TOMAH HEALTH

EMERGENCY OPERATIONS PLAN

Author **Date**

Administrative Team Leader **Date**

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Emergency Preparedness Management Plan

Purpose:

The Tomah Health (TH) Emergency Operations Plan (EOP) is a comprehensive all-hazards plan developed to provide the foundation for TH emergency management. The plan identifies the procedure for mobilizing hospital staff and resources in the event of an emergency or disaster. TH recognizes that the safety and well-being of all staff, patients and visitors is the responsibility of TH's administration. It is the premise of this plan that all leadership and staff share the responsibility for working together in mitigation, preparedness, response and recovery from the effects of an emergency or disaster incident. Together with relevant state and federal law and with its supporting plans and documents, this plan:

1. Facilitates the protection of lives, property and the environment during an emergency or disaster.
2. Coordinates support for TH as needed for disaster response, damage assessment, identification of mitigation opportunities and implementing recovery efforts.
3. Coordinates supporting plans outlined in annexes, attachments and appendices.
4. Provides emergency management policy for administration, directors, preparedness specialist and staff before, during and recovery phase of a disaster.
5. Supersedes all TH emergency response/operations plans promulgated prior to the publication of this plan.

Vision:

Healthcare organizations are critical links in the chain to provide medical care to the public. They must be capable of delivering effective medical care even during emergencies or disasters that impact on that ability to provide care to their patients. This is done thru:

1. Effective emergency and disaster preparedness planning that identifies potential needs during an emergency and how those needs will be met.
2. It provides the framework to prepare materials and staff for appropriate responses.
3. It provides appropriate staff training for those who are responsible for managing activities during emergency situations.

Scope:

This plan considers emergencies and disasters likely to occur in Wisconsin, which pose as a potential risk to TH and facilities. TH's EOP is designed to coordinate its communications, resources, assets, safety, security, staff responsibilities, utilities, and patient clinical and support activities during an emergency. The scope of the plan has six fundamental components that are within the EOP.

1. Identify responsibilities delineated by state and federal law, regulation, administrative rule and TH policy.
2. Identify roles and responsibilities of Administration, Directors and staff and their relationship to TH, local, county, tribal, federal, volunteer agencies and private sector partners involved in emergency management.
3. Functions and activities necessary to implement the four phases of emergency management – mitigation, preparedness, response, and recovery.
4. Identify sequences and processes that trigger phases and emergency response actions.
5. Use of hospital, government, private sector, and volunteer resources during emergencies.
6. Application of information collected or recorded, decisions made, and procedures developed in the planning process, during response and in the after-action review following emergency operations or training events.

Summary:

A. A disaster or emergency may cause normal operations to become overwhelmed with a sudden surge of patients. The Emergency Operations Plan is designed to provide adequate care to an undetermined number of victims, using available resources of personnel and supplies.
B. Disasters can be internal or external in nature. TH has adopted the National Incident Management System (NIMS) for all hazards planning.
C. Local police and fire authorities will be alerted, along with any other necessary agencies, electric company, gas company, etc. Assistance will be requested from these agencies based on their areas of expertise: EMT's, ambulances, traffic control, service shutdowns, etc.
D. Notification of an external disaster may come from other healthcare facilities, EMS, Public Health, Emergency Management, Fire, Law Enforcement, and regional/state agencies.
E. For purpose of regional disaster planning, TH has designated Region 4 as its primary membership and Region 5 as its affiliate membership.
F. A member of the Environment of Care Committee will be a member of the Monroe County Emergency Preparedness Committee.
G. When the Emergency Management Plan is implemented, volunteer licensed independent practitioners may be granted privileges according to the Credentialing Policy (100-MSF-003)
H. All TH staff will review the EOP during hiring orientation.
I. All TH staff will participate in EOP annual training, or drills as determined by administration.

Elements of Performance:

An emergency or disaster at TH can drastically impact the demand for services or its ability to provide services. These emergencies can either be human made, natural or a combination of both. These types of emergencies escalate in complexity, scope and durations. TH annually conducts a hazard vulnerability assessment (HVA). The HVA provides TH the first step towards mitigation of potential hazards that can directly impact TH. Mitigation is done thru:

1. The Environment of Care Committee (EOCC) and preparedness specialist reviews changes in law, regulation, and the standards, and conditions; it assures that regular drills, after actions and inspections are conducted to assess the need to change the equipment, procedures or activity used to implement the emergency preparedness management program.
2. The Hazards Vulnerability Assessment (HVA) shall be reviewed annually by the Environment of Care Committee and preparedness specialist.
3. The HVA is reviewed by community partners to prioritize the potential emergencies identified in the HVA.
4. TH communicates it needs and vulnerabilities to community emergency responders and identifies the communities' capabilities to meet our needs.
5. The preparedness specialist will work with the EOCC to define mitigation activities. These activities are to reduce the risk of and potential damage from an emergency.
6. TH shall use the HVA to determine preparedness activities that will organize and mobilize resources.

Training and Post Incident Evaluation:

A. Providers and staff will receive disaster Emergency Operations Alert training during orientation and annually review the Emergency Operations Plan as part of the Annual Education Program.

B. TH will conduct as least semi-annual disaster drills to evaluate the effectiveness of the plan. Drills should be planned often enough to maintain staff skills and with enough time between them to allow for critique and evaluations of the results, and necessary modifications to the plan and training to respond to problems identified. Each emergency drill and actual implementation should be observed, documented, and the results evaluated to identify problems and key areas to improve. Results of a drill and implementation evaluation should be reported to the Environment of Care Committee. There are at least two drills or implementations each year; documented and evaluated. Each drill has to be at least 4 months apart, but no more than 8 months apart. At least one drill must have an influx of volunteer or simulated patients. TH will annually do a Hazard Vulnerability Analysis to determine what are risks are and base drills off of findings or trends.

C. A post incident evaluation shall be conducted after any drill or real event. The evaluation shall identify areas that went well, need improvement, and also provide a mechanism for other comments.

Emergency Preparedness Planning Process:

Based on the history and the Hazard Vulnerability Analysis the following three areas are our highest potential for patients seen: tornado, mass casualty, such as motor vehicle incidents, and chemical/biohazard spills. In addition, Hospice will focus on communication failure and prolonged electrical failure.

There are at least two drills or implementations each year; documented and evaluated. Each drill has to be at least 4 months apart, but no more than 8 months apart. At least one drill must have an influx of volunteer or simulated patients.

The Emergency Operations Plans includes planned responses to all events (contingency plans) that are considered predictable and for which plans are practical.

Communication, Utilities – Water, Emergency Power, Medical Gases, Alternate Evacuation sites and procedures, Supplies, Space and Security appropriate care of patients.

Implementations of the Emergency Operations Plan are documented, and the critique and evaluation review process is used to identify opportunities to improve the planning process, the plan, the training of staff, and the equipment available for the staff to response to emergency situations.

Organization and Responsibility:

A. The Environment of Care Committee and preparedness specialist reviews the reports and, as appropriate, communicates concerns about identified issues. The Environment of Care Committee or preparedness specialist may recommend capital budget expenses as necessary to replace, upgrade, or purchase equipment or systems to better prepare the facility for response to emergency situations.

B. The Environment of Care Committee, or sub-committee, and preparedness specialist manages the Emergency Operations Plan. They develop the plans for disaster, bomb threats, and severe weather; plan drills, observe and review drills and implementations; prepare documented critiques; identify needs for change, and opportunities to improve the plan; define training objectives; and manage the contingency planning process for patient care. Utility and fire contingency plans and drills are managed by Facility Services and preparedness specialist. Regular implementation of the plan, both planned and emergencies, are used to evaluate the effectiveness of the planning process, training, and the planned modifications to the use of space and the facilities, the modifications to staff command and logistics.

C. An annual report of the HVA results and emergency management planning reviews shall be forwarded to TH administration for review.

Technical Management Programs:

A. **Program Assessment:** The Emergency Preparedness Environment of Care Committee reviews changes in law, regulation, and the standards, and conditions; it assures that regular drills, critiques and inspections are conducted to assess the need to change the equipment, procedures or activity used to implement the emergency preparedness management program.

B. The preparedness specialist shall facilitate meetings with EPECC, and Administration to coordinate emergency preparedness activities.

Information Collection and Evaluation System (ICES):

The Environment of Care Committee provide program-monitoring information for evaluation and comment on the results of training, drill critiques, and other issues pertaining to emergency preparedness as they develop. The principle sources of information are:

1. Mitigation
2. Response
3. Preparedness
4. Recovery
5. Drill critiques.
6. Actual plan implementation reports.

Safety Management Program Performance Standards:

Performance Standards:

Performance Standards for Emergency Preparedness are established to assess staff knowledge, monitoring activities, incident data reporting, and equipment maintenance. Standards are selected based on organizational experience, and are evaluated each year to determine whether they are to be continued without change, modified, or replaced.

1. ***Performance measure:***
   Staff knowledge of their role in event of disaster
   Assesses the Effectiveness of - Staff education related to Emergency Preparedness
   Type of Indicator – Knowledge based
   Performance Target: - Plan will be reviewed at a department meeting on an annual basis and recorded on employee education record.
   Collection Schedule: Annually by Environment of Care Committee
   Reporting Schedule: - Annually

2. ***Performance measure:*** *Emergency preparedness drills conducted semi-annually.*
   Data Collection Source: - Multi disciplinary critique
   Assesses the Effectiveness of - Education and training of staff.
   Type of Indicator: event based
   Performance Target: Drill met plan design
   Collection Schedule: 2 times a year, no less than 4 months a part, no greater than 8 months a part. One drill must have actual (subjects) and paper drills must be "hands on".
   Reporting Schedule: Report following quarter of drill

Emergency Operations Plan:

TH emergency operations plan is based on emergencies likely to happen. The EOP is flexible and guides decision making from the beginning of emergency activities that will organize and mobilize resources.

Activation of the TH Disaster Plan:

A. The decision to activate the Emergency Operations Plan ("Emergency Operations Alert"), is made by the Emergency Services Department, an Emergency Services Department Provider, or Administrative Team Member. It is based on the availability of resources in the Emergency Services Department, as well as the number and nature of incoming casualties.

    1. The decision to activate Emergency Operations Alert Phase III shall be in conjunction with Administrative team member. The emergency contact information below indicates the chain of command for activating phase III of the EOP.

*Note: The Emergency Services Department Director shall be notified for any EOP activation.
**Note: Any Hospice and Palliative Care EOP activation should be notified.

Individuals Responsible for Emergency Operations Plan Activation		
Name		Contact Number
Primary	Phil Stuart (CEO)	HM: 608-374-4030 Cell: 608-315-0041 Office: 608-377-8680
Backup 1	Joseph Zeps (CFO)	HM: 608-372-0908 Cell: 608-315-0399 Office: 608-377-8681
Backup 2	Tracy Myhre (CNO)	HM: 608-565-3095 Cell: 608-633—2979 Office: 608-377-8682
Backup 3	John Hancock (Facilities Dir.)	HM: 608-372-9096 Cell: 608-343-0521
ED Required	Suzanne Downing (Emergency Services Director)	Cell: 608-393-9882 Work Cell: 608-633-8761
** Required	Heidi Stalsberg (Hospice Director)	Cell: 608-387-1565 Home: 608-562-3025
**Alternate	Melisa Uppena (Hospice Coordinator)	Cell: 608-547-6360 Hm:608-462-8184

Calling in Staff:

Upon receipt of notice or by the announcement of "Emergency Operations Alert", a priority call list (located on departmental telephone books), of physicians, and management employees will be used to immediately advise these people that the Emergency Operations Alert is in effect. Patient Access will activate the "priority call list" or delegate to someone else. **Emergency Services Department STAFF** will activate "daily call list". Departments will evaluate their staffing and determine whether existing staff is adequate for their needs. If necessary, departmental call lists will be used to notify additional staff. Normally, implementations during evening, nights and weekends will involve notification of additional staff.

A. **Emergency Services Department Staff:** Initiate calling persons on the "daily call list". **These persons will report to the Personnel Staging Area (Conference Room 1A) check in.**

B. **Patient Access:** Follow the instructions in the box at the top of the "Priority Call List". Each person on the "Priority Call List" shall check in at the Personnel Staging Area (Conference Room 1A) to advise that he/she is in the hospital to handle pre-arranged assignments.

C. **Departmental Managers:** Each manager or assigned supervisory staff who is called in for a disaster will assess the situation and initiate an up-to-date departmental call list to obtain needed staff. These persons called in shall report to the Personnel Staging Area (Conference Room 1A).

D. When the Emergency Operations Plan is activated, the Emergency Services Department Nurse will activate the plan by instructing Patient Access to announce "Emergency Operations Alert", three times. Patient Access will send out an Informa cast message to all hospital staff about the Emergency Operations Alert.

1. Emergency Operations Alert – Phase I: Preparatory phase. Gives notice to the facility that there is an emergency situation, which may require additional resources.

   a. All in-house personnel review assignments per Emergency Preparedness Policy / Departmental Emergency Operations Alert policy and stand by for further instructions.
   b. The Administrative team member, Nursing Director / Coordinator, and the Director of Facility Services are to report to the Emergency Services Department at this time. After receiving the initial information, the Administrative team member will set up the Incident Command Post (ICP), if necessary, in the Board Room.
      - A hand-held radio and IC center box will be across the hallway from the Board Room door.

2. Emergency Operations Alert – Phase II: Internal resources are sufficient to manage the influx of patients.

   a. At a minimum, one nurse and one CNA from each patient care area are to report to the Emergency Services Department for assigned responsibilities. All other available support personnel should also report to Conference Room 1A.
      - Emergency Services Department staff and Physicians are to report directly to the Emergency Services Department for automatic job assignments.

b. The Emergency Services Department Nurse and the Emergency Services Department provider, in conjunction with Administrative team member, can escalate the situation to an Emergency Operations Alert Phase III.
c. Immediate treatment is set up in the Emergency Services Department
d. Delayed/minor treatment is set up in the Specialty Clinic area.
e. Immediate treatment overflow is in Specialty Clinic.
f. Delayed / minor treatment overflow is in Specialty Clinic.
g. The temporary morgue will be set up off of the loading dock area in a refrigerated truck. Call J&R Schugel Trucking. 608.374.0400.

3. Emergency Operations Alert – Phase III: An actual disaster exists that requires all available in-house and off-duty employees to respond.
   - Emergency contact information is maintained for each employee in Human Resources.

   a. In a disaster situation, hospital personnel from one shift may not leave until the disaster has been cleared or staff has been otherwise notified by supervisory personnel. Staff will be provided rest periods if disaster is prolonged.
   b. During a disaster, non-critical activities should be curtailed or suspended for the duration of the incident. All patients are evaluated and released from the hospital and/or active care as rapidly as appropriate.
   c. During an Emergency Operations Alert, all doors with the exception of the main hospital entrances and Emergency Services Department may be secured.
      - All family and employees are directed to either of the open doors. All doors will have assigned staff posted to prevent unauthorized access to the facility. This shall be accomplished by automatic assignment from the personnel pool.
      - All media will be directed to the appropriate designated location, maybe off site (examples: Conference Room 1B or1C or High School gym, Tomah).

Activation of the Regional Emergency Operations Plan:

A. The decision to activate the Regional Emergency Operations Plan is made by the local Emergency Government, Public Health, and local healthcare facility. This may include the activation of the TH Emergency Operations Plan (Emergency Operations Alert). It is based on the availability of resources, planning, number/nature of incoming casualties, and available information related to the event.

   a. Emergency Operations Alert – Regional Phase I, Healthcare facilities in the community care for all of the patients.
      i. What does this mean to our facility? Refer to other TH policies or the Regional Plan.

   b. Emergency Operations Alert – Regional Phase II, Healthcare facilities in the community require the resources of other healthcare facilities in the region.
      i. What does this mean to our facility? Refer to other TH policies or the Regional Plan.

   c. Emergency Operations Alert – Regional Phase III, Healthcare facilities in the community require the resources of other healthcare facilities in one or more other regions of the state.
      i. What does this mean to our facility? Refer to other TH policies or the Regional Plan.

d. Emergency Operations Alert – Regional Phase IV, Disaster is national in scope in that a Regional Phase III exists in two or more states.
   i. What does this mean to our facility? Refer to other TH policies, the Regional Plan, or state plan.

Incident Command System:

A. The Incident Command Post will be located in the Boardroom/Emergency Operations Center. The phone extension is: Command 8760 Boardroom 8699. All incident objectives will be directed from the Incident Command Post.

B. Upon activation, the Incident Commander will assemble the Incident Command Center to review/implement other TH plans as needed for all hazards planning:
   - Security Management Plan
   - Hazardous Materials and Waste Management Plan
   - Utilities Management Plan

C. The decision to activate the Regional or State Emergency Operations Plan is made by the local Emergency Government, Public Health, and the local healthcare facilities. This may include the activation of the TH emergency Operations Plan (Emergency Operations Alert). The decision is based on the availability of resources, planning, number/nature of incoming casualties, and the available information related to the event.

D. Personnel to be located in the incident command post (ICP) will be the Incident Commander, the Safety Director, a security officer and/or a Facility Services employee. Until they arrive, the Nursing Administrator may staff the Command Center.

E. The Administrative Team Members shall take over responsibility of the Command Center upon arrival. That Administrator is responsible for delegating administrative functions to the remainder of the administrative team.

F. Treatment Capabilities, Other Facilities

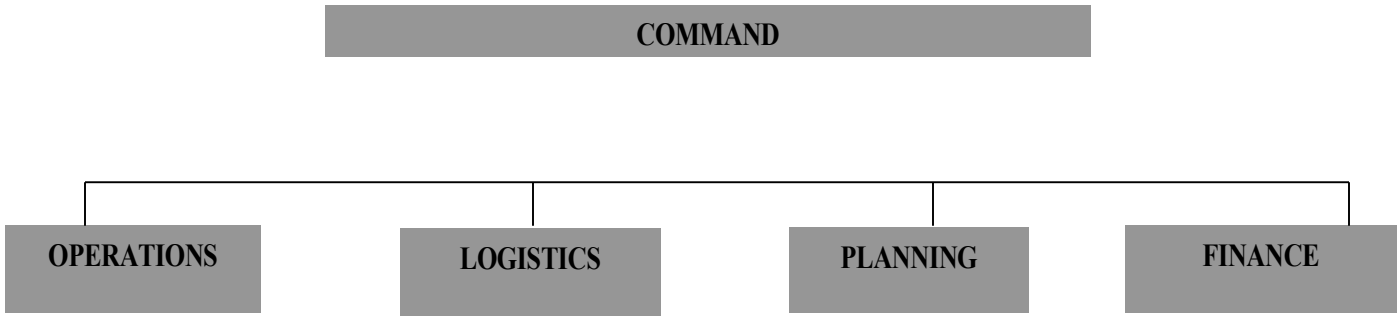
1. The responsibility for coordinating with other facilities is one of the responsibilities of the Command Center. He/she will maintain a log and relay this information to the triage physician/nurse or the field as requested.

2. This will be coordinated with the Regional Hospital Coordinator (RHC). When the RHC has been established the IC will coordinate patient movement from facility to facility.

   Some incidents may require multiple operation periods. The incident command shall determine the number of operational periods that may be need before the incident may be terminated.

G. TH utilizes the Incident Command System (ICS) which is part of NIMS and is consistent with local fire, law enforcement and emergency government. The following NIMS link will provide access to the ICS Forms that may be used during an emergency or disaster.
http://hicscenter.org/SitePages/HICS%20Forms.aspx

The following diagram outlines the major components of the ICS:



The TH Incident Command Center will be in the Board Room. All activities will be directed from the command post.

Role in Command Post	Contact Numbers Phone Number
Command	8760
Operations	8761
Planning	8762
Logistics	8763
Boardroom	8699 or 377-8699
Personnel Staging Area Conference Room 1A	8277
Family Reunification Area Conference Room 1B	8278
Press Area Conference Room 1C	8279

List of Emergency telephone numbers:

Location	Number
Patient Access:	372-2398
Emergency Services:	372-2183
Acute Care Services:	372-2184
Women's Health Services:	372-2185
Board Room:	372-4414
Warrens Clinic:	378-3177
Serenity:	372-3491
Hospice:	372-3461; 372-3551; 372-3520

Transfer of Command

The process of moving the responsibility for incident command from one Incident Commander to another is called "transfer of command." It should be recognized that transition of command on an expanding incident is to be expected. It does not reflect on the competency of the current Incident Commander.

There are five important steps in effectively assuming command of an incident in progress.

Step 1: The incoming Incident Commander should, if at all possible, personally perform an assessment of the incident situation with the existing Incident Commander.

Step 2: The incoming Incident Commander must be adequately briefed.

This briefing must be by the current Incident Commander, and take place face-to-face if possible. The briefing must cover the following:

- Incident history (what has happened)
- Priorities and objectives
- Current plan
- Resource assignments
- Incident organization
- Resources ordered/needed
- Facilities established
- Status of communications
- Any constraints or limitations
- Incident potential
- Delegation of Authority

The ICS Form 201 should be used to assist in incident briefings. It should be used whenever possible because it provides a written record of the incident as of the time prepared. The ICS Form 201 contains:

- Incident objectives
- A place for a sketch map
- Summary of current actions
- Organizational framework
- Resources summary

Step 3: After the incident briefing, the incoming Incident Commander should determine an appropriate time for transfer of command.

Step 4: At the appropriate time, notice of a change in incident command should be made to: Agency administration, General Staff members (if designated), Command Staff members (if designated), All incident personnel. This should be communicated over the paging system.

Step 5: The incoming Incident Commander may give the previous Incident Commander another assignment on the incident. The initial Incident Commander retains first-hand knowledge at the incident site. This strategy allows the initial Incident Commander to observe the progress of the incident and to gain experience.

Communications:

TH has multiple means of communications during an emergency or disaster. The Incident Commander will develop a communications plan during an emergency or disaster. The ICS 205 and 205A form will be utilized. The communication plan will be shared with all staff, responders, and command staff. There are multiple ways communications will be done. Examples would be runners, in person, paging, radio, phone, texting, fax, and email. The below list will be maintain to provide examples of Primary and Alternate Communications. Refer to Communications Policy: 400-Gen-001

Means of Communication and Contact Information		
Contact	**Primary Method**	**Alternate Method**
Staff	Paging	Phone list available
Monroe County Emergency Management EM Director Jared Tessman	EM: 608-269-8711 Email: Jared.Tessman@co.monroe.us	Cell: 608-487-0538
Local Public Health Department	Phone: 608-269-8666	After 4:30pm: 608-269-8666
State Emergency Management	Emergency: 1-800-943-0003 Non-Emergency: 608-242-3000	Emergency: 1-800-943-0003 Non-Emergency: 608-242-3000
State Public Health Department (Emergency Preparedness)	Emergency: 608-258-0099	Non-Emergency: 608-267-4797
State Public Health Department (Division of Quality Assurance)	Emergency: 608-266-8481 Non-Emergency: 608-266-9422 (AA)	Email: dhswebmaildqa@wisconsin.gov Secondary Email: DHSDQABNHRCSRO@dhs.wisconsin.gov
Tomah Tribe Health Office	Phone: 608-374-5202	No additional number available
Tribal Affairs Office	Statewide Administrator Phone: 608-261-6728	Director: Phone: 608-261-9334
Region 4 HCC Coordinator Bill Loren	Cell: 608-751-0698	Email: loren.klemp@gmail.com
Region 4 Trauma Coordinator Greg Breen	Cell: 608-792-3074	Email: gbreengmss@gmail.com
Region 4 Medical Advisor Dr. Chris Eberlein	Cell: 608-397-3212	Email: Eberlein, CMEberle@gundersenhealth.org
Region 4 EMS Coordinator Ela Rybczyk	Phone: 608-266-7089	Email: Elizabeth.Rybczyk@dhs.wisconsin.gov
DHS Radiation Emergency	Emergency: 608-267-4797	Non-emergency: 608-267-4797
State Licensing and Certification Agency	Phone: 608-266-2112 Phone: 877-617-1565	Online look up: https://app.wi.gov/licensesearch

Office of the State Long-Term Ombudsman	Phone: 1-800-815-0015	Email: boaltc@ltc.state.wi.us Fax: 608-246-7001
Monroe County Sheriff's Department	Phone: 608-269-2117 Fax: 608-269-8889 Email: sheriff.report@co.monroe.wi.us	None
Tomah Fire Department	Phone: 608-374-7465	Chief: 608-343-8500 VIA: Radio
Tomah EMS Randal Dunford, Director Heather Daly, Captain On-Duty Crew Leader	Phone: 608 372-6189 Cell: 920-660-3767 Cell: 608-387-3490 Cell: 608-343-8274	Email: rdunford@tomahonline.com Email: hdaly@tomahonline.com /VIA Radio VIA Radio
Monroe County Medical Examiner	Phone: 608-269-8721	After 1:00pm 608-269-6333
Tomah Police Department	Phone: 608-374-7400	None
Federal: CMS	Phone: 312-886-5351	Email: **Primary**: justin.pak@cms.hhs.gov **Secondary**: gregory.hann@cms.hhs.gov
Federal ASPR	Phone: 206-216-7800	Email: hhs.soc@hhs.gov
Federal FEMA	Phone: 312-408-5365	None

HIPPA:

During an emergency or disaster it's important to communicate. However, is just as important to remember that HIPPA laws still apply to disaster and emergencies. See TH Policy for additional guidance.

Personnel Staging Area (Level 1):

A. First Floor Conference Room 1A – Extension.

B. The personnel staging area shall be established when the EOP has been activated.

C. Upon entry into the personnel staging area, all employees are required to sign in. If they are not wearing a nametag, make out a tag designating their job title.

D. The Personnel Staging Officer will make automatic assignments. Employees will be given assignments either within their job description or within their knowledge or skill. Employees are reminded not to accept any assignment they are not qualified to perform.

E. Requests from all departments for additional personnel must be directed to extension 6674. If you can not get through, send a runner to the personnel staging area with your request.

Secondary Staging Area (Level 2):

TH has a staging area predetermined for staff and volunteers. TH recognizes that there may be emergencies or disasters that require other resources. Resources that may respond to TH may be local emergency services, state or federal agencies.

The goal of the secondary staging area is assist with a controlled use resource. Moreover, the secondary staging area will provide for resource accountability and notification of what resources are immediately available.

The local fire department when requested should be asked to establish a staging area. Communications between the secondary staging area and operations may be accomplished by phone, radio or a runner. Again, the intent of the secondary staging area is to have a collection point of resources and provide for a controlled entrance into the emergency or disaster.

The Incident Commander will designate the secondary staging area. When command is established the Logistics Section Chief may be tasked with identifying alternative staging areas appropriate to the type, scope, and anticipated duration of the incident. Staging areas should have one entry point but might have multiple exits depending on the type of incident.

The size and surface area of the staging area must be appropriate to accommodate the response personnel, equipment, and resources anticipated by the Incident Commander. For example, large firefighting equipment should be parked on blacktop or concrete to avoid getting stuck or blocked from being able to move from the staging area.

Operations, and Incident Command should be notified when a staging area has been established and it location. The Logistics Chief should ensure communications is also established between Operations and the Secondary Staging Officer.

Community Relations:

A. News media will be directed to the appropriate designated area (Conference Room 1C or maybe off site) and family will be directed to Conference Room 1B).

B. The public affairs staff (Marketing Coordinator or designee) will be stationed with members of the press. A runner will be assigned to bring information from the Command Center to the public. No information shall be released to the media or family members without prior clearance from the Incident Commander.

C. A designated staff member will be assigned to oversee the family waiting area. Clergy members will also be sent to this area to assist with family members.

   a. Log all relatives waiting in the family waiting area
   b. Arrangements to provide refreshments.
   c. Provide visitor name tags to family members to help identify them with the patients.
   d. Arrangements to call individual clergy members as requested by relatives.

D. A member of the administrative team will keep family members updated, as the situation progresses. (*No information shall be released without prior clearance from Incident Command*).

Obtaining Internal Patient Management Information:

Upon notification of a mass casualty emergency, patient care and support units will assess their resources and report key data such as: staffing, available beds, blood supply, potential discharges or transfers, and other key data to the Command Center at ext. 8760 and this information will be reported to the Local Emergency Operations Center when activated.

Modifications in the Use of Space and Facilities:

As necessary for the needs of the emergency, arrangements will have been made to expand patient care and treatment functions to deal with additional patients.

The Incident Commander or his/her designee should call the following to alert them of our disaster status and of the possible need of beds, supplies (including blood) or transfer of patients. (**NOTE: know our census and status first**) In the event the local emergency operations center is activated the incident commander/TH representative will coordinate this effort.

V.A. Medical Center, Tomah	372-3971	House Officer of the Day
Mayo Healthcare System, Sparta	269-2132	Administrative Representative
Gundersen Healthcare System	785-0530 or 1-800-362-9567	Administrative Representative
Mayo Healthcare System	785-0940 or 1-800-362-5454	Administrative Representative

Emergency Services Department Availability and Tagging System:

A. DISASTER TAG CATEGORIES (used by emergency triage personnel as scene of disaster to prioritize transports to hospital sites; colored tags/ribbons are generally placed on the patients wrist, ankle or neck):

1. **RED** (Immediate) cannot survive without immediate treatment but have a chance of survival.
2. **YELLOW** (Observation) for patients needing observation and possible later re-triage. Their condition is stable for the moment and they are not in immediate danger of death. These patient will receive immediate treatment if resources are available.
3. **GREEN** (Wait) usually walking wounded and will need medical care at some point, after more critical patient have been treated.
4. **BLACK** (patients who will not or did not survive)

B. TH Emergency Services Department can generally accommodate the following **number** and **type** of patient transports listed below within approximately ten minutes of the activation of the Local Emergency Planning Committee – Monroe County Emergency Action Plan:

	TH
1. **RED**	**2**
2. **YELLOW**	**6**
3. **GREEN**	**11**
4. **BLACK**	**N/A**

Surge Capacity Plan:

TH has identified designated locations for providing inpatient care services that would not normally be used for that purpose. These locations are identified in this plan.

Plan Activation:

The Incident Commander or designee can activate the Surge Capacity Plan. When activating the plan; the hospital must consider its resources and available personnel. The ability to surge beyond its normal patient capacity will be dictated by having sufficient personnel to care for patients.

Surge Patient Location:

The Specialty Clinic is designated as a Surge Wing.

Safety considerations looked at:

Do we have or can we provide:

1. Temperature and ventilation exhaust control to the space
2. Access Control/Security
3. Electrical power
4. Emergency back-up Power
5. Patient care process flow that allows accessible supervision and services
6. Waste disposal
7. Sprinkled building (Fire Suppression System)
8. Same level Emergency Egress with access widths not less than 45 inches
9. Personal Hygiene capabilities (hand washing, changing, and bathroom resources)
10. Communications-telephonic and/or overhead capabilities
11. Do we have enough staffing that will be available for multiple operational periods

Use of Existing Units/Cohorting:

Cancelling of elective procedures and early discharge will free some beds, so existing units should be looked at first. On Acute Care Services, could become an area to cohort and care for patients. Women's Health Services/OB is to be considered a "clean" unit (no infectious patient should be placed in Women's Health Services/OB) but may be filled with other noninfectious patients only as a last resort.

Opening the Surge Unit:

Once normal bed capacity has been reached, or at the discretion of the Incident Commander the Surge Unit can be opened:

Specialty Clinic

Room #	O^2 Inlets	Suction	Call Light	Patients	Bathroom
Exam 1	0	0	1	1	N
Exam 2	0	0	1	1	N
Exam 3	0	0	1	1	N
Exam 4	0	0	1	1	N
Exam 5	0	0	1	1	N
Exam 6	0	0	1	1	N
Procedure 1	1	1	1	1	N
Procedure 2	1	1	1	1	N
Additional Beds					

Staffing Strategies:

1. Eight hour shifts may need to change to twelve hour shifts.
2. Staffing ratios will need to be adapted to the need. Each of the color-coded acuity categories will require different staffing ratios. See Staffing Ratios for Surge Capacity Matrix under references
3. Work tasks are to be prioritized so that only essential patient care tasks are provided by staff/
4. Consider using family members for bathing and feeding.
5. Volunteer health care workers may be recruited.
6. Staff can anticipate that role reassignments will occur and standards of care may be altered due to limited resources.
7. Will utilize P&G #: 100-MSF-003-0619 Credentialing when needing to credential additional staff.

Ancillary Services:

Each ancillary department needs to have a plan and strategy to have the staff and supplies necessary to support the inpatient surge capacity areas. Consideration should be given to care of additional family members and visitors.

PPE:

PPE worn will be according to the most current information/recommendations from the CDC or Department of Public Health. Staff are expected to comply or may be subject to disciplinary action. The strategic national stockpile (SNS) will be contacted if needed for PPE.

Logistics will coordinate any needs for PPE from the SNS through the Department of Health Services or Local Health Department. There will be a needs assessment conducted and provide to TH Incident Commander. Logistics will monitor the request throughout a disaster or emergency. Logistics will provide updates about the request to the Incident Commander.

Visitors:

In a surge situation the hospital has the right to limit visitors to limit further spread of the disease, for patient and visitor safety, as well as spatial concerns. In pandemic situations visitors may be screened for signs and symptoms of illness prior to entry and possibly declined entrance into the facility. A log of all persons entering the facility and who visited will be maintained in a pandemic situation, if at all possible.

Most pandemic situations will require minimal entry into TH. The Incident Commander shall determine if visitors may enter TH. The Infectious Disease Director will advise the Incident Commander of risks, PPE recommendation, CDC recommendations, and safety considerations for all hospital staff and visitors.

The incident commander will approve entry control points into the hospital for screening of visitors, staff and potential patients.

Access and entry control points shall be included in the TH safety plan and communicated with all hospital staff.

STAFF SKILLS BASED ON PATIENT ACUITY:

1. Staff skills necessary to care for RED patients: these are to be staff or volunteers, who are acute care RN's, who can perform primary and secondary assessment of critical care patients. The hospital can also use acute care LPNs, technicians, PCAs and student nurses to assist these RNs; this will allow for increased productivity of these RNs.

2. Staff skills necessary to care for YELLOW patients: These are to be staff or volunteers, who are RNs and LPNs, who can perform initial and on-going assessment of patients and who are presently employed either in acute care settings or in non-hospital work sites.

3. Staff skills necessary to care for BLACK patients: These are to be staff or volunteers, who are comfortable with death and dying, such as:
    a. Hospice volunteers
    b. Clergy
    c. Social worker
    d. Retired Health Care Workers
    e. TH volunteers
    f. Members of service organizations

Disaster Tags:

Pre-numbered disaster tags will be used at the hospital regardless of tagging that occurs at disaster site. Both the pre-hospital disaster tag # and the TH disaster tag # will be recorded on the Patient Disposition Roster. The pre-numbered tags are kept in the main Emergency Services Department ambulance supply area. Place a pre-numbered identification band on each patient as they are triaged into the ED and a pre-numbered label on the Patient Disposition Roster. A pre-numbered label will be removed from the pre-numbered patient identification band for all documentation forms. (Example: X-rays, EKG's, etc.)

Public Information – News Media:

Release of information about casualties will be in accordance with the hospital policy on such matters. The public information officer (Marketing Coordinator or designee) will be spokesperson. Members of the media shall be directed to the appropriate designated location (First Floor Conference Room 1C or maybe off site). All information released shall be approved by the Incident Commander.

Security:

Tomah Police Department OR HOSPITAL SECURITY may control traffic at the ambulance-unloading zone, and minimize interference. The police may be busy at the disaster site in which case, employees may be assigned to assist with this function. Each unlocked entrance should be manned and relatives should be directed to the family reunification are. (Conference Room 1B). Entrance to the Emergency Services Department should be limited to patients and employees.

The Incident Commander may request assistance from another law enforcement agency during an emergency or disaster in which the local law enforcement agency is not available.

Tomah Health's Security Officer will check in with incident command for his or her assignment during an disaster or emergency.

Disasters Involving Radiation/Chemical Biohazards:

Radiation

1. In ALL CASES, regardless of the victims, degree of injury or distress, the goal of protecting staff, visitors and patients must take precedence over decontaminating and treating victims.

2. The local fire department and county hazmat team shall be contacted for assistance.

3. If a victim must be brought to TH, this person and the emergency personnel should not be allowed into the building. Needed treatment should be extended within the emergency vehicle and then transferred.

   If treatment is required on-site, or if adverse weather or other conditions require a **radiation** victim to remain at TH, the hospital Decontamination Room, located in the Emergency Services Department or another location deemed appropriate shall be used as a temporary treatment area to isolate the victim(s) from the rest of the hospital.
   a. **NOTE: No staff SHALL work with patients who have been exposed to Radiation unless already exposed (reference to Hazardous Materials Incident Alert).**

4. Hospital staff should collect as much information about the exposure as safely possible. The use of phone or radio should be used while the patient is inside the emergency vehicle.

5. The telephone number of the **State Emergency Hotline is 1-608-258-0099**. This number shall be posted in the Emergency Services Department.

Chemical Biohazards

ANNOUNCED ARRIVAL OF CONTAMINATED PATIENT

If the hospital is notified of a chemical/biohazard disaster, the hospital shall do the following:

1. Call 911 and let them know to contact HAZMAT Team, Fire Department, and Ambulance Service.
   a. ED staff should collect as much information about the patient, chemical, exposure percentage, route of exposure, and location of patient.

2. Page HAZARDOUS MATERIALS INCIDENT ALERT 3 times and give location. (Hazardous Materials Incident Alert means the area is contaminated by radiation or chemical biohazard – DO NOT ENTER AREA unless requested to.)

3. Patient Access or assigned Staff are to lock all entrances. Door should not be opened until the Incident Commander has approved the all clear.

4. The Patient Access Staff or designee is to secure the contaminated area with the yellow barrier tape, kept in the departments spill kit container.2. This should only be done if the person securing the areas can ensure they are not in the warm zone or being exposed themselves.

5. Determine with the assistance of **Monroe County HazMat Team (608) 372-2117 or Chemtrec 1-800-424-9300** whether or not the patient requires additional decontamination. Also can reference the Emergency Response Guidebook.

6. If patient does not require additional decontamination with water utilize decontamination room by ER. Use pool to collect run off water if using decontamination room.

7. Prior to decontaminating patient, staff working with patient shall wear Personal Protection Equipment (PPE). No decontamination of the patient shall be done by Hospital staff if proper PPE cannot be used or a secondary deacon is not established for hospital personnel.

8. Staff is to remove PPE prior to re-entering the hospital. This process should be completed at a separate deacon location for hospital staff.

9. Do not allow any patients into the hospital that have not been properly decontaminated and cleared by HazMat. ED staff should work closely with the Hazmat Team, and the Fire Department to ensure all safety, and decontamination procedures were affective. This should include metering, PH paper or other means to ensure the patient has been decontaminated properly.

UNANNOUNCED ARRIVAL OF CONTAMINATED PATIENT

1. Call 911 and let them know to contact the HAZMAT Team, Fire Department, and Ambulance Service.
   a. ED staff should collect as much information about the patient, chemical, exposure percentage, route of exposure, and location of patient.

2. Do not approach a victim for assessment or intervention/treatment until the hazard is identified and it is known whether your level of PPE is adequate.

3. The patient should exit the hospital using the same path of entry.

4. If the patient is unable to walk then isolate the patient by closing doorways, windows, and keep people away from the exposed person.

5. Overhead page HAZARDOUS MATERIALS INCIDENT ALERT 3 times and give location.

6. All staff shall stay away from the area and isolate the fire zone involved using yellow barrier tape.

7. Contact Chemtrec 1-800-424-9300 to determine PPE needed and notify HazMat for decontamination assistance. (Call 911 and ask to have HazMat respond.) Also, can refer to the Emergency Response Guidebook.

8. Once staff has donned the necessary PPE, the patient should be decontaminated in the decontamination room. No decontamination shall be performed by Hospital staff if proper PPE cannot be used or a secondary deacon is not established for hospital personnel.

9. If the patient is moved from an ER room to the decontamination room, the ER room is considered off limits due to the contamination and should be barricaded until HazMat determines the necessary room decontamination needed. ER staff should work closely with the Hazmat Team and the Fire Department to ensure all safety and decontamination procedures are affective. This should include metering, PH paper or other means to ensure the patient is decontaminated properly.

10. Disposition of the patients in the fire zone and use of the area will be determined by MC HazMat Team based on whether further decontamination of patients, staff, and physical area is needed.

11. Alternative Emergency Treatment area may need to be set up, depending on degree of contamination in the Emergency Services Department.

Evacuation:

Any disaster or emergency event, which directly affects TH and will require a decision either to evacuate or not to evacuate patients.

Simple Evacuation:

Simple evacuation involves moving patients from a single dangerous room.

Partial Evacuation:

Partial evacuation involves moving patients from the wing/fire zone.

Total Evacuation:

Total evacuation involves the lateral movement of patients from the entire facility to the outside.

Order to Evacuate:

The order for Total Evacuation will be given by the Fire Chief, Administrator or his/her designee or Incident Command.

Total, partial, or simple evacuation of the premises may be necessitated by any of a variety of emergency events. When the decision to evacuate has been made, all available personnel will assist with the evacuation of patients.

Evacuation Guidelines for Fires:

1. Always evacuate away from the fire or presenting danger.

2. Patients who are in the most immediate danger will be moved first. Ambulatory patients will be moved and secured first to ensure appropriate supervision.

3. Evacuate rooms to the right and left of the fire room and continue in both directions until ordered to stop.

4. Rooms directly across the corridor from the fire room will be evacuated in the same manner.

5. Using the fire room as a focal point in evacuating rooms methodically to the right and left ensures orderly evacuation and eliminates the possibility of overlooking any potential evacuees.

6. All non-ambulatory patients will be moved by stretcher, blanket, wheelchair or other evacuation equipment to the nearest and safest protected area.

7. Carry patients only as a last resort if no other way is available to evacuate dangerous areas.

8. All rooms will be checked for occupants and all doors and windows closed. A waste basket will be placed outside of the closed door when a room has been checked and confirmed cleared.

9. All evacuated patients will be attended by staff or volunteers.

10. The Patient Charts in Acute Care Services and Women's Health Services/OB units will be evacuated with patients and will be secured by a staff member who accompanies the patient. If time allows, medication administration records will be printed and placed on patient chart.

11. Evacuation policy 400-F&S-005.1 will be used during any type of evacuation. A copy of the evacuation procedures will be maintained for administrators, chiefs, directors, staff and incident command.

Shelter in Place:

If the disaster incident involves a release of hazardous material and time is not available to evacuate the facility, shelter-in-place guidelines will be initiated by the Fire Chief, Administrator or his/her designee or Incident Command.

These guidelines include the following:

1. Bring all patients, visitors, and staff inside the building and assign door guards.
2. Announce decision to shelter in place to all staff through the use of overhead paging and Informa cast.
3. Close all exterior building openings, i.e., doors, windows.
4. Shut down all building heating, ventilation and air conditioning (HVAC) systems, and any other air exchange devices, i.e., windows, fans, and air conditioners.

   If an evacuation becomes necessary then follow the steps for evacuation that can be found in the Evacuation Police 400-F&S-005.1.

Additional Policies to be utilized during EOP Activations

Severe Weather: See Policy 400F&S.014
Inclement Weather: See Policy 300GEN.062
Security Management: See Policy 400-F&S-011
Medical Equipment Management Plan: See Policy 400-F&S-007
Utilities Management Plan: See Policy 400-F&S-008
Bomb Threat: See Policy 400-F&S-013
Equipment Management: See Policy 400-F&S-018
Fire Safety: See Policy 400-F&S-020
Biohazardous Material & Waste Management: See Policy 400-F&S-021
Active Shooter: See Policy 400-F&S-024
Responding to Pandemic Influenza P&G #: 600-INF-015

DEPARTMENTAL RESPONSIBILITIES IN A DISASTER:

Roles and responsibilities for identified services during a disaster are critical for continuation of services and safety. TH has identified initial responsibilities for individuals providing essential services throughout TH. The below table identifies a primary and secondary point of contact for each service, so that in the case of an emergency or disaster, the service can be activated and coordinated appropriately.

Roles and Responsibilities			
Essential Services	**Roles and Responsibilities**	**Point of Contact**	**Secondary Point of Contact**
Patient Access	Office is notified that the Emergency Operation Plan is to be initiated. The following announcement is made three times: "ATTENTION ALL EMPLOYEES- THIS IS AN EMERGENCY OPERATIONS ALERT"WE ARE CURRENTLY IN PHASE (Level I, Level II or Level III will be announced)". See Phase definitions for additional description. Conduct a staffing accountability check. Prepared to have one staff member to be assigned to the Emergency Services Department. This staff member may be assigned by the nurse in charge to monitor and control the emergency radio communications. Prepare staff to be assigned as runners as necessary between the Emergency Services Department, Office Area, Staging, or Incident Command Post.	Stephanie Harmel Cell: 608-792-2859	Madelyn Fitzpatrick Cell: 608-387-5649
Administration	Report to the ICP (Conference room), Establish command Utilize TH Policies, EOP, job sheets and ICS Forms. Access the situations. Set incident objectives. Make necessary notifications.	Phil Stuart HM: 608-374-4030 Cell: 608-315-0041 Work:608-377-8680	Joe Zeps HM:608-372-0908 Cell: 608-315-0399
Emergency Services Department	Ensure Emergency Operations Plan has been initiated Conduct a staffing accountability check Follow the EOP	Suzanne Downing Cell: 608-393-9882	1. PCC in Hospital 2. Nurse Admin 3. Tracy Myhre HM: 608-565-3095 Cell: 608-633-2979
Nutrition Services	Conduct a staffing accountability check. Personnel should be prepared to supply additional nutrition to visitors and employees who may be required to work additional time during an emergency or disaster. Personnel should oversee the condition of the dining room. Prepare to conduct an assessment of how many days' worth of supplies are available for patients, staff, and visitors. Wait for additional assignments from Operations or Command.	Michelle Lindsay Cell: 608-695-0103 Office: 608-374-0371	Joan Kortbein HM: 608-378-4492 Cell: 608-387-9500

Housekeeping	Conduct a staffing accountability check. Wait for further assignments from operations or command.	John Hancock HM:608-372-9096 Cell:608-343-0521	Steve Loging HM:608-565-2415 Cell:608-633-8443
Maintenance and Facilities/Safety/ Security	Coordinate Safety and Security operations with Emergency Management and Incident Command Conduct a staffing accountability check. Report to the ED, or other duties as assigned. Secure entrances Develop entry control points into the hospital for patient, visitors, and personnel. Stand by for additional assignments	John Hancock HM:608-372-9096 Cell:608-343-0521	Steve Loging HM: 608-565-2415 Cell: 608-633-8443
Human Resources	Conduct a staffing accountability check Go to the Personnel Staging area. Set up the sign in area Set up the demobilization sign out	Brenda Reinert Work: 608-377-8619 Cell: 608-343-4300	Britnie Rewey Work:608-377-8618 HM:608-372-2353 Cell: 608-343-2351
Pharmacy	Conduct a staffing accountability check	Todd Chapman Cell: 608-343-1093	Contact on call Pharmacist
Rehab Services	Conduct a staffing accountability check. Care for remaining patients in Physical Therapy and Occupational Therapy. Physical and Occupational Therapy staff should report to the personnel staging area.	Tim Kortbein HM: 609-378-4492 Cell: 608-387-9503	Emily Wall HM: 374-4148 Cell: 343-0429
Materials Management	*Refer to information below Stand by for additional assignments from operations and command	Alicia Dalberg HM: 608-562-5234 Cell: 608-633-7386	Jenna Doller 608-343-4844 Joanna Hall 608-344-0198

Materials Management:

When Emergency Operations Alert is enacted, contact Materials Management Director or staff. In the event this occurs after normal business hours, use the call list at the receptionist desk for contact information.
In the event Materials Management personnel are not available to respond, the Incident Commander will designate a person to oversee the distribution of supplies and record quantity of supplies requisitioned and distributed.

Communication between departments and Incident Command Center will take the following forms:

- Phone
- Cell Phone
- 2-Way Radio
- Runners

HOW TO:

Pick Items For Delivery:

1. Receive Order
2. Get Plastic Totes for Delivery and put supplies in them.
3. Search for items in storeroom using indexes on the end of shelves
   - IV supplies, IV solutions and Lab supplies are located in the north end of the store room farthest from the office.
   - Office supplies located at the south end of the store room nearest the office.
   - Remaining supplies located throughout supply room
4. Confirm quantities taken and to what department by using the form located on the yellow clipboard hanging from pole by the IV supplies in the receiving doors of the store room.

Receiving Supplies from Vendors:

- Two types of deliveries:
  - Shipments from UPS, FedEx, and other various shippers
  - Vendor shipments
- Regardless of type of delivery, check for items that go directly to individuals
- For supplies, confirm quantity received against packing slip and record discrepancies
- Product can then be used

Ordering supplies:

1. Determine quantity needed (confirm with incident commander)
2. Contact vendor, they will have our account number (contact info below)
3. Utilize Paper Purchase Order (located in incident command center)
   - Item number/REF# can be found on individual product packaging
4. Place order

Contact List:

General Medical Supplies

- Cardinal Health – 1-800-326-6457
- Owens & Minor – 1-866-364-0029
- Medline – 1-800-633-5463

General Lab Supplies

- Fisher Healthcare – 1-800-640-0640

Office Supplies

- Staples– 1-888-238-6329
- Office Depot- 1-800-650-1222

IV Supplies (includes tubing and solutions)

- Baxter –1-888-229-0001

Emergency Supply (need right away, limited quantities)

- VA Medical Center – 372-3971
- Black River Memorial Hospital (Deb Bemis) – 1-715-284-1316
- Mound View-Adam/Friendship– (Stacey Schwabe)1-608-339-8393
- Reedsburg Area Medical Center (Erik Schmidt) – 1-608-524-6487
- Mile Bluff (Jodi Lankey) – 1-608-847-9886
- State Stockpile (last resort) – Contact Incident Commander

Demobilization Area:

Demobilization should be conducted at TH during an EOP activation. Demobilization ensures that all appropriate incident business has been completed. This assists the Planning Section with information about resources released from the incident. Demobilization is a planned process and should be coordinated with all levels of Incident Command.

A. Location for Hospital Staff will be First Floor Conference Room 1A
B. The Demobilization Area shall be established when the EOP has been activated.
C. Upon entry into the demobilization area, all employees are required to sign out.
D. The Demobilization Officer will ensure any TH Equipment is turned in.
E. The Demobilization Officer will ensure TH staff are provided any additional information that may be needed as directed by the Incident Commander.

Secondary Demobilization Area:

TH has a demobilization area predetermined for staff and volunteers but TH also recognizes that there may be emergencies or disasters that require other resources. Resources that may have responded to TH could be local emergency services, state or federal agencies.

The Incident Commander will designate the secondary Demobilization Area. When command is established the Logistics Section Chief may be tasked with identifying alternative Demobilization Area. Demobilization Areas should have one entry point but might have multiple exits depending on the type of incident.

The size and surface area of the Demobilization Area must be appropriate to accommodate the response personnel, equipment, and resources. For example, large firefighting equipment should be parked on blacktop or concrete to avoid getting stuck or blocked from being able to move from the staging area.

Operations, and Incident Command should be notified when a demobilization area has been established and it location. Operations and Incident Command shall determine what recourse can be released and when.

The secondary demobilization leader should utilize ICS Form 221 for demobilization check-out.

Waiver 1135:

The purpose of a 1135 Waiver is to allow reimbursement during an emergency or disaster even if providers can't comply with certain requirements that would under normal circumstances bar Medicare, Medicaid or CHIP payment. An 1135 Waivers is a Federal requirement only and not intended for state licensure.

This waiver would end no later than the termination of the emergency period, or 60 days from the date the waiver or modification is first published unless the Secretary of Health Human Services extends the waiver by notice for additional periods of up to 60 days, up to the end of the emergency period.

TH Administration and Incident Commander should recognize the following:

1135 waivers are not a grant or financial assistance program
Does not allow reimbursement for services otherwise not covered
Does not allow individuals to be eligible for Medicare who otherwise would not be eligible
Should not impact any response decisions, such as evacuations
Does not last forever and appropriateness may fade as time goes on
1135 Waivers can be issued by a Presidential Declaration (Stafford Act or National Emergencies Act or HHS Secretary (Public Health Emergency)

Considerations for the 1135 Waiver Process:

Determine if the facility is within the defined emergency area
Decide if this can be resolved within current regulations
Will regulatory relief address the stated need
Determine if there is an actual need
Identify what is expected during the duration of a waiver
Determine if an individual or blanket waiver may be needed.

Expectations for an 1135 Waiver:

Provide sufficient information to justify actual need
Shall keep careful records of beneficiaries to whom they provide services, in order to ensure that proper payment may be made
Must resume compliance with normal rules and regulations as soon as they are able to do so

Information needed for 1135 Waiver Submissions:

Provider Name/Type

Full Address (including county/city/town/state) CCN (Medicare provider number).

Contact person and his or her contact information for follow-up questions should the Region need additional clarification.

Brief summary of why the waiver is needed. For example: CAH is sole community provider without reasonable transfer options at this point during the specified emergent event (e.g. Flooding, tornado, fires, or flu outbreak). CAH needs a waiver to exceed its bed limit by X number of beds for Y days/weeks (be specific).

Hospice and Palliative care doesn't have reasonable alternative sites for patient care at this time during the emergent event. (e.g. flooding, tornado, or fires).

Consideration – Type of relief the provider is seeking or regulatory requirements or regulatory reference that the requestor is seeking to be waived

Acting 1135 Waiver Coordinator
Sandra Pace Acting 1135 Waiver Coordinator Sandra.pace@cms.hhs.gov
Central Office: SCGEmergencyPrep@cms.hhs.gov
| (404) 562-7454 | FAX (404) 562-7478

Recovery Phase:

The Recovery Phase is an important part of any emergency or disaster. TH recognizes a Disaster Recovery Phase is likely to involve a significant amount of external emergency services. The priority during this phase is the safety and wellbeing of the employees and other involved persons.
The immediate goals during the Recovery Phase are:

1. Minimize the short and long term effects of the emergency or disaster.
2. Remove or mitigate any threat of further injury or damage.
3. Re-establish all external services such as power, communications, water etc.
4. Complete a Damage Assessment of all TH facilities.
5. Incident Command will establish a Disaster Recovery Team. This team may consist of internal staff and external resources that will meet the requirements for this specific crisis.
6. Establish Critical Incident Stress Debriefing (CISD) for staff after an emergency or disaster EOP activation. Some resources will be available through the EAP. The Debriefing Coordinator will staff or assign staff to this area as necessary.

The incident Commander will request an assessment of the follow resources, and operations from the Disaster Recovery Team.

1. Staffing
    a. Number of available TH staff per 12 hour period
    b. Number of staff not available
    c. Number of Injuries, or deaths
    d. Number of need staff needed from outside agencies to fulfill operational needs
    e. Utilize WEAVER to fulfill short falls on volunteers, or other licensed professionals
    f. Any projected staff short falls

2. Medical Equipment
    a. Status of all on medical equipment that is operational or non-operational
    b. Estimated down time of equipment
    c. Replacement requests
    d. Projected requests for equipment from other agencies.
3. Maintenance Equipment
    a. Status of all maintenance equipment that is operational or non-operational
    b. Estimated down time of equipment
    c. Replacement Request
    d. Any projected requests for equipment from other agencies
4. Utilities
    a. Status of all utilities such as, water, sewer, electric, cable, phones, radios, intranet, and backup generator
    b. Projected timeline line of utilities out of service
    c. Indicators of any future loss of utilities within the next 96 hours
    d. Determine if TH is receiving any assets from utility companies
5. Fuel, Oxygen, Gas, or Diesel Supplies
    a. Provide a total inventory of useable fuel and oxygen
    b. Identify potential shortages, or quantities that will not last more than 96 hours
    c. Identify and verify sources for resupply
    d. Develop a strategy for reserving the use of these supplies
    e. Identify any additional recourses need to maintain operations
6. Facility Assessment
    a. Conduct a damage assessment
    b. Identify potential structural issues than may affect future operations
    c. Provide a time line to have an area of the hospital repaired or replaced
    d. Identify additional resources that will be need to ensure structural safety
    e. Provide an assessment of fire alarm and suppression system
    f. Identify any potential hazards that may affect future operations
    g. Provide an estimated cost of repairs or replacement

The Incident Commander will review the Disaster Committee assessments and recommendations. The Incident Commander will determine the next objectives needing to be completed during this phase of the disaster or emergency.

The recovery phase might be long or short term but either way will require coordination and funding to reach full operational capacities.

After Action Report/Improvement Plan:

After Action Reports (AAR) and Improvement Plans (IPs) are important parts of emergency preparedness. TH will assess the response to emergency events, and simulated events during an exercise, or real-world. AARs review the design and execution, and provide an assessment of what went well and what needs to be improved.

Improvement Plans (IP) outline how and when improvements will be made to address shortcomings identified by the exercise/incident evaluation and AAR.

The AAR and IP will be provided to TH administration for review. The preparedness coordinator will coordinate an after action meeting with all staff, stakeholder and responders involved in the emergency or disaster. This meeting will address what went well and what needs to be improved upon. The ARR and IP will provide additional information necessary to for mitigation, planning, response, and recovery for the next emergency or disaster.

Hospice and Palliative Care

Initial Response

- Each staff member should have a call list readily available both paper copy and on cell phone in case of need and to help deal with emergencies.

- Staff will be contacted regarding availability and if indicated asked to assist with patients or to report to the main hospice/palliative care office in Tomah or to report to TH to help the hospital in its emergency preparedness response. Staff reporting to TH should report to Conference Room 1A, the personnel pool, and await assignment.

- At the time of the call, RN's will be asked to give a verbal report on the immediate needs of their patients and priority for tentative needs in the next 24 to 72 hours.

- If unable to reach staff by telephone or cell, (phone services appear to be down) staff will be sent a text message and an e-mail message requesting any known patient needs and/or anticipation of their patient's needs within the next 24 to72 hours. Their ability to respond or assist with the emergency and any anticipated patient needs will be documented. Staff, if not asked to report immediately, should periodically check their phones and laptops for updates. If unable to reach a particular on-duty staff member, first responders or the Sheriff's Department (for the County the staff is located) should be called to report the missing staff member. Provide all requested information, including name, description (including description of vehicle), last known location, and where the person could potentially have been traveling. May call 911 to report the missing staff person.

- If unable to reach staff by telephone or cell (phone services appear to be down) King Communications should be called (989-776-5521) or faxed (952-752-0599) notifying them of the emergency and that they may be receiving a higher volume of calls and calls from staff members. Request that King take a message from staff regarding anticipated patient's needs in the next 48 to 72 hours and the staff person's ability to respond.

- Staff who become aware of emergencies and have not been contacted should notify the Hospice/Palliative Care Director via phone or text. If unable to then speak with the Director, staff should contact the Hospice/Palliative Care Coordinator or RN on call, or Administration of TH to activate incident command. .

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- Direction for response and for planning patient visits to the home will be made with the Director or the Hospice and Palliative Care Coordinator in consult with the nurse on-call.

  Priority for visits will be planned considering the current emergency situation, patient reported needs and the recorded patient emergency priority code.

  Low Range 1
  Low Acuity. Call within 24-48 hours to assess needs. Patient has been on the program long enough that the caregiver knows how to care for the patient. Symptoms have been managed, and patient has a sufficient amount of medications and knows how to use them. Does not have equipment that requires special monitoring or a reliable power source.

  Medium Range 2
  Medium Acuity. Call within 24 hours to assess needs. Limited caregiver, suspected symptom management or medication needs, or may be nearing death.

  High Range 3
  High Acuity. Should be called or seen in 8-12 hours. New admit within previous 24 hours. Unmanaged distressing symptoms or near death. Have equipment such as oxygen, pain pump, or specialty mattress that require monitoring or a reliable power source. No caregiver or limited caregiver.

- Once an emergency or disaster has been identified, staff will respond per the Emergency Plan until the situation has been resolved and cleared by TH administration and/or the Command Center.

- The acceptance of referrals and admissions to hospice and palliative care will be put on hold until the emergency situation is resolved.

- In the event that an emergency prevents replacement staff from arriving at Serenity House, the current staff will not be permitted to leave and will remain at Serenity House until replacement staff can be obtained. Staff will be permitted rest periods. Open Serenity House rooms or recliners in the office can be utilized for rest, and staff will be permitted to eat facility food/drink supplies at Serenity House. The shower in the Serenity House staff bathroom may be utilized for bathing if needed. Disposable scrubs are available if a change of clothes is needed, and hospital provided toiletries may also be used.

- The Hospice Director and/or Coordinator will coordinate management of staff support needs, such as helping to arrange alternate transportation when needed, ensuring food/supplies/rest places for staff working during a continuing emergency, and incident stress debriefing during and after the emergency.

At no time should a staff member put themselves in danger. Consideration should be given to other emergency personnel who may be better prepared to deal with the situation, such as local Fire and Police Departments, Emergency Medical Services, or Hazardous Material Teams. Staff or patients may dial 911 to access local emergency personnel.

Emergency Specific Response and Recovery Evacuation

- **EVACUATION OF THE MAIN TOMAH OFFICE** will be considered if the operations of the office are threatened. This would normally be a decision of incident command in the event of a major disaster or the Hospice Director.

- If the threat is specific to hospice and palliative care, the Director should be notified who will activate TH's incident command to coordinate the evacuation. If the Director of Hospice and Palliative Care is not available, staff should contact the Coordinator or Nurse-on-call, or contact Administration of TH to activate incident command.

- Consideration of evacuation and need for activating incident command would be any of the following: Physical damage to the office and equipment from fire, smoke, water, wind, explosion or expected extended (greater than 24-72hrs) outages of electricity, phone/ internet. Or conditions that may be a potential serious threat to the safety of staff and damage to the office and equipment such as flood or wildfire.

- If it is safe to do so, all current patient records are to be removed from the office, along with laptops and computers, and copies of frequently used forms and papers. The remote EHR database can continue to be accessed via laptop. Information about patient location and medical documentation may be provided to other organizations assisting with the emergency per HIPAA guidelines in order to maintain continuity of care.

- Alternate office site will be established at TH.

- All patients, families, physicians and referral sources as possible are to be informed of the office closing and any new telephone number to call for 24-hour nurse access.

- **EVACUATION OF SERENITY HOUSE**. In the event the Serenity House is compromised or threatened, TH's Incident Command Center should be activated as above. Trigger points to consider evacuation and activation would be the following: immediate or expected threat of harm to patients or staff from fire, smoke, damage from storm or tornado, hazardous spill, and flood. Power outages would also be a consideration depending on the need for heat or air conditioning and the length of the outage (greater than 24 hours).

- In the event TH has activated an Emergency Operations Plan and incident command has been established for the disaster, Serenity House needs would be triaged as a part of that disaster and immediate evacuation may not be possible. If that is the case, family members who are not in the disaster area may be contacted to see if safe transport to the patient's home is possible.

- When evacuation is indicated, patients may be transported by using ambulance transport or wheelchair vehicle transport, or a family member's private vehicle if time and safety permits. The transfer location and means to transport a patient will be decided by Incident Command, in coordination with the patient/family and hospice staff. No emergency or disaster will be the same so incident objectives and evacuation options will need to be reviewed each time. All medications, supplies, and necessary medical equipment should be moved with patient if possible.

- Supplies and medications and paperwork should be transported with the patient.

- NEEDED MEDICATIONS, MEDICAL SUPPLIES, NON-MEDICAL SUPPLIES, WATER AND FOOD ITEMS will be obtained through TH and its contracted vendors if usual sources cannot supply due to the emergency. This will be coordinated by TH's Purchasing Director

FIRE

The acronym "RACE" is used to respond to all fire emergencies.
R-Rescue those from immediate danger
A-Alarm activated, pull fire alarm and dial 8- 911.
C-Confine fire; use fire extinguisher for small fires, close the doors and windows. Shut off Oxygen
E-Extinguish the fire evacuate

1. **Fire in patient homes.**

- Patients and families are taught emergency preparedness and response to fires using the patient education book as soon as possible after admission and the teaching is documented.

- This includes safe use of oxygen, smoking and electrical safety, and the presence of fire alarms and extinguishers.

- A patient/family fire plan that includes evacuation is discussed.

2. **Fire at the Serenity House and Hospice office.**

- The evacuation diagram and plan are posted in the Serenity House and Office.

- Annual inspections conducted by the local fire department will be documented.

- Fire drills will be practiced quarterly and documented.

- Eight patient rooms are located in the west portion of the building with exits to the west, north, and east into the Office and/or out the Office door to the North. Patients and staff will exit through these exits.

- Fire extinguishers are readily available and will be inspected monthly.

- Staff will respond with the RACE acronym.

- Move patients closest to the fire first.

- There is a two hour fire wall separating the Serenity House and the Hospice Office. Refuge can be taken on the opposite side of the fire wall or evacuate through exit routes posted on the evacuation diagram. Move ambulatory patients or those who need a wheelchair.

- Move non-ambulatory patients or bed bound patients using a wheelchair, may have to use a disaster sled or improvised methods such as blankets or mattresses to drag patients. If time permits, the whole bed may be moved through the patient doors and front doors.

- Check all rooms, bathrooms and closets) to make sure no one is left behind.

3. Wildfire/grassfire

- The staff person who becomes aware of a wildfire in the hospice service area should call the main Tomah hospice and palliative care office and/or the nurse on call**.** Office staff consulting with the Coordinator or Director will notify any staff and volunteers that could be endangered.

- Plans will be made to evacuate any patients who may be in the path of the fire. First a telephone call should be made to the patient's home to make sure they have not already been evacuated and to family members who may live closer and could evacuate the patient.

- A staff member with ID badge and cell phone and patient information such as equipment needs, medications, and family's telephone numbers may assist with evacuation; they should remain in contact with the hospice office and be prepared to show their ID to fire or Sheriff's Department personnel to gain permission to enter the area. Take any needed equipment, supplies, and medications with the patient. Pets may be taken as time permits. Patients may be evacuated to a family member's home that is out of the fire danger or respite at TH or Mile Bluff Medical Center may be considered.

- When evacuation is indicated, patients may be transported by using ambulance transport or wheelchair vehicle transport, or a family member's private vehicle if time and safety permits. The transfer location and means to transport a patient will be will be decided by Incident Command, in coordination with the patient/family and hospice staff. No emergency or disaster will be the same so incident objectives and evacuation options will need to be reviewed each time. All medications, supplies, and necessary medical equipment should be moved with patient if possible.

- If staff are not permitted to enter the fire area, fire department and rescue workers will be given the information they need to rescue the patient.

FLOODING

- When the emergency/danger of possible flooding in any of the service area is identified, all staff will be notified and visits will not be made until approved by the Director or Coordinators who will consult with county emergency management and TH Administration.

- If evacuation is needed, staff should call the patient and the family to coordinate this with county emergency management.

- When evacuation is indicated, patients may be transported by using ambulance transport or wheelchair vehicle transport, or a family member's private vehicle if time and safety permits. The transfer location and means to transport a patient will be will be decided by Incident Command, in coordination with the patient/family and hospice staff. No emergency or disaster will be the same so incident objectives and evacuation options will need to be reviewed each time. All medications, supplies, and necessary medical equipment should be moved with patient if possible.

If the office or the Serenity House must be evacuated, current patient records, computers, and frequently used forms and papers should be taken if possible. See EVACUATION above.

HAZARDOUS MATERIAL/CHEMICAL SPILLS IN THE HOME OR COMMUNITY.

1. Hazardous chemical incident in the home.

- Staff need to be aware that many products containing hazardous chemicals are used and stored in homes routinely and that chemical emergencies can occur if chemicals are not used or stored properly. Chemicals that could be dangerous if mixed or used improperly include cleaning products, pesticides, herbicides, automotive products, paint, gas, oil, kerosene, propane and a wide variety of other products found in the home.

- Staff should be alert when in the home for improper use of chemicals; this could include smoking while using household chemicals or using hair spray, cleaning solutions, paint products, or pesticides near an open flame.(vapor particles in the air could catch fire or explode)

- If you smell or observe a spill and believe there is danger of fire or explosion, get yourself and the patient and family out of the house immediately before calling the fire department. Call the fire department from outside using a cell phone or neighbor's phone.

- Signs and symptoms of toxic poisoning from chemicals may include: difficulty breathing, irritation of the eyes, skin, throat, or respiratory tract, changes in skin color, headache or blurred vision, dizziness, clumsiness or lack of coordination and cramps or diarrhea. If someone is experiencing toxic poisoning or has been exposed to a toxic chemical, find the containers in order to provide requested information and call the poison control center at 1-800-222-1222. Follow the emergency operator or dispatcher's first aid instructions carefully.

- Staff who observe spills should contact the hospice and palliative care office or nurse on-call and consultation will be made with the Facility Services Department at TH regarding cleanup. Small spills may be cleaned per their recommendations. Rags may be used to clean up the spill. Wear gloves and eye protection. Allow the fumes in the rags to evaporate outdoors, then dispose of the rags by wrapping them in a newspaper and placing them in a sealed plastic bag in a trash can.

- The Haz-Mat Team (dial 9-911) should clean spills larger than one gallon.

2. **Hazardous chemical incident in the community**

    - A hazardous materials or chemical incident may occur as the result of an accident or a deliberate release of a toxic gas, liquid, or solid that can poison people and the environment.

    - Patients and families and staff are instructed to remain alert and take direction from local and area emergency personnel. Patients, families, and staff should watch television, or listen to the radio or check the internet for official news to determine the level of danger, health hazards, and instructions on what to do.

3. **If asked to evacuate,** do so immediately following the suggested route by the authorities. Take pre-assembled disaster supplies with you and help others who may need assistance**.**

- If caught outside, stay up street, uphill, and up wind from the danger area; try to go at least one-half mile (usually 8-10 city blocks away.) Move away from the scene and help keep others away.

- Don't walk into or touch any spilled liquids, airborne mists, or condensed solid chemical deposits. Try not to inhale gases, fumes, and smoke. If possible, cover your mouth with a cloth while leaving the area.

- Stay away from accident victims until the hazardous material has been identified.

4. **If requested to stay indoors or unable to evacuate:**

- Bring pets inside and close and lock all doors and windows. Close vents, fireplace dampers, and as many interior doors as possible and turn off air conditioners and ventilation systems.

- Go to a room above ground and with the fewest openings to the outside and seal gaps under doorways and windows with wet towels or plastic sheeting and duct tape.

- Seal gaps around window and air conditioning units, exhaust fans in kitchen and bathroom and stove and dryer vents with duct tape and plastic sheeting, wax paper or aluminum wrap.

- Use material to fill cracks and holes in the rooms, such as those around pipes.

- This is only advisable for 3-5 hours. Take direction from emergency personnel on radio or television.

- Serenity House: Staff will call Facility Services for specific instructions regarding the HVAC and blocking ducts, venting, and other gaps.

HEAT AND HIGH HUMIDITY

WHEN TEMPERATURES EXCEEDS 90º and HUMIDITY REACHES OR EXCEEDS 50% emergency measures may need to be taken to prevent heat related illness. Staff must be aware of this danger and evaluate each patient on an individual basis for the need for preventative measures.

- These measures may include air conditioning, encouraging patients to stay on the lowest level of their home, increased circulation from fans, light clothing, frequent bathing, increased fluid intake, avoiding alcohol, limiting physical activity, and being aware of the signs and symptoms of heat exhaustion and heat stroke.

- Teach families and be aware yourself as you make visits the signs of **heat exhaustion:** pale, cool, moist skin, profuse sweating, headache, and nausea. Blood flow to the skin increases, causing decreased blood flow to vital organs. This results in a form of mild shock. If untreated this can lead to heat **stroke:** delirious, hallucinations, cool dry skin, and coma. The body's temperature control system, which produces sweating to cool the body, stops working. The body temperature can rise so high that brain damage and death may result if the body is not cooled quickly.

- When determined by a nurse or the patient's physician, the patient may need to consider a temporary move to a home that would have air conditioning or transfer to inpatient respite until temperatures lower or the patient's condition allows return to the home environment.

- When evacuation is indicated, patients may be transported by using ambulance transport or wheelchair vehicle transport, or a family member's private vehicle if time and safety permits. The transfer location and means to transport a patient will be will be decided by Incident Command, in coordination with the patient/family and hospice staff. No emergency or disaster will be the same so incident objectives and evacuation options will need to be reviewed each time. All medications, supplies, and necessary medical equipment should be moved with patient if possible.

MEDICAL EMERGENCY ALERT

A medical emergency alert is called if a staff member or visitor is unresponsive and found not breathing or without a pulse.

- Assess the visitor or staff member; verify the absence of a DNR bracelet.
- Open airway if not breathing
- Call for assistance or 1250. All available Serenity House and office staff will respond.
- Pocket mask is in the drawer at the nurse's station and in the Nurse Practitioner's office.
- Verify absence of breathing and pulse. BLS trained staff will perform CPR until EMS arrives.
- An AED will be used by trained staff as appropriate.
- Call for an ambulance 911
  a. Notify the ED of pending transfer
  b. Watch for EMS arrival.

PANDEMIC INFLUENZA OR BIOLOGICAL THREAT

Tomah Health, Hospice and palliative care staff will respond with and County Emergency staff to these emergencies. Staff will likely provide care for current patients who do not require hospitalization, or for whom hospitalization is not an option or recommended and will be incorporated into the TH Surge plan as needed.

- Prevention strategies to be taught patients and families include: staying home, avoiding crowds, keeping two weeks of extra supplies of food and emergency items, isolating people who are already ill and keeping people who are not caregivers away from infected persons, and following strict infection prevention practices.

- Symptom management strategies include trying to prevent dehydration and electrolyte imbalance, isolating infected persons up to 14 days after onset of symptoms and assisting families and patients to make decisions regarding worsening symptoms or worsening preexisting medical conditions.

- Patients and families should be contacted before a home visit to check whether anyone in the household has a diagnosis of symptoms of influenza. If anyone does, then nonessential services in the home should be postponed.

- Staff who make visits must wear appropriate respiratory protection as recommended for the current situation by the CDC or the state when entering a home where influenza is present.
  PAPR are available and if N95 are suggested, fitting and testing will be done before use.

- The Infection Prevention department provides surveillance for emerging diseases and will alert Tomah Health, Hospice and Palliative Care if any emerging or novel threats are identified in our region. Infection Prevention will guide the Tomah Health Hospice Palliative Care response based on the particulars of the emerging infectious disease. This could include providing specific instructions regarding screening during the intake process (such as asking about foreign travel), how to assess current patients, what precautions are needed when conducting patient visits, and any other information/process changes that are relevant to facing the emerging threat. All hospice and palliative care staff will receive education and training about the emerging infectious disease, any changes to procedure, and what each staff members' specific role will consist of. Infection Prevention will also provide guidance about if/when these special procedures are no longer needed."

Isolation rooms at Tomah Health:

Room #	O^2 Inlets	Suction	Call Light	Patients	Bathroom
ED 2	1	1	1	1	Y
ED 3	1	1	1	1	Y
Acute Care Rm 7	2	2	1	1	Y
Acute Care Rm 8	2	2	1	1	Y

Tomah Health, Hospice and Palliative Care will reference policy P&G #: 600-INF-015 for additional guidance during a pandemic response.

TECHNOLOGICAL DISASTER

1. Power Outages in the Home

- Hospice and palliative care patients who are using oxygen or other electrical equipment are noted using the Emergency Priority Acuity scale.

- Families are instructed to inform hospice and palliative care of power outages immediately to allow for alternative plans for oxygen, equipment, or patient comfort; if families are unable to notify our office they may notify the equipment companies directly.

- Visit priority will be established as in the "Initial Response" section above.

- Alternate living arrangements or respite admission may need to be considered until power is returned.

- When evacuation is indicated, patients may be transported by using ambulance transport or wheelchair vehicle transport, or a family member's private vehicle if time and safety permits. The transfer location and means to transport a patient will be will be decided by Incident Command, in coordination with the patient/family and hospice staff. No emergency or disaster will be the same so incident objectives and evacuation options will need to be reviewed each time. All medications, supplies, and necessary medical equipment should be moved with patient if possible.

2. Power Outage at Serenity House

- Generator at Hospice/Serenity House- There is an electrical generator at 601 Straw St. The generator will auto start when there is an electrical power outage. There is a 10 second delay from the time the outage begins and the generator starts delivering power. All electrical circuits at 601 Straw St. are connected to the generator. The generator fuel source is natural gas and will continue to run until the fuel source is depleted. * Reminder: the generator is a "secondary power source" and is not equipped to meet the standards of an "emergency generator" that supports life safety and life support. Meaning we need to continue to maintain life safety equipment such as alarms, emergency lighting, etc. as we did before installing the generator even though the generator will power this equipment.

- House staff will notify TH Facility Services, the Hospice and Palliative Care Director or Coordinator, or nurse on-call of any power outages.

- When there is an electrical outage at the Serenity House, the Fire Alarm Panel will alarm and indicate a Trouble condition. To silence the alarm: Get the key from the med. room, open the fire panel at the front entrance, and push the "Ack/Panel Silence" button.
  This will silence the panels but the panel will stay in the Trouble condition until power is restored. Battery back-up on the fire-alarm system will work for a minimum of 90 minutes. After 90 minutes or if the fire alarm system fails for any reason a fire watch –visual inspection of all areas of the building and office every 30 minutes—must be started and will continue until power is restored.

- The decision to transfer patients to TH will be made by the Hospice Director or Coordinator in consultation with the Facility Services Director and Hospital Administration taking into consideration the patient's need for heat or air conditioning, the length of the outage, and the patient's ability to tolerate the transfer.

- Bed availability, transfer needs, and transportation will be coordinated with the Acute Care Services Director, Facility Services, and Hospice Staff.

- There are back-up batteries on the door access system to carry over power until the generator starts. If there is an outage and the generator fails, the exterior doors will not lock from the system, they will need to be manually locked. The med room door will be locked and can only be opened with a key, carried by the medication administrator.

- When evacuation is indicated, patients may be transported by using ambulance transport or wheelchair vehicle transport, or a family member's private vehicle if time and safety permits. The transfer location and means to transport a patient will be will be decided by Incident Command, in coordination with the patient/family and hospice staff. No emergency or disaster will be the same so incident objectives and evacuation options will need to be reviewed each time. All medications, supplies, and necessary medical equipment should be moved with patient if possible.

TELEPHONE FAILURE and INTERNET FAILURE Local/County/Statewide

1. Telephone failure and electrical outage:

    - When phone service is disrupted, the main office extension 1250 and the Serenity House extension 1248 should automatically forward to the answering service, King Communications. If the Hospice office extension 1250 is already forwarded to the Hospice answering service, King Communications, 989-776-5521, the outage will not affect the forwarding process. Families with workable cell phones or not in the failure area may continue to access the answering service,

    - In the event of a reported electrical outage or phone failure the nurse on-call should be notified. The on-call nurse must test the system by calling 608-374-0248 and 608-374-0250. If it is found that these phones have not forwarded, the nurse on-call will call the IS Department at TH 608-377-8670, option 3 and request that they be forwarded to King Communications 989-776-5521. The RN on-call will also inform King Communications they may be receiving increased calls.

      If the phones have failed and cannot be forwarded, patients should be contacted and instructed to call the answering service directly or another Inform the answering service to text/call the on-call nurse.

    - <u>If the network link to the hospital goes down, the Serenity House and Office in Tomah have four SRST remote lines that automatically take over and can be used by dialing outside lines as usual with an "9" before the number.</u>

    - They may also be used for staff to dial in to the Serenity House by dialing 372-3491 or into the office by dialing 372-3461, 372-3551, or 372-3520.

- Plan for patient visits are considered based on the caseload, acuity, and patient needs.

- If service is restored after normal business hours, IS Support will validate that Serenity House, 608-374-0248 phone is working, and that the Hospice Office 608-374-0250 is forwarded to the answering service. Serenity House staff will also use their cell phones to check both as a failsafe measure.

2. King Communications (answering service) phones would fail:

If we are notified by King Communications that they are no longer able to provide answering service by phone or that they have an emergency that may soon limit their ability to supply services, a hospice staff member at the Tomah Office will answer phones or the phones may be forwarded to another site or person to answer and page nurses on-call.

3. **Internet Failure Local/ State/National**

In the event the phones are down at TH or internet connection is lost, the computer access to the server and outside e-mail will be interrupted.

- All staff should be notified of the disruption and phone policy followed as above. Staff may continue to use their laptops and save information to their laptops keeping in mind that the most current information will be saved when everyone syncs after connectivity is restored.

- Patient information may be obtained from staff's downloaded information, or by the use of at an alternate secure internet site.

- Paper forms are available in all offices to use when computer forms are not available.

- Serenity House and several clinical staff have hot spots for back-up internet connection. *Note smart phones may also be used as a hotspot.

- Staff will be reminded to make sure information they were working on when the computers went down was not lost.

THUNDERSTORM WATCH AND THUNDERSTORM WARNING, SEVERE
City of Tomah warning siren is activated for Severe Thunderstorm Warnings and Tornado Warnings.

1. **A Severe Thunderstorm Watch: This is an official weather station indication that weather conditions are right for severe weather.**

TH switchboard will announce a weather alert using Informacast based on National Weather Service advisories from the weather radio alerts. Serenity House or hospice and palliative care staff in any of our service area may become aware of alerts from their phones or television or weather radios.

- When the main hospice office is notified of a severe thunderstorm watch, the hospice office will notify the Serenity House as well as all staff and volunteers making visits that day.

If the office is closed, the Serenity House will be notified and should call the nurse on call who will refer Serenity House staff to their emergency guidelines for a level of readiness if the watch progresses to a warning. The nurse on-call will notify any other staff making visits that day.

- Serenity House staff should notify visitors. Windows, drapes, and blinds should be closed and any heavy objects should be removed from windowsills. Flashlights and lanterns should be located and checked for working condition. The weather radio (which stays on 24/7) and television should be monitored for updates.

- Staff in the field should have their car radios on and remain alert for changing weather conditions.

2. A Severe Thunderstorm Warning: This means severe weather is happening or is on the way.

- If the thunderstorm watch turns into a severe thunderstorm warning, staff should seek cover or stay inside until the warning is cleared.
- Staff and Serenity House should be notified of the change in weather conditions as above.
- Serenity House staff should ask visitors to stay inside away from windows. Patients and visitors should return to the patient's room with windows and blinds closed until the warning is clear. Staff will monitor radio and television for updates.

TORNADO WATCH OR TORNADO WARNING

1. A Tornado Watch: This is an official weather station indication that weather conditions are right for tornado activity but a tornado has not been sighted.

- The Serenity House will be notified of a Tornado Watch and/or Warning by the weather radio, Tomah office, or the hospital. Any staff and volunteers that are making visits that day will also be notified by office staff or the on call RN.

- If the office is closed, the Serenity House will be notified as noted above and should call the nurse on call who will refer Serenity House staff to their emergency guidelines for a level of readiness if the watch progresses to a warning and notify any other staff making visits that day.

- Serenity House staff should notify visitors and patient's to return to the patients' room until the tornado watch is cleared. All windows, drapes, and blinds should be closed and heavy objects removed from windowsills. Serenity House and Office staff should plan evacuation to the patient's bathroom, have wheelchairs, oxygen extension tubing available if the watch becomes a warning and include in the plan which patients cannot be moved. Staff will monitor weather radio and television.

- Staff in out-lying areas should notify the main office if a Tornado Watch or Warning is posted in their areas.

- Staff should have their car radios on and remain alert for changing weather conditions.

2. A Tornado Warning: This is an official weather station warning that A TORNADO HAS BEEN SIGHTED IN THE AREA. Staff are instructed to do the following:

- If in the patient's home, go with the patient and family members to the basement if possible, or inside hallway or bathroom on the lower floor, and away from windows until the Tornado Warning has been cancelled.

- If staff are in their vehicles, they are to leave their vehicle and lie down in the roadside ditch. Do not get under an overpass or bridge. You are safer in a low, flat location.

- When patient's and staff are secure, and if time permits, staff should notify the nurse on-call so she is aware of the Tornado Warning and may notify other staff members or families as needed.

    - At the Serenity House and Main office, patients and visitors should be moved to the patient's bathroom with door closed, using wheelchairs, portable oxygen or oxygen extension tubing. Patients and visitors will be asked to stay there until the warning is cleared. All windows, drapes and other doors should be closed.

    - If unable to move the patient, lower the bed and turn the headboard towards the window. Cover the patient with a blanket using the headboard as a tent. Use a pillow and blankets for added protection against flying debris. Close the blinds and the doors.

    - Family members are also asked to stay in the bathroom with the patient until the warning is cleared. Hospice staff are not responsible for uncooperative family members.

    - Staff members may also stay in the bathrooms with patients or in any other bathroom or in the hallway on the office side of the firewall. Take a cell or portable phone and the weather radio.

    - Once patients and staff are secure, contact the nurse on-call to inform them of the Tornado Warning. Office staff or the nurse-on-call will notify any staff making visits to inform them of the warning. Staff and visitors should remain in place until an "All Clear" is called on the weather radio.

WINTER WEATHER / MAJOR SNOW STORM, ICE STORM, OR LIFE THREATENING SUB-ZERO TEMPERATURES

The weather services give weather alerts that staff who drive the roads to provide care should be aware of and respond appropriately to avoid emergency situations, injury or death:

Winter Weather Advisory means cold, ice and snow are expected.
Winter Storm Watch means severe weather such as heavy snow or ice is possible in the next day or two.
Winter Storm Warning means severe winter conditions have begun or will begin very soon.
Blizzard Warning means heavy snow and strong winds will produce a blinding snow, near zero visibility, deep drifts and life-threatening wind chill.

1. **Winter Storm Watch and Winter Weather Advisory**

- When a Winter Storm Watch and Winter Weather Advisory is issued, staff should check radio, television, and smart phones frequently for updates. Be alert to changing weather conditions as you travel.
- Plan visits before the winter weather arrives if possible and make sure patients have the supplies and medications they need or postpone visits if needed.
- Maintain a full tank of gas. Wear warm clothing including boots, hat and mittens and have blankets and water and snacks in the car. As well as a shovel and a bag of sand or kitty litter.
- Keep cell phones fully charged with all needed numbers programmed.

2. **Winter Storm** Warning and Blizzard Warning

- When a Winter Storm Warning and / or a Blizzard Warning is issued, staff are directed to consult with the Director of Hospice and Palliative Care, the Coordinator, or nurse on-call before making patient visits. Patients and families will be called to determine the need for a visit. The minimum staff safety measure is to call the office or Serenity House before and after visits to ensure staff return safely.

- Staff vehicles must be in good working condition and gas tanks should be kept full. A shovel and a bag of sand or kitty litter in the trunk is advisable to use if you become stuck.

- If you become stuck in the snow, stay with your car unless help is visible. You may become disoriented if snow is blowing. Call 911 for help. Raise the hood. Start the car and use the heater 10 min. out of every hour. Keep the exhaust pipe clear of snow to avoid the risk of carbon monoxide poisoning.

Staff must have weather appropriate clothing such as insulated coat, hat, gloves, and boots and have their cell phone battery charged, with them when they make visits. Also recommended is a blanket, candy bars, a bottle of water, and flashlight. **Consideration must be given as to the advisability of making a visit or arranging for EMT's, First Responders, Ambulance crew or the Sheriff's Department to deal with an emergency situation that may require a home visit. The Coroner may also be called for a death if it is unsafe for hospice staff to go.**

Forms

Personnel Staging Area Staff Roster
Volunteer Staging Area Roster
Hospice and Palliative Care Emergency Call List
Individuals Responsible for Emergency Operations Plan Activation table with in policy (if updated, update the directories and the Emergency Preparedness page)
ICS Forms are found in the form section on the HealthConnect

- Incident Briefing ICS 201
- Incident Objectives ICS 202
- Organization Assignment ICS 203
- Assignment List ICS 204
- Incident Radio Communications Plan ICS 205
- Communications List ICS 205A
- Medical Plan ICS 206
- Incident Organization Chart ICS 207
- Safety Message/Plan ICS 208
- Incident Status Summary ICS 209
- Resource Status Change ICS 210
- Incident Check-In List ICS 211
- General Message ICS 213
- Resources Request Message ICS 213 RR
- Activity Log ICS 214
- Operational Planning Worksheet ICS 215
- Support Vehicle/Equipment Inventory ICS 218
- Air Operations Summary ICS 220
- Demobilization Check-Out ICS 221

**Note: Emergency Operations Plan policy is also located on the Emergency Preparedness page and also update the 2 EOP binders. **

Competency

Hospice HHA Home Care

References

- Definitions
- Acronyms
- Staffing Ratios for Surge Capacity Matrix
- Patient Flow – Triage in Vestibule
- Wisconsin Emergency Operations Plan 005.2

PERSONNEL STAGING AREA STAFF ROSTER

EMPLOYEE NAME	DEPT.	Time In	Time Out	Initials
1.				
2.				
3.				
4.				
5.				
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7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				

COMMENTS: _____

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RETURN TO INCIDENT COMMAND CENTER

03/2020

PERSONNEL STAGING AREA STAFF ROSTER

EMPLOYEE NAME	DEPT.	Time In	Time Out	Initials
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				

COMMENTS: _____

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RETURN TO INCIDENT COMMAND CENTER

03/2020

VOLUNTEER STAGING AREA ROSTER

EMPLOYEE NAME	DEPT.	Time In	Time Out	Initials
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				

COMMENTS: _____

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_____

RETURN TO INCIDENT COMMAND CENTER

HOSPICE AND PALLIATIVE CARE
EMERGENCY CALL LIST

When emergencies or potential emergencies are identified call:

		Home	Cell	Pager
Director:	Heidi Stalsberg	608-562-3025	608-387-1565	
Coordinator:	Melissa Uppena	608-462-8184	608-547-6360	
Nurse On Call		374-0250	Check Call List	

The following may be notified if needed and/ or to set up Incident Command:

CEO of TH:	Phil Stuart	374-4030	315-0041
Safety Officer TH:	John Hancock	372-9096	343-0521
Chief Nursing Officer:	Tracy	372-3588	343-0065

Staff Call List: (ask RNs for patient report; see reverse side)

RNs/NPs	Location	Safe	Report to or unable
		Yes / No	T / M / A / TH / Unable

CNAs /LPNs	Location	Safe	Report to or unable
		Yes / No	T / M / A / TH / Unable

Social Workers	Location	Safe	Report to or unable
		Yes / No	T / M / A / TH / Unable

Chaplains	Location	Safe	Report to or unable
		Yes / No	T / M / A / TH / Unable

Volunteers	Location	Safe	Report to or unable
		Yes / No	T / M / A / TH / Unable

Patient Report on Reverse Side

Patient Name	PCA	O2	DFS III	Condition	Immediate & 72 hr. visit needs/meds, etc.

DEFINITIONS:

All-Hazards Approach
An all-hazards approach is an integrated approach to emergency preparedness that focuses on identifying hazards and developing emergency preparedness capacities and capabilities that can address those as well as a wide spectrum of emergencies or disasters. This approach includes preparedness for natural, man-made, and or facility emergencies that may include but not limited to: care-related emergencies; equipment and power failures; interruptions in communications, including cyber-attacks; loss of a portion or all of a facility; and interruptions in the normal supply of essentials, such as water and food. All facilities must develop an all-hazards emergency preparedness program and plan.

Branch
A supervisory level above division, group, or sector, designed to provide span of control at a high level. A branch is usually applied to the operations or logistics sections and is usually identified by a Roman numeral or functional name.

Command Staff
Commander staff are positions that assume responsibility for key activities at an incident and are not part of the line organization. The command staff is headed by the Incident Commander. Additional command staff, including the safety officer, public information officer, and liaison officer, report directly to the Incident Commander. Other command staff positions may be appointed as needed.

Crew
A crew is an organized group of firefighters under leadership of a company officer, crew leader, or designated official.

Division
A division is a supervisory level that divides the incident into geographic areas of operational responsibility. Divisions are established when the number of available resources exceeds the span of control of the section or branch chief.

Demobilization Unit
A demobilization unit is a functional unit within the planning section responsible for assuring orderly, safe, and efficient demobilization of incident resources.

Disaster
A hazard impact causing adverse physical, social, psychological, economic, or political effects that challenge the ability to respond rapidly and effectively. Despite a stepped-up capacity and capability (call-back procedures, mutual aid, etc.) and change from routine management methods to an incident command/management process, the outcome is lower than expected compared with a smaller scale or lower magnitude impact (see “emergency” for important contrast between the two terms).
Reference: Assistant Secretary for Preparedness and Response (ASPR) 2017-2022 Health Care Preparedness and Response Capabilities Document (ICDRM/GWU Emergency Management Glossary of Terms) (November 2016).

Emergency
A hazard impact causing adverse physical, social, psychological, economic, or political effects that challenge the ability to respond rapidly and effectively. It requires a stepped-up capacity and capability (call-back procedures, mutual aid, etc.) to meet the expected outcome and commonly requires change from routine management methods to an incident command process to achieve the expected outcome (see "disaster" for important contrast between the two terms).
Reference: Assistant Secretary for Preparedness and Response (ASPR) 2017-2022 Health Care Preparedness and Response Capabilities Document (ICDRM/GWU Emergency Management Glossary of Terms) (November 2016).

Emergency/Disaster
An event that can affect the facility internally as well as the overall target population or the community at large or community or a geographic area.

Emergency Operations Alert– Phase I – Preparatory phase. Gives notice to the facility that there is an emergency situation, which may require additional resources.
Emergency Operations Alert – Phase II – Influx of patients that does not exceed the normal capabilities of the facility.
Emergency Operations Alert – Phase III – Influx of patients that exceeds the normal capabilities of the facility. Additional staff is called in to handle the disaster.
Emergency Operations Alert – Regional Phase I – Healthcare facilities in the community can care for all of the patients.
Emergency Operations Alert – Regional Phase II – Healthcare facilities in the community require the resources of other healthcare facilities in the region.
Emergency Operations Alert – Regional Phase III – Healthcare facilities in the community require the resources of other healthcare facilities in one or more other regions.
Emergency Operations Alert – Regional Phase IV – Disaster is national in scope in that a Regional Phase III exists in two or more states.
Emergency Operations Alert - External Disaster – Situation from outside TH, i.e., plane crash, bus accident, etc.
Emergency Operations Alert - Internal Disaster – Situation from within TH, i.e., evacuation of the facility, loss of water, Hazardous Materials Incident Alert, etc.

Emergency Plan
An emergency plan provides the framework for the emergency preparedness program. The emergency plan is developed based on facility- and community-based risk assessments that assist a facility in anticipating and addressing facility, patient, staff, and community needs and support continuity of business operations.

Emergency Preparedness Program
The emergency preparedness program describes a facility's comprehensive approach to meeting the health, safety and security needs of the facility, its staff, their patient population, and community prior to, during, and after an emergency or disaster. The program encompasses four core elements: an emergency plan that is based on a risk assessment and incorporates an all-hazards approach; policies and procedures; communication plan; and the training and testing program.

Facility-Based
We consider the term "facility-based" to mean the emergency preparedness program is specific to the facility. It includes but is not limited to hazards specific to a facility based on its geographic location; dependent patient/resident/client and community population, facility type, and potential surrounding community assets i.e., rural area versus a large metropolitan area.

First Responders
First responders include public safety professionals and trained volunteers who respond to and provide services at emergencies where additional skills and resources may be needed to bring the incident to a safe conclusion. First responders, often the first trained personnel to arrive on scene, usually arrive with standard issue protective and tactical equipment, which may not be adequate for intervention. First responders often provide first detailed scene information to managing authorities and other responding agencies. As the incident evolves, first responders may assist with establishment of structured incident command. They may continue to participate in incident stabilization and mitigation under the direction and supervision of highly trained specialists.

Full-Scale Exercise
A full scale exercise is an operations-based exercise that typically involves multiple agencies, jurisdictions, and disciplines performing functional (for example, joint field office, emergency operation centers, etc.) and integration of operational elements involved in the response to a disaster event, i.e., ‘‘boots on the ground’’ response activities (for example, hospital staff treating mock patients).

General Staff
General staff are senior line positions that supervise the various functions such as operations, planning, logistics, and finance sections. The chief of each section reports directly to the incident commander.

Group
A group is an organization level that divides the incident according to functional levels of operation. Groups perform special functions, often across geographic boundaries such as search and rescue, water supply, ventilation, and interior attack.

Personnel Staging Area
Personnel staging area is the location for designated employees to report to in a disaster.

Resources
Resources are personnel and major items of equipment, supplies, and facilities that are available for assignment to incident operations. Resources are described by kind and type; their status is maintained until released by supervisory personnel.

Risk Assessment
The term risk assessment describes a process facilities use to assess and document potential hazards that are likely to impact their geographical region, community, facility, and patient population and identify gaps and challenges that should be considered and addressed in developing the emergency preparedness program. The term risk assessment is meant to be comprehensive and may include a variety of methods to assess and document potential hazards and their impacts. The health care industry has also referred to risk assessments as a hazard vulnerability assessment or analysis (HVA) as a type of risk assessment commonly used in the health care industry.

Section
Section is any of four major functional components—operations, planning, logistics, and finance—that comprise general staff. Sections may be subdivided by geographic or functional responsibilities into branches, divisions, or groups.

Sector
Sector is an alternate name for geographic or functional assignment, comparable to a division or group.

Secondary Staging Area
Secondary staging area is an area established to accommodate the response personnel, equipment, and resources anticipated by the Incident Commander.

Single Resource
Single resource is an individual vehicle and its assigned personnel.

Span of Control
Span of control is the number of personnel that a supervisor is responsible for. Span of control is often expressed as the ratio of supervisor to personnel. Appropriate IMS span of control ranges between 1:3 and 1:7.

Strike Team
Strike team is multiple units, often five in number, of the same resource category that have an assigned strike team leader.

Staff
The term "staff" refers to all individuals that are employed directly by a facility. The phrase "individuals providing services under arrangement" means services furnished under arrangement that are subject to a written contract conforming with the requirements specified in section 1861(w) of the Social Security Act.

Task Force
Task force is any combination of single resources, but typically two to five, assembled to meet a specific tactical need.

Table-top Exercise (TTX)
A tabletop exercise involves key personnel discussing simulated scenarios in an informal setting. TTXs can be used to assess plans, policies, and procedures. A tabletop exercise is a discussion-based exercise that involves senior staff, elected or appointed officials, and other key decision-making personnel in a group discussion centered on a hypothetical scenario. TTXs can be used to assess plans, policies, and procedures without deploying resources.

Unified Command
Unified command is an incident management performed by representatives of several agencies to assure that a consistent response plan is developed and deployed and that all actions are performed in a safe, well-coordinated manner.

Unity of Command
Unity of command is a management concept that assures that each responder has only one direct supervisor.

Acronyms

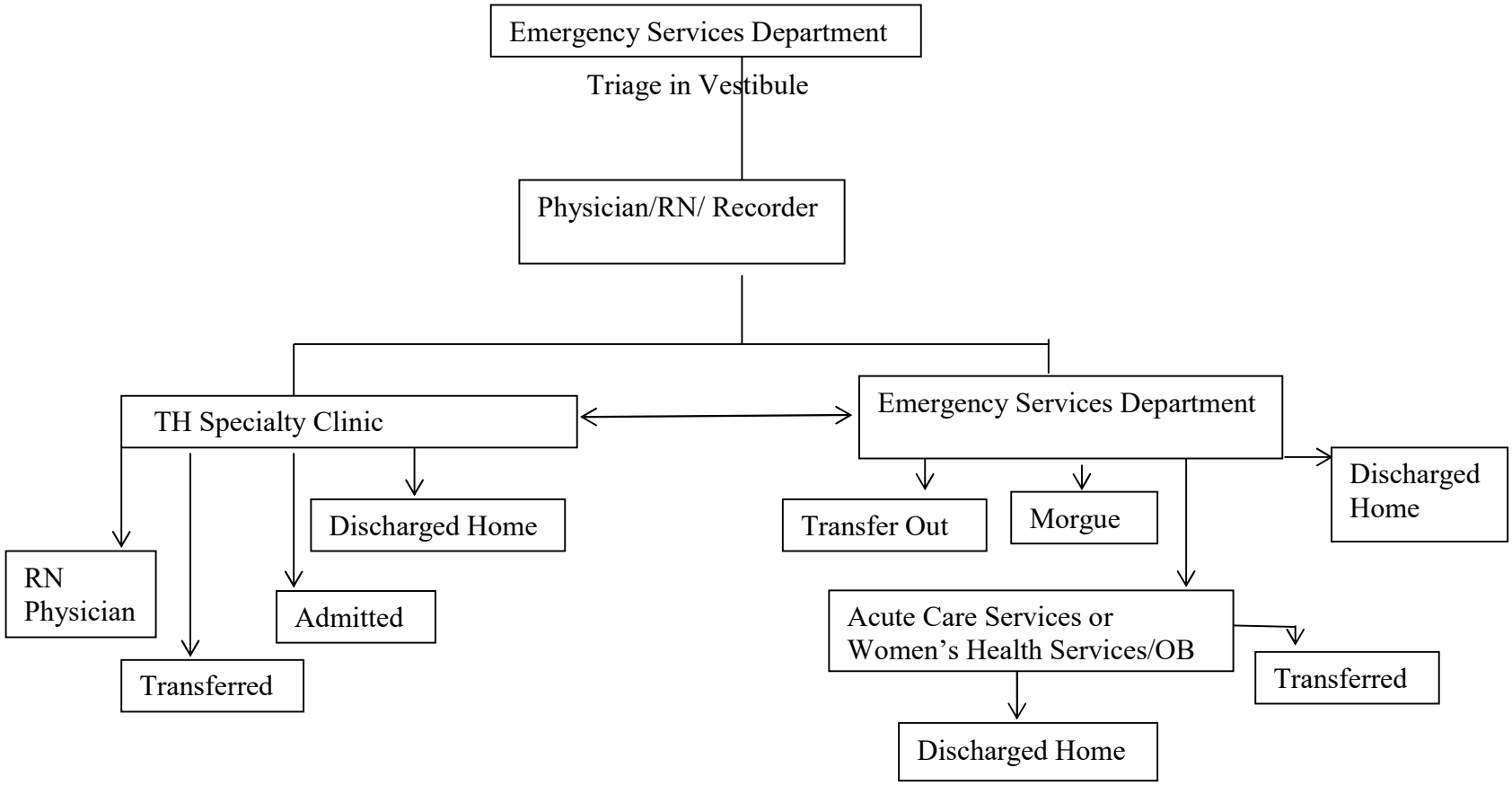
AAR/IP: After Action Report/Improvement Plan
ASC: Ambulatory Surgical Center
ASPR: Assistant Secretary for Preparedness and Response
CAH: Critical Access Hospital
CDC: Centers for Disease Control and Prevention
CfCs: Conditions for Coverage and Conditions for Certification
CMHC: Community Mental Health Center
CMS: Centers for Medicare & Medicaid Services
CoPs: Conditions of Participation
CORF: Comprehensive Outpatient Rehabilitation Facilities
DHS: Department of Homeland Security
DHHS: Department of Health and Human Services
DSA: Donation Service Area
EOP: Emergency Operations Plans
EMP: Emergency Management Plan
EP: Emergency Preparedness
ESAR–VHP: Emergency System for Advance Registration of Volunteer Health Professionals
ESF: Emergency Support Function
ESRD: End-Stage Renal Disease
FEMA: Federal Emergency Management Agency
FQHC: Federally Qualified Health Center
HHA: Home Health Agencies
HPP: Hospital Preparedness Program
HRSA: Health Resources and Services Administration
HSEEP: Homeland Security Exercise and Evaluation Program
HSPD: Homeland Security Presidential Directive
HVA: Hazard Vulnerability Analysis or Assessment
ICFs/IID: Intermediate Care Facilities for Individuals with Intellectual Disabilities
LPHA: Local Public Health Agencies
LSC: Life Safety Code
LTC: Long-Term Care
NFs: Nursing Facilities
NFPA: National Fire Protection Association
NIMS: National Incident Management System
OPO: Organ Procurement Organization
PACE: Program for the All-Inclusive Care for the Elderly
PHEP: Public Health Emergency Preparedness
PRTF: Psychiatric Residential Treatment Facilities
RNHCIs: Religious Nonmedical Health Care Institutions
RHC: Rural Health Clinic
SNF: Skilled Nursing Facility
TJC: The Joint Commission
TH: Tomah Health
TRACIE: Technical Resources, Assistance Center, and Information Exchange
TTX: Tabletop Exercise

STAFFING RATIOS FOR SURGE CAPACITY MATRIX

Level	Number of Patients Expected	Patient Care Staff Ratios for RED beds	Patient Care Staff Ratios for YELLOW beds	Patient Care Staff Ratios for BLACK beds
I	1-10	1:2 to 1:4	1:5 to 1:12	1:10 to 1:16
II	11-25	1:2 to 1:4	1:5 to 1:12	1:10 to 1:16
III	26-50	1:2 to 1:4	1:5 to 1:12	1:10 to 1:16
IV	51-100	1:2 to 1:4	1:5 to 1:12	1:10 to 1:16
V	>100	1:2 to 1:4	1:5 to 1:12	1:10 to 1:16

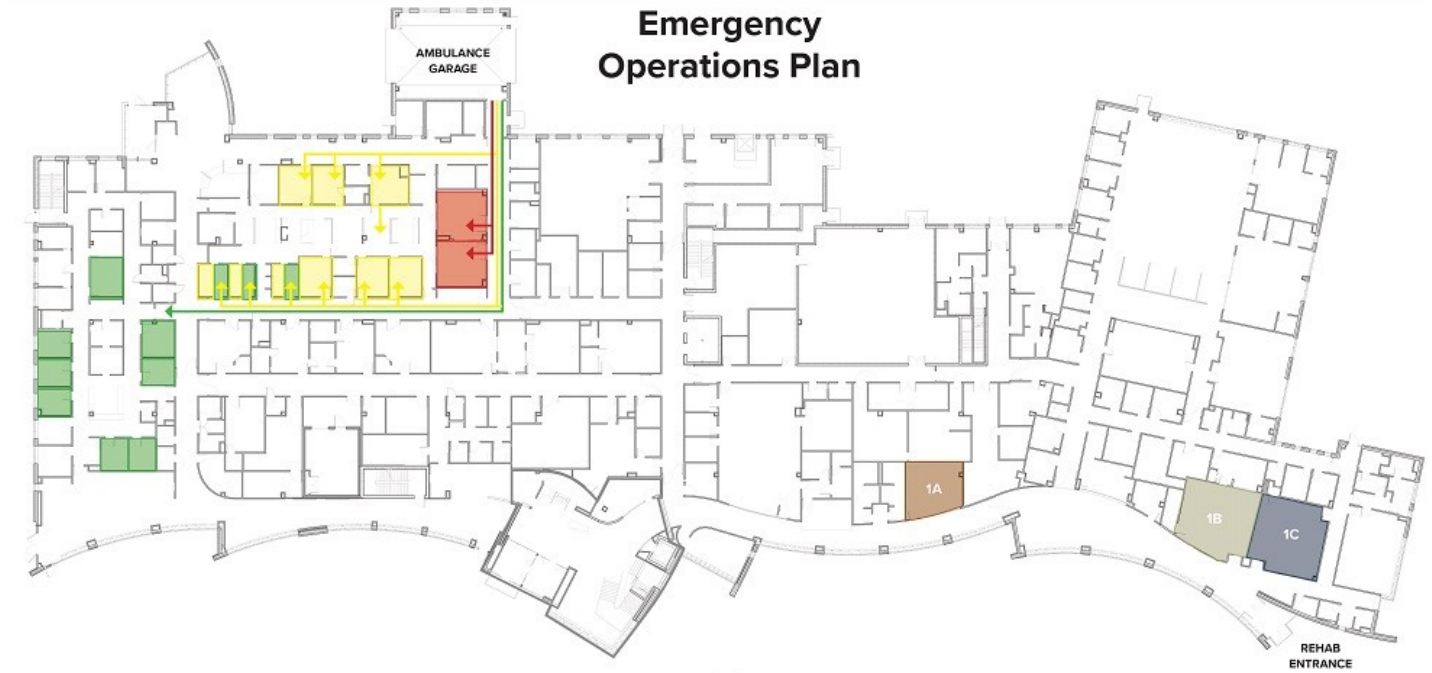
The above ratios assume that nurses and other care givers are providing only essential patient care services. The ratios will also vary based on the acuity of the patients.

PATIENT FLOW



03/2020

Emergency Operations Plan



KEY FLOOR 1

- Red Patients (QTY 2)
- Yellow Patients (QTY 9)
- Green Patients (QTY 17)
- Red Patient Route
- Yellow Patient Route
- Green Patient Route
- Personnel Staging (Conference Room 1A)
- Family Reunification (Conference Room 1B)
- Press/Media (Conference Room 1C)

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Emergency Operations Plan

KEY FLOOR 3

Emergency Operations Center (Board Room)

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