



Hurricane Response Plan

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I. INTRODUCTION

Purpose

The purpose of this hurricane response plan is to provide information necessary for an effective and safe response to hurricanes that could potentially affect Jackson Health System (JHS). The occurrence of a hurricane could result in damage to facilities from water and wind, utility failures, personal injury, and other incidents that vary in severity from minimal to catastrophic depending on the intensity of the hurricane. JHS' Emergency Management Department will monitor national and regional weather service advisories and updates on current weather conditions and forecasts, while also maintaining communication with Miami-Dade County's Emergency Operations Center. Emergency actions will be appropriately escalated, as conditions warrant. The intent of this plan is to enlighten JHS personnel and to allow the staff adequate time to prepare in the event of a hurricane. Hurricanes occur primarily during a distinct season that runs from June 1 to November 30.

The concepts and procedures provided in this plan are directed towards obtaining the following goals:

1. Reducing the vulnerability of all JHS owned facilities from the loss of life, injury, or damage and loss of property resulting from a tropical storm while maintaining the highest level of patient care;
2. Preparing for prompt and efficient response and recovery activities to preserve lives and protect the health, safety, and well-being of citizens of Miami-Dade County affected by the event;
3. Recovering from related emergencies by providing for the rapid and orderly implementation of restoration and rehabilitation programs for JHS owned facilities, departments, personnel and property affected;
4. Assisting in anticipation, recognition, prevention, and mitigation of emergencies that may be caused or aggravated by inadequate planning for, and inadequate regulation of, JHS and the community it serves.

Plan Maintenance

The senior leadership of JHS, along with the Emergency Management Planning Committee (EMPC), will review this Hurricane Response Plan (HRP) at least annually. It will be revised periodically based on operational changes internally and in accordance with guidelines set forth by Centers for Medicare and Medicaid Services (CMS), Florida's Agency for Health Care Administration (AHCA), The Joint Commission (TJC), and Miami-Dade Emergency Management (MDEM).

II. ACRONYMS

This list is not designed to be an authoritative source nor is it designed to be all-inclusive. This listing is merely a reference.

AAR	After Action Report
AHCA	Agency for Health Care Administration
AIC	Administrator in Charge
DAT	Damage Assessment Teams
DMAT	Disaster Medical Assistance Team
ED	Emergency Department
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ESATCOM	Emergency Satellite Communications System
ESF	Emergency Support Function
FAC	Florida Administrative Code
FBI	Federal Bureau of Investigation
FDLE	Florida Department of Law Enforcement
FDOH	Florida Department of Health
FEMA	Federal Emergency Management Agency
HAT	Hurricane After Team
HCC	Hospital Command Center
HDT	Hurricane During Team
HICS	Hospital Incident Command System
HSEEP	Homeland Security Exercise and Evaluation Program
HRP	Hurricane Response Plan
HRSA	Human Resources Services Administration
HVA	Hazard Vulnerability Analysis
IAP	Incident Action Plan
ICC	Incident Command Center
ICP	Incident Command Post
ICS	Incident Command System
JAS	Job Action Sheet
MAA	Mutual Aid Agreement
MDEOC	Miami-Dade Emergency Operations Center
MEC	Medical Evacuation Center
MMF	Medical Management Facility
MOA/MOU	Memorandum of Agreement/Memorandum of Understanding
NIMS	National Incident Management System
RRT	Rapid Response Teams
SLE	State of Local Emergency
SOP	Standard Operating Procedures
TJC	The Joint Commission
UMHS	University of Miami Health System

III. DEFINITIONS

All Clear

State of emergency has been lifted. Disaster is finished; discontinue disaster plan activities and/or assignments. Return to normal operating procedures. JHS's "All Clear" is declared at a separate time after the "All Clear" is announced/issued by Miami-Dade County.

Disaster

A natural or man-made event or incident that significantly disrupts the environment of care, possibly resulting in damage to the hospital's building(s) and grounds. A disaster is also an event that disrupts care and treatment, such as loss of utilities (power, water, telephone, etc.) due to natural or man-made events within the institution or in the surrounding community.

Emergency

A natural or man-made event that suddenly or significantly:

- Disrupts the environment of care
- Disrupts care and treatment of patients
- Changes or increases demand for organizational services

Emergency Operations Center (EOC)

A multi-agency coordination center that provides support and coordination to the on-scene responders; located at Miami-Dade Emergency Operations Center (MDEOC) 9300 NW 41 Street Miami, FL 33178.

External Disaster

An incident that occurs beyond the immediate boundaries of the hospital. Such an event can result in the sudden arrival of many 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/scenarios include earthquake, explosive incident, mass casualty incident, severe weather with warning, tornado, and windland fire.

Hospital Incident Command System (HICS)

HICS is a group of ICS tools developed in California and freely available online for examples. It is the most common model used in healthcare. The HICS is not a complete system, but it is a model taken from several Southern California hospitals in and around Orange County, CA. HICS is the basic model, with NFPA 99, for the plans described herein, but should be modified to fit the needs of those emergencies facing the facility.

HICS is also an organizational structure created to implement response procedures which fit within a hospital's emergency operations plan. The total hospital plan includes policies, procedures, an organizational chart and specific duties, incident command system positions, and/or job action sheets. The JHS ICS commits all departments and/or units to provide the service and assistance for which they are best trained and most experienced.

Incident

An event that occurs that may lead to an emergency condition.

Incident Action Plan (IAP)

An oral or written plan that reflects the overall strategy for managing an incident within a prescribed timeframe (or operational period). An IAP includes the identification of operational resources and assignments and may include attachments that provide additional direction. At the simplest level, all IAP's must have four elements: 1) What we want to do and how are we going to do it; 2) Who is responsible for doing it; 3) How we communicate with each other; 4) What the procedures are if incident personnel are injured or something goes wrong?

Incident Commander

Person designated by the Chief Executive Officer (CEO) of JHS or CEO of our individual hospital campuses to manage the organization's/hospital's day-to-day administration along with independent activities related to the emergency/incident. The Incident Commander has overall responsibility for managing the incident by objectives, planning strategies, and implementing tactics while periodically communicating the incident status to the CEO.

Incident Command Post (ICP) or Hospital Command Center (HCC)

The location from which the Incident Commander oversees all incident operations, where information is collected and used by the Incident Commander and command post staff. The ICP (a.k.a. "The Command Center") is the center of communications, requests and directions for departments, emergency response staff, and command post staff, with adequate space available for all related activities. The ICP can be a predetermined location or may be moved wherever necessary to provide ongoing control of activity. The ICP is generally not situated near the emergency areas such as the emergency department or trauma center and usually positioned outside of the present and potential hazard zone but close enough to the incident to maintain command. The Jackson Memorial Medical Center (JMMC) ICP/HCC is in West Wing 124. The Jackson North Medical Center (JNMC) ICP is located inside the 2nd floor conference room. Jackson South Medical Center (JSMC) ICP is located inside the executive conference room.

Incident Command System (ICS)

An "all hazards" system well proven for management of various types of disaster and emergency incidents. It is designed to be scalable (useable for small and large incidents) and consistent across all kinds of emergencies and all kinds of emergency operations and organizations responding to emergencies.

It features consistent job titles for key positions so communications from agency to agency and agency to hospital can be made because everyone knows the job titles and functions. It also features Job Action Sheets (JAS) that provide guidance and training for persons who have a responsibility. It is intended to be implemented with the staff at hand (regardless of shift) until more senior or appropriate personnel become available, while also providing a structure for documentation of both the current status during the emergency, and documentation of activity after the event.

Incident Command System Position

A position within the HICS organizational chart. Positions have a designated position-holder or champion identified and a listing of alternates, leaders and/or teams who are capable of assuming the prescribed duties on the JAS.

Internal Disaster

An event that occurs within the hospital, disrupting normal operations, which could also result in the need for extra hospital personnel to care for patients. Such incidents/scenarios include fire, bomb threat, active shooter, chemical incident, evacuation/shelter-in-place, hostage or barricade incident, emerging and/or infectious disease, information technology failure, missing person, radiation incident, staff shortage, and utility failure.

Medical Management Facility (MMF)

Refuges of last resort intended to maintain the current health, safety, and well-being of persons within our Miami-Dade county community who are oxygen or electricity-dependent and do not have the available resources to assure themselves a continuous supply of life-sustaining supplemental oxygen or electricity in the event of a power outage. MMF's are intended to assure basic nursing care or assistance with daily living activities to individuals needing a higher level of care than what can be provided for in a medical evacuation center (MEC) under emergency evacuation conditions. Miami-Dade County hospitals that participate in the MMF program have signed a Memorandum of Understanding (MOU) with MDEOC in which the hospitals agree to provide a space for Emergency Evacuation Assistance Program (EEAP) registrants who fit the criteria. Details regarding the set-up of the pediatric MMF are provided in Holtz Children's Hospital policy 105.1; adult MMF set-up details are provided in Clinical Resource Management policy 101. **Service animals only shall be permitted in our facilities and must remain by the owner's side at all times. Therapy dogs are not considered service animals and are not permitted at any of our campuses.**

Mission Critical Personnel

Those staff members that have been identified and designated, according to position, by their department heads as pertinent to the continued performance of their department and/or the institution during an emergency. Department heads are required to provide advanced notification and/or an emergency work schedule (and document) to each employee in a "mission-critical" position on an annual basis. If a "mission critical" employee is unable to report to work during a declared emergency period, he/she must contact his/her direct supervisor to inform them of their situation as soon as possible.

Reserve Personnel

Those staff members that are not required to provide an immediate service at the onset of the emergency period; however, they may be upgraded to "mission critical" personnel depending on organizational needs. Under emergency conditions or severe weather, or when a State of Local Emergency (SLE) has been declared, "reserve personnel" will adhere to the guidelines associated with the job category assigned to them at the time of the emergency conditions or severe weather event.

Tropical Disturbance

A tropical disturbance is a cluster of thunderstorms poorly organized.

Tropical Depression

A tropical depression is a cluster of storms organized around a central circulation with surface wind speeds of 38 mph (miles per hour) or less.

Tropical Storm

A tropical storm is a cluster of smaller storms with substantial circular rotation and sustained surface winds of 39-73 mph.

Hurricane

A hurricane is a large tropical storm with winds of 74 mph or greater, moving counterclockwise. In addition to intense winds, hurricanes are accompanied by heavy rains, flooding along the coast, flooding inland, and tornadoes.

The Saffir-Simpson Hurricane Scale is a one to five rating based on the hurricane's present intensity. This is used to give an estimate of the potential property damage and flooding expected along the coast from a hurricane landfall. Wind speed is the determining factor of this scale.

Hurricane Categories

Category One Hurricane

A Category One Hurricane has winds of 74 to 95 mph and is typically characterized by *minimal damage*. Storm surge is generally 4 to 5 feet above normal.

Category Two Hurricane

A Category Two Hurricane has winds of 96 to 110 mph and is typically characterized by *moderate damage*. Storm surge is generally 6 to 8 feet above normal.

Category Three Hurricane

A Category Three Hurricane has winds of 111 to 130 mph and is typically characterized by *extensive damage*. Storm surge is generally 9 to 12 feet above normal.

Category Four Hurricane

A Category Four Hurricane has winds of 131 to 155 mph and is typically characterized by *extreme damage*. Storm surge is generally 13 to 18 feet above normal.

Category Five Hurricane

A Category Five Hurricane has winds of greater than 155 mph and is typically characterized by *catastrophic damage*. Storm surge is generally greater than 18 feet above normal.

Warnings and Watches

The National and Regional Weather Service issues the following types of warnings and watches associated with tropical storms:

Tropical Storm Watch

A tropical storm watch is issued when tropical storm conditions, including winds from 39 to 73 mph, pose a possible threat to a specified coastal area within 36 to 48 hours.

Tropical Storm Warning

A tropical storm warning is issued when tropical storm conditions, including winds from 39 to 73 mph, are expected in a specified coastal area within 36 hours or less.

Hurricane Watch

A hurricane watch is issued for a specified coastal area for which a hurricane or a hurricane-related hazard is a possible threat within 36 to 48 hours.

Hurricane Warning

A hurricane warning is issued when a hurricane with sustained winds of 74 mph or higher is expected in a specified coastal area in 36 hours or less.

Inland Tropical Storm Wind Watch

An inland tropical storm wind watch is issued for inland counties that sustained winds of 39 to 73 mph associated with a tropical storm are anticipated beyond the coastal areas though the actual occurrence, timing and location are still uncertain.

Inland Tropical Storm Wind Warning

An inland tropical storm wind warning is issued for inland counties that sustained winds of 39 to 73 mph associated with a tropical storm are anticipated beyond the coastal areas within 6 to 12 hours.

Inland Hurricane Wind Watch

An inland hurricane wind watch is issued for inland counties that sustained winds of 74 mph or greater associated with a hurricane are anticipated beyond the coastal areas though the actual occurrence, timing and location are still uncertain.

Inland Hurricane Wind Warning

An inland hurricane wind warning is issued for inland counties that sustained winds of 74 mph or greater associated with a hurricane are anticipated beyond the coastal areas within 6 to 12 hours.

Storm Surge Watch

A storm surge watch is issued when the possibility of life-threatening inundation from rising water moving inland from the shoreline somewhere within the specified area, generally

within 48 hours, in association with an ongoing or potential tropical cyclone, a subtropical cyclone, or a post-tropical cyclone.

Storm Surge Warning

A storm surge warning is issued when the danger of life-threatening inundation from rising water moving inland from the shoreline somewhere within the specified area, generally within 36 hours, in association with an ongoing or potential tropical cyclone, a subtropical cyclone, or a post-tropical cyclone.

Tornado Watch

A tornado watch is issued to alert the public that conditions are favorable for the development of tornadoes in and close to the watch area. These watches are issued with information concerning the watch area and the length of time they are in effect.

Tornado Warning

A tornado warning is issued by the National and Regional Weather Service offices to warn the public that a tornado has been sighted by storm observers, law enforcement or has been indicated by radar. These warnings are issued with information concerning where the tornado is presently located, and which communities are in the anticipated path of the tornado.

Flash Flood Watch

A flash flood watch means a flash flood is possible in the area and everyone should stay alert.

Flash Flood Warning

A flash flood warning means a flash flood is imminent and everyone in the area should take immediate action.

IV. SCOPE AND PLANNING ASSUMPTIONS

Scope of the Hurricane Response Plan

- The Hurricane Response Plan (HRP) establishes fundamental policies, program strategies, and assumptions.
- The HRP establishes a concept of operations spanning the direction and control of the disaster from an initial monitoring through post-disaster response, recovery, and mitigation.
- The Emergency Operations Plan (EOP) defines intra-hospital coordination, inter-hospital coordination, and governmental coordination mechanisms to help facilitate delivery of immediate assistance.

- The EOP assigns specific functional responsibilities to appropriate departments, as well as outlines methods to coordinate with other area hospitals, the Miami-Dade County government, the region, and volunteer organizations.
- The EOP identifies actions that JHS, county and city response and recovery organizations will take, in coordination with private, volunteer, state, and federal counterparts, regardless of the magnitude of the disaster.
- The EOP is designed to coordinate JHS's communications, resources and assets, safety and security, staff responsibilities, utilities, and patient clinical and support activities during any emergency.
- The JHS EOP and HRP are guidelines that serve employees and clinical/medical staff at all JHS facilities.

Planning Assumptions

1. The State of Florida is vulnerable to natural disasters and the possibility exists that an emergency may occur at any time.
2. JHS, as a public healthcare institution, has developed the capability to execute this plan to save lives, mitigate suffering, minimize the loss of property and recover from the effects of a tropical storm.
3. The necessary Mutual Aid Agreements (MAA), Memorandum of Agreements (MOA) and Memorandum of Understanding (MOU) have been negotiated with other hospitals, coalitions, county and state government and private organizations by JHS and by organizations that have functional roles.
4. Elements of the county and state government have certain expertise and resources available that may be utilized in relieving emergency or disaster-related problems that are beyond the capability of JHS. Miami-Dade County support capabilities and access arrangements for both county and county-coordinated state assistance are described in the current Miami-Dade County Comprehensive Emergency Management Plan (CEMP).
5. When a tropical storm threatens JHS and Miami-Dade County, applicable elements of this response plan will be applied, the incident command post (ICP) will be activated as soon as possible at all affected JHS facilities, and a state of local emergency (SLE) declared as appropriate to the severity of the situation.
6. JMH's average planned capacity during a hurricane is close to 4300 people – approximately 900 patients, 3000 employees, and 400 others (Medical Management Facility (MMF) evacuees pre-registered with the MDEOC Emergency & Evacuation Assistance Program (EEAP) and their caregivers).

7. JNMC's average planned capacity during a hurricane is close to 700 people – approximately 250 to 275 patients, 300 employees, and 75 others.
8. JSMC's average planned capacity during a hurricane is close to 400 people – approximately 120 to 140 patients, and 150 to 175 employees. While JSMC also receives MMF evacuees pre-registered with MDEOC approximately 10 to 15, they also have the potential to receive 20 to 25 people who fall into the miscellaneous category.
9. Departments that close include but are not limited to: Employee Health Services, Breast Health Center, Ambulatory Clinics, Case Management, Transplant, Cardiac Cath Lab. All other JHS owned facilities automatically close except for JMH, JNMC, JSMC, JWMC, Jackson Memorial Perdue Medical Center, Jackson Memorial Long Term Care Center, and Jackson Community Mental Health Center's inpatient units, unless emergency evacuation is required per each respective Business Continuity, or Contingency Plan. JHS personnel from closed facilities are assigned either to the Hurricane During Team (HDT) or Hurricane After Team (HAT).
10. Should JHS's resources be inadequate to cope with a tropical storm/hurricane, County, State and Federal assistance will be available through MDEOC and Miami-Dade County Healthcare Preparedness Coalition (MDHPC) in accordance with the countywide MAA.
11. Local jurisdictions have adopted emergency management plans that address activities that support the response to a tropical storm or hurricane.
12. This plan assumes that a public health emergency is anticipated or has been declared when the emergency is the result of a natural disaster.
13. The response will be managed according to the JHS HICS and/or National Incident Management System (NIMS) protocols.

Note:

This Hurricane Response Plan will be used as the basis for implementing area-specific procedures while complimenting the division/department-specific hurricane plans developed by individual hospital departments overseeing functional areas.

HAZARD ANALYSIS

The primary goal of the JHS Emergency Management Department is to ensure that the entire health system is prepared to respond and recover from the many consequences that are generated by the hazards that could potentially affect all JHS owned facilities and Miami-Dade County. The following provides details on JHS' potential hazard consideration, geographic characteristics and support facilities for hurricanes/tropical storms.

Hurricanes and Tropical Storms

Hurricanes and tropical storms are the biggest natural threat to JHS and the county's population. Miami-Dade County is noted to be the most vulnerable county in the state of Florida to the impacts of these storms. Miami-Dade County has a coastline that fronts the Atlantic Ocean, along with several large rivers that run through the county and into the ocean. Miami-Dade County is embedded with many canals and waterways. The large number of waterways and the general low elevation of the county exacerbate the vulnerability of Miami-Dade County's 2.7 million residents to the dangers of hurricanes and tropical storms.

Increased development and population growth in coastal areas has increased the county's vulnerability. In Category V hurricanes, insurable and uninsurable losses to Miami-Dade County would be catastrophic.

Hurricanes and tropical activity could affect the entire county. Other elements of hurricanes, including torrential rainfalls, storm surge and high winds, could also devastate the county.

JHS is also vulnerable for the same reasons above. As demonstrated in past events, heavy rains can cause massive flooding to its facilities located on the main JMH campus. Power-plant operations, during and after events, are taxed to provide enough power to supply the critical areas of the health system. In large events, issues of supplies, food and fuel logistics become critical. Gasoline, for mission critical personnel to travel to and from the workplace, has also proven to be a potential problem.

The possible consequences for JHS are as follows:

- Large scale evacuations
- Road congestion
- Sheltering (pre and post-event)
- Pandemics and emerging infections during hurricane emergencies
- Infrastructure damage /loss (sewer, water, electric, roads, debris, communications, etc.)
- Damage/loss of financial institutions
- Damage/loss to service industry
- Property loss
- Long-term economic impacts
- Overwhelmed public services (fire, EMS, law enforcement)
- Economic and social disruption
- Widespread psychological impacts (counseling needs)

- Increased patient census
- Activation and staffing of the Medical Management Facilities (MMF)

Tornadoes

The wind damage to structures during tropical storms can be caused by tornadoes. The effects of these tornadoes can be extremely damaging. Many tornadoes and waterspouts have been sighted in Miami-Dade County with only a few causing significant damage. The high and spiraling winds from a tornado or a waterspout can lead to high amounts of property damage, injuries, and fatalities. Exposure to these events during a tropical storm is high.

The possible consequences for JHS are as follows:

- Property damage/loss
- Mass casualty
- Mass fatality
- Sheltering
- Infrastructure damage/loss
- Debris
- Search and rescue
- Disposal of deceased

Flooding

The primary sources of flooding for JHS and Miami-Dade County are hurricanes, tropical storms, or thunderstorms that generally occur from June to October, which is the rainy season for Florida. Miami-Dade County has a web of different waterways, including canals, rivers, creeks, and streams, which run throughout the county.

At JHS, general low elevations, local waterways and the use of basement areas for critical work areas (e.g. pharmacy, MIS and medical records, etc. at JMH) invite both localized flooding and general flooding. This can produce damage to property and can cause injuries (slip and falls) and fatalities (electrocution). JHS is vulnerable to flooding.

The possible consequences for JHS are as follows:

- Large-scale power outages
- Infrastructure damage (road/culvert washout, sewer infiltration, etc.)
- Erosion
- Fires
- Special needs sheltering
- Disposal of deceased
- Evacuation of work areas
- Contamination of water supply
- Property Damage
- Economic Loss
- Debris
- Mold

VI. CONCEPT OF OPERATIONS AND RESPONSE

When a hurricane or other disaster occurs, time for preparation may be limited; therefore, each division/department should prepare business continuity or contingency plans way in advance to address back-up of data, loss of resources, etc. Each division/department of JHS has additional needs and requirements unique to their operations, which must be carried out in the event of a hurricane threat. These divisions and/or departments have detailed their specific requirements in their area-specific emergency response plans/policies, which should coincide with the JHS EOP and HRP.

This section of the JHS HRP describes methods used for managing emergency activities during mitigation, response and recovery from a hurricane. The major elements of this section include various planning phases during a hurricane including, but not limited to pre-planning, notification and warning, direction and control, initial and continuing actions necessary for response, recovery, and mitigation efforts. The JHS's response to hurricanes is initially directed by each hospital campus's Chief Executive Officer (CEO) their designee, and is based on the actions and support of the following groups of personnel:

- JHS Emergency Management and Disaster & Emergency Preparedness personnel
- JHS Emergency Management Planning Committee (EMPC)
- JHS Senior Leadership
- Campus-Specific Hospital Incident Command System (HICS)
- Hurricane During and After Team (HDT, HAT)
- Medical Management Facility (MMF) Managers and Teams

Health System Staff Activation (Declaration of “Emergency Periods”)

1. Depending on information and updates received from county and/or state, the time period of an emergency will be declared and defined by the President/CEO JHS or designee; also based upon guidance and information provided by the Emergency Management, Disaster and Emergency Preparedness, and Executive Leadership.
2. Activation of the HICS ensures that patient care departments of each hospital are staffed at the appropriate levels to support its clinical operations. This same incident command system also strives to ensure that the “mission critical” non-clinical departments are staffed to the levels necessary to support the clinical areas while they strive to still provide an optimum level of care during emergency activation.
3. Situational awareness/ status update announcements will be prepared by the Public Information Officer (PIO) from the JHS Communications and Outreach Department for the purpose of informing JHS employees and avoiding confusion that might exist with instructions for other Miami-Dade County personnel. Announcements will be sent out via “JacksonALERT” emergency notification system.

4. Staffing may change as the incident progresses. The Labor Pool & Credentialing Unit Leader under the direction of the Support Branch Director, as designated by the Human Resources Capital Management Division at the request of the Logistics Chief, may phase in the health system's staff activation in accordance with Administrative Policies & Procedures #236 and #371, at the beginning of an "emergency period" (along with its "emergency pay" benefit detailed in Administrative Policy & Procedure #322).
5. Department directors have the responsibility of scheduling adequate staffing for during and after a hurricane. Employees expected to report to work before/during and after the hurricane will be advised by their supervisor before or during the established emergency period.
6. Certain members of each hospital campus's leadership (and their designees) will be part of the respective HICS. Members of this group will select and direct the emergency staffing that is desired, as detailed in their division-specific plans, organizational charts, and related job action sheets.
7. When the ICC is fully activated during a hurricane disaster, each JHS hospital and designated off-site facilities, not directly affected by weather conditions, will be expected to conduct business as usual.
8. Departmental personnel should follow their area specific HRP or emergency response plans, and continue to provide support as needed or requested by administrative, ICC, and emergency management personnel.

Mitigation, Preparedness, Response, and Recovery Strategies

The Joint Commission's emergency management standards require that accredited healthcare organizations/systems identify specific procedures for mitigation, preparedness, response, and recovery strategies when responding to an emergency. The following provides a list of some of the actions to be taken during the notification of a hurricane-related emergency; it is to be used as a guide and depends on the severity and intensity of an approaching hurricane.

A. Preparation and Mitigation (Before a Hurricane)

1. Each JHS employee, medical staff, and contractor will complete the assigned hurricane preparedness annual education learning module.
2. Each hospital campus's leadership will facilitate campus-specific planning sessions and/or schedule table-top exercises prior to or at the beginning of the hurricane season.
3. The JHS HRP will be reviewed annually by senior leadership and the EMPC and revised as needed.
4. Division/department-specific hurricane plans and telephone call-down rosters will be reviewed and revised as necessary.

5. Department directors will review both hurricane plans and the employees' responsibilities with their employees.
6. The senior vice president of Medical Affairs and/or medical chief of staff will review the JHS HRP and the physicians' responsibilities with the physicians.
7. Department directors will update staffing schedules and telephone lists and verify members of their Hurricane During Teams (HDT) and Hurricane After Teams (HAT).
8. Patient Access Services and MMF managers will establish/maintain access to Miami-Dade County's EEAP database and remain abreast of the registered adult and pediatric clients/evacuees in the web-based system. JMHC has agreed to, upon notification, activate its MMF Plan for a maximum of 200 boarders/clients through a MOU entered into with Miami-Dade County; both Jackson South and Jackson North have similar agreements.
9. JHS' Women's Hospital Center (located at JMMC) will plan for the opening of its Maternity MMF to accept a maximum of 25 patients that meet specific criteria.
10. JHS special hurricane supply lists will be developed by department directors and sent to Supply Chain/Materials Management by May 1st of each year after receiving approval from respective vice presidents; orders will be placed in advance for the necessary supplies to be reserved.
11. Every department will be required to develop and update its own emergency and/or hurricane response plan, team assignment, equipment and supplies needed, and succession plan and provide copies to its respective vice president no later than May 1st of each year. In addition, a "Staffing Needs List" should also be created and maintained to indicate the number of volunteer personnel required and the functions to be performed in assisting in the maintenance of operations during the declared emergency period.
12. Department directors will appoint an alternate who will be responsible in their absence.
13. Department directors will arrange for the scheduling of staff assigned to their HDT upon approval of the respective vice president.
14. The MMF shelter managers and teams will: 1) log into and review the Miami-Dade County EEAP database for details on pre-registered evacuee boarders assigned to each of the three JHS facilities; 2) decide on and secure respective boarding locations; 3) arrange for the ordering of supplies and equipment necessary to open respective boarding locations; and 4) review/ revise/ update staffing needs based on anticipated number of pre-registered evacuee boarders listed in the county EEAP database.

B. Response Phase I (Hurricane Watch)

Hurricane conditions are possible within 48 to 36 hours or 750 miles away from South Florida. A hurricane watch for the South Florida area poses a substantial risk to Miami-Dade County while the path is still unpredictable.

1. The JHS executive office will arrange for the hospital leaders to be notified regarding a briefing meeting to discuss the Hurricane Watch status.
2. Department directors will advise/remind HDT employees to prepare to report to work after the National Hurricane Center issues a hurricane warning for Miami-Dade County, and when the JHS President and CEO has declared the JHS hurricane emergency period. Information may also be sent out via JacksonALERT.

3. The senior vice president of Medical Affairs and/or medical chief of staff shall insure that all necessary medical staff is informed on when to report to their assigned hospital or department during the declared hurricane emergency period.
4. Department directors will advise/remind staff on their HDT to bring all necessary items listed on pages 26 & 27 of this plan.
5. Hospital personnel who are on the HDT should prepare to be released from duty, at the discretion of the department director, to take care of personal needs and return to their respective institutions prior to the hurricane affecting the county.
6. Department directors will implement work/rest schedules and collaborate with respective hospital Operations teams to establish appropriate resting accommodations.
7. Plant Operations/Engineering Services will arrange for each hospital campus's entire physical plant to be secured (i.e., hurricane shutters and sandbags, etc.). This activity will commence at a time appropriate to allow completion of the task before the storm reaches hurricane-warning status.
8. Plant Operations/Engineering Services will top off hospital oxygen and fuel supply. This activity will commence at a time appropriate to allow completion of the task before the storm reaches hurricane-warning status.
9. Loose items: garbage receptacles, chairs, tables, plants, urns, newspaper stands, etc. will be removed from outside of buildings by Environmental Services' groundskeepers or contracted vendor. This activity will commence at a time appropriate to allow completion of the task before the storm reaches hurricane-warning status.
10. Nutrition Services will order and stock adequate supplies of food and drinking water.
11. The Transportation Unit Leader will work with affected departments to ensure that all JHS transportation vehicles are fully fueled.
12. Directors of nursing and physician staff will identify possible patients for discharge based on information received from the patient care units, and communicate to the Patient Placement Center/Central Staffing Office.
13. A weather alert and message will be sent out electronically (HIS, Intranet, Outlook) and/or via JacksonALERT by the PIO (JHS Communications and Outreach) to all of JHS, giving status update.
14. The local media will be updated on JHS' status by the PIO, as needed.
15. The Hospital Command Centers/ Incident Command Posts (ICP) will open, and telephone lines will be manned by assigned ICP staff. HICS section chiefs will coordinate and review schedules to ensure that adequate relief will be available during all response phases of the emergency period.
16. Plant Operations, Safety and Security (all JHS sites) will begin monitoring areas for possible damage from debris, safety and security breaches, hazardous spills/exposures, and/or other risky conditions.
17. Emergency Management personnel will contact licensed Ham radio operators that they have on file, to plan for the set-up/activation of equipment if or when needed.
18. Emergency Management personnel will begin and/or continue monitoring national and local weather service bulletins and websites for weather conditions and forecasts while also maintaining communications with MDEOC.

19. Upon notification from MDEOC, (generally when the storm is approximately 48 hours away), the MMF shelters will be opened.
20. Emergency Management personnel will arrange for the preparation of the ICC's and ensure that they are equipped with necessary supplies; IT personnel will ensure that all hand-held radios and mobile phones are fully charged, and that all ICC laptops, landline phones, and satellite phones are fully functioning.

Special Assignment Group: MMF

1. *MMF managers/leaders will notify MMF staff when to report for duty and location(s).*
2. *MMF managers/leaders will arrange for members of their teams to contact the appropriate departments to confirm availability and readiness of supplies and equipment needed to open MMF triage areas, and identify MMF locations (two hours prior to set up).*
3. *JHS Emergency Management personnel will confirm with MMF managers/leaders the anticipated timeframe to open MMF locations based on directive from MDEOC.*
4. *MMF staff will remain alert and prepared to open locations as determined by storm intensity and specifics from MDEOC regarding the timeframe for the transporting of evacuees (may open in advance of emergency declaration).*
5. *MMF team hotline at JMH (305) 585-8578 will be updated with appropriate messages in anticipated timeframes for opening and other required action.*
6. *MMF leaders will prepare/provide "Just in Time" orientation for assigned staff.*
7. *MMF hurricane leaders will provide hourly census to MMF manager until lock-down occurs.*
8. *MMF managers will report shelter census to respective JHS ICP and MDEOC.*
9. *MMF managers/leaders will monitor shelter locations, assess concerns and issues, and provide resolution as needed.*
10. *MMF leaders will maintain communication with MMF manager and/or ICP as needed for supplies, equipment, staffing and evacuee concerns.*

C. Response Phase II (Hurricane Warning)

Hurricane conditions are possible for South Florida within 36 hours or less. A hurricane warning can remain in effect when dangerously high water or a combination of dangerously high water and exceptionally high waves continue, even though winds may be less than hurricane force (64knots or 74mph).

1. President/CEO of JHS or designee will declare and define the emergency period.
2. The hospital CEO's and/or COO's will inform the hospital leaders of hurricane warning status.
3. Emergency Management personnel will continue monitoring national and local weather service bulletins websites for weather conditions and forecasts while also maintaining communications with MDEOC.
4. The senior vice president of Medical Affairs and/or medical chief of staff shall insure that all necessary medical staff is present at the hospital during the hurricane period and that staffing needs are clearly coordinated with the University of Miami Health System (UMHS).

5. The decision to cancel elective surgeries, diagnostics and other procedures will be made by each respective CEO or designee. This effort will be coordinated with the UMHS.
6. Patients who can be discharged will be discharged.
7. Weather alert and status update messages will be sent out electronically (HIS, Intranet, Outlook) and/or via "JacksonALERT" by the PIO (Communications and Outreach) to all of JHS, giving status update.
8. Each JHS hospital campus ICP/Command Center will be fully activated/staffed by assigned ICP personnel according to each respective HICS organizational chart. HICS section chiefs will coordinate and review schedules to ensure that adequate relief will be available during all response phases of the emergency period.
9. All departments should secure their areas, according to their specific plans (i.e., disconnect unessential electronic devices, remove cords/power-strips from floors, and if possible, remove furniture and equipment away from unshuttered windows).
10. Department directors/nurse managers will politely advise outpatients and visitors of the current weather conditions and explain/prepare to send them home.
11. Employees who serve as members assigned to the HDT will report to work according to special assignments and schedules. Departments needing additional personnel should confirm their requirements with the Support Branch director and/or Logistics Section chief in the ICP/Command Center.
12. Gates/arms to JMH parking garages and lots will be lifted and there will be no charge for parking during the duration of the hurricane emergency period.
13. The Women's Hospital Center (WHC) will open its Maternity MMF (location to be determined) and activate its Mother/Baby Hotline (305) 585-BABY.
14. Supply Chain Management will arrange for special pre-ordered supplies to be delivered to the logistics receiving stations within eight hours after the hurricane warning is issued.
15. Supply Chain Management will arrange for the distribution of pre-ordered special supplies, intended for use after a hurricane. Therefore, unless needed prior to this, these supplies will not be used or integrated with other supplies. If a hurricane does not affect the facility, each department director will determine if supplies will be returned or kept.
16. The media will be updated on JHS' status by the PIO and/or Communications and Outreach as needed.
17. Ham radio operators will be notified/contacted by IT and/or Emergency Management to report to the pre-designated locations as needed.
18. Environmental Services director and laundry services vendor will arrange for the ordering and distribution of additional linen for patient care according to their Emergency Disaster Contingency Plan.
19. The Communications Unit leader and/or Service Branch director (from the Logistics Section) will assist with the distribution of emergency mobile phones, hand-held radios, and satellite phones to pre-assigned mission critical personnel, and maintain sign-in/sign-out roster, while also ensuring that all phones are working properly when distributed.
20. Plant Operations, Safety and Security (all JHS sites) will continue monitoring all areas for possible damage from debris, safety and security breaches, hazardous spills/exposures, and/or other risky conditions.

21. Employees are to be familiar with and follow specific actions as listed in their individual division/department specific hurricane preparation and response plans.
22. Access points into hospitals and off-site facilities will remain limited; to be monitored by Security Services personnel.
23. JMH will provide space for Miami-Dade County Police Department personnel as needed.

Special Assignment Group: MMF

1. **MMF management teams and staff will receive timely information from JHS' Emergency Management regarding the setting up of the shelters and receipt of registered evacuees/boarders after the directive is received from MDEOC.**
2. **MMF management teams and staff will remain prepared to open shelter locations as determined by storm intensity and other specifics from MDEOC regarding the timeframe for the transporting of evacuees (may open in advance of emergency declaration).**
3. **The MMF team hotline at JMH (305) 585-8578 will be updated.**
4. **MMF leaders will prepare/provide "Just in Time" orientation for assigned staff.**
5. **MMF leaders will provide hourly census to MMF managers until lock down occurs.**
6. **MMF managers will report shelter census to the respective JHS ICP and MDEOC.**
7. **MMF managers will monitor shelter locations, assess concerns and issues, and provide resolution as needed.**
8. **MMF leaders will maintain communication with MMF manager and/or ICP as needed for supplies, equipment, staffing and evacuee concerns.**

D. Response Phase III (During Hurricane)

Hurricane force winds (74 mph or higher) are present in South Florida and pose a great threat to Miami-Dade County.

1. All ICC's/ICP's will remain fully activated and operational.
2. Response activities, as directed by JHS HICS, will remain continuous.
3. Open lines of communication, between JHS Incident Command personnel and JHS departments and off-site facilities, will continue.
4. The decision to cancel elective surgeries, diagnostics and other procedures will be made by each respective CEO or designee. This effort will be coordinated with UMHS.
5. JHS staff will monitor patient care areas closely to ensure that patients are removed from any immediate danger caused by high winds or water.
6. Managers/supervisors will notify employees of impending disaster and emergency period updates, and initiate specific actions within departmental plans.
7. A weather alert and status update messages will be sent out electronically (HIS, Intranet, Outlook) by the PIO (Communications and Outreach) to all of JHS, giving status update.
8. Maintenance personnel will activate floodgates as needed (at facilities where they exist).
9. JHS will activate a protective lockdown mode at all facilities (to be initiated by Security Services and supported by Plant Operations/ Engineering/ Maintenance/ Grounds

personnel and/or other available staff). Access into hospitals and off-site facilities will be restricted.

10. Employees will always wear their employee identification badge while working.
11. Damages to any buildings or utility systems will be reported immediately to JHS/JMH ICP/ Command center (West Wing 124) at (305) 585-5750 phone, or (305) 585-6767 fax and/or called into each respective hospital's Engineering Department.
12. Communication lines will be kept open between JHS personnel assigned to the Miami-Dade EOC and each JHS ICP (liaison officer) (externally), and between JHS ICP staff and their respective, designated leaders/teams (internally).
13. Emergency Management personnel will continue monitoring national and local weather service bulletins and websites for weather conditions and forecasts while also maintaining communications with MDEOC.

Special Assignment Group: MMF

1. **MMF team hotline at JMHS (305) 585- 8578 will be updated as needed.**
2. **MMF leaders will complete "Just in Time" orientation for assigned staff.**
3. **MMF leaders will provide final census to MMF manager after all evacuees (early and late registrants) are received; once lock-down is established.**
4. **MMF managers will report final shelter census to the respective/appropriate Hospital Command Center and MDEOC.**
5. **MMF managers will monitor shelter locations, assess concerns and issues, and provide resolution as needed.**
6. **MMF hurricane leaders will maintain communication with MMF manager and Command Center as needed for supplies, equipment, staffing and evacuee concerns.**

E. Response Phase IV (Post Hurricane - All Clear)

Weather conditions associated with a hurricane are no longer affecting Miami-Dade County; no other hurricanes are anticipated within the next 36 to 48 hours.

1. Damaged areas of the hospitals and off-campus sites will be secured as quickly as possible and the appropriate Plant Operations/ Engineering/ Maintenance/ Grounds personnel will plan for, and allow, recovery and clean-up to begin.
2. Damaged areas deemed structurally unsafe will be evacuated and secured.
3. Utility failures (electricity, plumbing, HVAC, vertical transport, etc.) will be addressed and reported to the respective ICP; plans will be made for repairs to begin.
4. The media will be updated on JHS' status by JHS Communications and Outreach Department.
5. Access into hospitals and off-site facilities will remain limited; restrictions will decrease as conditions allow.
6. Telecommunications systems will be made available and repairs addressed.
7. Management Information Systems/Network Services will begin efforts to bring normal functions back as soon as possible.

8. Food and potable water will be made available according to plans.
9. Elective surgeries, diagnostics and other procedures will remain cancelled until further notice from each respective CEO or designee. The CEO or designee will determine when normal functions can resume.
10. The President/CEO of JHS (or designee) will announce the "All Clear" when it is feasible to do so.
11. Parking garages and lots will be made accessible; valet service will become available as soon as possible.
12. In the event of a major hurricane, employees, scheduled to report to work on the HAT after the "All Clear" is announced, will receive notifications from their supervisors and/or JacksonALERT on when to report to work (this would normally be at the beginning of a shift).
13. Once HAT employees, scheduled to report to duty for the next scheduled shift, begin arriving to work, the HDT will remain until staff reporting for their regular scheduled shifts arrives.

Special Assignment Group: MMF

1. *MMF managers will receive information regarding the "All Clear" status from the respective JHS ICP and/or Emergency Management lead once the directive is provided by MDEOC. MDEOC receives verification that electricity is up and running at the boarder evacuees home from Florida Power & Light Company (FPL).*
2. *MMF team hotline at JMH (305) 585-8578 will be updated with notification for team report timeframe and shelter locations.*
3. *MMF leaders will assess staffing needs based on evacuee census and provide notification to the leaders and members.*
4. *MMF leaders will prepare/provide "Just-in-Time" orientation for assigned MMF support staff-members reporting in to relieve those who worked during the emergency period.*
5. *MMF leaders and Social Work will provide updates on the MMF evacuees' transportation return status to the respective ICP and/or Emergency Management lead.*
6. *MDEOC will notify each JHS ICP's (liaison officer) and/or Emergency Management lead of MMF evacuees' transportation / pick-up schedule.*
7. *The ICP (liaison officer) and/or Emergency Management lead will notify MMF hurricane leaders of MDEOC's transportation pick-up schedule for MMF clients/evacuees. Key point: Evacuees not transported by MDEOC are responsible for their own transportation home.*
8. *Evacuees' care records are to be sent to the Medical Records Department or entered into the appropriate electronic database upon "discharge" from MMF.*
9. *MMF managers will monitor shelter locations, assess concerns and issues, and provide resolutions as needed.*

10. MMF hurricane leaders will maintain communication with MMF manager or JHS Command Center as needed for supplies, equipment, staffing and evacuee concerns.

F. Recovery (After Hurricane)

1. Each ICP/Command Center will remain open and manned until issues and concerns regarding additional needs and required services are resolved.
2. Both the JHS incident commander and liaison officer will continue to be a source of contact with the MDEOC.
3. Department directors will assess any hurricane-related damage to their areas, complete the appropriate Hurricane Damage Assessment Forms (***Appendix A & B***), and return it to the building grounds damage unit leader and/or infrastructure branch director, who will in-turn provide copies to Risk Management and Emergency Management.
4. Upon completion of all damage assessments and determination that buildings/units are safe, each campus CEO, COO, and CNO will determine when normal operations will resume.
5. Plant Operations/Engineering Services will continue to assess the entire physical plant for damage.
6. Plant Operations/Engineering Services will arrange for fuel suppliers to top off fuel supply on all generators as required.
7. Department personnel will separate damaged equipment from undamaged equipment and secure all equipment against further damage or theft.
8. All damaged medical equipment must be reported to Biomedical Engineering and/or Risk Management for an inspection to be scheduled.
9. If electrical power is lost, hospital generators will provide back-up power for over four days (96 hours).
10. If telephone service is lost, overhead paging system, red-sticker TDM “downtime” phones, hand-held radios, mobile/cellular phones (when safe), Ascom Wi-Fi phones, analog phones, patient room phones, Fax lines, email, and runners can be used.
11. If water supply is lost, Engineering/Maintenance staff at all JHS facilities will tap into the available back-up supply sources and distribute the non-potable water according to their written water distribution plan, and assist the units with setting up.
12. Communications and Outreach and Human Resources will start sending pertinent information out to all JHS employees regarding available resources and assistance.

Special Assignment Group: MMF

- 1. MMF’s will remain open until all clients/evacuees have electricity or flooding has subsided at their residence (status update to be provided by MDEOC).***
- 2. MMF management teams will coordinate staffing until remaining evacuees can be absorbed by nursing units.***
- 3. MMF team hotline at JMH (305) 585-8578 will be updated with notification for MMF staff from HDT to leave, and for new shift MMF team members to report to the active MMF shelter locations.***

4. *MMF leaders assess staffing needs based on evacuee census and provide notification to MMF managers.*
5. *MMF leaders will prepare “Just in Time” orientation for assigned after staff.*
6. *MMF leaders and Social Work will provide updates on the MMF evacuees’ transportation return status to the respective ICP and/or Emergency Management lead.*
7. *MDEOC will notify each ICP (liaison officer) (or MMF managers/leaders) of evacuee’s transportation / pick-up schedule.*
8. *Each ICP (liaison officer) and/or Emergency Management lead will notify MMF leaders of MDEOC’s transportation pick-up schedule for evacuees. Key point: Evacuees not transported by Miami-Dade County are responsible for their own transportation home.*
9. *Evacuee’s care records are to be sent to the Medical Records Department or entered into the appropriate electronic database upon “discharge” from MMF.*
10. *MMF managers will monitor shelter locations, assess concerns and issues, and provide resolutions as needed.*
11. *MMF leaders will maintain communication with MMF manager or ICP as needed for supplies, equipment, staffing and evacuee concerns.*

VII. ACCOMMODATIONS

Food

Patients of JHS are the priority, and food items procured by JHS will be allocated to them prior to employees and visitors. JMH, JNMC & JSMC cafeterias will adjust meal service hours as deemed necessary to serve employees and visitors. However, employees should also plan to bring with them non-perishable food items. Agreements are in place to ensure that adequate back-up support for food production will be provided if needed. At JMH, a command center will be established within Nutrition Services to better support the food service operations during the declared emergency period, and the phone number will be **(305) 585-7035**. This command center will operate on a 24-hour basis once the emergency period is declared by the institution’s CEO.

Drinking Water and Ice

As part of hurricane preparedness prior to the beginning of the season, an adequate amount of drinking water is placed on reserve with each campus-specific vendor(supplier(s)); signed agreements are implemented every year by Nutrition Services at each campus, with copies provided to MDEOC during CEMP renewals, usually by March 1st. In addition, a limited amount of drinking water for patients is sometimes ordered by Supply Chain Management and kept on inventory at each facility, if storage permits. Arrangements are also established by each campus’s Nutrition Services Department for the procurement of ice. The logistics chief of the ICC will be responsible for setting up the delivery of the drinking water to the pre-designated departments on an as needed basis after the hurricane warning is issued.

Lodging

JHS and UMHS employees are not permitted to bring family members to any JHS owned facilities for lodging because there are no such established accommodations at any of the campuses. For employees reporting to duty, personal sleeping items should be brought in such as pillows, linen and blankets or sleeping bag, as bedding supplies will be at a premium. Sleeping arrangements for staff on the HDT will be arranged in advance by respective department directors.

Showers

A current inventory list of shower accommodations, accessible to JHS hospital staff, will be made available and provided to the HICS Infrastructure Branch director(s) or to the Operations Section chief by each individual building foreman during the hurricane watch, after the ICP is opened and staffed. This list may also be distributed by each campus's Engineering/Plant Operations/Facilities Department at the beginning of hurricane season once the shower areas have been identified and assessed.

VIII. EMPLOYEES OF JACKSON HEALTH SYSTEM

Employee Actions and Response

At the beginning of the hurricane season, all employees, physicians, and contract staff are expected to have an emergency plan at home to ensure personal preparedness, including safe accommodations for family members and pets, and parking accommodations for vehicles, boats, etc. as neither can be accommodated at any of our facilities. In response to a hurricane and the resulting conditions affecting the institution, employees should consider these general action items identified in the following checklist:

- Maintain patient care and personnel safety
- Remain in your area unless advised to evacuate or unless the situation warrants immediate evacuation
- Follow the instructions of administrative, incident command and/or emergency response personnel
- Account for the number of people under your direct supervision evacuated or injured and verify that everyone has been moved to safe areas
- When evacuating patients, ensure the following are accounted for:
 - Tracking records
 - Medical records
 - Identification bracelet
 - Personal items
 - Caregivers (if any)

Also, refer to each campus-specific evacuation plan for additional details.

- Follow your division/department emergency procedures
- If you are a manager, ensure your call-down roster has accurate phone numbers
- Managers must identify staff members that are available to help carry out operations (HDT & HAT)
- Managers will need to request and assign additional staff as necessary
- Check departmental emergency supplies and inventories, make adjustments and place orders as necessary

Evacuation

JHS hospitals are “Defend-in-Place” facilities with regards to fire and/or emergency evacuation of buildings classified as healthcare occupancies. While the location of facility damage will be isolated as much as possible, partial evacuation may be required to move patients, caregivers, and personnel horizontally to a safe zone on the same floor. If horizontal evacuation is not possible, vertical evacuation to a floor above or below the site of the damage may be ordered. Partial evacuation shall be performed in accordance with applicable division/departmental fire/emergency evacuation policies and procedures.

In the rare event that an entire building must be evacuated, patients, personnel, and equipment will be moved to another building or another hospital within the JHS, as appropriate. In addition, MAA’s and MOU’s are kept on file, reflecting local hospitals that have agreed to provide support/aid to JHS patients in the event of emergency evacuation. Full evacuation shall be performed in accordance with JHS Policy #270 on Patient Evacuation and Relocation as well as each JHS hospital’s evacuation plan, and the applicable division/departmental fire/emergency evacuation plan.

IX. PERSONAL PREPAREDNESS PLANNING

Although this section provides information to JHS personnel regarding emergency preparedness, it is left to the employee’s discretion to establish and maintain a minimum level of personal preparedness commensurate with their perceived needs. JHS Public Safety will serve as the primary enforcement agency including control and surveillance of sensitive areas/facilities. The Communications and Outreach and IT/Telecommunications Departments will serve as the primary communications and notifications hub for channeling information between responders. It must be noted that all employees play a crucial role in the emergency response process by making sure their contact information is current in the JHS database and by being on a high state of alert at all times.

Proper planning, prior to an actual incident, will determine the effectiveness of JHS’ response. Maintaining the appropriate level of personal preparedness is an integral component of the emergency planning process to ensure that employees can provide the highest possible level of care to patients.

Having a personal incident response checklist is the first step in ensuring that employees are prepared for the consequences that an incident will have on their personal lives. A personal incident response checklist consists of essential items that facilitate an individual’s response to an incident. Recommendations are provided in **Table - 1** below regarding personal and/or professional items that employees should bring with them on site for emergencies that may last for an extended period like hurricanes.

As previously mentioned on page 24 of this plan, JHS and UMHS employees, physicians, and contract staff are not permitted to bring family members with them when they report for duty to any JHS facility during an emergency period. Employees are more likely to be focused and able to provide the highest level of care when they are assured of their personal safety and that of their dependents, especially when the incident is community-wide and long lasting (more than 3 days). With this in mind, additional recommendations regarding individual personal/family preparedness planning are listed on the JHS intranet portal inside the “Preparing Your Family for Emergencies – Employee Resource Guide” provided by Human Resources Capital Management, as well as website links for both Miami-Dade and Broward Counties.

(For details, please review the other documents inside the electronic folder accompanying this plan on the main JHS Intranet portal).

Table 1 – Personal Incident Response Checklist

General

- | | |
|---|--|
| <input type="checkbox"/> Institutional ID badge | <input type="checkbox"/> Medications |
| <input type="checkbox"/> Flashlight & extra batteries | <input type="checkbox"/> Work gloves |
| <input type="checkbox"/> Rain poncho/ umbrella | <input type="checkbox"/> Special dietary needs |
| <input type="checkbox"/> Personal cell phone (optional) | <input type="checkbox"/> Plastic storage bags |
| <input type="checkbox"/> Cell phone charger | <input type="checkbox"/> Food (non-perishable) |
| <input type="checkbox"/> Small first aid kit | <input type="checkbox"/> Drinking water/ beverages |
| <input type="checkbox"/> Cash | <input type="checkbox"/> Bug repellent |
| <input type="checkbox"/> Sleeping bag (or blanket and pillow) | <input type="checkbox"/> Paper towels |
| <input type="checkbox"/> Eye drops | <input type="checkbox"/> Wash rag |
| <input type="checkbox"/> Prescription glasses | <input type="checkbox"/> Bath towel |

Clothes

- | | |
|---|--|
| <input type="checkbox"/> Cotton-based clothes | <input type="checkbox"/> Sweater |
| <input type="checkbox"/> Multiple socks | <input type="checkbox"/> Comfortable shoes |
| <input type="checkbox"/> Undergarments | <input type="checkbox"/> Zipper hip sacks |

Toiletries

- | | |
|---|--|
| <input type="checkbox"/> Disposable antibacterial wipes | <input type="checkbox"/> Soap/ shampoo |
| <input type="checkbox"/> Toothbrush | <input type="checkbox"/> Feminine supplies |
| <input type="checkbox"/> Toothpaste | <input type="checkbox"/> Lotion |
| <input type="checkbox"/> Dental floss | <input type="checkbox"/> Baby powder |
| <input type="checkbox"/> Mouthwash | <input type="checkbox"/> Hand Sanitizer |
| <input type="checkbox"/> Deodorant | |
| <input type="checkbox"/> Comb/ Hairbrush | |
| <input type="checkbox"/> Razor / Shaving Cream | |
| <input type="checkbox"/> Contact lens solution/ cases | |

How to Arrange for the Care of Your Pets

For public health reasons, JHS employees, physicians and contract staff are not allowed to bring pets to any of our facilities. The Humane Society of the United States (HSUS) offers the following tips to pet owners designing an emergency safety plan:

- If you evacuate your home, **DO NOT LEAVE YOUR PETS BEHIND!** Pets most likely cannot survive alone; and if by some remote chance they do, you may not be able to find them when you return.
- Find out, prior to each hurricane season, which evacuation shelters, motels and hotels in your area allow pets well in advance of needing them, if your family will be evacuating your home. Include your local animal shelter's number in your list of emergency numbers along with your county's/city's website address as they may be able to provide information concerning pets during a disaster.
- Make sure identification tags are up to date and securely fastened to your pet's collar. If possible, attach your cellular phone number. If your pet gets lost, his tag is his ticket home. Make sure you have a current photo of your pet for identification purposes.
- Residents living in an evacuation zone can pre-register their pets for a pet-friendly shelter by contacting the Humane Society in their county.
- Find out if you need to take pet food, bottled water, medications, veterinary records, cat litter/pan, can opener, food dishes, first aid kit and other supplies to the animal shelter. As part of your preparation plan, consider packing a "pet survival" kit, which could be easily deployed if a disaster occurs.
- If you are unable to return to your home right away, you may need to board your pet. Most boarding kennels, veterinarians and animal shelters will need your pet's medical records to make sure all vaccinations are current. Include copies in your "pet survival" kit along with a photo of your pet.
- If you have no alternative but to leave your pet at home, there are some precautions you must take, but remember that leaving your pet at home alone can place your animal in great danger! Confine your pet to a safe area inside -- NEVER leave your pet chained outside! Place a notice outside in a visible area, advising what pet is in the house and where they are located. Provide a phone number where you, a relative, friend or neighbor can be reached as well as the name and number of your vet.

Service animals only shall be permitted in our facilities and must remain by the owner's side at all times. Therapy dogs are not considered service animals and are not permitted at any of our campuses.

X. DOCUMENT PREPARATION FOR FEMA CLAIMS

In order to process successful eligible claims with FEMA, department managers are responsible for ensuring that the required documentation is filled out completely. When preparing for a hurricane, departments should be prepared to document all expenses in detail with the idea that any and all expenses could be eligible for FEMA reimbursement.

It is imperative that all requisitions, contracts, invoices, and any other supportive documentation to be submitted include detailed descriptions with locations together with, if possible, pictures of the damage prior to being forwarded to the JHS Finance/ Budget Department.

FEMA generally implements time constraints requiring reporting to them within 60 days following a disaster from a specific date. Therefore, time is of the essence so each JHS department needs to report/deliver all necessary documents to the JHS Finance/ Budget Department FEMA coordinator immediately or as soon as it is feasible.

The PHT/JHS is classified as an **Eligible Facility**, which includes not only the hospitals but also the outpatient centers, and all custodial care facilities under The Public Health Trust.

Eligible Work is based on the following minimum criteria:

- It must be required as a direct result of the declared event
- It must be within the designated disaster area
- It must be the legal responsibility of an eligible applicant

Eligible Costs are costs that:

1. Are reasonable and necessary to accomplish the eligible work
2. Comply with federal, state and local requirements for procurement
3. Do not include (or reduced by insurance proceeds, salvage values and other credits).

The **eligible cost criteria** apply to all direct costs, including salaries, wages, and fringe benefits, materials, equipment, and contracts awarded for eligible work.

Emergency Management Assistance Compact (EMAC) is a national compact among many of the states, which provides form and structure to interstate mutual aid. To the extent, the specific agreement between the states meets the requirements of the FEMA policy on mutual aid, some of the costs may be eligible.

Emergency Protective Measures are actions taken before, during and after a disaster to save lives, protect public health and safety and prevent damage to improved public and private property. Emergency communications, emergency access and emergency public transportation costs may also be eligible.

Examples:

- Warning devices (barricades, signs, and announcements)
- Search and rescue
- Security forces (police and guards)
- Construction of temporary levees
- Provision of shelters or emergency care
- Sandbagging
- Bracing/shoring damaged structures
- Provision of food, water, ice and other essential needs
- Emergency repairs
- Emergency demolition
- Removal of health and safety hazards

Engineering and Design Services necessary to complete eligible work are eligible for public assistance

- Basic engineering services required to complete a project.
- Special services which may include land surveys, environmental studies and feasibility studies.
- Construction inspections.

Labor Costs associated with conducting eligible work include wages paid plus fringe benefits. For emergency work, only overtime is eligible. Both regular time and overtime labor are eligible for non-budgeted employees assigned specifically to perform emergency work.

Materials or supplies that were purchased or taken from stock and used during performance of eligible work may be covered by FEMA.

Temporary Relocation is allowable when buildings that house essential community services such as government offices, critical health facilities are damaged extensively enough that they cannot be used until repairs are made.

Damage Assessments must be submitted to each facility's ICP; directed to the attention of the building/grounds damage unit leader or infrastructure branch director. Please use one, or both, of the following damage assessment forms to record any damages sustained by your unit/facility during the declared emergency period.

DAMAGE ASSESSMENT FORM
Building & Exterior

Storm/Event:	Building:
Assessor:	Date:

Cause(s) of Damage: (circle all that apply)

* **Impact** (damage from wind borne debris) * **Wind** * **Building hit by tree/limb** * **Power Surge/Lightning**

* **Water Damage-Wind driven rain & leaks** * **Water Damage/Intrusion through structural damage**

***Water Damage-Flood** ***Loss of Utilities** * **Other** (describe)_____

Damage Detail (leave blank for items not damaged)	
Roof	
Soffits	
Gutters	
Entry	
Stairs	
Landscaping	
Walls	
Signs	
Fences/Gates	
Power	
Elevators	
Windows	
(Additional Items)	

Emergency Repairs or Preventive Actions (leave blank if no actions taken)
Action(s) Taken:
(Maintain records/documentation of materials and labor used)

Photograph Take digital photograph(s) of damages. Include building name, location and/or room number on a piece of paper or on something dry that is visible in the photo.
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APPENDIX - A

DAMAGE ASSESSMENT FORM
Interior Space

Storm/Event:	Building & Room#:
Assessor:	Date:

Cause(s) of Damage: (circle all that apply)

* **Impact** (damage from wind borne debris) * **Wind** * **Building hit by tree/limb** * **Power Surge/Lightning**

* **Water Damage-Wind driven rain & leaks** * **Water Damage/Intrusion through structural damage**

***Water Damage-Flood** ***Loss of Utilities** ***Other**(describe)_____

Damage Detail (leave blank for items not damaged)	
Content/Item	Description of Damages
Medical Supplies	
Medical Equipment	
Office Supplies	
Office Equipment	
Carpet/Flooring	
Walls	
Ceiling Tile	
Ceiling (Other)	
Windows	
Lighting	
HVAC	
Room Contents	
Medicines	
(Additional Items)	

Emergency Repairs or Preventive Actions (leave blank if no actions taken)
Action(s) Taken:
(Maintain records/documentation of materials and labor used)

Photograph Take digital photograph(s) of damages. Include building name, location and/or room number on a piece of paper or on something dry that is visible in the photo.
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APPENDIX - B

XI. HOSPITAL INCIDENT COMMAND SYSTEM (HICS)

1. Hospital administrators and other authorities operate essentially the same during normal operations and emergency periods. Non-emergency activities may be suspended, and resultant uncommitted personnel reallocated to emergency support functions.
2. The scene of decision making may shift from the normal executive boardroom and department conference rooms/offices to the hospital's ICP and individual incident command centers and/or other special facilities.
3. Each hospital campus's HICS is organized in a way that it commits all applicable departments and units to provide the service and assistance for which they are best trained and most experienced. Those departments or off-site facilities that have no inherent emergency management roles will make their personnel available to support disaster operations as requested/directed.

The Hospital Incident Command System (HICS) Organizational Charts and Job Action Sheets (JAS) can be downloaded or printed electronically from the JHS intranet portal by:

- 1. Clicking on the “Content Directory” tab***
- 2. Opening up the “Emergency Management Planning & Preparedness” folder***
- 3. Scrolling through the “Emergency Management Policies and Annexes” s-Dock folder for the documents***

Revisions and recommendations to this plan are to be reported directly to:

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