



Emergency Operations Plan

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SCOPE AND OBJECTIVES

Scope

The Jackson Health System (JHS) Emergency Operations Plan has been developed with the participation of hospital administrative leadership, medical staff leadership, and emergency management leadership in all phases of the planning activities. This Emergency Operations Plan (EOP) is designed to assure appropriate, effective response to a variety of emergency situations, both internal and external, that could affect the safety of patients, staff, and visitors, or adversely impact upon the institution's environment and ability to provide healthcare services to the community. This written plan is a template that applies to all Public Health Trust owned facilities, affiliated clinics and medical practices. It also provides an organized process to mitigate, initiate, manage, and recover when emergencies occur. (**EM.12.01.01 - EP 1 through EP 9**)

This Emergency Operations Plan, along with other incident-specific organization-wide plans/annexes, also describes the response procedures to follow when an emergency occurs. The overall response procedures will include single emergencies that can temporarily affect demand for services, and the multiple emergencies that can occur concurrently or sequentially which can adversely impact patient safety and the ability to provide care, treatment, and services for a limited or extended length of time. Every effort will be made to maintain, surge (expand the services), and supplement the resources, as needed, from within and outside of the local community. When it becomes necessary, the resources will be conserved, and services curtailed. If needed, the elective surgeries will be cancelled, and either some portions of, or the entire hospital(s) will be closed to new patients. Consideration to partial or complete evacuation will be given if such a need arises. (per **EM.12.01.01 – EP 3**) Please also refer to the Surge Capacity Plan, Mass Casualty Incident (MCI) Protocol, Facility-Specific Evacuation Plans, Department-Specific Emergency Response Plans, Pandemic Influenza Plan, and Hospital Incident Command System (HICS) incident planning and response guides for the HICS internal and external disaster scenarios.

JHS has established and makes ongoing revisions to the necessary policies and procedures required to mitigate, prepare, respond, and recover from an incident. The revised policies and procedures will be exercised and reviewed to determine and measure functional capability. This maintains compliance with the National Incident Management System (NIMS) components ([NIMS Element 7](#)).

Objectives

The objectives of this Emergency Operations Plan (EOP) are as follows:

- Address how the emergency management program of JHS will be managed and monitored
- Facilitate the orderly initiation of response to an emergency or a disaster
- Address the establishment of incident command using a comprehensive “**All- Hazards**” scalable command structure
- Address initial notification and communication during an emergency or a disaster
- Address how resources and assets will be obtained and replenished during a designated emergency period
- Provide information on how safety and security will be maintained during an emergency or a disaster

- Address staff roles and responsibilities during emergencies and/or disasters
- Address the management of utilities during an emergency or a disaster
- Provide protocols for managing patient clinical and support activities during an established emergency period
- Address recovery procedures and return to normal activities after the “All Clear” is announced

Definitions

1. Emergency - An unexpected or sudden event that significantly disrupts the organization’s ability to provide care, or the environment of care itself, or that result in a sudden, significantly changed or increased demand for the organization’s services. Emergencies can be either human-caused (accidental or intentional) or naturally occurring (geological, meteorological, or biological), or a combination of both, and they exists on a continuum of severity.
2. Disaster - A type of emergency that, due to its complexity, scope, or duration, threatens the organization’s capabilities and requires outside assistance to sustain patient care, safety, or security functions.
3. Internal Disaster/Emergency - An event that occurs within the hospital/medical complex disrupting normal operations, which could also result in the need for extra hospital personnel to care for patients, or even possible evacuation. Such incidents include: bomb threats, evacuation, fire, hazardous material spills, hospital over-capacity, hostage situation, infant/child abduction, internal flooding, loss of HVAC (heating, ventilation, air conditioning), loss of power, loss of water, severe weather, work stoppage, and other utility failure.
4. External Disaster/Emergency - An incident that occurs beyond the immediate boundaries of the hospital. Such an event can result in the sudden arrival of a large number of casualties, including contaminated or contagious victims, and a disproportionate amount of hospital staff to care for the incoming patients or victims. Usually such an event changes or increases the demands for organizational services and resources. Such incidents include nuclear detonation, biological attack (aerosol anthrax or food contamination), biological disease outbreak (pandemic influenza or plague), chemical attack, radiological attack, explosives attack, or natural disasters.
5. Mass Causality Incident - A Mass Causality Incident (MCI) involves a large influx of victims from an internal or external event requiring treatment, such as the result of a fire, explosion, train wreck, or bioterrorism event. The victims may arrive at the Emergency Department or Trauma Center via ambulance or another emergency service vehicle. Miami-Dade County MCI Levels: Level 1 = 5 to 10 victims; Level 2 = 11 to 20 victims; Level 3 = 21 to 100 victims; Level 4 = 101 to 1000 victims; Level 5 = over 1000 victims.

Any series of events that creates an overload situation in the Emergency Department or Trauma Center, in a very short period, which may necessitate the use of the emergency

procedures described in the Mass Casualty Incident Plan/Protocols. The MCI emergency may be combined with other response plans used to protect the facility, such as in the event of an approaching hurricane or other natural disaster.

6. Surge - A sudden increase in patient volume due to an external emergency.
7. Surge Capacity - The ability of a healthcare facility to provide medical care in excess of the standard operating capacity.

PROGRAM MANAGEMENT

PLANNING ACTIVITIES (EM.10.01.01 EP 3, EM.12.01.01 – EP 1, EM.09.01.01 – EP 4)

Emergency Management Planning Committee

Jackson Health System (JHS) has established an Emergency Management Planning Committee (details are provided in the administrative policy and procedure #264) that oversees the emergency management planning activities for all Public Health Trust (PHT) owned facilities. This committee receives regular reports related to grants, drills/exercises, logistics/resources/assets, workforce management/staffing, and patient management and support activities, as well as updates on communications, information technology, utility systems, security and safety, compliance and legal issues, and federal/state/regional/local issues.

To ensure successful disaster response planning, JHS has tasked a select group of multidisciplinary hospital representatives, including senior executives, department heads, medical staff, and representation from Miami Transplant Institute and Long Term Care, with becoming members of the organization's Emergency Management Planning Committee.

The purpose of this committee is to coordinate the development and maintenance of the Emergency Management Program and work towards coordinating the institutional response to disasters or emergencies using an “**All-Hazards**” approach, which includes but is not limited to pre-event, event, post-event (mitigation, preparedness, response, and recovery) planning considerations for nuclear, biological and chemical incidents, natural disasters, mass casualty incidents, pandemic infectious diseases and other incidents of national significance as determined by federal, state and local authorities.

The chairperson sets each meeting's agenda and facilitates the committee's work to achieve an annually established set of objectives. Subcommittees or task groups have been appointed to accomplish identified projects or to plan training and exercises. Minutes of each meeting are disseminated to apprise hospital staff of committee activities and changes to the Emergency Management Program and Emergency Operations Plan.

Other effective means of keeping hospital staff informed with “need to know” emergency planning and response information include publishing response updates in hospital newsletters and making presentations at management/leadership meetings. To ensure overall readiness and support, the chairperson must regularly inform the organization's Senior Director of Public Safety, President/Chief Executive Officer and other senior administrators of committee activity, obstacles encountered, and assistance needed. A report or update on emergency planning activities is provided to the governing body upon request; concerns regarding identified issues and regulatory compliance are also addressed.

Program Managers

Because of the increasing complexity and importance of emergency preparedness for hospitals and healthcare systems, a growing number of facilities are designating a qualified and motivated individual to serve in the part-time or full-time role of Emergency Management.

The JHS Emergency Management Director and/or Emergency Management Administrator can be reached by (phone: 305-585-2903 or 305-585-5201). This/these person(s) provide(s) overall support of the hospital's preparedness efforts, including developing needed procedures, coordinating production or revision of the Emergency Operations Plan (EOP) including the HICS organization charts, equipment/ resource inventory, and call rosters, as well as planning and executing training and exercises, and writing drill critiques, After Action Reports (AAR), and over-all program evaluations. The Emergency Management Director/Administrator will also represent the hospital at various preparedness meetings at the local, regional, and state levels. The desired background for an Emergency Management Director/Administrator includes formal and informal training, education, and/or experience in emergency management, incident command, and hospital operations and familiarity with local, regional, and state healthcare-system design and emergency response procedures. In addition to the Director and/or Administrator, Jackson also has a full-time Chief Medical Officer of Disaster and Emergency Preparedness and Emergency Preparedness Coordinator who oversees the medical/clinical aspects of emergency planning for the organization (phone: 305-355-4787 or 305-585-8007).

HAZARD VULNERABILITY ANALYSIS (EM.11.01.01 – EP 1, EP 2, EP 3, EP 4)

JHS identifies the potential hazards, threats, and adverse events and assesses the impact on the care, treatment, and services sustained during an emergency. The assessment is conducted through the use of a Hazard Vulnerability Analysis (HVA) which is designed to assist in gaining a realistic understanding of the vulnerabilities and to help focus on organizing and mobilizing essential resources and planning efforts. The community's and region's HVA assessments also aid in the assessment for the organization. A list of priority concerns, including risks, hazards, and potential emergencies, has been developed from the HVA and is evaluated annually during a review of the Emergency Operations Plan. The HVA includes the ability to provide services, the likelihood of those events occurring, and the consequences of those events.

JHS uses its HVA as a basis for defining its mitigation and preparedness activities, which will organize and mobilize essential resources. Each JHS hospital (Jackson Memorial Hospital, Jackson North Medical Center, Jackson South Medical Center, and Jackson West Medical Center) also communicates and documents its needs and vulnerabilities to its community partners including Miami-Dade County's Office of Emergency Management at least on an annual basis and/or whenever its needs or vulnerabilities change. This same HVA is also used to evaluate the effectiveness of the organization's emergency management planning activities. **(EM.17.01.01 – EP 1)**

The JHS Emergency Management Department ensures that each JHS facility's HVA is properly documented and kept on file. The Emergency Management Department also coordinates the development and review of the appropriate specific emergency response plans and related policies, based on priorities established as part of the HVA. Emergency response plans and related policies will continue to address the four phases of emergency management activities **(EM.12.01.01)**:

MITIGATION - Activities designed to reduce the risk of potential damage and/or lessen the severity and impact of a disaster or an emergency (i.e., the installation of

stand-by or redundant equipment, training); generally occurs before a disaster or an emergency.

PREPAREDNESS - Activities that will organize and mobilize essential resources or actions taken to build capacity (i.e., plan-writing, employee education, preparation with outside agencies, acquiring and maintaining critical supplies); generally occurs before a disaster or an emergency.

RESPONSE - Activities or actions taken by hospital leaders and staff and/or external responding agencies (if any) when confronted by an emergency. The actions are designed with strategies needed during the emergency (i.e., control, warnings, and evacuations); generally, occurs during a disaster or an emergency.

RECOVERY - Activities or actions the hospital undertakes to return/restore the facility(ies) to essential services and/or complete normal business operations. Short-term actions assess damage and return vital life-support operations to minimum operating standards. Long-term actions focus on returning all hospital operations back to normal or an improved state of affairs; generally, occurs before a disaster or emergency.

COMMUNITY INVOLVEMENT (EM.11.01.01 – EP1- EP4)

Jackson Health System is a major healthcare facility in Miami-Dade County and has established a relationship with the Miami-Dade community. In conjunction with the community, priorities have been set among the potential emergencies identified in the HVA. The communication has been established on what the needs and vulnerabilities are for all four hospitals. It has identified the capabilities that the community can contribute to aid in meeting the needs of each JHS facility. During a disaster, the hospital's role within the community is to care for sick and/or wounded individuals who may present for treatment. The facility and community are involved through:

- Local emergency management meetings
- County healthcare coalition meetings
- Regional domestic security task force meetings
- State meetings

Our community partners also include University of Miami Health System, Florida Health in Miami-Dade County, Miami-Dade County Office of Emergency Management including ESF 8, City of Miami, Miami-Dade County Fire Rescue/EMS, and the Office of the Miami-Dade County Medical Examiner. JHS communicates its needs and vulnerabilities to our community emergency response agencies and identifies the community's capability to meet its needs. This communication occurs periodically at the above-mentioned meetings and at the time of the annual review of hospital Emergency Operations Plan (EOP)/Comprehensive Emergency Management Plan (CEMP) and also when the needs or vulnerabilities change. JHS uses its HVA as a basis for defining its preparedness activities to organize and mobilize essential resources. JHS' Incident Command Structure is integrated into, and consistent with, Miami-Dade County's Incident Command Structure, as well as

with the NIMS. This Incident Command System provides for a scalable response to different types of emergencies.

INVENTORY AND MONITORING OF ASSETS AND RESOURCES (EM.0-12.02.09 – EP2)

Jackson Health System has identified and documented the assets and resources that are available on-site, and/or elsewhere, prior to an incident. Current inventories include the assets and resources such as:

- Personal protective equipment (PPE)
 - A stockpile of emergency personal protective equipment (PPE) is maintained and stored specifically for JHS at Owens and Minor facilities based on existing contracts/agreements. This PPE stockpile includes various types of gloves, respirators/masks, face shields, goggles, aprons, gowns, hand sanitizer, liquid soap, hand lotion, cover up disposable apparel, etc.

- Water
 - Each JHS facility will estimate water usage patterns for its various functions and services. The facility will determine what emergency water conservation measures can be implemented to reduce or eliminate water usage within each of its departments in order to meet its minimum water needs.

 - Conservation measures for use when it is appropriate, safe, and possible to do can include but is not limited to: canceling elective procedures; reducing radiology developing to essential use only; using waterless hand hygiene and patient sponge-bathing wipes according to established guidelines; using disposable sterile supplies.

 - Emergency potable (drinking) water supply orders are pre-planned and coordinated at each JHS facility; delivery to patient care areas is coordinated by Nutrition Services upon request. A standing purchase order for emergency drinking water delivery exists with the current JHS contracted vendor(s). The general rule of thumb is to store one gallon of drinking water per person per day according to the Centers for Disease Control and Prevention (CDC). The CDC also suggests that, during an emergency, you should drink two quarts (half gallon) of water a day – more if you are in a hot climate, sick, pregnant, or a child.

 - Emergency treated and/or non-potable water sources are identified by each campus's Engineering Services Department utility systems documented risk assessment, and reviewed annually for accuracy; primary and secondary water sources. Contracts for emergency treated and/or non-potable water delivery and distribution is also coordinated by Engineering Services according to their existing protocols and procedures. Any contaminated/affected water sources and/or equipment or piping being used to transport non-potable water will be clearly labeled "DO NOT DRINK/ NON-POTABLE WATER ONLY".

 - Typical water usage functions/services (varies at each facility) include:

A) Facility usage – air-conditioning, boilers, dishwashing, laundry, sterilization and medical equipment washing (critical), outdoor irrigation systems, fire suppression systems, vacuum pump (critical), water system flushing, water-cooled air compressors, and

B) Staff and Patient Usage – drinking fountains, ice machines, dietary, dialysis (critical), plumbed emergency eyewash stations, laboratory, patient decontamination showers, patient floors, pharmacy, surgery, radiology/MRI (critical), bathrooms/toilets /showers.

- Fuel
 - Contracts, policies, and agreements are established and maintained by Engineering Services and Procurement for emergency fuel delivery.
- Staffing
 - Policies, guidelines, and agreements are established and maintained by Human Resources Capital Management to address the allocation of staffing resources.
- Medical, surgical, & pharmaceutical supplies
 - A surge supply of medical/surgical/pharmaceutical products and equipment, including ventilators, are available on inventory according to policies and procedures addressing storage locations and distribution. The goal is to surge for up to 20% of our operational bed capacity. Procurement requirements are reviewed, and purchase orders are prepared in advance to be available for release as needed.

Par Levels

There have been par levels established for each hospital's inventory to assure availability during an emergency. Owens & Minor, JHS's primary medical-surgical supplier, as part of its Emergency Response Plan, is committed to ensuring that our emergency needs are met. Should it become necessary, JHS will order and utilize the full capability of all our required supplies/resources. If the Owens & Minor Ft. Lauderdale facility cannot meet our needs, their other facilities will process orders and ship supplies; they have distribution centers throughout the United States. The distribution centers closest to us in southern Florida are in Orlando and Jacksonville, Florida; Atlanta and Augusta, Georgia; Birmingham, Alabama; Jackson, Mississippi; and New Orleans, Louisiana. For additional details, please refer to the Supply Chain Management Department Policy and Procedures on Emergency Management Supplies.

The Supply Chain Management Department will ensure supply availability during times of a disaster or similar mass casualty event. It will be the responsibility of Supply Chain to implement necessary measures to insure proper flow of required supplies during these events.

During an emergency, a process has been established under the Logistics Chief that will monitor the quantities of assets and resources. This information will be communicated through the HICS within each JHS facility and to those within the community who need to know.

Review and Documentation of the Inventory Process

Jackson Health System's Emergency Management Department maintains a log of emergency response equipment inventoried on a quarterly basis. In addition, Supply Chain Management, Pharmacy, Nuclear Medicine (Radiology), Respiratory Therapy, Poison Control Center, Ryder Trauma Center, Emergency Department and other areas, conducts a documented review of their inventoried assets/ response equipment on at least a quarterly basis. With this collected information, an annual review of assets and the inventory process is conducted by the Emergency Management Planning Committee and/or its appropriate working groups to analyze inefficiencies, strengths and opportunities for process improvement. **(EM.17.01.01 – EP 1)**

INITIATION ACTIVITIES

PLAN INITIATION (EM.12.01.01 EP7)

To facilitate the orderly initiation of the response to an emergency, the following steps of the Emergency Operations Plan will be initiated:

1. Information received by Jackson Health System concerning an external emergency facing the community or an internal emergency involving the function of its hospitals will be communicated directly to the executive administration and/or senior hospital leaders (either the Chief Executive Officer (CEO), Chief Operating Officer (COO), Chief Medical Officer (CMO), Chief Nursing Officer (CNO), Chief Human Resources Officer (CHRO), Administrator-In-Charge (AIC), or other designee.
2. When notified of a potential disaster or emergency, the executive administration and/or senior hospital leaders (please refer to the list under #1 above), Trauma attending physician, Emergency Department (ED) attending physician, and ED charge nurse will:
 - Evaluate the issues such as location of incident (internal, external), the distance from JHS facilities, the scope of the incident (single individual, mass/multiple casualties, or malicious attack), and weather conditions (seasonal and current)
 - Discuss the operations pertaining to the conversion of the hospital(s) to disaster status
 - Plan care of casualty and non-casualty patients arriving in the Emergency Department(s) during a disaster
 - Evaluate the information received concerning the potential disaster emergency and determine if initiation of the Emergency Operations Plan (EOP) and/or MCI Protocols/Plans is warranted. The main factor influencing the decision to activate the hospital's response phase of the disaster/emergency will be the judgment as to the ability of current available and anticipated surge resources (staff, supplies, equipment, protocols) to adequately manage the expected or anticipated incoming patient load, damage to the hospital buildings and/or infrastructure, or the need for partial or complete evacuation of the hospital. The ultimate decision to activate the hospital's EOP/MCI Protocol will rest with the JHS CEO or either of the designees (referenced in #1 above).
 - Please also refer to the MCI Protocols/Plans and MCI Checklist for additional information.
3. Once it has been determined that the EOP and MCI Protocols/Plans should be activated, the individual who takes the role of Incident Commander (AIC until the Incident Commander, in any of the JHS HICS Organization Charts, is able to takeover) will begin to notify the hospital, staff, and executives as soon as possible.

Incident Categories/Levels and Command Center Activation

1. Level I MCI (5 to 10 patients): For a Level I MCI our Emergency Operations Plan/Sudden MCI Protocol will not be activated and these patients will be managed by the available resources in the hospital (Trauma/ER). For a Level I MCI (5-10 patients), there will be no need for notification of additional staff and therefore the JHS Emergency Notification System (ENS) will not be activated and our

Telecommunications Department (Page Operators) will not activate their “Code Green Notification Call List”. If needed, additional resources can be brought in with the approval of ECC/Trauma leadership. Hospital Command Center will not be activated either in virtual mode or full mode. The JacksonALERT emergency notification system may be used to notify JHS Medical Management Facility (MMF) program personnel after the Emergency Evacuation Assistance Program (EEAP) is activated by Miami-Dade County Office of Emergency Management (OEM). (Please refer to the JHS Hurricane Response Plan and MMF protocols for additional details).

2. Level II MCI (11 to 20 patients): For a Level II MCI (11 to 20 patients) our Emergency Operations Plan/Sudden MCI Protocol will be activated, unless it is determined by either of the senior hospital administrators (listed in #1 under the “Plan Initiation” section above) that the activation of our Emergency Operations Plan/Sudden MCI Protocol is not warranted, due to the low acuity of patients. If the Miami-Dade County OEM decides to activate its EEAP prior to the arrival of a tropical storm/hurricane or during some other emergency requiring activation, where county residents requiring electricity will evacuate to the MMF’s and become registered boarders at either of our hospitals, then our internal MMF program will be activated (per the JHS Hurricane Response Plan and MMF protocols).

For a Level II MCI (11 to 20 patients) the notification of the staff will be accomplished through the use of the hospital overhead paging system (where available), and our Telecommunication Department (Page Operators) will notify representative on their “Code Green” call list as outlined in our Emergency Operations Plan. For Level II MCI (11 to 20 patients) the JHS Emergency Notification System (ENS) will not be activated unless specifically requested by ECC/Trauma leadership or by the people authorized to activate our Emergency Operation/Sudden MCI Plan (CEO, COO, CMO, CNO and AIC). The JacksonALERT ENS may be used to notify JHS MMF program personnel if the EEAP is activated by Miami-Dade County (per the JHS Hurricane Response Plan and MMF protocols).

For a Level II MCI (11 to 20 patients) Hospital Command Center (HCC) will be activated in “Virtual Mode” and a real activation will occur only if the senior hospital administrator determines that, due to high acuity of patients, full activation would be required.

3. Level III MCI (21 to 100 patients): For a Level III MCI (21 to 100 patients) our Emergency Operations Plan/Sudden MCI Protocol/Surge Capacity Plan will be activated.

For a Level III MCI (21 to 100 patients) the notification of the staff will be accomplished using the hospital overhead paging systems (where available) and activation of the JacksonALERT ENS. The JHS Telecommunications Department (Page Operators) will notify/call people on the “Code Green” call list as outlined in the JHS EOP.

For a Level III MCI (21 to 100 patients) the Hospital Command Center (HCC) will be fully activated.

4. Level IV MCI (101 to 1000 patients): For a Level IV MCI (101 to 1000 patients) our

Emergency Operations Plan/Sudden MCI Protocol/Surge Capacity Plan will be activated. If the senior hospital administrator determines that a request for activation of Miami-Dade County Healthcare Preparedness Coalition MOA is warranted then such a request will be made, by our Liaison Officer, to Florida Health in Miami-Dade County/ESF-8/EOC. If the senior hospital administrator determines that a request for activation of our four county domestic security task force (Region 7 RDSTF) surge plan needs to be activated, then such a request will be made by our Liaison Officer, to Florida Health in Miami-Dade County /ESF-8/EOC and our Regional Domestic Security Task Force (RDSTF) health and medical leadership.

For a Level IV MCI (101 to 1000) the notification of the staff will be done by hospital overhead paging system (where available) and JacksonALERT, and our Telecommunications Department (Page Operators) will notify representatives on “Code Green” call list as outlined in the JHS EOP.

For a Level IV MCI (101to 1000 patients) the Hospital Command Center (HCC) will be fully activated.

5. Level V MCI (greater than 1000 patients): For a Level V MCI (greater than 1000 patients) our Emergency Operations Plan/Sudden MCI Protocol/Surge Capacity Plan will be activated. We will make a request, through our Liaison Officer, to Florida Health in Miami-Dade County /ESF8/EOC and our RDSTF health and medical leadership, for activation of Miami-Dade County Healthcare Preparedness Coalition MOA and for activation of our four county domestic security task force (Region 7 RDSTF) surge plan. If the senior hospital administrator determines that altered standards of care, due to scarce availability of resources, is warranted then we will refer to the latest version of FDOH documented protocols on “Triage and Resource Allocation Guidelines” as a guide.

For a Level V MCI (greater than 1000 patients) the notification of the staff will be accomplished by the use of hospital overhead paging system (where available) and the JacksonALERT, and our Telecommunication Department (Page Operators) will notify JHS personnel on “Code Green” call list as outlined in our EOP.

For Level V MCI (greater than 1000 patients) the Hospital Command Center (HCC) will be fully activated.

6. The plan may be deactivated at any time, by the senior hospital administrator, who will give the “All Clear” for the disaster situation while the recovery efforts continue until the hospital is back to normal operations.

HOSPITAL COMMAND CENTER (EM.12.01.01 EP8)

1. The HCC at JMH (Phone 305-585-5750) will be fully activated, inside West Wing 124, immediately for Level III, IV and V MCI's. For a Level II MCI the HCC will be activated in a "Virtual Mode". Locations for JNMC: 2nd Floor Conference Room (Phone 305-651-1100 Ext. 27-3333),JSMC: Executive Conference Room (305-256-5222), JWMC: Room 112ST004 (786-466-1177).

If the West Wing room 124 Incident Command Center is compromised and/or unavailable then the alternate command center will be set up inside DTC conference room #250.

2. The HCC will be established by the Incident Commander. The following is the initial order of authority in the role of Incident Commander until the HICS organizational chart is implemented:
 - a. Chief Executive Officer (system-wide or hospital-specific) or designee
 - b. Chief Operating Officer (system-wide or hospital-specific) or Designee
 - c. Chief Medical Officer (system-wide or hospital-specific) or designee
 - d. Chief Nursing Officer (system-wide or hospital-specific) or designee
 - e. Administrator-in-Charge (AIC)
3. Other Command Center staff physically reporting to the HCC will include disaster preparedness and emergency management staff/leadership, IT, Engineering, Telecommunications, the Public Information Officer, Safety Officer, Liaison Officer, and administrative support for phones and documentation.

NOTE: The Medical/Technical Specialists would respond only if needed in a specific disaster event such as trauma, bomb, blast, crush injuries, infectious disease, chemical event, and radiation event.

4. The Incident Commander will organize and direct the HCC and give overall direction for hospital operations and, if needed, authorize evacuation.
5. The Safety Officer will assist and ensure that both the Safety Management and Emergency Operations Plans are implemented, and identify any hazards and unsafe conditions.
6. The Public Information Officer (PIO) will communicate to the local news media any needed information concerning the emergency, including instructions for walk-in victims and route for emergency vehicles and services. The PIO will also oversee the Media Center.
7. Administrative support will provide assistance with phone and documentation, along with receiving various information/tracking lists and messages.
8. The Section Chiefs for Operations, Planning, Finance, and Logistics will establish their functions indicated by the Incident Commander and/or guided by their job action sheet. They will then report to their designated meeting place to receive further instructions.

9. The Incident Commander, or Liaison Officer, initiates communication with local emergency response groups as needed.
10. The proper Incident Command Structure identification apparel is to be issued to the Command Center Staff and Section Chiefs. The Section Chiefs will distribute apparel and collect them after the “All Clear”.
11. The Senior Director of Public Safety, and/or other Security Administrator, deploys the Jackson Health System’s uniformed Security personnel to the appropriate location(s) as designated in preparation for securing the facility (lock-down), if necessary. The proper identification apparel is to be worn by the Security Force to distinguish the Institution’s Uniformed Service from local law enforcement officials.
12. Once the type of the emergency is determined, the appropriate Emergency Response Plan will be initiated.

SUCCESSION PLAN (EM.13.01.01 – EP 3)

Most positions on each Hospital Incident Command System (HICS) organizational chart have been assigned more than one name to serve as the appropriate representative. If a person assigned to a particular HICS role is unable to serve (due to injury, illness, death, personal leave, or other reasons), then the Incident Commander will designate another competent representative to work either of the command roles/positions (in “Black” boxes on HICS organizational chart), and/or section chiefs positions (Operations, Planning, Logistics, Finance) for as long as needed; HICS positions reporting to section chiefs will be fulfilled by representatives designated by the respective section chiefs.

If the Incident Commander is not able to serve (injury, illness, death, leave, other reasons), then the system or respective hospital Chief Executive Officer, in consultation with administrative and/or clinical leadership, will designate an alternate Incident Commander to fill that role for as long as needed.

If a clinical unit designee is unable to serve in his or her capacity (injury, illness, death, leave, other reasons), then the designated alternate person in that unit’s Business Continuity Plan will fill that role for as long as needed.

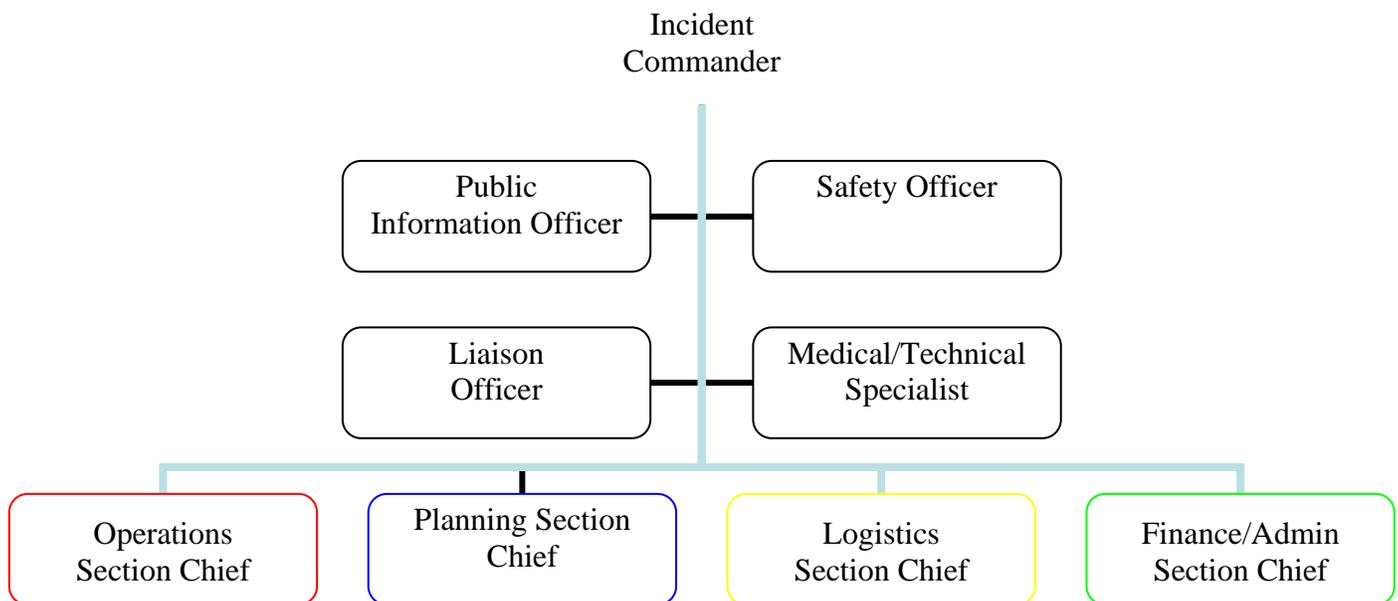
If the CEO/President of the organization is unable to serve, then the CEO (if able to do that) and/or Health Systems governing body will make a just-in-time decision to address the situation. Please refer to the appropriate hospital-specific HICS organizational chart.

HOSPITAL INCIDENT COMMAND SYSTEM (HICS)

All JHS hospitals have implemented the Hospital Incident Command System (HICS) developed by the Emergency Medical Services Authority (EMSA) of California as a revision from the previous Hospital Emergency Incident Command System (HEICS).

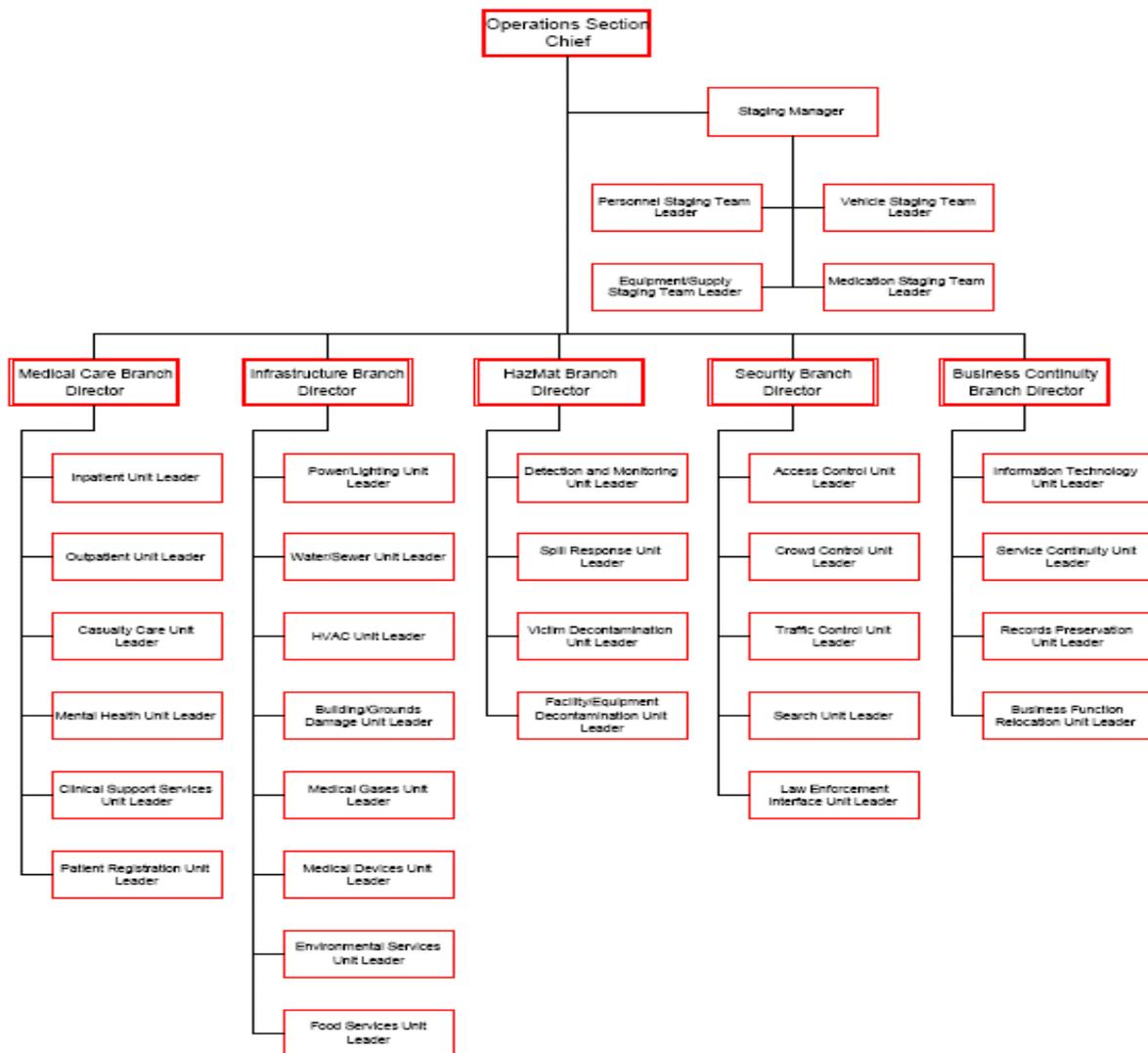
HICS is an incident management system based on the Incident Command System (ICS) that assists hospitals in improving their emergency management planning, response, and recovery capabilities for unplanned and planned events. The HICS has been restructured to be consistent with ICS and the National Incident Management System (NIMS) principles and will provide greater flexibility/adaptability for the hospital setting (NIMS Element 2).

JHS incident command structure is integrated into, and consistent with, the Miami-Dade County incident command structure. Our incident command structure provides for a scalable response to different types of disasters/emergencies. JHS has also adapted NIMS as the model for its incident command structure.



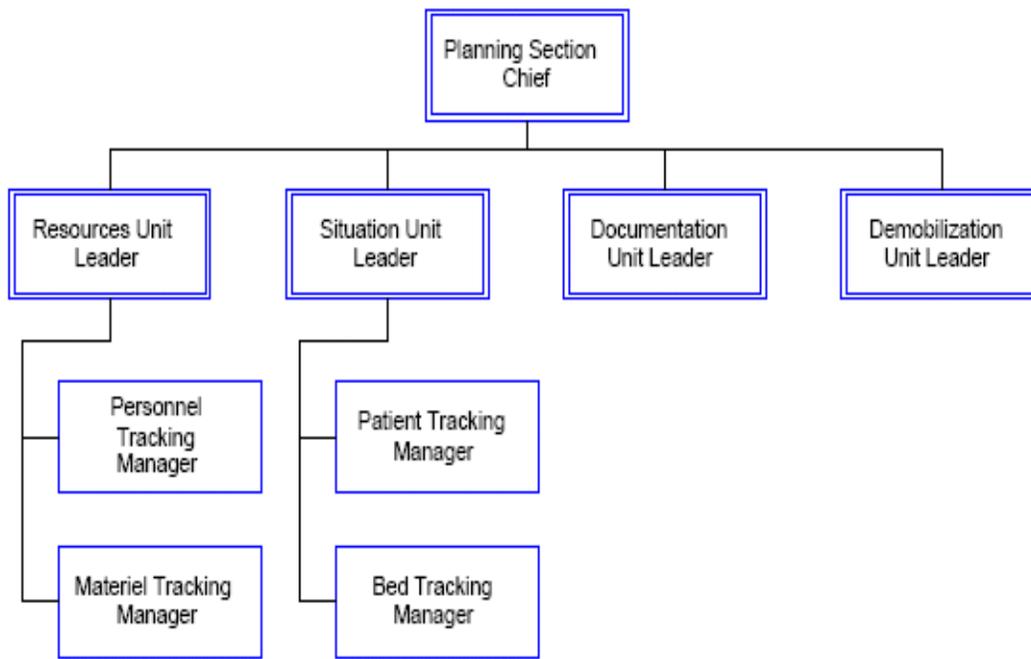
Operations Section

The Operations Section conducts the tactical operations (e.g., patient care, clean up) to carry out the plan using defined objectives and directing all needed resources. Many incidents that are likely to occur involve injured or ill patients. The Operations Section will be responsible for managing the tactical objectives outlined by the Incident Commander. This section is typically the largest in terms of resources required to marshal and coordinate relevant activities. To maintain a manageable span of control and streamline the organizational management, Branches, Divisions, and Units are implemented as needed. The degree to which command positions are activated depends on the situational needs and the availability of qualified command officers.



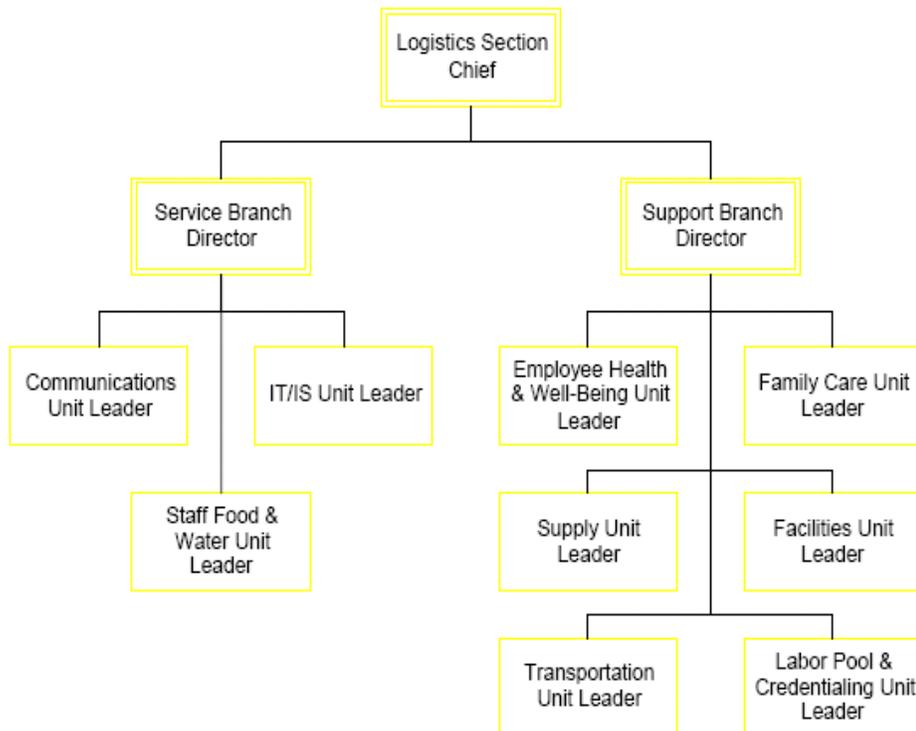
Planning Section

The Planning Section collects and evaluates information for decision support, maintains resource status information, prepares documents, and maintains documentation for incident reports. It will also be responsible for preparing status reports, displaying various types of information, and developing the Incident Action Plan (IAP). The effectiveness of the Planning Section has a direct impact on the availability of information needed for the critical, strategic decision-making done by the Incident Commander and the other General Staff positions.



Logistics Section

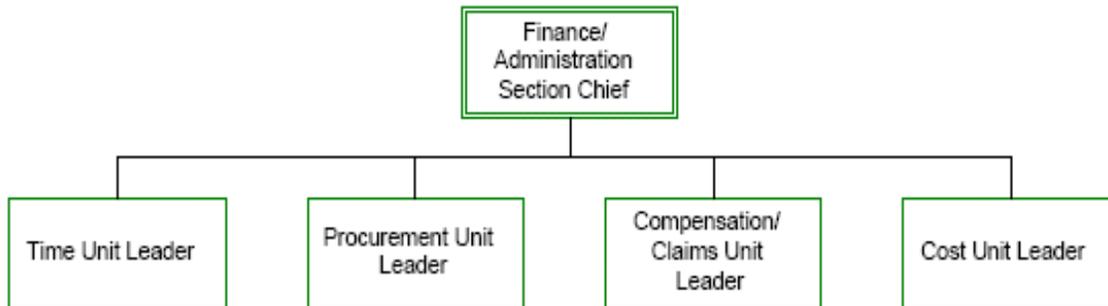
The Logistics Section provides support, resources, and other essential services to meet the operational objectives set by Incident Command. For the hospital to respond effectively to the demands associated with a disaster, support requirements will be coordinated by the Logistics Section. These responsibilities include acquiring resources from internal and external sources using standard and emergency acquisition procedures and requests to the local EOC. Each resource request from an area in the hospital should be reported to the Logistics Section using pre-identified ordering procedures, outlined in pages 42 through 49 of this plan. When requesting resources from outside (non-purveyor) sources, all JHS hospitals will specify exactly what its needs are and try not to identify how the needs can be met; this particular task (resource allocation) will be addressed at the local County EOC level. The County EOC will inform JHS hospitals on how these resource requests are to be made (e.g., electronically, fax, phone).



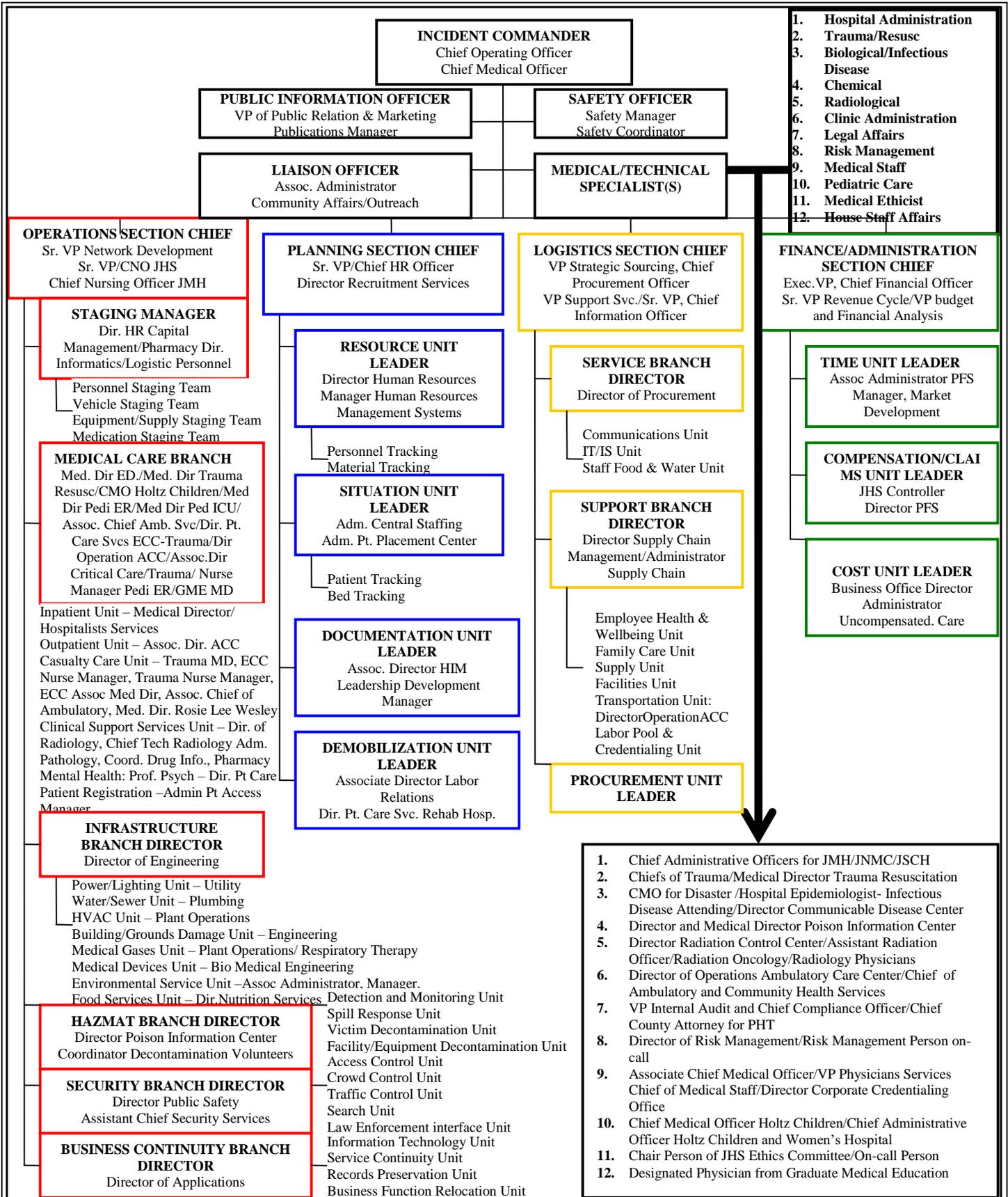
Finance Section

The Finance/Administration Section monitors costs related to the incident while providing accounting, procurement, time recording, and cost analyses. The costs associated with the response must be accounted for from the outset of the incident. These costs can come from multiple sources such as overtime; loss of revenue-generating activities; and repair, replacement, and/or rebuild expenses. Daily financial reporting requirements are likely to be modified and, in select situations, new requirements outlined by state and federal officials.

Preplanning efforts should identify what state and federal financial aid documents must be completed for receiving reimbursement. In addition to patient costs being tracked, vendor expenses, mutual aid financial remuneration, and personnel claims must also be accounted for and processed. The Finance/Administration Section coordinates personnel time (Time Unit), orders items and initiates contracts (Procurement Unit), arranges personnel-related payments and Workers' Compensation (Compensation/Claims Unit), and tracks response and recovery costs and payment of invoices (Cost Unit).



HICS ORGANIZATION CHART TEMPLATE (refer to most recent facility-specific version)



STAFF RESPONSE

1. All Staff on duty will follow their department's plan and/or their supervisor's instructions or report to their departments and **STAND-BY** (i.e., being ready, willing and able to perform assigned duties) for further instruction.
2. Staff away from their department or duty station, who cannot report physically to the department, will communicate with the department and identify their current location and status of activity.
3. Patient care activities being conducted away from the department, such as radiology, surgery, etc., will continue until a point of completion is reached; staff will return the patient to the appropriate area as soon as possible or receive instructions to secure the patient in an ancillary location if necessary; staff will notify their department heads of their location and the location of the patient.
4. Staff will continue their designated, patient care activities in preparation for response to the directions provided by the executive leadership and/or incident commander.
5. All staff requesting to go off duty must obtain the approval of their department heads. The department heads may or may not be able to give this approval without prior clearance from executive leadership and/or incident commander. Staff must not leave their workstations until relief has arrived or until dismissed by the department heads.
6. Please also refer to the MCI Plan/Protocols and MCI Checklist for additional information.

DEPARTMENTAL RESPONSE

1. Each department head, for both clinical and non-clinical operations, will assess the status of their staff to maintain operations.
2. Each department head, or designee, will identify available resources, such as beds, personnel, and equipment, which could be allocated to the emergency response.
3. The department head will **STAND-BY** with information on status of department.
4. The department head will provide information to executive leadership, incident commander, or incident command section leader when requested, and also report immediate problems or concerns to other appropriate representatives/stakeholders.
5. When the departments receive the notification of the specific emergency, the department heads will initiate the appropriate departmental response plan for the emergency.
6. No department should reduce its hours of operation without first consulting with the respective Vice President and/or CEO.

ALTERNATE SITES FOR CARE, TREATMENT AND SERVICES THAT MEET THE NEEDS OF ITS PATIENTS DURING EMERGENCIES (EM.12.01.01 - EP7)

At Jackson Memorial Hospital, Alternate Treatment Sites include ER-F (for ICU type patients), specific pre-identified corridors, single patient rooms to include appropriate second patients, GI Station, Recovery Room, Cardiac Cath Lab area, and others as determined by clinical and administrative leadership of the hospital.

FOR ACTUAL EMERGENCIES THE HOSPITAL IMPLEMENTS ITS RESPONSE PROCEDURES RELATED TO CARE TREATMENT AND SERVICES OF ITS PATIENTS (EM.12.01.01 - EP8)

These procedures are described in this Emergency Operations Plan, as well as in the MCI Protocol, and the Surge Capacity Plan.

REGARDING 1135 WAIVER FOR CARE AND TREATMENT AT AN ALTERNATIVE CARE SITE (EM.12.01.01 – EP9)

If and when a JHS hospital needs a 1135 waiver for care and treatment at an alternative care site (or other areas covered under 1135 waiver) identified by local Emergency Management officials, then the hospital, through JHS's Regulatory Affairs Department, will contact our local/regional CMS/AHCA office to request such a waiver while also notifying ESF8 and EOC at Miami-Dade County Emergency Management. JHS also has an administrative policy (#384) that references how we credential volunteer licensed practitioners and other volunteer professionals during a disaster.

When the Secretary of DHHS has issued an 1135 blanket waiver (or waivers) based on a national or local emergency, then the hospital, through JHS's Regulatory Affairs Departments and Compliance Division will determine the applicability of the waiver to each hospital's current operational situation, and make a decision about whether or not utilization of the waiver is necessary.

In situations where the 1135 waiver may not be applicable, such as a disaster affecting a single JHS facility, that facility will use its campus-specific Surge Capacity Plan and/or Evacuation Plan to manage the disaster/emergency at hand while working with ESF8 and local Emergency Management as needed.

JHS also collaborates with local Emergency Management and Healthcare Coalition on issues related to providing care at alternate care sites during emergencies/disasters.

EMERGENCY COMMUNICATION AND NOTIFICATION

INTERNAL COMMUNICATIONS WITH STAFF (EM.12.02.01 - EP1, EP2)

Notification levels once the JHS Emergency Operations Plan has been activated:

1. The initial Incident Commander (Chief Executive Officer (CEO), Chief Operating Officer (COO), Chief Medical Officer (CMO), Chief Nursing Officer (CNO) or their designee) and/or Administrator-In-Charge (AIC) will initiate mechanisms for establishing communication with appropriate JHS senior leaders and administrators.
2. Once incident command is established, department heads and key staff will receive instructions and information from the Section Chiefs or Command Staff. This information could be relayed via a meeting (in-person or Zoom), a written memo, an email message, or by a phone call and text message from the JacksonALERT emergency notification system. Information and messages will also be provided by the JHS Telecommunications Emergency Page Operators to alert the staff members listed on the “*Page Operator’s Code Green Call List*” (example on pages 27 and 28 of this plan), about the emergency. Additional meetings will be scheduled as needed, to disseminate information throughout the emergency until the “All Clear.”
3. During an emergency, depending on the incident, staff will be alerted by one or more of the following: 1) audible and visual fire alarms (during a Code Red fire emergency); 2) staff in the affected areas of an emergency incident will verbally notify others (face-to-face) within the areas of concern by announcing the appropriate established emergency alert code as listed on page 32 of this plan; 3) Staff are also expected to alert the campus-specific Emergency Page Operators of the emergency; Page Operators will in-turn use overhead paging announcements and/or phone calls to notify personnel on their pre-established campus-specific emergency call-down rosters; 4) Communications and Outreach Department will send out system-wide email messages and/or voice/text messages to all staff members of JHS, via JacksonALERT. JHS’s Communications and Outreach Department and Information Technology Department oversee the communication procedures described here.
4. Communications systems may include the following:
 - a. Internal telephone system: Internal communications will be limited to disaster-related issues once an emergency period has been declared. **The OPERATOR SHOULD NOT BE CALLED to request information regarding the disaster or emergency. Staff members should contact their department supervisor and/or the Hospital Command Center (if activated)**
 - b. Radios: Communications Unit Leader will determine location and availability of radios and report to the Logistics Chief so distribution of radios can be determined.
 - c. Alternate or back-up communication systems may include alpha-numeric pagers, email, public announcement system, inter-departmental radios, inter-hospital radio network, fax, cellular telephones, satellite phones, walkie-talkies, and Ham radios.
5. Communications with the staff and licensed practitioners, for information and instructions, will also occur through the Hospital Incident Command Center utilizing the Public Information Officer, Human Resources Capital Management Division, Corporate Credentialing Department, Chief

Medical Officer for Disaster and Emergency Preparedness's Office and the Management Leadership and Extended Management Leadership Teams (MLT & EMLT).

6. The following emergency alert codes will be used throughout JHS to notify staff of emergencies. The alert codes and "All Clear" signals will be announced by our communications systems including: buildings' public announcements voice systems, electronic messages, phone calls and/or JacksonALERT. The JacksonALERT notification system is tested on at least a quarterly basis by the Emergency Management Department.



Emergency Alert Codes & Basic Staff Response

THIS QUICK REFERENCE PROVIDES A BRIEF OVERVIEW TO ASSIST EMPLOYEES IN RESPONDING TO EMERGENCY SITUATIONS.

	Emergency Code	Description	Explanantion & Staff Response
	Code Black	Bomb Threat/ Hospital Ordered Bomb Search	If a call is received, obtain as much information from the caller as possible and report all information to (305) 585-6123 (e.g., location, description, activation, and deactivation). Notify manager/supervisor and area staff members. If a suspicious or out-of-place package/container is observed, do not touch it; report it to (305) 585-6123. Secure/isolate the area. Emergency Operator will notify appropriate individuals to coordinate a search. Be prepared to evacuate only if instructed to do so. Complete and submit an incident report. Wait for "All Clear" announcement. <i>Reference: Administrative Policy & Procedure #133.</i>
	Code Blue	Cardiopulmonary Arrest	Dial (305) 585-6333 and report your name and the location of the cardiac arrest. <i>Reference: Administrative Policy & Procedure #123.</i>
	Code Brown	Hurricane/Tornado /Severe Weather	Monitor weather conditions. Call employee hotline for updates at (305) 585-8000. Obtain information/instructions from manager/supervisor. Follow established division or department-specific policies and procedures. Security Uniformed Services will implement lockdown. <i>Reference: JHS Hurricane Response Plan and Administrative Policy & Procedure #268.</i>
	Code Gray	Aggressive/Combative Patient/Visitor	Protect/defend yourself. Notify Security Services at (305) 585-6111. Notify manager/supervisor. Provide for the safety and security of all persons by moving away from violence and attempting to de-escalate situations. Complete and submit an incident report.
	Code Green	Internal/External Disaster	An incident where the relocation of patients is necessary, or where there is an anticipated or actual arrival of a large number of patients into the Emergency Department and/or Trauma Center. Immediately report the emergency to manager/supervisor and/or Executive Senior Hospital Administration/ Administrator-In-Charge (AIC). If necessary, incident command will be established. Obtain information/instructions from manager/supervisor. Follow established division or department-specific policies and procedures. <i>Reference: JMH Emergency Operations Plan and Mass Casualty Incident (MCI) Protocols.</i>
	Code Orange	Hazardous Material Spill	Secure/isolate the area. Obtain PPE and spill kits and clean up smaller spills. Report larger spills to (305) 585-6123. Notify manager/supervisor. Assist those who may have been contaminated, only if your exposure is unlikely. Prepare to assist with evacuating if necessary. Complete and submit an incident report. Wait for "All Clear." <i>Reference: Administrative Policy & Procedure #263.</i>
	Code Pink	Infant/Pediatric Abduction	Notify Security Services at (305) 585-6111. Notify manager/supervisor and area staff members. Conduct an immediate search of the area. Security Uniformed Services will establish appropriate perimeters and implement lockdown if necessary.
	Code Red	Fire/Smoke	Follow R.A.C.E. Rescue individuals from the immediate danger of the fire. Alert by dialing (305) 585-6123, activating nearest fire alarm pull-station, and notifying manager/supervisor and area staff members. Confine by closing all doors and windows and turning off medical gases. Extinguish fire if it is safe to do so by following the instructions on the extinguisher and using the P.A.S.S. technique (Pull, Aim, Squeeze, Sweep). Knowledge of location of fire response equipment is essential for safe response. Follow horizontal evacuation procedures and/or vertical evacuation procedures according to established division or department-specific policies and procedures. Complete and submit an incident report. Wait for "All Clear" announcement. <i>Reference: Administrative Policy & Procedure #112.</i>
	Code White	Hostage Situation	Notify Security Services at (305) 585-6111. Maintain communication with Security Dispatch. Stay as calm as possible. Security Uniformed Services will establish appropriate perimeters and implement lockdown if necessary. Notify manager/supervisor. Complete and submit an incident report. Wait for "All Clear" announcement.

JMH TELECOMMUNICATIONS PAGE OPERATORS “CODE GREEN” CALL LIST

TRAUMA/EMERGENCY CARE CENTER/AMBULATORY CARE CENTER

- 1) Medical Director, Ryder Trauma Center
- 2) Trauma Attending On-call
- 3) Trauma Resuscitation area Charge Nurse/Head Nurse
- 4) ER-C Attending Physician
- 5) Medical Director, E.C.C.
- 6) Director of Patient Care Services ECC/Trauma
- 7) Medical Director Pediatric ER
- 8) Chief Medical Officer Holtz Children Hospital
- 9) Chief Nursing Officer Holtz Children Hospital/ Women’s Hospital Center
- 10) Medical Director, A.C.C.
- 11) Chief Nursing Officer, A.C.C.
- 12) Chief Medical Officer Disaster/Emergency Preparedness

EXECUTIVE AND SENIOR LEADERSHIP

President/Chief Executive Officer
Executive Vice President /Chief Medical Officer
Senior Vice President /Chief Nursing Officer
Associate Chief Medical Officer
Associate Vice President of Operations/Chief Operating Officer
Executive Vice President/Chief Financial Officer
Senior Vice President/Human Resources or designee
Chief Marketing Officer
Senior Director, Communications and Outreach
Associate Vice President, Public Safety
Vice President, Strategic Sourcing/Chief Procurement Officer
Director, Engineering Services
CEO, Behavioral Health Hospital
Director, Physician Services

MEDICAL STAFF

- 1) Chief of Neurosurgery (for Traumatic Scenario)
- 2) Chief of Surgery
- 3) Chief of Orthopedic (for Traumatic Scenario)
- 4) Chief of Anesthesia
- 5) Chief of Medical Staff
- 6) Chief of Diagnostic Radiology
- 7) Chief of Pathology
- 8) Chief of Pediatrics
- 9) Chief of Medicine
- 10) Chief of OB/GYN
- 11) Chief of Family Medicine
- 12) Chief of Psychiatry

PROFESSIONAL SERVICES

Patient Transport Dispatch

Director, Pathology Services
Chief Respiratory Therapist
Respiratory Therapy On-Call Supervisor
Director, Radiology (Imaging and Therapeutic Services)
Director, Pharmacy
Director, Supply Chain
Nutrition Services Supervisor
Director, Telecommunications
Director, Engineering Services
Director, Environmental Services

GENERAL ADMINISTRATION

Administrator-In-Charge (A.I.C.)
Director, Patient Placement/Central Staffing
Patient Access
Health Office
Environmental Health & Safety Emergency
Management
Clinical Resource Management/Case Management/Social Work Supervisor On-Call
Spiritual Care Services Director
Miami-Dade Police

NOTE: Telecommunications maintains a current listing of phone numbers and beeper numbers of those listed on the primary call list at each hospital campus.

NOTIFICATION AND COMMUNICATION WITH EXTERNAL AUTHORITIES (EM.12.02.01 - EP3, EP4)

1. During a particular emergency, certain external authorities may be notified to facilitate effective response, continuing operations, and recovery from an event that disrupts the normal patient care and/or business operations of the organization.
2. When the JHS Emergency Operations Plan is initiated, the appropriate external authorities and community resources will be notified by the Liaison Officer or designee. The appropriate external authorities include, but are not limited to:

✓	Miami-Dade Emergency Management	305-468-5800 or 911
✓	ESF 8 Desk	305-596-8576 or 911
✓	Law enforcement agencies	911
✓	EMS (Both Miami-Dade and City of Miami)	305-596-8576 or 911
✓	Centers for Disease Control	1-800-232-4643 or 770-488-7100
✓	Red Cross of America	305-644-1200
✓	Media organizations	305-585-7123
✓	Florida Health Department (Miami-Dade)	305-324-2400
✓	Poison Information Center	1-800-222-1222 or 305-585-8417
✓	Radiation Emergency Assistance Center (REAC) in Oakridge Tennessee	865-576-1005

3. The Public Information Officer (PIO) has the responsibility for communications with the media and for providing public information as it pertains to an event that involves the hospital. The PIO has established working relationships with local media, emergency management office, and public health prior to an event. The PIO regularly attends meetings with the systems that would establish a Joint Information Center (JIC). The information that will go out to the community will come from the JIC as a unified message to the area ([NIMS Element 4](#)).
4. If the hospital is involved solely during an event, the PIO in the Hospital Command Center will communicate with the community or local media.
5. Notification and communication with External Authorities/Agencies will occur through Hospital Incident Command Center via the Liaison Officer, both at the initiation of the emergency response and during an emergency.

COMMUNICATION WITH PATIENTS AND THEIR FAMILIES (EM.12.02.01 - EP5)

1. In-patients and outpatients within the confines of any JHS facility will receive face-to-face verbal communications and updates from supervisor staff and clinicians: nurses, doctors on the units where they are located during the time of the emergency. Supervisory staff will oversee this process.
2. Outpatients way from our campuses will receive updates/information from JHS-specific announcement messages provided to the local news media, and social media, by the JHS Communications and Outreach Department

(Public Information Officer – PIO). The communications and Outreach Department oversees this specific part of the notification process.

3. Patients' families will be notified of major emergencies affecting patients (especially those requiring evacuation from either of our campuses), by JHS-specific announcement messages provided by our Public Information Officer and/or to the local news media, and via phone call from the clinical department's nurse, Social Services, and/or unit secretaries if feasible/possible, soon after the declaration or announcement of the emergency.
4. Depending on the extent of the disaster or emergency, a family support/information center will be set-up in each campus's pre-determined location, to coordinate the needs and information to family members of patients arriving at that hospital during a mass casualty incident (MCI), to coordinate the information of the location of patients, and to provide critical incident stress debriefings.
5. If a virtual family information center is utilized during a particular emergency, phone calls could be routed into and out of there by the Clinical Resources/Social Services Department, Information Technology Department and/or Administrator-In-Charge.
6. Under the Logistics Section with the Support Branch, the Family Care Unit Leader would setup procedures for the patients' families.
7. The availability of medical, logistics, mental health, and possible daycare for the families of staff members will be considered. Mass prophylaxis/vaccination/immunization of family members will be coordinated by the Health Office if required, in conjunction with the Florida Department of Health in Miami-Dade County.
8. The immediate emergency contact family member, that is not present with the patient, will be notified of the location of the patient, by the nurse in charge of the patient or his/her designee, once they are moved either to a different location in the hospital or to an off-campus alternate care site.

COMMUNICATION WITH THE COMMUNITY OR THE MEDIA (EM.12.02.01,)

JHS's Communications and Outreach Department will establish communications with the community and/or media, as needed, during our emergency response. Communications and Outreach has established criteria/protocols for communicating information about the general condition and location of patients to public and private entities assisting with disaster relief. Communications and Outreach also has processes in place for releasing patient information to family, patient representatives, or others responsible for their care in the event of an evacuation.

BACKUP COMMUNICATIONS (EM.12.02.01, EP)

JHS will maintain various sources of backup communication systems or devices. Arrangements will be made by the Emergency Management Department to have the back-up communication systems or devices tested on a regular basis. The use of these devices and/or systems will be included in exercises/drills.

The following lists some primary and secondary communication systems or devices used at JHS:

1. Alpha-numeric or digital pagers may be considered as backup communications.

2. Email will only be as available as the infrastructure is working.
3. The overhead address or paging system cannot be tied into the telephone or fire system only. These systems should work independently in case of infrastructure damage.
4. Inter-departmental radios or inter-hospital radio networks may be used as backup communication. Just-in-time training and printed instruction cards will be provided by Emergency Management for those that do not use the equipment often.
5. Fax machines may be used as backup as long as some are on the emergency power.
6. Ham radios may be used as needed and available by licensed (internal or external) operators.
7. Cellular telephones have proven to shut down quickly during a natural or large- scale disaster. IT/Communications maintains an agreement with an outside communications provider for hospital issued cell phones that will ensure priority of connection during a disaster.
8. Extra clinical staffing resources needed will be coordinated by the Central Staffing Office. Extra non-clinical staffing resources may be utilized as back-up runners to take on alternate responsibilities that may be otherwise short. This would be a last resort when all other communication fails.
9. Satellite phones may also be used as a form of back-up communication, if available.

The HICS form 205 – INCIDENT COMMUNICATIONS LOG (INTERNAL AND EXTERNAL), can be used prior to an event for a listing of internal and external phone numbers. This form would also be used during an event when it is determined what communications are available at the time. Please also refer to the HICS form 258 (Hospital Resource Directory) and the latest version of the JHS Administrator In Charge Emergency Contacts list, included in the Disaster and Emergency Preparedness and Response Reference Manual

COMMUNICATION WITH PURVEYORS OF ESSENTIAL SUPPLIES, SERVICES AND EQUIPMENT (EM.12.02.01)

Jackson Health System’s departments that are extremely important in their support of direct patient care (i.e., Supply Chain, Pharmacy, Respiratory Therapy, Pathology, Environmental Services, etc.) must maintain a list of purveyors, including vendors, contractors, and consultants that can provide specific services before, during, and after an emergency event; this list must include all necessary contact information, remain current, and should be updated periodically. A copy of this list should also be kept by the Emergency Management Department including any updates. Communications with these purveyors will be established as necessary. Where appropriate, Memoranda of Understandings (MOUs) will be developed to help facilitate services during the time of a community event. Please refer to the Disaster and Emergency Preparedness and Response Reference Manual to review the HICS 258 Hospital Resource Directory which also has purveyor’s information.

COMMUNICATION WITH OTHER HEALTHCARE ORGANIZATIONS IN MIAMI-DADE COUNTY (EM.12.02.01)

The Miami-Dade County Healthcare Preparedness Coalition has developed a contact list of the phone numbers for hospitals within the county including their incident command center, nursing command center, emergency department director, Infection Control Department, Public Information Office and emergency satellite phone numbers where available. A copy of this list will be kept in the JHS Emergency Management Department and in each Hospital Incident Command Center.

Miami-Dade County's Healthcare Preparedness Coalition has also developed a Healthcare Emergency and Disaster Response Mutual Aid Memorandum of Understanding between a number of Miami-Dade County Hospitals for sharing of resources including staff, supplies and equipment during a disaster or emergency situation. A copy of this MOU will be kept in the JHS Emergency Management Department as well as in the Hospital Command Center.

The Miami-Dade County Healthcare Preparedness Coalition establishes and conducts a conference call and/or Zoom meeting for all hospitals within the county during an emergency, or in anticipation of an emergency, to provide information and to coordinate the resources and assets sharing as needed.

The coalition and the Regional Domestic Security Task Force (RDSTF) – Health & Medical Committee maintain minutes of their regularly scheduled meetings where Jackson Health System is represented and participates in planning for and the response to disasters/emergencies; these meeting minutes can be made accessible upon request from the coalition or RDSTF.

COMMUNICATING THE NAMES OF PATIENTS AND THE DECEASED WITH OTHER HEALTHCARE ORGANIZATIONS IN OUR CONTIGUOUS GEOGRAPHIC AREA (EM.12.02.01 – EP5)

JHS will work with the Miami-Dade County Healthcare Preparedness Coalition to communicate the names of the patients and deceased with other healthcare organizations during a large-scale mass casualty incident (MCI) within Miami-Dade County, through the County Emergency Operations Center (EOC) and the Emergency Support Function 8 (ESF 8).

JHS will also work with the Miami-Dade County Healthcare Preparedness Coalition, County EOC, and ESF 8 to communicate information about patients to third parties such as other healthcare organizations, state health department, police and the Federal Bureau of Investigation (FBI), during a large-scale MCI affecting Miami-Dade County.

COMMUNICATION WITH ALTERNATE TREATMENT SITES (EM.12.02.01)

The JHS IT - Telecommunications Department has a plan to establish communication systems at the on-campus alternate treatment sites (as listed on page 27 of this plan). For the off-campus alternate treatment sites, the entity establishing those sites, should provide the phone numbers of each site to the Jackson Memorial Hospital Incident Command Center. JMH incident command center will then use those phone numbers to communicate with the off -ampus alternate treatment sites. The Telecommunications Department will make advance preparations to support communications during disasters/emergencies.

The Telecommunications Department at Jackson has an established emergency response plan to sustain the organization for at least 96 hours, when the local community is not able to support the hospitals' efforts to provide communications.

ADVANCE PREPARATIONS TO SUPPORT COMMUNICATIONS DURING AN EMERGENCY (EM.12.02.01 – EP6)

JHS' Telecommunications Department periodically checks all communication equipment in each hospital's command center and makes all necessary repairs. Telecommunications also contracts with outside companies to assist as needed. Periodic tests are conducted, and results measured, for the JacksonALERT emergency notification system by the Emergency Management Department personnel.

DATABASE FOR NAMES AND CONTACT INFORMATION (EM.12.02.01 – EP1)

JHS maintains names and contact information of all staff, physicians, and volunteers through internal database systems managed by Human Resources and Communications and Outreach. JHS also has processes in place for communicating information about the general condition and location of patients under the organization's care to public and private entities assisting with disaster relief through Patient Placement Center and Patient Access/Registration. In the event of an evacuation the release of patient information to family, patient representatives, or others responsible for the care of the patient will be coordinated by the Communications and Outreach and the Patient Access/Registration Departments.

EMERGENCY SUPPORT FUNCTION (ESF) 8 – HEALTH AND MEDICAL SERVICES STANDARD OPERATING PROCEDURES

INTRODUCTION

Emergency Support Function 8 - Health and Medical Services (ESF 8) is responsible for coordinating the County's health and medical resources in the event of a disaster or evacuation order. As outlined in the State of Florida's Comprehensive Emergency Management Plan (CEMP), this ESF "provides the means for a public health response, triage, treatment and transportation of victims of a disaster; assistance in the evacuation of victims out of the disaster area (before and) after the event; immediate support of hospitals and nursing homes; provision of emergency mental health crisis counseling for individuals and the community and the re-establishment of all health and medical systems."

The Miami-Dade County Emergency Management maintains a registry of people that need assistance with emergency evacuation. Individuals are placed on the registry by completing an application for the Emergency Evacuation Assistance Program (EEAP). This program provides sheltering and transportation services to eligible registrants. ESF 8 provides support to ESF 18 (Special Needs) when the Emergency Evacuation Assistance Program (EEAP) evacuates its registrants.

Scope

This plan will be implemented whenever Miami-Dade County encounters a disaster or event that impacts the health and safety of its residents. It will outline the roles and responsibilities of agencies that are involved in restoring or maintaining the health and medical needs of the community and the evacuation of medical facilities. Plans specific to the operational response functions of individual agencies are maintained by that agency and their representative.

How to use this SOP

This SOP is divided into two sections: Introduction and Procedures. The Procedures Section will list the agencies tasked with either a lead role or supportive role and provide guidance for mass care

procedures ranging from preparation to recovery. This SOP is used to orient and familiarize response agencies and medical facilities to the roles and responsibilities of ESF 8.

Authority & References

Residential Health Care Facilities (RHCF) Plan Review Program

The RHCF Plan Review Program was introduced as a result of state legislation requiring residential health care facilities to prepare and annually update a Comprehensive Emergency Management Plan (CEMP) which will enable them to respond to any disaster or event that has the potential to impact their health care facility.

ESF 8 – Health and Medical Services SOP

It outlines the procedures used to respond to internal and external emergencies. State law requires the CEMP plans be reviewed and approved by the local emergency management office. Facilities required to have a CEMP Plan include:

- Hospitals
- Nursing Homes (NH)
- Assisted Living Facilities (ALF)
- Ambulatory Surgical Centers (ASC)
- Adult Day Cares (ADC)

Florida Statutes and Florida Administrative Codes

Authorities and references pertaining to this program are as follows. Failure to meet these requirements may result in non-renewal of license or fines.

Chapter 58A-5.026, Florida Administrative Code (F.A.C.) and Chapter 400.441 (3) (b) Florida Statutes (F.S.): Rule that sets forth the emergency management planning criteria for adult living facilities.

Chapter 395.1055 (1) (c) F.S. and Chapter 59A-3.078 F.A.C.: Requires each hospital, licensed pursuant to Chapter 395, FS, to prepare and annually update a CEMP.

Chapter 400.23 (2) (g) F.S., and Chapter 59A-4.126 (F.A.C.): Requires each nursing home to prepare and annually update a CEMP.

Chapter 59A-5.018 F.A.C and Chapter 395.1055 (1) (c) F.S.: Requires each ambulatory surgical center to prepare and annually update a CEMP.

Chapter 58A-6.011 F.S. and Chapter 400.562 (1) (g) F.A.C.: Requires each adult day care to prepare and annually update a CEMP.

Chapter 400.492 F.S. and F.A.C. 59A-8.027: Requires each home health agency to prepare and annually update a CEMP.

The following authorities and references are relevant to the recruitment of volunteer medical personnel:

Chapter 381.0303 (1), F.S.: County health department is designated as the lead agency for the coordination of the recruitment of health care practitioners to staff special needs shelters.

Chapter 381.0303 (2), F.S.: County health departments shall assume the lead role for the local coordination of medical and health care providers in developing a plan for the staffing and medical management of special needs shelters.

ESF 8 – Health and Medical Services SOP

Distribution

All lead and support agencies in ESF 8 will receive an electronic copy of this document annually in April. A hard copy of this SOP will be placed in the Human Services Branch Director's EOC binder.

PROCEDURES SECTION

Direction and Control

The EOC Incident Commander will activate ESF 8 when health or medical services are deemed necessary to respond to a disaster or to coordinate an evacuation of a medical facility or clients in the County's Emergency Evacuation Assistance Program. The lead agency for this ESF is the Florida Health in Miami-Dade County (health department).

ESF 8 is organizationally situated under the Human Services Functional Branch within the EOC Table of Organization located in the CEMP. The Human Services Branch Director is responsible for facilitating the response activations of this ESF.

The health department, as lead agency, will provide a liaison to the EOC at a Level 2 in the capacity of ESF 8 Coordinator. The ESF 8 Coordinator will work with the Human Services Branch Director to assure that all procedures outlined in this SOP are followed and be the liaison to state and federal counterparts.

Roles & Responsibilities

Florida Health in Miami-Dade County (Health Department)

- Lead agency for ESF 8 – Special Needs
- Provide personnel to the EOC to act as Liaison to assist in PSN evacuation in the Human Services Branch
- Recruit, train and assign nurses & support staff for SNECs
- Coordinate and lead conference calls with MMFs and hospitals during EOC activations
- Assist Miami-Dade Emergency Management with inventory of SNEC supplies.

Human Services Branch Director

- Serve as the central point of coordination for the emergency evacuation and sheltering of special needs residents in Miami-Dade County
- Provide tentative planning schedules with guidance on evacuation timeframes
- Provide regular census and situation reports in Emergency Management Collaboration software
- Manage last minute calls for assistance through the Answer Center and the Special Needs Unit
- Provide support to the SNECs and the MMFs as outlined in this SOP.

Jackson Hospitals/ Medical Centers – Public Health Trust

- Establish a command center for the coordination of the Medical Management Facilities (MMF) at the EOC in the Special Needs Unit

- Manage the operation of all MMFs, assign last minute EEAP registrants, prioritize requests for resources and maintain the EOC abreast of activities in a timely fashion.
- Provide adequate health care staff for the operation of Hospital MMF
- Participate in conference calls with the Emergency Operations Center and MMFs
- Provide regular census and situation reports in Emergency Management collaboration software.

Medical Management Facilities

- Provide adequate staffing for the operation of a medical management unit within the facility that is capable of sheltering people with special needs (PSNs)
- Provide the EOC with accurate contact names and phone numbers for the people running the MMF from the facility
- Maintain regular contact throughout the activation with the Special Needs Unit at the EOC and provide operational updates
- Be prepared to accept last minutes assignments of PSNs as necessary
- Participate in conference calls with the Emergency Operations Center
- Sign a Memorandum of Understanding with Miami-Dade Emergency Management
- Provide training for staff on MMF activation procedures.

Ambulance Dispatch Center

- Partnership between American Medical Response (AMR) and the Miami-Dade Emergency Management designed to coordinate medical facilities evacuation with EOC Special Needs Coordinator and private ambulance companies
- Coordinate and provide transportation to assigned MMF clients and last minute registrants requiring ambulance transport.

Municipal Fire Rescue

- Coordinate and provide transportation to assigned MMF clients and last minute registrants requiring ambulance transport
- Assist in transporting of last minute calls for assistance, as necessary.

Miami-Dade Fire Rescue (MDFR) Emergency Medical Service

- Provide an agency representative when the EOC is activated
- Liaison with transportation providers to coordinate the evacuation of residential health care facilities as conditions warrant
- Coordinate the placement of MDFR paramedics in the evacuation centers (i.e., general population, special needs, pet-friendly)
- Coordinate the activation of medical personnel in field, if necessary.
- Coordinate the activation of field hospitals or medical command posts, if necessary.
- Coordinate usage of vehicles from all public and private agencies capable of transporting patients.
- Monitor progress of evacuations being conducted by MDFR.

Agency for Health Care Administration (AHCA)

- Maintain communication with health care facilities before, during, and after a disaster.

- Provide an agency representative when the EOC is activated.
- Assist health care facilities with any problems they may encounter in preparation for an evacuation or after an evacuation.
- Track and monitor the census of patients/residents in health care facilities.
- Monitor health care facility bed counts and typing information through the online Emergency Status System (ESS) or via manual call-downs with facility points of contact.
- Assist medical facilities that have experienced substantial damage with the relocation of residents/patients to other medical facilities.
- Monitor the operational status of all medical services before during and after the disaster.
- Provide facility operational status reports.
- Participate in conference calls including but not limited to state-wide ESF 8, hospitals or nursing homes.

Agency for People with Disabilities (APD)

- Work in partnership with local communities and private providers to assist people who have developmental disabilities and their families.
- Provide assistance in identifying the needs of people with developmental disabilities for supports and services.

Florida Hospital Association (FHA)

- Send personnel to EOC upon request from ESF-8
- Provide support to AHCA
- Provide an agency representative to the EOC post-disaster.

ESF 8 – Health and Medical Services Standard Operating Procedures (SOP)

- Contact all hospitals in the County to ascertain the status of the facilities.
- Participate in state and local conference calls.
- Coordinate any request received from hospitals.
- Provide status reports.

Miami-Dade County Crisis Response Team

- Provide an agency representative to the EOC post-disaster.
- Coordinate local mental health providers to facilitate critical incident response teams to assist survivors, victims, rescuers and others to cope with the trauma related to local disasters, regional or statewide emergencies.
- Compliment and supplement existing intervention and referral services to victims of critical incidents on a regional and statewide level.
- Assign mental health professionals at shelters, Disaster Assistance Centers (DAC), or other field sites as needed.
- Provide status reports.

Private Ambulances

American Ambulance

American Medical Response (AMR)

Medics Ambulance Service

Medi-Van Ambulance

Miami-Dade Ambulance

- Assist with the evacuation of medical facilities and registrants in the Emergency Evacuation Assistance Program.
- Provide support to the Ambulance Dispatch Center.
- Supply “Transport Log” to track evacuation activities.
- Create and supply “Driver’s checklist” for the ambulance providers.

Preparation

Numerous activities occur throughout the year to ensure that ESF 8 agencies are prepared to respond to man-made and natural disasters. These activities include:

- The health department manages the county’s Healthcare Preparedness Consortium which brings together hospital administration and staff to discuss preparedness and mitigation measures throughout the year.

ESF 8 – Health and Medical Services SOP

- The FHCA’s Disaster Preparedness Committee meets regularly to address disaster preparedness concerns for nursing homes and adult living facilities.
- ESF 8 agencies participate in health department and the OEM&HS trainings, exercises, and drills.

Alert and Notification

The Miami-Dade Emergency Management’s Healthcare Facility Preparedness Coordinator conducts an initial notification to key agencies once the EOC is monitoring a situation. Each agency will notify their appropriate staff of a possible activation and begin preparation procedures according to internal procedures.

Medical facilities are notified of the threat of an imminent hurricane or event via a blast e-mail and fax. The email or fax includes relevant information on the impending event or hurricane and a tentative planning schedule of events that will be taking place. A schedule for conference calls is set up following initial notification.

For other incidents such as a mass casualty incident or terrorist incident, the Miami-Dade Fire Rescue’s MEDCOM system can be used to simultaneously notify all the medical facilities of Miami-Dade County via 800 MHz radio and email.

Procedures for the notification and evacuation of registrants in the Emergency Evacuation Assistance Program are located in the Special Needs Standard Operating Procedures in the Miami-Dade County Comprehensive Emergency Management Plan (CEMP).

Response

The following is an overview of the roles and responsibilities of ESF 8 during the response phase:

- Coordinate evacuation of medical facilities.
- Notify medical facilities of an incident that could overwhelm their facilities.
- Monitor local medical resources’ ability to provide basic medical care and seek additional support from the County’s or State’s Logistics Sections.

- Assess mental health needs and provide counseling when needed.
- Locate receiving facilities for facilities whose prearranged plans failed.
- Maintain communication with Department of Health Regional Emergency Response Advisor (RERA).
- Interface with the State's Rapid Impact Assessment Teams (RIAT) who performs a needs assessment for the community.
- Coordinate with ESF 14 (Public Information) to disseminate information to the public concerning potential and existing health hazards.
- If necessary, set up casualty collection points.
- Coordinate with ESF 16 (Law Enforcement) for victim identification and notification of next of kin, and ESF 14 for release of information to the public.
- Coordinate with Miami-Dade County's Mosquito Control for air and land-based units for vector control.

ESF 8 – Health and Medical Services SOP

Ambulance Dispatch Center (ADC)

County Ordinance Chapter 8B mandates that private transportation providers licensed by Miami-Dade County participate when medical facilities are evacuated or when the Emergency Evacuation Assistance Program evacuates its registrants. A partnership was developed between participating private ambulance services and the OEM to coordinate the limited resources available and to streamline the process of transportation.

When the EOC is activated, an operation command post is established called the Ambulance Dispatch Center (ADC). The ADC coordinates of evacuation of medical facilities and EEAP registrants. They keep the EOC's ESF 8 representative informed as to the status of the evacuation and any potential problems that are anticipated. Emergency vehicles such as police, fire, public transportation and ambulances cease operations when 40 M.P.H. sustained winds occur or at the discretion of the emergency worker if he/she feels that conditions warrant the cessation of operations.

Recovery

In the recovery phase, ESF 8 responsible for coordinating such functions as:

- Continue to provide and monitor the status of emergency medical services.
- Provide basic medical care/health assessments.
- Compile damage assessment reports from medical facilities.
- Assist in the relocation of damaged health care facilities.
- Identify receiving facilities to accept patients that need to be relocated.
- Assist with the re-entry of health care facilities.
- Set up medical field hospitals, if necessary.
- Request support from State ESF 8 for Disaster Medical Assistance Teams (DMATs).
- Monitor the water supply.
- Issue boil-water orders.
- Provide vector control.
- Monitoring public health issues.

- Provide public information regarding public health issues.
- Provide mental health and crisis counseling.
- Coordinate the disposition of the deceased, which may include establishing Disaster Mortuary Service Teams (DMORTs) in the event of mass casualties.
- Coordinate the repatriation of evacuated patients.

Mass Fatalities

During a mass fatality incident, the lead agency tasked with the identification and disposition of human remains is the Miami-Dade Medical Examiners Department. In Miami-Dade County, all deaths are considered homicides until further investigation. The Medical Examiner's office will provide information to the EOC through the Miami-Dade Police Department (MDPD) representative, located in the Public Safety Functional Branch.

ESF 8 – Health and Medical Services SOP

The Miami-Dade County Crisis Response Team will work with MDPD and the Medical Examiner's office to inform next of kin in mass casualty incidents.

South Florida Regional Disaster Medical Assistance Team (FL-5 DMAT)

The FL-5 DMAT is activated by the National Disaster Medical System (NDMS). They are capable of deploying a team to Miami-Dade County within twelve to twenty-four hours.

The equipment sent along with the teams primarily depends on the situation for which they are activated. If a suitable building is available, they will set up in a building. Otherwise, they are capable of setting up five tents with full emergency room set-ups.

A DMAT team generally consists of 35 people. This team generally has three to four physicians or physician assistants, six to eight nurses and the rest are comprised of paramedics and emergency medical technicians (EMTs).

RESOURCE AND ASSET MANAGEMENT

OBTAINING AND REPLENISHING MEDICAL AND NON-MEDICAL SUPPLIES (EM.12.02.09 – EP2)

JHS maintains a documented inventory of the resources and assets it has on site that may be needed during an emergency including but not limited to personal protective equipment (PPE), water, fuel, medical, surgical and medication related resources and assets.

Specifics regarding the amounts, locations, processes for obtaining and replenishing of medical and non-medical pharmaceutical supplies, including personal protective equipment (PPE), is established by each department in advance of an event occurring. The process includes the review of supplies needed from mitigation to recovery stages. Medical supplies would include anything used in the care of patients. Non-medical supplies would include food, linen, water, fuel, and transportation vehicles.

For those items where usage would exceed par levels as a result of a large scale incident, or for those with expiration dates (e.g., additional antibiotics, vaccines, PPE), mutual aid agreements have been established to expedite receipt of items when needed. ([NIMS Element 15](#)).

The amounts and locations of current supplies will be evaluated regularly to determine how many hours each PHT facility can sustain itself before replenishing. This will give the facility a par level on supplies and aid in the projection of sustainability before terminating services or evacuating if supplies are unable to get to the facility. The list of assets and resources that were referred to earlier in the *Inventory and Monitoring of Assets and Resources* section of this plan (on page 13) have pre-established par levels depending on the given patient census as well as other factors. Please also refer to the Surge Capacity Plan for additional information.

Our Supply Chain Management and Pharmacy departments have plans for response procedures, for at least 96 hours, when the hospital cannot be supported by the local community as it relates to resources and assets. (EM.12.02.09, EP3)

Obtaining and replenishing medications and related supplies that will be required throughout the response and recovery phases of an emergency including access to and distribution of caches that may be stockpiled by the hospital, its affiliates or local state and federal sources: (EM.12.02.09 – EP2)

JHS Pharmacy Department maintains a supply of pharmaceuticals for use during disasters and emergencies. If additional supplies are needed then they will contact their vendors to replenish the supplies. If needed, JHS will also contact, through EOC/ESF8, Response Rx (PHARMA Program) via their website at www.RXresponse.org or by phone # (866) 247-2694 to obtain additional pharmaceuticals as needed. JHS also participates in the Miami-Dade County Hospital Preparedness Coalition's Healthcare Emergency and Disaster Response Memorandum of Understanding (MOU) which involves other hospitals within Miami-Dade County; the objective of the (MOU) is to provide assistance to participating hospitals in need of pharmaceuticals during a disaster or emergency. The Center for Disease Control (CDC) also maintains an inventory of "Hospital ChemPaks" in our Domestic Security Task Force region, and JHS can obtain or order the ChemPaks by contacting the chairperson of the Health and Medical Subcommittee of our Regional Domestic Security Task Force (Ms. Jeanne Eckes at (954) 712-3931 or (754) 224-7224) when necessary. The State of Florida Department of Health also has a limited cache of medications stored locally in Miami-Dade County;

the JHS can obtain access to the cache by contacting ESF8 at the county EOC at (305) 468-5904 and Dr. Richard Weisman at South Florida Poison Information Center at (305) 585-5251 or (305) 986-4031. JHS will also have access to the Strategic National Stockpile (SNS) by contacting ESF8 at EOC which, in turn, will contact EOC in Tallahassee which, in turn, will request the Governor's office to ask for deployment of SNS to our region. Miami-Dade County Health Department is the agency responsible for distributing the supplies/pharmaceuticals from the point of arrival of SNS, in our region, to the area hospitals.

Obtaining and replenishing medical supplies and equipment that will be required throughout the response and recovery phases of a disaster or an emergency including personal protective equipment (PPE): (EM.12.02.09 - EP2)

JHS Supply Chain Management Department has purchased personal protective equipment which is being stocked locally for use during an emergency. They also have access to the various vendors that will augment our supplies, as needed, during disasters and emergencies. JHS Supply Chain Management Department also maintains "Pre-Stocked" emergency medical supply carts which will be delivered to the treatment areas (Emergency Department, Trauma Resuscitation Area, Ambulatory Care Center) during a disaster or an emergency. JHS is an active participant in the Miami-Dade County Hospital Preparedness Consortium, and has signed the Healthcare Emergency and Disaster Response Memorandum of Understanding (MOU) which involves several other hospitals in Miami-Dade County. By signing this MOU, all participating hospitals have agreed to assist each other with medical supplies, equipment, and other resources needed during a disaster or emergency. Our Regional Domestic Security Task Force also has "Surge Tents" for patient care which can be obtained by contacting the Chairperson of the Health and Medical Subcommittee of the Regional Domestic Security Task Force (Ms. Jeanne Eckes: (954) 712-3931, (754) 224-7224). JHS will also have access to the Strategic National Stockpile (SNS) by contacting ESF8 at the county EOC at (305) 468-5904, which, in turn, will contact EOC in Tallahassee, which, in turn, will request the Governor's office to ask for deployment of SNS to our region. Miami-Dade County Health Department is the agency responsible for distributing the supplies/pharmaceuticals from the point of arrival of SNS, in our region, to the area hospitals.

Obtaining and replenishing non-medical supplies and equipment that will be required throughout the response and recovery phases of a disaster or an emergency: (EM.12.02.09 – EP2)

JHS Supply Chain Management and Support Services/Engineering Departments have a stockpile of non-medical supplies and equipment that will be required throughout the response and recovery phases of a disaster or an emergency. They also have a plan in place to replenish these supplies throughout the response and recovery phases of a disaster or an emergency. JHS participates in the Miami-Dade County Health Care Preparedness Coalition, and has signed the Healthcare Emergency and Disaster Response Memorandum of Understanding (MOU) which involves other hospitals in Miami-Dade County. As part of this MOU, all participating hospitals have agreed to assist each other with non-medical supplies and equipment during a disaster or emergency. JHS also has access to non-medical supplies from Miami-Dade County, the Regional Domestic Security Task Force, the State of Florida, and the Federal Government through our ESF8 and EOC communicating with our Regional Domestic Security Task Force and State EOC who, in turn, will communicate with the National EOC.

SHARING OF RESOURCES

The process of sharing resources with other healthcare organizations outside of the community during a regional event would go through the ESF-8 desk at Miami-Dade County's Emergency Operation Center, Miami-Dade County Healthcare Preparedness Coalition, Regional Domestic Security Task Force, Florida Agency for Healthcare Administration (AHCA), Miami-Dade Department of Emergency Management, and Florida Health in Miami-Dade County. Those resources will be tracked by the web-based Healthcare Facility Reporting System (HFRS) implemented by Florida AHCA. Miami-Dade Office of Emergency Management will be responsible for delivery of the needed resources.

How JHS will share resources and assets with other health care organizations in the community, if necessary: (EM.12.02.09 – EP2)

JHS participates in the Miami-Dade County Healthcare Preparedness Coalition, Healthcare Emergency and Disaster Response Memorandum of Understanding (MOU). This MOU is a voluntary agreement which allows each participating healthcare organization to benefit from the sharing of staff, pharmaceuticals, supplies and equipment, to the extent possible, with other Miami-Dade County hospitals that participate in this memorandum of understanding.

How JHS will share resources and assets with other health care organizations outside the community, if necessary, in the event of a regional or prolonged disaster: (EM.12.02.09 – EP2)

The Ryder Trauma Center at Jackson Memorial Hospital participates in a "Tele Medicine" project that assists other hospitals, outside of the community, in the event of a regional or prolonged disaster. A number of JHS staff serves on the Disaster Medical Assistance Teams (DMAT) which provides care, outside the community, in the event of a regional or prolonged disaster.

Monitoring the quantities of resources and assets during a disaster or an emergency: (EM.12.02.09 – EP3)

Jackson's Supply Chain Management, Pharmacy, Engineering, and other departments maintain an inventory list of resources and assets which they monitor on a regular basis, before and during disasters or emergencies. The process is also continued after a disaster/ emergency period, which includes the replenishment of depleted stock.

Jackson's Emergency Management Department maintains an inventory list of supplies kept in the hospital command center, as well as those supplies stored in the Emergency Department and Trauma emergency supplies closets; they, along with the respective departments, will continue to monitor these supplies during a disaster or emergency.

The Poison Information Center, located at JMH, also maintains an inventory list of supplies and equipment related to the "Decontamination Response Team Operations" and they will continue to monitor these during a disaster or an emergency.

The University of Miami Radiation Control Department maintains an inventory list of radiation detection/monitoring equipment and supplies, and they will continue to monitor these during an emergency.

Transportation of some or all patients, their medications, supplies, equipment and staff to an alternate care sites when the environment cannot support care, treatment and services:

If an alternate care site is on-campus then the “Escort Services” staff, along with the care givers and ancillary services staff (such as a respiratory therapist) will accompany/transport the patient to their alternate care site. The nurse in charge of the patient will be responsible for assuring that all appropriate medications, supplies, equipment and staff are transported to the alternate care site in a timely manner.

If the alternate care site is off-campus, then JHS will request the assistance of ESF8 at Miami-Dade County EOC, which is responsible for coordination of the evacuation of medical facilities. ESF8/EOC will, in turn, solicit help of EMS and other appropriate ambulance services, Fire Department, Law Enforcement agencies, and ESF1 (Transportation). The nurse in charge of the patient will be responsible for assuring that all appropriate medications, supplies, equipment and staff are transported to the alternate care site in a timely manner, preferably accompanying the patient. The nurse in charge, or his/her designee, will also be required to fill out HICS form 260 (Patient Evacuation Tracking Form), whenever possible, to document each of the patients moved to the off-campus alternate treatment site (please also refer to the JHS Evacuation Plan).

The nurse in charge of the patient will make arrangements, to the extent possible, to assemble patients’ medications, supplies, equipment and qualified staff for accompanying patients to the alternate treatment site(s), and he/she or his/her designee will stay with the patient until the responsibility of the care is transferred to, and appropriate “hand off” occurs with, a qualified care giver at the alternate care site. Where possible, these medications and supplies will be packaged into a secure bag/envelope with appropriate patient identification affixed to the package.

Emphasis is placed on the nurse in charge, or his/her designee, to fill out the HICS form 260 (Patient Evacuation Tracking Form), whenever possible, on each of the patients being transported to the alternate care facility.

Arrangements for transporting pertinent patient information including essential clinical and medication related information with patients moving to alternate care sites:

A copy of the pertinent sections of the medical records, including essential clinical and medication related information, will accompany the patient. This will be coordinated by the nurse in-charge of the patient in collaboration with patient’s licensed independent practitioner (LIP) of record, or his/her qualified designee.

In departments where electronic medical records are the sole form of medical records, selected parts of the records, as identified by the LIP and the patient’s nurse, will be printed to accompany the patient. Arrangements will be made for JHS’ Information Technology (IT) Department to grant a secure access, via JHS website, to the patient’s medical records to the patient’s LIP and nurse at the alternate treatment site.

Advance preparation to provide for resources and assets during a disaster or an Emergency:

JHS, through its commitment of compliance with the 17 elements of NIMS for health care organizations, and through its Emergency Management Planning Committee, and their subcommittees, constantly plans for mitigation, preparedness, response and recovery from a disaster or an emergency. This includes the augmentation of equipment and supplies needed to surge the patient management activities.

MANAGING STAFF SUPPORT ACTIVITIES

Each department director is responsible for establishing year-round staffing schedules to accommodate patients during declared internal and external emergencies, including those pertaining to evacuation. Staff are made familiar with their assigned emergency report-to-duty schedules and emergency roles, upon hire and at least annually thereafter. Typically, there would be two clinical shifts during a declared emergency period for 12 hours each, either 7am to 7pm or 7pm to 7am; Transfer Center employees would work a similar schedule. JHS employees are notified that they must report to work by phone calls from their managers/supervisors, and/or by emails and telephone alerts via the JHS emergency mass notification system communications from JHS's Communications and Outreach Department. Once an employee receives a phone call and/or alert message they are to comply and report to work. For applicable (non-job basis, etc.) employees reporting for duty, clock-in would occur at each facility's emergency designated time clocks. During activations of the EOP, various modifications and accommodations are made for hospital staff to assist them in reporting to the hospital(s) to provide needed services. The following accommodations are authorized:

1. Where travel is difficult or impossible because of weather conditions, the hospital will work with volunteer groups, with appropriate vehicles, to assist them in getting to and from the hospital.
2. Where necessary because of conditions, the hospital will accommodate staff that need to sleep, eat, and/or other services, in order to be at the hospital to provide needed services.
3. The Logistics Chief, with the Service Branch Staff Food and Water Unit Leader, would handle the needs of staff during the emergency. The Logistics Chief would be authorized to modify the normal use of hospital space, conference rooms, auditoriums or gymnasiums, and/or to work with local hotels and motels to provide accommodations for staff. Meal service for staff is authorized where approved by the Logistics Chief.
4. The hospital will be prepared for incident stress debriefings. These areas will be staffed by hospital staff, staff from community mental health services, clergy, and others trained in incident stress debriefing. As part of the planning for mass casualty and similar incidents, staffing and alternatives will be identified and contacted to determine facilities and processes to be used.
5. Communication to staff family members will also be arranged through the Communication Unit Leader.

MANAGING STAFF FAMILY SUPPORT ACTIVITIES

During activations of the EOP, various accommodations may be made for staff's families to assist staff availability for providing their services. These include:

1. Family accommodations will be strongly considered (upon approval) in those unusual situations where entire families must come to enable staff to be present for emergency services coverage. These will normally be arranged prior to families arriving at the hospital.
2. Staff members that need accommodation(s) for their dependent(s), such as a child or adult, will immediately provide this information to the person from their department requesting/calling to inform them to report to duty. The caller will then notify the Staff Food and Water Leader of the accommodations that will need to be established. A temporary daycare center may need to be established.

The staff member will need to bring the following items:

- JHS ID badge
- Prescriptions
- Change of clothes (for everyone)
- Toiletries

The staff's dependent adult/child will need the following items:

- All prescriptions in their original containers
- Immunization Records (under 4 yrs) if available
- Emergency contact other than parent
- Diapers, if applicable
- Baby food & bottles
- Child's/Adult's favorite item

Involvement of the Community

A multi-agency coordination system (MAC) has been established and involves the Miami-Dade hospitals, public health, fire department, emergency management office, etc. A MAC is a combination of facilities, equipment, personnel, procedures, and communications integrated into a common system with responsibility for coordinating and supporting incident management activities. The primary function of the MAC is to:

- Support incident management policies and priorities
- Facilitate logistics support and resource tracking

- Provide information regarding resource allocation decisions to incident management personnel in concert with incident management priorities
- Coordinate incident-related information
- Coordinate interagency and intergovernmental issues regarding incident management policies, priorities, and strategies

As part of JHS' mitigation activities, prior to an incident occurring, the following potential emergency needs and areas of priority have been defined in this or some other related plan or annex:

- Personnel staffing, roles and authority
- Decontamination of patients, personnel and/or equipment
- Equipment and supplies
- Security
- Ancillary services

JHS' Emergency Management and Disaster and Emergency Preparedness personnel will attend scheduled meetings within Miami-Dade and maintain those relationships established with the other healthcare organizations. The MAC will be updated as needed post-event or exercise. ([NIMS Element 3](#))

SECURITY AND SAFETY OPERATIONS

HOSPITAL'S ARRANGEMENT FOR INTERNAL SECURITY AND SAFETY (EM.12.02.07 - EP1)

Jackson Health System (JHS) manages security and safety operations during an emergency by planning and preparing, well in advance, all activities to support safe operations at all of its facilities. At the declaration of an emergency, a briefing would be convened by Public Safety/Security administration to outline a plan of action during and after such emergency.

Public Safety/Security administration and personnel will adhere to the following related departmental policies and procedures: Recall/Alpha-Bravo (201.6), Hurricane Response (202.6), Fire Protocol (203.6), Hospital Ordered Bomb Search (204.6), Civil Disturbance (205.6), Radio Communications (206.6), Power Failure (207.6), VIP Protocol (208.6), Emergency Traffic Control (213.6), and others which detail the arrangements for the security and safety of Jackson Health System facilities during an emergency.

LOCAL COMMUNITY SUPPORT FOR SECURITY (EM.12.02.07 – EP1)

When the Miami-Dade community is overwhelmed and local support is unavailable, JHS will notify the Miami-Dade and City of Miami Police for security and safety support. The contact information for each vendor is located on the HICS form 258 (Hospital Resource Directory) located in the hospital command center (HCC).

The respective police departments will assist Security with handling traffic control, crowd control, riot suppression, arrest if necessary, and investigating any criminal activity which may occur or any incidents requiring law enforcement's attention. In addition, any criminal activity which may occur during an emergency can be addressed in real time. Any other incidents or occurrences arising during an emergency can be addressed by law enforcement assigned to the main campus.

Jackson currently has a Memorandum of Understanding (MOU) with the Miami-Dade County Police Department, providing for two sworn, uniformed officers (24 hours a day, 7 days a week), plus one Public Service Aid and one detective to the main campus. This would be the baseline support expected by the Jackson Health System in case of an emergency.

If further enforcement is required, a request would be made through the JHS chain of command for further assistance from other neighboring Police Departments, the Florida Department of Law Enforcement and/or the National Guard.

JHS coordinates security activities for emergency response with local law enforcement as follows. As per the MOU with Miami-Dade Police Department, on-site law enforcement is available. If additional or extended assistance is needed, JHS' Associate Vice President and/or Director of Public Safety, or their designee, would contact Miami-Dade Police Department via the Police Operations Bureau or other law enforcement agencies through their local administrative contacts.

If further enforcement is required, a request would be made up the chain of the JHS command for assistance from other neighboring police departments, the Florida Department of Law Enforcement and or the National Guard.

ACCESS AND EGRESS CONTROL

Due to the limited amount of Uniform Security Specialist within the hospitals at any given time, there may be instances when these facilities may be locked down. Secure operations or a “lock down” refers to the locking of all entrance and exit doors to buildings and the posting of personnel at these doors to assure that only authorized persons enter or exit. If it becomes necessary, certain perimeter gates will also be locked/secured by Security personnel to limit the flow of traffic onto the premises.

Barrier gates along the perimeter of Jackson Memorial Hospital assist in the prevention of unauthorized access. Access points along these gates can be manually closed and locked. Gate drills inspections, and repairs are conducted by Security on a regular basis.

The movement of individuals between buildings is controlled by either automated access control devices (such as swipe-card or proximity-card readers, magnetic locks, and surveillance cameras), by Security personnel, or by other JHS staff (via intercom buzzers). Color-coded employee and contractor badges, and temporary (peel and stick) visitor badges help restrict access and identify authorized and unauthorized persons in any given location within the campus.

TRAFFIC CONTROL

Based on the characteristics of the event, the Incident Commander (or the highest ranking executive on campus at the time of the emergency) will advise the Senior Director of Public Safety or his designee to initiate the organization’s Traffic Control Plan to manage the movement of personnel, vehicles, and patients both inside and on the grounds of the facility. JHS Security personnel will manage the movement of patients and staff inside each hospital facility. If advisable, the Security staff will also assist in the movement of vehicles, both emergency and commercial, on the grounds. When appropriate, local law enforcement will assist in the management of traffic on the grounds of each facility.

Jackson’s Public Safety Division has policies and procedures established to sustain each PHT owned facility, for at least 96 hours, when the local community is not able to support the health system’s efforts as they relate to the safety and security of staff, patients, visitors, facilities and other assets.

ADVANCE PREPARATIONS (EM.02.02.05 - EP10)

Advance preparations (mitigation activities) include:

- Each new employee in the Security Department is given a minimum one hundred and twenty (120) hours of training, followed by periodic in-service trainings.
- Daily briefings are held at the beginning of each shift
- Other information is passed on to employees through memos and emails
- Each Security employee must complete the annual JHS mandatory training via the JHS virtual learning management platform/link accessed through the Jet Portal.
- The Security Department participates in all JHS emergency drills/exercises
- The Security Department also participates on the Emergency Management Planning Committee, affiliated working groups, as well as other JHS department-specific planning meetings.

JHS' Public Safety Division will combine its operational plans, based upon prior agreements (whether contractual or voluntary), with outside law enforcement, emergency service or other service or supply entities, as needed. This would include prior agreements such as the Memorandum of Understanding between Jackson Health System and the Miami-Dade Police Department, the Miami-Dade Department of Emergency Management and Homeland Security, and the Federal Emergency Management Agency (FEMA).

MANAGING HAZARDOUS MATERIALS AND WASTE

Hazardous materials and waste referred to in this section can be biological/biohazardous, chemical, and radioactive in nature; this type of waste is unique because of the risks inherent in handling it. True hazardous wastes are either ignitable, reactive, corrosive, or toxic, while biologicals involve infectious agents.

Hazardous wastes could be generated during decontamination and isolation procedures involved in responding to certain types of emergencies. The waste handling practices, after decontamination, are to be carried out as per protocols provided in the JHS decontamination policies and procedures.

Some of the departments typically or directly involved in the monitoring and disposal of hazardous materials and waste are: Environmental Services, Radiology/Nuclear Medicine, Pathology, Infection Prevention and Control, Pharmacy, Environmental Health and Safety, and Radiation Control. Support and advice may also be provided by the Poison Information Center.

Jackson Health System has established, and maintains, processes for identifying, handling, storing, transporting, and disposing of hazardous materials and wastes, in accordance with Federal, State, and Local regulations. Many of these regulations and standards emphasize the need for on-going training, the use of appropriate personal protective equipment (PPE), and consistent labeling practices.

Biological/biohazardous wastes are disposed of in red bags, cardboard boxes, or plastic bins and labeled with the appropriate Occupational Safety and Health Administration (OSHA) "biohazardous waste" symbol. Hazardous waste must also be disposed of in the appropriate containers or drums and labeled with the appropriate "hazardous waste" symbol. Radioactive wastes are to be labeled, handled and stored in accordance with the state of Florida regulations and license provisions. Additional details are provided in each facility-specific waste disposal guides.

JHS contracts services with Department of Transportation (DOT) certified hazardous waste transporters; manifests and other required documentation are kept on file in compliance with Federal, State, Local, and Jackson Health System requirements.

How the hospital will provide for radioactive, biological and chemical isolation and decontamination:

Radioactive Isolation and Decontamination

Please refer to the "Radiation Exposure Plus Contamination Typical Treatment Sequence; Six Immediate Actions for Considerations During a Radiological/Nuclear MCI; Radiological Terrorism--- Emergency Management Pocket Guide for Clinicians"; Emergency Care Services Radiological

Decontamination and Treatment Protocol and Radiation Event Medical Management Algorithms in the “Radiological/Nuclear Disaster Response” section of the “Disaster Emergency Preparedness Response Reference Manual” located in the JHS Office of Disaster and Emergency Preparedness.

Biological Isolation and Decontamination

Please refer to the Biological Disaster Emergency Response Pocket Guides for Pediatric Clinicians/ OB-Gyn Clinicians /Emergency Management and Administrative Leadership/ Employee Health Services/ Security Services/ Mortuary Services/ Infection Control Department/ Human Resources Administration/ Primary Care and Emergency Clinicians/ Critical Care Clinicians and Laboratories; Emergency Services Suspicious Rash Protocol; Bioterrorism Agents Chart from University of North Carolina; Bioterrorism Agents Differential Diagnosis from Santa Clara Health Department and JHS Avian Influenza/Pandemic Influenza Plan in the “Biological Disaster Response” section of “Disaster Emergency Preparedness Response Reference Manual” located in the JHS Office of Disaster and Emergency Preparedness. Please also refer to the Biological Disaster Preparation Response and Recover toolkit for Florida Hospitals.

Chemical Isolation and Decontamination

Please refer to the Chemical Contamination Quick Reference, Decon Suit up Procedure Quick Reference, Chemical Terrorism Agents and Syndromes Table, Contamination Reduction Corridor Chart, Decon Team Training Schedule, Decontamination Process and Decon Team Policies and Procedures under the “Chemical Disaster Response” section of “Disaster Emergency Preparedness Response Reference Manual” located in the JHS Office of Disaster and Emergency Preparedness.

MANAGING STAFF ROLES AND RESPONSIBILITIES

STAFFING CRITICAL AREAS: RESPONSIBILITIES AND IDENTIFICATION EM.15.01.01 - EP1

Jackson Health System (JHS) will assure that critical staff functions will be performed for the rapid, effective implementation of any emergency response. In addition, it is the policy of the organization to assure adequate staff is available to perform these critical functions at any time of the day or night. The appropriate staff identified in the critical areas has received the appropriate training in Hospital Incident Command System (HICS) and National Incident Management System (NIMS) prior to an event; this training also included the licensed practitioners.

Department heads are responsible for orienting new personnel to the procedures of the department and, as appropriate, to job and task-specific responsibilities for emergency management. Individual personnel are responsible for learning and following job and task-specific procedures for emergency response and for participation in emergency activities as appropriate to their jobs.

When the Incident Command System (ICS) is activated during an event or emergency, the JHS HICS organization chart and job action sheets are used to assure critical task positions are filled first, and as other staff members become available, they will be assigned to the most critical jobs remaining. The additional staff will then be assigned additional key tasks and provided the appropriate identification vests as necessary/available.

The Incident Command Staff is responsible for assuring that the critical tasks they manage are filled by the most appropriate available staff member and to assure that the tasks are performed as quickly and effectively as possible.

If enough personnel are not available for handling critical tasks defined by the job actions sheets, staff will be requested from the appropriate departments, JHS Central Staffing Office, or from JHS Human Resources Capital Management. If there still remains a need for additional personnel, which can not be filled by available staff, then the Public Information Officer will obtain help from the local media for recruitment of volunteer staff, in the community, that will be credentialed according to JHS' policy and procedure for credentialing voluntary health care providers.

As staff is called, they will replace personnel in roles that they are better qualified to perform. If questions arise, the ICS Section Leaders will determine who will perform the task. The tasks are evaluated frequently to assure the most appropriate staff members available are being used, burnout or incident stress problems are identified, and staff members in these jobs are rotated as often as possible.

Jackson's Human Resources Capital Management Division, in conjunction with other hospital departments, is continually establishing and implementing response procedures to sustain adequate staffing levels, for at least 96 hours, when the local community is not able to support the hospital as it relates to staffing.

Process for Assigning Staff to All Essential Staff Functions (EM.12.02.03 – EP1)

When the JHS Emergency Operation Plan/MCI Plan is activated, it will use its HICS organization chart to assign staff to all essential/mission-critical functions. Incident Command Positions (Incident Commander, Public Information Officer, Safety Officer, Liaison Officer and Medical Technical Specialists) and the main general positions (Operations Section Chief, Planning Section Chief, Logistics Section Chief and Finance Section Chief) are pre-designated with staff assigned to each of these positions. Staff has also been preassigned to a number of other essential functions as well. Please refer to the JHS HICS organization chart for more details. HICS form 201 (Incident Briefing) and HICS form 204 (Branch Assignment list) may be filled out by the Incident Commander or designee and branch directors or designee as soon as possible after the activation of JHS EOP/MCI plan. It is important to note that not every HICS position may require activation during each emergency incident (scalable).

Individual(s) to who staff report in the Hospital's Incident Command Structure (EM.15.01.01 - EP4)

JHS' HICS organization chart describes the reporting structure of the staff during a disaster or an emergency. Please refer to the HICS organization chart on Page 26 of this Emergency Operations Plan.

Managing staff support needs (Housing, Transportation and Incident Stress Debriefing) and family support needs of staff (Child Care, Elder Care, Communication) (EM.12.02.03 - EP6)

JHS has a plan to provide transportation to its employees, from pre-designated areas in both Broward and Miami-Dade Counties, during a disaster or an emergency. Specifics regarding transportation support are established during the disasters/emergencies, depending on the location or extent of the disaster/emergency.

The Human Resources Capital Management Division at JHS makes provisions for the sheltering, sleeping arrangements, and other accommodations for the employees who stay in the hospitals during a disaster, or a declared emergency period, when either the JHS emergency operations, mass casualty, and/or hurricane response plan has been activated. According to JHS's administrative policy #386, during anticipated emergency events such as a hurricane or storm watch JHS volunteers are either sent home during the activation of an emergency period or notified that they should not report into the hospitals/facilities for duty. Volunteers will be notified when the emergency period has been lifted and when it is appropriate to resume normal volunteer activity, by the Volunteer Services Department. All volunteers present inside of a JHS facility at the time of a sudden disaster will be sent home if it is safe to do so; if conditions are unsafe for volunteers to go home then they will be sheltered until it is safe for them to leave the premises. Although there is no current plan in place to house children, family members and pets, due to limited space capacity, backup support resources have been identified and proactively provided in a resource guide, available to all JHS employees from HRCM.

The Logistics Chief with the Service Branch staff, food and water unit leaders, will make arrangements for the needs of staff during the emergency period. The Logistics Chief would be authorized to modify the normal use of hospital space, conference rooms, therapy areas or gymnasiums, and/or to work with local hotels and motels to provide accommodations for staff. Meal service for staff is authorized where approved by the Logistics Chief.

Critical incident stress debriefings will be provided by mental health, clergy staff and others trained in

critical incident stress debriefing, to any JHS staff members that need it, during and after a disaster or an emergency. All three JHS hospitals will be staffed with mental health, clergy staff, and others trained in critical incident stress debriefing.

Communications to staff family members will be arranged through the communication unit leader from the Communications and Outreach Department.

Training of the staff for their emergency response roles (EM.15.01.01)

The Emergency Management Department, in collaboration with the Disaster and Emergency Preparedness Department, schedules periodic training sessions with incident command and other hospital staff, to review their assigned emergency response roles. Training sessions have included one-on-one meetings with personnel holding key positions listed on the HICS organization charts, as well as reviews of disaster preparedness toolkits, participation in webinars, table-top exercises, and NIMS training. JHS also implemented mandatory general awareness and mid-level computer-based training modules on the JHS virtual learning management platform.

Communication, in writing, to each Licensed Practitioner regarding his or her role(s) in emergency response, including to whom he or she reports during a disaster or an emergency (EM.12.02.03 - EP4)

At Jackson, LP's receive the information in writing, from the medical staff leadership, regarding their roles in emergency response and to whom they should report to during a disaster or an emergency.

The term Licensed Practitioner (LIP) includes physicians – MD/DO, dentists – DDS, oral surgeons – DMD, psychologists – PhD/PsyD, podiatrists – DPM, and optometrists – OD.

The role of the Jackson Memorial Hospital LP in the HICS, during disasters, mass casualty incidents and emergencies fall into the following four categories:

1. Incident Commander: chief medical officer of JHS, along with the chief operating officer of JHS, act as incident commander(s) for managing the disaster, mass casualty incident or emergency at hand.
2. Medical/Technical Specialists: These LP's advise the incident commander about managing the medical/technical aspects of the disaster, mass casualty incident or emergency at hand. The names and titles of these medical/technical specialists are included on the HICS organization chart.
3. Medical Care Branch Director(s) under the operations section chief: These LP's along with their department's directors of patient care services, direct the clinical management of the victims/casualties from the disaster, mass casualty incident or emergency at hand. Inpatient unit leader, outpatient unit leader, casualty unit leader, clinical support services unit leader (radiology, laboratory, pharmacy), mental health unit leader and patient registration unit leader report to the medical care branch director(s).
4. Other LP's not listed under 1, 2 or 3 above, report to their department supervisor for assignments and follow their department's disaster/mass casualty plan.

For information regarding the identification of Licensed Practitioners, staff and authorized volunteers during a disaster or an emergency (please refer to JHS Administrative Policy and Procedure #384).

Advance Preparation to Manage Staff during a Disaster or an Emergency (EM.12.02.03 - EP1)

Every JHS department involved in disaster and emergency response should have an established Emergency Response Plan for the management and tracking of its staff on-duty during the declaration of an emergency period. This department-specific plan should include pre-identification of the staff-members that will stay in the hospital during an anticipated disaster/emergency, and the staff that would come in to cover the “after” period of the disaster/emergency. For a sudden non anticipated disaster/emergency, this list will also be used to guide the staffing. The JHS now also has the ability to send out test messages that require a reply confirmation: via phone call, text messages, and emails to confirm/track the staffing population on hand, and location, during an emergency, through the use of its JacksonALERT emergency notification system. Human Resources has mechanisms in place to address staff tracking as well.

MANAGING UTILITIES

ALTERNATIVE UTILITIES

JHS has identified systems that are critical in sustaining life support. In addition, alternative means for providing essential utility systems, during an emergency as identified in the Utilities Management Plan and other related policies and procedures, have been established. The organization's Engineering Services and Plant Operations Departments have assessed the requirements needed to support these systems such as fuel, water, medical gases, and other supplies for a period of time identified in the Inventory of Assets.

JHS' Engineering Services and Plant Operations Departments have also established policies and procedures to try to sustain each 24-hour PHT owned facility for at least 96 hours when the facility cannot be supported by the local community as it relates to utilities. The alternative means for these sources are located in the Inventory of Assets. (EM.12.02.11 - EP3)

The alternative utility systems and supplies networks shall include, but not be limited to the following:

1. Emergency power supply system and lighting
2. Water supplies for bathing and consumption (potable)
3. Water for equipment, chillers, and sanitation (non-potable from water wells)
4. Fuel supplies for building operations and transportation
5. Heating, ventilation and air conditioning (HVAC) systems
6. Medical gas systems: air, oxygen, nitrogen, nitrous oxide, carbon dioxide
7. Vacuum systems
8. Other essential utilities

Please also refer to the HICS form 258 (Hospital Resource Directory) in the Disaster and Emergency Preparedness and Response Reference Manual

Alternate Means of Providing Electricity

Jackson Memorial Hospital has 2 power plants. Each of the power plants has a capacity to supply power to emergency (red) outlets and the critical areas of the facility. If a generator in either of these power plants stops functioning, then other generators pickup the load. JHS also has 3 portable generators to help supply power, if needed, to critical areas. In addition, JMH has a LR105E Volmaster portable generator to support the decontamination shower area; the fuel tank holds eight gallons of fuel and will run approximately six hours at full load (more at a reduced load). Florida Power & Light (electric company) confirms that the following JHS facilities will receive "top priority" for the restoration of electricity if a major power outage, affecting Miami-Dade County, were to occur: Jackson Memorial Hospital (classified as hospital); Jackson North Medical Center (classified as

hospital); Jackson South Medical Center (classified as hospital); Jackson West Medical Center (classified as hospital) while the following will receive “priority” restoration: Jefferson Reaves Sr. Health Center (classified as medical facility); North Dade Health Center (classified as medical facility); Jackson Memorial Long Term Care Center (classified as nursing home); Jackson Memorial Perdue Medical Center (classified as nursing home). Department directors should order flashlights if they feel a need.

Alternate Means of Providing Water Needed for Consumption and Essential Care Activities

Jackson’s contract(s) with its drinking water vendor(s) requires them to bring in/deliver extra drinking water for the patients and staff prior to the onset of a hurricane emergency threatening Miami-Dade County. Extra drinking water is ordered at the beginning of each hurricane season and stored at each of the three hospital campuses.

Whenever a boil water advisory is in effect, tap water may be used for hand washing and surgical scrubbing (hands must be dried thoroughly); however, only potable (bottled or filtered) water may be used for drinking. Non-potable water is defined as water not suitable for drinking purposes. Non-potable water can be used for cleaning instruments prior to high level disinfecting. When a boil water advisory is issued, water from coffee pots, ice machines, or water fountains should not be used for drinking purposes. Warning signs should be placed on all water outlets stating “Boil Water Advisory is in Effect and Precautions Must be Taken Before Drinking.”

Alternate Means of Providing Water Needed for Equipment and Sanitary Purpose (

Each JHS hospital has developed a plan to provide non-potable water sources upon interruption of the facility’s potable water system. In the event that there is a need to temporarily disconnect from the city water supply system, Jackson Memorial Hospital can tap into an existing well system located on the campus. The two 14,000 gallon storage tanks at JMH, previously mentioned, also help provide water needed for equipment and for sanitary purposes. At JNMC, non-potable water sources that exist include the hydrotherapy tanks, therapy pool and plastic storage containers located in the Rehab Department on the first floor.

Alternate Means of Providing Fuel Required for Building Operations, Generators and Essential Transport Services that the Hospital will Typically Provide

JHS has 60000 Gallons of Diesel Fuel on hand for purpose of emergency generator operations.

Alternate Means of Providing Medical Gas/Vacuum Systems

Medical Vacuum and air pumps are on emergency power for critical areas. In addition, Respiratory Therapy, at all four campuses, maintains an adequate inventory of full oxygen cylinders in stock.

Utility Systems that the Hospital Defines as Essential (e.g. Vertical and Horizontal transport, Heating and Cooling Systems, Steam for Sterilization

Certain elevators on JHS's campuses are supported by emergency power. JMH also has chillers and certain air handlers on emergency power. Boilers (for steam) are on emergency power and are also able to function on diesel and/or natural gases.

Advance Preparations to Provide Utilities during a Disaster or an Emergency

Jackson's Engineering Services Departments maintain a current inventory of the locations of all of the generators on each hospital campus and arranges for monthly generator testing to be conducted and documented.

Per agreements, food service vendors are normally notified to bring in extra food and drinking water in anticipation of a hurricane and/or during other emergencies; portable kitchens are also ordered as needed.

In an effort to ensure JHS employees know which numbers to call and how to respond during an emergency affecting any of the utility systems necessary to sustain patient care at either of the four hospital campuses, the quick reference table on the following three pages provides a brief overview to assist in emergency response efforts during potential utility failures or temporary disruptions:

Utility Systems Failure/Malfunction & Basic Staff Response

Failure Of...	What to Expect:	Who to Contact:	Responsibility of User:
Computer systems	System not working	Information Technology – Customer Service Center	Call and initiate a ticket order for the incident and receive an incident #; use back-up manual/paper system.
Electrical power failure; back-up emergency generators are working	Many lights are not working; only back-up lights on emergency power work along with red outlets	AIC; Plant Operations/ Engineering or Facilities Services; Work Order Dispatch Center	Ensure that life support systems are on emergency power (red outlets); ventilate patients by hand, as necessary; use battery-powered flashlights and lanterns; complete cases in progress ASAP.
Electrical power failure; total loss of all electricity	Failure of all electrical systems: critical, life safety, etc.	AIC; Emergency Page Operators; Plant Operations/ Engineering or Facilities Services; Bio- Medical Engineering; Respiratory Therapy	Hand ventilate patients; use battery-powered flashlights and lanterns; manually regulate IV's; do not start new cases.
Elevators out of service	Elevators not moving or stopping on any floors	Plant Operations/ Engineering or Facilities Services; Work Order Dispatch Center	Notify Engineering or Facilities Services; place “Out of Service” signs outside of elevator doors. Be ready to activate area-specific evacuation plan if needed.
Elevators stopped in between floors with person(s) trapped inside	Elevator alarm bell sounding	Security; Plant Operations/ Engineering or Facilities Services	Push black button inside elevator to notify Security Dispatch. <i>At JSCH pick up the phone, which will automatically call the Emergency Page Operator.</i>
Fire response equipment	Fire alarms, fire sprinklers, fire doors, fire extinguishers, and pull stations not working	Plant Operations/ Engineering or Facilities Services; Work Order Dispatch Center	Institute “Fire Watch”; minimize fire hazards; immediately call and report fire emergencies to Emergency Page Operators.
Medical gas	Gas alarms; no oxygen, medical air or nitrous oxide	AIC; Respiratory Therapy; Plant Operations/ Engineering or Facilities Services; Work Order Dispatch Center	Hand ventilate patients; transfer patients if necessary; use portable oxygen and other gases; call for additional portable cylinders.
Medical vacuum	No vacuum, vacuum systems fail and in alarm mode	AIC; Respiratory Therapy; Plant Operations/ Engineering or Facilities Services; Work Order Dispatch Center	Obtain portable vacuum from crash cart; call Central Services for portable vacuum; finish cases in progress; do not start new cases.

Failure Of...	What to Expect:	Who to Contact:	Responsibility of User:
Natural gas failure or leak	Gaseous odor, no flames on burners, etc.	Plant Operations/ Engineering or Facilities Services	Open windows to ventilate; turn off gas equipment; do not use any spark producing devices and electric motor switches, etc.
Medical/ patient care equipment/ system	Equipment/ system malfunctioning	AIC; Biomedical Engineering	Tag defective equipment and have it replaced.
Sewer stoppage	Drains backing up	AIC; Plant Operations/ Engineering or Facilities Services; Work Order Dispatch Center	Do not flush toilets; do not use water; Maintenance/ Plumbing foreman/staff to provide support and instructions.
Steam failure	No building heat, hot water, laundry, sterilizers inoperative, limited cooking	AIC; Plant Operations/ Engineering or Facilities Services	Conserve sterile materials and all linens; provide extra blankets; prepare cold meals.
Telephones	No telephone service	Information Technology (IT) - Customer Service Center	Use overhead paging system, mobile phones (when safe), email, and runners.
Water; total loss of	Sinks, showers, toilets inoperative	AIC; Plant Operations/ Engineering or Facilities Services; Work Order Dispatch Center	Institute "Fire Watch"; conserve water; use bottled water for drinking; be sure to turn off water in sinks; use Red bags in toilets. Use alcohol-based hand sanitizers.
Water; intrusion or flood	Water improperly flowing/ dripping settling onto surface area(s)	AIC; Emergency Page Operators; Plant Operations/ Engineering or Facilities Services; Environmental Services	Remove patients from the area and electrical equipment from wet surfaces; use buckets and trashcans to collect water.
Water; unsafe to drink or bathe with	Tap (sink, shower, drinking fountains, ice machines) unsafe to drink or bathe with	AIC; Plant Operations/ Engineering or Facilities Services; Infection Control; Nutrition Services	Notify managers/directors and occupants of affected buildings; post "Non-Potable Water – Do Not Drink" signs at all affected drinking fountains and public sinks.
Ventilation (HVAC)	No heating, ventilation, and air conditioning	AIC; Plant Operations/ Engineering or Facilities Services; Work Order Dispatch Center	Install spot coolers; open windows; restrict use of odorous/ hazardous materials; use blankets if necessary.
Nurse call system	Unable to communicate with nursing station or patients' rooms	AIC; Biomedical Engineering; Plant Operations/ Engineering or Facilities Services	Use bedside patient telephone, if available; relocate patient; use bell; assign a rover to check on patient.

MANAGING PATIENT (CLINICAL AND SUPPORT ACTIVITIES) DURING EMERGENCIES

CLINICAL ACTIVITIES

Jackson Health System (JHS) has protocols regarding the clinical activities for the treatment of patients during an emergency, along with downtime policies and procedures. These activities include triaging, scheduling, assessment, treatment, and discharge. Please refer to the Mass Casualty Incident (MCI) Protocols/Plan and MCI Check list, Pandemic Influenza Plan, Emergency Department (ED)/Emergency Care Center (ECC) Radiation Decontamination Protocols, Decontamination Team Protocols, Surge Capacity Plan, Weapons of Mass Destruction (WMD)/ Emerging Infectious Diseases (EID) Plan, Biological Response Hospital Toolkit, and Mental Health Hospital Procedures.

Managing Activities of Patient Scheduling

At JHS, the hospital unit secretaries (HUS) schedule clinic follow-up appointments for patients discharged and sent home during a disaster. Patient Access personnel schedule clinic appointments, post-medical clearance, in the Emergency Care Center (ECC) for non-urgent care patients.

Managing Triage Activities

To ensure effective communication with patients with limited or no English proficiency, during emergencies, JHS Guest Services Department and specific staff members meeting Guest Services competency verification will be consulted and utilized for translation support. JHS also has video remote interpretation units available throughout the organization as well as a language line translation service that is available by dialing 1-800-874-9426 (Client ID #203067). For additional details regarding the management of triage activities, please refer to the written Protocols for Sudden MCI. Please, also refer to the Patient Assessment and Triage portion of the Clinical Operations section of the JHS Pandemic Influenza Plan.

Managing Patient Assessment and Treatment

For details regarding the management of patient assessment and treatment, please refer to the written Protocols for Sudden MCI. Please, also refer to the Patient Assessment and Triage portion of the Clinical Operations section of the JHS Pandemic Influenza Plan.

Managing Admissions

Patient Access personnel obtain patient demographic information and register all patients into the electronic patient registration database system. An admit notice is, in turn, electronically generated by the HUS. In the event computer systems are down, the HUS will complete a manual admit notice and provide the information to all treatment areas, Patient Access, and the Bed Transfer Center, and take into consideration JHS's established downtime procedures. To maintain situational awareness, state-wide ESF 8 may request information about patients evacuated to our facilities from other regions/countries/states.

Please, also refer to the written Protocols for Sudden MCI, JHS Emergency Response Plan and JHS Surge Capacity Plan.

Managing Transfer

Patient transfers between JHS treatment areas (e.g., from the emergency department to an in-patient unit or from an intensive care unit to an intermediate care unit, etc.) will occur as per established protocols of the respective departments.

Patient transfers from one Jackson Health System hospital to another Jackson Health System hospital will occur as per established protocols for such transfers.

Patient transfers from a Jackson Health System hospital to a non JHS hospital will follow established inter-hospital transfer protocols.

JHS will comply with the following guidelines if/when the Emergency Medical Treatment and Labor Act (EMTALA) waiver is required. EMTALA is a federal law that requires anyone coming to an emergency department to be stabilized and treated, regardless of their insurance status or ability to pay.

During major disasters, pandemic infectious disease outbreaks or other public health emergencies, the Secretary of the Department of Health and Human Services (“Secretary”) may declare a public health emergency. When the Secretary declares a public health emergency, he/she may also exercise his or her power to waive certain EMTALA requirements. These waivers relax the typical obligations imposed by EMTALA. Hospitals operating within the disaster / public health emergency area who wish to be exempt from EMTALA requirements must: 1) Implement their disaster protocols; 2) Notify CMS through the appropriate State Survey Agency that they have implemented their disaster protocol; and 3) Ensure that normal EMTALA obligations are resumed at the end of the appropriate time period. Waivers typically expire 72 hours after a hospital implements its disaster protocol or, in the event of a pandemic infectious disease, until the termination of the declaration of the public health emergency. While operating under a waiver and exempt from EMTALA, the JHS EMTALA policy will not apply.

Managing Discharge

During a mass casualty incident (MCI), there will most likely be an immediate demand for additional, available beds. This demand is known as **surge**, and a hospital’s ability to accommodate such an increase in patient volume is often referred to as **surge capacity**. The two most effective methods for quickly increasing bed capacity are **rapid patient discharge** and **capacity expansion**. The Nurse in-charge on each patient care unit, in collaboration with the medical staff, will determine which of the currently admitted patients on their units can be “safely” discharged with close follow-up. The number of patients that can be discharged on the day of the incident and over the next 48 hours will be communicated to the hospital command center as the expected surge capacity. The Nurse in-charge will work with the various hospital services so that all discharge and follow-up needs of the patients have been met prior to discharge.

Please also refer to the JHS Surge Capacity Plan and MCI checklist.

Hospital Evacuation When Environment Cannot Support Care, Treatment and Services

EVACUATION ACTIVITIES

1. An evacuation of the hospital for a situation which renders the facility no longer capable of providing the necessary patient care will be directed by the Incident Commander. The evacuation will be handled in cooperation with the local fire department and county EOC.
2. The City of Miami Fire Department and the Emergency Operations Center at the Miami-Dade County Department of Emergency Management and Homeland Security will be notified as soon as the potential for evacuation is considered and will be kept updated on an ongoing basis in order to begin the process for identification of the availability of vehicles or other transportation means to relocate the patients.

In the event of an emergency situation, which renders the environment unfit to support care, treatment, and services, JHS will utilize horizontal evacuation, staged evacuation, total evacuation, or vertical evacuation procedures, as described in Administrative Policy 112, in order to ensure the safety of patients, visitors, and staff while maintaining the integrity of care, treatment, and services.

Horizontal evacuation is the action taken to move patients and/or individuals to an area of safety beyond a smoke/fire door or barrier wall; this movement can be within the floor of origin or to an adjoining building on the same level. Staff members may follow this mode of evacuation/relocation when deemed necessary after calling the appropriate Emergency Page Operators' phone number (please refer to list on page 66 of this plan).

Vertical evacuation is the action taken to move patients and/or individuals to an area of safety either above or below the floor of origin. This movement may be within the same building or to a floor above or below in another building. During a fire or other emergency that warrants it, in a business occupancy building, this movement is immediate; in a healthcare occupancy building, this movement is to occur only with the order and direction of the CEO, responding fire department official, appropriate designee, and/or the incident commander. The Emergency Page Operators must be notified prior to evacuation. An inventory of emergency evacuation equipment has been distributed to certain patient care units/floors on all three JHS hospital campuses (the emergency evacuation equipment inventory locator is posted on the JHS intranet portal in the *Emergency Operations* folder). Staff has been trained on how to use the emergency evacuation equipment; clinical educators will train all new hires on the operation of the evacuation equipment upon hire.

Each area has a department/unit-specific horizontal and vertical evacuation plan which will be implemented as necessary. Compliance with Jackson's Administrative Policy 270 and procedures pertaining to patient evacuation and relocation is key during emergencies requiring it.

During staged evacuation only affected zones leave the building first. Total evacuation involves the simultaneous removal of all persons from a hospital building and requires a plan for its implementation. Evacuation should only be done by direction of the CEO, responding fire department official, appropriate designee, and/or the incident commander. This would encompass moving all patients to an alternate care site.

Please also refer to each campuses evacuation plan.

Managing Potential Increases in Demand for Clinical Services for Vulnerable Populations Served by the Hospital

JHS is committed to providing clinical services for vulnerable populations served by the hospital including patients who are pediatric, geriatric, disabled, or have serious chronic conditions or addictions. This includes care on a day-to-day basis and during a disaster or an emergency. Please refer to JHS MCI Protocols and Surge Capacity Plan for details. In addition, JHS collaborates with Miami-Dade Emergency Management, Miami-Dade County Healthcare Preparedness Coalition, Kidney Community Emergency Response (866-901-3773), Florida End Stage Renal Disease Network 7 (813-383-1530), and Miami Transplant Institute to provide emergency care to adult and pediatric dialysis patients.

Managing the Personal Hygiene and Sanitation Needs of Patients

There are a few alternative means of personal hygiene for patients, during a disaster or emergency, when reliable sources of water are not readily available. Some alternatives include: hypoallergenic pre-moistened/rinse-free personal/disposable wipes, ultra thick washcloths, and/or alcohol-based rubs. Family members can also be used to assist with the cleaning of the patient (their relative or loved one) during emergencies. Per the policies and procedures of Engineering Services, the alternative means to sanitation if toilets are inoperable, would include the placement of biohazardous waste bags in portable toilets and the usage of solidifying additive, or the establishment of a bucket brigade to assist with toilet flushing on the units. It is part of the procedures of Environmental Services to limit changes of bed linen to those patients that have gross soiling from draining wounds, catheters, etc. Environmental Services' use of water will be curtailed to the extent of one change of water per day for mopping, except in surgery, delivery rooms, and isolation areas.

Managing the Mental Health Service Needs of Patients

JHS is committed to providing mental health/behavioral health support to any patient requiring it during a disaster or emergency. The staff may use patient registration and triage information, and medical records to determine this population and the appropriate services required. The JHS Behavioral Health Hospital will be responsible for tracking the patients receiving these services during the emergency. Any of these services provided to the organization's patients will be documented in the patients' records. The staff will assess the processes used to manage the mental health services during the emergency exercises/drills or actual events, and revise the policies, procedures and emergency response plans as deemed necessary. A critique of the applicable services will be reviewed by the Emergency Management Planning Committee and appropriate medical staff before modifying the emergency services. Employee Assistance Program/Work-Life Services will also provide support and counseling to employees. Social Services and Pastoral Care will provide support to families and obtain assistance from mental health counselors as needed.

For additional details, please refer to the Clinical Resources Management/Social Work policy # 110.2. Please also refer to the Behavioral Health Response Plan (Mental Health Policy # 101.1) for more details.

Management of Mortuary Services

In the event of an emergency involving deceased patients, the organization will contact the local medical examiner for the appropriate clearance and procedures. If necessary, a refrigerated trailer or truck will be requested through the medical examiner's office for securing bodies not able to be contained in the facility's existing morgue. The Miami-Dade County medical examiner's office has a capacity for 400 bodies; they also have county-wide surge plan for up to 18000 bodies. The medical examiner's office will be notified when the refrigerated trailer/truck is full or the disaster has been cleared. JHS' Pathology Department maintains protocols addressing fatality management surge.

Jackson Memorial Hospital has a Mass Fatality Management Plan. Please also refer to the "Post Mortem Care and Mortuary Plan" chapter and "Recommended Hospital Mortuary Protocols relevant to Biological Agents" appendix in the "Biological Disaster Preparedness, Response and Recovery Toolkit for Florida Hospitals" located in the Office of the Disaster and Emergency Preparedness.

Documenting and Tracking Patients' Clinical Information

JHS has a process for documenting and tracking patient's clinical information during a disaster or emergency. For the departments that will be receiving disaster patients such as the Emergency Care Center, Trauma Center, and Ambulatory Care Center, there will be Patient Access Services Personnel and/or Hospital Unit Secretaries (HUS) assigned to track the patients entering and leaving the areas, through the use of manual logs and/or automated systems. Patient Access Services will also take photos of those patients who are not able to identify themselves such as children and patients with altered mental status or coma. That information will be given to the Patient Tracking Manager who will track all the patients within the facility during the disaster. The form to use for patient tracking will be the HICS 254 – Disaster Victim Patient Tracking Form.

If patients are evacuated, the process should be the same except for the forms. The individual patient tracking during an evacuation will be documented using the HICS 260 – Patient Evacuation Tracking Form. When more than two are being evacuated, the HICS 255 – Master Patient Evacuation Tracking Form should be used to gain a master copy of all those that were evacuated.

According to each facility's Memorandum of Understanding (MOU), the county's Multiple Agency Coordination (MAC), or other established agreements using a third-party information tracking system such as WebEOC and/or American Red Cross database, information will be maintained for regional tracking purposes. In some of these methods, there may be the possibility of families gaining access to this information to find their loved ones.

Jackson's Surge Capacity Plan, Pandemic Influenza Plan and Hurricane Staffing Plan contain response procedures that would sustain all practices for at least 96 hours, when the hospital cannot be supported by the local community as it relates to the patient care activities.

For additional information, please refer to the "Registration Process for Disaster/Emergency Patients" developed by the Patient Access Services Department. Please also refer to the Patient Access Services' "Registration Photo ID/Disaster or Mass Casualty" policy (code # 571) and Clinical Resource Management/Social Work policy # 110.2.

Advance Preparation to Manage and Track Patients during an Emergency

Various sections of this Emergency Operations Plan contain information on advance preparations established for the management of patients during an emergency. Please also refer to Jackson's MCI Protocols, MCI Checklist, Pandemic Influenza Plan, Surge Capacity Plan containing specific information on traumatic, biological, chemical and radiological/nuclear disaster/emergency response protocols and information, and department-specific Emergency Response Plans. Systems used to track the location of patients sheltered on site or transferred off site (along with the location of receiving facilities or alternate sites) during an emergency are maintained by: JHS Patient Placement Center, JHS Transfer Center (per established agreements), JHS Patient Access Registration, and JHS Clinical Resources Management.

RECOVERY PROCEDURES

RECOVERY STRATEGIES AND ACTIONS (EM.14.01.01)

To restore the systems that are critical to providing care, treatment, and services to normal operations after an emergency, Jackson Health System will undertake the following:

1. When deemed appropriate, the Incident Commander will initiate the recovery phase by announcing an “**All Clear**” of the situation.
2. The Incident Commander will notify the Jackson Health System Page Operators to alert the staff on their call roster of the conclusion of the emergency/disaster period by announcing an “**All Clear**” by normal code announcement methods or alternate communication methods.
3. The staff will also be notified through alternate announcements including email messages, personal communication devices (pagers, walkie-talkies, or cellular telephones), JacksonALERT emergency notification system, and overhead paging system where available.
4. Call roster notification procedures are to be initiated for off-duty staff concerning the need to report to the department or to remain at their current locations.
5. The Liaison Officer will notify Miami-Dade Department of Emergency Management of the “**All Clear**” action and maintain open lines of communication with the Miami-Dade Healthcare Preparedness Coalition.

DEMOBILIZATION: COMMAND CENTER, STAFF, AND RESOURCES

1. Upon announcement of the **All Clear**, all information concerning the emergency will be documented and filed for later reference.
2. Section Leaders and Command Center staff will contact Unit Leaders to receive information and critiques concerning the response to the emergency.
3. All expenses and overtime information will be provided to the Finance Section for documentation. Evidence of the damage or losses caused by the emergency, or response to the emergency, should be documented through photographs or descriptive writings.
4. All communication equipment, hand-held radios, cell phones, data processing systems, and other equipment used during the emergency will be evaluated and inspected for use during future emergencies, and consumable supplies inventoried for restocking.
5. All ICS identification apparel should be repackaged or replaced for the next emergency.
6. The physical surrounding of the Command Center shall be cleaned and furniture repositioned for normal operations.
7. The Command Center staff and appropriate designees will conduct the evaluation of the emergency and the response.

8. The Public Information Officer will communicate any needed information concerning the “**All Clear**” to local media.
9. Individual department evaluations and/or critiques of their response to the emergency should be completed and filed in the Emergency Management and Disaster and Emergency Preparedness Departments.
10. The emergency management director/administrator or his/their designee will review the critiques and prepare a summary. This summary will be presented to both the Emergency Management Planning and the Environment of Care Executive Committees at the next scheduled meetings.

RECOVERY PROCEDURES FOR CLINICAL CARE

After the “All Clear” is given by the Incident Commander, the clinical departments will resume their normal operations by the following:

1. Restarting elective surgeries if they were cancelled.
2. Resuming/rescheduling clinic appointments for the patients whose appointments were cancelled.
3. Working with the Supply Chain Management and Pharmacy Departments to replenish supplies and stocks used during the disaster.
4. Continue using the “Hurricane Staffing Model” for a shift or more until normal rotation of staffing can be resumed.
5. Departments will refer to, and follow their specific Business Continuity Plans as needed.

DEPARTMENT HEADS’ RESPONSIBILITIES

1. Evaluate and critique the department’s response to an emergency
2. Review and update Departmental Emergency Response Plans based on critique
3. Restock supplies used during emergency
4. Repair and service equipment used during emergency
5. Update appropriate clinical and environmental records

EVALUATION OF EVENTS & EXERCISES (“*AFTER ACTION REPORT*”)

Within 48 hours after the “**All Clear**” of an event or exercise is announced, an after actions debriefing and critique meeting (Hot Wash) will be scheduled for those involved in the incident command structure. The most recent version of the after action report and improvement critique tool (located in the Disaster and Emergency Preparedness and Response Reference Manual) will be distributed to all necessary or mission-critical departments after each emergency event or exercise.

**ANNUAL REVIEW of
EMERGENCY
MANAGEMENT PLANNING
ACTIVITY and EMERGENCY
OPERATIONS PLAN**

Annual Review of its Hazard Vulnerability Analysis; Objectives and Scope of the Emergency Operations Plan; and Inventory; and Emergency Management Related Policy and Procedure Documents (EM.17.01.01)

Jackson Health System conducts an annual review of its risks, hazards, and potential emergencies as identified in its hazard vulnerability analysis (HVA) as detailed in JHS' administrative policy and procedure #251. The findings of this review are documented in the minutes of the Emergency Management Planning Committee (EMPC). In addition, an annual review of the objectives and scope of this Emergency Operations Plan and Emergency Management related policy and procedure documents is also conducted annually by the EMPC and documented accordingly in the meeting minutes, along with an annual review of all inventoried assets.

Emergency Response Exercises (EM.16.01.01)

JHS evaluates the effectiveness of its Emergency Operations Plan (EOP) through the comprehensive application of a wide range of emergency response exercises on an annual basis. Exercises conducted are based on: 1) one or more of the 13 internal and 13 external disaster scenarios as identified by the Homeland Security Council, and 2) the identification made on the hazard vulnerability analysis (HVA), of scenarios of highest probability which could potentially occur at each of Jackson Health System's respective facilities. The JHS EOP utilizes an all-hazards approach to the management of emergencies and disasters, and all exercises are designed to test the limits of the EOP for a respective scenario.

JHS is a complex system comprised of over 15 locations, four of which are medical campuses providing emergency services, others which are community-based primary care centers, urgent care centers, clinics in the jails, as well as additional facilities performing only business functions with an absence of patient care services. Each year, JHS will implement a master exercise schedule to ensure that EOP testing is appropriate in scope and frequency for facilities that qualify under Joint Commission standards. The plan includes all applicable JHS facilities, identifies annual exercise frequency, assigns tentative exercise dates, and identifies possible exercise types, scenarios, responsible persons and appropriate documentation guidelines. Jackson Health System's four hospital campuses currently conduct and will continue to conduct at least 2 exercises per year, one of which is designed to 1) include an influx of patients and 2) escalate to a point where the hospital must function without assistance from the outside community. JHS will also participate in at least one community-wide exercise annually, to test both its EOP and its coordination of activities with external agencies and partners in the management of a large-scale disaster. Other JHS facilities will conduct one exercise per year, as they are identified as business occupancy sites that do not provide emergency services and do not possess community-wide designation as disaster receiving stations. In addition, responses of JHS facilities to actual emergencies are documented. One of the hospital's 2 emergency response exercises will include an escalating event in which the local community is unable to support the hospital.

The JHS emergency management administrator is the primary designee responsible for the monitoring of performance during exercises. In the absence of the emergency management administrator, the emergency management director, or other hospital staff representative who is knowledgeable in the goals and expectations of the exercise, is designated to monitor performance. For exercises at off-site facilities or other locations where the emergency management administrator is not present to monitor

performance, a staff member at the particular location (i.e. facility AVP of Operations or other designee) who is knowledgeable in the goals and expectations of the exercise, will be assigned the sole responsibility of monitoring performance during the actual exercise.

Activation of the JHS EOP in response to either exercises or actual emergencies/disasters includes overall coordination by the Emergency Management Department and performance in the following key areas: 1) effectiveness of internal and external communications (including but not limited to local government leadership, police, fire, the Public Health officials and other healthcare organizations - accomplished with the cooperation of the Information Technology Division, 2) resource mobilization and asset allocation including equipment, supplies, personal protective equipment and transportation - accomplished with the cooperation of the Supply Chain Management Department, 3) management of safety and security - accomplished with the cooperation of the Public Safety Division, 4) management of staff roles and responsibilities - accomplished with the cooperation of the Human Resources Capital Management Division, 5) management of utility systems - accomplished with the cooperation of the Plant Operations/Engineering Services Department, and 6) management of patient clinical and support care activities - accomplished with the cooperation of the Ambulatory Care Center, Emergency Department, Trauma Center, Mental Health Hospital, Women's and Children's Hospital Center, Pharmacy, Respiratory Therapy, Radiology, Bed Placement, Patient Access, Medical Records, Clinical Resources Management, and various physicians, nurses and other medical personnel.

JHS utilizes the Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for the documentation of all exercises and actual incidents. The HSEEP After Action Report and Improvement Planning Tool (AARIPT) is the primary document for evaluation, utilizing a multi-disciplinary approach to the evaluation of exercises and actual incidents, including the evaluation of performance in the areas of 1) Communications, 2) Resource Mobilization and Asset Allocation, 3) Safety and Security, 4) Staff Roles and Responsibilities, 5) Utilities, and 6) Patient Clinical and Support Care Activities. The AARIPT also includes an improvement plan matrix for the identification of deficiencies and opportunities for improvement. Findings outlined in the AARIPT are communicated to the identified responsible persons and departments, as well as to the larger Emergency Management Planning Committee and/or Environment of Care Committee. The Emergency Operations Plan is subsequently modified to reflect improvements. Additionally, future exercises and responses to actual incidents reflect these improvements recommended in the AARIPT evaluations. Each JHS facility will designate individuals whose sole responsibility during emergency response exercises is to monitor performance and document opportunities for improvement. These individuals will be knowledgeable in the goals and expectations of the exercises.

REFERENCES

- <http://www.emsa.ca.gov/hics/hics.asp>
- <http://www.emsa.ca.gov/hics/hics%20guidebook%20and%20glossary.pdf>
- <Http://hospitalsurgemodel.ahrq.gov/>
- Biological Disaster – A Preparedness Response and Recovery Toolkit for Florida Hospital
- HICS Incident Planning and Incident Response Guides for National Planning Scenarios
- Weapons of Mass Destruction/ Emerging Infectious Diseases (WMD/EID) References

Individual JHS divisions and/or departments are responsible for implementing specific emergency preparedness and response protocols/plans. These written department-specific procedures should be kept up to date, reviewed with all staff members, and remain accessible at all times.

The most recent updates to this plan were made on March 26, 2025. Future revisions and recommendations are to be reported *directly to:*

Emergency Management
Division of Public Safety
Jackson Health System
wferdinand@jhs-miami.org
(305) 585-2903
(305) 585-5201