Dignity Health
Northridge Hospital
Medical Center

Emergency Management Program

SUBJECT: Emergency Operations Plan **POLICY #: 87926.700**

EFFECTIVE DATE: 2/1/16	**AUTHORITY:** President / CEO
REVIEWED AND APPROVED BY: **DATE:** 11/19	**ACCOUNTABILITY:** Chief Operating Officer
REFERENCE: TJC LD.04.01.01: Hospital Follows Rules and Regulations	

PURPOSE:

The Dignity Health Northridge Hospital Medical Center Emergency Operations Plan (EOP) establishes and provides the guidance and framework that will enable hospital leaders and staff to effectively prepare for and respond to any and all hazards that may impact hospital operations, threaten patient care, or impede the safety and wellbeing of patients, hospital staff and visitors.

POLICY:

Refer to the attached Emergency Management Program Policy #87926.700: Emergency Operations Plan for details.

Reviewed: N/A

Revised: 3/1/19; 9/24/19

Approved: PMC – 10/8/19; Community Board – 11/12/19

Dignity Health

Dignity Health Northridge Hospital Medical Center

Emergency Operations Plan

Release Date: March 1, 2019

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Emergency Management Program

Annual Review and Approval

Dignity Health Northridge Hospital Medical Center Emergency Operation Plan

The Emergency Operation Plan including supporting annexes and appendices have been submitted for review to organization leaders in compliance with Joint Commission (TJC) standards and Center for Medicare & Medicaid Services (CMS).

Date reviewed and approved by Emergency Management (EM) Committee: _____

Date reviewed and approved by Hospital President: _____

As a result of this annual review the following recommendation is made:

_____Approve EOP and supporting documents with no changes as noted on the Record of Changes page

_____Approve EOP and supporting documents with the changes noted on the Record of Change page

Submitted to: Environment of Care Committee (EOC) on Date: _____

_____EOC has received the EOP from the Emergency Management Committee and concurs with the recommendations of that committee and will forward to the following committees:

- Quality Committee
- Medical Executive Committee

Date Reviewed and approved by the Quality Committee: _____

Date Reviewed and approved by the Medical Executive Committee: _____

Emergency Management Program

RECORD OF CHANGES

Change #	Date	Part Affected	Date Posted	Who Posted
1	2-21-19	Previous Dignity Health EOP replaced with new Dignity Health EOP	3-1-19	S. Shamban
2	2-21-19	Succession Plan updated	3-1-19	S. Shamban
3	2-21-19	Communication Modes updated	3-1-19	S. Shamban
4	9-24-19	New section created. Information on the 1135 Waiver added	9-24-19	S. Shamban
5	9-24-19	Scope – PHP license / address added	9-24-19	S. Shamban
6	9-24-19	EM Responsibility Authority Statement updated	9-24-19	S. Shamban
7	9-24-19	Letter of Appointment for Emergency Management Oversight added	9-24-19	S. Shamban

INTRODUCTION

The Dignity Health Northridge Hospital Medical Center Emergency Operations Plan (EOP) establishes and provides the guidance and framework that will enable hospital leaders and staff to effectively prepare for and respond to any and all hazards that may impact hospital operations, threaten patient care, or impede the safety and wellbeing of patients, hospital staff and visitors.

The EOP is designed to respond to single and multiple emergencies for an extended length of time without reliance on community support. Therefore, the organization has planned for managing the six critical areas of emergency response, so that it can assess needs and prepare staff or healthcare workers (HCW) to respond to potential events regardless of cause. Hazard specific plans are included in the EOP appendices. Detailed plans expanding upon the six critical areas of managing an emergency are contained within the EOP annexes.

SCOPE AND APPLICABILITY

This EOP incorporates all departments, clinics, and sites where patient care is provided under the hospital licensure. The following locations are covered under this EOP:

- Northridge Hospital Medical Center – 18300 Roscoe Boulevard, Northridge, CA 91328
- Northridge Hospital Medical Center: Partial Hospitalization Program – 18440 Roscoe Boulevard, Northridge, CA 91328
- Center for Assault Treatment Services – 14651 Oxnard Street, Van Nuys, CA 91405

This plan applies to staff, licensed independent practitioners, contract workers, and others as appropriate and indicated throughout this document.

The EOP aligns with the Joint Commission and Centers for Medicare and Medicaid Services (CMS) standards, as well as, the four phases of emergency management which are summarized below:

- Mitigation activities are taken to reduce the risk of and potential damage due to an emergency (i.e. seismic bracing of the building).
- Preparedness activities are taken to organize and mobilize essential resources to an emergency before one occur (i.e. training, obtaining and storing emergency supplies).
- Response strategies and actions are activated to respond to the emergency when it occurs (opening the Hospital Command Center).
- Recovery strategies and actions are taken during and after the emergency to restore systems critical to resuming normal patient care, treatment, and services. Considerations of recovery should begin early in the response phase and can extend into a long term period after a major event, guided by our Business Continuity & Recovery Plans.

AUTHORITY AND RESPONSIBILITY

Board of Directors
Provide the program vision, administration, support, and appropriate resources, which are embodied within and conveyed through the development and institutionalizing of business fundamentals relative to emergency management.

Senior Leadership
The organization has designated the Occupational Health & Safety Department Manager with the overall

responsibility of emergency management oversight and insuring compliance with the emergency management standards and requirements. The Hospital President has appointed the Occupational Health & Safety Department Manager as the Emergency Management Coordinator for the organization and will provide guidance and direction as needed.

Emergency Management (EM) Committee
The Emergency Management Committee has oversight and is responsible for ensuring emergency management regulatory and accreditation standards are met. The committee is multi-disciplinary in nature, integrating key functional areas, to include leadership, medical staff, human resources, engineering, risk, infection control, emergency department, and patient care units.

Emergency Management Committee will periodically report through the Environment of Care Committee any program changes, updated plans and policies, after-action reports, and annual program evaluations. The EM Committee Chair will also serve as an ad-hoc member of the Environment of Care Committee.

Figure 1 Emergency Management Collaboration and Engagement

Functions of the Emergency Management Committee include:

- Conducting the annual risk and hazard vulnerability analysis
- Designing, conducting, and evaluating disaster exercises
- Proposing and reviewing policies, plans, and procedures
- Reviewing and recommending revisions to the EOP and supporting documents;
- Training hospital staff on emergency response procedures, Hospital Incident Command System and other related emergency procedures
- Complete annual evaluation of the overall emergency management program

Emergency Management (EM) Coordinator
As the Emergency Management Committee Chair, the Emergency Management Coordinator has the

authority and responsibility for strategic design and the operational oversight of the EOP and supporting documents. The Emergency Management Coordinator's responsibilities include:

- Conducting the annual HVA and evaluates changes to be made as required
- Providing overall coordination of the EOP and supporting documents
- Developing facility specific response plans
- Providing guidance and technical assistance to departments for department specific planning
- Responding to emergency related incidents and coordinating drills/exercises
- Reporting and evaluating incidents, drills and exercises
- Coordinating specialized emergency preparedness training
- Facilitating regulatory requirements

The Emergency Management Coordinator also works in collaboration with hospital leadership and the EM Committee implementing the EOP and verifying that supporting EOP documents are in alignment with the direction of the comprehensive EM program. The Emergency Management Coordinator compiles relevant information to form the basis of periodic reports to the EC Committee and to leadership and/or Medical Board of Directors for review, as appropriate.

Dignity Health
Northridge Hospital
Medical Center

Emergency Management Program

LETTER of Appointment for Emergency Management Oversight

Northridge Hospital Medical Center (hereinafter referred to as the organization) recognizes the need for senior leadership to direct implementation and performance improvement efforts of the organization's emergency management program.

The responsibility of leadership oversight of emergency management has been appointed to Betsy Hart. These responsibilities include, but are not necessarily limited to the following:

- Assuring staff implementation of the four phases of emergency management (mitigation, preparedness, response, and recovery)
- Assuring staff implementation of emergency management across the six critical areas (communications, resources and assets, safety and security, staff responsibilities, utilities, and patient clinical and support activities)
- Assuring collaboration across clinical and operational areas to implement emergency management hospital-wide
- Assuring identification of and collaboration with community response partners
- Assuring that deficiencies and opportunities for improvement, identified in the evaluation of all emergency response exercises and all responses to actual emergencies, are communicated to the improvement team responsible for monitoring environment of care issues and to senior leadership
- Assuring that annual emergency management planning reviews are forwarded to senior leadership for review
- Assisting senior leadership in determining which emergency management improvements will be prioritized for implementation, recognizing that some emergency management improvements might be a lower priority and not taken up in the near term

This authority is designated by Northridge Hospital Medical Center Administrative Leadership.

_____ _____

Chief Executive Officer Date

CC: Environment of Care Committee

Emergency Management Program

EMERGENCY MANAGEMENT RESPONSIBILITY AUTHORITY STATEMENT

In accordance with The Joint Commission's (TJC's) Emergency Management and Leadership Standard LD.04.01.05 Northridge Hospital Medical Center appoints the Manager, Occupational Health & Safety to serve as the Emergency Coordinator for the hospital and its affiliated sites as described in the scope of the Emergency Operations Plan. This authorization of responsibility includes management of the hospital's comprehensive emergency management program (mitigation, preparedness, response, recovery) and for the following responsibilities:

- Planning and staff implementation of the four phases of emergency management.
- Planning and staff implementation across six critical areas (communications, resources and assets, safety and security, staff responsibilities, utilities, and patient clinical and support activities).
- Identifying and collaborating with community response partners.
- Collaborating across clinical and operational areas to implement emergency management hospital wide to include affiliated sites.
- Developing and managing the Emergency Operations Plan.
- Annual performance review of emergency management planning activities.
- Annual reporting to include evaluations of emergency response exercises and responses to actual emergencies to the Environment of Care Committee, the integrated patient safety program, and to hospital Administrative Leadership.
- Facilitation and oversight of the after action plans resulting from an emergency or exercise.
- Maintenance of records and coordination of exercises.

This authority is designated by Northridge Hospital Medical Center Administrative Leadership.

_____ _____

Chief Executive Officer Date

CC: Environment of Care Committee

SUCCESSION AND DELEGATION OF AUTHORITY

The following succession process has been established to provide a clear line of succession in the event that individuals serving in hospital leadership, key decision-making, or management roles are unable to perform their duties, roles, and responsibilities. In addition, the delegation of authority provides successors with the authorization to act on behalf of hospital leadership and in the best interest of maintaining a safe environment for patients and their care, hospital staff, and visitors.

Succession and Delegation of Authority			
Official Title	**Designated Successor (Title)**	**Delegated Authority**	**Limitations**
Hospital President/CEO	1. Chief Operating Officer 2. Chief Nursing Executive 3. Chief Financial Officer 4. NHMC Foundation President	Maintain continuity of operations. Address immediate emergency needs.	Financial restrictions Legal restrictions
Chief Operations Officer (COO)	1. Chief Nursing Executive 2. NHMC Foundation President 3.Hospital President	Maintain continuity of operations. Address immediate emergency needs.	Financial restrictions Legal restrictions
Chief Nursing Executive (CNEO)	1. Nursing Director 2. Administrative Nursing Supervisor 3. Clinical Director Emergency Department	Maintain continuity of operations. Address immediate emergency needs.	Financial restrictions Legal restrictions
Chief Medical Officer (CMO)	1. Chief Nursing Executive 2. Chief Operating Officer 3. Southern California CMO 4. Chief of Staff	Maintain continuity of operations. Address immediate emergency needs.	Financial restrictions Legal restrictions
Chief Financial Officer (CFO)	1. Chief Operating Officer 2. Finance Director 3. Director Patient Financial Services	Maintain continuity of operations. Address immediate emergency needs.	Financial restrictions Legal restrictions

HAZARD VULNERABILITY ANALYSIS (HVA)

The organization will perform a hazard vulnerability analysis (HVA) to identify potential areas of risk, threats, and hazards that may impact operations. The facility's geographic location, various sites of care, primary service area(s), and other pertinent factors are considered in the process. The HVA will be used to establish emergency management program priorities, strategies, and tactics to be used to lessen the severity and impact of a disaster on services provided by the organization. In addition, plans, policies, and procedures will be reviewed and updated as needed based on the threats identified in the HVA. Some remote sites may be significantly different from the main site (for example, in terms of hazards, location, and population served); in such situations a separate HVA is appropriate.

1. The HVA is conducted and evaluated at least annually and is updated as needed.
2. The HVA process is a collaborative effort relying on the participation of hospital leadership, medical staff, and department and program leaders.
3. Community and government partners are engaged to insure that the HVA process takes into account a community-wide view of risks, threats, and hazards.
4. In coordination with community emergency management planning, the organization will prioritize potential emergencies/disasters identified in the hazard vulnerability analysis, which will then need to have mitigation, preparation, response, and recovery activities undertaken and procedures developed and implemented.
5. The senior hospital leader(s) assigned with oversight of the Emergency Management Program review the completed HVA.
6. The completed HVA analysis will be submitted to and reviewed by the Environment of Care Committee and forwarded within the organization's reporting process.
7. The completed HVA will be shared with key partners as a means to identify potential areas of collaboration to mitigate threats; inform partners of potential facility needs that may arise due to a disaster and identify the capabilities of the community in meeting the needs of the organization.
8. The highest rated vulnerability or threat identified in the HVA the following will be defined:
    a. Mitigation activities that are designed to reduce the risk of and potential damage due to an emergency/disaster.
    b. Preparedness activities that organize and mobilize essential resources.
    c. Response strategies and actions to be activated during the emergency/disaster.
    d. Recovery strategies/actions that will help restore the systems that are critical to resuming normal operations of the hospital.

The HVA for Northridge Hospital Medical Center Roscoe Boulevard Campus as well as the HVA for the Center for Assault Treatment Services are appended to this document as *Attachment 2*. The specific mitigation, preparedness, response, and recovery procedures for each location's prioritized (high risk) hazards are appended to this document as *Attachment 3*.

ADOPTION OF NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS) AND HOSPITAL INCIDENT COMMAND SYSTEM (HICS)

National Incident Management System (NIMS)

The organization has adopted and is compliant with the National Incident Management System (NIMS) and the healthcare objectives[1].

- Dignity Health policy related to *Hospital Incident Command System (HICS) and National Incident Management System (NIMS) Training* outlines the training requirements that must be met by staff.

- Plans, policies, and procedures have been reviewed, updated, and evaluated to insure NIMS principles and language compliance.
- Training records and resource and assets inventories are maintained per NIMS standards.

Hospital Incident Command System (HICS)
The organization has adopted the Hospital Incident Command System (HICS) model[2]. It is consistent with NIMS and aligns with the community Incident Command System (ICS).

HICS is an emergency management system comprised of key positions reflected on an organizational chart. Each position has a specific list of job responsibilities and actions listed in Job Action Sheets (JAS). HICS is designed to be flexible. Only those positions, or functions, which are needed, should be activated. It allows for the addition of needed positions, as well as, the deactivating of unneeded positions at any time. HICS may be fully activated for a large, extended emergency, or only partially activated for smaller or more localized incidents.

The Incident Commander (IC) shall appoint individuals to the other leadership positions within the HICS command structure based on availability and expertise. These individuals shall remain in these positions until such time that they are relieved / replaced by the IC. Positions are assigned only as indicated by an assessment of the scope and magnitude of the particular situation and the availability of trained personnel to assume a role.

Potential Candidates for HICS Command and General Staff Positions are identified in the chart below for possible positions within the hospital's organizational structure that may be appropriate candidates for HIMT positions. These positions are only suggestions, as the optimal selection of candidates is dependent on the unique needs of the event and the successful completion of the incident objectives.

HICS Role	Potential Candidates
Incident Commander	Hospital Administrator • Administrator On Duty • Administrative Nursing Supervisor • Chief Operating Officer • Chief Medical Officer • Chief Nursing Officer • Emergency Program Manager • Chief Executive Officer (CEO)
Operations Section Chief	Chief Operating Officer • Chief Medical Officer • Chief Nursing Officer • Administrative Nursing Supervisor • Emergency Management Coordinator

[1] NIMS Implementation for Healthcare Organizations Guidance, January 2015.
[2] Hospital Incident Command System Guidebook, 2014

HICS Role	Potential Candidates
Planning Section Chief	Chief Nursing Officer • Human Resources Director • Nursing Operations Director • • Administrative Nursing Supervisor • Facilities Director • Emergency Management Coordinator
Logistics Section Chief	Materials Management Director • Chief Operating Officer • Facilities Director
Finance / Administration Chief	Chief Financial Officer • Controller/Comptroller
Public Information Officer	Hospital Public Information Officer (PIO) / Marketing Director • Hospital Administrator • Administrator On Duty • Administrative Nursing Officer • Facilities Director
Liaison Officer	• Hospital Administrator • Emergency Management Coordinator • Risk Management Director • Chief Nursing Officer • Chief Operating Officer
Safety Officer	Safety Officer • Security Director • Facilities Director • Emergency Management Coordinator • Radiation Safety Officer • Occupational Health & Safety Manager • Infection Control Manager • Risk Management
Medical/Technical Officer	• Infectious Disease Specialist • Infection Preventionist • Epidemiology • Chief of Staff • Chief of Pediatrics • Radiation Safety Officer • Nuclear Medicine • Health Physicist • Structural Engineer • Chief of Trauma • Primary Care Director • Behavioral Health Director• Legal Counsel • Risk Manager • Poison Control Director • Information Technology/Information Services (IT/IS) Director

HICS allows for the efficient transfer of command by recognizing that personnel initially assuming a command position may be relieved by someone with more experience as additional personnel arrive and share the incident command workload, or at shift change. The transfer of command begins with a transition meeting in which, the outgoing commander briefs the replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital. Health, medical, and safety concerns are addressed and, if relevant, political sensitivities and business continuity capabilities may also be discussed.

An organizational chart depicting the command structure of this organization's HICS model is noted below:

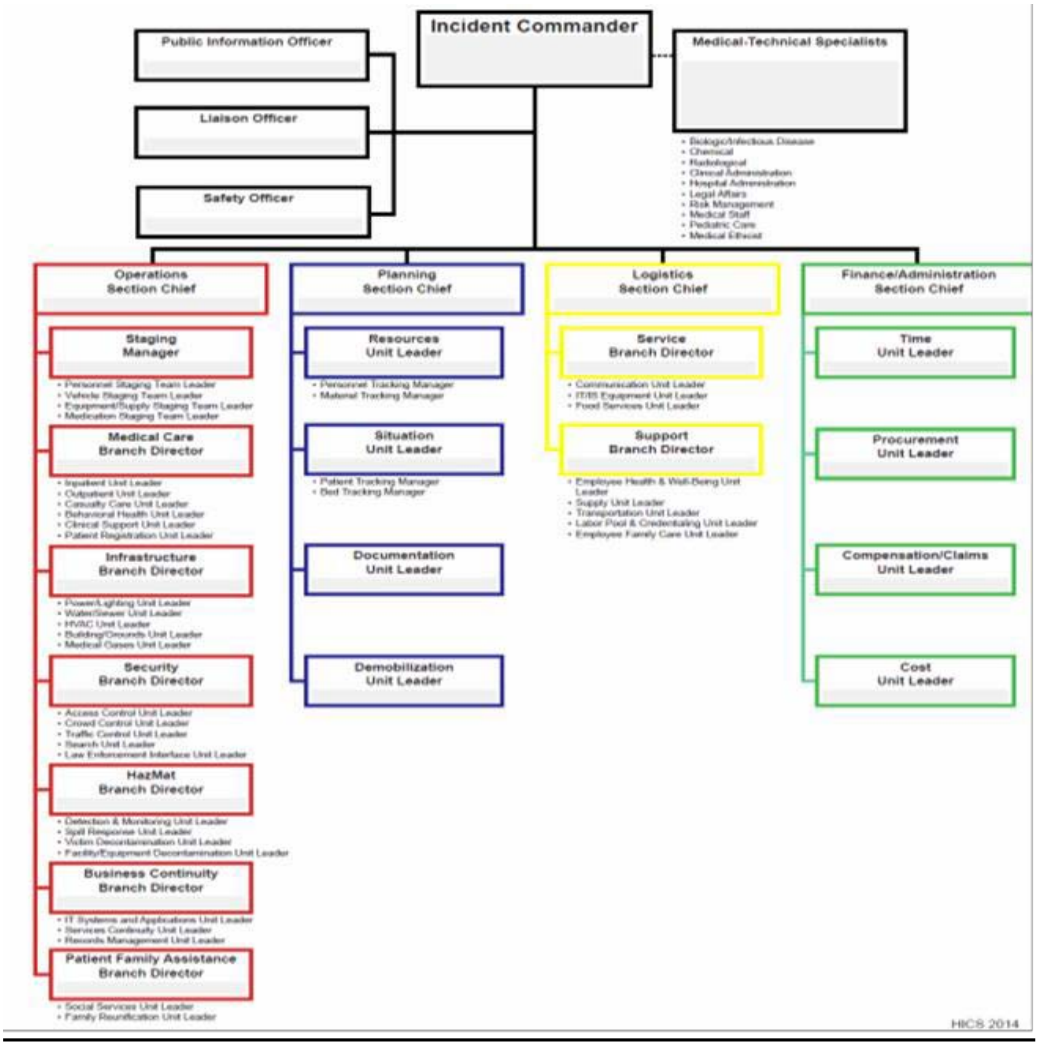

Figure 2. HICS Organizational Chart

Integration of HICS with Community-Wide Command Centers

The organization maintains positive and collaborative relationships with local fire and law enforcement departments. They are included and participate with the facility in conducting disaster exercises and training when possible to insure familiarity with the facility and hospital staff.

The HICS model aligns with the community's incident command system and hospital staff is familiar with the unified command structure that may be employed to effectively manage an incident requiring multiple agency response and engagement. In the event that a unified command structure is established, the IC will represent the facility within the unified command structure and participate in the decision making process.

ACTIVATING THE EMERGENCY OPERATION PLAN

The EOP will be activated in response to any emergency or disaster event that may potentially impact hospital operations or poses a threat to patient care, hospital staff, or visitor safety.

The hospital may receive notice of impending disaster through several means including, the County EMS system, through community partner hospitals, or the media. There is also the possibility that an incident may occur without notice. Information received by the organization relative to a planned or unplanned event affecting the function of the facility will be communicated directly to Administration, the Administrator on Duty (AOD), the Administrative Nursing Supervisor, or designee.

Authority to Activate

When notified of a potential emergency situation the Administrator on Duty, Administrative Nursing Supervisor, or designee will initially serve as the Incident Commander (IC) until relieved by a more experienced staff member or the incident has been resolved. The IC will evaluate the potential impact on facility operations and determine if the activation of the EOP is warranted. Once the EOP has been activated, the IC will make appropriate notifications to leadership and staff.

Levels of Response

The following hospital emergency codes will be used to alert hospital staff:

- ***Code Triage: Alert:*** informs appropriate staff that an event has occurred, or may occur, that could potentially impact the facility.
- ***Code Triage: Internal:*** is the activation of the organization's Emergency Operations Plan (EOP) to respond to an event that has occurred within the facility.
- ***Code Triage: External:*** is the activation of the organization's Emergency Operations Plan (EOP) to respond to an external event that has disrupted, or may disrupt, the facility's normal operations
- ***Code Triage: Internal/External - All Clear:*** notification to indicate the termination of the response operations after consultation with appropriate agencies and staff

Hospital Command Center (HCC)

Activation of the Hospital Command Center (HCC) will be decision of the Incident Commander (IC).

- Hospital Command Center (HCC) will be activated based on operational needs and the scope and impact of the event.
- The organization has designated Classroom #5 as the primary location for the HCC.
- If necessary an alternate location for HCC will be determined at the time of activation based on scope and impact of the incident.
- Designated staff will be notified when to report.
- Notify external partners and Dignity Health corporate (see *Appendix A*) upon activation.

FEDERAL DISASTER DECLARATION: 1135 WAIVER

- When the President declares a disaster or emergency under the Stafford Act or National Emergencies Act AND the HHS Secretary declares a public health emergency under Section 319 of the Public Health Service Act, the Secretary is authorized to take certain actions in addition to his/her regular authorities.
- The Secretary may temporarily waive or modify certain Medicare, Medicaid, and Children's Health Insurance Program (CHIP) requirements under section 1135 of the Social Security Act; this includes
    - Conditions of participation or other certification requirements

- Program participation and similar requirements
- Preapproval requirements
- Requirements that physicians and other health care professionals be licensed in the State in which they are providing services, so long as they have equivalent licensing in another State (this waiver is for purposes of Medicare, Medicaid, and CHIP reimbursement only – state law governs whether a non-Federal provider is authorized to provide services in the state without state licensure)
- Emergency Medical Treatment and Labor Act (EMTALA) sanctions for redirection of an individual to receive a medical screening examination in an alternative location pursuant to a state emergency preparedness plan (or in the case of a public health emergency involving pandemic infectious disease, a state pandemic preparedness plan) or transfer of an individual who has not been stabilized if the transfer is necessitated by the circumstances of the declared emergency. A waiver of EMTALA requirements is effective only if actions under the waiver do not discriminate on the basis of a patient's source of payment or ability to pay.
- Stark self-referral sanctions
- Performance deadlines and timetables may be adjusted (but not waived).
- Limitations on payment to permit Medicare enrollees to use out of network providers in an emergency situation

Requesting a 1135 Waiver

Once a the federal government has declared a disaster and a 1135 Waiver is authorized, the Hospital President, COO or CNE; Administrator on Duty, Quality Management Director, Administrative Nursing Supervisor, Disaster Coordinator or designee may submit requests to operate under that authority or for other relief that may be possible outside the authority to the CMS Regional Office.

The designated NHMC representative will send a request to ROSFOSO@cms.hhs.gov (the CMS Western Consortium Regional Office covering Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming, Alaska, Idaho, Oregon, Washington, Arizona, California, Hawaii, Nevada and Pacific Territories).

In addition, a copy of the request will be sent to the local CDPH office to insure the waiver request does not conflict with any State requirements. NOTE: There is no specific form or format.

The request should contain the following information:

- Name of the facility and licensure type
- Full Address (including county/city/town/state)
- Contact person and information should the Region need additional clarification
- Brief summary of the reason for the waiver; examples include:
  - Northridge Hospital is sole community provider without reasonable transfer options at this point during the specified emergent event (e.g. flooding, earthquake, fires, or flu outbreak); NHMC needs a waiver to exceed its bed limit by X number of beds for Y days/weeks.
  - NHMC has been relocated to an alternate site under the direction of emergency management officials; NHMC needs a waiver to continue to provide client care at the alternate care site.

Northridge Hospital will resume normal operations and adherence to standard (non-disaster) rules and regulations as soon as possible, or when the waivers or modifications have expired or are no longer following termination of the emergency period.

CRITICAL FUNCTIONAL AREAS

The organization, in accordance with Joint Commission's emergency management standards, has developed the following functional annexes:

- Communications
- Resources and Assets
- Safety and Security
- Staff Responsibilities
- Utilities
- Patient Clinical and Support Activities

Communications
The organization is committed to insuring that clear and ongoing communication is maintained with patients and their families; hospital staff to include medical staff; community and government partners; as well as, vendors and suppliers.

The Communications Plan (see *Annex 1*) provides detailed information on how the organization plans to communicate with:

- Hospital Staff
- Hospital and Corporate Leadership
- External Authorities and Partners
- Healthcare Organizations
- Patients and their Families
- Supply Service, and Equipment Vendors
- Community & Media
- Patient Information with Third Parties
- Alternate Care Sites

The organization relies on the following modes of communication to notify and share ongoing information with internal and external audiences:

Communication Modes		
Overhead Page	Phones: Landline and Mobile	
Email	One Pass	Personal Cell Phones
SPOK Paging	Hand Held Radios	ARES Amateur Radio Group
xMatters Mass Notification System	Runners	Dignity Health Website
Satellite Phones	SatRAD Radio	ReddiNet & HEAR Radio
Voltrak Mass Notification System – Volunteer Department Email Communication Tool		

The communication mode used will be determined based on what systems remain operational post disaster and the infrastructure in place to support communications.

Resource and Assets
The organization's Resource and Assets Plan (see *Annex 2*) details how it will manage resources and assets during emergencies to include:

1. Process of obtaining and replenishing medications, medical supplies, and non-medical supplies.
2. Sharing resources and assets with other healthcare organizations within the community when necessary.
3. Monitor quantities of its resources and assets.
4. Transporting patients and their medications, supplies, equipment, and staff to an alternate care site(s).
5. Transferring pertinent information, including essential clinical and medication-related information, with patients moving to alternate care sites.

Safety and Security
The organization Safety and Security Plan (see *Annex 3*) details the safety and security measures that will be implemented and maintained during a disaster or emergency to include:

1. Hospital's arrangement for internal safety and security
2. How community security agencies (police, sheriff, and other law enforcement) will be engaged during a disaster or emergency.
3. Coordination and planning with local law enforcement agencies.
4. How the hospital will manage hazardous materials and waste.
5. How the hospital will provide for radioactive, biological, and chemical isolation and decontamination.
6. Control entrance into and out of the hospital
7. Control the movement of individuals within the hospital
8. Control vehicle access into and out of the hospital

Staff Responsibilities
The organization's Staff Responsibilities Plan (see *Annex 4*) details information and guidance on the roles and responsibilities of staff to include the following elements:

1. The roles and responsibilities of staff for communication, resources and assets, safety and security, utilities, and patient management during and emergency.
2. Process for assigning staff to all essential staff functions.
3. Identifies the individual(s) to whom staff report in the hospital's incident command structure.
4. How the hospital will manage staff support needs (housing, transportation, incident stress debriefing, etc.).
5. How the hospital will manage the family support needs of staff (child care, elder care, pet care, communication).
6. How the hospital communicates in writing, with each of its licensed independent practitioners regarding his or her role(s) in emergency response and to whom he or she reports to during an emergency.

7. How the hospital will identify licensed independent practitioners, staff, and authorized volunteers during emergencies.
8. How the hospital implements the components of it EOP that require advance preparation to manage staff during an emergency.

Utilities Management
The organization's Utilities Management Plan (see *Annex 5*) details how it will manage utilities during an emergency to include the following elements:

1. An emergency source of electrical power capable of operating all essential electrical equipment and a plan for failure of back-up generators.
2. An alternate source of safe water
3. An alternate source of safe medical gas and vacuum delivery
4. An alternate means of waste disposal in the event of sewage system failure
5. Sufficient fuel to last for at least 96 hours of expanded operation

Patient Clinical and Support Activities
The organization's Patient Clinical and Support Activities Plan (see *Annex 6*) details how it will manage patients during an emergency to include the following elements:

1. Activities required as part of patient scheduling, triage, assessment, admission, transfer, and discharge.
2. Procedures for horizontal, vertical, and complete evacuation when the environment cannot support patient care.
3. Increase in demand for clinical services for vulnerable populations served by the hospital.
4. Meeting personal hygiene and sanitation needs of its patients.
5. Managing its patient's mental health service needs.
6. Managing mortuary services.
7. Documenting and tracking patient's clinical information.

Deactivating the Emergency Operation Plan

As the initial impact of the disaster has subsided and all critical threats have been neutralized, the Incident Commander (IC), with the support of hospital response staff, will begin to initiate a demobilization process.

- Demobilization must be deliberate and organized to insure a smooth transition back to normal hospital operations without overwhelm hospital system that may be returning to operations.
- Hospital staff assigned a response role will be released as their operational functions conclude. Likewise, any equipment or resources that were used during the operation will be returned to the appropriate department. Equipment that was borrowed from a community resource or partner will be serviced and returned in proper working order to the original owner.

- Hospital Command Center will be closed once the IC and hospital leadership have determined there is no longer an immediate threat or risk that hospital operations have been restored, and all critical infrastructure is operating normally.
- Incident Commander will request that Code Triage Internal/External All Clear be announced through appropriate means (e.g. overhead page, X-Matters, email, and pager).
- External partners and Dignity Health corporate will be notified when All Clear has been declared.
- All documentation related to decisions, action, and resource acquisitions during the response will be collected and organized. Any outstanding invoices will be submitted for payment, staff cost will be tracked and calculated in case reimbursement is available.

POST EMERGENCY ACTIVITIES

Demobilization

The process of demobilizing and returning the facility to normal operation must be carefully planned and organized, insuring that all facets of the operation are able to support this phase of the operation and adequate personnel and resources are in place to manage the process.

The Incident Commander will make the determination of when the demobilization process will be initiated. The following factors may be considered when making the determination to demobilize:

- The number of incoming patients is declining to a manageable level using normal staffing patterns and resources
- Hospital infrastructure and utilities have been restored to normal operations
- Other responders are beginning their demobilization
- Other critical community infrastructure returns to normal operations

The decision to demobilize will be communicated widely to include:

- All hospital staff, physicians, vendors
- Patients and their families
- Government partners at all levels (fire/police, EMS Agency, public health others)
- Community partners
- Other hospitals, clinics, and healthcare providers

Recovery

Returning to normal operations will be multifaceted and progressive. Incident planning will have to take into account that patient care activities will be ongoing, but the ramped-up methods to accommodate a surge will be dismantled as patient care activities allow. Improvised patient care areas will be returned to their prior state. Extra equipment, supplies, and medications will return to the pre-incident “just-in-time inventory levels,” as soon as the opportunity permits.

The supplemental staffing levels, required during the response, may continue to be maintained longer for certain patient care and support service areas than for others. However, eventually even these areas will return to their normal or “new normal” operational levels.

Recovery efforts will also have to address various other personnel issues. Personnel who wore PPE with exposure to hazardous chemicals or substances should complete medical surveillance forms that become part of their personnel/employee health record; they should also receive an appropriate health debriefing, which covers signs/symptoms to watch for and responsive actions to subsequent health effects.

Staff members who became ill or injured while on duty will have financial, psychological, and medical-care issues that can be coordinated by the Compensation/Claims Unit. The possibility of a line-of-duty

death occurring should be addressed through the combined efforts of the Logistics Section, Finance/Administration Section, Operations Section, the Safety Officer, and the Public Information Officer.

The Support Branch will take a key role in coordinating all matter pertaining to staff and family support. The Support Branch will also assess for the need of a stress debriefing for staff and volunteers. One key aspect to improve staff and volunteers emotional recovery and maintaining their ongoing commitment is formal and informal recognition.

The degree to which the physical plant will have to be restored will vary by incident. At a minimum, all patient-care areas and equipment will have to be thoroughly cleaned. The Facilities Unit Leader will primarily be responsible for coordination of this activity, along with the Medical Care and Infrastructure Branches. The actual clean-up work may be done using normal environmental services personnel or, to reduce recovery time, general hospital staff when they are available or contractors when needed.

For hazardous material or biological-related incidents, clean-up efforts may require special cleaning agents and procedures to be used; some situations may even require special contractors to do the work. Hazardous waste, including the collected runoff from decontamination operations, should be disposed of properly by licensed, bonded, and insured contractors. Supervision of the clean-up of contaminated areas should be coordinated by the HazMat Branch and the Infrastructure Branch with logistical support coming from the Support Branch.

From the outset of the response, the Finance/Administration Section has the responsibility to track the various costs associated with the hospital's response. The primary costs to be closely tracked include personnel, patient care, resources, equipment repair and replacement, and facility operations.

TESTING AND EVALUATION OF THE EMERGENCY OPERATIONS PLAN

The organization conducts exercises to assess the Emergency Operations Plan's appropriateness, adequacy, and the effectiveness of logistics, human resources, training, policies, procedures, and protocols. Exercises should stress the limits of the plan to support assessment of the organization's preparedness and performance. The design of the exercise should reflect likely disasters, but should test the organization's ability to respond to the effects of emergencies on its capabilities to provide care, treatment, and services. The hospital must then analyze their response to the drills/actual incidents and maintain documentation of all exercises and emergency events.

The EOP will be tested at least twice each year, either in response to an actual emergency, or by a planned exercise.

- First Exercise: the hospital participates in a full-scale exercise that is community-based and includes an influx of simulated patients.
- The hospital will then evaluate the performance of the previous exercise and make any needed modifications to its Emergency Operations Plan before conducting the subsequent exercises.
- Second Exercise: The hospital conducts an additional full-scale or functional exercise that includes an escalating event in which the local community is unable to support the hospital.

The Emergency Management Coordinator will be responsible for ensuring that an incident debrief is conducted following each incident, as well as, an After Action Report (AAR) is completed to include an Improvement Plan.

Attachment 1	Accreditation Crosswalk
Attachment 2	Hazard Vulnerability Analysis (HVA)
Attachment 3	Four Phase Planning Activities

Centers for Medicare Medicaid Services and the Joint Commission Crosswalk

General and Risk Requirements			
CMS Standard	**Program Description**	**Joint Commission**	**Source Document/s**
482.15	Require both an emergency preparedness program and an emergency preparedness plan *	EM.02.01.01	EOP
482.15	Comply with all applicable Federal, State and local emergency preparedness requirements. The emergency plan must be reviewed and updated at least annually.*	EM.02.01.01 EM.03.01. 01 (EP 2)	Page 3
482.15 (a) 1	The emergency plan must be based on and include a documented facility based and community based risk assessment utilizing an all hazards approach*	EM.01.01. 01 (EP 2, 3, 5)	Page 10, Attachment 2/3
482.15 (a) 2	The emergency plan includes strategies for addressing emergency events identified by the risk assessment.*	EM.01.01. 01 (EP 5,6)	HVA Attachment
482.15 (a) 3	The emergency plan must address the patient population including but not limited to, persons at-risk, the types of services that the facility would be able to provide in an emergency; continuity of operations, including delegations of authority and succession plans.	EM.02.01. 01 (EP 3, 7, 8) LD.01.04. 01 (EP 11)	Succession and Delegation Page 9
482.15 (a) 4	Have a process for ensuring cooperation and collaboration with local, tribal, regional, state, or Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the facility efforts to contact such officials and, when applicable, its participation in collaborative and cooperative planning efforts.*	EM.01.01. 01 (EP3, 4, 7) EM.02.02. 01 (EP4)	Page 3-HVA process Annex 1-Communication Plan

Policies and Procedures			
CMS Standard	**Program Description**	**Joint Commission Standard**	**Source Document/s**
482.15 (b) (1) (i-ii) A-D	Develop and implement emergency preparedness policies and procedures based on the emergency plan set forth in (a) and (a) (1) and the communications plan section (C). The policies and procedures must be reviewed and updated at least annually.*	EM.02.01.01 (EP 2)	Annexes and Appendix
482.15 (b) (1) (i-ii) A-C	The policies and procedures must address (1) the provision of subsistence needs for staff and patients whether they evacuate or shelter in place including but not limited to (i) food, water, medical and pharmaceutical supplies (ii) alternate sources of energy to maintain: (A) temperatures to protect patient health and safety and for the safe and sanitary storage of provisions (B) emergency lighting (C) fire detection, extinguishing and alarm systems *	EM.02.02.07 (EP 5) EM.02.02.09 (EP 2, 3, 4, 5, 7) EC 02.05.03 (EP 1, 3) EC.02.06.01	Annex 2 - Resource and Assets Annex 6 - Patient Support
482.15 (b) (1) (ii) (D)	The policies and procedures must address... (D) sewage and waste disposal*	EC.02.02.01 (All EP) IC.02.02.01 (EP3)	This must come from Facilities, EVS or other departments
482.15 (b) 2,	Develops a system to track the location of on-duty staff and sheltered patients in the facility's care during an emergency. If on-duty staff or sheltered patients are relocated during the emergency the hospital must document the specific name and location of the receiving facility or other location.*	EM 02.02.03 (EP 9) EM.02.02.11 (EP 8)	Annex 1 - Communication Plan
482.15 (b) 3,	Have policies and procedures in place to ensure the safe evacuation from the facility, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance. *	EM 02.02.03 (EP 9) EM.02.02.11 (EP 3)	Appendix F-Evacuation Plan
482.15 (b) 4,	Have a means to shelter in place for patients, staff and volunteers who remain in the facility *	EM 02.02.03 (EP 1-6)	Appendix I - Shelter in Place
482.15 (b) 5	Have a system of medical documentation that preserves patient information, protects the confidentiality of patient information and secures and maintains availability of records.*	EM.02.02.03 (EP 10) EM.02.02.11 (EP 3, 8) IM.01.01.03 IM.02.02.01	

Policies and Procedures			
CMS Standard	**Program Description**	**Joint Commission Standard**	**Source Document/s**
482.15 (b) 6 ,	Have policies and procedures in place to address the use of volunteers in an emergency and other emergency staffing strategies, including the process and role for integration of State or Federally designated health care professionals to address surge needs during an emergency.*	EM.02.02.07 (EP 9) EM.02.02.13 (All EPs) EM.02.02.15 (All EPs) MS.01.01.01 (EP 14) MS.06.01.13	Pull policies from Medical Staff, Volunteer Services
482.15 (b) 7	The development of arrangements with other hospitals and other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to hospital patients.*	EM.02.02.03 (EP 9)	Annex 2-Resource and Assets Annex 6 - Patient Support
482.15 (b) (8)	Policies and procedures to address the role of the hospital under a waiver declared by the Secretary, in accordance with section 1135 of the Act, for the provision of care and treatment at an alternate care site (ACS) identified by emergency management officials.*	EM.02.01.01 (EP 7)	Appendix B

Communication Plan			
CMS Standard	**Program Description**	**Joint Commission Standard**	**Source Document/s**
482.15 (c)	Be required to develop and maintain an emergency preparedness communication plan that complies with local, state and Federal law and required to review and update the communication plan at least annually.*	EM.02.02.01 (All EP)	Annex 1-Communication Plan
482.15 (c) 1	As part of its communication plan include in its plan, names and contact information for staff; entities providing services under arrangement; patients' physicians, other hospitals and CAHs and volunteers.*	EM.02.02.01 (EP 1, 2, 7, 8, 9, 10)	Annex 1-Communication Plan Phone Rosters for Staff and Medical Staff
482.15 (c) 2	Require contact information for Federal, State, tribal, regional, or local emergency preparedness staff and other sources of assistance. *	EM.02.02.01 (EP 3 -13)	Annex 1- Attachment 3 Telephone List and Directories Health Care Coalition Contact List Or other
482.15 (c) 3	Include primary and alternate means for communicating with hospital staff and Federal, State, tribal, regional, and local emergency management agencies. *	EM.02.02.01 (EP 14)	Annex 1- Communication Plan
482.15 (c) 4	Include a method for sharing information and medical documentation for patients under the hospital's care, as necessary, with other health care providers to maintain continuity of care. *	EM.02.02.01 (EP 11, 12)	Annex 1-Communication Plan pg. 7 Attachment 3 Attachment 4 - Dignity Health Patient
482.15 (c) 5	Have a means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510. (b) (1) (ii).*	EM.02.02.01 (EP 5, 12	Annex 1-Communication Plan
482.15 (c) 6	Have a means of providing information about the general condition and location of patients under the facility's care, as permitted under 45 CFR 164.510(b)(4) *	EM.02.02.01 (5, 6, 12)	Annex 1-Communication Plan
482.15 (c) 7	Have a means of providing information about the hospital's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.*	EM.02.02.01 (EP 4)	Annex 1-Communication Plan

Training and Testing			
CMS Standard	**Program Description**	**Joint Commission Standard**	**Source Document/s**
482.15 (d)	Develop and maintain an emergency preparedness training and testing program based on the emergency plan, risk assessment, policies and procedures and communications plan. The training and testing program must be reviewed and updated at least annually. *	HR 01.04.01 (EP 1,2,3) EM 02.02.07 (EP 7) EM.03.0 1.03 (EP 1)	EOP Testing and Evaluation Section pg 20 140.2.38 Hospital Incident Command System (HICS) and National Incident Management System (NIMS)Training Policy
482.15 (d) 1	Provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing on-site services under arrangement and volunteers consistent with their expected roles. Provide this training annually and maintain documentation of all emergency preparedness training along with demonstration of staff knowledge of emergency procedures.*	HR 01.04.01 (EP 1,2,3) EM 02.02.07 (EP 7)	140.2.38 Hospital Incident Command System (HICS) and National Incident Management System (NIMS)Training Policy
482.15 (d) 2	Conduct exercises to test the emergency plan at least annually *	EM.03.01.03	Exercise Planning Documentation After Action Reports (AAR)-Approved Record of AAR/PI being presented at EM/EOC
482.15 (d) 2	Participate in a full scale exercise that is community based or when community based exercise is not accessible, individual, facility-based.*	EM.03.0 1.03 (EP 4, 5)	Exercise Planning Documentation After Action Report-Approved Record of AAR/PI being presented at EM/EOC
482.15 (d) 2	If the facility experiences and actual natural or manmade emergency that requires activation of the emergency plan, the facility is exempt from engaging in a community based or individual, facility based full-scale exercise for one year following the onset of the actual event, *	EM.03.0 1.03 (EP 1)	After Action Report-Approved Record of AAR/PI being presented at EM/EOC

Training and Testing			
482.15 (d) 2	Conduct a second exercise that may include but is not limited to a second full-scale exercise that is individual, facility based; a tabletop exercise that includes a group discussion led by a facilitator using a narrated, clinically relevant emergency scenario and a set of problem statements, directed messages or prepared questions	EM.03.01.03 (EP 1)	Exercise Planning Documentation After Action Reports- Approved
482.15 (d) 2	Analyze the response to and maintain documentation of all drills, tabletop exercises and emergency events and revise the facility emergency plan as needed *	EM.03.01.03 (EP 6-16)	After Action Report- Approved Record of AAR/PI being presented at EM/EOC

Emergency and Standby Power Systems			
CMS Standard	**Program Description**	**Joint Commission Standard**	**Source Document/s**
482.15 (e)	Emergency and standby power systems- The hospital must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section and in the policies and procedures plan set forth in paragraphs (b)(1)(i) and (ii) of this section	EM.02.02.09 (EP 8), EC.02.05.07 (EP 7) Note: Requirement is to run this test every 36 months not every 12 as the rule would be.	Facilities Department should be primary owner of these requirements. Annex 5 - Utilities Management Plan Specific Policies and Procedures within the Facilities program
482.15 (e) (1)	Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated. *	EC 02.05.03 (All EP) EM 02.02.09 (All EPs)	Facilities Department should be primary owners of these requirements. Annex 5-Utilities Management Plan Specific Policies and Procedures within the Facilities
482.15(e) (2)	Emergency generator inspection and testing. The facility must implement emergency power system inspection and testing requirements found in the Health Care Facilities Code, NFPA 110, and the Life Safety Code. *	EC.02.05.07 (EP 7) EM.02.02.09 (EP 8)	Facilities Department should be primary owners of these requirements. Annex 5-Utilities Management Plan Specific Policies and Procedures within the Facilities program

Emergency and Standby Power Systems			
CMS Standard	**Program Description**	**Joint Commission Standard**	**Source Document/s**
482.15 (e) (3)	Emergency generator fuel. CAHs that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates. *	EM.02.02.0 9 (EP 2, 5 ,8)	Facilities Department should be primary owners of these requirements. Annex 5-Utilities Management Plan Specific Policies and Procedures within the Facilities program

Dignity Health
Northridge Hospital
Medical Center

Emergency Management Program

Attachment 2
Hazard Vulnerability Analysis

Document available in Policy Manager

Policy #87962.700.02: Emergency Operations Plan – Attachment 2

Emergency Management Program

Attachment 4
Four Phase Planning Activities

Document available in Policy Manager Policy

#87962.700.03: Emergency Operations Plan –

Attachment 3