Location: **Medical Center Wide – 6200s**	Old Policy Number: 6054	On-Line Number: **MCW 6200**
Section: **EOC - Emergency Management**	Effective Date: **3/97**	Page: **1 of 9**
Title: **General Emergency/ Disaster Procedures**	Review / **Revision Date**: **8/98, 10/00, 1/03, 5/04, 1/06, 8/11, 6/14, 5/17, 5/20**	
Accountable Department or Committee: **Environmental Health and Safety**	☑ Medical Center Wide ☐ Department Specific	☑ Non-Clinical ☐ Clinical
Approved by: **Environment of Care Committee – 5/18/20** **Medical Executive Committee – 5/26/20**		

REFERENCES:

- The Joint Commission Standards, Emergency Management Chapter
- 22 CCR 70741, 70746, 70743, 70851, 70413(e), 70737
- 19 CCR 2403 *et seq.*
- 8 CCR 3220
- MCW 6950 Food & Nutritional Services Disaster Procedures Food and Nutritional Services Disaster Procedures
- MCW 6942 Engineering Disaster Proceduresisaster Procedures Engineering Disaster Procedures

PURPOSE:

1. To define a comprehensive emergency management system designed to provide a timely, integrated, and coordinated response to emergencies.
2. To identify organizational structure, resources, and personnel necessary for a consolidated response.
3. To provide a guide that allows for organizational flexibility in prioritization, strategic planning, risk assessment, and meeting the immediate needs of a disaster response.

POLICY:

1. Provide for the protection of life, safety, and health of Kaiser Permanente members/visitors, physicians, employees, contractors, students, and all other building occupants.
2. Provide an environment where quality medical care is delivered during and after an emergency.
3. Provide for the protection of organizational assets, such as facilities, resources, and vital records.
4. Provide a framework to respond and recover from emergencies and to return to normal or near-normal business operations when possible.

ASSUMPTIONS AND GENERAL INFORMATION:

1. Emergency Planning for the maximum credible (worst case) scenario will provide for the appropriate level of preparedness adequately to respond and recover from anticipated region wide emergencies.
2. The facilities will be self-sufficient through the initial response phase of a disaster. (Local government officials recommend self-sufficiency for no less than 96 hours). This includes utility systems, infrastructures, food, water and supplies, and other services such as the local laboratory.
    - Emergency medical and patient care supportive materials will be furnished initially through management and appropriate distribution of existing supply exchange carts, as indicated through the “logistics” section of the Hospital Command Center (HCC).
    - Sufficient emergency food supplies will be maintained through the Food and Nutrition Services Department, by rotating and managing the distribution of stable, non-perishable and milk food items and potable bottled water (see policy MCW 6950).

- There is currently enough emergency food and water to sustain 2500 staff for a period of 96 hours. This supply is located in the "Hammerhead Section" near the loading dock area.
- An emergency supply of 10,000 gallons of potable water is maintained within a tank on the building's roof. In the event of a cessation of domestic water, the emergency water will be distributed via existing plumbing pipelines (see policy MCW 6942 Attachment #16).

3. The organization and management framework used to execute a response to an emergency or crisis is the Incident Command System (ICS) model. Emergency planning, management and communication functions within the HCC are organized into various sections designed to optimize skill and resources, while limiting span of managerial control to a reasonable level.
   - Incident Commander and Command Staff - Functional oversight, directs response, coordinated administrative functions
   - Planning Section - Collects intelligence, plans tactical response, develops forecasts
   - Logistic Section - Manages resources
   - Operations Section - Directs resource applications and coordinates issue resolution
   - Finance Section - Addresses funding and reimbursement issues
4. In case of disaster, off-duty staff will ensure the safety of their home and family first. Unless otherwise directed, they will then report to their work location at their next regularly scheduled work shift. If unable to reach this facility, staff will follow their departmental procedures. Department Managers will maintain current employee rosters and phone numbers if an emergency call back of personnel becomes necessary.
5. During disasters or major emergencies, all Kaiser Permanente personnel are considered essential emergency workers and may be reassigned to other functions.
6. Service area management will follow this plan as a policy guideline. Departures from this plan may occur during emergencies, as approved by the policy group (MCAT).
7. Regional Offices will mobilize resources including the laboratory, as necessary, to ensure to the extent possible that Kaiser Permanente Medical Centers remain operationally in support of its members and the surrounding communities.
8. Governmental agencies may request the use of Kaiser Permanente resources. Upon request, Kaiser Permanente will evaluate their internal needs and respond according to resource availability or refer the request to Region.
9. After the Regional Command Center (RCC) is activated, it will assist in the coordination of mutual aid requests and allocation of critical resources to Kaiser Permanente Medical Centers in need.

PROCEDURES:

EMERGENCY ACTIVATION - CODE TRIAGE

1. Authorization
   The following administrative personnel are authorized to activate this emergency operations plan (Code Triage):
   a. Senior Vice President/ Area Manager
   b. Chief Administrative Officer (CAO)
   c. Area Medical Director (AMD)
   d. Chief Operations Officer (COO)
   e. Administrator-On-Duty (AOD)
   f. House Supervisor
   g. Safety Officer
2. Activation Criteria

a. Internal emergency or disaster resulting in damage or loss of essential functions to any portion of the medical center or medical offices.
b. A mass casualty event or other emergency requiring a sustained significant commitment of Kaiser Permanente or local community resources.
c. Internal and/or external emergency necessitating hospital evacuation (e.g. unsafe facility).
d. An extraordinary threat to life and property exists covering a widespread population or geographic area, which affects Kaiser Permanente.
e. A local service area requires mutual aid.
f. Two or more Kaiser Permanente HCCs are activated to manage an emergency and the Regional Command Center (RCC) requests KPBP's activation.
g. Upon notification by the County of a community emergency where Kaiser Permanente Baldwin Park resources may be needed to support a community response (may be communicated via the ReddiNet or Hospital Emergency Administrative Radio (HEAR).

RESPONSE PRIORITIES:

1. If directed by the HCC over the public address system or by supervisory personnel, all personnel not involved in the delivery of direct or ancillary health care services, or not having a pre-assigned disaster assignment, are to report to the Labor Pool located in basement Conference Room B-1. These individuals may be deployed by the HCC to support impacted functions.
2. Following the announcement of Code Triage an immediate assessment of the facility and all other campus buildings will be conducted. All departments are to report via available means the following information as appropriate to the HCC:
   a. Current staff on duty
   b. Injuries to patients, staff or visitors
   c. Ability to receive victims at the medical center
   d. Inpatient census
   e. Available beds
   f. Any utility or equipment failures
   g. Status of supplies and resources
3. Staff is to remain in or return to their workstations unless otherwise instructed or go to their pre-assigned Code Triage post (as designated in this plan).
4. Determine damage to the area (structural or non-structural), if any.
5. Assess and provide for necessary services to medical offices or close those areas until the situation stabilizes.
6. Provide mutual aid to the local community after an assessment has been made to decide the status of the community and resources available per Regional Mutual Aid Policy. Consideration is given to the best source of the requested resource (from other Kaiser areas with Regional coordination).
7. Physicians may do any of the following, depending upon the situation and/or direction from the HCC:
   a. Complete any patient procedures in progress;
   b. Cease further routine clinic or inpatient duties; or
   c. Report to the Personnel/Labor Pool, if directed by the Chief of Service or Physician in Charge.
8. In-house physicians on call, in case of failure of both the internal and external telephone systems, utility failure, etc. will report immediately to the critical care areas for which they are responsible (CCU, OR, ER, NICU, etc.) and remain there.
9. All departments are responsible for coordination of information with the Planning Section and Finance Section of the HCC, as appropriate.

LEVELS OF EMERGENCY:

This plan is activated and staffed to the extent necessary to deal with the specific event. The appropriate level of staffing is determined by the Incident Commander or a designated alternate after considering initial damage assessments and demands for resources. HCC staffing would reflect the needs of the event based on the level of the emergency:

1. **Alert**
   When an incident is suspected, but not confirmed, an alert may or may not be authorized by the appropriate administrator. This places emergency personnel on standby for possible activation of the HCC. At this time all designated Section Chiefs would be notified and expected to review their individual disaster roles and prepare any needed resource materials to be located in their designated disaster work areas. Others may be placed on "increased readiness" at the discretion of each Section Chief.
2. **Virtual Activation**
   HCC staff contacted and virtually assembled to review, assess and discover impact and scope of incident. Communication via email and conference calls. Regular conference calls will be scheduled. Level can be escalated to partial or full activation at any time by the Incident Commander.
3. **Partial Activation**
   A minor to moderate emergency occurs and local area resources may or may not be adequate. Partial activation of the Medical Center HCC is required to manage the incident effectively. Staffing for a partial activation is limited HCC staff (general staff and above) and does not require the house-wide announcement of Code Triage or activation of Code Triage paging. The goal in a Partial Code Triage is to bring key personnel together quickly to respond during incidents with minimal anticipated impact. Should things escalate, a full activation can be implemented.
   However, a single point of contact should be identified to coordinate any requested mutual aid from the RCC. Local and state officials may proclaim a local emergency and state of an emergency, respectively.
4. **Full Activation**
   A major emergency occurs in or near the region and overwhelming the Medical Center's capability to adequately respond. The HCC will be fully activated. State and/or federal resources are required in local jurisdictions. Such disasters could include a major earthquake causing substantial damage in the community. A local proclamation and State declaration of an emergency may be made by local and State officials respectively. All HCC staff will assist in assembling response resources (supplies and equipment) in preparation for response

DEACTIVATION:

1. Kaiser Permanente Baldwin Park HCC and Code Triage deactivation will occur when, in the judgment of the Command Staff and/or Incident Commander, the operations of the medical center and/or medical offices have returned to normal or near normal.
2. Deactivation Authorization:
   Those authorized to deactivate the HCC and Code Triage are:
   a. Senior Vice President/ Area Manager, KP Hospital/Health Plan
   b. Chief Administrative Officer (CAO)
   c. Area Medical Director (AMD)
   d. Chief Operations Officer (COO)
   e. Administrator-On-Duty (AOD)
   f. House Supervisor
   g. Safety Officer
3. Proper deactivation notification will be made to involve local government agencies and RCC when possible.

4. Upon deactivation of the Baldwin Park HCC, the following activities must occur:
   a. The Planning Section, Emergency Planner along with the Safety Officer, are in charge of compiling all data collected and developing the after-action report.
   b. Support departments will be designated by Administration to help Planning, Safety Officer and Emergency Planner in development of the after-action report.
   c. The Emergency Planner and/or the Safety Officer may request Regional assistance from ERM/ Disaster Contingency Planning in drafting the after-action report.
   d. Finance Section Chief is responsible for the documenting expenses, filing and coordination of all financial reimbursement claims and issues.

TRAINING:

1. All staff and physicians will receive disaster-related training during their initial training period and annually thereafter.
2. Staff can describe the training received and their roles in disaster.
3. All training will be documented and evaluated through quality assessment and improvement activities.
4. Training will be designed to maintain and improve the knowledge and skills of personnel and is appropriate for population served and the type and nature of care provided.
5. A record of all training received will be maintained either in each individual's personnel file or as a separate record. These records should be maintained until that individual no longer has an emergency role.

EXERCISES:

1. The Emergency Operations Plan (EOP) will be exercised at least twice per year with at least 4 months between exercises. Actual activation, if documented and evaluated, may be substituted for exercises.
2. One exercise per year will include coordination with community response groups and an influx of volunteer or paper victims from an external source. If paper or simulated victims are used, at least once in every four years, actual movement of victims and supplies is required to comply with TJC standards and Standardized Emergency Management System requirements.

   Additionally, each facility Fire Drill scenario is two-fold, including an Internal Disaster component. This provides an efficient method of exercising and assessing our ability to implement the internal disaster plans on all shifts, each quarter.
3. All exercises are documented, evaluated, recommendations made, actions tracked, and information used in subsequent exercises.
4. Exercise scenarios will include the following situations:
   a. External emergency.
   b. Internal emergency.
   c. Internal/External emergency with the following possible scenarios (with simulation as appropriate):
      1) Total facility evacuation.
      2) Alternative care site.
      3) Alternative source for essential utilities.
      4) Emergency communications system.
      5) Radioactive or chemical isolation and decontamination (if appropriate).

PRE-EMERGENCY:

1. Area MCAT/MCLT:
   a. Responsible for the overall level of preparedness for the area.
   b. Sets policy with Regional guidance on disaster issues.

2. Emergency Management Committee:
   a. Is responsible for a program designed to manage the consequences of disasters that disrupt the ability to provide care and treatment.
   b. Is advisory to the area management team on disaster related issues and policies.
   c. Evaluates the area emergency operations plan implementations; documents and reports its findings to the Environment of Care Committee.
   d. Ensures that the disaster program includes:
      a. A description of the role in community-wide emergency preparedness plans.
      b. Information about how the Medical Center and Service Area plans to carry out specific procedures in response to environmental or man-made events.
      c. Provisions for the management of space, supplies, communications and security.
      d. Provisions for the management of patients, including scheduling of services, control of patient information and admission, transfer and discharge.
      e. Education of personnel with documentation and staff able to describe their disaster training and an assigned role.
      f. Documentation and evaluation with improvement recommendations of all actual implementations of the disaster plan.
   5. Emergency Management Committee has a minimum membership of:
      a. Emergency Department physician
      b. Physician Co-Chair
      c. Director of the Safety Program (EH&S Director)/ Co-Chair
      d. Assistant Administrator(s) with assigned responsibility for the disaster program.
      e. Local community public safety and emergency management representatives, as consultants.
      f. Representatives from the following key departments:
         1) Public Affairs
         2) Nursing Administration
         3) Security
         4) Plant Services
         5) Telecommunications
         6) Medical Offices (off-site)

C. All departments are responsible for:
   1. Reviewing and updating of their individual departmental disaster procedures.
   2. Development and maintenance of accurate staff call back rosters.
   3. Participation in training and exercises.

D. Assistant Administrators will be cross trained to perform responsibilities identified in all positions designated to be done by Assistant Administrators. This allows for greater flexibility in the assignment of positions during exercises and actual emergencies.

EMERGENCY:

The structure and organization of the HCC Hospital Incident Command System (HICS)

A. HICS
   1. Clearly define roles and responsibilities and assign those roles to appropriate management staff.
   2. Develops and maintain a clear chain of command.
   3. Provides a system that can expand and contract with the demands of the incident.
   4. Establishes common terminology for Kaiser staff to more effectively talk with local government agencies responding to an incident.

B. **Policy Group**

The function of the Policy Group is to provide overall policy direction to emergency response and recovery activities via the Incident Commander during and after a major emergency. This group comprises local area MCAT.

C. **Command Staff**

The Command Staff consists of the following positions:

1. **Incident Commander:**
   Gives overall direction for emergency operations. Reports directly to Policy Group and provides briefings on status of the area. Set incident objectives with Policy Group and forwards implementation of policy directives to the Section Chiefs.
2. **Public Information Officer:**
   Develops accurate and complete information regarding incident cause, size, current situation, resources committed and other matters of general interest. Provides information to the news media. Coordinates public and employee information in the service area, as appropriate. Reports directly to the Incident Commander and obtains Policy Group and/or Incident Commander approval for all news releases.
3. **Liaison Officer:**
   Functions as the incident contact person for representatives from external agencies, to include all (non-elected) government officials. The Liaison Officer is responsible to notify the California Department of Public Health (CDPH) and other agencies, as indicated, in the event of a Disaster (22 CCR 70737). All elected officials are to be directed to the Public Information Officer.
4. **Safety Officer**:
   Monitor and oversee the safety of all disaster operations and rescues. Identify and assess hazardous condition(s) ensure adequate hazard and risk control. Advise and assist the HCC, as required.

D. **Sections**:

1. There are five functional sections in the Kaiser Baldwin Park adapted version of HICS. Each section has Coordinator and Unit Leader positions under them. The sections are:

   Logistics Section Chief:
   Responsible for providing support to manage the incident effectively, primarily the obtaining of material, resources, equipment and supplies. These support needs may include facilities, transportation, communications, security services and other critical functions. Reports directly to the Incident Commander. Works in collaboration with the Finance Chief concerning documenting costs according to Regional Policy. Maintains the integrity of the physical facilities to the best level possible. Provides adequate environmental controls to perform the medical mission. This includes assuring accurate damage assessment is being completed and coordinating search and rescue teams.

   Planning Section Chief:
   Responsible for the collection, evaluation and distribution of tactical information about the incident. This will enable the planning/anticipation for future conditions and needs. This planning may include provisions for the obtaining of material, resource allocations and actions plans. Reports directly to the Incident Commander.

   Finance Section Chief:
   Responsible for monitoring financial assets used during and after the emergency. Works in close collaboration with Logistics concerning obtaining material in a cost-effective manner. Responsible for documentation concerning the expenditure of funds, insurance considerations and audit/financial control. Reports directly to the Incident Commander.

   Operations Section chief:
   Responsible for directing medical operations of the emergency response and recovery. Operations may range from immediate response to establishment of control and recovery operations. Reports directly to the Incident Commander.

Medical Staff Officer:
Organize, set priorities and direct the overall delivery of medical care in all inpatient areas. Consult and provide advice to outpatient treatment areas as to inpatient areas. Consult and provide advice to outpatient treatment areas as to inpatient capabilities due to the situation. Advise the Incident Commander on issues related to the Medical Staff.

RECOVERY:

A. **Human Resources**
1. Provide referrals to employees who have suffered damage to their homes or lost their childcare provider.
2. Provide for short- and long-term employee reassignment, as necessary.
3. Establish a hot line for recovery information.
4. Work with Public Affairs to provide appropriate recovery information to members, (i.e., temporary or new location of a medical office).

B. **Social Services**

As the HCC or the situation dictates:
1. Ensure that all employees are offered the opportunity for Critical Incident Stress Management (CISM) services, debriefing and counseling.
2. Coordinate with the Critical Incident Response (CIR) Coordinator to schedule sessions. (Usually the Social Services, Employee Assistance Counselor or Department Administrator).
   - Assess the nature of the event, relative to the apparent or reported reactions and distress of individuals
   - Determine the type of stressor(s), and establish appropriate counseling /debriefing services accordingly
   - Environmental Stressor
   - Clinical Stressor
   - Choose appropriate location for debriefing to take place, given available space and location
3. Ensure that the CIR provision of follow up sessions, as needed.
4. Transition CIR activities to Employee Assistance as the situation normalizes.
5. Provide debriefing sessions for all volunteer CIR team members.

C. **Facility Services**

Recovery operations are designed to return the organization to normal or safer conditions, reduce financial loss and limit the severity of the disruption. While recovery is shown in documentation after the response phase of an emergency, it actually begins in tender with the response activities. Disaster response is not a linear process but cyclic with overlapping phases. Recovery issues for this function include:
1. Monitor structures and infrastructure systems for additional movement and/or damage.
2. Coordinate with the Finance Chief, the Regional Controller's Office and with required insurance and FEMA records and claims submissions.
3. Coordinate with OSHPD, Hospital Building Safety Board, and other agencies to speed up repairs and reconstruction.
4. Monitor, evaluate and respond to revised regulatory standards when issued by agencies in concert with the Safety Officer.
5. Define and start long term building repair and replacement strategy as dictated by risk assessment (i.e., seismic).
6. Monitor all contractors and consultants (i.e., a structural engineer) in the performance of their contracted obligations.
7. To facilitate the above activities in the recovery phase, each impacted local area Facility Services Unit Leader and Finance Chief will form an Emergency Management Action Team (EMAT). This team will be

responsible for managing Facility Services recovery activities, coordinating with Financial Services, and participating in all appropriate insurance and FEMA meetings.

D. **Finance**

1. Ensure that the policies and procedures for accounting for appropriate disaster related expenses are followed. This is achieved by close coordination with:
   a. Facility Services
   b. Office of Statewide Health Planning and Development - OSHPD
   c. Governor's Office of Emergency Services
   d. Federal Emergency Management Agency - FEMA
   e. Insurance claims
2. Major considerations are:
   a. Direct operating expenses
   b. Costs resulting from increased use
   c. Complete and accurate recording (photographs, serial numbers and Kaiser property tag numbers) of all damaged or destroyed equipment
   d. Replacement of capital equipment
   e. Construction related expense