

DC Emergency Healthcare Coalition Healthcare Facility Business Continuity Planning Template

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Attachments

HICS 256

Departmental Disaster Status Report Form: Clinical/Patient Care

Att. A

Downtime Departmental Disaster Status Report Form: Att. B
Non-Clinical/Office Environment

Risk Assessment Matrix Att. C

Inventory & Sustainability Resources & Assets Table Att. D

Selected Fed'l Legal Authorities Pertinent to Public Health Emergencies Att. 1

Healthcare Primary Mission Essential Function (PMEF) and Mission Essential Functions (MEF's) Att. 2

DC Emergency Healthcare Coalition Healthcare Facility Business Continuity Planning Template

I. Purpose

To provide guidance for those in charge on how to ensure essential business functions are continued in the event a disaster or other untoward incident disrupts normal business operations.

II. Applicability and Scope

- A. This plan shall be used to assist those in charge of the facility confronting one of the following situations:
 1. **Operational** and able to provide all normal operations but faced with structural damage and/ or staff reductions and /or limited available leadership.
 2. **Partially operational** – able to provide some but not all of the normal services.
 3. **Closed and attempting to reopen** - the situation is being addressed and steps are being taken to reopen and resume full operations whether all at once or in staged manner.
- B. The plan is also intended to assist this facility identify and prioritize the essential functions to be continued. The prioritization might be done
 1. By each department by those in charge of the department or someone else assigned the responsibility
 2. For the whole facility by those in charge

III. Authority

- A. Federal Legal Authorities
 - See Attachment 1 – Selected Federal Legal Authorities Pertinent to Public Health Emergencies (CDC - 2/2104) for current listing
- B. City Authority
 - Information PENDING FROM HSEMA

IV. Healthcare Primary Mission Essential Function (PMEF) and Mission Essential Functions (MEFs)

- A. To clarify business continuity and recovery planning and response roles and responsibilities for DC Department of Health, the DC Emergency Healthcare Coalition and each Healthcare Organization Attachment 2 addresses the following situations:
1. **Healthcare Service Delivery** for inpatient and outpatient environments
 2. **Access to Health Work Force** – ability to deploy a credentialed health workforce to provide patient care to support healthcare service delivery in all environments
 3. **Community/Facility Critical Infrastructure** – Fully operational critical community /facility infrastructure including power, water, and sanitation etc., to support patient care environments
 4. **Access to Healthcare Supply Chain** – Full access to the healthcare supply chain including medical and non-medical supplies, pharmaceuticals, blood products, industrial fuels and medical gases etc.
 5. **Access to Medical /Non-Medical Transportation System** – Fully functional medical and non-medical transportation system that can meet the operational needs of the healthcare sector during the response & continuity phases of an event.
 6. **Information Technology/Communications** – Fully functional information technology and communications infrastructure that support high availability of the healthcare sectors data management and information sharing capability.
 7. **Healthcare Administration /Finance** – Fully operational administrative and financial capability including maintaining and updating patient records, adapting to disaster recovery program requirements, payroll continuity, supply chain financing, claims submission, losses covered by insurance and legal issues.

V. Assumptions

- A. During a crisis every healthcare facility will have a need for a business continuity plan
- B. The availability of this plan will assist the facility to:

1. Continue its principle mission of providing patient care despite the impact a disaster or untoward incident may have on the facility and /or its operations.
 2. Fulfill legal, moral and ethical responsibilities to its patients, staff, and the community.
 3. Comply with pertinent District of Columbia and federal regulations regarding maintaining and/or restoring business operations in a timely manner.
 4. Minimize the loss of market share, financial losses and /or fines.
 5. Reduce facility related damages.
- C. It is the responsibility of each staff member to maintain a safe work environment; they will immediately report any unsafe environment to their supervisor / Command Center.
- D. The use of a planning framework common with other District healthcare facilities will make it easier for the DCEHC, DC Department of Health, DC Department of Homeland Security and Emergency Management as well as other District and federal government agencies assist the facility with restoration and recovery efforts.
- E. An effective Business Continuity Plan will address the needs of the main facility, its campus and appropriate off site locations.
- F. The healthcare facilities HVA will be used to identify likely internal and external threats requiring the potential to implement a Business Continuity Plan.

VI. Identification of Likely Vulnerabilities

- A. The results of the annual facility Hazard Vulnerability Analysis will be used to identify what vulnerabilities the business continuity plan should be addressing.
- B. This plan will address (list the vulnerability(s) here)
- 1.
 - 2.
 - 3.

VII. Concept of Operations

- A. Implementation
1. This plan or any part of it will be utilized at the direction of the Incident Commander when they feel the crisis being encountered can best be addressed by use of the plan.

2. Risk management /insurance criteria may be used as triggers to activate the plan as needed.
 3. The primary responsibility for coordinating the implementation of this plan will normally be assigned to the Operations Section-Business Continuity Branch.
 - a. Aspects of coordinating the plan may in turn be delegated to other positions within this Branch.
 - b. Effective coordination will require communication and collaboration across all operating sections.
- B. Implementation of the plan will be to achieve one or more of the following:
1. Ensuring continuous performance of essential functions
 2. Protecting the safety and productivity of staff members
 3. Reducing or mitigating disruptions to operations
 4. Addressing behavioral health issues affecting the staff
 5. Planning for critical loss of staff loss through scheduling, use of alternate resources and /or temporary reduction in service offerings
 6. Reducing loss of life
 7. Minimize damage and losses
 8. Achieve timely and optimum resumption of service delivery
- C. Alert and notification
1. The implementation of the plan will be announced at the direction of the Incident Commander
 2. Staff will be notified about the activation of the plan by _____(identify).
 3. As appropriate the following shall also be notified:
 - a. Duty Officer/HCRT
 - b. DOH/HECC
 - c. Union leadership (if applicable)
 - d. Corporate Headquarters/Command Center (if applicable)
 - e. Insurance carrier(s)
- D. Completion of a Business Impact Analysis (BIA)
1. The Business Impact Analysis (BIA) will be a critical analysis used to determine operational status and devise a restoration strategy.
 2. The Infrastructure Branch will complete a Facility System Status
 - a. The HICS 256 - Facility Status Form or alternate form can be used to reflect the status of each area.

- b. Each department may be asked to submit their individual status using Attachment A/B (Attachment A- Departmental Disaster Status Report Form or Attachment B- Downtime Departmental Non Clinical/Office Environment).
 - The completed form will be sent to the Business Continuity Branch.
 - c. The HIS Facility Status template shall be kept current by the Liaison Officer/designee.
 - 3. Each department may be directed to complete Attachment C- Risk Assessment Matrix to prioritize their operations capacity.
 - a. The completed Risk Assessment Matrix will include completing the following criteria
 - i. Priority (Critical/Essential/Non essential)
 - ii. Recovery requirement (Immediate 0-24/Delayed 24hrs-7days / Deferred – beyond 7 days)
 - iii. Vulnerability (High/Vulnerable/Not vulnerable)
 - b. Each completed Attachment A/B/C will be submitted to the Business Continuity Branch by _____ (identify phone, fax, email) for each work period or more often as determined by the Incident Commander.
 - c. The Business Continuity Branch will review each individual department form and establish with Logistics and Planning Section personnel a final work priority plan for approval by the Incident Commander
 - i. The Finance/Administration Section will participate in planning when warranted to address finance related matters.
 - ii. The work plan for departments may be completed for each operational period and/or longer work periods.
 - iii. Final prioritization and planned support details will be returned as soon as possible to Department Heads.
 - iv. Attachment D-Inventory & Sustainability Resources will also be completed, if needed, by the Business Continuity Branch personnel.
- E. Entire healthcare facility

If warranted, the Business Continuity Branch working with the Planning Section will complete Attachment B for other parts of the facility not addressed by department reporting.

VIII. Set a Recovery Time Objective (RTO)

- A. The Planning Section- Business Continuity Branch upon receiving a completed Attachment A/B and C from each department will assimilate the information and determine a time frame for returning an activity/area back to normal operations. The RTO will be written on Attachment C for each department.
- B. Attachment D - Inventory and Sustainability Resources & Assets will be completed by the Business Continuity Branch when the information will be needed for daily operations management.
- C. Setting a RTO will be set keeping in mind the maximum allowable down time that is permitted without harm to patient safety or continuation of business services.

IX. Operational Considerations

- A. Staff
 - 1. Maximum /minimum numbers
 - a. Those in charge of each operational area will determine the minimum and maximum staffing requirements for their area.
 - b. Requirements will take into account the following
 - i. Work load requirements
 - ii. Work time periods
 - iii. Patient/staff safety
 - iv. Environmental stressors (i.e. heat/cold, no elevators etc.)
 - v. Provision for staff eating/rest periods
 - c. As often as possible assigned staffing will normally utilize normally assigned staff; when needed supplemental or replacement staffing may come from:
 - i. Other departments
 - ii. Other healthcare facilities or corporate staff
 - iii. State/federal deployed team personnel
 - c. The recommended staffing is to be approved by the Incident Commander before being utilized.
 - 2. Temporary Staff
 - a. Staff supplementation in any area may come from use of:
 - i. Agency personnel
 - b. Request will be coordinated by Logistics Section

- i. Staff from other DCEHC organizations
 - Request made by Liaison officer via HIS or phone
 - ii. Medical volunteers including MRC members
 - a) MRC will be requested from the HECC via HIS or phone
 - b) Medical volunteers may arrive in the absence of a request to assist
 - If volunteer personnel are not going to be used a public announcement to that effect may be needed.
 - iii. Federal deployed personnel
 - May be requested by HECC if no other options available or special expertise required
 - b. All temporary staff member shall:
 - i. Be told when and where to report
 - ii. Have their medical credentials checked as appropriate per the HCF plan
 - iii. Receive an identification badge, computer access information and parking assignment
 - iv. Be given orientation
 - v. Meet their interim supervisor and be given tour of their assigned area
 - vi. Receive uniform or other work related materials if needed
- 3. Community Volunteers
 - a. Citizens from the local community or elsewhere may spontaneously arrive and offer to provide assistance on a voluntary basis.
 - b. When and how these volunteers may be used will be in accordance with the facility volunteer utilization policy and/or the decision of the Incident Commander.
- 4. Work Periods (Operational Periods)
 - a. Schedule adjustments shall be made as needed to address service delivery needs while at the same time taking into consideration staff health and safety.
 - b. Some flexibility in awarding/compensating leave may need to be shown to allow staff to address family needs
 - c. Telecommuting by administrative and/or non-clinical personnel shall be used as appropriate and adhere to

standard policy guidance or modifications made to address the situation.

- d. Notifications will be given to Union officials per standing agreements; contracts maybe voided or modified in accordance with written agreements.

5. Staff Support

- a. Situations where the facility is operating under duress may result in a number of challenges for the staff.
- b. Behavioral health support will be important to maintain staff functionality
 - i. The Behavioral Health Plan will be used as fundamental guidance (the DCEHC Behavioral Health Planning Template may be used to write or benchmark a plan if needed).
 - ii. The plan will be modified as needed to meet situational requirements.
- c. Certain external situations (i.e. tornadoes, earthquake etc.) may negatively impact staff housing, transportation capabilities and family integrity.
 - i. The Incident Management Team shall address these issues as time and resources allow.
 - a) The importance of these issues should be addressed from the outset of the situation.
 - b) Temporary child, eldercare, and sheltering will be particularly important support
 - c) Previously developed plans should be used and /or modified as needed.
 - ii. Where needed additional plans shall be devised by the Planning Section and implemented as needed.
- d. Staff shelter
 - i. Depending on the situation providing staff with temporary shelter may be needed; the Shelter in Place Plan will be used as guidance and modified to meet situational needs.

- ii. In lieu of providing housing within the facility use of area hotels may be necessary to address number of staff requiring shelter and/or morale reasons.
- 6. Staff Communications
 - a. Creditable, timely, and effectively delivered information will be vital to maintaining staff trust, confidence and loyalty.
 - b. All staff shall be provided with situational awareness on a regular basis
 - i. The notifications shall come through the Public Information Officer (PIO) after approval by the Incident Commander.
 - ii. Information sharing may be done via email, face-to-face meetings, and town hall meetings and /or written messages.
 - iii. Supervisor sharing of information with their subordinates will also be used as often as time and opportunity allow
 - c. Messaging will also be done as needed and resources allow with off duty staff.
 - i. Messaging will be done using working technology and the HCF communication plan.
 - ii. Messaging should be done consistently and include addressing concerns related to off duty staff when necessary.
 - d. Regular communication shall also be conducted with staff temporarily assigned to another healthcare facility as staffing.
 - i. Information to be shared includes but is not limited to:
 - a) Home facility operational status
 - b) Salary payments
 - c) Return planning
 - d) Answering their questions
 - ii. Methods of communication shall include:
 - a) Emails
 - b) Written correspondence
 - c) Phone calls
 - d) Face to face meetings
- 7. Off Campus Locations

Communication will be regularly maintained with staff at all off site locations.

- a. They will be provided with situational updates as warranted using working technology.
 - b. Information about the operating status of each off site location shall also be regularly obtained by the Command Center; specific operating problems will be reported to the appropriate Incident Management Team member to resolve.
 - i. The Command Center working with offsite leadership will determine whether the office hours need to be modified or the office closed.
 - ii. The landlord and/or property management company will be included as appropriate in any operating and/or restoration decisions.
 - c. The situation may warrant off site personnel be sent to other work locations; they will be apprised of this decision as soon as possible.
 - Human Resources will address any contractual and/or financial issues and advise the impacted personnel of policy decisions made.
8. Personnel records
- a. All reasonable steps shall be taken to keep safe and secure employee records.
 - These include performance, health and administrative files.
 - b. Arrangements will be made to relocate these written and electronic records to another secure location if needed because of threats to the facility/storage area and /or staff member temporarily assigned to another facility.
 - i. The Planning Section working with Human Resources personnel will coordinate this site location.
 - ii. Staff will be notified of the location once it is operational.
 - c. Management of the files will follow standard practice or adjustments needing to be made as the situation warrant.
 - d. Staff may be sent from the main facility to supplement off campus office staffing if needed.
9. Volunteer records

- a. The volunteer registration and credentialing procedure shall be followed (see _____ list here)
 - b. All volunteer records shall be maintained per standard procedure (see _____ list here).
 - c. Depending on the situation these records may need to be relocated to another secure area because of threats to the facility/storage area.
- B. Vital Equipment
- 1. If needed, an initial determination will rapidly be made and continually reevaluated to determine the status of equipment vital to maintain HCF operations.
 - a. The equipment may include that used for clinical and non-clinical care.
 - b. The equipment may include but not limited to:
 - i. Clinical
 - a) Bedside monitoring equipment
 - b) Laboratory diagnostic/POCT equipment
 - c) Radiology devices
 - d) Anesthesia equipment
 - e) Ventilators
 - f) Pharmacy refrigeration
 - g) Medical gas equipment/ supply
 - h) Dialysis Equipment
 - i) Other Biomed equipment _____
 - ii. Non clinical
 - a) Security CCTV
 - b) Automatic locking equipment/control
 - c) Cooking equipment
 - d) Kitchen refrigeration
 - e) Utility equipment
 - f) Water filtration/supply
 - g) Generator(s) (primary and emergency)
 - h) Fire control system
 - iii. Miscellaneous Equipment
 - a) IT /IS hardware /software
 - b) Overhead paging system
 - c) Radio system
 - d) Phone system
 - iv. Other Items

Pharmaceuticals /delivery systems

2. The status of vital equipment will impact decisions regarding operating status.
 3. Every effort will be made to repair and/or replace vital equipment in an expedited manner.
 - The Logistics Section will provide primary coordination
- C. General Equipment and Supplies
1. The Logistics Section shall use existing procedures and agreements to acquire needed items to support all essential operational areas.
 - a. Emergency procurement practices will be followed along with notifications to the Duty Officer/HCRT and/or HECC.
 - b. Staging areas for particular items may be used as needed and staff notified of their location and acquisition procedures to be followed.
 2. If alternate operational sites are established the Logistics Section shall be notified of their location and make needed provisions to support them.
 - If an external alternate care site(s) is used it may require additional staffing and transportation support to insure needed items are delivered as needed.
 3. The need for equipment repair may be increased depending on the situation
 - a. Repair personnel shall be identified and given assignments as needed (ID staff likely to be given this role and refer to here)
 - b. External repair support will be coordinated by Logistics Support Branch/designee
 - c. Servicing of biomedical equipment shall follow established procedures; these procedures may be modified as needed based on the situation but not compromise staff/patient safety.
- D. IT/IS system
1. If an IT/IS system disruption is noted the staff member shall immediately report the problem to their supervisor/ Command Center.
 2. The facility's _____ (name for IT IS system failure plan goes here) plan will be used until the normal system is restored.

3. The Business Continuity Branch will coordinate the IT/IS system operations
 - Additional units within this branch may be established as needed to address specific operational needs.
 4. Arrangements shall be made to issue user name/passwords for new/temporary employees, volunteers.
 5. IT/IS equipment installation and support shall be given to new areas being used per the surge plan for patient care.
 6. Off site /remote systems may be established because of surge or business area relocation;
 - a. These sites shall be chosen from a list of preplanned locations.
 - b. Personnel deployed to these sites should insure they have needed equipment, administrative materials (phone lists, procedures etc.) and personal supplies
 7. Use of alternate or replacement equipment may be necessary for system restoration
 - a. This equipment and the vendor should come from preplanned list of options
 - b. Request(s) may be made to DCEHC organizations for assistance using the HIS.
 - c. Assistance may be requested
 8. If alternate clinical care sites are being used IT/IS personnel and equipment should be provided per the plan for that location.
- E. Clinical Support services (delete services not applicable to your facility and/or add others not included)
1. Because of facility compromise or staffing the following may have their service capability curtailed or temporarily terminated depending on situation:
 - a. Lab
 - b. Radiology
 - c. Diagnostic procedures
 - d. Operating Room
 - e. PT/OT
 - f. Pharmacy
 - g. Respiratory Therapy
 - h. Inpatient beds
 - i. Emergency Department

2. These services may be able to be relocated to other areas of the facility, or an alternate site on campus until repairs can be made.
 3. Temporary reduction in their availability/use while maintaining some service may be required. Staff will be notified of the decision as soon as possible.
 - a. Impacted staff can be assigned elsewhere.
 - b. Service reduction shall be reported to the DC Department of Health per current regulatory guidance.
 4. In some cases the services may be temporarily conducted in modular buildings/trailers /tents acquired by Logistics and set up in a designated area
 - a. Logistics will work with the Infrastructure Branch and Business Continuity Branch to insure needed support to set up and operate these facilities is provided.
 - b. Security personnel shall be assigned as needed.
 5. It may become necessary to centralize satellite service areas for pharmacy/lab/radiology/PT-OT into one area to optimize staff and equipment availability
 6. When service lines cannot be provided at the facility temporarily then other HCFs, outpatient offices or commercial facilities may be contacted to expand their capability to meet the patient need
 - Staff with needed expertise and/or needed equipment/supplies may be temporarily assigned to those facilities to meet the increased demand; the DCEHC Mutual Aid MOU provides guidance on how this arrangement can be made.
 7. In some unique cases the delivery of one or more of these services may be increased to meet situational needs and/or assist other facilities impacted by the situation.
 - The surge plan shall be used to provide guidance and the Planning Section will develop other plans and procedures needed to effectively assess the needs of the situation.
- F. Patient Management
1. The clinical care of patients will normally be provided following facility standard policies and procedures and community practice.
 2. In extreme cases where the total needs of all the patients cannot be met by normal practice then reasonable steps shall be taken to address the issue(s). These include:

- a. Staff supplementation (see section ___)
 - b. Equipment /medication/supplies supplementation through assistance from DCEHC /DOH/Region/Federal government
 - c. Electronic consultation with needed medical expertise (i.e. burn, critical care, infectious disease etc.)
 - d. Patient transfer to other facilities
 - e. Use of the DCEHC Modified Means of Care guidance document
 - f. Consultation with DCEHC Duty Officer/HCRT and HEPRA/HECC
 - g. Consultation with Corporate Headquarters if applicable
3. All reasonable efforts shall be made to continue to provide full service to all patients. In some cases arrangements may need to be made to use the service of another facility to meet the needs of patient(s). This will result in scheduled appointments being made at that facility and the patient being sent there and returned after the appointment is over.
 - a. The Medical Care Branch will make these needs known to the Command Center.
 - b. The Logistics Section will arrange for the appointment and round trip transportation assistance.
 - c. The DCEHC Mutual Aid MOU shall be consulted for guidance on cost reimbursement when needed.
- G. Attending Physician Privilege Transfer
1. In cases where a specialist is responsible for the care of a patient(s) they may wish to continue the care for that patient even if the patient is transferred.
 2. The desire to continue to provide care to the patient and its advantages will be relayed to the receiving facility by the Incident Management Team. The receiving facility will act on that request and advise of their decision as soon as possible.
 - If permission is granted the attending physician will be made aware of the receiving facilities credentialing requirements.
- H. Patient records
1. Patient medical records shall be maintained using normal facility procedure(s) to the extent possible.
 2. In the event of a utility failure or intranet failure precludes normal patient record access and completion the _____

(fill in the name of the plan here) plan will be utilized until the problem is corrected.

3. The Business Continuity Branch will work with Medical Records personnel to address issues related to the availability, access, security and maintenance of patient medical records.
 4. In the event of a patient (s) transfer to another facility a copy of their medical record shall be provided at time of the transfer.
 - a. Access to the electronic medical record will be made if possible
 - b. Key portions of a medical record may be printed and sent with the patient
 5. The DCEHC Patient Transfer form may be used as alternate means of recording key medical information for the patient for the sending and receiving facility.
- I. Non clinical support services
1. Because of facility compromise or staffing issues the following may have their service capability curtailed or temporarily terminated depending on situation:
 - a. Food Services
 - b. Environmental Services
 - c. Communications /page operators
 - d. Human Resources
 - e. Printing services
 - f. Off site offices
 2. These services may be able to be relocated to other areas of the facility, or an alternate site on campus until repairs can be made.
 3. Service reduction shall be reported to the DC Department of Health per current regulatory guidance.
 4. In some cases the services may be temporarily conducted in modular buildings/trailers /tents acquired by Logistics and set up in a designated area
 - Logistics will work with the Infrastructure Branch and Business Continuity Branch to insure needed support to set up and operate these facilities is provided.
 5. Alternate food service arrangements may be made in some situations with other healthcare facilities and /or vendors to bring prepared meals to the facility in accordance with DOH permitted practice.

- The Logistics Section – Food Service Unit, will coordinate this activity.
- J. Facility Engineering
1. The Infrastructure Branch will be responsible for regularly assessing and maintaining the building related operations.
 2. Outside vendor support for maintenance and repair operations will be coordinated with the Logistics and Finance Administration Sections.
 3. Repair priorities will be set and progress on their completion regularly reported to the Incident Commander.
 4. The following will be addressed as needed:(include those that are appropriate)
 - a. Power loss
 - i. Attention will be paid to the immediate and continuous function of emergency generator operations.
 - Performance monitoring will be done per normal/emergency procedures.
 - ii. All clinical and non-clinical units will insure vital equipment is connected to emergency powered outlets.
 - a) Patients and /or vital equipment will be relocated to other areas with power as needed.
 - b) Non -mobile vital equipment not on emergency power shall be reported to the Command Center who will act to resolve the issue.
 - iii. Supplemental power supply (e.g. generators on trailers, etc.) will be coordinated with contacted vendor(s), DOH-HECC, and/or corporate headquarters.
 - iv. Preparations will be made as needed for the connectivity of the portable system with the facility.
 - v. Power disruption from the supplier will be resolved in coordination with the power utility.
 - b. Water loss
 - i. If water pressure and /or supply is lost the water outage plan shall be followed.
 - ii. External connection(s) shall be readied for access to water tankers if needed.
 - c. Piped gas/vacuum suction loss
 - i. If piped gas /vacuum suction is lost the appropriate outage plan shall be followed.

- ii. Portable medical gas tanks and battery operated suction units will be used as necessary; resupply will be coordinated through the Logistics Section.
 - iii. Runners will be used as needed to transport specimens etc. to designated areas as needed.
- d. Pneumatic system failure
 - i. If the tube transfer system fails the outage plan shall be followed.
 - ii. Runners will be used as necessary.
- e. Sewer disruption
 - i. If sewer service is lost the appropriate plan shall be followed.
 - ii. Clean up of contaminated areas will be done as soon as possible by personnel wearing proper PPE.
- f. Biowaste collection
 - i. If biowaste collection/transfer is compromised the appropriate plan shall be followed.
 - ii. Porta potties will be ordered and positioned throughout the facility per the plan
 - iii. Plans shall be made to insure regular pick up of waste from each potty /collection site.

X. Security

- A. The security situation shall be initially and continuously assessed.
 - Attention will be paid to the facility, high-risk areas, loading dock, campus and parking areas.
- B. Depending on the situation supplemental staffing may be required to insure 24/7 services. Assistance may be sought from:
 - 1. Other healthcare facilities; request through posting the need on HIS and/or calling the DOH - HECC.
 - 2. Request for MPD assistance through DOH- HECC
 - 3. Hiring agency personnel temporarily in compliance with DC regulations.
 - 4. Corporate requested support (include if applicable).
- C. Planning should address the need for security for newly established internal/external operational areas as well as regular observation of closed areas of the facility.
- D. Security system repairs will be coordinated with Logistics and Finance Administration Section.

- E. Facility parking shall be assessed for use and staff parking locations assigned/reassigned as needed.

XI. Outpatient Services

- A. An assessment shall be done as soon as possible on whether and how outpatient services can continue to be provided.
 - 1. Structural compromise or staffing limitations may result in the need to curtail, centralize or suspend service delivery.
 - 2. Where appropriate and in accordance with any contractual agreement landlords/building management shall be included in these decisions.
 - 3. Patients shall be notified per the _____ (put plan name in here) plan of the situation and given instructions on what to do.
 - 4. Parking availability will be assessed and any issues addressed.
 - 5. Needed equipment and supplies will be ordered through Logistics Section unless otherwise directed.
- B. Unneeded staff shall be reassigned to assist in other operating areas as needed.
- C. The normal hours of the outpatient service(s) may be extended or contacted depending on the situation
- D. The outpatient facility design may be modified to use all available space to accommodate more patient visits.
- E. Outpatient facilities may be used when needed to provide select in patient services.
- F. An alternate location(s) may be used if available.
 - The Operations – Infrastructure Branch, Operations – Business Continuity Branch, and Logistics – Support Branch will work together to address the needs for establishing and maintaining this location(s).
- G. The Public Information Officer will be kept informed about the situation and will send out media releases/and social media announcements when needed.

XII. Care for Equipment Dependent Homecare Patients

- A. All reasonable steps shall be taken to continue the care for homecare patients.
- B. When this responsibility cannot be met, another HCF, medical personnel agency or DOH-HECC shall be notified and asked to assume responsibility for that patient(s).

XIII. Vital Records

- A. The Business Continuity Branch will work with the Planning Section, human resources, medical record, and IT/IS personnel to insure the protection and availability of electronic and hardcopy documents, references, records and information systems needed to support essential functions. These records will include:
 - 1. Emergency operating records
 - 2. Patient records including birth certificates death certificates and inpatient/outpatient records
 - 3. Legal records including contracts MOUs/MOAs
 - 4. Financial records including payroll, insurance, property management, accounts receivable and inventory records
- B. If needed plans for the alternate release of information to requesting patients, attorneys or others should be addressed as soon as possible and publicly announced as appropriate.

XIV. Facility Cleanup

- A. Depending on the situation cleanup of spilled fluids, debris and waste material may be needed along with debris removal.
- B. The priority for conducting a criminal/forensic investigation may take priority over immediate cleanup. MPD/FBI will advise when the HCF resumes control of the site(s).
 - The HCF may be expected to provide security for the area until released by law enforcement.
- C. The Logistics Branch will work with the Safety Officer and Operations Section to assess the problem and outline a corrective action plan.
 - A newly designated Logistics Section - Cleanup Unit may be established to coordinate cleanup activities
- D. In some cases facility staff may undertake temporizing measures but definitive cleanup will need to be done by more qualified vendors.
 - 1. Attention will be given to insuring that staff involved in the clean up are informed of any risk, are wearing proper PPE and following prescribed cleanup instructions.
 - 2. Extensive clean up may need to be prioritized and completed according to an established work schedule coordinated between Logistics and the Operations Sections.

3. Existing or emergency MOUs with cleanup companies shall be used as appropriate.
 - The Logistics Section will coordinate acquisition with the Finance Administration Section
4. Unmet specialty cleanup assistance may be requested from DOH-HECC.
- E. Photographs and other needed documentation will be completed as needed for insurance and/or FEMA reimbursement.

XV. Remodeling and Rebuilding

- A. Depending on the nature of incident facility restoration may require remodeling or rebuilding of part or all of the facility.
- B. The Incident Commander will determine how leadership over this project(s) will be handled. Options include but not be limited to:
 1. Have the Infrastructure Branch coordinate including creating a new Unit if needed.
 2. Have the Support Branch coordinate including creating a new Unit if needed.
 3. Have a new Remodeling/Rebuilding Section created that includes designated Units to coordinate individual tasks (e.g. utility, IT/IS, HVAC etc.)
 4. Utilize the normal facility administrative structure to coordinate the efforts
- C. The designated leadership structure will work with District officials to seek expedited review and approval of needed plans and permits.
- D. Corporate approval for rebuilding plans will be obtained (include this if applicable to your facility)
- E. Architectural and contractor services will be sought in accordance with healthcare facility policy and procedures; special exceptions will be made when needed with approval of appropriate personnel.
- F. To assist with minimizing the required timeframe associated costs and other operational implications consultation may be sought from communities/healthcare facilities that have undertaken similar efforts locally or nationally (e.g. Joplin, New York City, New Orleans etc.)

XVI. Community Response

- A. Support from the local community or beyond should be anticipated and take several forms that include but are not limited to:
 1. Offering personal assistance in any manner determined by the healthcare community
 2. Donation of food and other materials (that may/not be helpful).
 3. Blood donation (include if applicable)
 4. Donation of money
- B. Depending on the situation it may become necessary for the Incident Commander to address community support issues by assigning it as follows:
 1. Financial donations – Finance-Administration Section
 - Receipt and provision of tax credit documentation should be anticipated.
 2. Personal Services – Labor Pool
 - The Volunteer Utilization Plan should be used for guidance where applicable
 3. Material Donations - Infrastructure Branch
 4. Food donations- Food Unit
 - Attention shall be paid to DOH regulations that may pertain to consuming these items
- C. The Public Information Officer will coordinate providing information and appreciation messaging per instructions from the Incident Commander.
- D. It will be important that proper documentation of all of these acts of kindness is kept.
- E. The Incident Commander/designee shall determine the healthcare facilities expression of thanks for these donations.
- F. It should be anticipated there will be great community interest in learning about the healthcare facility operations and/or restoration and recovery.
 1. Information dissemination will be the responsibility of the Public Information Officer
 2. The Incident Commander/CEO will approve all messages.
 3. Updates will be provided via TV/radio, public meetings and social media.

XVII. Integration with External Partners

- A. The healthcare facility shall continue their response coordination with other members of the District of Columbia Emergency Healthcare Coalition so long as assistance is needed and/or assistance to others can be provided.
 - 1. The Duty Officer/HCRT and DOH will continue to be primary points of contact.
 - 2. NVHA/RHCC – Northern Virginia
 - 3. EMRC - Maryland
- B. The HIS will be used per normal practice to provide update information and/or request assistance.
- C. The DCEHC Mutual Aid MOU will be used as basis for healthcare facilities supporting one another with personnel, medications, equipment and supplies.

XVIII. Corporate Response (include if applicable)

- A. The Incident Commander/designee will be responsible for keeping corporate leadership regularly informed about the situation.
- B. Corporate assistance with planning, financing, and public relations will be sought where appropriate.

XIX. Patients/Family Communications

- A. It will be important to keep patients (in patient/outpatient) and their families routinely informed about the status of service availability and future operational plans.
 - This will be done with suitable frequency to allay anxiety and optimize confidence
- B. The Public Information Officer will be responsible for providing messages approved by the Incident Commander.
 - 1. Information may be done by written and/or verbal messaging
 - 2. Selective use may be made of social media
 - a. The facility web page shall be kept current
 - 3. Staff may be asked to talk directly with patients/families
 - 4. Incident Management Team members /Senior Administrators may make rounds of the facility to communicate information.

XX. Media and Public Relations

- A. Regular attention will need to be paid to addressing the media.
 - 1. Media briefings shall be conducted as needed
 - The location may vary depending on facility status

2. Regular written releases
3. Personal interviews
- B. Noteworthy benchmarks being achieved may be publicly announced.
 - Consideration shall be given to providing tours and/or reporting from remodeled/rebuilt areas of the facility.
- C. The Public Information Officer shall be prepared to quickly recognize and react to misinformation and/or rumors that potentially undermine public and/or staff confidence.
 - Regular reading of the news/monitoring radio/TV and social media

XXI. Healthcare Organization Financial Sustainability

- A. Depending on the nature of the incident and whether state/federal disaster declarations have been made the healthcare facility may be eligible for state/federal financial assistance.
- B. Appendix _____ Healthcare Organization Financial Sustainability provides some basic reimbursement information for use during and following the incident.

XXII. Final Recovery Steps

- A. The Incident Commander in collaboration with Incident Management Team (IMT) members and other senior healthcare facility administrators will determine when the IMT can be disbanded and the daily administrative team resumes their normal role.
- B. The staff and patients will be apprised when this action is undertaken.
- C. Final attention shall be paid to behavioral health support for staff and Incident Management Team members.
- D. The Finance Administration Section will continue to assimilate final response financial data producing any needed final report.
- E. The Planning Section will continue to assimilate all response documentation and write any requested final report; they will also archive all response documentation.
- F. Each Section/Branch/Unit will be responsible for submitting final documentation to the Planning Section and returning used command material to their original storage location ready for the next use.
- G. A determination will be made as to when and how the healthcare facility will undertake conducting an after action review and writing of a final report (AAR) including a corrective action plan.

1. The AAR will be shared as appropriate internally with staff and externally with corporate (if applicable)
 2. Selected portions may be shared with DCEHC members and/or the public
- H. It should be anticipated that based on the nature and extent of the situation and the impact on the healthcare facility it may be requested to share lessons learned. This might be done by:
1. Speaking at conferences/meetings
 2. Conducting Web N Rs
 3. Writing an article(s)