POLICY
SH - Delivery System Emergency Management Plan

This Policy is Applicable to the following sites:
Big Rapids, Continuing Care, Gerber, Ludington, Outpatient/Physician Practices, Pennock, Reed City, SH GR Hospitals, SHMG, United/Kelsey, Zeeland

Applicability Limited to:	Spectrum Health
Reference #:	23012
Version #:	3
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Functional Area:	Emergency Preparedness
Department Area:	Disaster

1. Purpose

Spectrum Health has developed and maintains an ongoing Emergency Preparedness Program Plan which defines a comprehensive approach to identifying risks and mobilizing an effective response within the organization and in collaboration with essential response partners in the community. In doing so, Spectrum Health will provide emergency responses by knowledgeable staff to either a planned event or unplanned incident that threatens to disrupt normal operations. In such events/incidents, the goals listed in priority are to minimize the loss of injury or life, to minimize the damage to property, and to minimize the loss of financial impact to the organization.

2. Responsibilities

The emergency preparedness program is evaluated annually. The effectiveness of the program lies with the active participation of the following:

A. Executive leadership (including Medical Staff leadership)
B. Emergency Preparedness leadership
C. System command center staff
D. Emergency Preparedness committees
E. Safety committee
F. All delivery system leadership

3. Policy

I. Index

Entities will reference associated Documentation contained within this document as applicable.
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II.   Objectives
    A. Spectrum Health annually develops objectives for the Emergency Preparedness Program and outlines these objectives in its Emergency Management Plan. These objectives are evaluated and reported on an annual basis.
        1. Maintain employee preparedness in fulfilling their roles to either a planned event or unplanned incident that threatens to disrupt normal operations;
        2. Support response plans and/or organizational processes to appropriately manage any internal or external emergency situation, whether it is a real world incident or a planned exercise;
        3. Collaborate with local, regional, state, and national community partners, as appropriate, to prepare for our role in an emergency situation.
    B. The annual program review is shared with various levels of leadership (manager to vice president) in several different venues.

III. Policy
    A. The Emergency Preparedness program provides a framework to promote proactive risk and opportunity identification, analysis, evaluation, and treatment. This includes loss control and risk strategies that minimize adverse effects of loss and enhance opportunities within the operational, clinical, safety, human capital, reputational, strategic, financial, regulatory, technological, and hazard domains of the organization (see Emergency Preparedness Program Plan).
    B. Patient population: Spectrum Health Delivery System serves a patient population from birth to death throughout all stages of life including any disabilities or special needs.
    C. Mitigation
        1. All Spectrum Health entities conduct an annual hazard vulnerability assessment (HVA) that identifies potential internal and external threats and vulnerabilities for that entity.
        2. Spectrum Health entities share their HVAs with local community partners who review the prioritization of those hazards, threats, and events identified. Spectrum Health entities plan with its community partners according to its needs and vulnerabilities.
        3. Spectrum Health entities utilize the HVA results for mitigation and preparation for incident occurrence. The HVAs will be used to determine the annual education and exercise calendar.

D. Authority
1. The Spectrum Health Board has delegated decision making authority to the President/CEO who has delegated authority and accountability for incident management to the System Emergency Preparedness leadership (see Emergency Preparedness Program Plan). This authority includes the ability to implement / terminate a disaster plan response. The individual implementing the plan will become the incident commander until relieved by an administrator of higher command or by someone more knowledgeable in the incident command structure.
2. The organization has designated the position of Director, Emergency Preparedness as the person responsible for the coordination of all operations throughout the emergency response plans while ensuring National Incident Management System (NIMS) compliance (see element 7) (NIMS Elements of Compliance (NIMS Objectives for Healthcare) National Incident Management System (NIMS) Requirement Policy)

E. Emergency Preparedness Structure (see 2018 EP Governance Structure.pdf) - The emergency preparedness staff analyze the areas of risk and vulnerability; develop mitigation and response plans; develop a comprehensive education program; manage the incident based on incident command principles through the Facility or System Command Center structure; and, develop and implement a business continuity strategy to minimize the organizational impact integrating the response throughout the System.
1. Director, Emergency Preparedness
   a. Responsible for the development, coordination, and implementation of the emergency preparedness program ensuring compliance with all safety, accreditation and regulatory standards facilitating a safe environment for patients, employees, and visitors for all Spectrum Health entities (NIMS element 1).
   b. Oversees the development of policies and procedures relative to the infrastructure needed to support employees who provide patient care in the event of a disaster and equipment used to safely render care during a disaster response.
   c. Accountable for the appropriate use and purchase of all disaster-related equipment for incident command structure.
   d. Works closely with Spectrum Health senior leadership to ensure that all emergency preparedness safety and regulatory expectations are met and provides leadership and oversight as needed to meet these goals.
   e. Integrates safety, compliance, and disaster policies with public health, public safety and state emergency response plans ensuring organizational compliance with the National Response Framework (NRF).
   f. Utilizes practical experience in the integration of safety, regulation, and a healthcare response into community disaster planning through the use of multi-disciplinary training and disaster exercise.
   g. Accountable for the development and implementation of an incident command education plan for the senior leadership teams ensuring effective and efficient role functionality within the Spectrum Health Incident Command System.
   h. Provides leadership in determining effectiveness of mitigation and recovery plans ensuring these plans support mitigation and recovery plans of local, regional, and state agencies.

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Policy Reference #: 23012   Policy Version #: 3   Effective Date: Not Approved Yet   Page 3 of 15

2. Manager, Emergency Preparedness
    a. Accountable for the system coordination and implementation of emergency preparedness standards to facilitate a safe environment for patients, staff and visitors.
    b. Accountable for education and exercises within Spectrum Health to ensure a coordinated response during a disaster. Facilitates all emergency preparedness training, education, and oversight to Spectrum Health entities.
    c. Oversees various sub-projects that support the mission of the Emergency Preparedness Program (e.g. HERT, RITN, SCDU, etc.).
    d. Performs an education and training needs assessment and works collaboratively with staff development to develop, implement and review safety / regulatory education and training requirements / programs to meet the needs of staff.
    e. Oversees the development and maintenance of the communication technology to ensure mass notification capabilities are available.
3. Specialist, Emergency Preparedness
    a. Responsible for the local coordination and implementation of emergency preparedness standards to facilitate a safe environment for patients, staff and visitors.
    b. Locally coordinates education and exercises to ensure a coordinated response during a disaster.
    c. Responsible for coordinating response plan activation; providing emergency preparedness education; and, preparing response policies and procedures for natural, technological, and human created situations.
    d. As appropriate by location, ensures development and education of the Hospital Emergency Response Team (HERT) in coordination with the HERT team training team.
    e. Assists in planning the disaster exercise / education schedule annually, completing exercises to comply with accrediting and regulatory agencies and completes all required documentation related to exercises and education.
    f. Serves as the entity representative on the local emergency planning committees for the respective entity counties (NIMS element 7).
4. Specialist, Business Continuity
    a. Develops business continuity plans for: recovery decision making and communications; continuity for Information Systems and other critical departmental processes; or temporary shut-down of non-critical departments that ensure continuity of operation, governance, and compliance with accrediting / regulatory agency standards.
    b. Complete an annual business continuity risk assessment and analyze impact on, and risk to, essential business functions to identify acceptable recovery time periods and resource requirements. This includes analysis of organizational business impact during a disaster plan implementation.
    c. Identify opportunities for strategic improvement or mitigation of business interruption and other risks caused by business, regulatory, or industry-specific change initiatives.
F. Emergency Preparedness Governance Structure (refer to 2018 EP Governance Structure.pdf for more detail of the following information)

1. Emergency preparedness policies / procedures have been developed at a system level with local nuances specified as an attachment to that plan. These plans are assigned to the appropriate committee for annual review (NIMS element 3).
2. A committee structure has been developed to provide optimal emergency preparedness support to all Spectrum Health entities, policy / plan development and revision, and emergency preparedness projects.
3. This structure includes:
    a. A system oversight council that is accountable for Spectrum Health emergency preparedness policies and oversight for emergency preparedness integrated sub-committees and hospital / non-hospital workgroups.
    b. Integrated sub-committees are responsible for a single function that plan an important part of the Spectrum Health emergency preparedness program. These committees are responsible for policy / procedures; exercise design; and the response activation of their programs. These committees may include, but are not limited to the following:
        i. Hospital Emergency Response Team (HERT)
        ii. Serious Contagious Disease Unit (SCDU)
        iii. Radiation Injury Treatment Network (RITN)
        iv. Business Continuity
        v. Situation management
            a) Information Systems [Major Incident Management Procedure](#)
            b) Plant Operations Major Incident
            c) Security Services Situation Management
        vi. Communications
        vii. Education and exercise
            a) This integrated sub-committee will coordinate the development of an education and exercise program utilizing the "plan, develop, conduct, evaluate" cycle from the Homeland Security Exercise and Evaluation Program (HSEEP).
            b) Each time a plan is modified related to an incident or exercise, the plan is re-exercised at an escalated level to determine the effectiveness of the changes (NIMS element 3).
            c) Exercises will be scheduled at least twice annually based on the Hazard Vulnerability Assessment evaluation identifying highest risks to the organization. At least one of these exercises will include community partners and will include an influx of patients (NIMS element 7).
            d) After action reports (AAR) and HSEEP compliant improvement plans will be completed following all exercises and significant emergency preparedness incidents. Summaries will be shared with the appropriate senior leadership and committees as per the emergency preparedness governance structure (NIMS elements 3 and 7).
            e) Exercise scenarios will be developed to effectively test the following key components:
                i. Incident notification
                ii. Communication

                iii) Resource mobilization

                iv) Patient management

                v) Utility systems

                vi) Staff roles and responsibilities

                vii) Safety and security

      f) Persons used to evaluate exercises will be qualified to critique overall performance based on the key components noted above.

    c. Workgroups (hospital and non-hospital) are responsible for emergency preparedness procedures for the site that is named in the group's charter. The workgroup will have responsibility of exercise design, procedure review, staff education, and ensuring that accreditation standards have been met for the site.

G. Command center structure

    1. The hospital incident command system (HICS) model is used for Spectrum Health's incident response because of its "all-hazard" flexible and scalable approach to incident management.

    2. Spectrum Health understands the importance of utilizing the National Incident Management System (NIMS) and has provided education to those that will staff the System and entity specific Command Centers (NIMS elements 1, 11, 12).

    3. A system command center will be established to manage any system level incident. It is feasible that a facility command center could be established at any of the Spectrum Health locations to manage a local incident.

    4. Based on the geographical impact of the incident, there is a potential need for an 1135 waiver. These waivers are authorized by the Secretary of the Department of Health and Human Services after declaring a public health emergency and following a presidential declaration of an emergency or disaster. Healthcare providers may not apply or request a waiver but can receive information related to current waivers through the State Survey Agency (SA). This request is a function of the command center structure (see SH - State Emergency Medical Communication Pathway).

H. Collaboration – Spectrum Health participates in planning opportunities within the local community as well as Regions 5 and 6 (our state planning regions) (NIMS element 7)

    1. All Spectrum Health entities are represented at the Local Emergency Planning Committees (LEPC) and local planning teams (LPT) within the entity's representative communities.

    2. Spectrum Health entities have representation in the local Emergency Operations Centers (EOC) when activated.

    3. Each Spectrum Health hospital is a voting member of the Regional Healthcare Coalition. Regional planning coalitions (Region 5 and 6) are where response planning occurs and equipment purchases are made to ensure consistency in response capability throughout the region. The equipment purchases are funded through the Health and Human Services Assistant Secretary of Preparedness and Response Emergency Preparedness Program (HHS-ASPR EPP) grant and are tracked as such within the organization (NIMS elements 2, 8). This equipment is utilized during exercises to maintain competency.

I. Resources / Assets

    1. Determination of critical services and operations, products and documents are identified through an analysis managed by Information Systems (IS). Redundancy plans are based on this analysis.

2. IS has multiple servers and storage locations providing redundancy for the technology infrastructure.
3. Spectrum Health has developed a Hospital Emergency Response Team (HERT) that works in conjunction with the local Hazmat Teams to manage decontamination and waste of any hazardous materials. This HERT has completed the federal training program and has developed an education program to maintain competency within the team. Spectrum Health has become the first hospital system in the nation to certify staff members in Hospital Emergency Response Team (HERT) training utilizing the federal training program (NIMS element 4).
4. Emergency response equipment includes, but is not limited to, fire protection and suppression equipment, personal protective equipment, mass casualty supplies, decontamination supplies, emergency radios, and specialized equipment including burn surge equipment and mass prophylaxis. Much of the emergency response equipment has been received through ASPR – HPP federal grant funding with planning throughout the region for coordinated efforts in purchasing and response (NIMS element 8).
5. Spectrum Health entities have completed a 96 hour assessment and have identified strategies to maintain utilities and critical functions during an emergency. Spectrum Health has redundancy in power lines, water lines, fuel supplies and HVAC systems. In the event that we lose city water, evacuation of the organization would eventually occur.
6. Spectrum Health Supply Chain Management (SCM) has all supplies inventoried in an electronic database. The Emergency Preparedness Program worked together with Spectrum Health SCM to develop a list of emergency supplies. This list is reviewed annually and published quarterly. If required, SCM has the capability to print a report during a disaster situation as often as needed to maintain specific levels of supplies. When the need to replenish supplies occurs, Spectrum Health SCM has available 24 / 7 contact information for the three major supply vendors that support the organization (see attachment SH Distribution Center BCP).
7. Mortuary Services – All victims who are involved in an emergency incident and who expire as a result of that incident must be reported to the Medical Examiner. Victims will be autopsied at the discretion of the Medical Examiner. Morgue capacity varies at each hospital location. Should the need exceed the capacity; the command center would contact their local EOC to determine an alternate location or to receive a refrigerator truck to temporarily store the bodies. Each hospital will coordinate the parking location for the truck with their facilities and supply chain leadership.
8. MOU – Spectrum Health has coordinated the signing of Memorandums of Understanding (MOU) with:
    a. Alternate Care Site
    b. Evacuation – Long term care and acute care (NIMS element 4).
    c. Family Reunification / Waiting (NIMS element 4).
    d. Burn Surge
    e. Food
    f. Fuel
    g. Water
    h. All of the acute care hospitals located in the 13-county planning region. Spectrum Health Grand Rapids, in conjunction with the Region 6 hospital sub-group, has

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Policy Reference #: 23012   Policy Version #: 3   Effective Date: Not Approved Yet   Page 7 of 15

facilitated the development of this regional MOU which includes an agreement for sharing all resources available (e.g. staff, equipment, pharmaceuticals, etc.) (NIMS element 4).

  i. National Disaster Management System (NDMS) to provide health services, health-related social services, other appropriate human services, and appropriate auxiliary services to respond to the needs of victims of a large scale nationally declared event.

  j. Radiation Injury Treatment Network (RITN) to provide health services, health-related social services, other appropriate human services, and appropriate auxiliary services to respond to the needs of victims of a large scale national radiological incident (refer to SH - Radiation Injury Treatment Network (RITN) Transplant Center SOP for more information).

J. Safety / Security (see also Security Management)

  1. Spectrum Health Medical Center has been designated by the Department of Homeland Security (DHS) as a valuable community and state resource. Spectrum Health and the Michigan Medical Mile have been designated as critical infrastructures and key resources (CIKR). DHS has completed a Site Assistance Visit (SAV) to determine vulnerabilities for the organization. Spectrum Health has taken these vulnerabilities and has formulated an improvement plan to mitigate potential threats.

  2. Spectrum Health security services is responsible for maintaining a safe and secure environment. Based on the level of response required for an incident, outside agencies may be used to supplement the levels of security staff. The outside agencies would be managed and assigned through the security department.

  3. If there is a need to control access to any facility to ensure safety of the patients, visitors, and staff, security will designate entrances into the facility and will monitor those locations. If the entire facility needed to be locked down for safety purposes, a Plan Lockdown (Plan Lockdown information) will be implemented.

K. Staff Responsibilities – Key plan implementation response personnel / departments and their roles and responsibilities are identified in each disaster plan (NIMS elements 3, 11).

  1. The management notification list is updated through Lawson whenever personnel changes occur.

  2. Each department director / manager is responsible for maintaining a current individual department staff call list.

  3. Staff is educated on their role in a disaster during general orientation and through routine exercises and must be prepared to be utilized in an alternate role in the event of a disaster.

  4. Independent licensed practitioners are utilized in automatic deployment roles to various departments during a plan implementation. They are educated regarding exercising. All credentialed practitioners receive a letter of disaster involvement expectations annually

  5. Care management and pastoral care services will take the lead for crisis intervention teams meeting the needs of the patients and their families. This service will perform rounds in all departments, during all phases of the incident or as directed by the command center.

L. Utilities Management (Utility Systems Outage information)

  1. Facilities Support Services and Construction Management are responsible for the mitigation activities related to the physical plant preparations to minimize damages

and interruption of business relating to an emergency event. These activities to improve building conditions are reflected in the Statement of Conditions.

2. All facilities conduct a risk analysis and have determined a 96 hour plan.

M. Patient Clinical and Support Activities

1. Spectrum Health has made a commitment that patients will not routinely be diverted from any acute care hospital. Should an unplanned incident or unexpected surge occur that negatively impacts the ability of any Spectrum Health hospital to accept acute care patients for admission, after an organizational assessment that determines the need for additional space the incident commander will request from the local EOC through the Regional MCC the ability to move patients to another facility or the Alternate Care Site (see SH - State Emergency Medical Communication Pathway).

2. If Spectrum Health Helen DeVos Children's Hospital (HDVCH) or Spectrum Health Butterworth Hospital is unable to accept pediatric patients into the emergency department due to an incident on site, pediatric patients will be diverted to the closest trauma center (Mercy Health Saint Mary's – Level II trauma center). Spectrum Health – HDVCH will share pediatric staff as appropriate and Mercy Health Saint Mary's will rapidly credential any staff that support this process.
If the regional hospitals are unable to accept pediatric patients, they will automatically divert those patients to HDVCH.

3. Spectrum Health entities have multiple evacuation plans based on incident response needs. There are specific plans for horizontal, vertical, and total evacuations that include predetermined staging / evacuation sites for all entities. Total evacuation would be initiated only after determined necessary through the command center structure.

4. If patients / residents are to be transported to another facility, family members / significant others will be notified of that transfer as soon as transfer information is available.

5. If the need to evacuate occurs patient tracking will occur through the regional patient tracking system (EMSystems). Accountability for staff, patients, and visitors is further outlined in the evacuation plans (Evacuation plan information).

6. Spectrum Health is a Solid Organ Transplant Center. It is critical to maintain access to this program and /or provide options for appropriate alternatives to patient care during an emergency incident. The Solid Organ Transplant Center has developed a communication and implementation plan to maintain safe patient care during an emergency incident (see also SH - Solid Organ Transplant Center Emergency Procedures).

7. If additional emotional support will be required for patients during an incident, Care Management will manage the request for and management of the addition support.

8. All patient registration and documentation will occur in the electronic health record (EHR) unless for some reason the EHR is unavailable in which case WebDE (data entry) will be used for registration with a reconciliation process post downtime and paper documentation will be used for patient / resident care with data input post downtime.

N. Volunteer Clinicians

1. Should staffing requests exceed internal capabilities; requests for volunteer staffing will be executed through the command center to the Regional MCC. The command

center will work with Human Resources (HR) to complete all necessary orientation and credentialing of any licensed staff.

2. Prior to any volunteers working within Spectrum Health during a disaster situation, two sources of identification will be required which will include a government issued photo ID and at least one of the following:
   a. A current picture ID card from a healthcare organization that clearly identifies professional designation;
   b. A current license to practice;
   c. Primary source verification of licensure;
   d. Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), the Medical Reserve Corps (MRC), The Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other recognized state or federal response organization or group;
   e. Identification indicating that the individual has been granted authority by a government entity to provide patient care, treatment, or services in disaster circumstances; or,
   f. Confirmation by a licenses independent practitioner currently privileged by the hospital or by a staff member with personal knowledge of the volunteer practitioner's ability to act as a licensed independent practitioner during a disaster.
3. Any volunteer staff (licensed or non-licensed) will work under direct supervision of a Spectrum Health employee.
4. Volunteer staff will be identified with a Spectrum Health issued contractor photo ID badge as specified in the HR policy for identification.
5. All volunteer credentials will be confirmed per the Medical Staff Office [Granting Disaster Privileges](#) (LIPs) or through Human Resources (non LIPs). This will occur within 72 hours or as soon as possible after the beginning of the incident.
6. All volunteer staff will be evaluated within 72 hours to determine competency and continuance of disaster privileges.
7. If the incident is predicted to last longer than seven days, Spectrum Health will hire volunteers as temporary staff.

O. Recovery
1. Spectrum Health has strategies and actions designed to assist in restoration of systems that are critical to resuming normal care, treatment, and services. Preset activities that are activated by the "all clear" include actions to capture the records of emergency services; action to capture the costs of patient billing; and, action to return the facility to its original or normal use.
2. Recovery is based on the extent of the physical damage and / or amount of disruption. The Command Center will continue functioning and coordinating recovery activities until operations have returned back to normal.
3. Employee and Staff Support Activities
   a. Care management and pastoral care services will take the lead for crisis intervention teams. This service will perform rounds in all departments, during all phases of the event or as directed by the Command Center. In events, where it is identified employees and / or their families are victims, department management evaluates each employee's personal status. Based on this information steps are

taken by the command center to activate responses depending on the identified needs.

  b. If determined that Critical Incident Stress Debriefing is needed, Spectrum Health Pastoral Care services will be contacted to implement their Critical Incident Stress Management (CISM) program.

  c. Activities to support employees and / or employee families, who may have been affected by the event include, but are not limited to:

     i. Financial considerations: It may be necessary to provide opportunity for employees to sell "paid time off" benefits for cash.

     ii. Employee support activities, such as donation of goods.

     iii. Transportation.

     iv. Information of community agency resources that will assist in recovery.

     v. Critical incident stress management teams.

     vi. When employees are required to spend extended hours working the disaster, measures will be taken within the facility to provide sleeping areas, relaxation areas as well as nutrition.

P. Communication Plan

  1. Spectrum Health has recognized that communication is essential to an incident. Upon notification of an actual or potential emergency (internal/external) situation, the level of emergency response will determine which emergency response plan will be implemented as well as the level of communication necessary. Various communications options for the entire system include:

     a. Disaster Hotline: Spectrum Health Emergency Preparedness has designed a Disaster Hotline (1.866.229.8840) that staff can call from anywhere internally or externally to receive information related to an event. This hotline is updated on a regular basis.

     b. Mass Notification: Spectrum Health has access to Everbridge Mass Notification system which allows the command center to send mass notification via pager, cell / office / home phone utilizing either text messaging or voice to text messaging.

     c. Text message to ASCOM phones: Several Spectrum Health hospitals have access to a text message mass notification system utilizing the ASCOM wireless phone system which is utilized throughout the clinical departments by staff. This mass notification would be distributed primarily to the supervisors / charge staff within the departments affected by the event.

     d. InSite Blog Post: The Communications Department, in conjunction with the Emergency Preparedness Committee has developed an internal website (InSite) that staff may access to receive updated printable information during a prolonged event. This will assist in keeping not only staff but also patients and visitors apprised of the most accurate information.

     e. Spectrum Health recognizes the importance of accurate and timely communications with the media. For that purpose the Communications Department will dedicate personnel to produce timely updates with the media either via phone or in person at the media center. Spectrum Health Communications has also developed an external website page that will be available to the media that will contain up to date information related to the disaster response.

     f.   Spectrum Health also utilizes radios for communication in addition to or instead of telephones and computers. Spectrum Health has access to 2-way radios, 800 mgHz radios and has an automatic deployment agreement with the local Radio Amateurs Civil Emergency Services (RACES) group for communication assistance. The 800 mgHz radios are utilized for intraregional and intrastate communication (NIMS element 8).

     g.   Spectrum Health Delivery System has access to a satellite phone system through the Telecom Recovery program which will transfer calls to already established disaster phones through a satellite system.

     h.   If all avenues of communication fail, Spectrum Health will resort to a runner system to share necessary information internally.

     i.   Spectrum Health will notify external authorities when any command center has been activated and will continue to communicate updates on a regular basis (NIMS element 8).

     j.   Nursing Home Emergency reporting

          i.   The BHS Emergency Alert Hotline should be used to report the following types of emergency events:

               a)   Any event which has resulted in the unnatural or unusual death of a resident of a crime involving a resident murder, rape, or serious assault.

               b)   A resident missing from the facility or during an outing

               c)   Serious facility service problems, such as fire or natural disaster which requires evacuation of residents, a loss of heat, power, or food service for more than four hours, or a critical lack of staff, such as from severe weather, labor dispute or widespread illness, which has a critical impact on resident care.

          ii.   When calling the hotline, the reporting person will be asked the series of questions described in the enclosed document. The system will then forward the information to the BHS staff member covering the hotline who will return your call within one hour.

          iii.   The responsible manager who will make the above phone call will be the RNC Nursing Administrator or the RNC Director of Nursing or their designee

          iv.   BHS Emergency Alert Hotline: 1.800.882.6006

          v.   Ombudsman: 1.866.485.9393

     k.   Spectrum Health will notify other health care organizations and necessary community partners when any command center has been activated and share the names of the individuals filling roles within the command center as well as the phone numbers for contact. At that time the discussion will take place regarding any assets that may be needed or available (NIMS element 8).

     l.   Spectrum Health maintains within the Emergency Operations Plan (EOP) and in eICS a list of names and contact information for persons or entities that may be used as resources during a disaster situation.

2.   Spectrum Health shares pertinent information with the community partners to provide collaborative healthcare services during a disaster (NIMS elements 8, 10, 13, 14). This is accomplished by:

a. All entities utilize the HICS model for Incident Command and training along with the non-healthcare partners. Incident Command Center contact information is shared among all hospital planning partners.

b. Sharing hazard vulnerability assessment information and planning accordingly.

c. Process development for 24 / 7 contact with any hospital in Region 6 to facilitate resource utilization.

d. Utilizing MiCims for resource management and event documentation.

e. Participating in routine bed count exercises with the National Disaster Management System (NDMS) and the State of Michigan utilizing EMResource for effective community / regional bed management.

f. Utilizing the Regional patient tracking system to monitor disposition of victims (including deceased) to assist in family reunification.

g. Based on the incident it may be critical to share pertinent information with other healthcare partners or law enforcement agencies (including but not limited to the Federal Bureau of Investigation). Spectrum Health will follow the guidance of the Department of Health and Human Services (DHHS) as well as the organizational privacy officer. The DHHS states that in a disaster situation healthcare organizations and providers are allowed to share patient information if necessary for (refer to attached algorithm "emergencyprepdisclose.pdf"):

   i. Treatment: Healthcare providers can share patient information as necessary to provide treatment.

   ii. Notification: Healthcare providers can share patient information as necessary to identify, locate, and notify family members, guardians, or anyone else responsible for the individual's care of the individual's location, general condition, or death.

   iii. Imminent danger: Providers can share patient information with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public – consistent with applicable law and the provider's standards of ethical conduct.

   iv. Facility Directory: Healthcare facilities maintaining a directory of patients can tell people who call or ask about individuals whether the individual is at the facility, their location in the facility, and their general condition.

4. The command center serves as the central coordination and communications center for emergency incidents that threaten to disrupt normal operations or preplanned events that require an organizational response (NIMS elements 11, 12). All assessments and decisions are documented utilizing the HICS structure in the electronic eICS tool.

   a. The command center structure can be managed at a minimum with the incident commander (IC) and can be expanded to the full command center organizational chart as the incident dictates.

   b. Positions are assigned to manage critical supplies and / or resources according to incident command system (ICS) protocol.

   c. All requests and major decisions in response to the incident are coordinated through the command center structure.

   d. All requests for internal and external resources are channeled through the command center structure. If the requests exceed internal capabilities, the command center will contact the regional medical coordination center (MCC) and / or the local emergency operations center (EOC) (see SH - State Emergency

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Printouts of this document may be out of date and should be considered uncontrolled.

Policy Reference #: 23012   Policy Version #: 3   Effective Date: Not Approved Yet   Page 13 of 15

Medical Communication Pathway). Any resource requests from the community or the region are channeled through the command center and the ICS (NIMS element 8).

      e. All releases of information to the media and to the staff are coordinated through the public information officer (PIO), verified prior to release and approved by the incident commander and coordinated with the outside disciplines (NIMS elements 13, 14) as appropriate utilizing approved incident command structure. If the incident includes local / regional response there will be coordination of information through the PIO of the incident through the incident command structure.

      f. Communications and notification to external authorities are coordinated through the command center structure. Information will be relayed on a routine schedule to our outside partners and authorities (EOCs, etc.) utilizing plain terminology to ensure a clear message (NIMS element 9).

Q. Education – Introduction to disaster plan implementation is given during new employee general orientation.

    1. The following information is included in the general training:

      a. An overview of the disaster plans.

      b. The location of the disaster plans.

      c. The staff responsibility in responding to disaster plan implementation.

    2. Disaster plan review is included in the annual competencies for all staff. Also based on the HVAs an annual education calendar is developed to complete more specific education based on the risks of the organization.

    3. Hospital Incident Command System (HICS) and the National Incident Management System (NIMS) education are included in new manager orientation (NIMS elements 1, 5 – 7).

    4. Documentation of NIMS compliance is maintained by the Director, Emergency Preparedness and is located in Human Resources through the Spectrum Health Learning Institute Online (SHLIO) (NIMS elements 5, 6).

    5. Records of attendance at general orientation and new manager orientation are maintained in Human Resources.

4. Revisions
Spectrum Health reserves the right to alter, amend, modify or eliminate this policy at any time without prior written notice.

Policies Superseded and Replaced: This policy supersedes and replaces the following policies as of the effective date of this policy: SH – Emergency Management Plan #13532; SHBR/SHRC – Emergency Management Plan #12812; SHCC – Emergency Management Plan #11374; SHGEM Emergency Management Plan #13229; SHLH – Emergency Management Plan #21197; SHP - Emergency Management Plan #21881; SHZCH – Emergency Management Plan #20589

5. References
Entity specific Emergency Operations Plans

SHBR/RC - Emergency Operations Plan (EOP)
SHCC - Emergency Operations Plan (EOP)
SHGM - Emergency Operations Plan
SHGR - Emergency Operations Plan (EOP)

SHLH - Emergency Operations Plan (EOP)
SHP - Emergency Operations Plan (EOP)
SHUH/KH - Emergency Operations Plan
SHZCH - Emergency Operations Plan (EOP)
CMS 1135 waivers: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/1135-Waivers.html

Emergency related policies and procedures…without 1135 waivers: https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/Consolidated_Medicare_FFS_Emergency_QsAs.pdf

Section 1135 EMTALA Waiver Toolkit:
https://www.healthlawyers.org/Members/PracticeGroups/THAMC/EmergencyPreparednessToolkit/Documents/III_EMTALA/A_EMTALAWaiverToolkit.pdf

HIPAA in emergency situations:
https://www.healthlawyers.org/Members/PracticeGroups/THAMC/EmergencyPreparednessToolkit/Documents/III_EMTALA/A_EMTALAWaiverToolkit.pdf

Protected information release process flow:
https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/understanding/special/emergency/emergencyprepdisclose.pdf

Sharing of healthcare information: https://www.hhs.gov/hipaa/for-professionals/faq/960/can-health-care-information-be-shared-in-a-severe-disaster/index.html

6. Policy Development and Approval

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7. Keywords
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