

Attachment E: Maintenance of Essential Services Plans Template

[Template of Maintenance of Essential Services Plan (HMES) is below. Refer to Concept of Operations, Maintenance of Essential Services Plan paragraph (page 8) of this plan.]

Hospital:
Person Completing Template:
Email:
Phone Number:
Effective Dates:

I. PURPOSE

PLAN PURPOSE STATEMENT HERE. Example:

- A. To provide [HOSPITAL] staff with guidance in the maintenance of essential services in the event of a shelter-in-place or evacuation event.

II. OVERVIEW

INSERT PLAN OVERVIEW STATEMENT HERE. Example:

- A. This document is not intended to be stand-alone and is initiated as a response to an emergency. Incident Command staff should consider all available options based on the current situation and associated risk factors.
- B. Sheltering-in-place involves special considerations depending on the incident threat. Many Emergency Department patients may be medically fragile and dependent on mechanical support equipment; thus, ED staff must be trained on shelter-in-place procedures to progress in a planned and orderly manner.
- C. Additionally, given the profile of the medical facility as part of the local / regional healthcare critical infrastructure of the community-at-large, it may be in the best community interest to partially evacuate the facility and shelter-in-place critical healthcare services, such as emergency services, trauma services and a limited support staff to maintain essential operations of the facility. This consideration should be made by the facility incident commander, in consultation with all associated leadership teams as well as with appropriate regional emergency managers.
- D. Upon issuance of a Mandatory Medical Evacuation Order, [HOSPITAL]'s Emergency Operations system will ensure that this plan is initiated.

III. REVIEW

INSERT PLAN REVIEW STATEMENT HERE – State how often your organization will review the Hospital Maintenance of Essential Services plan. Example:

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- A. Annually: The Hospital Maintenance of Essential Services plan will be reviewed annually along with the entire Emergency Operations Plan and submitted to local Emergency Management [(INSERT CITY AND COUNTY NAMES HERE)] as well as the South Carolina Department of Health and Environmental Control, Health Licensing, prior to the annual Hurricane Season (June 1), for approval.

IV. ACTIONS

INSERT PLAN ACTIONS STATEMENT HERE – Define the trigger to implement your plan and the steps your facility will take to see the plan through. Example:

- A. Upon notification of Mandatory Medical Evacuation Order: The Hospital Maintenance of Essential Services plan will be initiated when appropriate by the Facility Incident
- B. Commander or designee upon notification of a Mandatory Medical Evacuation Order, if authorized by the Mandatory Medical Evacuation Order.
- C. Immediate notification to the South Carolina Department of Health and Environmental Control Health Licensing by the facility will be initiated by the Emergency Operations Manager. This notification will be followed by certification of the application of the provisions of this plan, no later than 4 hours after the initial Mandatory Medical Evacuation Order is received. Notification will include the current census with detailed acuity (Critical Care, Med-Surg, Behavioral Health, etc.).

V. ACTIVATION

INSERT PLAN ACTIVATION STATEMENT HERE – Define who, what, and why the plan will be activated. Who will have the authority to activate the plan? What will be done to protect patients? Why will this decision be made? How will Incident command be activated? Example:

- A. Authority to Activate: Not all emergency situations require sheltering-in-place. When it becomes apparent that an external danger may result in injury, possible exposure, or loss of life to patients, visitors, and staff, the facility Incident Commander is responsible for ordering the facility or department(s) to shelter-in-place. The facility staff authorized to activate this plan are as follows:
- CEO
 - COO
 - CFO
 - CNO
 - CMO
 - Facility Emergency Operations Manager
 - Additionally, when de-risking (partial evacuation of at-risk patients) the facility may consider and elect under the authority of the facility Incident Commander

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to activate a limited shelter-in-place response for essential/critical services to support the community need.

- B. Decision to Activate: Sheltering-in-place should be ordered based on the circumstance of the threat.
1. Authorities should evaluate the nature of a threat as it occurs, evaluate availability of resources, and reassess regularly to determine the proper course of action.
 2. Patients should be sheltered-in-place only when necessary. In some situations, it may be safer and more medically responsible for [HOSPITAL] to shelter in place versus evacuation of departments and/or buildings.
 3. In an emergency in which personnel and patients are safer inside the facility than outside, shelter-in-place should be ordered.
- C. Immediate Danger to Patients: During an emergency, persons in immediate danger must take precedence over all other actions.
1. If a disaster occurs in a patient care area, or threatens a patient care area, employees should remove patients who are in immediate danger, evacuate, or shelter-in-place as appropriate.
 2. The objective is to get patients and personnel to safe refuge areas.
 3. If the patients are not in immediate danger and an alert has not been activated, WAIT for orders.
- D. Activation of the Emergency Operations Center: The decision to implement the Emergency Operation Plan should be determined by the Administrator on Call according to the [HOSPITAL]'s Healthcare Incident Command System model.
1. The facility Incident Commander will retain the full authority and remain responsible for the decision-making process until relieved by a more senior ranking official.
 2. A Hospital Emergency Operations Center will be activated and established in the Boardroom, or appropriate designated location based on incident.
 3. The facility Incident Commander will activate the necessary Hospital Incident Command System roles.
 4. Hospital employees should immediately assume the responsibilities of their assigned roles upon activation of the Emergency Operation Plan.
 5. Command Staff and Section Chiefs should meet regularly to update shelter-in-

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place progress and designate situation status

- E. Establish a Safety Officer: The facility Incident Commander will identify and designate a facility safety officer that is responsible to ensure the following:
1. Accurate accountability log of staff, patients, and visitors
 2. Emergency contact list for all listed on the accountability log
 3. Shelter-in-place Safety Plan
 4. Post Incident Rescue Coordination Plan
 5. Emergency / Redundant Communication Plan

VI. NOTIFICATION

INSERT PLAN NOTIFICATION STATEMENT HERE – Describe how team members and community partners will be notified that your organization is implementing the Hospital Maintenance of Essential Services plan. Example:

A. INTERNAL NOTIFICATIONS:

1. KEY PERSONNEL NOTIFICATION

- a. The facility Incident Commander will order the notification to personnel of facility shelter- in-place, via mass notification and overhead announcement.

2. DEPARTMENT NOTIFICATION

- a. The switchboard will notify staff in the facility of the activation of the shelter-in- place plan via overhead paging.
- b. The operator will announce by overhead paging three times, “Facility Alert; shelter- in-place plan is now in effect for [HOSPITAL] and/or _____ department(s); all outpatients and visitors in the designated area will be directed to shelter in [location].”
- c. The switchboard will notify department directors via the facility’s group notification system.

3. ALTERNATE COMMUNICATION SYSTEMS

- a. The Emergency Operations Manager will begin mass notifications of all facility staff via the facility’s alert system.

4. MESSAGING

- a. With all communication systems used, [HOSPITAL] will use common language and include the following in mass messages:

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- b. Time of start of shelter-in-place
- c. Reason for shelter-in-place
- d. Expected duration
- e. Shelter-in-place policy/procedure information
- f. Regular Updates
- g. The staff will be regularly updated about shelter-in-place by reliable means.

5. ALL CLEAR

- a. All occupants should continue to shelter in place and remain in safe areas until the “All Clear, Shelter-in-Place Cleared” is declared and announced by the facility Incident Commander.

B. EXTERNAL NOTIFICATIONS

1. [HOSPITAL] shall establish and maintain integrated response communications systems with external partners during an emergency. These partners include, but are not limited to:
 - a. South Carolina Department of Environmental Control Health Licensing
 - b. City of [INSERT CITY NAME HERE] emergency operations center
 - c. [INSERT COUNTY NAME HERE] county emergency management emergency operations center
 - d. [INSERT COALITION NAME HERE] Regional Healthcare Coalition
 - e. Contracted EMS providers
 - f. South Carolina Hospital Association
2. In the event of an emergency, community partners should be contacted as staff designated in the [HOSPITAL] emergency operation plan and [INSERT COALITION NAME HERE] Regional Healthcare Coalition Response and Communications Plans.
3. The Emergency Operations Manager, or designee at [HOSPITAL] will notify community partners by phone to ensure rapid and continuous communication exchange of relevant information and specific shelter-in details.
4. A list of phone numbers can be found in the external resource directory list, see

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[INSERT SOURCE DOCUMENT] of the emergency operation plan.

5. During activation, fax, satellite phone, HAM Radio, 800MHz/400MHz/VHF/UHF radios can also be used to notify community partners.
6. Notification of relatives and community
 - a. When the shelter-in-place is imminent, the Public Information Officer in coordination with Joint Information Center, if activated, will begin working on a statement to release to the public.
 - b. In addition, the Public Information Officer is responsible for working closely with the community to ensure that family members of the patients receive the necessary information.

VII. DE-RISKING (REDUCTION OF CENSUS)

INSERT PLAN DE-RISKING STATEMENT HERE – Identify your facility’s plan to minimize risk. Example:

- A. The plan for de-risking includes:
 1. Immediate cessation of all elective procedures (only urgent or emergent cases will proceed on an as needed basis when warranted, and with Chief Medical Officer approval.)
 2. Immediate prioritization of any pending discharges
 3. Coordination with the Hospital Incident Command Center for any patients to be transferred to other facilities, or incident/event dictating to the most appropriate designated facility
 4. Activation of the South Carolina Hospital Association Hospital Mutual Aid Agreement

VIII. SAFETY OF PATIENTS, STAFF AND VISITORS

INSERT PLAN SAFETY STATEMENT HERE – Define how you plan to ensure the safety of patients, staff, and visitors. Example:

- A. [HOSPITAL] puts the safety of all patients, staff, and visitors above all else. If a

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shelter-in-place or evacuation order is given, [HOSPITAL] will immediately issue a site safety plan. This plan will be coordinated by the Hospital Incident Commander, the facility safety officer, and the facility management director (or designee). The plan will include:

1. Life Safety drawings and patient, visitor, and staff housing locations (Pre-plans will be developed in advance to identify the safest locations as a rapid reference guide for no-notice shelter-in-place events requiring unique safety locations.)
2. Patient movement within the facility and to safe locations within the facility
3. Appropriate activation of the staffing, shifts or altered staffing plans
4. Planning for safe activation of re-supply assets
5. Interim Life Safety plans, as appropriate

IX. 96-HOUR SUPPLY PLAN

INSERT PLAN SUPPLY STATEMENT HERE – Outline how your hospital will sustain itself for at least 96 hours. Example:

- A. [HOSPITAL] maintains, as a separate annex, a 96-hour plan for maintenance of the following supplies:
 1. Food and Water (potable) – supplies maintained by Food and Nutrition Services, in conjunction with emergency operations center
 2. Medications – managed by pharmacy in conjunction with emergency operations center
 3. Equipment and clinical logistics – maintained by Supply Chain, in conjunction with emergency operations center
 4. Please refer to the 96-hour plan for further details

X. RECEIPT OF EMERGENCY SUPPLIES

INSERT PLAN RESUPPLY STATEMENT HERE – Illustrate how supplies will be replenished and emergency supplies obtained. Example:

- A. Emergency resupply for all clinical and non-clinical items will be coordinated by the Logistics Section (Supply Chain Director or designee). All necessary supplies may be delivered via the following:
 1. Standard Surface Road Routes as defined by Supply Chain, based on current flooding and roadway conditions
 2. Rotor-Wing directly to the [HOSPITAL], coordinated by the emergency operations

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center and Supply Chain Services

3. Fixed-Wing to the [INSERT LOCAL AIRFIELD] and either surface roads or rotor-wing to the [HOSPITAL]

XI. EMERGENCY DEPARTMENT PLAN

INSERT PLAN CLOSURE STATEMENT HERE – Describe the procedures that will be taken to cease Emergency Department services for the period of time that first responders are on standby. Example:

- A. At the point of onset of Tropical Storm force winds or when notified by county Emergency Operations that all Emergency Services have stopped, the Emergency Department will close to all traffic until such time as the county Emergency Operations notify the facility that Emergency Operations have resumed.

As part of the regional and community healthcare critical infrastructure, [HOSPITAL], serves as the [INSERT FACILITY DESIGNATIONS] for the region, as well as the other critical service lines maintained in the facility, will take every effort to maintain essential critical Emergency Services open to the public and first responders. During a Mandatory Medical Evacuation or when under an Executive Order to close the Emergency Department, [HOSPITAL] will ensure that all necessary steps are made to safely and efficiently close and re-open, when ordered. These steps include:

1. Notification of all key stakeholders, internal and external, of potential closure and time of full closure
2. Facility Emergency Manager will request for a critical care or advanced life support ambulance be positioned near or at the emergency department in the event a member of the community presents requiring immediate transport or treatment while the emergency department is closed to operations. This request and operations will be coordinated by the emergency manager or designee with the regional emergency medical services agency or emergency management official.
3. Staff will prepare the Emergency Department for closure by securing the area and moving all lifesaving and support equipment to the Emergency Department for safety.
4. Staff will ensure the safe shutdown of all non-clinical equipment in the area
5. Staff will ensure the safe shutdown of all clinical equipment in the area
6. Security and Facilities staff will ensure the complete closure of all access points into the area and place signage designating the shutdown of the facility and the reason for shutdown

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7. Once full shut down has been achieved, the Emergency Department Director (or designee) will notify the Facility Emergency Operation Center of completion of closure efforts
8. All efforts will be made to ensure that the area is shutdown in such a manner as to prepare the area for start-up once the emergency has passed.

XII. RECOVERY

INSERT PLAN RECOVERY STATEMENT HERE – List the steps that shall be taken to return to normal operations. Example:

- A. [HOSPITAL] has designated responsibility for the timely and appropriate recovery as seen necessary for their facility after a shelter in place. This may include:
 1. [HOSPITAL] will conduct appropriate recovery operations in conjunction with health and facility safety issues related to incident.
 2. [HOSPITAL] will assess damage and will use available resources, utilize memorandums of agreement/understanding, or request resources through local emergency operation center, if activated, to gradually return hospital to normal operations.
 3. The facility Incident Commander will identify and initiate continuation of patient care services, after consultation with local Emergency Management and the South Carolina Department of Health and Environmental Control
 - a. The facility Incident Commander will coordinate demobilization.
 - b. The facility Incident Commander will identify criteria and procedures to return to normal operations, including essential emergency and critical services
 - c. Notification of all key stakeholders, internal and external, of planned opening and full opening
 - d. Staff will prepare the Emergency Department for opening by returning all lifesaving and support equipment to their proper locations.
 - e. Staff will ensure the safe start-up of all non-clinical equipment in the area
 - f. Staff will ensure the safe start-up of all clinical equipment in the area
 - g. Security and Facilities staff will ensure the physical opening of all access points into the area and remove closure signage, once notified by Incident Command.
 - h. Once the Emergency Department has completed the reopening process, the

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Emergency Department Director (or designee) shall notify the Facility emergency operation center.

- i. Plant Operations will perform damage assessment (interior and exterior) and plan for clean-up and repair.
- j. The Safety Officer, Infection Prevention Director and Environmental Services Director will monitor environmental issues (bio waste disposal) and water safety.
- k. At no point will the Emergency Department reopen for services until external and internal notifications have occurred.
- l. The facility Incident Commander will be responsible for the notification of all key stakeholders and obtaining local and state authorization for reopening before the re-opening takes place.

XIII. ATTACHMENTS

Required: [LIST RELATED ATTACHMENTS HERE]

- 1. Plan for de-risking (reduction of census)
- 2. Limitations to services
- 3. The plan to support hospital operations for 96-hours post impact, to include food, potable/non-potable water, and pharmaceutical supplies
- 4. Incident Action Plan
- 5. Site Safety Plan
- 6. Re-supply plan
- 7. Electronic copies of all facility floor plans and diagrams, specifically those areas that will house patients. These diagrams shall include:
 - a. Locations for all critical services
 - b. Anticipated patient volumes
 - c. Maximum occupancies
 - d. Emergency exit locations
 - e. Generator power points
 - f. Other emergency system locations
 - g. Potential flooding locations

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- h. Facility Rescue Plan (in the event of a catastrophic impact that requires immediate extraction).

A promulgation letter demonstrating approval of the plan by the hospital CEO, local emergency management, and DHEC will be required.