NYU Winthrop Hospital

Comprehensive Emergency Management Program-

[Policy # EM-2]

January 2018

TO ACTIVATE CODE HICS:

NOTIFY HOSPITAL OPERATOR-Dial extension "5151" or "2222" on campus. Dial 516-663-2222" off campus.
REQUEST ACTIVATION OF: **CODE HICS**
DESCRIBE **SITUATION** and **SPECIFIC ASSISTANCE** NEEDED
REQUEST LAUNCH OF **WINTHROP ALERT MESSAGE** (as directed)

HOSPITAL EMERGENCY OPERATIONS CENTER (HEOC)
PHONE: (516) 663-8547
FAX: (516) 663-4828
E-MAIL: heoc@nyuwinthrop.org

PROMULGATION DOCUMENT

This Comprehensive Emergency Management Program (**CEMP**) is for use by the **NYU Winthrop Hospital** and applies specifically to the main campus and affiliated off-campus locations. This plan establishes full compliance with applicable provisions of the Centers for Medicare and Medicaid Conditions of Participation (**CMS Co-P**), The Joint Commission Hospital Accreditation Standards (**2018**), the National Incident Management System (**NIMS**) Implementation Objectives for Healthcare Organizations, and the National Fire Protection Association (**NFPA**) Standard 1600, *Standard on Disaster/Emergency Management and Business Continuity Programs*.

Reviewed and Approved on Behalf of the NYU Winthrop Hospital- (original signatures on file)

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TABLE OF REVISIONS

The contents of this **CEMP** are subject to change, with revisions made as required. The **NYU Winthrop** Office of Emergency Management is responsible for updating this **CEMP**, and for ensuring compliance with all applicable standards and requirements. When inserting revisions to this plan, the person revising the document shall complete the table below.

Revision #	*Date*	*Section/Page(s)*	*Change*	*Revised By*
1.0	June 2014	All	Initial publication	D. Sheridan
2.0	September 2015	All	Updated	F. Mineo
3.0	February 2016	All	Updated	F. Mineo
4.0	February 2017	All	Updated	F. Mineo
5.0	January 2018	All	Updated	F. Mineo

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CRITICAL EVENT ANNEXES & SUPPORT DOCUMENTS- (Binders/Folders in HEOC)

A. EVACUATION ANNEX (and Support Documents)

SD1-Muster Point Maps
SD2-Evacuation Activation Levels
SD3-NYS DOH Transportation Assistance Levels (TALS)
SD4-Selected Areas Checklist
SD5-Maintenance and Communications Matrices
SD6-Designated Areas Matrix
SD7-Evacuation Process Flowchart
SD8-Transfer and Tracking Forms
SD9-Evacuation Branch
SD10-E-Finds Application Process
SD11-E-Finds Instructions
SD12-E-Finds Job Action Sheet (Administrator)
SD13-E-Finds Job Action Sheet (Data Reporter)
SD14-E-Finds Algorithm
SD15-Med-Sled/Sled Brigade Process

B. CBRNE ANNEX- (and Support Documents)

SD1-ED Hazmat Rapid Reference Guide
SD2-Initial Response to the Contaminated Patient
SD3-Flowchart for Management of Contaminated Patient
SD4-Code Orange-Victim Decontamination Group Positions
SD5-Decontamination Site Function Action Guides 1-11
SD6-Medical Monitoring Incident Response Record
SD7-Instructions for Patient/Victim Directed Self-Decontamination
SD8-Hazardous Materials Branch Table of Organization
SD9-Hazardous Materials Branch Job Action Sheets
SD10-Chemical Weapons of Mass Destruction
SD11-Radiological and Nuclear Exposures
SD12-Biologic- Incident Exposures
SD13-Point of Distribution (Medications)
SD14-Nassau County DOH-CHEMPACK Deployment Matrix

C. SURGE –CODE MCI/ALTERNATE CARE SITE ANNEX- (and Support Documents)

SD1-Code MCI Response Plan for Emergency Department
SD2-Individual Department/Service Action Procedures
SD3-Medical Staff Deployment Guidelines
SD4-Alternate Triage/Treatment Site Guidelines
SD5-High Occupancy/Census Policy
SD6-Pediatric Surge Guidelines
SD7 (a-c)-MCI- Blast/Explosive Incidents/Injuries

CRITICAL EVENT ANNEXES & SUPPORT DOCUMENTS- (Binders/Folders in HEOC)

D. FACILITY SUSTAINABILITY ANNEX FOR ESSENTIAL SERVICES & UTILITY SYSTEMS- (and Support Documents)

SD1-Maintenance of Food and Nutrition Plan
SD2-Maintenance of Essential Staff Plan
SD2a-Job Action Sheet for Labor Pool Operations
SD3-Maintenance of Critical Supplies and Equipment Plan
SD4-Medication Sustainability Plan
SD5-Major Utilities Failure Response Plan
SD6-Self Sustainability Matrix (96-hour plan)

E. SEVERE WEATHER EMERGENCIES (ALL-HAZARDS) - (and Support Documents)

SD1-All Hazards Advance Preparation Checklist
SD2-Critical Item Preparation Checklist
SD3-Staff Accommodations Plan
SD4-Plant Operations Status Report

F. SHELTER-IN-PLACE- (and Support Documents)

SD1-SIP Checklist and Decision Tree Matrix

G. COMMUNICATIONS PLAN- (and Support Documents)

SD1-Emergency Alert Codes
SD2-Key Leadership Contact Directory
SD3-Regional Contact Directory
SD4-Winthrop Alert Documents/Tools
SD5-Use of Portable Radios
SD6-Use of Satellite Phone
SD7-Staff Notification Matrix
SD8-GNYHA Situation Status Guide

H. TRAINING AND EDUCATION- (and Support Documents)

SD1-New Employee Training Materials
SD2-Employee Annual Training Materials
SD3-Homeland Security Exercise and Evaluation Program (HSEEP)
SD4-After Action Report and Improvement Plan Template
SD5-Joint Commission Exercise Crosswalk Template

CRITICAL EVENT ANNEXES & SUPPORT DOCUMENTS- (Binders/Folders in HEOC)

I. ENGINEERING EMERGENCY RESPONSE PLAN- (specific sections)

SD1-POWER FAILURE
SD2-EMERGENCY POWER
SD3-STEAM FAILURE
SD4-Medical Gas
SD5-Water Failure
SD6-HVAC System Failure
SD7-Central A/C System Failure
SD8-Sewer System Failure
SD9-Natural Gas Failure
SD10-Pevco System Failure
SD11-Diesel Fuel Mitigation
SD12-Emergency Bulk Oxygen

J. CONTINUITY OF OPERATIONS PLAN- (and Support Documents)

SD1- Various Tables for Delegation, Succession, Essential Tasks

K. OUT-PATIENT DIALYSIS CENTER EMERGENCY PLAN

PART IV- CEMP REFERENCE DOCUMENTS (see below for Locations)

A. GLOSSARY OF TERMS AND ACRONYMS-**IN BINDER**

B. NIMS OVERVIEW/PROCESS- **IN BINDER**

C. HICS JOB POSITIONS TABLE-ORDER OF SUCCESSION MATRIX -**IN HEOC PLAYBOOK/USERS GUIDE**

D. HICS JOB ACTION SHEETS (2014)-**IN HEOC AND ON HEOC WORKSTATIONS**

E. HICS FORMS (2014)-**IN HEOC AND ON HEOC WORKSTATIONS**

F. DEPARTMENT/SITE EMERGENCY OPERATIONS PLANS (**DEOP/SEOP**)-**ON HEOC WORKSTATIONS**

G. STAFFING, TRACKING, AVAILABLE BEDS, TECHNOLOGY STATUS, RESOURCES AVAILABLE, EVENT IMPACT, PROBLEMS OR PROGRESS FORM (**STATREP**)- **ON NYU INTRANET WINTHROP HOME PAGE, ALSO ON HEOC WORKSTATIONS**

H. RECOVERY CHECKLIST- **IN BINDER, AND ON WORKSTATIONS**

I. EMERGENCY EQUIPMENT INVENTORY-**IN HEOC**

J. HAZARD VULNERABILITY ANALYSIS (**HVA**)- **IN BINDER**

K. MUTUAL AID AGREEMENTS- **IN BINDER**

L. 1135 WAIVER COORDINATION DURING FEDERALLY DECLARED DISASTER- **(MCN, HEOC BINDER & WORKSTATIONS)**

M. EMERGENCY CREDENTIALING/EMERGENCY DISASTER PRIVILEDGES- **(MCN, HEOC BINDER & WORKSTATIONS)**

N. CODE RED FIRE RESPONSE PLAN- **(MCN, HEOC BINDER & WORKSTATIONS)**

O. EM POLICY 1: PURPOSE OF THE COMPREHENSIVE EMERGENCY MANAGEMENT PROGRAM- **(MCN, HEOC BINDER & WORKSTATIONS)**

P. EM POLICY 3: EMERGENCY ALERT CODE DEFINITIONS AND ACTIVATION- **(MCN, HEOC BINDER & WORKSTATIONS)**

Q. HOSPITAL HIGH OCCUPANCY POLICY-**(MCN, HEOC BINDER & WORKSTATIONS)**

PART I

Executive Summary and Guidance Framework

1 EXECUTIVE SUMMARY

The **NYU Winthrop** Hospital Comprehensive Emergency Management Program (**CEMP**) is a detailed outline of the general principles and procedures for administration and staff to follow in effectively responding to an emergency incident or unusual situation. Such events can occur within the hospital or community at large.

The foundation of this plan is the Hospital Incident Command System (**HICS**), which is an incident management tool that provides for efficient and effective utilization of hospital resources in response to any type of unusual event. This tool replicates the Incident Command System (**ICS**) used by public safety agencies and other participants in a regional emergency response, which enhances interoperability and streamlines communication and coordination during a crisis. Use of the **HICS** system ensures that the hospital meets the various regulatory requirements of The Centers for Medicare and Medicaid, the NYS Department of Health, and best practices/lessons learned from the United States Department of Homeland Security National Incident Management System (**NIMS**) for managing crisis incidents optimally.

NYU Winthrop utilizes the Hospital Incident Command System (**HICS**) to help reduce the confusion and chaos commonly experienced by a hospital at the onset of an incident. This chain of command structure lists over **76** possible positions, corresponding to the most likely strategic or tactical objectives required of a health care organization during a crisis. **It is important to note that not all positions are required for any one particular event/incident**. Each of these positions has a prioritized job description and task list, called a Job Action Sheet (**JAS**), written to describe the important duties of each particular role. This plan contains a **HICS** Table of Organization as well as other **HICS**-detailed forms located within the **NYU Winthrop** Hospital Emergency Operations Center (**HEOC)**.

This plan is both specific and flexible in scope and application. The plan does not prescribe every step for every person in every possible situation; but rather creates a framework adaptable to various situations. The plan is specific in assigning responsibility, authority, and areas to be covered. It is flexible in allowing individuals in command to call upon further reserves of personnel, supplies, equipment, and space, as required, but in an organized, documented, and logical manner.

Revision (5.0) supersedes all previous emergency management plans. Please refer any recommendations or questions regarding the content or format of this plan to the Office of Emergency Management.

2 INTRODUCTION

2.1 Mission Statement

The mission of the **NYU Winthrop CEMP** is to facilitate and integrate the Hospital's Emergency Management activities with emergency management programs across the county and region, thereby fostering the coordination of planning, preparedness, response, information sharing, and recovery throughout the region. Such actions allow for an effective and efficient response to emergency events affecting the hospital and its community partners.

NYU Winthrop; licensed by New York State Department of Health; and accredited by The Joint Commission; offers an extensive range of ambulatory and inpatient services, from primary medical care to emergency treatment and specialized surgical procedures. Licensed to operate 591 beds**, NYU Winthrop** is an **ACS certified Level 1 Trauma Center**.

2.2 Objectives

This program outlines the **"ALL-HAZARDS"** response of the hospital to events that may occur outside of the hospital or hospital campus **(external incident)**; or within the hospital campus **(internal incident),** which cause, or have the potential to cause; a negative impact on normal hospital operations or services, and/or patient care and safety. The objectives of the **CEMP** are:

Enable a planning process that tracks current situations, anticipates future developments, and develops timely strategies to mitigate their impact;

Allow for the mobilization and response of the hospital and its departments to any type of situation or event that adversely impacts its ability to provide safe and adequate services;

Implement and follow the Hospital Incident Command System (**HICS**) for clear and direct command, control, and organization of the hospital during a crisis;

Provide and maintain necessary logistical support for the physical plant, facility systems, and material and nutritional supplies;

Maintain the business continuity of the hospital (to the extent possible), to allow for prompt recovery from an unusual event and resumption of normal activities;

Allow for orientation/training/exercising of staff to their roles during an emergency;

Provide assessment of the hospital's vulnerably **(HVA)** to potential unusual events;

Encourage integration of the hospital with its mutual aid agreement partners, the regional health care community, local government, and local emergency response agencies;

Allow for quality oversight of the emergency management process; while **ensuring** compliance with all applicable regulatory requirements.

Meeting these objectives enables **NYU Winthrop** to fulfill its primary functions in a crisis, which include:

Protection of patients, staff, and physical plant, to ensure safety and continuity of operations;

Provide effective and efficient medical care promptly and effectively to reduce the number of deaths and disabilities while aiding recovery;

Restore normal services as quickly as possible following an emergency.

2.3 Scope

This **CEMP** applies to all paid, contracted, and voluntary/volunteer staff members of the hospital, allied staff and affiliates, and medical students working/located within campus buildings and grounds, and all **NYU Winthrop** affiliated off-campus property locations.

2.4 Organization

This **CEMP** has four principal sections. These sections include:

Part I-Executive Summary and Guidance Framework; describes the hospital's comprehensive emergency management program and core narrative elements of the all-hazards planning framework.

Part II-Emergency Operations Plan (EOP); includes the procedures and tools used to guide a response to a planned/unplanned incident or event.

Part III-CEMP ANNEXS and Support Documents (SD) are event-focused plans based on the organization's hazard assessments and general emergency management response protocols. **Documents are available in HEOC and on HEOC workstations**.

Part IV-CEMP Reference Documents support the overall **CEMP;** (i.e., HICS job action sheets and forms, glossary, Department/Site Emergency Operations Plans, Status Reports, related policies and other documents). **Documents are available in HEOC and on HEOC workstations.**

3 PLAN ASSUMPTIONS

In developing/revising this **CEMP**, hospital leadership and other key department managers are involved in an annual review process that drives plan development, implementation and training. This process is coordinated through the **NYU Winthrop Emergency Management Steering Committee (EMSC);** based on the organization's response to real and/or planned events and exercises.

The **worst-case scenario** for the organization would be a "**major impact incident"** (e.g., natural disaster, mass-casualty incident requiring surge expansion of facilities; or an utility failure event resulting in the inability to maintain a safe and secure environment of care. Such an event could further escalate into additional concurrent or sequential emergencies that might adversely affect patient safety and the organization's ability to sustain/provide patient care and services.

To prepare for such a scenario, **NYU Winthrop** will use staffing and resources that are available internally to ensure proper patient care. In the worst-case scenario, initial response will include the maximization of existing resources until external support is available to the facility. However, it may be the case that staffing is compromised because of severe weather emergency; or other conditions that may not allow maximum utilization of resources to handle the incident. In these cases, the **Hospital Emergency Operations Center** (**HEOC**) will be activated to develop a process (utilizing **HICS** guidelines and other resources as outlined in this plan) in which to optimize available assets to manage the incident.

4 EMERGENCY MANAGEMENT PROCESS/ CYCLE

To ensure that **NYU Winthrop** is effectively able to respond to emergency incidents, the **CEMP** incorporates the five phases of emergency management – ***mitigation, prevention, preparedness, response, and recovery***. Each of these plays a specific role in the development of the **CEMP;** allowing for a process that ensures ongoing readiness for any emergency.

4.1 Mitigation

Mitigation measures are steps taken to minimize the impact that a crisis event would have, should it occur. An example is the care and isolation of infectious patients in a pre-designated negative pressure room(s).

4.2 Prevention and Preparedness

Measures are actions taken to ensure the hospital is able to respond. Such measures include planning, policy development, equipment stockpiling, training, and exercises. Prevention and preparedness measures taken as part of this **CEMP** include:

Staff training for new and current employees,

Exercises and drills conducted on a regular basis,

Backup communication systems include a public- address system, emergency portable radios, cellular phones, Nassau County Emergency Management radio, HAM radio, Satellite radios, runners and an emergency notification system called **WINTHROP ALERT**,

IT hardware and software redundancies, back-up and recovery plans. Backup files are stored securely both on and off-site,

Emergency Department (**ED**) focused mass casualty triage (**CODE MCI**), and Surge Capacity/Alternate Care Site (**ACS**) measures for rapid expansion of patient care areas,

A decontamination shower(s) is operational both externally and within the **ED**. Decontamination equipment and personal protective equipment is located in the Decontamination and Emergency Supply Storage Trailer, and is ready for immediate use. Staff members (clinical and non-clinical) have received training in **OSHA First Receiver** awareness and operations, including use of personal protective equipment **(PPE)** and decontamination facilities.

4.3 Response

This **CEMP** follows the **NIMS/ICS** process, which allows for maximum **"ALL-HAZARDS"** planning and response flexibility when responding to emergency events.

4.4 Recovery/Continuity of Operations

Recovery activities are those actions taken during and following an event with the intent of returning the organization to its pre-event state as quickly as possible. Recovery and operations continuity planning is included in the supporting document **(CEMP Critical Event Annex J).**

4.5 Critical Focus Areas

Specific focus is paid to the **six critical** areas of healthcare emergency management that are frequently challenged during a crisis; *communications, resources and assets, safety and security, staff roles and responsibilities, utilities management, and patient clinical and support activities.* This plan describes strategies and tactics for managing each of these critical areas. In addition, the **Facility Sustainability for Essential Services and Utilities for 96 hours** (**CEMP Critical Event Annex D**) addresses the mission-critical capabilities, technologies, and processes that are essential to Hospital operations from a preparedness standpoint.

4.6 National Incident Management System (NIMS) Compliance

NYU Winthrop has committed to full adoption and compliance with the National Incident Management System (**NIMS**)/Hospital Incident Command System (**HICS**)-including all applicable requirements (**CEMP Reference Documents B, C and D**). The Office of Emergency Management is responsible for tracking all aspects of this CEMP's **NIMS** organizational adoption, command and control, preparedness planning, training, exercises, resource management, communication, and information management activities on an ongoing basis.

5. DEPARTMENT/SITE LEVEL PLANS/PREPAREDNESS

5.1 Department/Site Emergency Operations Plans (DEOP/SEOP)

The purpose of the **DEOP/SEOP** is to provide department staff with specific instructions to be carried out during the initial phase of an emergency response. The **DEOP and SEOP plans** are posted within the department for immediate reference and use by departmental staff.

Department heads shall ensure that all personnel within their departments are familiar with their specific roles and responsibilities for **Code HICS** activation.

DEOP/SEOP plans are updated annually by the respective department head; and approved by the **NYU Winthrop** Office of Emergency Management.

5.2 Department-level Activation (referenced within the DEOP/SEOP)

In every department/location, the senior person and/or "**charge person**" physically at the location will take control and make all necessary decisions until relieved by a superior.

Within **30 minutes** of **Code HICS** activation and/or as directed: the department person-in-charge shall contact the **HEOC** and provide the departments' operational status; using the situational status report referred to as a **STATREP (CEMP Reference Document G, also available on Intranet and HEOC workstations**).

Each Department/Site is responsible for maintaining an updated call list for immediate use in notifying off-duty staff (as needed).

5.3 Facility-wide Contingency Procedures

Certain departments maintain extensive contingency procedures that affect the entire hospital. For example, the Facilities/Engineering Department maintains detailed procedures for failure and restoration of critical utility systems; and the Food and Nutrition Department maintains four days of provisions (on-site and warehouse) for meal service when cooking is not possible. These department-level procedures are included as part of the **Facility Sustainability for Essential Services and Utilities for 96 hours (CEMP Critical Event Annex D**) for immediate reference as needed.

6. PHYSICAL ENVIRONMENT OF CARE CONSIDERATIONS

6.1 Physical Environment of Care and Emergency Management Committees

NYU Winthrop has incorporated emergency preparedness principles into its organizational safety culture. The Emergency Management Steering Committee (**EMSC**) is a partner to the Institutional Environment of Care/Safety Committee; with both groups actively involved in ensuring a safe and effective emergency preparedness plan and process for the Hospital.

6.2 Assessment of Plan Goals and Objectives

Identification of performance improvement standards, collection and analysis of data, and reporting to the Emergency Management Steering Committee and to the Institutional Environment of Care/Safety Committee is part of the review and assessment process. In addition, conducting an annual evaluation of the objectives, scope of performance and effectiveness of this **CEMP**, and reporting the results to the Committee helps to ensure the plan is updated based on response outcomes.

The Office of Emergency Management is responsible for establishing performance improvement (**PI**) standards to measure the effectiveness of this **CEMP**. The **PI** measurement process is one part of the evaluation of the effectiveness of the Emergency Management program. The performance improvement metrics for the **2018 CEMP** are:

Increased understanding of emergency management components utilizing the "**ALL HAZARDS"** approach and tools,

Improvement of the **CEMP** is based on planned/unplanned activations in the following areas:

- Competency (knowledge of leader and staff roles and responsibilities)
- Operational improvement (setting up **HEOC**)
- Continued testing of the emergency notification system-**WINTHROP ALERT**

Assessment of the **NYU Winthrop Continuity of Operations Plan** (**CEMP Critical Event Annex J**).

7. COMPETENCY-BASED TRAINING AND EDUCATION

7.1 Competencies

Emergency response training is competency-based, and is specific to staff roles and responsibilities. Training includes use of personal protective equipment and/or other specialized equipment used or operated as needed.

Staff Competencies-the ability of **NYU Winthrop** to respond to an emergency depends upon staff both understanding and demonstrating their role specific to this **CEMP**. As such, all staff must be able to demonstrate the emergency preparedness core competencies outlined in the **Training and Exercise Plan** (**CEMP Critical Event Annex H**).

Leadership Competencies-in addition, hospital leaders shall demonstrate those additional competencies provided for in **Training and Exercise Plan** (**CEMP Critical Event Annex H**).

7.2 Education and Training

Education takes place through the **New Employee Orientation Program**, the annual in-service education process, and through participation in planned/unplanned events/exercises. Leader and Emergency Management Steering Committee members receive additional training through on-line **FEMA** courses.

7.3 Drills and Exercises

The organization conducts drills and exercises of various levels at least twice each calendar year either in response to an actual emergency or in a planned exercise. At least one of the annual exercises includes **an influx of actual or simulated patients**, with the other a **community-wide component** that simulates escalation into an extended situation or series of cascading events with loss of community support for a period of time. Whenever possible, **NYU Winthrop** may participate in an external **"ALL-HAZARDS"** exercise that involves responders from multiple disciplines, different agencies, or organizations. For planned exercises, scenarios will include elements that challenge the ***six critical focus areas of emergency management referenced in this CEMP.***

7.4 NIMS/FEMA Leadership Training

NYU Winthrop requires the following **NIMS** based training for all leaders likely to assume an incident command position described in this **CEMP:**

IS-100.HCB-Introduction to the Incident Command System for Healthcare/Hospitals
IS-200.HCA-Applying ICS to Healthcare Organizations
IS-700 -Introduction to the National Incident Management System

8 PLAN REVIEW AND EVALUATION

8.1 Hot Wash and After-Action Report/Improvement Plan

The Office of Emergency Management is responsible for the evaluation of **CEMP** performance. Following any **Code HICS Level 3 or Level 4** activation (Level 2 at discretion of Incident Commander), individuals involved in a command function of the event shall attend a formal critique (**HOT WASH**) of the event. This critique shall evaluate adequacy of the organization's response to the incident, with the intention of identifying best practices and opportunities for improvement, and/or revising policies or procedures.

The Office of Emergency Management will compile the results of the Hot Wash meeting into an after-action report (**AAR**) and improvement plan (**IP**), which will serve to document the event, the hospital's response, and any follow-up actions needed to improve future performance. The **NYU Winthrop** Emergency Management Steering Committee (**EMSC**) shall review and approve the **AAR/IP** and follow-up as required to ensure indicated improvements are made.

8.2 CEMP Revisions / Review

The **NYU Winthrop** Emergency Management Steering Committee conducts an annual review of this program, which shall include:

Assessment of the emergency management plan's objectives, scope, performance, and effectiveness,

Reassessment and updates of the Hazard Vulnerability Analysis (**HVA**)based on experiences over the preceding year,

Development of incident-specific plans as required by the **HVA,**

Revision of existing procedures based on actual experiences and new information, standards, or best practices in the emergency management community,

The Office of Emergency Management is responsible for facilitating this annual review. Once approved by the Emergency Management Steering Committee; the **CEMP** is distributed to the hospital's senior leadership for their review and approval.

9 HAZARD VULNERABILITY ANALYSIS (HVA)

The **HVA** is an important part of the update and revision process for this **CEMP**; and is developed in consultation with those community organizations that assess external threats, probabilities, and impacts; including but not limited to:

NYU Winthrop Institutional Environment of Care/Safety Committee

NYU Winthrop Emergency Management Steering Committee

Nassau County and Local Public Safety and Health Organizations (as required)

The hospital communicates as needed with these agencies to identify community capabilities needed during a response.

The 2018 NYU Winthrop HVA is included as CEMP Reference Document J

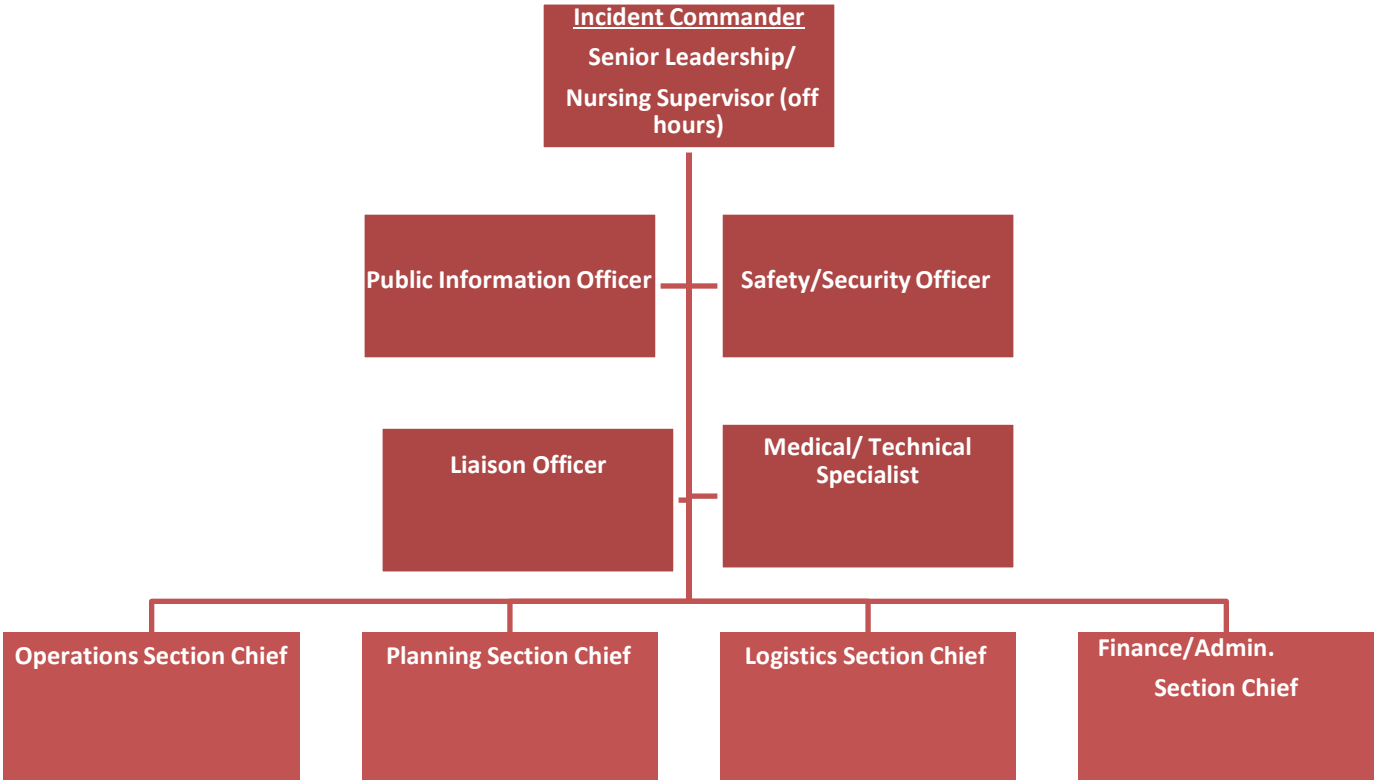
10 CONCLUSION

The **NYU Winthrop** Comprehensive Emergency Management Program (**CEMP**) is a wide-ranging, flexible **"ALL-HAZARDS"** set of crisis action procedures that have been tried and validated through years of actual and simulated emergency conditions. These procedures, when properly implemented, will help ensure that any crisis response will maximize safety, effectiveness, and efficiency; enable provision of the best possible care for patients and the community; and maximize business continuity for **NYU Winthrop Hospital**.

PART II

EMERGENCY OPERATIONS PLAN

11 NYU WINTHROP HOSPITAL ORGANIZATIONAL CHART



Based on the nature of the incident; the above KEY positions should be staffed as quickly as possible!

12 CEMP-EMERGENCY OPERATIONS-HEOC ACTIVATION

12.1 Notification of an Incident

The individual receiving the initial notification that an emergency incident has taken place will obtain as much information as possible on the situation, and shall immediately contact the switchboard operator (**Dial 5151/2222 internal or 516-663-2222 external**), stating the type of emergency, location, and any **immediate needs**. The switchboard operator shall immediately make all required notifications as detailed in the **NYU Winthrop Emergency Codes Definition and Activation Policy-EM-3 (CEMP Reference Document P).** The Senior Administrator on Site will ascertain the facts, assess the situation, and make the decision to assume/delegate command and activate this **CEMP**.

NOTE-When in doubt, activate the plan and open the HEOC.

12.2 CODE HICS Activation

This **Emergency Operations Plan (EOP)** has four activation levels. Note that activation can occur at any level and does not require a stepwise sequence of activation. For example, activating the plan at **Level 3** for a situation having a significant impact on the facility ensures **Levels 1 and Level 2** implementation as well.

ACTIVATION LEVEL	IMPACT	HEOC ACTIVATED
LEVEL 1 -	ALERT ONLY	**NO**
LEVEL 2 - Emergency	MODERATE NEGATIVE IMPACT TO PATIENTS/FACILITY	**DEPENDS ON NATURE OF INCIDENT-(COULD BE PHYSICAL OR VIRTUAL)**
LEVEL 3 - Disaster	**SIGNIFICANT NEGATIVE** IMPACT TO PATIENTS/FACILITY	**YES**
LEVEL 4 - Catastrophic	**MAJOR NEGATIVE IMPACT TO PATIENTS/FACILITY**	**YES**

12.3 CODE HICS Level I Activation (Alert)

For an incident that has the **potential** to disrupt facility/patient care services, for which advance notice has been received, but no impact is noted in the hospital (e.g., a severe storm warning; a notification about a train accident, potential mass casualty incident (**MCI**) with no known casualties at that time).

Concurrent with initial notification of a confirmed smoke and/or fire event in the hospital, activate the Emergency Operations Plan at CODE HICS Level 1. If the incident requires outside assistance (fire department response) or has an unusual impact on hospital operations and services, activate at appropriate level.

12.4. CODE HICS Level 2 Activation (Emergency Event)

For an incident with a **confirmed moderate negative impact** on hospital operations, the facility, and/or patient care.

12.5 CODE HICS Level 3 Activation (Disaster Event)

For an incident with a **confirmed significant negative impact** on hospital operations, the facility, and/or patient care.

12.6 CODE HICS Level 4 Activation (Catastrophic Event)

For an incident with a **confirmed major negative impact** on hospital operations, the facility, and/or patient care, includes the potential for events of long duration. Also used in case of hospital evacuation (partial or full).

12.7 Mass Casualty Activation/Response (CODE MCI)

Follow the procedures outlined in the **Code MCI/Surge/Alternate Care Site (CEMP Critical Event Annex C).** This Annex addresses the immediate response of the Emergency Department for a mass casualty incident with the potential for a significant surge of patients.

13 COMMAND AND CONTROL- INCIDENT MANAGEMENT

13.1 Assuming Command

Upon activation of a **CODE HICS;** the Senior Administrator/Nursing Supervisor physically at the hospital assumes command and becomes the **Incident Commander** (**IC**) for that incident. The Incident Commander (as the designee of the Chief Executive Officer) is responsible for all hospital resources and operations necessary to manage the incident. The **IC** is responsible for making policy decisions during emergency operations.

Upon assuming command, the Incident Commander shall immediately open the Hospital Emergency Operations Center (HEOC), either virtually (conference call) or physically by proceeding to the HEOC location. The IC shall remain at the HEOC throughout the emergency, maintaining a visible command presence. If leaving the HEOC, the IC shall transfer command to another leader, who will assume the responsibilities of the position.

13.2 Assignment of Essential Command Functions

Should the **IC** determine that s/he can manage all necessary functions for the incident without additional assistance; no further positions are required. Additional positions may be activated after the **IC** has assessed the situation.

The **HICS** Job Positions Matrix (**CEMP Reference Document C, HEOC Playbook/Users Guide**) identifies a primary person (Tier 1, business hours) and a secondary person (Tier 2, non-business hours). The Tier 2 coverage identifies those positions where an on-call person may be needed for those specific roles. This plan assumes that the organization can effectively staff a **Code HICS Level 2** incident during non-business hours with existing staff on duty, but will need staff augmentation for any **Code HICS Level 3** or greater incident.

The **IC** will build the succession matrix to a level required to manage the incident objectives. Using the **HICS Command Board** located in the **HEOC**, various positions and functions are assigned with the understanding that not all positions need be activated to achieve the incident objectives; and that one individual may be assigned to more than one position.

In every department, the senior person physically on-duty shall take charge and make all necessary decisions until relieved by a superior, or otherwise directed by the **HEOC.** Department heads are responsible for continuity planning for leadership within their departments in accordance with their **DEOP/SEOP**.

13.3 Assessment of Event

The **Incident Commander,** together with command staff and section chiefs; will assess **("size-up**") the situation and the required facility resources in three categories: event, logistics, and operations. **THE INITIAL RESPONSE** to the incident is based on this assessment as it relates to personnel, equipment, supplies, structural components, and utilities ***available at the time of activation.***

13.4 Criteria Consideration for Incident Size-up

- Type of incident (internal or external)
- Threat environment and security assessment
- Size of incident or area affected
- Number of patients produced/expected at the hospital
- Anticipated duration of event impact
- Projected impact on normal facility operations
- Hospital patient occupancy and bed availability
- Status of patient care and ancillary services
- Emergency Department capacity
- Current and projected staffing levels (clinical, support, and supervisory/managerial)
- Status of hospital physical plant, utilities, and environment of care
- Need for evacuation or patient relocation
- Need for additional resources

13.5 Visual Identification of Key Personnel

A key element of effective incident management is the visual identification of leadership personnel and their roles. Each leader in the **HEOC** shall wear a **HICS POSITION VEST** for the duration of their assignment. The vests are color coded by **HICS** section, and have the position title prominently displayed on the front and rear for high visibility.

In addition, all staff members will display their hospital photo-identification cards prominently on their outermost garments during **EOP** activation. Security officers will stop and deny access to the **HEOC** to any staff member not properly identified.

13.6 Transfer of Command

As conditions evolve and/or higher-level leadership arrives at the hospital, command roles may be transferred between leaders, with the decision to do so generally at the discretion of the higher-ranking leader. However, at an incident of **Code HICS- Level 3** or greater magnitude, the most senior leader shall assume command functions. The transfer of command is face-to-face, during which the person in command informs the person relieving her/him of conditions at the hospital, problems, progress, the strategy for managing the incident, and any other pertinent information. As an incident de-escalates, consideration should be given to having lower-level leadership assume command roles, both for relief purposes, and for ongoing leadership development.

13.7 Departmental Status Reporting

Within **30 minutes** of activation, each on-duty department head (or alternate in their absence), shall provide the **HEOC** with the status of their areas using the **STATREP** tool (**CEMP Reference Document J)**. The **STATREP**, which provides concise information on **S**taffing, **T**racking (patient count), **A**vailable beds, **T**echnology status, **R**esources available/needed, **E**vent impact on department, and **P**roblems is the basis for the decision-making and prioritization that follows.

Significant or Urgent life safety concerns/issues shall be communicated immediately to the HEOC, with receipt of information confirmed.

13.8 Development of an Incident Action Plan (also see section 20.3)

When an incident extends beyond a single operational period (e.g., a single work shift); the Planning Section will develop a written Incident Action Plan **(IAP)**. Depending on the scope, complexity, and anticipated duration of the incident\; the **IAP** is shared verbally, or may be communicated more formally using the **HICS** Incident Action Plan Form 200-**(HEOC workstations in HICS Forms folder).**

13.9 Escalation of Response

Escalation of the plan is at the discretion of the Incident Commander, based on the impact that an event actually or potentially has on the organization. Escalation options include, but are not limited to, the following:

Increasing the level of activation (i.e., reducing non-essential activities and functions, and shifting staff and other resources as needed to address the priority needs) and/or;

Increasing staffing by mandating overtime, partially or fully implementing the off-duty mobilization plan, placing staff on 12-hour emergency tours, acquiring staff or logistical support from other facilities, and/or cancellation of personal time off.

13.10 Degradation of Services

In the event that demand exceeds capabilities and/or external support/solutions (including patient transfer or evacuation) are not available; the IC may consider an engineered degradation of services; including but not limited to:

Consolidating and/or rationing scarce resources,

Reducing services, capacity, and capabilities,

Altering standards of care.

Specific focus strategies are in the **Facility Sustainability for Essential Services and Utilities for 96 hours (CEMP Critical Event Annex D).**

14 FUNCTIONS OF THE HOSPITAL EMERGENCY OPERATIONS CENTER

14.1 Hospital Emergency Operations Center (HEOC) Operations

The primary **HEOC** is located in the Professional Residence Building in room 155 (top floor)**.** The **HEOC** serves as the command and control location from which the entire event planning and response is managed. **The HEOC should be operational as quickly as possible following plan activation.** The Incident Commander shall initiate the tasks detailed in the **HEOC Playbook/Users Guide**, which include the following:

Ensure the assignment of appropriate staff to **HICS** functions, provide briefing and direction, and issue **HICS Position Vests** and clipboards.

Ensure the receipt and review of **STATREP** reports from all departments/sites.

Ensure that additional staff is called in as necessary, using the **HICS** organizational structure to provide specific assignments, and ensure control, coordination, and integration of effort.

Designate a **HEOC Recorder and Coordinator** and implement a **Situation Tracking Function**, maintaining as complete a log of events and decisions as possible. Establish a process to collate forms, reports, and logs described in this plan to facilitate decision-making, documentation, and business continuity.

Designate a **Leadership Briefing Room,** as needed. All leaders shall report to this area (as directed) by the **HEOC** for incident updates.

14.2 HEOC Staffing

KEY POSITIONS within the **HEOC** include: the **Incident Commander**, section chiefs (***Operations, Planning, Logistics, and Finance***), command staff ***(Safety, Liaison, and Public Information Officers; and Medical/Technical Specialists***), the ***HCC Coordinator and Recorder*** (staff members assigned to answer the telephone and radio, operate **HEOC** equipment, compile information, and maintain records).

Other HICS position staff shall carry out their responsibilities, utilizing their own work areas or available meeting/conference rooms.

Assign Security outside the door of the **HEOC,** ensuring that only authorized staff is permitted access.

14.3 Virtual vs. Physical Activation of the HEOC

14.3.1 Virtual HEOC

In a virtual arrangement, the **HEOC** Leadership (***IC, command staff, section chiefs***) establish and maintain communication via a designated conference network (e.g., telephone conference

bridge, radio network), rather than mobilizing in a physical location. This arrangement may be effective under the following conditions:

A **Code HICS Level 1 or 2** incident, where a potential event or actual event with minimal/moderate impact is monitored, but no immediate leadership actions (beyond planning or resource mobilization) are required.
An effective communications network can be established and reliably maintained
Leadership visibility or physical centrality is not beneficial or significant to incident management in that command and control can be effectively maintained

At the discretion of the IC, a virtual HEOC becomes a physical HEOC if any of the above conditions cannot be met or maintained.

14.3.2 Physical HEOC

The physical location (required for **Code HICS Level 3 and 4** activations) provides the distinct advantages of shortening lines of communication, avoiding reliance on technology for command and control actions, improving access to information, and hastening the decision-making process. When activated, the physical **HEOC** shall be operational as quickly as possible after the activation decision.

14.4 Emergency Relocation of HEOC

If the primary **HEOC** is inaccessible, or becomes unusable during the incident, the **alternate location is the Engineering Conference Room (located in the Professional Residence Building).** Relocation of the **HEOC** shall be at the direction of the Incident Commander. Other sites may be set-up as required based on the event and/or unavailability of the primary and secondary sites.

NOTE-the Nursing Administration Office may be utilized for off-hour/weekend activations at the discretion of the on-duty Nursing Supervisor.

15 STAFF NOTIFICATIONS AND COMMUNICATIONS (ALSO SEE ANNEX G)

15.1 Department Actions

The senior person on-duty shall take charge and make all necessary department-level decisions until relieved by a superior or otherwise directed by the **HEOC**.

Each on-duty department head or designee shall implement the **DEOP/SEOP** for their department upon being notified of the incident,

Reassign personnel as per **HEOC** direction,

Complete a **STATREP** and email or fax to the **HEOC (or Nursing Administration Office for Patient Care units)**.

15.2 On-Duty Personnel Notified of an Emergency

When notified of **Code HICS** activation, on-duty personnel shall:

Comply with directions of the person assuming command of the department,

Initiate **"essential actions"** as outlined in their **DEOP/SEOP,**

Remain on duty until released by immediate supervisor,

If reassigned by immediate supervisor, follow instructions of supervisor in new area.

15.3 Off-Duty Personnel Notified of an Emergency

The Incident Commander will direct that one or more of the following modes of communication keep off-duty personnel informed:

Land-line and/or cell phone
Email
Emergency Notification System-**WINTHROP ALERT**
Local radio and/or television station announcements

Each department is responsible for ensuring that employee contact numbers are up to date and accessible by the **HEOC** and/or Department.

16 INTEGRATION WITH EXTERNAL AGENCIES

16.1 Mutual Aid Agreements

NYU Winthrop recognizes the value of mutual aid agreements, and supports **NIMS**-compliant interagency and inter-organizational mutual aid programs with public, private, and non-governmental organizations that are helpful in meeting mutual goals during an emergency (**CEMP Reference Document K**).

16.2 Support Partners

NYU Winthrop has established support/response collaboration/discussion with regional hospitals and healthcare organizations through the **Nassau County Department of Health's Health and Medical Multi-Agency Coordinating Group (HMMACG)**; which provides a mechanism for sharing of supplies, equipment, and staff.

16.3 External Agency Contact Directory

As a participant in the Nassau-Suffolk Hospital Council, **NYU Winthrop** maintains constant communication with other health care facilities, networks, and organizations in the region, as well as the county and state departments of health. A directory of emergency contact information is located in the **Communications Plan** (**CEMP Support Annex G).**

16.4 Integration with Public Safety and Health

NYU Winthrop maintains a strong relationship with various governmental and public safety agencies within the County. Should an incident warrant active participation of public safety agencies as part of this process; appropriate agencies may assign a liaison to the **HEOC** and/or have a **NYU Winthrop** liaison assigned to the Nassau County Office of Emergency Management Emergency Operations Center if the incident dictates. Public safety agencies in Nassau County have specific responsibilities in emergencies. These responsibilities include:

Fire prevention/suppression; rescue of injured/trapped persons; and management of hazardous materials incidents.

Law enforcement; perimeter security; traffic control; population evacuation or sheltering; fatality management; safeguarding of property; and criminal investigation.

Emergency Medical Service: pre-hospital care and transportation of ill/injured people.

Nassau County Department of Health: alternate care sites and shelters

16.5 Health Emergency Response Data System (HERDS)

NYU Winthrop is a participant in the New York State Department of Health- Health Emergency Response Data System (**HERDS**), a web-based communication system for the collection of information used by the New York State Department of Health to administer available resources during an emergency. During an emergency, **HEOC** designated staff may log onto **HERDS** and report situation and resources status as directed.

17 DEPARTMENTAL RESPONSIBILITIES (GENERAL)

The following are essential emergency responsibilities listed by department, and are included in and/or support the posted Department/Site Emergency Operations Plan (**DEOP/SEOP**).

17.1 CLINICAL and CLINICAL SUPPORT DEPARTMENTS

All Patient Care Departments

Assess the staffing requirements and assignments predicated on type and scope of incident.
As directed by the **HEOC**, assist in determining potential discharge of in-house patients.
Keep Nursing Unit Leader informed on deployment of nursing personnel.
Coordinate activities with Nursing Supervisors and Nurse Managers.
Cover incident-related/affected units, coordinating activities with **HEOC** leaders as assigned.
Establish liaison with operating/surgical suites.
Coordinate patient movements.
Maintain normal care to non-incident-related patients.
Be prepared to receive and deploy personnel assets from/to other departmental services.
Plan staffing coverage for subsequent shift(s).

Anesthesiology

Provide services to incident-related/affected units as requested.
Maintain adequate staff to accomplish assigned missions.

Blood Bank

Maintain adequate supply of whole blood through liaison with New York Blood Services.

Laboratory Services

Provide service to incident-related/affected units as requested.
Provide technical staff assistance to ED for phlebotomy as requested.

Diagnostic Imaging (as required)

Provide necessary radiological services to incident-related/affected units as requested.
Provide Radiation Physicist to ED with necessary equipment to monitor patients for radioactive contamination (implement automatically anytime the hospital may be receiving

patients from an explosion, a bombing, a potential terrorist attack, or a hazardous materials incident; or as directed by the **HEOC**).

Provide staffing to permit maximum utilization of equipment in ED.

Physician Staffing

Chief Medical Officer or designee shall make physician assignments to emergency teams and will implement the Disaster Licensed Independent Practitioners Emergency Credentialing policy as necessary (**see Section 20.5 and CEMP Reference Document M**).

When directed, independent licensed staff practitioners (**LIPs**) report to the Physician Lounge for assignment by the Medical Care Director.

17.2 ADMINISTRATIVE DEPARTMENTS

Communications

Maintain current list of first and second call rosters, and incident mobilization plans.

Make necessary notifications as directed-**Communications Plan** (**CEMP Critical Event Annex G).**

Crisis Intervention

Following a crisis, or during a prolonged incident, it is essential that all staff, as well as patients have the opportunity to obtain counseling. Members of the Psychiatry Department, the Critical Incident Stress Management Team, and Employee Health Services will determine the most appropriate way to provide needed interventional.

Discharge Planning/Case Management

Case Management will evaluate patients for discharge to determine what services are required for patients requiring transportation home. Case Management will make appropriate arrangements.

For patients requiring residential healthcare facility (**RHCF**), Case Management will contact all **RHCF**s in the county regarding bed availability. Case Management will complete all required documentation for facilities and fax it to them. Once a facility accepts a patient, placement worker will arrange for transportation.

Utilize **NYS E-Finds Tracking System** for evacuation/transfers-**Evacuation Plan** (**CEMP Critical Event Annex A).**

Engineering

Maintain uninterrupted water, electrical, heat/ventilation/air conditioning, steam, and other required utility services-**Engineering Emergency Response Plan** (**CEMP Critical Event Annex I**).
If assigned to Damage Assessment and Control, determine the extent of damage to the facility.
Assist with decontamination and/or evacuation operations.

Ethics Committee

Provides counsel and advice to **HEOC** decision-makers in relation to complex ethical life-support issues.

Food and Nutrition Services

As directed, prepare special meal or refreshment service for incident-related/affected units/personnel and/or responders
Maintain adequate supply of drinking fluids, food, condiments, and other associated supplies to allow for self-sufficiency for operational periods.
Initiate mechanisms for immediate re-supply of any apparent or potential shortage, as needed.
Provide nourishment to **HEOC** (as directed).

Health Information Management (HIM)

HIM Supervisors will assign necessary personnel to report to Casualty Care Group Supervisor for patient tracking.
Prepare casualty lists and distribute to **HEOC**, Administration, Information Desk, and Admitting.

Hospitality Services

As directed, have available personnel report to the Labor Pool.
Assign personnel to incident areas as directed by the **HEOC.** Be prepared to curtail all non-essential functions.
Maintain adequate supplies of linens, supplies, and equipment as directed.
Assist with decontamination operations
Assist with staff accommodations-**Severe Weather Plan** (**CEMP Critical Event Annex E**).

Materials Management/Supply Chain

Issue and deliver emergency medical supplies and other equipment to incident-related/affected units and other locations as required.

Patient Access Services (Admitting)

If directed by **HEOC**, cancel non-incident related admissions upon notification of **Code HICS** activation.
Coordinate with Case Management regarding patient discharge.
Coordinate with Medical Care Director to determine those non-incident-related admissions that are most critical and not related to emergency.
Assist with identification of incident patients by preparing Emergency Medical Tags in Triage Area.
Maintain record of all incident-related admissions.
Maintain record of all transfers within Hospital.
Initiate medical records for incident patients until arrival of Medical Records personnel.
Provide information from available records and casualty lists.
Utilize **NYS E-Finds Tracking System** as appropriate-**Evacuation Plan** (**CEMP Critical Event Annex A**).

Social Services

Patient Relations, Social Work, Pastoral Care, and Psychiatry functions may be performed in a designated Debriefing Area, as assigned.
Provide comfort, aid and support, including informing families upon identification of victims, and aid in obtaining consents where possible.
Communicate patient status to family members.

Public Information

See **Section 24** and **Communications Plan** (**CEMP Critical Event Annex G**) for specific duties.

18 OPERATIONS SECTOR

18.1 Sector Operations

In coordination with the Operations Chief, Medical Staff Director, and Nursing Unit Leader, the Medical Care Director will determine the need for modification, discontinuation, and restoration of clinical services, and make appropriate recommendations to the Incident Commander. The Medical Care Branch Director is responsible for **ALL** clinical/patient care activities. **When directed, Licensed Independent Practitioners will report to the Physicians Lounge for assignment by the Medical Staff Unit Leader or Medical Care Director.**

18.2 Bed Expansion/Surge Capacity

When the **IC** determines that normal bed vacancies cannot accommodate the admission requirements of casualties, the following steps are taken:

As many patients as possible normally scheduled for discharge the following day will be discharged immediately. Available house staff physicians shall be prepared to discharge these patients upon notification.
Additional beds made available by doubling and tripling bed capacity in existing patient rooms, hallways, or using meeting rooms and waiting rooms as patient rooms.
Patients selected for evacuation to another facility, or discharged home will be transported, and/or asked to leave immediately.

For additional Alternate Care Site information, see **Code MCI/SURGE Plan** (**CEMP Critical Event Annex C**).

18.3 Airborne Infectious Isolation Capacity (AIIR)

The Hospital has multiple patient rooms equipped for negative pressure. The location of these beds is available through the Patient Access Department.

The Department of Infection Control and Prevention directs hospital activities related to infectious or communicable diseases, and will serve as a technical specialist/advisor to the Incident Commander as conditions warrant.

18.4 Patient Discharge

The Case Management Department will participate in the process of transferring patients to other medically appropriate settings in order to make hospital beds available for those patients requiring inpatient care.

18.5 Alternate Care Site Operations

There are circumstances under which an **alternate care site (ACS)** may become necessary; such as the need to evacuate all or part of the hospital, external incidents producing a patient load that exceeds the facility's in-patient capacity for care, and/or an event where special circumstances, (such as a communicable disease threat that requires separation of some patients from the general hospital population). The following general procedures shall be implemented:

CEMP activation at a minimum of **Code HICS Level 3**; with notification to the Nassau County Department of Health, Nassau County Office of Emergency Management, and Mutual Aid Agreement partners.

A suitable command structure will be established and staffed for each alternate care site. The site commander is identified as the [**state location**] Operations Chief, and will report to the Incident Commander.

The level of command staff is determined by the nature, scope, and anticipated duration of the alternate site activation. Clinical and support staff for the alternate site will be determined by the Operations Section Chief, and resourced as available from the hospital labor and medical staff pools.

The Logistics Section Chief will address logistical needs, including transportation and communications between the facility and the alternate site. At a minimum, telephone, facsimile and two-way radio communications links are established. Transportation will be required for movement of patients, staff, and equipment. The Logistics Section will also support medical and pharmaceutical supply needs as much as possible.

The Public Information Officer **(PIO)** shall ensure that appropriate notifications are made to patients and their families when they are going to be relocated to or from an alternate care site.

The Planning Section will be responsible for planning and documentation needs, including management of patient tracking and records. **HICS** standard forms are used for tracking and incident documentation (**CEMP Reference Documents E**).

As the need for an alternate care facility decreases, the Operations Chief, in consultation with the Incident Commander, general staff, and Medical Care Director, will develop a written action plan for de-escalation of alternate care site operations; return of patients, staff, records, and resources to the hospital; and discontinuation of alternate care site operations.

The Hospital has identified locations on the campus for predetermined incident management activities to occur. Should a particular facility or location be unsuitable for any reason, the **HEOC** shall identify a suitable alternate site, with its location provided to all concerned parties.

18.6 Staff Support Functions

Housing

When conditions warrant the implementation of staffing augmentation plans and/or require boarding arrangements for staff members, the Logistics Sector shall coordinate such arrangements using the S**helter-in-Place/Staff Accommodations Support Document-Severe Weather Plan (CEMP Critical Event Annex F)**). The Planning Section will develop staff schedules that establish appropriate downtime periods, with staff rotated out of their work duties for planned downtime.

Communications

When possible, communication mechanisms (e.g., phones, e-mail) are provided so that staff can remain in contact with their families and/or to conduct essential business (e.g., banking, bill payment). Information about the event and its impact on staff duty hours will be provided at regular intervals so that ongoing family support needs (e.g., elder care, childcare, pet care) can be arranged.

Transportation

External conditions may create transportation difficulties for staff, inhibiting their ability to report for duty. Such conditions may include, but are not limited to, weather or environmental emergencies, disruptions of public transportation, or establishment of security perimeters. When necessary, staff are kept at the hospital in advance of the event.

Dependent and/or Pet Care

Hospital staff who provide care for personal dependents and/or pets are expected to have made previous arrangements for their care when called for emergency duty.

Management of Hazardous Materials and Waste during CEMP Activation

The Infrastructure Branch of the Operations Section shall assume responsibility for waste management. Strategies may include (but are not limited to):

Waste stream reduction strategies

Use of alternate waste collection and disposal methods

Use of improvised on-site storage facilities for securing toxic or hazardous materials until proper disposal methods can be re-established.

Chemical-Biological-Radiation-Nuclear-Explosives Response-**CBRNE Plan** (**CEMP Critical Event Annex B.).**

19 LOGISTICS SECTOR

19.1 Sector Activities

Logistics Section functions include all activities necessary to establish and provide the resources (including personnel) necessary for the facility to carry out its mission. Such activities include, but are not limited to, oversight of support activities such as patient transportation; critical supplies [e.g., pharmaceuticals; medical hardware and software; food and water; linen]. Annexes to this plan provide department, system, or event-specific details of logistical functions. The **Nassau County Department of Health's Health and Medical Multi-Agency Coordinating Group (HMMACG)** and/or other mutual aid partners may provide additional support in the event that the hospital requires external assistance in logistical support.

19.2 Resource Inventory

The Office of Emergency Management maintains a Critical Equipment Resource Inventory as part of the **Facility Sustainability for Essential Services and Utilities for 96 hours plan (CEMP Critical Event Annex D);** documenting all hospital resources available to support the organization and its patients during an emergency. Assets listed include food and water, emergency lighting and communications equipment, evacuation chairs and slides, patient movement equipment; personal protective equipment (**PPE**), durable medical equipment (**DME**), medical/surgical supplies, staff sheltering cots, pharmaceuticals, administrative supplies, and other items. The resource inventory is updated annually to ensure adequate resource levels are maintained; and that supplier/vendor contact information is current.

19.3 Resource Interoperability

To the extent possible, all newly acquired response and communications equipment and data systems will comply with relevant national standards for interoperability with external entities.

19.4 Resource Levels

During an event, the Resource Unit (**Planning Section**) shall monitor resource usage and proactively communicate anticipated needs to the hospital's suppliers/vendors. In the event that resource shortfalls are projected, the following actions may be implemented at the direction of the Incident Commander:

Procurement from alternate or non-traditional vendors
Procurement from communities outside the affected region
Resource substitution
Resource sharing arrangements with mutual aid partners
Request external stockpile support from the Nassau County Department of Health supply cache.
Request external stockpile support from the New York State Department of Health Medical Emergency Response Cache (**MERC**), or the Strategic National Stockpile (**SNS**) (these requests go through the Nassau County OEM)

20 PLANNING SECTOR

The Planning Sector's responsibilities include gathering, analyzing, and interpreting information about current events, projecting information on future events, and maintaining related documentation. Planning Section oversees such functions as staffing; patient tracking; and patient information.

20.1 Ongoing Assessment and Incident Planning

For incidents that extend beyond a single operational period (e.g., a work shift), the Planning Section Chief shall institute a formal planning cycle and process. This process will include regular, scheduled planning meetings among the command and general staff, as well as other appropriate participants, and development of a written incident action plan (**IAP**) updated as conditions evolve (**CEMP Reference Document E on HEOC workstations**). The ongoing planning process directs the focus of the hospital and its resources toward the swift resolution of conditions and through the recovery process.

20.2 Situation and Resource Status Tracking

The Situation Unit Leader is responsible for tracking ongoing events and resources, and maintaining such records in the **HEOC**.

20.3 Incident Documentation

Regular, updated status reports (**STATREP**) are sent to the **HEOC**, with required actions taken as needed. Scribing and collection of data is done throughout the incident. Each section leader will be responsible for their section. All data and documentation will be collected and compiled at the end of the incident, and will be included in the after-action report as needed.

20.4 Staffing Augmentation

By their very nature, unusual events tend to be staff-intensive, as additional resources are needed for a multitude of tasks. An employee may be called upon to aid in other than job-prescribed duties, work in departments or carry out functions other than those normally assigned, and/or work hours in excess of (or different from) their normal schedule.

20.5 Temporary Clinical Privileges – Licensed Independent Practitioners

During **EOP** activation, the President/Chief Executive Officer, or approved designee has the responsibility of granting "**LIP Disaster Privileges**". Granting such privileges will be on a case-by-case basis as deemed necessary. The privileges should be effective immediately and continue through the completion of the patient care needs or until the orderly transfer of the patient's care to an appropriately credentialed member of the staff can be accomplished **(CEMP Reference Document M).**

Practitioners who request "**Disaster Privileges**" must be currently licensed practitioners who maintain equivalent privileges at another facility. Privileges requested should be consistent with those currently in place in the appropriate department and specialty at the practitioner's "home" hospital.

The Planning Section Chief, through the Labor Pool shall oversee the credentialing verification process. The Medical Staff Department will be consulted as necessary in the credentialing process. Hospital identification indicating **"Volunteer Practitioner**" and the individual's name and title shall be provided and displayed conspicuously at all times while the practitioner is engaged in providing care and services.

20.6 Use of Non-Licensed Volunteers

During **EOP** activation, the need for non-clinical volunteer and/or a non-licensed practitioner may arise. The hospital may modify the usual process for determining qualifications and competencies of non-licensed volunteers if necessary to meet immediate needs during an emergency. Assigning disaster responsibilities to volunteers is made on a case-by case basis, taking into consideration the needs of the organization and the patient. Oversight of the professional performance of volunteer practitioners shall include direct observation**. See Department of Human Resources policy HR 0015 for additional information.**

NOTE-there may be times when non-clinical volunteers offer their assistance to the Hospital. Unless a member of SERVE-NY or the Medical Reserve Corps, these volunteers will not be allowed to assist; and instead may be referred to the Department of Volunteer Services in order to obtain information on how to become a volunteer for the Hospital.

21 FINANCE AND ADMINISTRATION SECTOR

21.1 Continuity of Operations

A key element of this emergency management plan is maintaining the business continuity of the hospital-**Continuity of Operations Plan** (**CEMP Critical Event Annex J**). To that end, the response to an incident is escalated or de-escalated based on the impact that the incident is having on the organization. The department(s) affected will depend upon the incident. To the extent possible, based on the level of activation and the need for human or material resources, non-involved departments will continue with business as usual.

21.2 Emergency Procurement of Purchased Resources

Provide support to other Command Sectors in purchase and/or procurement of emergency resources, including but not limited to-

Supplies and equipment

Medications

Agency Staffing

21.3 Requests for 1135 Waiver for Federally Declared Disaster

Used upon a declaration of federal disaster or emergency by the President of the United States to provide temporary administrative relief and/or waivers of certain Medicare, Medicaid, and Children's Health Insurance Program (**CHIP**) requirements based on the event and impact on hospital operations (**CEMP Reference Document L**).

22 SAFETY AND SECURITY

22.1 Damage to Facility

All damaged areas will be evacuated and kept clear until the Incident Commander (in consultation with the **NYU Winthrop Safety Office** and the **Logistics Section Chief**); determines that the area is safe to re-enter. The Hospitality Services Department is responsible for cleaning of damaged areas, once it has been determined that it is safe to do so; and if cleaning does not require extraordinary measures. If extensive contamination or hazardous materials are present, a remediation contractor may be required.

22.1 Security Considerations

During **EOP** activation, the Security Branch Director will be responsible for controlling personnel and traffic flows, securing and ensuring access control and proper identification for access to the campus, crowd control on the campus, securing and safeguarding of damaged areas, evidence, and crime scenes until properly relieved by a law enforcement agency. The Director will serve as the security liaison with law enforcement agencies. The following functions are necessary to ensure a safe environment for patients and staff:

Hospital Security Officers help control entrances/exits. Social Work personnel, volunteers, and chaplains may assist visitors. Officers should be alert to the potential for news media presence, and be prepared to escort credentialed members of the press to the Media Center.

Visitors on patient floors are asked to leave hospital grounds upon activation of the **EOP**. Families will be notified by the hospital if they are needed. Where human compassion dictates, visitors may be allowed to remain with patients if possible.

When the **CEMP** is activated at **Code HICS Level 3** or greater, **NYU Winthrop** may close and secure entrances with the following exceptions:

- ED Entrance – for injured only.
- South Entrance by Hoag Pavilion: for employees/authorized personnel.

As directed, establish barriers at all entrances to Hospital parking facilities. Attempt to expedite removal of vehicles from key areas to provide access for emergency equipment. Only the following vehicles shall be permitted onto grounds:

- Law Enforcement/Police Department
- Fire Department/Emergency Medical Service
- Nassau County OEM
- Authorized Emergency Vehicles
- Hospital Staff (with proper ID)

Continue with ID check of every person entering the campus. Only people carrying **NYU Winthrop** ID cards and/or accompanied by such a person will be allowed in the hospital. Relatives of incident victims will be redirected to a pre-designated location. The Press will be directed to the Media Center where press briefings may be given.

Security officers will be assigned to posts and where needed for purpose of crowd/traffic control.

Security officers will be deployed to the Emergency Department's point of entry to monitor access, restrict it either to employees who are ED employees (noted on ID) or from an ancillary department or have an ICS Job Action Sheet (**CEMP Reference Documents D**), and have been assigned to the ED during a **Code HICS Level 2, 3 or 4** activation.

Provide crowd control at incident-related/affected areas. Establish contact with Nassau County Police Department immediately upon their arrival.

Direct responding ambulances to ED ambulance entrance.

The Incident Safety Officer may suspend all disaster response activities based on a life-threatening condition without prior approval from the HEOC if required.

23 MEDIA INTERACTION AND PUBLIC INFORMATION-(ALSO SEE ANNEX G)

23.1 Media Access

When **EOP** activation generates media interest, the Public Information Officer **(PIO**) shall establish a Media Center. This will be the only area of the facility available to members of the press. The **PIO** will be in charge of this area, and will release information to the media as directed by the Incident Commander or designee.

Members of the press are not allowed inside the hospital without approval of the PIO.

23.2 Joint Information Center (JIC)

During an incident involving multiple agencies or organizations, it is vital that public information be communicated using **"one voice,"** that is, a consistent message delivered across all participating community response entities.

In a **JIC**, the public information officers of all health care partners and jurisdictional authorities, including **NYU Winthrop** (if we are a participating agency), co-locate and develop a joint public information message for dissemination. Under those circumstances, all media releases would be coordinated through the **JIC**.

The Public Information Officer (**PIO**), via the **HEOC** is responsible for updating and communicating with employees, patients, patients' families, and other stakeholders to ensure a flow of accurate, consistent information through the course of the incident.

23.3 Sharing of Patient Information

The Medical Care Branch will identify information-sharing requirements and work with the Logistics Section to provide communications equipment and support as needed. Patient information will be provided to third parties (e.g., other health care organizations, State or County health departments, law enforcement entities) as detailed in **NYU Winthrop HIPAA** policies.

All requests for patient information are to go through the PIO.

24 DE-ESCALATION AND INCIDENT TERMINATION

As the incident resolves, procedures are in place to facilitate the orderly return to normal operations. The Incident Commander, the Section Chiefs, and other **HEOC** staff members will analyze data and decide when to institute the de-escalation process. The **Planning Section** is responsible for creating a demobilization plan consistent with the needs of the incident.

As information is received regarding resolution of the incident, a decision is made by the Incident Commander to secure the hospital from **EOP** activation status (terminate the plan response), and resume normal hospital operations. This decision will be made based upon assessments of intra-hospital conditions (as reported by each department and evaluated by the **HEOC**), liaison with public health agencies and, if appropriate, direct contact with involved external organizations.

Termination of the response will include an orderly reduction (de-mobilization) of Emergency Operations Plan activation, making the proper notifications regarding plan termination, and collection of the documentation made during the plan response. The final position to be demobilized is that of the Incident Commander when all incident operations have been terminated and facility operations have returned to normal.

To secure the Hospital from Emergency Operations Plan activation status, the Incident Commander or designee will contact the Communications Unit Leader, identify him/her by name and title, and state the emergency incident is now over. The notification of a **Code Clear** will be communicated to all directors, managers, and supervisors to disseminate to their staff.

25 RECOVERY AND RESUMPTION OF NORMAL ACTIVITIES

The Incident Commander, in consultation with key hospital leaders, will make the determination of when to transition from the response phase to the recovery phase and when to terminate the recovery phase. The **HEOC** will remain active and staffed through the recovery process, or until the Incident Commander deems it appropriate to stand-down.

Department managers shall initiate an inventory of all supplies and equipment, and should request repair, replacement, or replenishment as needed from appropriate departments; on-duty personnel should do this immediately after the **EOP** is secured and should not be postponed until the next shift or ordering day. Department managers shall ensure that their areas are returned to a state of full operational readiness as quickly as possible.

As circumstances allow, staff will be released from emergency duties to resume normal duties, sent home, or to attend critical incident stress debriefings. Staff from other departments that were temporarily reassigned should be returned to their own departments for instructions. Schedules may need to be adjusted to allow for rest periods and resumption of normal scheduling.

All **HEOC** section chiefs will complete the recovery tasks itemized on their Job Action Sheets, and forward all incident-related documentation for compilation. The **HEOC** will assign staff as necessary to consolidate and process the paperwork and record keeping.

PART III

CRITICAL EVENT ANNEXES & SUPPORT DOCUMENTS

Located in HEOC in Binders and on each workstation

PART IV

CEMP REFERENCE DOCUMENTS

Located in HEOC in Binders and on each workstation