep all patients on the premise(s) in the interest of safety or, conversely, in the decision to evacuate all patients because the facility is no longer safe.

Planning for clinical services must address these situations accordingly particularly in the face of escalating events or in potentially austere care conditions. The HICS Liaison Officer or designee will facilitate communication with Story County Emergency Management for needed resources. (See Alternate Site Plan and Altered Standards of Care Plan.)

Mortuary services will be coordinated with the Mary Greeley Medical Center Pathology Department and the Story County Medical Examiner Mass Fatality Plan.

Mental Health services will be provided by the Mary Greeley Medical Center Behavioral Health staff for their patients and coordinated through the Director of Behavioral Services for other needs. The Central Iowa CISD team may be contacted through the Story County Dispatch Center.

Documentation of essential clinical and medication related patient information will be maintained with the use of the EPIC system or down time forms in the event remote access to the system during evacuation is not possible. Patients will be identified by their ID band or Prehospital Triage Tag in the event they are received from the outside.

13.7 Incident Action Planning must consider common areas of concern. The following are some issues to consider:

Personnel
- Loss of staff who become victims of the event
- Lack of adequate staff
- Longer work shifts
- Staff fatigue leading to slower delivery of, or compromise in, patient care
- Loss of staff who evacuate or become victims of the event
- Absenteeism
- Fear
- Concerns for family or personal situations
- Need for time off to assess and manage their home situations
- Integration of outside relief personnel into daily operations and incident Command/Management structure

Patient Care
- Lack of needed staff/expertise
- Lack of needed beds, equipment, medications, and supplies
- Need to alter the standard of care (austere care)
- Documentation demands while caring for greater than normal patient volume

Equipment and Supplies
- Lack of needed equipment and supplies
- More than normal type and quantities needed
- Moving cumbersome/heavy items up/down stairs when elevators not working
- Repair and replacement issues
- Staff not being familiar with borrowed equipment

Behavioral/Mental Health
- Increased acute and long-term demand for limited behavioral health resources
- Natural fear, anxiety, and apprehension among patients, family, and staff
- Rumors
- Preventing and recognizing post-traumatic stress disorder (PTSD)

Security
- Implementing and sustaining enhanced security measures
- Staff and visitor compliance with security procedures being used
- Increased risk of patient or visitor violence from impatience or dissatisfaction with service delivery
- Parking needing to be controlled and supplemented
- Controlling media access

Infrastructure Support
- Meeting and sustaining increased demand on various clinical and non-clinical services
- Recovery of utility services to the hospital; operating under reduced capability in the interim
- Unavailability or delay in receiving needed assistance (fuel, repairs, replacement parts, medical gases, et al.)
- Increased need for food/water supplies and meal preparation
- Normal and hazardous waste pick-up
- Clean-up from damage

Information Sharing
- Need to keep patients, family members, and staff informed of the situation
- Establishing, maintaining, integrating, and interpreting multiple databases, files, and reports
- Meeting information management need when daily IT/IS service is compromised ⬜ Responding to multiple information requests (local, state, and federal)

Media Relations
- Requests for information, interviews with staff and patients, and filming
- Family making media statements
- Extensive social media activity
- Efforts of unscrupulous media trying to infiltrate a secure facility
- Need for risk communication to inform the public on pertinent health-related issues
- Integrating efforts with other hospital, public health, and community public information officers

Although responding to the incident is a priority, maintaining appropriate delivery of everyday inpatient and outpatient services is also important and must be simultaneously addressed through Continuity Of OPerations Planning (COOP). This may be done by continuing everyday management practices (using separate managers from those involved in the incident management) or having the HCC be responsible for coordination. Based on the situation (initial and ongoing) decisions will need to be made on operational issues such as canceling elective admissions, non-emergent surgery and other nonessential scheduled activities (e.g., meetings, medical rounds, special events). Clinic and physician office hours may need to be expanded, reduced, or temporarily

cancelled. Pre-incident planning efforts should address the decision-making process to be employed and the procedures to be followed for all of these situations.

Although planning for the relief of hospital staff must be a priority, it is also important that planning for rotation of HCC personnel is effectively developed and executed. A vital part of short- and long-range planning is documentation being completed when required.

13.8 Federal Declarations and 1135 Waivers

When the President declares a major disaster or an emergency under the Stafford Act or an emergency under the National Emergencies Act and the Health and Human Services (HHS) Secretary declares a public health emergency, the Secretary is authorized under section 1135 of the Social Security Act to waive or modify certain Medicare, Medicaid, Children's Health Insurance Program (CHIP) and Health Insurance Portability and Accountability Act (HIPAA) requirements as necessary to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in Social Security Act (SSA) programs and that providers of such services in good faith who are unable to comply with certain statutory requirements are reimbursed and exempted from sanctions for noncompliance other than fraud or abuse.

Once an 1135 Waiver is authorized, health care providers can submit requests to operate under that authority or for other relief that may be possible outside the authority to the CMS Regional Office with a copy to the State Survey Agency. A request can be made by sending an email to the CMS Regional Office in the State of Iowa service area. The e-mail address to request an 1135 Waiver is ROCHISC@cms.hhs.gov. The request should include a justification for the waiver and expected duration of the modification requested. Careful records of services to beneficiaries must be maintained to ensure proper payment. If a "blanket" waiver has been issued to cover all providers in an emergency area, the State Survey Agency and CMS Regional Office must still be contacted if operating under waiver conditions to ensure proper payment.

The Incident Commander will determine the need for application of an 1135 Waiver once it is known that conditions for the waiver have been met at the Federal level.

14.0 Personnel/Labor Pool and Patient Transportation

All employees on-duty are expected to be familiar with and follow expected initial responses (per Emergency Response Guides, reflexively planned unit huddles, or previously or announced assigned roles). Those without assignment or in need of further direction should contact their Lead, Supervisor, or Director. Off duty personnel should only report to work if contacted and directed to do so. Off duty staff will be contacted using MGMC's mass notification system (WENS-Wireless Emergency Notification System) or public mass media notices if WENS is not operational. All employees are expected to enter the hospital through the West Patient Tower entrance and to show their employee identification badge for access. If photo employee identification is not available, a standard photo ID cross referenced with an available database may be used, provided

by Human Resources. Employees on duty or reporting for duty may be put on 12-hour shifts as necessary.

The Medical Center Atrium A conference room will be the default assignment site for employees who have no other designated duties in the EOP and are available for assignment. If numbers reporting to this area exceed the room's capacity, or the need to separate those reporting based on need, qualifications, etc., then the use of Atrium B shall also be considered. If the Atrium conference rooms are not available, considerations include Bessie Myers Auditorium or another designated conference room.

All those reporting to the Personnel/Labor Pool will sign in initially, then sign out with assignment (including returning to their own work area) on the provided clipboards providing times and locations. The Personnel/Labor Pool Unit Leader(s) will coordinate needs, requests, and personnel available. If, after deployment, a task is completed or services are no longer needed in that assigned area, employees should return to the Personnel Pool if they were not given further initial instruction. Employees may be asked to assist as messengers, monitor and support security (doors, traffic), assist in delivering medications and supplies, transport patients, or perform other functions when requested and qualified. Initial set-up and operation of the Personnel/Labor Pool will be by the MGMC Guest Services Coordinator; the coordinator will set up and supervise this area and make assignments under the direction of the Command Staff.

Initial available help will be directed by the Personnel/Labor Pool staff, as follows:

1. Monitor access to maintain lockdown through all hospital entrances (and direct individuals to remain outside and use West tower Employee entrance rather than allow foot traffic within the Medical Center, for security reasons):
2. Assist in directing all inbound patients to the single-point initial triage area. By default, this triage area will be the MICS ambulance garage area. The West Patient Discharge entrance for delayed or minor care patients is available only if this is announced as such.
3. escorting and transporting current patients and visitors as directed, as well as any incoming accompanying family members.

Those needing further clarification of their identity and/or credentials, can be screened when a HR Credentialing Station is established at the West Tower Employee Entrance (staffed by HR, Volunteer Services, Medical Staff Coordinator, and Security, as available). All individuals with incomplete or questionable credentials should be escorted to that area. The minimal emergency credentials for clinical volunteers would be an original medical license/certificate and photo identification (State of Iowa or National ID). If the West Patient Discharge entrance is needed for patient management, staff entrance will be restricted to the West door.

All volunteers enter through the West Tower Employee entrance and show their issued identification. A backup checklist can be provided by the Director of Volunteer Services.

Press/media representatives should be directed to the Medical Arts-basement level (External Relations); the alternate site is the Home Health East Building conference room.

Families of victims should be escorted to the Family Assistance Center when opened. Bessie Myers Auditorium may serve this function, with staffing, if not otherwise in use.

The Personnel/Labor Pool should receive general direction from Incident Command/ Management and, if established, coordination and further direction by Logistics Section.

15.0 Volunteer Disaster Credentialing

When the Mary Greeley Medical Center Emergency Operations Plan* has been activated, and the Medical Center is unable to deploy sufficient qualified clinical and hospital staff to meet immediate patient needs, emergency temporary privileges (Disaster privileges) may be granted by the Chief of Staff, Medical Director of Emergency Services, and the President of Mary Greeley Medical Center, or their designees. Medical Staff Procedures in Medical Staff Bylaws outline granting emergency privileges and credentialing volunteers in the event of a disaster (Chapter 3--Section 2.6 and 2.7) . A copy of this is Plan can be accessed electronically on the intranet in Policy Medical. MGMC Administration Medical Staff office support personnel, with necessary supplies and equipment, will operate medical staff verification and volunteer medical staff credentialing.

* ("Disaster Plan" as stated in the Medical Staff Procedures)

16.0 Legal and Ethical Considerations

The response requirements of a particular disaster may require the hospital to address a number of important medico-legal issues. For example:

- A surging patient volume that exceeds available resources could result in the decision to implement altered "essential standards of care" The preservation of essential functions to achieve the organization's goals becomes the guiding principle. This results in a shift to providing care and allocating scarce equipment, supplies, and personnel in a way that saves the largest number of lives, in contrast to the traditional focus on saving each individual.
- Patient information will be requested by family members, various governmental (e.g., public health) or nongovernmental (e.g., American Red Cross) agencies, and the media. Trained Public Information Officers should be available and promptly disseminate relevant information approved for release.
- Adherence to modified HIPAA and EMTALA requirements during a declared local, state, and/or federal disaster.
- Compliance with Environmental Protection Agency directives pertaining to environmental protection.
- Normal scope-of-practice guidelines may need to be revised to accommodate unusual demand with limited resources.

- The arrival of solicited and unsolicited volunteers necessitates a plan that includes credentialing, privileging, utilization, and supervision.
- Responsibility for a patient who dies from naturally occurring disease and or accidental injury vs. illness or injury related to terrorism.
- A deliberate act of harm or terrorism will require that a chain of custody be established for such things as personal effects and laboratory specimens.
- Investigative medication procedures normally followed may need to be revised or abandoned.

17.0 Demobilization

The Incident Commander/Manager after discussions with Director of Emergency Services, House Manager, Facilities, and Medical Director will decide the termination of any Disaster response activity. Utilization of appropriate Continuity of Operations (COOP) and Recovery procedures and paperwork are essential and included with the HICS job action material. These materials will guide staff in properly documenting events, sequence actions, and mitigate events.

Personnel accountability: assure that all personnel are accounted for and inquire about well-being and the presence of any symptoms that may be related to any incident, as well as close medical monitoring if there was chemical/biologic involved in the incident.

Assessment of physical structure: contact Facilities management to assess the structure for physical damage, utilities function, areas of contamination or need for isolation. Contact Environmental Services (or approved cleaning contractor) to clean any areas of contamination as appropriate. Careful documentation, prior to cleanup, (including photography) is important in determining and recovering damages.

Notification of hospital staff that the incident has concluded: notify appropriate hospital staff the incident has concluded and that routine operations may resume as appropriate. The House Manager will overhead page the all-clear three times.

Emergency Management Committee will meet to organize and conduct debriefing / after-action reviews; Advise appropriate personnel that a formal after-action review will be scheduled to occur within the next 48 hours, if possible. The Emergency Management Committee will complete an Emergency Plan Activation Form.

Completion of documentation; Compile all written materials, forms, and notes and complete a written after-action report detailing: the nature of the incident, if there were chemicals involved, number of patients, actions taken, outcomes, and disposition of patients. Also document methods for disposal of any hazardous waste and contaminated wastewater and any costs incurred as the result of the incident. Assemble and document any costs incurred as the result of the incident.

In any type of incident, there will come a point when the worst impact has been encountered and consideration should turn to demobilization. The time frame for this activity may vary by situation, but planning for demobilization should actually begin from the outset of the response. The Planning Section, in particular the Demobilization Unit Leader, is tasked with developing preliminary plans for when and how demobilization is to occur. The ultimate decision as to when to move from response mode to demobilization will be made by the Incident Commander/Manager.

The criteria to implement demobilization will vary incident by incident, but fundamental considerations will be:

- The number of incoming patients is declining to a manageable level using normal staffing patterns and resources
- There is no secondary rise in patient volume expected
- Other responders are beginning their demobilization
- Other critical community infrastructure returns to normal operations

It will be important that the Incident Commander/Manager consult not only with Command/Management Staff and Section Chiefs but also with external decision-makers, such as other hospitals and the local EOC, before making a final decision. Depending on the situation, not all areas of the hospital may be able to begin demobilization at the same time. Thus, planning will need to address not only when the demobilization process is to begin but also how it will be implemented. When the demobilization decision has been made, it should be communicated in a timely and effective manner to the hospital staff and appropriate external agencies as well (fire/EMS, police, public health, et al.) by the Liaison Officer.

Select information may need to be shared with the patients and their families. The PIO should also determine the need to share information with the general public, particularly in situations where hospital operations have been curtailed and will now be resumed.

18.0 System Recovery

A hospital's return to normal operations will be multifaceted and progressive. Incident planning will take into account patient care activities that will be ongoing but the systems to accommodate a surge will be dismantled as patient care activities allow. Improvised patient care areas will be returned to their prior state. Extra equipment, supplies, and medications will return to the pre-incident "just-in-time inventory levels" as soon as the opportunity permits. The supplemental staffing levels required during the response may continue to be maintained longer for certain patient care and support service areas than for others. However, eventually even these areas will return to their normal or "new normal" operational levels. It is important that the hospital personnel formally debrief the response with any individual or group that was used to bolster the hospital response.

Recovery efforts will also have to address various other personnel issues. Personnel who wore PPE should complete medical surveillance forms that become part of their personnel/employee health record; they should also receive an appropriate health debriefing covering signs/symptoms to watch for and responsive actions to subsequent health effects. The staff members who become ill or injured while on duty will have financial, psychological, and medical-care issues that can be coordinated by the Compensation/Claims Unit.
The possibility of a line-of-duty death occurring should be addressed by a specific annex to the EOP and be implemented through the combined efforts of Logistics Section, Finance/Administration Section, Operations Section, the Safety Officer, and the Public Information Officer.

The Support Branch will play an important response coordination role for all matters pertaining to staff and family support. Psychological debriefing should be provided for hospital staff and volunteers, as determined by the Staff Support Branch Director. The Support Branch, and later the Department Directors will need to monitor and manage incident-related absenteeism issues, resignations, and family care and support concerns.

The physical plant will have to be restored will vary by incident. At a minimum, all patient-care areas and equipment will have to be thoroughly cleaned.

The Facilities Unit Leader will primarily be responsible for coordination of this activity, along with the Medical Care and Infrastructure Branches. The actual clean-up work may be done using normal environmental services personnel or, to reduce recovery time, general hospital staff when they are available or contractors when needed.

For hazardous material or biological-related incidents, clean-up efforts may require special cleaning agents and procedures to be used; some situations may even require special contractors to do the work. Hazardous waste, including the collected runoff from decontamination operations, should be disposed of properly by licensed, bonded, and insured contractors. Supervision of the clean-up of contaminated areas should be coordinated by the HazMat Branch and the Infrastructure Branch with logistical support coming from the Support Branch. For legal reasons and/or the reassurance of the staff, patients, and the general public, it may be important to have a health inspector or other qualified professional conduct a survey of the facility and confirm that it is clean and safe.

The Finance/Administration Section has the responsibility to track the various costs associated with the hospital's response. The primary costs to be closely tracked include; personnel, patient care, resources, equipment repair and replacement, and facility operations. The tracking of these costs should be done according to daily practices and/or special procedures as outlined in the EOP.

In some cases, normal reimbursement methods will be used and third-party insurance companies invoiced for all the patient care services rendered. However, in some situations involving state or federally declared disasters, hospitals may be eligible to recover additional response monies not otherwise being reimbursed. To be considered for reimbursement, hospitals will have to submit special applications that require detailed explanations and accurate records.

19.0 Response Evaluation and Organizational Learning
During an incident all personnel will be occupied with performing their assigned roles. One of the most important Recovery activities will be capturing what lessons were learned from these individual and collective response efforts. Several strategies will be needed for codifying this information.

During the incident, at times determined by the Incident Commander/Manager or individual Command/Management Staff, a quick "time out" can be taken to quickly assess what is going well and what is not. On the basis of the information being shared, adjustments can be made to the Command/Management structure, or the policy and

procedures being used. Any formal changes being made must be then transmitted to other hospital personnel and external agencies as necessary.

Following the termination of the response, debriefing meetings or "hot washes" should be held at various levels to provide those attending with the chance to hear what happened and share an opinion on what worked well and what needs to be changed. These comments should be formally recorded and reflected as part of the After-Action Report (AAR) process for the incident. The format for the AAR process should be decided and a principal author(s) assigned to write a draft report for submission to the Emergency Management Committee and other groups identified by the Incident Commander/Manager or hospital administrator.

After a final draft with accompanying improvement recommendations is approved, the Emergency Management committee should make the needed revisions in the Emergency Operations Plan or annex and ensure the staff receives needed training on the changes.

The community AAR process may include conducting both closed meetings and public hearings. These meetings may be among single disciplines (e.g., meetings involving just the hospitals or the healthcare community) or more widely inclusive of all the response community at the local, state, and federal levels.

19.1 Exercise Planning and After-Action Reporting
Mary Greeley Medical Center utilizes concepts and principles of the Homeland Security Exercise and Evaluation Program (HSEEP) for planned exercises and after-action tools adapted for use.

The purpose of the Homeland Security Exercise and Evaluation Program (HSEEP) is to support common exercise policy and program guidance that constitutes a national standard for exercises. HSEEP includes consistent terminology that can be used by all exercise planners, regardless of the nature and composition of their sponsoring agency or organization. The volumes also provide tools to help exercise managers plan, conduct, and evaluate exercises to improve overall preparedness.

The hospital designates an individual(s) whose sole responsibility during an emergency exercise is to monitor performance and document opportunities for improvement. The individual will be knowledgeable in the goals and expectations of the exercise and may be a staff member in the hospital who is qualified to monitor the defined objectives.

During an actual emergency it is understood that it may not be possible to have an individual whose sole responsibility is to monitor performance. MGMC will use observations from those involved in the Hospital Incident Command/Management Structure (HICS) and those providing emergency service for the incident.

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