

**<Insert Name of Facility>
Personal Care Home
Emergency Operations Plan**

**<LICENSE NUMBER _____>
<Insert Date Template is Completed/Revised>
SUPERCEDES PREVIOUS VERSION**

PERSONAL CARE HOME FACILITY PROFILE

Facility Name: _____

Address: _____

Facility Administrator: _____

Facility EOP Contact: _____

Administrator Phone #: _____ EOP Contact Phone #: _____

County: _____

Phone: _____

Emergency Phone: _____

Owner/Corporation: _____

Address: _____

Is the owner/corporation the license holder? ___Yes ___No
(If not, please provide the name and address of the license holder.)

Phone: _____ Fax: _____

Emergency Phone: _____

Licensed Facility Bed Capacity: _____

Average Daily Census: _____

Residents in Care

Provide the approximate number of individuals within the facility's care who have the following disabilities and/or dependencies:

Disability or Other Challenges	
Alzheimer's, dementia or cognitive impairment: _____	Confined to bed: _____
Blind or low vision: _____	Require 24-hour constant care: _____
Deaf or hearing impaired: _____	Chronic condition (please specify): _____
Speech impaired: _____	Other (please specify): _____
Limited mobility or difficulty walking: _____	_____

Dependency	
Dialysis: _____ Insulin: _____	Walker/cane/scooter/wheelchair: _____
Ventilator: _____ Oxygen: _____	Other (please specify): _____
Service animal: _____	_____
Other machine dependent: _____	_____

SIGNATURE PAGE

Facility/Agency

Name, Title

Date

Name, Title

Date

Mississippi State Department of Health, Office of Emergency Preparedness and Response

District Level

Emergency Planner

Date

Surveillance Nurse

Date

Emergency Response Coordinator

Date

RECORD OF DISTRIBUTION

This plan has been provided to the following personnel and/or agencies.

Recipient Name	Department/Agency	Date Distributed	Initials

TEMPLATE INSTRUCTIONS

This template has been developed by the Mississippi State Department of Health (MSDH) to aid healthcare facilities in the development of emergency operations plans. It addresses many key factors in emergency operations management including plan development, coordination with community partners, communication, resource and asset acquisition and tracking, and appropriate security measures. The template also provides guidance regarding staff management, utilities management, resident care, continuity of operations, and emergency operations program management considerations including training, plan review and exercises.

By using the template, planners can easily insert information where specified. If the organization has policies and procedures already in place to address specific events and hazards, these can be inserted in the body of the plan where indicated or in the applicable functional annex or Incident Specific annex section of the plan.

The template has been designed to address certain emergency planning requirements of the Joint Commission, the National Incident Management System (NIMS) and the Mississippi State Department of Health. It is organized in such a way that information can be quickly located in an emergency.

Healthcare organizations requiring assistance with plan development are encouraged to use this tool to help build a comprehensive emergency operations plan. Those institutions that already have comprehensive emergency plans can use the information contained in the template to supplement areas of their plans where gaps may exist.

It should be noted that the template contains some concepts that may not be applicable to every healthcare institution. It is up to each healthcare organization to customize its individual plans to best meet the needs of the organization and the communities in which it serves.

Font Styles and Interpretations

Font Style	Interpretation
<Text>	Indicates that the facility is required to insert specific information as instructed. The facility should replace the instructional text with the actual information.
Text	Indicates that the facility is required to provide specific information at length as instructed (i.e., specific procedures, processes or resources). The facility should replace the instructional text with the actual information.
<i>Text</i>	Indicates sample information that has been provided for the facility's consideration. The facility may select, add to or delete the sample information to tailor the information to its specific requirements.

Updating the Table of Contents

Once all required and optional sections of the template are completed and the plan is ready to be finalized, the Table of Contents (TOC) and the List of Tables need to be updated to reflect the appropriate heading names, section references and page numbers. To update the TOC, right click within the section so that all of the contents are highlighted in grey. Select the **Update Field** option from the menu that opens. The section will then automatically update or the **Update Table of Contents** dialog box will open. Select the **Update the Entire Table** option and click **OK**. The fields will then automatically update. Repeat this process for the List of Tables.

***Please note:** This template is formatted for double-sided printing.

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Emergency Operations Plan

A. Introduction

1. Purpose

The purpose of this plan is to improve the capacity of <Insert name of facility> to prepare for, detect, respond to, recover from and mitigate the negative outcomes of threats and emergencies. The Emergency Operations Plan (EOP) uses an all-hazards approach to outline policies and procedures that will be used in response to emergencies. Functional Annexes provide policies and procedures regarding particular aspects of planning, including Continuity of Operations Plan (COOP) as well as the Volunteers in Preparedness Registry (VIPR). Incident Specific Annexes highlight specific hazards the organization may face and identify the actions that will be taken to address these hazards. Other supporting documents may include the following: transportation contracts, evacuation maps, mutual aid agreements, organizational charts, floor plans, facility policies and procedures, and fire safety plan.

2. Scope

The Emergency Operations Plan is designed to guide planning and response to a variety of hazards that could threaten the safety of residents, staff and visitors, or the environment of the facility, or adversely impact the ability of the facility to provide healthcare services to its residents. The plan is also designed to meet state and local planning requirements.

This plan applies to <Insert the facility name> and < Insert the name(s) of any affiliated/"sister" facilities>.

Table A-1
Primary and Affiliate Facilities

Primary Facility		
Facility Name	Address (Street, City, State, Zip)	County
Affiliate Facilities		
Facility Name	Address (Street, City, State, Zip)	County

B. Administration

1. Executive Summary

The <Insert name of facility> Emergency Operations Plan is an all-hazards plan that outlines policies and procedures for preparing for, responding to and recovering from possible hazards faced by the organization. Coordination of planning and response with other healthcare organizations, public health and local emergency management are emphasized in the plan. The plan also addresses proper plan maintenance, communications, resource and asset management, resident care, continuity of operations, management of staff, evacuation and contingency planning for utilities failure.

The plan will undergo an annual review process to ensure any plan deficiencies are identified and addressed. A corrective action process will be instituted and maintained in the plan to ensure lessons learned and action items identified from exercises and real events are properly addressed and documented.

Authority for activating the plan will rest with <Insert position title>. Activation of the plan will be conducted in concert with agency command staff as well as local emergency management and public health personnel.

All response activities will follow the National Incident Management System (NIMS) guidelines. NIMS provides guidelines for common functions and terminology to support clear communications and effective collaboration in an emergency situation. In addition, the agency will follow the Incident Command System (ICS) organizational structure in response to emergency events and in exercises. ICS provides an organizational structure in emergencies that is flexible to the size and complexity of the event. It establishes a clear chain of command, manageable span of control, established objectives and the use of common terminology by those involved in the response. In the event of a communitywide emergency, the agency's incident command structure will be integrated into and be consistent with the community command structure. Staff will receive training in the ICS system and in their roles and responsibilities to ensure they are prepared to meet the needs of residents in an emergency.

2. Plan Review and Maintenance

a. Plan Review

The Emergency Operations Plan will be reviewed and updated annually incorporating the latest National Incident Management System (NIMS) elements, data collected during actual and exercise plan activations, changes in the Hazard Vulnerability Assessment, changes in emergency equipment, changes in external agency participation, etc.

Plan review should also consider changes in contact information, new communications with the local Emergency Management Agency, review of evacuation routes and alternate care sites, and staff and departmental assignments. The review will be conducted by <Insert position title or group>. Plan updates will be the responsibility of <Insert position title>.

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b. Exercises

<Insert name of facility> will test its plan and operational readiness at least annually. This is accomplished through exercises in which many planned disaster functions are performed as realistically as possible under simulated disaster conditions.

An After-Action Review (AAR) meeting will be held immediately after the disaster or exercise. A written report will be completed within <Insert timeline after the exercise or disaster for completing AAR> and will include a plan for corrective action. This corrective action will be incorporated into the plan as soon as it is feasible. The <Insert position title> will be responsible for coordinating the exercises, AAR and corrective action planning.

Future exercises will be utilized to evaluate the effectiveness of improvements that were made in response to critiques of the previous exercise.

c. Training

All employees will receive specific training during new employee orientation and at least annually on various topics, including < **List training requirements for employees**>. (Examples: Roles of the individual and organization in an emergency; Information and skills required for a specific position; alternate communications (ex: cell phones, HAM radio, etc.); acquiring supplies and equipment; fire safety training)

3. Authorities and References

List the legal bases for emergency operations and activities. These may include laws, statutes, ordinances, executive orders, regulations, formal agreements and pre-delegation agreements, and pre-delegation of emergency authorities. List the pertinent reference materials, including related plans or local jurisdiction.

- **Minimum Standards for Personal Care Homes Assisted Living**
Mississippi State Department of Health
Title 15, Part III, Subpart 01, Chapter 47
- **Minimum Standards for Personal Care Homes Residential Living**
Mississippi State Department of Health
Title 15, Part III, Subpart 01, Chapter 48
- **Institutions for the Aged or Infirm**
Mississippi Code Annotated
43-11-13
- **National Incident Management System (NIMS)**
Federal Emergency Management Agency (FEMA)
<http://www.fema.gov/emergency/nims/>
- **Incident Command System (ICS)**
FEMA
<http://www.fema.gov/emergency/nims/IncidentCommandSystem.shtm>

- **The Joint Commission**
www.jointcommission.org
- **Volunteers in Preparedness Registry**
Mississippi State Department of Health
<http://volunteer.msdh.state.ms.us/VolunteerRegistry/Default.aspx>

C. Situation

1. Risk Assessment

A Hazard Vulnerability Analysis provides details on local hazards including type, effects, impacts, risk, capabilities and other related data. Due to its location and geological features, **<Insert name of facility>** is vulnerable to the damaging effects of certain hazards that include, but are not limited to:

a. Natural Disasters

Natural disasters include severe weather events such as hurricanes, tropical storms, thunderstorms, snow and ice storms, mudslides, flooding and wildfire events.

b. Human-Caused Events

Human-caused events include terrorism, criminal events, biological events, hazardous material and chemical spills, extended power outages and fires.

c. Neighboring Threats

List neighboring threats that may impact this facility. Examples:

- *Hurricane evacuation zones as provided by the local Emergency Management Agency*
- *Flood zone as provided by the local Emergency Management Agency (this information will likely come from the Flood Insurance Rate Map)*

List the proximity to any other factors which may impact this facility. Examples:

- *Naval port*
- *Airport*
- *Railway*
- *Coastline*
- *Major transportation artery*
- *River*
- *Levee*
- *Chemical plant*
- *Nuclear energy facility*

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d. Operational Threats

Operational threats are risks associated with internal processes, business practices and personnel that have the potential to cause a disruption to services. The facility should assess its operational risks and determine those risks with the highest potential to impact facility functions. The following table describes operational risks and the facility's level of vulnerability to experiencing disruptions due to these risks.

**Table C-1
Operational Risks**

Risk Description	Specify Problem	Description/Recommendations
Designated and Trained Employee Backups		
Record and File Backup Procedures		
Alternate Care Sites and Evacuation		
Building Physical Security		

2. County Hazard Vulnerability Analysis

For each of the hazards identified in the county hazard vulnerability analysis, the organization should develop an Incident Specific annex outlining the activities that will take place in preparing for, responding to and recovering from each event.

See Attachment B for the <Insert county name> county HVA.

Incident Specific annexes are located in the Incident Specific Annex section at the end of this plan.

D. Assumptions

The following assumptions delineate what is assumed to be true when the EOP was developed. The assumptions statement shows the limits of the EOP, thereby limiting liability.

<List planning assumptions>

Examples:

- *Identified hazards will occur.*
- *Healthcare personnel are familiar with the EOP.*
- *Emergency activities will be initiated and conducted following the facility's Emergency Operations Plan.*
- *Healthcare personnel will execute their assigned responsibilities.*
- *Executing the EOP will save lives and reduce damage.*

E. Concept of Operations

1. General

a. The National Incident Management System and Incident Command System

i. Introduction to the National Incident Management System

The National Incident Management System (NIMS) is a nationally standardized incident management system that provides guidelines for common functions and terminology to support clear communication and effective collaboration in an emergency situation. Healthcare stakeholders including associations, utilities, partners and suppliers to are encouraged to adopt this strategy to ensure a coordinated response to future threats.

ii. Introduction to the Incident Command System

This system utilizes a structured yet flexible approach to all-hazards planning and response. HICS enables effective and efficient incident management via the integration and coordination of five major functional areas: command, operations, planning, logistics and finance administration. It provides specific forms to guide incident action planning and facilitates clear communications in an emergency by instituting a common communication plan for those involved in response. HICS is also flexible and scalable, allowing functional areas to be added as necessary and terminated when no longer necessary.

iii. Approach, Goals and Implementation

The Emergency Operations Plan will have a functional approach. That is, the plan will be organized around specific functions. Common functions that must be performed in an emergency will be identified, responsibility for those tasks will be assigned and standard operating guidelines will be developed for carrying out specific tasks associated with the larger function. Because the goal of this approach is to have a coordinated response across the organization, it is important that the task-based guidelines and procedures be developed to be consistent with the organization's overall Emergency Operations Plan and policies. Implementation of new procedures and guidelines should also be consistent with NIMS and HICS principles.

2. Incident Management

Incident management activities are divided into four phases: mitigation, preparedness, response and recovery. These four phases are described below.

a. Mitigation

Mitigation activities are those that eliminate or reduce the possibility of a disaster occurring. For healthcare operations, this may include installing generators for backup power, installing hurricane shutters and raising electrical panels to protect them from possible flood damage.

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b. Preparedness

Preparedness activities develop the response capabilities that are needed in the event an emergency occurs. These activities may include developing emergency operations plans and procedures, conducting training for personnel in those procedures, and conducting exercises with staff to ensure they are capable of implementing response procedures when necessary.

c. Response

Response includes those actions that are taken when a disruption or emergency occurs. It encompasses the activities that address the short-term, direct effects of an incident. Response activities in the healthcare setting can include activating emergency plans, and triaging and treating residents who have been affected by an incident.

d. Recovery

Recovery focuses on restoring operations to a normal or improved state of affairs. It occurs after the stabilization and recovery of essential functions. Examples of recovery activities include the restoration of non-vital functions, replacement of damaged equipment and facility repairs.

3. Plan Activation

The Emergency Operations Plan will be activated in response to internal or external threats to the facility. Internal threats could include fire, bomb threat, loss of power or other utility, or other incidents that threaten the well-being of residents, staff and/or the facility itself. External threats include events that may not affect the facility directly but have the potential to overwhelm resources or put the facility on alert. Examples might include a mass casualty incident or a large-scale disease outbreak in the community resulting in a surge of residents in the emergency department, severe weather or other hazardous incident in the community.

a. Threat Confirmation

If an employee learns of an occurrence that may constitute a disaster, he or she should attempt to confirm the nature of the threat and its potential impact to the organization.

The employee should confirm the information is from a trustworthy source and not rumor or hearsay. Possible sources include emergency response organizations, such as fire and police; radio and/or TV stations; National Oceanic and Atmospheric (NOAA) Weather Radio Stations warning issued through the National Weather Services (NWS)

b. Persons Responsible for Plan Activation

Once a threat has been confirmed, the employee obtaining the information must notify their supervisor immediately. The supervisor should in turn contact **<Insert position title>**. If the employee cannot contact their supervisor, they must immediately contact **<Insert position title>** directly. The **<Insert position title>** will assess the situation and initiate the plan if necessary.

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The following individuals have the authority to initiate the Emergency Operations Plan:

Primary: _____

Backup 1: _____

Backup 2: _____

c. Alerting Staff

To notify staff that the Emergency Operations Plan has been activated, those within the facility will be contacted first through the **<Insert internal communication system (e.g., overhead paging system, radio, etc.)>**.

Staff away from the facility at the time of activation will be contacted by **<Insert external communication system (e.g., phone, radio, media)>**. The individuals responsible for initiating contact with staff include **<Insert position title (e.g., dispatcher, supervisors, etc.)>**.

d. Alerting External Agencies

The personal care home works closely with external partners, including **<List names of external agencies>**. The **<Insert position title>** will be the individual responsible for contacting these external agencies to notify them that the Emergency Operations Plan has been activated.

F. Roles and Responsibilities

During an event, specific roles and responsibilities will be assigned to individual position titles as well as facility departments.

Describe the emergency responsibilities assigned to individual position titles. To meet this goal, the EOP should contain specific details outlining what will be expected of individuals during an event.

Positions

The table below identifies the departmental roles and responsibilities during plan activation.

**Table F-1
Roles and Responsibilities**

Position	Roles and Responsibilities

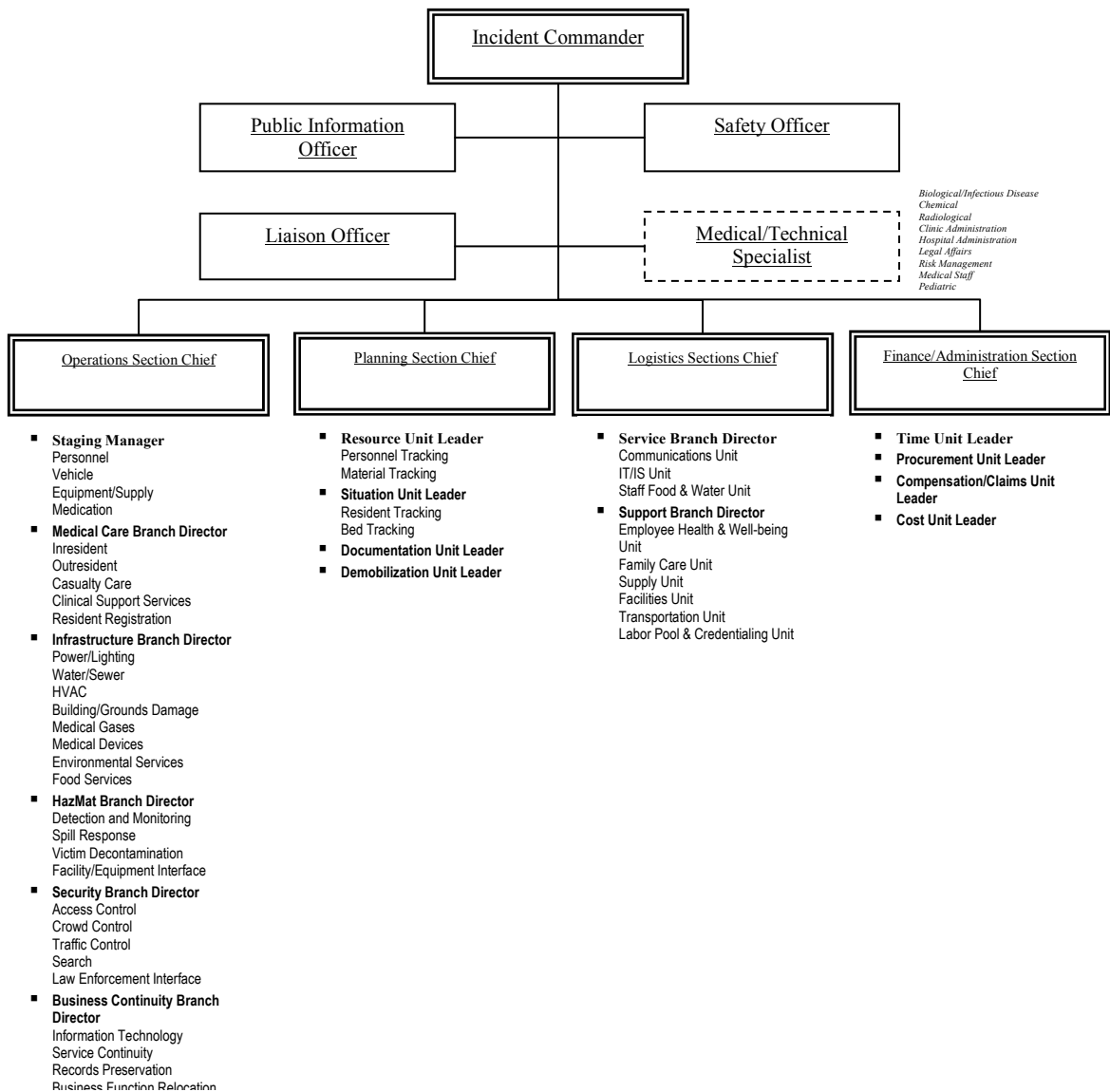
Emergency Operations Plan

G. Command and Coordination

1. Command Structure

Command will be organized according to the Hospital Incident Command System (HICS). The chart below illustrates the structure of response activities under the HICS. The chart shows the chain of command and the span of control under each level of management. It also illustrates the flexibility of HICS to expand or contract response activities based on the type and size of the event.

a. Organizational Chart



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b. Identifying and Assigning Incident Command System Personnel

i. Incident Commander

The Incident Commander sets the incident objectives, strategies and priorities. The Incident Commander has overall responsibility at the incident or event.

ii. Operations Section

The Operations Section conducts the tactical operations (e.g., resident care, clean up) to carry out the plan using defined objectives and directing all needed resources. The Operations Section is expanded to include branches, divisions and units as needed.

iii. Logistics Section

The Logistics Section provides support, resources and other essential services to meet the operational objectives set by the Incident Commander.

iv. Planning Section

The Planning Section prepares and documents the Incident Action Plan to accomplish objectives, collects and evaluates information, maintains resource status and maintains documentation for incident records.

v. Administration/Finance Section

The Finance/Administration Section monitors costs related to the incident while providing accounting, procurement, time recording and cost analysis.

H. Communications

1. Internal Communication

To ensure personnel are adequately informed throughout the course of emergency response activities, the facility will provide updates and general information to staff through phone calls, emails, etc.

2. Communication with External Agencies

The facility works closely with several external partners. The **<Insert position title>** will be the individual responsible for communicating with external agencies, updating them on the status of operations and answering inquiries. To communicate with external agencies, the facility will use **<Insert external communication system (e.g., phone tree, radio, media, etc.)>** Contact information for external agencies that the organization may communicate with in an emergency is listed in the chart below.

Table H-1
External Contacts

Agency	Primary Phone #	Alternate #
Sheriff		
Fire Department		

3. Public Information

The **<Insert position title (e.g., Public Information Officer)>** will have the responsibility for coordinating media and public information. All media inquiries should be directed to the **<Insert position title (e.g., Public Information Officer)>**. No other staff member should interact directly with

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the media unless they have approval from the <Insert position title (e.g., Public Information Officer)>.

4. Communication with Residents and Families

To ensure consistent and timely communication with residents and their families, policies and protocols have been established for communication activities prior to and during an emergency.

a. Planning Activities

<Insert name of facility> will embark on planning activities to ensure the facility is equipped to supply necessary information to residents and their families in an emergency. In Attachment B, a copy of the admission packet (given to the resident and family members) is provided.

Include communication planning activities the facility is or will be conducting. These should include providing safety information upon admission of the resident, collaboration with other healthcare facilities and/or community service organizations for resident tracking.

5. Communication with Vendors of Essential Supplies, Services and Equipment

<Insert facility name> has developed a list of vendors, contractors and consultants that can provide specific services before, during and after an emergency event. The <Insert position title> is responsible for maintaining the list. This list will be updated periodically. The list includes the name of the vendor and the supplies, services or equipment they provide to the facility, a phone number and alternate contact information. A copy of the list is included with this plan. See Attachment C.

6. Communication about Residents to Third Parties

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated regulations that govern privacy, security and electronic transaction standards for healthcare information. The act guarantees certain privacy rights regarding an individual's personal medical/health information. However, there are purposes under the law for which healthcare organizations are permitted or required to use or disclose a resident's health information to third parties without the consent or authorization of the resident. In an emergency, the most likely scenarios include:

- Other healthcare organizations: The facility may release a resident's information to another treatment facility for their continued care after discharge from this facility.
- Public Health: The facility is required to report resident information to public health in order to:
 - Prevent or control diseases
 - Report death
 - Report abuse or neglect

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- Track products as regulated by the federal Food and Drug Administration (FDA) and report problems or reactions to medications or products
- Provide notification and communication about product recalls, replacements and look-backs
- Law Enforcement: Information may be disclosed for law enforcement purposes under certain circumstances, such as reporting of certain types of physical injuries, locating persons, and reporting and investigating crimes.

Any questions regarding the disclosure of resident information should be directed to **<Insert position title>**.

I. Resources and Assets

1. Acquiring and Replenishing Medications and Supplies

The amounts and locations of current pharmaceuticals and medical and non-medical supplies are evaluated to determine how many hours the facility can sustain itself before needing re-supply. This gives the facility a par value on supplies and aids in the projection of sustainability before terminating services or evacuating if needed supplies are unable to reach the facility.

Supplying the personal care home in an emergency will be initially satisfied by pulling from local resources. As replenishment becomes necessary, resources will be requested from vendors. A list containing the names and contact information of the vendors that deliver and/or manufacture supplies and provide critical services can be found at **<Insert location of list>**.

If the personal care home is unable to fulfill supply needs in a timely fashion through its suppliers and arrangements with other healthcare facilities, **<Insert position title>** will communicate this need to **<Insert name of local Emergency Management Agency>** for help coordinating re-supply or assistance in transferring residents to other facilities if necessary.

J. Management of Staff

1. Assignment of Staff

In a disaster, personnel may not necessarily be assigned to their regular duties. They will be asked to perform various jobs that are vital to the operation. All employees, supervisors and managers/directors will report to their department. All personnel will carry a name badge for identification, which should be displayed for officials and will ensure passage into the facility. Once there, they may be asked to report to the labor pool. The labor pool will be located **<Insert location of labor pool>**. **<Insert position title>** will delegate assignments based on communication with the Command Center. Staff will be assigned as needed and provided a Job Action Sheet outlining their job responsibilities and who they report to. See Job Action Sheets in **<Insert location of Job Action Sheet annex>**.

Specific Job Action Sheets outlining job tasks in coordination with the Hospital Incident Command System (HICS) can be found at www.hicscenter.org.

Managing Staff Support Needs

In some circumstances, it may be necessary to provide housing and/or transportation for staff who might not otherwise be able to perform their critical functions for the facility. These staff support functions will be coordinated through **<Insert position title>**.

Housing for staff will be located at **<Insert housing options for staff such as specific rooms in the personal care home/assisted living facility, American Red Cross shelter, etc. Include CONTACT information for each option. >**

Disasters can create considerable stress for those providing medical care. **<Insert position title>** will coordinate the provision of mental health support for staff or residents, through the **<Insert contact information for local community mental health centers, psychiatric hospitals or clinics, etc.>**.

K. Resident Management in an Emergency

1. Resident Care and Treatment, Transfer and Discharge

Upon notification of a medical disaster, **<Insert position title>** will assess staffing and facility capacity. Additional staff will be called in to assist with managing the needs of residents other healthcare facilities if necessary. Admissions may be curtailed until the emergency situation has subsided.

Residents requiring emergency medical care will be transferred to **<Insert name of medical facility>**.

2. Resident Hygiene and Sanitation Needs

In the event there is a disruption in the normal water supply, resident sanitation will be handled with non-potable water. The non-potable water will be obtained from **<Insert source of non-potable water>**. Resident sanitation may also be handled through the use of bedside toilets and bedpans. Waste will be red-bagged and disposed of as biohazard waste. Another method is the use of cat litter in red bags. If using this method, the red bags and cat litter will be placed in toilets. When deemed necessary by **<Insert position title>**, the red bags will be removed from the toilets and disposed of as biohazard waste.

L. Utilities

1. Alternate Means of Meeting Building Utility Needs

If there is an interruption in utility services, the problem will be immediately assessed by **<Insert position title>** who will make needed repairs or contact the utility company to report the outage and get an estimated time that the utility service will be restored. In the event a utility service interruption happens after normal business hours, the **<Insert position title (i.e. Dispatcher)>** will immediately notify the **<Insert position title>** to report the situation. The **<Insert position title>** will determine if conservation measures should be implemented (such as for water or power) or if resident relocations, discharges or transfers are necessary.

M. Evacuation

1. Decision Making: Evacuate or Shelter-in-Place

The decision whether to evacuate the facility or shelter-in-place will rest with the <Insert position title(s)>, who will be responsible for deciding which action to take and when evacuation or shelter-in-place activities should commence. The decision will be made in consultation with facility staff and external stakeholders such as emergency management, fire department or public health personnel. Both internal and external factors will be considered in deciding whether to evacuate or shelter-in-place.

Internal factors could include the physical structure of the facility, resident acuity, staffing, accessibility to critical supplies, availability of transportation assets for evacuation, and accessibility of possible evacuation destinations. External factors to be considered in making the decision to evacuate or shelter-in-place include the nature and timing of the event, the location or projected path of the threat such as in the case of a flooding incident, ice storm or hurricane and the vulnerability of the facility to the threat.

The chart below identifies hazards that could necessitate the need for the evacuation or shelter-in-place of residents and staff, who is responsible for making the decision, who is to be consulted, the timeline of activities, and factors that should be considered in deciding whether to evacuate or shelter-in-place.

Complete the chart below based on the types of threats faced by the facility that could necessitate either evacuation or shelter-in-place response activities.

**Table M-1
Evacuation or Shelter-in-Place Decision Making Chart**

Chart Instructions

Hazard: Identify the type of hazard.

Decision Authority: Identify the position that has the authority to make the decision to evacuate or shelter-in-place.

Alternate: Identify the position that will be the alternate to the primary decision maker.

Consulting Parties: Identify the positions/departments that should be consulted regarding the decision to evacuate or shelter-in-place.

Timeline: Identify a timeline to evacuate or shelter-in-place based on the hazard type.

Additional Considerations: Identify additional factors of considerations.

Hazard	Decision Authority	Alternate	Consulting Parties	Timeline	Additional Considerations
<i>Fire</i>	<i>Administrator</i>	<i>Director of Nursing</i>	<i>Facilities Manager, City Fire Chief</i>	<i>Immediately</i>	<i>Location and intensity of fire</i>
<i>Hurricane</i>	<i>Administrator</i>	<i>Director of Nursing</i>	<i>Emergency Management</i>	<i>48 hours prior to arrival of tropical force winds</i>	<i>Category, track and speed of storm</i>

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Hazard	Decision Authority	Alternate	Consulting Parties	Timeline	Additional Considerations

2. Resident Records and Maintenance

In the event of an evacuation, resident records should be moved with the resident to the receiving facility.

Describe the procedure for ensuring resident records are transported with the resident and identify who is responsible.

The <Insert position title> is responsible for maintaining and transferring resident records during an event. Facility resident records may be stored digitally on a computer’s hard drive, on CDs, and/or maintained in hard copy files. Computers will be unplugged and placed on tops of desks in case of flooding, moved to a higher location in the building or moved offsite. Digital records will be saved to a removable storage medium (e.g., CD, DVD, USB flash drive, etc.) and carried offsite. Assessing the backup of the electronic data retrieval system will be a function of the annual review of the emergency preparedness system.

Hard copies of records will be stored in such a way that the critical records can be gathered and transported. The <Insert name of facility> has implemented/ is considering scanning critical data/documents. Critical data includes:

Critical data includes:

- Resident information (face sheets, clinical data, physician orders, care plans)
- Family information (contact information)

3. Resident Provisions

In an evacuation, provisions for resident care will also be moved with the resident to ensure adequate medical care is maintained throughout the evacuation and care at the receiving facility. This will include necessary medications, medical equipment, supplies and staff to care for residents.

Describe procedures for ensuring provisions for resident care is addressed in an evacuation and identify the staff and/or responsible departments.

4. Alternate Locations

In the event the facility is damaged to the extent that resident care cannot be rendered, or it is determined that evacuation is warranted due to fire, an approaching hurricane or other hazard, residents may be transported to a receiving facility for temporary care. The terms “close”, “within area”, and “outside of area” are not linked to a specific number of miles. They represent the concept that healthcare facility residents need to move as short a distance as possible to be safe, depending on the specific hazard. The farther frail residents must travel, the less safe the evacuation becomes for them. Distance traveled must be balanced with the harm extended travel causes such residents.

Potential alternate locations include:

a. Close Proximity

Close proximity locations are within a short distance from the primary facility and will be utilized when unplanned or immediate evacuations are necessary.

**Table M-2
Close Proximity Alternate Locations**

Location	Facility Name	Address	Phone Number	Alternate Contact
Primary				
Backup 1				
Backup 2				

b. Within Area

Within area locations are those within a reasonable distance from the primary facility and will be utilized for unplanned or planned evacuations relative to the type of hazard or threat to the facility.

**Table M-3
Within Area Alternate Locations**

Location	Facility Name	Address	Phone Number	Alternate Contact
Primary				
Backup 1				
Backup 2				

c. Out of Area

Out of area locations are a significant distance from the primary facility and will be utilized for planned evacuations.

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Table M-4
Out of Area Alternate Locations

Location	Facility Name	Address	Phone Number	Alternate Contact
Primary				
Backup 1				
Backup 2				

5. Evacuation Routes

Attach maps of evacuation routes.

N. Recovery

1. Initiation and Recovery

The decision to enter into the recovery stage of an event is made by the Incident Command staff in consultation with local emergency management officials. In this stage, the personal care home will undertake recovery procedures to return the facility to normal operations.

2. Protocol

If the facility is damaged as the result of a disaster, it is essential for the safety of the staff and residents that there is a protocol for facility re-entry. **<Insert list of recovery protocols. Examples:>**

- *Inspect facility for safety issues*
- *Ensure adequate supplies and personnel are in place to provide care to residents*
- *Test critical systems*

3. Restoration of Services

<Insert position title> will coordinate the restoration of services after an emergency situation affecting the personal care home.

List responsibilities in restoring services (e.g., restoration of utilities, repair or replacement of critical systems, overseeing of facility repairs, etc.).

4. Resident Re-Entry

<Insert position title> will give approval for the return of residents to the facility. The coordination of the return of residents to the facility will be the responsibility of **<Insert position title>**.

List preparations and procedures for returning residents after an emergency (e.g., transport of residents back to the facility and related activities).

5. Staff Debriefing

A debriefing will be conducted within **<Insert number of hours>** of the incident to collect lessons learned from the incident or exercise. These lessons learned will be used to revise and update the plan. The **<Insert position title>** will be responsible for coordinating the debriefing.

O. Glossary

Activation - When all or a portion of the plan has been put into motion.

After-Action Report (AAR) - A report that includes observations of an exercise or real event and makes recommendations for improvements.

Communications Redundancy - A communications system wherein alternative modes of communication are present in case a component fails.

Continuity of Operations (COOP) (Business Continuity) - Planning designed to facilitate the continuance of mission essential functions and the protection of vital information in the event that the organization is faced with a situation that could disrupt operations.

Corrective Action Plan (CAP) - The concrete, actionable steps outlined in the Improvement Plan (IP) that are intended to resolve preparedness gaps and shortcomings experienced in exercises or real-world events.

Decontamination - To make safe by eliminating poisonous or otherwise harmful substances such as noxious chemicals or radioactive material.

Delegations of Authority - Specifies who is authorized to make decisions or act on behalf of facility leadership and personnel if they are away or unavailable during an emergency.

Emergency Operations Center (EOC) - A specially equipped facility from which emergency leaders exercise direction and control, and coordinate necessary resources in an emergency situation.

Hazard Vulnerability Analysis (HVA) - Identifies possible hazards, including their probability, severity, frequency, magnitude and locations/areas affected.

Health Alert Network (HAN) - A nationwide program to establish the communications, information, distance-learning and organizational infrastructure to defend against health threats, including the possibility of bioterrorism.

Homeland Security Exercise and Evaluation Program (HSEEP) - Developed by the Department of Homeland Security (DHS) as a threat and performance-based exercise program that provides doctrine and policy for planning, conducting and evaluating exercises. HSEEP was developed to enhance and assess terrorism prevention, response and recovery capabilities at the federal, state and local levels. HSEEP training courses are free and available online.

Human-Caused Events - An event that is a result of human intent, negligence or error, or involving a failure of a man-made system. Includes terrorism, criminal events, biological events, hazardous material and chemical spills, extended power outages, fires or any event for which a human is responsible.

Improvement Plan (IP) - Identifies specific corrective actions, assigns them to responsible parties, and establishes targets for their completion.

Incident Command System (ICS) - A standardized, on-scene, all-hazards incident management approach that: allows for the integration of facilities, equipment, personnel, procedures and

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communications operating within a common organizational structure; enables a coordinated response among various jurisdictions and functional agencies, both public and private; establishes common processes for planning and managing resources.

Isolation - The separation of an ill resident from others to prevent the spread of an infection or to protect the resident from irritating or infectious environmental factors.

Key Personnel - Personnel designated by their department, organization or agency as critical to the resumption of mission-essential functions and services.

Long Term Care Facility - A facility that provides rehabilitative, restorative, and/or ongoing skilled nursing care to residents or residents in need of assistance with activities of daily living. Long term care facilities include nursing homes, rehabilitation facilities, inpatient behavioral health facilities and long-term chronic care hospitals.

Mission Essential Functions (Essential Functions) - Activities, processes or functions that could not be interrupted or unavailable for several days without significantly jeopardizing the operation of the department, organization or agency.

Mitigation - The stage of emergency management where activities are conducted that eliminate or reduce the possibility of a disaster occurring. For healthcare operations, this might include the installation of generators for backup power, the installation of hurricane shutters or the raising of electrical panels to protect from possible flood damage.

Mutual Aid Agreements (aka MOA) - Arrangements made between governments or organizations, either public or private, for reciprocal aid and assistance during emergency situations where the resources of a single jurisdiction or organization are insufficient or inappropriate for the tasks that must be performed to control the situation. Also referred to as inter-local agreements or Memorandums of Agreement (MOA).

National Incident Management System (NIMS) - A systematic, proactive approach to guide departments and agencies at all levels of government, nongovernmental organizations and the private sector to work seamlessly to prevent, protect against, respond to, recover from and mitigate the effects of incidents, regardless of cause, size, location or complexity, in order to reduce the loss of life and property and harm to the environment.

Natural Disasters - The effect of a natural hazard that affects the environment and leads to financial, environmental and/or human losses. Includes severe weather events such as hurricanes, tropical storms, thunderstorms, snow and ice storms, mudslides, floods and wildfire events.

Orders of Succession - Ensures leadership is maintained throughout the facility during an event when key personnel are unavailable.

Personal Protective Equipment (PPE) - Specialized clothing or equipment worn by an employee for protection against infectious materials.

Preparedness - The stage of emergency management where activities are conducted to develop the response capabilities needed in the event an emergency occurs. These activities may include developing emergency operations plans and procedures, conducting training for personnel in those

procedures and conducting exercises with staff to ensure they are capable of implementing response procedures when necessary.

Public Health - The science and practice of protecting and improving the health of a community, as by preventive medicine, health education, control of communicable diseases, application of sanitary measures and monitoring of environmental hazards.

Public Information - Information that is disseminated to the public via the news media before, during and/or after an emergency or disaster.

Recovery - The stage of emergency management that focuses on restoring operations to a normal or improved state of affairs. This stage occurs after the stabilization and recovery of essential functions. Examples of recovery activities might include the restoration of non-vital functions, replacement of damaged equipment and facility repairs.

Response - The stage of emergency management that includes those actions that are taken when a disruption or emergency occurs. It encompasses the activities that address the short-term, direct effects of an incident. Response activities in the healthcare setting can include activating emergency plans, triaging and treating residents that have been affected by an incident.

Standard Operating Guidelines (SOGs) - Approved methods for accomplishing a task or set of tasks. SOGs are typically prepared at the department or agency level. They may also be referred to as Standard Operating Procedures (SOPs).

State Medical Asset and Resource Tracking Tool (SMARTT) - A web-based tool capable of monitoring hospital, Emergency Medical Services (EMS) system and health center resources on a regular basis. SMARTT also serves as a sophisticated communications tool that allows information to be disseminated throughout a state's healthcare system. SMARTT is a multi-state system in use in the states of Mississippi, North Carolina, South Carolina and West Virginia.

Strategic National Stockpile (SNS) - A federal resource to provide medicine and medical supplies to protect the public in the event of a public health emergency as a result of an act of terrorism or a large scale natural or human-caused disaster that is so severe local and state resources are inadequate or become overwhelmed.

Vital Records, Files and Databases - Records, files, documents or databases which if damaged or destroyed would cause considerable inconvenience and/or require replacement or re-creation at considerable expense. For legal, regulatory or operational reasons, these records cannot be irretrievably lost or damaged without materially impairing the organization's ability to conduct business.

Volunteers in Preparedness Registry (VIPR) - A secure registration system and database for health professional volunteers willing to respond to public health emergencies.

Vulnerable Populations - Vulnerable populations are residents who are pediatric, geriatric, disabled or have serious chronic conditions or addictions.

P. Acronyms

AAR	After-Action Report
CAP	Corrective Action Plan
CD	Compact Disc
CDC	Centers for Disease Control and Prevention
COOP	Continuity of Operations Plan
DHS	Department of Homeland Security
EMC	Emergency Management Coordinator
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
EPA	Environmental Protection Agency
ESF	Emergency Support Function
FBI	Federal Bureau of Investigation
FDA	Food and Drug Administration
FEMA	Federal Emergency Management Agency
HAN	Health Alert Network
HC	Healthcare
HCF	Healthcare Facility
HICS	Hospital Incident Command System
HIPAA	Health Information Portability and Accountability Act
HSEEP	Homeland Security Exercise and Evaluation Program
HVA	Hazard and Vulnerability Analysis
HVAC	Heating, Ventilation and Air Conditioning
IC	Incident Command
ICS	Incident Command System
IP	Improvement Plan
IS	Independent Study
JAS	Job Action Sheets
JIC	Joint Information Center

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JIS	Joint Information System			
MAA	Mutual Aid Agreement			
MEMA	Mississippi Emergency Management Agency			
MOU	Memorandum of Understanding			
MSDH	Mississippi State Department of Health			
NIMS	National Incident Management System			
NOAA	National Oceanic and Atmospheric Administration			
NWS	National Weather Service			
OEPR	Office of Emergency Planning and Response			
PIO	Public Information Officer			
POC	Point of Contact			
POD	Point of Distribution			
PPE	Personal Protective Equipment			
SHO	State Health Officer			
SMARTT	State Medical Asset Resource Tracking Tool			
SNS	Strategic National Stockpile			
SOG	Standard Operating Guidelines			
SOP	Standard Operating Procedures			
VIPR	Volunteers	In	Preparedness	Registry

Q. Attachments

Attachment 1: Emergency Staffing and Staff Roster

Attachment 2: County Hazard-Vulnerability Risk Information & Worksheets

Attachment 3: Vendor Contact Information

Attachment 4: Mutual Aid Agreements/Memorandum of Understanding in Place

Attachment 5: MSDH District Information

Attachment 6: Facility Admission Packet

Emergency Operations Plan

2. County Hazard-Vulnerability Risk Information & Worksheets

Emergency Preparedness Planning

Is there an Emergency Planning/Preparedness Committee for the organization/facility that meets periodically to discuss emergency management issues including past incidents, upcoming events, new policies and procedures, potential risks and hazards, preparedness activities, etc.?

How often does the committee meet?

Does the committee coordinate with state/county/city emergency management personnel?

Primary contact for the Emergency Preparedness/Planning Committee:

Neighboring Threats

Neighboring threats constitute a significant hazard or risk that could affect the surrounding community, generally within a five mile radius. The nature of these threats is usually human-related, such as a nearby power generation facility that could experience an accidental spill or release, or a cargo rail line carrying potentially hazardous materials. The operations of a healthcare provider and its capabilities to provide essential services could be significantly impeded during such an event.

Review the list of Neighboring Threats below and check "Yes," "No" or "N/A" accordingly.

Neighboring Threats	YES	NO	N/A
Is the facility located near an airport or a flight path of either commercial or private airplanes?			
Is the facility located near a military base?			
Is the facility near a major interstate highway?			
Is the facility near an oil, nuclear power or chemical processing plant?			
Is the facility located within 5 miles of an ocean or major lake or river?			
Is the facility located on or near a fault line?			
Is the facility located in tornado prone areas?			
Is the area prone to flooding?			

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Neighboring Threats	YES	NO	N/A
Is the facility located in an area prone to extreme snow or ice conditions?			
Is the facility located on the side of or immediately below a cliff?			
Is the facility located in a rural or urban area?			
Does the community have a high-density population?			
Is traffic congestion or significant traffic a consistent problem?			
Are there train tracks that cross near the facility?			
Is there a large hospital located within 5 miles of the facility?			
Are EMS and Fire located within 5 miles of the facility?			

Operational Threats

Assessing the challenges that could take place within the facility is essential. The ability to mitigate situations that could present major problems and setbacks is critical to ensuring continued operations. Identification of operational threats presents the opportunity to address issues that have not yet been resolved and validate processes that are already in place.

Review the list of operational threats below and check "Yes," "No" or "N/A" accordingly.

Operational Threats	YES	NO	N/A
Does the building have a security system?			
Does the building have operational smoke detectors?			
Does the building have operational carbon monoxide detectors?			
Does the building have an operational sprinkler system?			
Are the above detectors and systems frequently tested?			
Have employees been trained to use the security and safety systems in the building?			
Does the facility store its medical and personnel records at least 18 inches from the ground?			
Are plans/checklists for emergency situations in place and stored in a central location?			
Are individuals who have limited training able to run the plans/checklists if other parties are not available?			
Does the facility have an established plan/work schedule for 24 hour operations during emergency situations?			

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Operational Threats	YES	NO	N/A
Are employee recall procedures established?			
Are employees aware of the work schedule they will be required to fulfill?			
Do you have out of area contact numbers for all residents and staff members?			
Is the area around the facility well lit and patrolled regularly by security or police?			
Does the facility have more than one available road for access?			
Does the community surrounding the facility have a history of high crime?			
Is the facility located in a heavily forested area or surrounded with vegetation?			
Is the facility located above the first floor?			
Does the facility have a windowless room near the center of the building?			
Does the building have emergency lighting?			
Does the building have backup generator power?			
Is the backup power generator sufficient for emergency operations?			
Does the office have access to a telephone landline that is not part of the phone system?			
Are storm drains and culverts kept free from debris?			
Are there hazardous materials, radiological sources or biohazards in the facility?			
Are there specific procedures enacted during emergencies to prohibit onsite hazardous materials from becoming dangerous to the public?			

Historical Events

Documenting past events and emergencies that have affected the facility establishes a foundation on which to build emergency management planning assumptions. What types of emergencies have previously occurred in the community, at this facility and at other facilities in the area?

Previously Occurred	Event	Notes
	Fires	
	Severe Weather	
	Hazardous Materials Incidents	
	Transportation Accidents	

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Previously Occurred	Event	Notes
	Earthquakes	
	Floods	
	Civil Disorder	
	Hurricanes	
	Tornadoes	
	Terrorism	
	Utility Outages	
	Mass Casualty Incidents	
	Train Derailments	
	Disease Outbreak	
	Water Contamination	
	Sinkholes	
	Mudslides	

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3. Vendor Contact Information

Table Q-3
Vendor Contact Information

Vendor	Contact	Phone	E-mail Address	Supply/Resource

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4. Mutual Aid Agreements/Memorandums of Understanding

Include existing Mutual Aid Agreements and/or Memorandums of Understanding.

Emergency Operations Plan

5. MSDH District Information

Mississippi State Department of Health Health Care Facilities Emergency Operation Plan (EOP) By District All Hazards Emergency Planner

Northwest Public Health District I
240 Tower Dr
Batesville, MS 38606
662-563-5603 (Fax) 662-563-6307

All Hazards Planner - Robbie Morgan

Northeast Public Health District II
532 S. Church St. / P. O. Box 199
Tupelo, MS 38802
662-841-9015 (Fax) 662-841-9142

All Hazards Planner – Kristy Garza (Off) 662-231-7335

Delta Hills Public Health District III
2600 Browning Rd
Greenwood, MS 38930
662-455-9429 (Fax) 662-455-9448

All Hazards Planner – Burt Schmitz (Off) 662-237-9225

Tombigbee Public Health District IV
48 Lynn Lane
Starkville, MS 39759
662-323-7313 (Fax) 662-324-1011

All Hazards Planner - Rodney Johnson

West Central Public Health District V
5963 Hwy 55 N / P. O. Box 1700
Jackson, MS 39215
601-978-7864 (Fax) 601-987-3561

All Hazards Planner- Kelly Drumm (Off) 601-957-1099

East Central Public Health District VI
3128 Eighth St / P. O. Box 5464
Meridian, MS 39302
601-482-3171 (Fax) 601-484-5051

All Hazards Planner - Ben Barham (Off) 601-693-2451

Southwest Public Health District VII
303 A Mall Dr
McComb, MS 39648
601-684-9411 (Fax) 601-684-0752

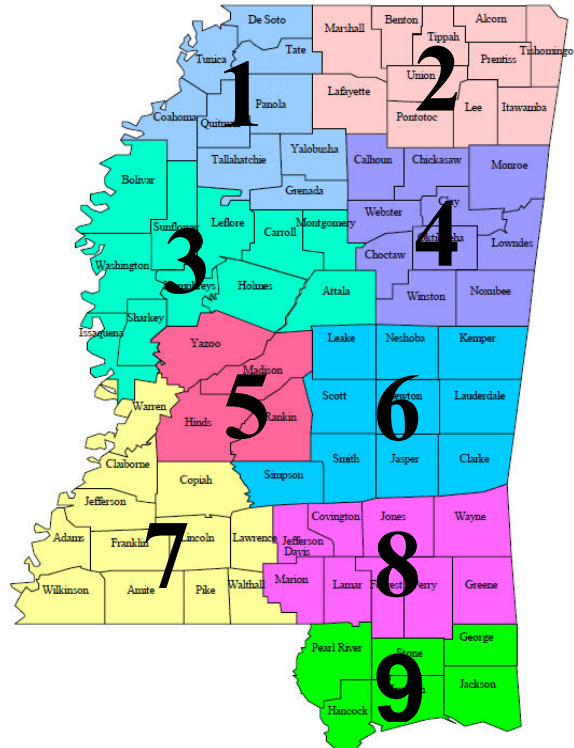
All Hazards Planner - Christy Hoover

Southeast Public Health District VIII
16 Office Park Dr. Ste 5
Hattiesburg, MS 39402
601-271-6099 (Fax) 601-271-9094

All Hazards Planner - Betty Kreider (Off) 601-428-4006

Coastal Plains Public Health District IX
1141 Bayview Avenue
Biloxi, MS 39530
228-436-6770 (Fax) 228-436-6781

All Hazards Planner – Tim Bomar (Off) 228-374-2128



Wayne Vaughn
OEPR Deputy Director
601-939-2660 Office
601-416-4599 Cell

Pamela Ainsworth
OEPR Planning Chief
601-933-7187 Office
769-798-8150 Cell

Tina Riels
EOP Project Lead
601-933-7181 Office
601-906-3175 Cell

R. Annexes

Annex A: Continuity of Operations (Business Continuity)

Annex B: Volunteers in Preparedness Registry (VIPR)

Emergency Operations Plan

A. Continuity of Operations (Business Continuity)

Purpose

Whether due to natural forces such as a hurricane, a technological event such as an electrical fire, or an event caused by humans such as an act of terrorism, a disaster can have a serious impact on this organization's ability to provide the healthcare functions that residents and the community depend on. Therefore, it is vitally important to have plans in place to be able to continue to perform mission-essential functions and protect vital information in the event that the organization is faced with a situation that could disrupt operations. Continuity of Operations (COOP) planning addresses three possible types of disruption to an organization:

- Denial of access to a facility (such as due to damage to a building)
- Denial of service due to a reduced workforce (such as due to pandemic influenza)
- Denial of service due to equipment or systems failure (such due to an IT systems failure)

COOP planning seeks to minimize the potential impact of these events on employees, operations and facilities. This annex will focus on denial of service due to equipment or systems failure with a special focus on information technology (IT) systems.

Phases of Continuity of Operations Planning

There are three phases to the COOP process:

- Normal Operations
- COOP Execution (Emergency Operations Period)
- Reconstitution (Return to Normal Operations)

Normal Operations

Normal operations are those periods without a declared state of emergency or the period directly following the conclusion of an event. Mitigation and planning activities can be conducted during normal operations to protect systems and prepare for an emergency affecting information systems.

Mitigation

Mitigation activities are those that eliminate or reduce the possibility of a disaster occurring. For IT systems, this would include measures to protect equipment and critical information such as backup power, firewalls, virus protection, password protection of files and data redundancy.

Preparedness

Preparedness activities develop the response capabilities that are needed in the event that an emergency occurs. These activities may include developing response procedures for the backup and restoration of data, training personnel in those procedures, conducting system(s) tests, executing

regular backups of data, developing manual interim process to ensure continuous service of essential functions and conducting exercises with staff to ensure they are capable of implementing response procedures when necessary.

COOP Execution

The COOP execution phase includes the actions that are taken when a disruption or emergency occurs. This includes activating emergency procedures and staff to protect or restore information systems and data for essential functions of the <Insert type of healthcare facility>.

Reconstitution

Recovery focuses on restoring the essential functions to a normal or improved state of affairs. It occurs after the stabilization and recovery of essential functions. Examples of recovery activities might include the restoration of non-vital functions, replacement of damaged equipment and facility repairs.

Roles and Responsibilities

The positions responsible for overseeing IT Continuity of Operations are:

Primary	
Name	
Contact	
Alternate Contact	
Roles and Responsibilities	
Backup 1	
Name	
Contact	
Alternate Contact	
Roles and Responsibilities	
Limitations	
Backup 2	
Name	
Contact	
Alternate Contact	
Roles and Responsibilities	

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Limitations	
Backup 3	
Name	
Contact	
Alternate Contact	
Roles and Responsibilities	
Limitations	

Plans and Procedures

Describe the facility's plan/procedures for backing up vital data:

Describe how personnel trained on the plans/procedures for backing up vital data:

Does the facility have an emergency service plan? If so, explain:

Describe how the facility plans to minimize service interruptions as a result of necessary scheduled downtime:

Describe the contingency plans that are in place for managing unscheduled operational interruptions:

Describe how end-users are trained in executing downtime plans/procedures:

Describe how data will be retrieved (whether stored on external hardware, the operating system or as backed up data) in the event of an operational interruption:

Describe the process by which data will be entered into the system as soon as it is restored following an outage or disruption:

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Critical Information Technology, Systems, Equipment and Databases

The chart below identifies critical IT systems, equipment and databases that are used by the organization and describes what function the system serves, where it is located, who manages the IT needs of the system, equipment or database, and what those responsibilities are.

Essential Function	Name of Critical System/Equipment/Database	Location	Managed By	Responsibilities
<i>Inventory Management</i>				
<i>Resident Management</i>				
<i>Food/Dining Services</i>				
<i>Communications Systems</i>				
<i>HVAC</i>				
<i>Security Systems</i>				

Emergency Operations Plan

B. Volunteers in Preparedness Registry (VIPR)

Purpose

The purpose of this annex is to familiarize healthcare staff and administrators with the Volunteers in Preparedness Registry (VIPR) and encourage participation and support of the program.

Background

After the attacks on the World Trade Center and Pentagon building on September 11th, 2001, complications arose from the many well-intentioned medical volunteers who traveled to New York and Washington D.C. to provide assistance. Because a system was not in place to quickly credential medical volunteers, many of these individuals were either sent away or assigned menial tasks that did not require medical licensing to perform. In response, Congress authorized funding for states to develop Emergency Systems for the Advance Registration of Volunteer Health Professionals (ESAR-VHP). In Mississippi, VIPR is the online registration system for medical, health and non-medical responders for the state. It is a secure database of pre-credentialed healthcare professionals and pre-registered non-medical volunteers who are trained to provide a coordinated response to emergencies in support of established public health and emergency response systems. The volunteer registry improves the efficiency of volunteer deployment and utilization by verifying the credentials of volunteer healthcare professionals in advance. Pre-registration and pre-verification of potential volunteers enhances the state's ability to quickly and efficiently dispatch qualified health professionals to assist in emergency response activities.

How does VIPR Work?

Health professionals and others interested in participating in the program should visit the Mississippi State Department of Health Volunteer Registry website at <http://volunteer.msdh.state.ms.us/VolunteerRegistry/Default.aspx>.

On the website, volunteers can register for the program, list contact information and professional licensure information and indicate where and how they would like to volunteer in the event of a disaster. Licensure information is verified through the appropriate state licensing boards. The information that volunteers supply to the website is confidential and will only be made available to government emergency planners if a disaster is declared. In addition, signing up for the program does not in any way obligate members to respond during a particular crisis.

In the event of a disaster or mass casualty event, potential volunteers will be provided with information regarding volunteer opportunities and given the option to accept or decline. Volunteers are expected to maintain current contact information on the Volunteer Registry. The Volunteer Registry is supported by federal funding from the National Healthcare Preparedness Program (NHPP).

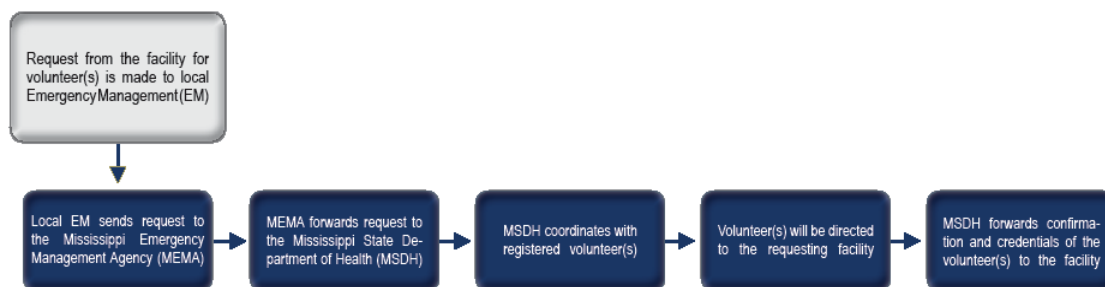
Personal Care Home

What are the Benefits to the Volunteer?

First and foremost, individuals who volunteer under the volunteer registry will have the opportunity to use their experience and training in providing critical services to fellow Mississippians in a disaster situation. Training for members is provided across the state on topics such as Disaster Mental Health, Special Medical Needs Shelter Operations, Strategic National Stockpile Operations, Cardiopulmonary Resuscitation (CPR), Personal Preparedness, the National Incident Management System and more. Continuing Education Units (CEUs) are available at no cost to many licensed professionals for much of the training offered under the program.

Requesting Volunteers

- If the facility experiences staffing shortages and/or resident surge conditions due to a disaster situation, a representative of the healthcare facility should first submit the request for staffing assistance to the local Emergency Management Agency.
- The request should be specific, indicating the number of staff needed, specific expertise needed and the estimated number of days the assistance will be required.
- From the local Emergency Management Agency, the request will be channeled to the Mississippi Emergency Management Agency (MEMA) where public health officials will use the VIPR system to generate a list of qualified and credentialed volunteers.
- Those individuals listed will be contacted by the state through the Health Alert Network (HAN) and provided with the opportunity to volunteer for the task. They will be provided with information regarding the event (including where they need to report) and be given the opportunity to accept or decline service as a volunteer.
- The requesting healthcare facility will be provided with an update from the state regarding the status of the request, including the number of volunteers responding and estimated date and time of arrival.



Liability Protections for Volunteers

Volunteer immunity is available for good faith acts associated with volunteer services. However, there is no immunity for acts or omissions that are intentional, willful, wanton, reckless or grossly negligent (Miss. Code Ann. § 95-9-1).

An unpaid volunteer acting on behalf of the University Hospital is afforded coverage under the Tort Claims Act. Op.Atty.Gen. No. 2002-0144, Conerly, March 29, 2002.

State/political subdivision employees/agents receive some liability protections during a declared emergency (Miss. Code Ann. § 35-15-21).

References

Mississippi State Department of Health Volunteer Registry website:

<http://volunteer.msdh.state.ms.us/VolunteerRegistry/Default.aspx>

“Emergency Systems for Advance Registration of Volunteer Health Professionals (ESAR-VHP) – Legal and Regulatory Issues”, The Center for Law and the Public’s Health at Georgetown and Johns Hopkins Universities, 2008.

“Hurricane Katrina Response – Legal Protections for VHPs in Alabama, Louisiana and Mississippi”, The Center for Law and the Public’s Health at Georgetown and Johns Hopkins Universities, 2008

Emergency Operations Plan

S. Incident Specific Annexes

Incident Annex 1: Biological Terrorism Event

Incident Annex 2: Bomb Threat

Incident Annex 3: Earthquake

Incident Annex 4: Extended Power Outage

Incident Annex 5: Extreme Temperatures

Incident Annex 6: Fire

Incident Annex 7: Floods

Incident Annex 8: Pandemic Influenza

Incident Annex 9: Severe Weather

Incident Annex 10: Tropical Cyclones (Hurricanes)

Incident Annex 11: Winter Storms

Emergency Operations Plan

S-1. Incident Annex: Biological Terrorism Event

A bioterrorism attack is the deliberate release of viruses, bacteria or other germs (agents) used to cause illness or death in people, animals or plants. These agents are typically found in nature, but it is possible that they could be changed to increase their ability to cause disease, make them resistant to current medicines or to increase their ability to be spread into the environment. Biological agents can be spread through the air, through water or in food. Terrorists may use biological agents because they can be extremely difficult to detect and do not cause illness for several hours to several days. Some bioterrorism agents, like the smallpox virus, can be spread from person to person and some, like anthrax, cannot.

Include the facility's plan for a biological terrorism event.

Emergency Operations Plan

S-2. Incident Annex: Bomb Threat

A bomb threat can be delivered as either a written or verbal notification of intent to detonate an explosive or incendiary device with the intent of causing harm to individuals or of causing damage to or the destruction of physical property. Such a device may or may not exist. While a good number of bomb threats are pranks, bomb threats made in connection with other crimes such as extortion, hijacking and robbery are quite serious.

Include the facility's plan for a bomb threat.

Emergency Operations Plan

S-3. Incident Annex: Earthquake

Earthquakes are among the most unpredictable and devastating of natural disasters. An earthquake can be defined as a sudden movement of the earth as the result of the abrupt release of pressure. This release of pressure can result at fault lines where two tectonic plates collide or separate; it can occur as the ground lifts or sinks due to underlying pressures, or pressure can be released in thrust faults or folded rock. An earthquake is also referred to as a “shaking hazard.”

Include the facility’s plan for an earthquake.

Emergency Operations Plan

S-4. Incident Annex: Extended Power Outages

Extended loss of electrical services can be fatal for a frail and compromised population in a healthcare facility. While the occasional interruption of the electrical utility grid is part of life, steps need to be taken to protect vulnerable residents during times of any loss of power. Utility service can be interrupted by natural disasters, industrial accidents at power generation facilities or damage to power transmission systems.

Include the facility's plan for extended power outages.

Emergency Operations Plan

S-5. Incident Annex: Extreme Temperatures

The loss of the HVAC (Heating, Ventilation and Air Conditioning) system in a healthcare facility is a serious technological failure, under certain conditions. During times of mild weather, the failure of these systems would present a minor nuisance. During times of extreme weather, such as a frigid cold winter or usually hot summer, the failure of these systems can create harmful and fatal conditions for residents.

Include the facility's plan for extreme temperatures.

Emergency Operations Plan

S-6. Incident Annex: Fire

Fire is a rapid oxidation process that releases energy in varying intensities in the form of heat and often light, and generally creates and releases toxic vapors. Fire does not have to be in immediate proximity to be fatal. The reduced oxygen and production of smoke and fumes can replace breathable air, creating an anaerobic environment that leads to asphyxiation. Not all fires create visible smoke. Inside a building where airflow is restricted, the risk of dying from oxygen starvation is greatly increased.

Include the facility's plan for fire.

Emergency Operations Plan

S-7. Incident Annex: Floods

Floods are one of the most common hazards in the United States. A flood is the inundation of a normally dry area caused by an increased water level in an established watercourse. Flood effects can be local, impacting a neighborhood or community, or very large, affecting entire basins and multiple states. Flooding can also occur along coastal areas as a result of abnormally high tides, storms and high winds.

Include the facility's plan for floods.

Emergency Operations Plan

S-8. Incident Annex: Pandemic Influenza

A pandemic is a global disease outbreak. A flu pandemic occurs when a new influenza virus emerges for which people have little or no immunity and for which there is no vaccine. The disease spreads easily from person to person, causes serious illness, and can sweep across the country and around the world in a very short time. It is expected that such an event could overwhelm local healthcare systems as an increased number of sick individuals seek healthcare services. In addition, the number of healthcare workers available to respond to these increased demands will be reduced by illness rates similar to pandemic influenza attack rates affecting the rest of the population.

Include the facility's plan for pandemic influenza.

Emergency Operations Plan

S-9. Incident Annex: Severe Weather

Severe weather is any atmospheric phenomenon that can cause property damage or physical harm.

Severe weather includes the following:

- Hail
- Intense cloud to ground lightning
- Torrential rain
- Strong winds (micro-bursts, straight line winds)
- Tornadoes

Include the facility's plan for severe weather.

S-10. Incident Annex: Tropical Cyclones (Hurricanes)

A tropical cyclone, also called a hurricane depending on its location and strength, is a storm system characterized by winds reaching a constant speed of at least 74 miles per hour and possibly exceeding 200 miles per hour. On average, a hurricane's spiral clouds cover an area several hundred miles in diameter. The spirals are heavy cloud bands from which torrential rains falls. Tornado activity may also be generated from these spiral cloud bands. Hurricanes are unique in that the vortex or eye of the storm is deceptively calm and almost free of clouds with very light winds and warm temperatures. Outside the eye, a hurricane's counter-clockwise winds bring destruction and death to coastlands and islands in its erratic path. High winds and heavy rains from hurricanes impact inland regions many miles from the coast.

Include the facility's plan for tropical cyclones.

Emergency Operations Plan

S-11. Incident Annex: Winter Storms

Winter storms are often an underestimated threat. Snow and accompanying ice can immobilize a region and paralyze a city. Ice can bring down trees and break utility poles, disrupting communications and utility service. It can also immobilize ground and air transportation. The healthcare facility may find itself completely on its own for several days.

Include the facility's plan for winter storms.