St Luke's

UNIVERSITY HEALTH NETWORK

Sacred Heart Campus
Emergency Operations Plan

Section 1. Basic Plan

Contents

1-1   Introduction

The Emergency Operations Plan[1] of St. Luke's Hospital – Sacred Heart Campus includes St. Luke's Hospital, Rehabilitation and Nursing Center, Transitional Care LTC and Ambulatory Care Sites. The emergency operations plan is designed to expand and coordinate skilled nursing and ambulatory care services with other emergency facilities during internal and external disaster situations. This plan is also designed to coordinate with local, state, and other community resources to ensure patient safety during incidents involving St. Luke's Sacred Heart Campus and Ambulatory Care Sites.

This emergency operations plan describes how the Hospital, Nursing Center, and Ambulatory Care Sites will establish and maintain a program to ensure effective response to disasters or emergencies affecting the environment of care. This plan addresses four phases of emergency management activities: mitigation, preparedness, response and recovery.

Prior to the development of this plan, a hazard vulnerability analysis was completed to identify hazards and the direct and indirect effect these hazards may have on the Hospital, Nursing Center, and Ambulatory Care Sites. This plan also includes community-specific risks identified by respective Local Emergency Management Agencies.

Copies of this plan shall be distributed to the City of Allentown Emergency Management Office and Lehigh County Emergency Management Agency to inform them of the scope of the Hospital's disaster response capabilities.

The Chief Executive Officer or designee will be responsible for initiating and phasing-in this Emergency Operations Plan.

1-2   Purpose Statement and Objectives

In emergencies of any magnitude, people turn to hospitals for help. The job of providing immediate medical and hospital care falls directly on medical professionals and hospitals within the stricken area. The emergency's impact on the community's medical resources is immediate and demanding whether or not they are prepared to care for mass casualties.

Natural or manmade disasters can happen almost anywhere and at any given time. All hospitals, regardless of their size or location, should be prepared at all times to accept their proper role in community disasters.

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[1] This Emergency Operations Plan aids in establishing compliance with 28 PA Code ʼ151.31, Written external disaster plan.

Therefore, St. Luke's Hospital - Sacred Heart Campus, Nursing Center, and associated Ambulatory Care Sites believe there is an obligation to be prepared for any type of emergency within the community that impacts the facility, and for emergencies that occur at the Hospital have the capability to respond in an organized, effective manner. Accordingly, the HICS (Hospital Incident Command System) has been adopted by St. Luke's and will be implemented as necessary to enable an effective response to any type of incident.

St. Luke's also believes that it is the day-to-day obligation of each employee to be committed to the philosophies and procedures set forth in this manual.

Furthermore, the Hospital and the Nursing Center believe that an effective plan must be tested at regular intervals under simulated emergency conditions.

In summary, an effective plan with total employee training and participation and regular testing are the basic ingredients of effective emergency response.

1-3   Scope

This Emergency Operations Plan applies to St. Luke's Hospital – Sacred Heart Campus, Nursing Center and St. Luke's Home Health Care, and to all St. Luke's University Health Network affiliated facilities in the greater geographic description (cities/county, etc.) areas.

The Emergency Operations Manual describes how the Hospital will organize and respond to both internal and external events, including mass casualty incidents, evacuation, and others defined in site-specific Hazard Vulnerability Analysis (HVA).

The Emergency Operations Plan is intended to serve as an all-hazards Emergency Management or Emergency Preparedness Plan.

1-4   Emergency Management

Mitigation, Preparedness, Response, and Recovery are the four phases of emergency management. They occur over time: mitigation and preparedness generally occur before an emergency, and response and recovery occur during and after an emergency. This plan describes St. Luke's capabilities and procedures for the Response and Recovery phases of managing emergencies.

In addition to the purpose described above, it is the intention of St. Luke's Hospital – Sacred Heart Campus and Nursing Center to plan for and respond to emergencies in accordance with the following regulations and standards:

1. **The National Response Framework**
   This Plan is organized in accordance with the model established in the National Response Framework. US Department of Homeland Security, June 2016.

2. **The National Incident Management System (NIMS)**
   This Plan adopts the Hospital Incident Command System (HICS) which is adapted from and is compliant with the NIMS-Incident Command System (NIMS ICS).

3. **Standards of the Joint Commission**
   It is the intent of this Plan to describe Emergency Operations procedures that will enable the Hospital to operate in accordance with the 2022 Accreditation Requirements for the Environment of Care and Emergency Management.

4. **Occupational Safety and Health Act of 1970**
   It is the intent of this Plan to describe Emergency Operations procedures that will enable the Hospital to operate in accordance with 29CFR1910.38, *Emergency Action Plans.*

5. **The Pennsylvania Code**
   It is the intent of this Plan to describe Emergency Operations procedures that will enable the Hospital to operate in accordance with 28 PA Code Chapter 151.14, *Internal disaster and fire plans* and Chapter 151.31, *Written external disaster plan*.

6. **Center for Medicare and Medicaid Services**
   It is the intent of this plan to meet the Conditions of Participation (CoP) and Conditions for Coverage (CfC) outlined in the Emergency Preparedness Requirements.

1-5   *The Emergency Operations Plan Format*

This document established the Emergency Operations Plan (EOP) for St. Luke's Hospital – Sacred Heart Campus, Nursing Center and surrounding ambulatory care sites. The plan provides the basis for a systematic approach to the solution of problems created by the threat or the occurrence of any type of disaster. The plan identifies the responsibilities, functions, operational procedures, and working relationships among the various Departments, outside government entities, emergency response partners and private support groups.

The EOP is divided into four major sections: the Basic Plan, Functional Annexes, Incident-Specific Annexes and Appendices. The following is an explanation of these sections.

Basic Plan
The Basic Plan is an overview of the Hospital's approach to emergency operations. It establishes the foundation for the Hospital's efforts to develop capabilities for coping with large-scale emergencies and covers a substantial number of generally applicable organizational and operational details. The Basic Plan cites the legal authority for the emergency management program, summarizes the situations addressed, explains the

general concept of operations, and assigns general responsibilities for emergency operations related to large-scale emergencies.

Functional Annexes

The Functional Annexes to the EOP provide specific information and direction. These annexes focus on operations and address functions that can be applied, and may be needed, during any type of emergency condition. The Functional Annexes also provide more specific information regarding emergency operations planning for the Nursing Center and for St. Luke's Ambulatory Care Sites.

Incident-Specific Annexes

The Incident-Specific Annexes address specific disaster situations that could affect the Hospital and the Nursing Center. These annexes describe the basic responsibilities that lead Departments have during a specific type of emergency.

Appendices

The Appendices contain sample forms used with the Hospital Incident Command System as well as resource listings and other documents that may be helpful during emergency situations.

1-6   *Situation and Assumptions*

- Emergencies will occur. Effective assessment and planning will reduce the impact of emergencies on the quality of patient care.

- Many types of emergencies can be identified from past organizational or community experience. Collaborative planning between the Hospital, the Nursing Center and local, state, and federal emergency response agencies can help identify the types of emergencies most likely to affect an area through the use of a Hazard Vulnerability Analysis (HVA). In addition, collaborative planning can help St. Luke's and our service region to maximize the effectiveness of available resources.

- The Hospital and the Nursing Center need an Emergency Operations Plan describing the specific responses to the identified emergencies deemed critical by use of the HVA and

Respective Hazard Vulnerability Analyses for St. Luke's Ambulatory Care Sites were completed to aid in the development of this Plan. A table that illustrates the findings of that HVA is also found behind the Appendices to this Plan.

1-8   *Concept of Operations*

1-8.1 Event Recognition

Receiving Information

It is the responsibility of all staff members at St. Luke's Hospital – Sacred Heart Campus and Nursing Center to immediately report any hazardous condition, system failure, external incident or imminent or forecast weather condition that may result in an emergency incident. Information regarding potential emergency incidents will be reported to the Call Center or to the Senior Administrator.

Communications through the Organization
(EM.09.01.01, EP 2; EM.12.01.01, EP 2, 3, 4, 5, 6; EM.12.01.01, EP 1; EM.12.01.01, EP 1, 2; EM.12.01.01, EP 3)

When emergencies occur, all affected personnel have a clear need for accurate information about the situation. St. Luke's possesses a variety of means to communicate information during an emergency. These will be covered in Section 2 of this plan.

Types of Emergencies

For the purpose of this Plan, emergencies are categorized in the following ways:

- Internal Incidents: An internal incident is defined as any significant event which could affect patient and/or staff safety and that originates inside the facility.

- External Incidents: An external incident is an incident or event that occurs outside of the hospital but will have a significant impact on the hospital. External incidents include storms, fires, floods, transportation accidents, chemical releases, epidemics, bioterrorism events, explosions and others.

- Incident Threats: Incident threats are events which have the potential to result in either an internal or external incident. Threats include fire in nearby buildings, bomb threats, impending storms or floods, credible threats of bioterrorism and others.

Mass Casualty

A Mass Casualty event may be defined as any situation in which a significant number of lives and /or property are destroyed or threatened. According to the Pennsylvania Bureau of Emergency Medical Services (EMS)[2], disaster levels are as follows:

- Level 1: Less than 10 surviving victims

- Level 2: 10-25 surviving victims

- Level 3: More than 25 surviving victims

- Level 4: Mass casualty situation resulting in a number of surviving victims that could necessitate a regional response.

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[2] *Disaster Operating Guidelines*, Eastern PA EMS Council, November 2017. Current as of 02/24/2022.

For the purpose of this Emergency Operations Plan, the PA Bureau of EMS disaster levels will be used. Depending on the type or condition of patients, the disaster level may be upgraded. A disaster may originate from either an external or an internal incident.

Medical Communications

During Level 2, 3, or Disasters, the surge of arriving victims to the Emergency Department may impede the Emergency Department physician's ability to effectively perform medical command responsibilities.

When the ED physician is unable to give medical command, the ED Manager, Medical Director and the Nursing Supervisor will be notified.

The ED Manager, or a designee, will notify the Lehigh County Communication Centers and MedCom of the inability to provide medical command due to the disaster involving the facility. The ED Nurse Manager will provide information pertaining to the approximate duration of the suspension and that the ED will call back when they are returning to normal operations.

Other institutions providing mutual aid assistance will be notified by telephone or through the multi-agency coordination system (e.g., WebEOC or Corvena) as appropriate.

When the ED physician is again able to provide medical command, the ED Manager will notify MedCom, Lehigh County Communication Centers and the facilities that provided medical command coverage.

1-8.2 Initial Notification/Activation
(EM.12.01.01, EP 7)

Authority to Initiate

The overall authority for initiation and operation of the Emergency Operations Plan and the Hospital Incident Command System rests with the highest ranking administrative official present - the Senior Administrator or Hospital Supervisor on duty.

The Hospital Incident Commander will be the authority in charge during the event.

In-House Notifications/Announcements/Incident Codes (EM.12.02.01, EP 4)

Table 1-8.2, below, lists the general In-House Notifications / Announcement / Incident Codes in effect for all St. Luke's network facilities. Staff must be familiar with these codes and know their role when a code is announced. "Emergency Response Matrix" charts with this information are posted throughout staff areas of the Hospital and the Nursing Center.

St. Luke's Hospital – Sacred Heart Campus Emergency Codes

Code Announcement	Situation or Condition	General Response	Specific Information
Active Shooter + "location"	Dangerous situation in progress, such as a person pointing a gun and threatening	Stay away from the location announced over the PA system. Keep others away (such as visitors.)	Emergency Dial "5555"
Code Red + "location"	Fire at announced location.	R.A.C.E. procedure to be implemented at the scene. Response Away From the Scene: - Close all corridor doors, especially patient room doors - Move equipment out of hallways or at least to one side - Reassure patients and visitors - Avoid using elevators	Emergency Dial "5555". All available trained personnel respond.
External Alert + "Level __"	Mass Casualty Incident Level 1 = 10 victims Level 2 = 10-25 victims Level 3 = 25+ victims.	Implement appropriate departmental staff recall plan based on level announced. If you have no specific role, go to your Labor Pool and wait to be reassigned. Contact Command Center to request all resources.	Labor Pool is in Administration. Command Center in Engineering Conference Room Extension 8-1-9-2
Code Adam	Maternity Unit infant abduction. Though there is no Maternity Unit at SLMMH, the abduction could occur from elsewhere.	Go to nearest corridor, stairwell, elevator landing or exit and look for a person carrying an infant. State the following to anyone carrying an infant: "Our missing baby alarm has sounded and you are carrying an infant. Would you mind talking to Security before leaving?" If they refuse to stay, note their description and direction of travel. Attempt to get a vehicle license number.	Emergency Dial "5555" No Maternity Unit. Abduction could occur elsewhere.
Code Adam + "sex and age" and/or "location"	Missing child Example "Code Adam, male – 5, Pediatrics" means a 5-year old boy is missing from Pediatrics.	Go to nearest corridor, stairwell, elevator landing or exit and look for a person carrying an infant. State the following to anyone carrying an infant: "Our missing baby alarm has sounded and you are carrying an infant. Would you mind talking to Security before leaving?" If they refuse to stay, note their description and direction of travel. Attempt to get a vehicle license number.	Emergency Dial "5555"
Control Team	Combative person, assistance needed. Control Teams should be called in situations where 6 or more persons may be needed to physically restrain a person escalating toward, or having progressed to physical violence.	Control teams should be called using the emergency number whenever a person is verbally threatening, or potentially assaultive. Security may be called first if assault does not appear imminent. Do not call for a Control Team if a firearm is potentially involved as this would place others at unnecessary risk.	Emergency Dial "5555" Designated control team will respond to the scene.
Medical Emergency	Non-patient in need of medical assistance due to sudden onset of illness or acute injury.	Trained and designated persons respond to the scene. Medical Emergency may be called by dialing the emergency number – "5555"	Emergency Dial "5555"
Code 99	Bomb Threat. Most likely Code 99 will not be announced over the public address system, but may be used as a code phrase by assigned search teams traveling from floor to floor.	Check your department for suspicious packages. Dial the emergency number if any article is found. If you receive the bomb threat over the phone, complete bomb threat checklist found in the Safety Manual. (Also found in the Appendix to this Emergency Operations Plan.)	Emergency Dial "5555" Command Center in Engineering Conference Room, Extension 8-1-9-2
Internal Alert	General announcement for an internal disaster incident, to mobilize resources such as those that may be required to evacuate patients	All available personnel report to the Labor Pool and wait to be reassigned by the Command Center. All requests for resources should be directed to the Command Center.	Labor Pool is in Administration. Command Center in Engineering Conference Room, Extension 8-1-9-2

Table 1-8.2   Emergency Conditions and Basic Staff Response.

External Notifications   (EM.12.02.01, EP 2)
Emergencies that require assistance from external authorities will be reported immediately to Lehigh County 911. This call should be generated by the Call Center Operator or any person designated to make the call.

Mass Notification System   (EM.12.02.01, EP 2)
St. Luke's employs a mass notification system, Volo, which can disperse messages across the campus to alert staff of emergency conditions.

Call-In   (EM.12.02.01, EP 2)
Staff call-in will be at the discretion of the Hospital Incident Commander and coordinated between the Department or Unit Supervisor and the Resource Unit Leader. Call lists provided by each Department manager will be used. It is each Department manager's responsibility to ensure that call lists (fan out plan) are kept current.

1-8.3 Mobilization

Response

In general, the response to emergencies will be dependent upon the type of emergency and its severity. For most emergencies, the Hospital Incident Command System (HICS) and the Hospital Command Center (HCC) will be activated.

The number and types of employees responding and the types of assignments will depend upon the type and location of the emergency incident. Guidance for the response to specific types of emergencies is found in Section 3 of this Emergency Operations Plan. Members of the Campus Emergency Management Committee may be able to assist. Committee members are identified in Appendix 1-8.3.1.

Other St Luke's Network facilities will be notified for staff support and or supplies during significant emergency incidents and specifically for Level 2, 3, and 4 disasters (mass casualty incidents).

Activation of the HICS and Emergency Operations Plan for all impending events should be implemented after consultation with the President/CEO of the Hospital or Senior Administrator, if possible.

Transportation

Staff members should ensure that they have a reliable means of transportation to get to their work location. Different types of emergencies (e.g. severe weather, traffic accidents, etc.) can impact the ability of staff to get to the Hospital. Staff members who are available to come to the hospital but have no reliable means of transportation should

contact the Logistics Section Chief in the Hospital Command Center to arrange for transportation. (This does not guarantee that transportation will be available.)

Check-In Process

All personnel who are on duty at the time of incident onset or incident recognition should ensure that their immediate supervisor knows their location and assignment. As time permits, all on-duty personnel must "check in" formally by entering their name on a HICS Form 252 (see Appendix 1-8.3.2) at their unit or on the Form 252 at the Hospital Command Center. Supervisors may enter their staff names on the unit roster if they are sure of the staff member's location and assignment.

Personnel who are reporting for duty must "check in" with their supervisor and enter their name on the unit's HICS Form 252.

Personnel checking in to the Hospital Command Center should enter their name on the Form 252 and report to the Resource Unit Leader or Incident Commander for an assignment.

1-8.4 Incident Operations

Incident Management
(EM.12.01.01)

Emergency incidents will be managed in accordance with applicable standards and regulations as described in Section 1-3 of this Plan and specifically, using the Hospital Incident Command System (HICS). Use of the HICS enables the Hospital to integrate with the National Incident Management System – Incident Command System (NIMS-ICS) which is in use by all emergency response agencies in Lehigh County and in the Commonwealth of Pennsylvania.

Within the HICS, the Medical Care Branch Director (described further in Section 2 of this Plan) will ensure that adequate care is provided in the event of increased demand for patient care services. Particular attention will be given to vulnerable populations such as pediatric, geriatric, and disabled patients and those with chronic conditions or addictions.
(EM.12.01.01, EP 2)

Sanitation and hygiene need of patients will be maintained throughout all   emergency incidents. Within the HICS, the Environmental Services Unit in the Infrastructure Branch will be responsible for these services.

The potential for an expanding incident should be acknowledged early in any incident. If the potential for a long-duration incident is possible, practices to conserve critical resources will be implemented. Affected staff must be briefed.

External Assistance
(EM.12.02.01, EP 1, 3, 6; EM12.02.03, EP 1; EM12.02.09, EP 2)

Incidents which might overwhelm the resources and capacity of St. Luke's Hospital – Sacred Heart Campus and the Nursing Center may require assistance from a variety of external agencies. These include the following:

St. Luke's University Health Network: The Network has a wealth of resources that may be brought to bear against an incident at or involving St. Luke's Hospital – Sacred Heart Campus. Resources such as staffing, medical equipment, pharmaceuticals and medical supplies are available through the Network affiliation.

City of Allentown Emergency Services and Emergency Management: Local police, fire and emergency management services are available from the City of Allentown. These services are available through the Lehigh County Emergency Management Agency at "9-1-1" or by calling 610-782-4600

Lehigh County Emergency Management Agency: This agency is responsible for planning, assignment, and coordination of available   resources in an integrated program of mitigation, preparedness, response, and recovery for emergencies of any kind whether from attack, man-made or natural sources. This agency is reached by calling 610-782-4600

Northeast PA Coalition/Task Force: This organization is tasked with developing, coordinating and equipping emergency response organizations represented in the regional task force with the training, preparation, assistance and equipment necessary in disaster preparedness and prevention as well as emergency response to and recovery from all-hazards incidents. Assistance from this organization is available through the Lehigh County Emergency Management Agency at 610-782-4600. The 24-hour phone number for the Pennsylvania Healthcare Coalition Coordination Desk is 570.231.5385.

PA Department of Health / Bureau of Public Health Preparedness: The Bureau of Public Health Preparedness (BPHP) is responsible for providing direction, coordination and assessment of all activities that ensure state and local readiness, interagency collaboration and preparedness for the public health and medical consequences of all disasters and emergencies. The BPHP serves as the primary coordinating office within the Pennsylvania Department of Health charged with developing both an internal and external processes to assure Pennsylvania's ability to respond in a coordinated manner, at all levels of decision-making, to public health threats. Assistance from the BPHP is available through the Lehigh County Emergency Management Agency.

Pennsylvania Emergency Management Agency: This agency is responsible for coordinating state agency response, including the Office of the State Fire Commissioner and Office of Homeland Security, to support county and local

governments in the areas of civil defense, disaster mitigation and preparedness, planning, and response to and recovery from man-made or natural disasters. Assistance from PEMA is available through the Lehigh County Emergency Management Agency.

Maintaining/Expanding Hospital Services
(EM 12.01.01, EP 1; SEM 41)

It is recognized that maintaining and/or expanding the Hospital and/or the Nursing Center for new patients may be necessary due to surging conditions. Decisions to maintain and/or expand the Hospital and/or the Nursing Center will be made by the Hospital Incident Commander in consultation with the Hospital CEO and the Nursing Center Administrator.

1135 Waiver Procedures
(EM 12.01.01, EP 9)

For Federal declared disasters only, does not apply to state disasters. The 1135 waiver authority applies only to Federal requirements and does not apply to States requirements for licensure or conditions of participation. When the U.S. Department of Health and Human Services (HHS) Secretary declares a public health emergency under Section 319 of the Public Health Service Act, s/he may temporarily waive or modify certain requirements to ensure that there are enough health care resources and services available to meet the needs of the public's health. A presidential declaration of emergency under the National Emergencies Act or Stafford Act is also required for Section 1135 waivers.

Definitions:
For purposes of waiver or modifications, an emergency area or period is where and when there is: an emergency or disaster declared by the President pursuant to the National Emergencies Act or the Stafford Act, and a public health emergency declared by the HHS Secretary.

Policy:
Once a 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. Request can be made by sending an email to the CMS Regional Office in the service area. Email addresses are listed below. Information on your facility and justification for requesting the waiver will be required.

Procedure:

How States or Individual Healthcare Providers can ask for Assistance or a Waiver: The specific State Department of Health should provide responses to the following basic questions for any impacted provider seeking a potential 1135 waiver:

- Provider Name/Type

- Full Address (including county/city/town/state) CNN (Medicare provider number)

- Contact person and his or her contact information for follow up questions should the Region need additional clarification

- Brief summary of why the waiver is needed. For example: St Luke's (campus) is the sole community provider without reasonable transfer options at this point during the specified emergency event (e.g. flooding, tornado, fires or flu outbreak), St Luke's (campus) needs a waiver to exceed its bed limit by X number of beds for Y days/weeks (be specific).

- Consideration- Type of relief you are seeking or regulatory requirements or regulatory reference that the requestor is seeking to be waived.

- There is no specific form or format that is required to submit the information but it is helpful to clearly state the scope of the issue and the impact.

If a waiver is requested, the information should come directly from the impacted provider to the appropriate Regional Office mailbox with a copy to the appropriate State Agency for Health Care Administration to make sure the waiver request does not conflict with any State requirements and all concerns are addressed timely.

CMS Regional Office Northeast Consortium - ROPHIDSC@cms.hhs.gov

Note in Pennsylvania the Hospital & Health system Association suggests notification of your HAP Regional Manager for Emergency Public Health Preparedness for assistance via the Unmet Needs Process. Also, notify the PADOH to make sure the waiver request does not conflict with any State requirements and all concerns are addressed by the PADOH.

Closing the Hospital / Curtailing Services
(EM 12.01.01, EP 1)

It is recognized that closing the Hospital and/or the Nursing Center to new patients and/or curtailing services are undesirable outcomes in any situation. Decisions to close the Hospital and/or the Nursing Center and/or curtail services will be made by the Hospital Incident Commander in consultation with the Hospital CEO and the Nursing Center Administrator.

Evacuation
(EM 12.01.01, EP 3)

Evacuation of part or all of the Hospital and/or the Nursing Center may be required in response to or anticipation of some emergencies. Under true emergency conditions (fire, smoke, active shooter, etc.) where the lives of patients, visitors and staff are at risk, decisions to evacuate may be made at the Unit level. Under less than emergency conditions, decisions to conduct a partial or full evacuation will be made by the Hospital Incident Commander in consultation with the Hospital CEO and the Nursing Center Administrator.

Additional information on Hospital and Nursing Center evacuations is found in Section 2 of this Plan.

Continuity of Patient Care
(EM.12.02.05, EP 1)

Throughout the management of all emergencies, all efforts will be conducted with the overarching goal of continuing to provide essential patient care services. This goal will be met through the use of the Hospital Incident Command System with primary responsibility for patient care services assigned to the Medical Care Branch Director within the Operations Section.

1-8.5 Transition to Recovery
(EM.10.01.01, EP 2; EM.14.01.01, EP 1)

Transition to the recovery phase of an emergency incident will take place through the demobilization process. Planning for this process will be the responsibility of the Demobilization Unit within the HICS Planning Section. Continuity of patient care will continue to be the overarching goal of all activities during the transition to recovery.

The Demobilization Unit will work closely with the Medical Care Branch Director, the Resources Unit and the Situation Unit to ensure that staff, systems, utility services and other resources are available to ensure continuity in patient care services.

1-9 *Organization and Assignment of Responsibilities*
(EM.10.01.01, EP 2)

In response to emergency incidents, St. Luke's Hospital –Sacred Heart Campus will use the Hospital Incident Command System (HICS). The use of HICS allows the campus to respond to emergency incidents by assigning staff to responsibilities based on the demands of the incident. Sacred Heart Campus has noted a staffing depth chart which correlates day-to-day position titles with the most likely HICS role to be filled by those staff members. The chart can be found in Section 1-9.2.

Staff members are advised of their likely HICS roles and are trained in the use of the Hospital Incident Command System and in the use of the HICS Job Action Sheet(s) for their likely HICS role(s). Appendix 1-9 includes a HICS Depth Chart.

1-9.1 HICS Organizational Chart

(EM.12.01.01, EP 5)

At the onset of any emergency incident, the majority of staff members continue to work within the framework of their day-to-day organizational chart. As the incident progresses and the HICS is implemented and evolves, some personnel will be re-assigned to roles specific to the HICS. Figure 1-9.1 below illustrates the HICS organizational chart complete to the Branch and Unit levels. The HICS organizational chart is presented in more detail in Section 2 of this Plan.
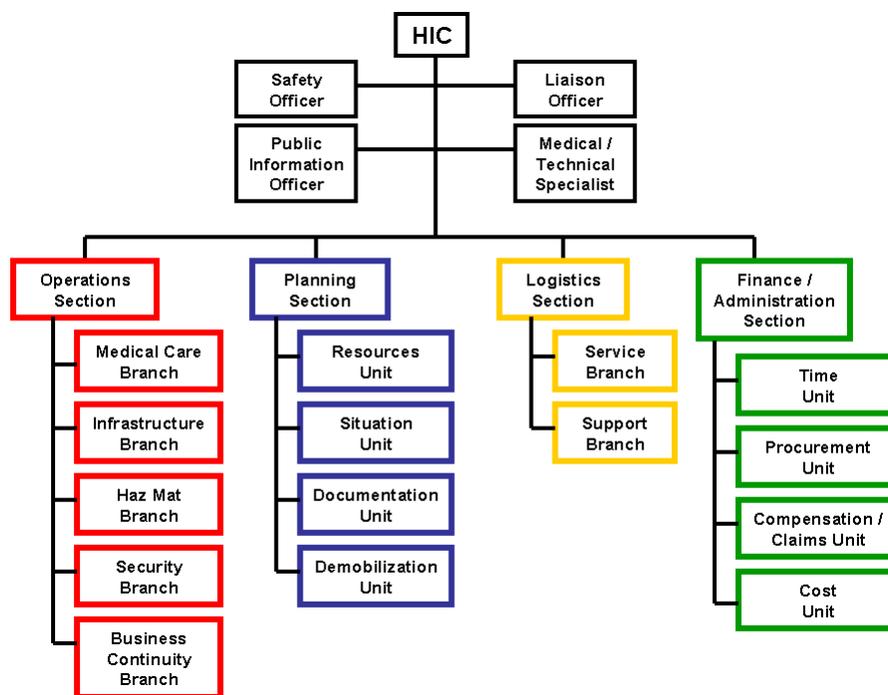
Figure 1-9.1   HICS Organizational Chart

1-9.2 Responsibilities of Key Departments and Positions

(EM.12.01.01, EP 5, 7)

At the onset of an emergency incident, the Senior Administrator or Hospital Supervisor on duty will activate the Hospital Incident Command System. To facilitate efficient mobilization within the HICS, certain Units and Departments will have primary and secondary roles that will ordinarily be filled. Table 1-9.2 illustrates these primary and secondary roles for Units and Departments. Staff members are provided initial and recurrent training in these roles.

Unit/Department HICS Roles			
Unit/Department	**Primary HICS Role**	**Secondary HICS Roles**	**Approximate Staffing Levels**
Administration	Command Staff	General Staff Finance/Admin Section Units Operations Section (Business Continuity Branch)	0800-1600 - 5 1600-2400 - 0 0001-0800 - 0
Medical Director (Off site)	Incident Commander Operations Section Chief	Medical Care Branch Director	0800-1600 - 1 1600-2400 - 0 0001-0800 - 0
Human Resources	Resources Unit (Personnel Tracking)	Staging Area	0800-1600 - 2 1600-2400 - 0 0001-0800 - 0

Unit/Department	**Primary HICS Role**	**Secondary HICS Roles**	**Approximate Staffing Levels**
Marketing Director	Public Information Officer	Command Staff	0800-1600 – 1 1600-2400 - 0 0001-0800 - 0
Information Technology Services	Business Continuity Branch (Information Technology Unit)	Service Branch (Communications Unit) (IT/IS Unit)	0800-1600 - 1 1600-2400 - 0 0001-0800 - 0
Home Care Administration		Business Continuity Branch (Business Function Relocation Unit)	0800-1600 1600-2400 0001-0800
Hospital Supervisor	Incident Commander Operations Section Chief	Medical Care Branch Director	0800-1600 - 1 1600-2400 - 1 0001-0800 - 1
Pharmacy	Medical Care Branch (Clinical Support Services Unit)	Medical Care Branch (Clinical Support Services Unit)	0800-1600 – 1 PH, 2 Tech, 1 Mgr. 1600-2400 – 1 PH, 1 Tech 0001-0800 - 0
Social Services	Medical Care Branch (Mental Health Unit)	Support Branch (Employee Health and Well-Being Unit) (Family Care Unit)	0800-1600 - 2 1600-2400 - 0 0001-0800 - 0
Maintenance/Engineering	Infrastructure Branch	Security Branch Haz Mat Branch Support Branch Service Branch	0800-1600 - 4 1600-2400 - 0 0001-0800 - 0
Security	Security Branch		0800-1600 - 1 1600-2400 - 1 0001-0800 - 1
Housekeeping	Infrastructure Branch (Environmental Services Unit)	Security Branch	0800-1600 - 11 1600-2400 - 3 0001-0800 - 0
Dietary Services	Infrastructure Branch (Food Services Unit)	Service Branch (Staff Food/Water Unit)	0800-1600 - 15 1600-2400 - 5 0001-0800 - 0

Patient Registration	Medical Care Branch (Patient Registration Unit)	Medical Care Branch (Outpatient Unit)	0800-1600 - 5 1600-2400 - 1 0001-0800 - 0
Laboratory	Medical Care Branch (Clinical Support Services Unit)	Medical Care Branch (Clinical Support Services Unit)	0800-1600 – 9 (4+ Tech; 3+ Phleb) 1600-2400 – 2 Tech 0001-0800 – 1 Tech
Respiratory Therapy	Medical Care Branch (Clinical Support Services Unit)	Medical Care Branch (Clinical Support Services Unit)	0800-1600 – 2 RRT or CRT 1600-2400 – 1 RRT or CRT 0001-0800 – 1 RRT or CRT
Radiology	Medical Care Branch (Clinical Support Services Unit)	Medical Care Branch (Clinical Support Services Unit)	0800-1600 - 14 1600-2400 - 2 0001-0800 - 1
Emergency Department	Medical Care Branch (Casualty Care Unit)		0800-1600 – 3 RN; 1 Phys 1600-2400 – 3 RN; 1 Phys 0001-0800 – 3 RN; 1 Phys

Unit/Department	Primary HICS Role	Secondary HICS Roles	Approximate Staffing Levels
Acute Care Unit/Telemetry	Medical Care Branch (Inpatient Unit)		0800-1600 – 3 RN, 1 CNA; 1 NMgr; 1 UC; 1 Transp. 1600-2400 – 3 RN; 1 Aid; 1 UC 0001-0800 – 2 RN, 1 Aid, 1 UC
Critical Care Unit	Medical Care Branch (Inpatient Unit)		0800-1600 – 2 RN; 1 UC 1600-2400 – 1 RN 0001-0800 – 2 RN
Short Procedure Unit	Medical Care Branch (Outpatient Unit)	Medical Care Branch (Casualty Care Unit)	0800-1600 – 4 RN; 1 PA; 1 UC 1600-2400 0001-0800
Operating Rooms	Medical Care Branch (Casualty Care Unit)	Medical Care Branch (Inpatient Unit) (Outpatient Unit)	0800-1600 – 5 RN; 3 Surg; 2 Anesth; 1 ScrTech; 1 UC 1600-2400 - 0 0001-0800 - 0
PACU	Medical Care Branch (Casualty Care Unit)	Medical Care Branch (Inpatient Unit) (Outpatient Unit)	0800-1600 – 2 RN 1600-2400 - 0 0001-0800 - 0
Rehabilitation and Nursing Center	Medical Care Branch (Inpatient Unit)	Medical Care Branch (Casualty Care Unit) (Outpatient Unit)	0800-1600 – 1 RN; 2 LPN; 4 Aides; 4 Therap.; 1 Soc Wkr; +5 others 1600-2400 – 1 RN; 1 LPN; 3 Aides 0001-0800 – 2 LPN; 2 Aides
Physician's Offices	Medical Care Branch (Outpatient Unit)	Medical Care Branch (Casualty Care Unit) (Inpatient Unit)	0800-1600 1600-2400 0001-0800
Oncology Clinic	Medical Care Branch (Outpatient Unit)	Medical Care Branch (Casualty Care Unit) (Inpatient Unit)	0800-1600 – 3 RN; 1 LPN 1600-2400 - 0 0001-0800 – 0
Physical Therapy	Medical Care Branch (Casualty Care Unit)	Staging Area	0800-1600 - 7 1600-2400 - 0 0001-0800 - 0
Materials Management / Sterilization Services	Medical Care Branch (Inpatient Unit)	Support Branch (Supply Unit)	0800-1600 – 1 1600-2400 – 0 0001-0800 – 0

Infection Control	Medical/Technical Specialist	Safety Officer	0800-1600 – 1
			1600-2400 – 0
			0001-0800 – 0

Table 1-9.2   Unit/Department HICS Roles

1-9.3 Emergency Management Role of Licensed Independent Practitioners
(EM.02.02.07, EP 8; EM.02.02.13, EP 1)

The Hospital has communicated in writing with each Licensed Independent Practitioner (LIP) regarding their role in emergency management. The Hospital will consider granting disaster privileges to volunteer licensed independent practitioners only when the Emergency Operations Plan has been activated in response to a disaster and the Hospital is not able to meet immediate patient care needs.

1-10 Administration and Logistics

1-10.1   Emergency Response Assets
(EM.12.02.09, EP 1, 2)

St. Luke's Hospital – Sacred Heart Campus and the Nursing Center have a wide variety of emergency response assets available. Section 2 of this Plan will fully describe assets that are available at and managed by the Hospital and/or the Nursing Center, as well as assets that are available through local, county and state government. Section 2 will also describe response assets that are available through the St. Luke's University Health Network.

1-10.2   Identification of Alternate Care Sites
(EM.12.01.01, EP 1)

St. Luke's Hospital – Sacred Heart Campus has identified Alternate Care Sites in the region. These sites are listed in Section 2-7, Building/Complex Evacuation.

Nursing Center has identified alternate care sites in the region. These sites are listed in Section 2-7.

1-11 Plan Maintenance

1-11.1   Frequency
Annual Review of Risks, Hazards and Potential Emergencies   (EM.11.01.01, EP 1, 2, 3, 4)

The Hospital Emergency Management Committee shall review the Hazard Vulnerability Analysis on an annual basis to ensure that risks, hazards and potential emergencies are

identified. This review shall also occur whenever any of the following conditions are present:

- New construction planning phase
- Building renovation planning phase
- New equipment is introduced
- New hazardous processes are introduced
- New hazardous materials are introduced

Annual Review of Objectives and Scope (EM.17.01.01, EP 3)

This plan will be evaluated at least annually to ensure that the objectives and scope of the Plan are current. This review shall be conducted by the Emergency Management Committee. A concurrent review should be conducted by an ad hoc committee made up of at least one member of the Hospital administration, one member of the nursing staff and one physician.

Annual Review of Inventory Process
(EM.12.02.09, EP 1, 2)

At least annually, the St. Luke's Hospital – Sacred Heart Campus Emergency Management Committee will review the emergency response asset inventory process with staff from Materials Management, Pharmacy, Dietary, Respiratory, Emergency Department and the Nursing Center.

Modifications Based on Review and Exercise Evaluation
(EM.17.01.01, EP 3)

Modifications to the Emergency Operations Plan should be made based upon the annual review of risks, hazards, potential emergencies, plan objectives and scope, inventory process, exercise evaluations and response to actual emergencies.

1-11.2   Exercise Planning and Conduct

To ensure the effectiveness of emergency planning efforts and documents, this Emergency Operations Plan must be exercised on a regular basis.

Exercise Frequency and Conditions (EM.16.01.01, EP 2, 3)

The Emergency Operations Plan shall be exercised at least twice per year. In planning for these exercises, the following criteria must be applied:

- One of the annual exercises must consist of an operations-based exercise as follows:
- Full-scale, community-based exercise; or
- Functional, facility-based exercise when a community-based exercise is not possible
- The other annual exercise must consist of either an operations-based or discussion-based exercise as follows:
- Full-scale, community-based exercise; or
- Functional, facility-based exercise; or
- Mock disaster drill; or
- Tabletop, seminar, or workshop that is led by a facilitator and includes a group discussion using narrated, clinically relevant emergency scenarios and a set of

problem statements, directed messages, or prepared questions designed to challenge an emergency plan. Exercises and actual emergency or disaster incidents are documented (after-action reports).

Additionally, each accredited freestanding outpatient care building that provides patient care, treatment, or services is required to conduct at least one operations-based or discussion-based exercise per year to test its emergency response procedures, if not conducted in conjunction with the hospital's emergency exercises. Exercises and actual emergency or disaster incidents are documented.

Exercise Scenarios   (EM.16.01.01, EP 1, 2)

Planned exercises should attempt to stress the limits of emergency response procedures to assess how prepared the hospital may be if a real event or disaster were to occur based on past experiences. Planned exercises are based on the following:
- Likely emergencies or disaster scenarios based on the hospital's Hazard Vulnerability Analysis
- Emergency operations plan and policies and procedures
- After-action reports (AAR) and improvement plans
- The six critical areas (communications, resources and assets, staffing, patient care activities, utilities, safety and security)

Exercise Evaluation
(EM.17.01.01, EP 1, 2, 3)

A multidisciplinary committee that oversees the emergency management program reviews and evaluates all exercises and actual emergency or disaster incidents. The committee reviews after-action reports (AAR), identifies opportunities for improvement, and recommends actions to take to improve the emergency management program. The AARs and improvement plans are documented.

- Effectiveness of communications
- Resource Mobilization and Asset Allocation
- Safety and Security
- Staff Roles and Responsibilities
- Utility Systems
- Patient Clinical and Support Care Activities

An evaluation plan and form will be used to record deficiencies and opportunities for improvement.

Any deficiencies or opportunities for improvement will be communicated to the Hospital's Emergency Management Committee for consideration of revisions to the Emergency Operations Plan.

Delegations of Authority
(EM.13.01.01 #4)

St. Luke's University Health Network has established Delegations of Authority to provide successors the legal authority to act on behalf of the network for specific purposes and to carry out specific duties. Delegations of Authority will take effect when normal channels of direction are disrupted and will terminate when these channels are reestablished.

St. Luke's Sacred Heart Campus Delegation of Authority Plan

Responsibility	Triggering Conditions	Position Currently w/ Authority	Delegated Authorities
Close Hospital/Cancel Services	When conditions make coming to or remaining in the facility unsafe	President	Administrator On-Call
Represent Hospital when engaging Govt. Officials	When pre-identified senior leadership is not available	AVP, Government Relations	Marketing Director/ Administrator On-Call
Activate Hospital MOU's/MAA's	When pre-identified senior leadership is not available	President	Administrator On-Call
Cancel Same Day Services	When conditions make coming to or remaining in the facility unsafe	VP, Patient Care Services	Administrator On-Call
Activate Emergency Operations Plan	In the event an incident requires the activation of the EOP	Incident Commander	Safety Officer
1135 Waiver Request	Stafford Act Declaration & Public Health Emergency	Medical Director	VP, Patient Care Services
Evacuation	Full Evacuation due to internal/external event	Incident Commander	Safety Officer
Alternate Care Site Activation	Areas of facility are unusable or influx of patients.	VP, Patient Care Services	Incident Commander
Resource Requests (External)	In the event outside agencies request resources	Logistics Section Chief	Liaison
Non-St. Luke's University Health Network Credentialing	Disaster privileges can be granted to non-St. Luke's University Health Network clinicians	President	President of the Medical Staff
Demobilization & Recovery	Implementing demobilization & recovery phases post- incident	Planning Section Chief	Demobilization Unit Leader