SINGING RIVER HOSPITAL
EMERGENCY MANAGEMENT

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For all disaster events we will use the Hospital Incident Command System. This plan as well as individual plans for specific events have been developed and are found on the intranet under the Environment of Care, Singing River Hospital, Emergency Management section.
EMERGENCY MANAGEMENT PLAN

PURPOSE:

The mission of Singing River Hospital is to provide a comprehensive range of acute, non-acute, preventive, and educational health services of the highest quality, which is economically affordable to employers and residents of Jackson County and surrounding areas, maximizing accessibility and convenience of services it provides, delivered by caring compassionate and team-oriented professionals, who are satisfied and proud to be a part of the system and constantly striving to improve upon all that they do. Consistent with this mission, the Board of Trustees, medical staff, and administration have established and provide ongoing support for the Emergency Management Program described in this plan.

The purpose of the Emergency Management Plan is to respond effectively to any event that poses an immediate danger to the health and safety of patients, staff and visitors.

SCOPE:

The Emergency management Program is designed to assure effective mitigation, preparation, response & recovery to a variety of emergency situations that could affect the safety of patients, staff, and visitors, or the environment of Singing River Hospital and to assure compliance with applicable codes and regulations.

The program is applied to the following locations: Singing River Hospital; East Central Medical Center, Gautier Internal Medicine Center, Gautier Physical Therapy, Center for Cardiovascular Surgery, Congestive Heart Failure Clinic, Neurosurgery Clinic, Diabetes Wellness Center and the Pascagoula Physical Therapy Clinic.

OBJECTIVES:

- Conduct a minimum of two emergency exercises each year except for clinics that will conduct one.
- Drills are planned to occur not more than eight months apart.
- Document and critique each emergency plan implementation. Use the findings to identify opportunities to improve the emergency planning process.
- Train staff required to respond to emergencies.
- Conduct an annual evaluation of the objectives, scope, performance, and effectiveness of the Emergency Management program and report the results to the EOC Committee.

ORGANIZATION AND RESPONSIBILITY

- The Board of Trustees receives information on the activities of the Emergency Management Program from the minutes of the Environment of Care (EOC) Committee. The Board of Trustees reviews the information and, as appropriate, communicates concerns about identified issues and regulatory compliance. The Board of Trustees provides support to facilitate the ongoing activities of the Emergency Management Program.
• The CEO and Hospital Administrator receive information on the activities of the Emergency Management Program through the minutes of the EOC Committee. They review the information and, as necessary, communicate concerns about key issues and regulatory compliance to the Trauma Nurse Coordinator, Safety Director, or other appropriate staff.

• The Chairman of the EOC Committee works under the general direction of the Senior Associate Administrator. The Trauma Nurse Coordinator, in collaboration with the HICS and EOC Committees, is responsible for managing all aspects of the Emergency Management program. The Trauma Nurse Coordinator advises the EOC Committee regarding emergency management issues which may necessitate changes in policies and procedures, orientation or education or purchase of equipment.

• Department Heads are responsible for orienting new personnel to the department and to job and task specific responsibilities for emergency management. The Trauma Nurse Coordinator and Safety Director provide assistance.

• Individual personnel are responsible for learning and following job and task specific procedures for emergency response.

ELEMENTS OF PERFORMANCE

• The organization conducts a Hazard Vulnerability Analysis.

A hazard vulnerability analysis of the operations and environment of Singing River Hospital is developed and maintained by the Trauma Nurse Coordinator, Safety Director, Risk Manager, Security Director, and HazMat Coordinator. The analysis is used to determine what conditions or events are likely to occur and have a significant adverse impact on the Hospital’s operations or environment.

The hospital has taken steps to mitigate the affects of hazards identified and has developed plans to prepare for, respond to, and recovery from each hazard.

• Hospital’s Role in Community Wide Emergency Planning & Response.

Jackson County’s CEMP (Comprehensive Emergency Management Plan) identifies the most significant hazards likely in the County and have been considered in the Hospital’s Hazard Vulnerability analysis.

Singing River Hospital was included in the development of the Jackson County CEMP. The community worked with County and State emergency planning agencies to define the role each provider plays during an emergency. Singing River Hospital functions as a full service acute care facility capable of treating many levels of injury including massive trauma. This role could be reduced if environmental circumstances affect the integrity of the campus or utility systems essential to providing care. The hospital is a member of the National Disaster Medical System (NDMS) and the Hospital has representation on the Jackson County Local Emergency Planning Committee (LEPC).

The command structure utilized by this facility in coordination with the community’s command structure is the Hospital Incident Command System (HICS).
• **Hospital Develops and Maintains a Written Emergency Management Plan.**

Specific response plans are in place for the following identified priority emergencies. These plans address the four phases of emergency management activities (mitigation, preparation, response, and recovery). These plans are found on the intranet under the Environment of Care section, Singing River Hospital, Emergency Management Section Mass Casualty.

- Severe Weather
- Prevention of Infant/Child Abduction Plan
- Fire Plan
- Hazardous Material Spill Plan
- Bomb Threat
- Civil disturbance
- Radioactive, Biological, & Chemical Decontamination Plan
- Bio-terrorism
- Evacuation
- Flooding
- Hostage Incident Plan
- Influx of Infectious Patients

• **The emergency management plan is developed with the involvement of the organization’s leaders, including those of the medical staff.**

The Trauma Nurse Coordinator, in collaboration with the EOCC is responsible for developing emergency response plans. A multidiscipline Subcommittee (HICS Committee) is formed by the EOCC to develop specific emergency plans. At a minimum, representatives of Administration, Nursing Administration, Emergency, Facilities Support, Security and appropriate ancillary services, are included on the subcommittee. The subcommittee with the involvement of Hospital leaders and Medical staff members have developed the Hospitals emergency management plans by participating in the following activities:

- Updating the HVA, Involvement in Initial HICS drill and critiques, Involvement in Mass Casualty Exercise Critiques, Involvement in Trauma Committee activities, Bio-terrorism/decontamination training and critique, Medical Executive Committee assisted with revision to the medical staff responsibility section of the Mass Casualty Plan, and Medical Staff attendance at meetings and participation in drills and actual events.

• **The plan identifies specific procedures that describe mitigation, preparedness, response, and recovery strategies, actions, and responsibilities for each priority emergency.**

The HICS Subcommittee develop mitigation, preparedness, response, and recovery strategies, actions, and responsibilities for each priority hazard identified in the hazard vulnerability analysis. These strategies, actions, and responsibilities are published in the specific Plans for that particular type of event.

• **Initiating the Plan, to Include a Description of How, When and by Whom the Plan is Activated**

The emergency plan is initiated when it is determined that a disaster has occurred or has the potential for occurring. The HICS command structure is automatically activated upon activation of any emergency plan.

Each Emergency Response Plan includes a set of instructions for implementing the specific response. Any staff member may initiate some; such as workplace violence and infant abduction, while others, such as mass casualty & severe weather are initiated by
specific individuals designated in each plan. The same individuals are responsible for assuring continuing effective response for the duration of the event and the recovery period.

- **Notifying staff when emergency response measures are initiated.**

  Staff is notified of an emergency condition in several ways. An over-head page notifies staff members on duty. Telephone/Radios or pager systems are utilized to notify staff members in and away from the hospital. If communications are disrupted, critical staff will be notified by any means available, including the news media and the internet.

  Specific procedures for implementing a staff recall are provided in the Emergency Recall Procedure located in the emergency management section on the intranet.

- **Notifying external authorities of emergencies.**

  Fire Emergencies: are reported automatically through the fire alarm system to a central monitoring station, which notifies the Pascagoula City Fire Department.

  Security Emergencies: are initially handled by the hospital's Security Department. The City of Pascagoula Police Department is immediately notified of situations requiring their attention. Any staff member may notify Hospital Security if they detect a threat or dangerous situation. Any managerial level employee may notify the City Police Department.

  Hazardous Materials Incidents: The City of Pascagoula Fire Department will be notified for any situation that is beyond the capabilities of the hospital’s spill clean up team.

  Bio-terrorism Incidents: Specific procedures for notifying authorities are provided in the Bio-Terrorism Response Plan.

  Singing River Hospital is part of an emergency response communications network utilizing the Southern Linc system. The network includes emergency service agencies in Jackson and Harrison Counties. Some of the key agencies in the network are the City police and fire departments, Ambulance service, Sheriff’s Office, and the emergency management office (Civil Defense). Utilizing this network all agencies are notified when an emergency condition exists. We also have an 800 band radio that all agencies in Jackson County use during events. There are two satellite phones/radios and a ham radio in place in the facility also.

- **Identifying and assigning staff to cover essential staff functions under emergency conditions.**

  Emergencies are managed using the Hospital Incident Command System (HICS). The HICS system provides for pre-described job functions within the hospital. The HICS organization chart identifies each emergency job position and the normal staff position most likely to fill the position in an emergency.

  A list of positions (organization chart) and description of responsibilities (job assignment sheets) are stored in the Hospital Command Center (HCC). Upon activation of HICS, the Incident Commander establishes the Hospital Command Center, and appoints IC staff positions and appropriate Section Chiefs. The Section Chiefs utilizing the HICS organization chart activate the positions necessary to effectively respond to the emergency and appoint available staff to fill those positions.
• Managing the following under emergency conditions:

- Patient’s activities to include scheduling, modifying or discontinuing services control of patient information, referrals, and transportation.

  Patient Activities, modification of scheduling, discontinuation of services etc. will be as directed by the Incident Commander, and will be adapted to the emergent situation.

  The transportation provided for patients in an emergency will depend upon patient condition and transportation asset availability. Transportation arrangements are in place for non-ambulatory patients with the ambulance service under contract with Jackson County. Ambulatory patients will be transported via buses provided by the SRHS Transportation Department and/or the School System.

- Staff Support Activities (housing, transportation, incident stress debriefing).

  The Support Branch Director coordinates housing of staff during emergencies. Space is assigned as available to critical staff members required to remain on duty.

  The Transportation Unit Leader has access to limited transportation assets (buses, vans, automobiles) through the SRHS Transportation Department. Emergency transportation of staff will be addressed on a case-by-case basis. If necessary, the City police, school system or Jackson County Sheriff Departments will be requested to assist.

  The Support Branch Director provides staff debriefing and critical incident stress debriefing as needed. The Employee Assistance Program provides professional, confidential counseling to employees through agreements with The Counseling Center and or Life Balance.

- Staff Family Support Activities.

  The HICS Employee Health and Well Being Unit Leader and Family Care Unit Leader initiates and directs staff family support activities based on the emergency and the needs of the staff, their family members, and the hospital. Where possible and feasible, staff families will be directed to community-wide shelters and resources for their safety.

  Incident Command will review the needs of staff and their families before, during or after any disaster event and if appropriate take steps to help reduce the impact or provide needed resources. (daycare, washer\dryers, ice, water, etc).

- Logistics of critical supplies to include pharmaceuticals, medical supplies, food supplies, linen supplies and water supplies.

  Each department responsible for providing supply services maintains emergency supplies in sufficient quantities to respond to emergencies.

  Emergency supply agreements have been made with the contract Pharmaceutical supplier and other “Just in Time” suppliers, including food, linen, and water, to deliver supplies to the hospital on short notice in an emergency situation. From June 1 through November 30 we store in the Distribution Center our hurricane supplies. At all other times we may contact Owens and Minor and have them deliver emergency supplies within 24 hours.

  The Facilities Support Department maintains a five-day supply of diesel fuel for the emergency generators and boilers. We also have agreements in place with the State and private companies to supply fuel as needed.

  Accounting has procedures in place to provide for the procurement of additional supplies in an emergency.
• **Security to include access, crowd control, and traffic control.**

The Security Department is responsible to secure doors and control or direct traffic as necessary, depending upon the emergency. Employees are provided with a photo identification badge and are required to wear it at all times. Specific procedures for implementing access, crowd, and traffic control measures are located in the Security Manual.

• **Communication with the news media.**

The HICS Public Information Officer is responsible for providing information to the news media. Upon activation of HICS, a Press Area is established in a location designated by the Emergency Plan. The Public Information Officer or a member of administration will escort members of the News Media at all times when outside the Press Area.

• **Evacuating the Entire Facility both Horizontally and Vertically When the Environment Cannot Support Adequate Patient Care and Treatment.**

Evacuation of a portion or all of the hospital will be performed when the environment cannot sustain patient care. Two levels of evacuation, “Partial” and “Complete,” have been established.

The person in charge of any area has the Authority to order a “Partial” evacuation. This entails evacuating either “Horizontally” or “Vertically” to a different smoke compartment.

The authority to order a “Complete” evacuation is vested only in the Hospital Incident Commander. This entails evacuating to the outside of the Hospital. Specific rally points are designated for each department to report to in the parking areas adjacent to the hospital. Patients shall be evacuated to an area of safety by whatever means are available. Formal agreements are in place with ambulance services and neighboring facilities to transport and receive evacuated patients.

There are Paraslyde evacuation devices located on all floors above the ground floor to assist in vertical evacuation.

Specific Procedures for Evacuation are provided in the Hospital’s “Evacuation Plan”.

• **Establishing an Alternative Care Site/s that has the Capabilities to Meet the Needs of Patients when the Environment Cannot Support Adequate Care, treatment, or services including processes for the following.**

• Establishing an alternative care site that has the capabilities to meet the needs of the patient.

The following alternate care sites are available through an Emergency/Disaster Mutual Aid Agreement.

- Ocean Springs Hospital – Ocean Springs, Ms
- Biloxi Regional Medical Center - Biloxi, Ms.
- Garden Park Community Hospital - Gulfport, Ms
- Memorial Hospital - Gulfport, Ms.
- Hancock Medical Center - Bay St. Louis, Ms.
- Forrest General Hospital (For critical care patients before hurricanes)

These hospitals are the primary alternate care sites. If they are unable to accept patients from Singing River Hospital during an emergency, the Hospital’s Incident Commander will work with local emergency management agencies to determine where patients can be relocated.

We have received permission from Jackson County Emergency Management Agency to utilize the convention center at the fairgrounds if needed. To activate this
area the Jackson County EOC will be called and will assist in standing up the facility. Cots are available and stored at the East Central Community Center and will be obtained if requested.

- **Transporting patients, staff and equipment to the alternative care site.** The Transportation Unit Leader is responsible for coordinating transportation of patients, staff, and equipment to the alternative care sites and has access to limited transportation assets (buses, vans, automobiles) through the SRHS Transportation Department.

  The transportation provided for patients in an evacuation situation will depend upon patient condition and transportation asset availability. Transportation arrangements are in place for non-ambulatory patients with the ambulance service under contract with Jackson County. Ambulatory patients and staff if needed will be transported via uses provided by the SRHS Transportation Department and/or the School System.

- **Transferring to and from the alternative care site, the necessities of patients for example, medications, and medical records.**

  The Transportation Unit Leader is responsible for patient care supplies including medications and medical records that accompany the patient to the alternative care site. The Pharmacy is responsible for the set up and operations of medication dispensing activities at the alternative care sites.

- **Patient tracking between the hospital and alternative care site.**

  Patient tracking is the responsibility of the Planning Section and will be coordinated through the hospital's Command Center. HICS- 255- Master Patient Evacuation Tracking Form and HICS 260- Patient Evacuation Tracking Forms will be utilized.

- **Inter-facility communication between the alternative care site and the hospital.**

  Communication between the hospital and alternative care sites will be accomplished by using available systems (portable radio, cellular phones, Satellite telephone and radios, telephone, Southern Linc service and internet and Ham Radio if service available).

  o The transferring floor will notify the family of the patient on the need to transfer and where the patient is being transferred to by phone- land or cell. If any other information about alternative methods is known that method will be used if possible. If the family is unreachable then the Patient Tracking Officer will communicate to any family member who presents to the hospital the information about the patient. Other organizations will be utilized such as the Red Cross or law enforcement to give this information to families.

- **Identifying care providers and other personnel during emergencies.**

  Staff identification utilized during emergencies is the regular Singing River Hospital picture ID Badge. Staff members are required to show their picture ID badge to gain access into the hospital and to wear their ID badge while performing disaster related jobs, except for decontamination. Staff who are leaders within the HICS Command Structure are identified by white vests which have their section and title clearly identified.

  All volunteers will have a badge issued to them through security with their picture, name and the word Volunteer all in red lettering after being cleared through HR or the Medical Staff Coordinator’s office. If the machine is not functional there will be temporary badges issued which will identify the wearer as an approved volunteer.
Cooperative planning among organizations that together provides services to a contiguous geographic area to facilitate the timely sharing of information.

Singing River Hospital participates in cooperative planning for emergencies with the following healthcare organizations in our geographic area:

- Ocean Springs Hospital – Ocean Springs, Ms
- Biloxi Regional Medical Center - Biloxi, Ms.
- Garden Park Community Hospital - Gulfport, MS
- Memorial Hospital - Gulfport, Ms.
- Hancock Medical Center - Bay St. Louis, Ms.
- Forrest General Hospital (For critical care patients before hurricanes)

These hospitals have entered into a Mutual Aid Agreement which provides for sharing: Elements of each organization's command structures and operations centers; Names, responsibilities, & phone numbers of individuals in the command structure; List of resources that can be pooled/shared for response to emergency situations; and Information on patients and deceased individuals to help facilitate identification and location of victims of the emergency.

The hospital is a participating member of the National Disaster Medical System (NDMS) and provides disaster victim information through its reporting channels.

Internal and external communication systems in the event of failure during emergencies.

Several communication systems are available for use during emergency responses. The systems include the regular phone system, a “Red Phone” emergency system, Direct line telephones, two way radios, Southern Linc phones/radios, cellular phones, satellite phones and radios 800 band radio and ham radio equipment. The immediate implementation of the emergency plan focuses on maintaining vital patient care communications. The Southern Lincs will be the primary communication tool used during disaster events.

Specific procedures for communication systems failure are located in the Utility Section found on the intranet.

Alternate roles and responsibilities of personnel during emergencies including whom they report to within the command structure and, when activated, in the community's command structure.

The hospital follows the Hospital Incident Command System structure. Each position has a job action sheet for staff that describes alternative roles to be followed in a disaster situation and to whom that position reports to in an emergency. Employees may not be assigned to their regular duties and will be asked to perform various jobs, which will be considered vital to the effective operation of the hospital.

This is consistent with the Incident Command Structure used by first responder agencies in Jackson County and the State of Mississippi.

Alternate Means of Meeting Essential Building Utility Needs (Electricity, Water, Ventilation, Fuel sources, Medical gas and Vacuum System) When the Hospital is Designated By it’s Emergency Plan to Provide Continuous Service During a Disaster or Emergency.

Facilities Support Department, clinical staff, and other hospital management staff have assessed the impact of the loss of utility systems on the ability of the hospital to perform patient care. Response plans for managing the loss of essential utilities are located in the Utilities Section under the Environment of Care section of the intranet.
• **Means for radioactive, biological, and chemical isolation and decontamination.**

The management of situations involving nuclear, biological or chemical contamination is a joint effort between national, state, and local officials and the health care community. Singing River Hospital is prepared to manage a limited number of contaminated individuals.

The staff of the Emergency Department has limited training and equipment for handling decontamination of affected individuals. Once the capability is exhausted, contaminated victims will be isolated and managed by local agencies with specific appropriate expertise.

The Emergency Department has a decontamination area capable of processing two contaminated patients at a time. There is also a tent that may be set up and will process large numbers of victims.

If the facility is contaminated, a contractor experienced in the isolation and decontamination process will be notified. The Security Director will ensure isolation of the affected area until it is declared safe by appropriate experts.

• **Orientation and Education**

  • Each new staff member of Singing River Hospital participates in a general orientation program, which includes information related to the Emergency Management Program. Examples of such information include: the Emergency Management Program, emergency communication plans, location of emergency supplies and equipment and patient evacuation procedures.

  • The Human Resources Department is responsible for conducting the general orientation program. The general orientation program is scheduled once every month. When possible, new staff members are scheduled to attend the general orientation program within the first thirty days of employment. The Human Resources Department records attendance for each new staff member who completes the general orientation program. Attendance records are maintained in the Human Resources Department. The Human Resources Department tracks and reschedules staff members who fail to attend the general orientation program.

  • New staff members also receive a department specific orientation to the department they are assigned to work. Department Managers are responsible for providing new staff members with a department specific orientation to the Emergency Management Program. New staff members should complete their department specific orientation within thirty days of employment.

  • All staff members of Singing River Hospital must participate, at least once each year, in a mandatory continuing education program. Information specific to the Emergency Management Program is included within the scope of the continuing education program. The annual education requirement is met by completing the annual Employee Training for the environment of care.

  • The Trauma Nurse Coordinator and Safety Director collaborates with the individual Department Heads, as appropriate, to develop content and supporting materials for general and department specific orientation and continuing education programs.
• **Performance Improvement**

  • The EOC Committee has overall responsibility for coordinating the performance improvement process for the seven functions associated with management of the Environment of Care.

  • The HICS subcommittee is responsible for establishing performance monitors to measure the effectiveness of the Emergency Management Program. The Committee determines appropriate data sources, data collection methods, data collection intervals, analysis techniques and report formats for the performance monitors.

  • The emergency management report submitted to the EOC Committee summarizes performance-monitoring activities. If deficiencies are identified, a plan of action is developed to address the deficiency. The EOC Committee is responsible for evaluating the relevance of performance monitors.

  • A performance monitor has been established to measure one important aspect of the Emergency Management program. The current performance monitor for the Emergency Management program is: Percentage of disaster team members with formal ICS training (Implementation of HICS), Staff knowledge of the Paraslyde Evacuation Device and Staff knowledge of Code Black.

• **Annual Evaluation**

  • The Chair of the EOC Committee has overall responsibility for coordinating the annual evaluation process for the seven functions associated with management of the Environment of Care.

  • The annual evaluation uses a variety of information sources including the reports from the general liability insurance carrier, internal policy and procedure reviews, incident report summaries, EOC Committee meeting minutes, EOC Committee reports, and other summaries of activities. The annual review examines the objectives, scope, performance, and effectiveness of the Emergency Management program. The findings of the annual review are presented in a narrative report supported by relevant data. The report provides a balanced summary of the program performance over the preceding 12 months. Strengths are noted and deficiencies are evaluated to set goals for the next.

  • The annual review is presented to the EOC Committee by the end of the first quarter of each year. The Committee reviews and approves the report. The deliberations, actions, and recommendations of the Committee are documented in the minutes. The annual evaluation is also distributed to the Board of Trustees, the Chief Executive Officer, Administration, and other Department Heads as appropriate. Once the review is finalized, the EOC Committee is responsible for implementing the recommendations in the report as part of the performance improvement process.
HAZARD VULNERABILITY ANALYSIS

PURPOSE:

Singing River Hospital must be prepared for a variety of disasters or emergencies both natural and man-made. In order to react to these disasters or emergencies Singing River Hospital will prepare and plan for the responses and reactions required in these situations.

POLICY:

Singing River Hospital will perform a hazard vulnerability analysis in order to determine and identify the specific procedures required in response to a variety of disasters or emergencies. A separate Vulnerability Analysis will be performed for the East Central Medical Center, The Neurosurgery Center, Gautier Internal Medical Center, Center for Cardiovascular Surgery, Congestive Heart Failure Clinic, and the Pascagoula and Gautier Physical Therapy Clinics,

PROCEDURE:

- The HICS Committee in collaboration with the Risk Manager and Hazardous Materials, Waste Coordinator and Physicians are responsible to conduct a hazard vulnerability analysis to determine the types of disasters or emergency situations that have a high probability of occurring within the response areas of the Singing River Hospital. The HICS Committee and the Office Managers of East Central Medical Center, The Neurosurgery Center, Gautier Internal Medical Center, Center for Cardiovascular Surgery, Congestive Heart Failure Clinic, and the Pascagoula and Gautier Physical Therapy Clinics, are responsible to conduct a Hazard Vulnerability Analysis to determine the types of disasters or emergency situations that have a high probability of occurring within the response areas of the above named medical facilities.

- A hazard vulnerability analysis will be conducted anytime throughout the year when new hazards or situations have been discovered within the Singing River Hospital\clinics response areas or as new information or experience identifies new contingencies.

- The analysis will be documented on the Vulnerability Analysis Chart (addendum A). Each of the disasters or emergencies will be listed on the chart and a score will be assigned. These scores will determine the risk factor associated with each type of event.

- The hazard vulnerability analysis will be submitted to the EOC Committee for review. The EOC Committee will determine which potential emergency requires a written response plan and allocation of resources.
HAZARD VULNERABILITY ANALYSIS CHART
Directions for Use

1. **Potential Injury Creating Event** - In the first column of the chart list all emergencies that could affect the hospital. Include both emergencies that could occur within the hospital or outside the hospital. Consider the following factors:

   A. **Historical**: What types of emergencies have occurred in the community, at this facility, and at other facilities in the area?
      
      Fire -- Severe weather -- Hazardous material spills -- Earthquakes -- Hurricanes -- Tornadoes -- Transportation accidents -- Terrorism -- Utility outages -- Security
   
   B. **Geographic**: What can happen as a result of the facilities location?
      
      Flood -- Proximity to companies that produce, store, use or transport hazardous materials -- Proximity to major transportation routes (airports, rail lines, interstate highways, pipelines) -- Proximity to nuclear power plants -- Proximity to volcanic activity.

   C. **Technological**: What could result from a process or system failure?
      

2. **Probability**: In the probability column, rate the likelihood of each emergency’s occurrence.

3. **Risk**: Rate the potential risk of each emergency.

4. **Preparedness**: Rate the state of preparedness for each type of emergency.

5. **Total the Columns**: The lower the score, the less likely the emergency needs additional contingency plans. The higher score, the higher the likelihood that contingency plans should be developed or additional resources allocated.

6. **Document the assessment**: Document the assessment and report the results to the EOC Committee. The process should be repeated as new information or experience identifies new contingencies.
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<th>EVENT</th>
<th>PROBABILITY</th>
<th>RISK</th>
<th>PREPAREDNESS</th>
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<td>Snow Fall</td>
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<td>Earthquake</td>
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<td>Flood, External</td>
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<td>TECHNOLOGICAL / UTILITIES FAILURE EVENTS</td>
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<td>Flood – Internal</td>
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<td>HazMat Exposure - Internal</td>
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<td>Unavailability of Supplies</td>
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<tr>
<td>Information Systems Failure</td>
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</tbody>
</table>
Mitigation Activities for Identified hazards:

**Human Events:**

**Mass Casualty Incident**
- Keep 50 Southern Lincs in house for additional communication capability
- Coordinated with other agencies to set up special needs shelter outside hospital
- Updated all plans to include HICS from HEICS, in serviced staff
- Updated HICS vest to address new titles
- Obtained an additional transportation ventilator
- Have purchased a back up satellite receiver for internet system
- Placed a icon on the internet where staff may obtain information during communication or other emergencies
- Keep 30 disposable ventilators on site at all times
- Have obtained permission to use convention center for surge capacity if needed
- Set up e-mail for all employees for better communication
- Set up a physician group e-mail to notify them of events
- Installed electronic billboards to help with communications

**Haz. Mat incident External**
- Updated all plans to include HICS from HEICS, in serviced staff
- Updated HICS vest to address new titles
- Obtained an additional transportation ventilator
- Have purchased a back up satellite receiver for internet system
- Placed a icon on the internet where staff may obtain information during communication or other emergencies
- Purchased bottled water and MREs for back up food. Kept on campus at all times
- Keep 30 disposable ventilators on site at all times
- Placed flood lights in front of decon area
- Obtained decon equipment from the state
- Obtained Chempac
- Maintain an inventory of extra drugs in pharmacy for emergency use
- Set up e-mail for all employees for better communication
- Set up a physician group e-mail to notify them of events
- Installed electronic billboards to help with communications
- Installed an air handler cut off button in ED Triage Area
- Provided ability to cut off all external air handlers for the building
- Installed a button on the fire alarm panel to shutdown the AHU's

**Bio-terrorism**
- Updated all plans to include HICS from HEICS, in serviced staff
- Updated HICS vest to address new titles
SRH-HAZARD VULNERABILITY ANALYSIS CHART (Direct & Indirect)

- Obtained an additional transportation ventilator
- Have purchased a back up satellite receiver for internet system
- Placed a icon on the internet where staff may obtain information during communication or other emergencies
- Purchased bottled water and MREs for back up food. Kept on campus at all times
- Placed flood lights in front of decon area
- Obtained decon equipment from the state
- Obtained Chempac
- Maintain an inventory of extra drugs in pharmacy for emergency use
- Set up e-mail for all employees for better communication
- Set up a physician group e-mail to notify them of events
- Installed electronic billboards to help with communications
- Installed an air handler cut off button in ED Triage Area
- Provided ability to cut off all external air handlers for the building
- Installed a button on the fire alarm panel to shutdown the AHU's.

**VIP situation**
- Up dated all plans to include HICS from HEICS, in serviced staff
- Up dated HICS vest to address new titles
- Set up e-mail for all employees for better communication
- Set up a physician group e-mail to notify them of events

**Infant Abduction**
- Up dated all plans to include HICS from HEICS, in serviced staff
- Up dated HICS vest to address new titles
- Set up e-mail for all employees for better communication
- Set up a physician group e-mail to notify them of events
- Installing Code Adam buttons and doors on third floor
- The vendor, RF Technologies, performed a functionality test of the system and re-certified the infant security system indicating that the system has been deemed to meet all factory specification and is fully functional on 3/28/08. Conducted security risk assessment for women's and children's services and submitted to EOC for approval with recommendations for improvements.

**Hostage Situation**
- Up dated all plans to include HICS from HEICS, in serviced staff
- Up dated HICS vest to address new titles
- Set up a physician group e-mail to notify them of events

**Civil Disturbance**
- Up dated all plans to include HICS from HEICS, in serviced staff
- Up dated HICS vest to address new titles
Forensic Admission
- Met with Jackson County Sheriff's Office and their security contractor, Magnolia Security, to provide education on our Forensic Patient admission policy and procedure. Provided copy of our Forensic Patient Guard handbook for their review and assistance with educating their staff.

Bomb Threat
- Purchased Paraslyde evacuation devices, place on all bedded units above the ground floor, in serviced and continue to in-service staff on use
- Updated all plans to include HICS from HEICS, in serviced staff
- Updated HICS vest to address new titles
- Working with State to develop a method to move computerized charts rapidly
- Placed a icon on the internet where staff may obtain information during communication or other emergencies
- Have built a report button on the computerized charting system that will automatically print three days worth of information on all patients on a unit
- Have obtained permission to use convention center for surge capacity if needed
- Working with school system to obtain buses in case of evacuation
- Set up e-mail for all employees for better communication
- Set up a physician group e-mail to notify them of events

Work Place Violence
- Set up e-mail for all employees for better communication
- Set up a physician group e-mail to notify them of events
- Provided Workplace Violence education training during the hospital wide education session (Connections) with the attendance of 950 employees. Conducted a security risk assessment for workplace violence risk and submitted to EOC for approval.

Natural Events:

Hurricane
- Purchased headlights for use if we have no lights
- Keep 50 Southern Lincs in house for additional communication capability
- Purchased Paraslyde evacuation devices, place on all bedded units above the ground floor, in serviced and continue to in-service staff on use
- Coordinated with other agencies to set up special needs shelter outside hospital
- Updated severe weather plan to include special needs shelter staffing, firm up A, B and recovery team information concerning when to report. Increased down pay for those on the A&B teams
- Code Moveup flood plan written to address possible flood situation
- Updated all plans to include HICS from HEICS, in serviced staff
- Updated HICS vest to address new titles
- Have installed two satellite phones/radios
- Have install Ham Radio equipment, Staff trained and licensed to use
• Purchased small generators to use in case of power failure for ventilators.
• Obtained an additional transportation ventilator.
• Working with State to develop a method to move computerized charts rapidly.
• Have purchased a back up satellite receiver for internet system.
• Placed an icon on the internet where staff may obtain information during communication or other emergencies.
• Have built a report button on the computerized charting system that will automatically print three days worth of information on all patients on a unit.
• Purchased bottled water and MREs for back up food. Kept on campus at all times.
• Contracted with US Foods to deliver food before a hurricane and if they are unable to communicate with us.
• June 1 – November 30- keep hurricane supplies in Distribution Center on campus.
• Purchased a 10,000 gal water tank.
• Update well to tie into the water system to be able to use for nonportable water functions.
• Developed plan to obtain water from the pond to run coolers.
• Keep 30 disposable ventilators on site at all times.
• Started work on moving electrical switches and generators up from basement- waiting for grant money to finish.
• Have obtained permission to use convention center for surge capacity if needed.
• Working with school system to obtain buses in case of evacuation.
• Obtained fuel contract with State vendor to provide gas and diesel.
• Purchased digital portable radiographic imaging equipment to allow radiographic imaging in the absence of power/water.
• Set up e-mail for all employees for better communication.
• Set up a physician group e-mail to notify them of events.
• Installed electronic billboards to help with communications.
• Maintain a 1000 gal gas tank on campus.

**Tornado/severe weather**

• Purchased headlights for use if we have no lights.
• Keep 50 Southern Linx in house for additional communication capability.
• Purchased Paraslyde evacuation devices, place on all bedded units above the ground floor, in serviced and continue to in-service staff on use.
• Coordinated with other agencies to set up special needs shelter outside hospital.
• Updated all plans to include HICS from HEICS, in serviced staff.
• Updated HICS vest to address new titles.
• Have installed two satellite phones/radios.
• Have install Ham Radio equipment, Staff trained and licensed to use.
• Purchased small generators to use in case of power failure for ventilators.
• Obtained an additional transportation ventilator.
• Working with State to develop a method to move computerized charts rapidly.
• Have purchased a back up satellite receiver for internet system.
SRH-HAZARD VULNERABILITY ANALYSIS CHART (Direct & Indirect)

- Placed an icon on the internet where staff may obtain information during communication or other emergencies
- Have built a report button on the computerized charting system that will automatically print three days worth of information on all patients on a unit
- Purchased bottled water and MREs for back up food. Kept on campus at all times
- Purchased a 10,000 gal water tank
- Update well to tie into the water system to be able to use for nonportable water functions
- Developed plan to obtain water from the pond to run coolers
- Keep 30 disposable ventilators on site at all times
- Have obtained permission to use convention center for surge capacity if needed
- Working with school system to obtain buses in case of evacuation
- Purchased digital portable radiographic imaging equipment to allow radiographic imaging in the absence of power/water
- Set up e-mail for all employees for better communication
- Set up a physician group e-mail to notify them of events
- Installed electronic billboards to help with communications

Snow Fall
- Purchased headlights for use if we have no lights
- Keep 50 Southern Lincs in house for additional communication capability
- Placed an icon on the internet where staff may obtain information during communication or other emergencies
- Purchased bottled water and MREs for back up food. Kept on campus at all times
- Set up e-mail for all employees for better communication
- Set up a physician group e-mail to notify them of events
- Installed electronic billboards to help with communications

Ice Storm
- Purchased headlights for use if we have no lights
- Keep 50 Southern Lincs in house for additional communication capability
- Placed an icon on the internet where staff may obtain information during communication or other emergencies
- Purchased bottled water and MREs for back up food. Kept on campus at all times
- Set up e-mail for all employees for better communication
- Set up a physician group e-mail to notify them of events
- Installed electronic billboards to help with communications

Earthquake
- Purchased headlights for use if we have no lights
- Keep 50 Southern Lincs in house for additional communication capability
- Purchased Paraslyde evacuation devices, place on all bedded units above the ground floor, in service and continue to in-service staff on use
- Have installed two satellite phones/radios
- Have install Ham Radio equipment, Staff trained and licensed to use
SRH-HAZARD VULNERABILITY ANALYSIS CHART (Direct & Indirect)

- Purchased small generators to use in case of power failure for ventilators
- Obtained an additional transportation ventilator
- Working with State to develop a method to move computerized charts rapidly
- Have purchased a back up satellite receiver for internet system
- Placed a icon on the internet where staff may obtain information during communication or other emergencies
- Purchased bottled water and MREs for back up food. Kept on campus at all times
- Purchased a 10,000 gal water tank
- Update well to tie into the water system to be able to use for nonportable water functions
- Developed plan to obtain water from the pond to run coolers
- Keep 30 disposable ventilators on site at all times
- Have obtained permission to use convention center for surge capacity if needed
- Working with school system to obtain buses in case of evacuation
- Purchased digital portable radiographic imaging equipment to allow radiographic imaging in the absence of power/water
- Set up e-mail for all employees for better communication
- Set up a physician group e-mail to notify them of events
- Installed electronic billboards to help with communications

Flood, External

- Purchased headlights for use if we have no lights
- Keep 50 Southern Lincs in house for additional communication capability
- Purchased Paraslyde evacuation devices, place on all bedded units above the ground floor, in serviced and continue to in-service staff on use
- Coordinated with other agencies to set up special needs shelter outside hospital
- Code Moveup flood plan written to address possible flood situation
- Up dated all plans to include HICS from HEICS, in serviced staff
- Up dated HICS vest to address new titles
- Have installed two satellite phones/radios
- Have install Ham Radio equipment, Staff trained and licensed to use
- Purchased small generators to use in case of power failure for ventilators
- Obtained an additional transportation ventilator
- Working with State to develop a method to move computerized charts rapidly
- Have purchased a back up satellite receiver for internet system
- Placed a icon on the internet where staff may obtain information during communication or other emergencies
- Have built a report button on the computerized charting system that will automatically print three days worth of information on all patients on a unit
- Purchased bottled water and MREs for back up food. Kept on campus at all times
- Keep 30 disposable ventilators on site at all times
- Started work on moving electrical switches and generators up from basement- waiting for grant money to finish
SRH-HAZARD VULNERABILITY ANALYSIS CHART (Direct & Indirect)

- Working with school system to obtain buses in case of evacuation
- Purchased digital portable radiographic imaging equipment to allow radiographic imaging in the absence of power/water
- Set up e-mail for all employees for better communication
- Set up a physician group e-mail to notify them of events
- Installed electronic billboards to help with communications

**Epidemic**
- Updated all plans to include HICS from HEICS, in serviced staff
- Updated HICS vest to address new titles
- Obtained an additional transportation ventilator
- Have purchased a back up satellite receiver for internet system
- Placed a icon on the internet where staff may obtain information during communication or other emergencies
- Purchased bottled water and MREs for back up food. Kept on campus at all times
- Have obtained permission to use convention center for surge capacity if needed
- Maintain an inventory of extra drugs in pharmacy for emergency use
- Set up e-mail for all employees for better communication
- Set up a physician group e-mail to notify them of events
- Installed electronic billboards to help with communications
- Installed an air handler cut off button in ED Triage Area
- Provided ability to cut off all external air handlers for the building

**Structural Damage**
- Purchased headlights for use if we have no lights
- Keep 50 Southern Lincs in house for additional communication capability
- Purchased Paraslyde evacuation devices, place on all bedded units above the ground floor, in serviced and continue to in-service staff on use
- Updated all plans to include HICS from HEICS, in serviced staff
- Updated HICS vest to address new titles
- Have installed two satellite phones/radios
- Purchased small generators to use in case of power failure for ventilators
- Obtained an additional transportation ventilator
- Working with State to develop a method to move computerized charts rapidly
- Have purchased a back up satellite receiver for internet system
- Placed a icon on the internet where staff may obtain information during communication or other emergencies
- Have built a report button on the computerized charting system that will automatically print three days worth of information on all patients on a unit
- Purchased bottled water and MREs for back up food. Kept on campus at all times
- Purchased a 10,000 gal water tank
- Update well to tie into the water system to be able to use for nonportable water functions
SRH-HAZARD VULNERABILITY ANALYSIS CHART (Direct & Indirect)

- Keep 30 disposable ventilators on site at all times
- Have obtained permission to use convention center for surge capacity if needed
- Working with school system to obtain buses in case of evacuation
- Replaced roof on the hospital
- Put special film on the windows to make them more wind resistant
- Set up e-mail for all employees for better communication
- Set up a physician group e-mail to notify them of events
- Installed electronic billboards to help with communications

**Technological/Utilities Failure Events:**

**External Electrical Failure**
- Purchased headlights for use if we have no lights
- Keep 50 Southern Lincs in house for additional communication capability
- Have install Ham Radio equipment, Staff trained and licensed to use
- Have purchased a back up satellite receiver for internet system
- Started work on moving electrical switches and generators up from basement- waiting for grant money to finish
- Purchased digital portable radiographic imaging equipment to allow radiographic imaging in the absence of power/water
- Set up e-mail for all employees for better communication
- Set up a physician group e-mail to notify them of events

**Total Generator Failure**
- Purchased headlights for use if we have no lights
- Keep 50 Southern Lincs in house for additional communication capability
- Purchased Paraslyde evacuation devices, place on all bedded units above the ground floor, in serviced and continue to in-service staff on use
- Coordinated with other agencies to set up special needs shelter outside hospital
- Up dated all plans to include HICS from HEICS, in serviced staff
- Up dated HICS vest to address new titles
- Have installed two satellite phones/radios
- Have install Ham Radio equipment, Staff trained and licensed to use
- Purchased small generators to use in case of power failure for ventilators
- Obtained an additional transportation ventilator
- Working with State to develop a method to move computerized charts rapidly
- Placed a icon on the internet where staff may obtain information during communication or other emergencies
- Purchased bottled water and MREs for back up food. Kept on campus at all times
- Keep 30 disposable ventilators on site at all times
- Started work on moving electrical switches and generators up from basement- waiting for grant money to finish
SRH-HAZARD VULNERABILITY ANALYSIS CHART (Direct & Indirect)

- Have obtained permission to use convention center for surge capacity if needed
- Working with school system to obtain buses in case of evacuation
- Purchased digital portable radiographic imaging equipment to allow radiographic imaging in the absence of power/water
- Set up e-mail for all employees for better communication
- Set up a physician group e-mail to notify them of events

Fuel Shortage
- Purchased headlights for use if we have no lights
- Purchased Paraslyde evacuation devices, place on all bedded units above the ground floor, in-service and continue to in-service staff on use
- Have installed two satellite phones/radios
- Have install Ham Radio equipment, Staff trained and licensed to use
- Purchased small generators to use in case of power failure for ventilators
- Obtained fuel contract with State vendor to provide gas and diesel
- Set up e-mail for all employees for better communication
- Set up a physician group e-mail to notify them of events
- Installed electronic billboards to help with communications
- Maintain a 1000 gal gas tank on campus

Natural Gas Failure
- Set up e-mail for all employees for better communication
- Set up a physician group e-mail to notify them of events
- Installed electronic billboards to help with communications

Water Failure
- Purchased small generators to use in case of power failure
- Purchased a 10,000 gal water tank
- Update well to tie into the water system to be able to use for nonportable water functions
- Have obtained permission to use convention center for surge capacity if needed
- Purchased digital portable radiographic imaging equipment to allow radiographic imaging in the absence of power/water
- Set up e-mail for all employees for better communication
- Set up a physician group e-mail to notify them of events
- Installed electronic billboards to help with communications

Sewer Failure
- Set up e-mail for all employees for better communication
- Set up a physician group e-mail to notify them of events
- Installed electronic billboards to help with communications

Steam Failure
- Set up e-mail for all employees for better communication
- Set up a physician group e-mail to notify them of events
SRH-HAZARD VULNERABILITY ANALYSIS CHART (Direct & Indirect)

- Installed electronic billboards to help with communications

**Fire Alarm Failure**
- Started work on moving electrical switches and generators up from basement- waiting for grant money to finish
- Set up e-mail for all employees for better communication
- Set up a physician group e-mail to notify them of events
- Installed electronic billboards to help with communications

**Communications Failure**
- Keep 50 Southern Lincs in house for additional communication capability
- Have installed two satellite phones/radios
- Have install Ham Radio equipment, Staff trained and licensed to use
- Have purchased a back up satellite receiver for internet system
- Placed a icon on the internet where staff may obtain information during communication or other emergencies
- Set up e-mail for all employees for better communication
- Set up a physician group e-mail to notify them of events
- Installed electronic billboards to help with communications

**Medical Gas Failure**
- Set up e-mail for all employees for better communication
- Set up a physician group e-mail to notify them of events
- Installed electronic billboards to help with communications

**Medical Vacuum Failure**
- Set up e-mail for all employees for better communication
- Set up a physician group e-mail to notify them of events
- Installed electronic billboards to help with communications

**HVAC Failure**
- Started work on moving electrical switches and generators up from basement- waiting for grant money to finish
- Set up e-mail for all employees for better communication
- Set up a physician group e-mail to notify them of events
- Installed electronic billboards to help with communications

**Fire – Internal**
- Purchased Paraslyde evacuation devices, place on all bedded units above the ground floor, in serviced and continue to in-service staff on use
- Keep 30 disposable ventilators on site at all times
- Have obtained permission to use convention center for surge capacity if needed
- Have obtained permission to use convention center for surge capacity if needed
- Working with school system to obtain buses in case of evacuation
- Installed electronic billboards to help with communications

**Flood- Internal**
SRH-HAZARD VULNERABILITY ANALYSIS CHART (Direct & Indirect)

- Purchased Paraslyde evacuation devices, place on all bedded units above the ground floor, in serviced and continue to in-service staff on use
- Code Moveup flood plan written to address possible flood situation
- Updated all plans to include HICS from HEICS, in serviced staff
- Updated HICS vest to address new titles
- Obtained an additional transportation ventilator
- Have built a report button on the computerized charting system that will automatically prints three days worth of information on all patients on a unit
- Purchased bottled water and MREs for back up food. Kept on campus at all times
- Keep 30 disposable ventilators on site at all times
- Have obtained permission to use convention center for surge capacity if needed
- Have obtained permission to use convention center for surge capacity if needed
- Working with school system to obtain buses in case of evacuation
- Set up e-mail for all employees for better communication
- Set up a physician group e-mail to notify them of events
- Installed electronic billboards to help with communications

Hazmat Exposure – Internal

- Have obtained permission to use convention center for surge capacity if needed
- Placed flood lights in front of decon area
- Obtained Chempac
- Maintain an inventory of extra drugs in pharmacy for emergency use
- Obtained decon equipment from the state
- Set up a physician group e-mail to notify them of events
- Installed electronic billboards to help with communications
- Installed a button on the fire alarm panel to shutdown the AHU’s

Unavailability of Supplies

- Have installed two satellite phones/radios
- Have install Ham Radio equipment, Staff trained and licensed to use
- Have purchased a back up satellite receiver for internet system
- Placed a icon on the internet where staff may obtain information during communication or other emergencies
- Purchased bottled water and MREs for back up food. Kept on campus at all times
- Purchased a 10,000 gal water tank
- Update well to tie into the water system to be able to use for nonportable water functions
- Keep 30 disposable ventilators on site at all times
- Obtained fuel contract with State vendor to provide gas and diesel
- Obtained Chempac
- Maintain an inventory of extra drugs in pharmacy for emergency use
SRH-HAZARD VULNERABILITY ANALYSIS CHART (Direct & Indirect)

- Set up e-mail for all employees for better communication
- Set up a physician group e-mail to notify them of events
- Installed electronic billboards to help with communications

**Structural Damage**
- Keep 50 Southern LinCs in house for additional communication capability
- Purchased Paraslyde evacuation devices, place on all bedded units above the ground floor, in service and continue to in-service staff on use
- Coordinated with other agencies to set up special needs shelter outside hospital
- Up dated all plans to include HICS from HEICS, in serviced staff
- Up dated HICS vest to address new titles
- Have installed two satellite phones/radios
- Have install Ham Radio equipment, Staff trained and licensed to use
- Purchased small generators to use in case of power failure for ventilators
- Obtained an additional transportation ventilator
- Working with State to develop a method to move computerized charts rapidly
- Placed a icon on the internet where staff may obtain information during communication or other emergencies
- Have built a report button on the computerized charting system that will automatically print three days worth of information on all patients on a unit
- Purchased bottled water and MREs for back up food. Kept on campus at all times
- Purchased a 10,000 gal water tank
- Update well to tie into the water system to be able to use for nonportable water functions
- Have obtained permission to use convention center for surge capacity if needed
- Working with school system to obtain buses in case of evacuation
- Replaced roof on the hospital
- Put special film on the windows to make them more wind resistant
- Set up e-mail for all employees for better communication
- Set up a physician group e-mail to notify them of events
- Installed electronic billboards to help with communications

**Information System Failure**
- Working with State to develop a method to move computerized charts rapidly
- Have purchased a back up satellite receiver for internet system
- Placed a icon on the internet where staff may obtain information during communication or other emergencies
- Developed plan to obtain water from the pond to run coolers
- Started work on moving electrical switches and generators up from basement - waiting for grant money to finish
- Set up e-mail for all employees for better communication
- Set up a physician group e-mail to notify them of events
- Installed electronic billboards to help with communications
SRH-HAZARD VULNERABILITY ANALYSIS CHART (Direct & Indirect)
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<th>EVENT</th>
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HOSPITAL ROLE IN COMMUNITY DISASTER PLANNING

PURPOSE:

In the event of an industrial, transportation, or act of nature incident in Jackson County, which results in injuries, the role of Singing River Hospital System would be to provide emergency information and medical treatment to those injured. In the event that the incident was of sufficient magnitude, the hospital system would place into effect its Mass Casualty Plan. This plan would mobilize the medical, nursing, and other hospital staff and prepare the hospital for the receipt of multiple victims.

In order to effectively prepare and care for victims, the following needs have been identified.

- **COMMUNICATION:**

  Early contact with the Emergency Physician on duty, Emergency Nursing Director or Nurse-In-Charge at the Emergency Department to put the Department on a stand-by basis.

  Contact that same person as soon as it is determined that injuries have been sustained, the anticipated number and nature of injuries that will be sent to Singing River Hospital/Ocean Springs Hospital for treatment or that no injuries are anticipated and the stand-by status can be discontinued.

  Periodic contact with that same person to update Singing River Hospital/Ocean Springs Hospital on the status of the number and nature of the injuries.

- **PRODUCT EXPOSURE/DATA:**

  - Name/Composition of Product.
  - Method, Amount, and Time of Exposure
  - Any First Aid procedures implemented prior to transportation to the Hospital.
  - Recommended treatment/antidote.
  - Resource person or facility and phone number(s) for medical consult.
  - Any risks to hospital personnel/precautions to be taken while caring for victims.

- **IDENTIFICATION OF VICTIMS:** Identification should not be removed from victim prior to arrival at Singing River Hospital/Ocean Springs Hospital.

- **MASS CASUALTIES:** Should mass casualties be a factor, the affected Hospital would call upon its sister hospital for assistance in providing the necessary services.
EMERGENCY RECALL PROCEDURE

PURPOSE:

Provide a procedure for implementing an Employee Recall in response to a Disaster situation.

PROCEDURE:

- After authorizing the “Complete Alert,” the Administrator on Call will initiate the Pyramid Recall List, proceed to the hospital, and set up the Hospital Command Center (HCC).

- Department Directors and Nurse Managers will notify the HCC of their presence in or upon arrival at the hospital. Prior to the establishment of the HCC a voice message should be left.

- The Administrative Office will keep the Pyramid Recall List current.

- A current Pyramid Recall List will be kept by all persons on the list.

- The HCC will notify Department Alternates, as deemed necessary, for Department Directors and Nurse Managers who can’t be contacted.

- Department Directors and Nurse Managers will be responsible for maintaining a Department Recall List and establishing a Department Recall Procedure.

- Only those employees who are needed to meet the increase workload caused by the disaster will be recalled.
ALTERNATIVE CARE SITES

PURPOSE:

This procedure describes the guidelines for establishing alternative care sites in the event the hospital becomes uninhabitable.

PROCEDURE:

- Alternative care sites have been established through an Emergency/Disaster Mutual Aid Agreement signed by the following hospitals:
  - Ocean Springs Hospital, Ocean Springs, MS
  - Biloxi Regional Medical Center, Biloxi, MS
  - Garden Park Community Hospital, Gulfport, MS
  - Memorial Hospital, Gulfport, MS
  - Hancock Medical Center, Bay St. Louis, MS
- Forrest General Hospital for critical care patients for hurricanes.

The Hospital Administrator (Incident Commander) is responsible for activating the mutual aid agreement when the situation warrants.

Staffing, medical equipment, medical records, and other supplies will be sent to the alternative care site with patients.
EMERGENCY/DISASTER MUTUAL AID AGREEMENT

In the event of an internal or external emergency or disaster that necessitates the evacuation and/or transfer of patients, the undersigned hospitals hereby agree to accept such patients to the extent of the receiving hospital's resources to help alleviate the emergency or disaster situation. Coordination of transfers and transportation of patients will be the responsibility of the transferring hospital. If the emergency or disaster condition permits, medical records shall be transferred with each patient. A list of transferred patients, as well as each patient's status, diagnosis, immediate needs, and attending physician's comments shall be provided to the receiving hospital by the transferring hospital. Each institution shall assume all responsibility for the collection of any accounts receivable incurred as a result of rendering direct services to patients in their respective institutions.

In addition to the transfer of patients, the undersigned hospitals further agree to aid each other during emergency/disaster situations by sharing supplies/equipment, so long as the release of such items does not negatively impact patient care.

In the event of an area-wide emergency or disaster, this agreement may be superseded by local standard operating procedures for emergency medical services, as required by County Civil Defense or Emergency Management authorities.

In the event of a national emergency, this agreement may be superseded by the National Disaster Medical System (NDMS) Operations Plan.

This Mutual Aid Agreement is effective the 1st day of May, 2004, and will remain in effect for a maximum of sixty (60) months unless sooner superseded.

[Signatures of hospitals]
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<td>Ocean Springs Hospital</td>
<td>Kevin Holland</td>
<td>818-1195 Joe Barlow</td>
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<td>Biloxi Regional</td>
<td>Tim Mitchell</td>
<td>436-1104 Darren Ivey</td>
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<td>Garden Park</td>
<td>William Peaks</td>
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<td>Gary Marshand</td>
<td>865-3404 Kenneth McDowell</td>
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<td>Hancock Medical</td>
<td>Hal Leftwich</td>
<td>467-8777 Hank Wheeler</td>
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<td>377-6510 Major Joe Rodgers</td>
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<td>Young</td>
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<td>George Co. Hospital</td>
<td>Paul Gardner</td>
<td>601-947-9148 Mike Hutchinson</td>
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<td>Also see NDMS pages B-1-A-1 and B-1-A-2</td>
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EMERGENCY MANAGEMENT ORIENTATION & EDUCATION

PURPOSE:

To ensure all who work in or at the hospital are aware of potential hazards and appropriate emergency preparedness precautions they are required to take for their personal protection and the protection of patients, visitors, staff and members of the general public.

POLICY:

It is the policy of Singing River Hospital to provide all employees with Emergency Management education through new employee orientation, periodic refresher training, and departmental training related to general emergency programs and protocol as well as specific hazards they may encounter during the course of their employment. The term “Employee” as defined in this policy includes full and part time staff, physicians, volunteers and students. In addition, contractors and outside vendors must receive training related to hazards they may encounter as deemed appropriate by the head of the department for which services are being provided.

RESPONSIBILITY:

Department Directors are responsible to ensure each employee receives orientation and training on emergency preparedness precautions and response plans.

PROCEDURE:

• New employees will be given a self-study packet during the hiring in process on important Emergency Management related issues and will complete a quiz to verify understanding of the information before beginning work.

• When possible each new employee will attend hospital orientation within the first thirty days of employment. Hospital orientation includes information on potential Emergency Management risks and appropriate safety precautions.

• Before performing any specific job function, employees receive appropriate departmental orientation from his/her supervisor or their designee. This orientation includes department specific Emergency Management issues and may be done live, via learning packets or videotapes.

• On an annual basis, employees will attend the Environment of Care refresher course offered by the Education department.

• The contracting department will arrange training for contractors and vendors.
• Supplemental training for specific Emergency Management risks will be arranged by the Department, which the potential risk exists.
EMERGENCY MANAGEMENT PERFORMANCE MONITORING

PURPOSE:

This procedure describes the guidelines for establishing Emergency Management performance monitoring.

POLICY:

It is the policy of Singing River Hospital to implement and maintain an active performance-monitoring program for the Emergency Management Program.

RESPONSIBILITY:

The Trauma Nurse Coordinator is responsible for evaluating performance of the Emergency Management on at least a quarterly basis.

PROCEDURE:

The Trauma Nurse Coordinator is responsible to collect, analyze and report the findings regarding the Emergency Management activity to the EOC Committee.

- The Trauma Nurse Coordinator will develop and monitor at least one performance standard for Emergency Management.

- The Trauma Nurse Coordinator is responsible for preparing an Emergency Management report, which summarizes Emergency Management activity.
  - The report will be submitted to the EOC committee at least quarterly.
  - The report will be inclusive of but not limited to information regarding:
    - Emergency Management Orientation & Education.
    - General Emergency Management activities.
    - Emergency Incidents and Drills.

- The Trauma Nurse Coordinator or appropriate EOC committee members will investigate trends associated with Emergency Management program.

- Findings from these reports that indicate opportunities to improve exist will be forwarded to the Quality Management Board as an Opportunity to Improve (OTI).
ANNUAL EVALUATION OF THE EMERGENCY MANAGEMENT PROGRAM

PURPOSE:

The purpose of this procedure is to describe the process used by Singing River Hospital to review the scope, objectives, performance, and effectiveness of each of the Emergency Management program.

POLICY:

It is the policy of Singing River Hospital to conduct an annual evaluation of the Emergency Management Program within 60 days of the end of the calendar year and provide a copy of the findings to the EOC Committee for review by the end of the first quarter (March 31).

RESPONSIBILITY:

The EOC Committee Chairperson has overall responsibility for the annual evaluation of the seven environments of care management programs. The Trauma Nurse Coordinator is directly responsible for performing the evaluation of the Emergency Management Program and reporting the results to the EOC Committee, Administration, and the Board of Trustees.

PROCEDURE:

- The Trauma Nurse Coordinator will evaluate the Emergency Management Program for effectiveness, at least annually.
- A written report will be provided to the EOC, Administration, and the Board of Trustees no later than the end of the first quarter of each calendar year.
- The annual effectiveness report of the Equipment Management Program will include the evaluation of the Program’s:
  - Scope.
  - Goals and objectives.
  - Performance.
  - Program Effectiveness.
- The EOC Committee will review the annual Effectiveness of the Emergency Management Program report and make policy or procedure changes to the Emergency Management Program as warranted.
- The SRH Disaster Critique Form is located on the intranet under Forms.