



Title Compliance Education and Communication	Location ALL Beaumont Health	Functional Area Compliance
Policy Owner Vice President System Compliance	Document Type Policy	Effective Date 05/20/2016

I. CORPORATE AUTHORITY

Beaumont Health (“BH”) as the corporate parent to William Beaumont Hospital, Botsford General Hospital, and Oakwood Healthcare Inc., (“Subsidiary Hospitals”) establishes the standards for all policies related to the clinical, administrative and financial operations of the Subsidiary Hospitals. The Subsidiary Hospitals, which hold all health facility and agency licenses according to Michigan law, are the covered entities and the providers of health care services under the corporate direction of BH. The Subsidiary Hospitals’ workforces are collectively designated as BH workforce throughout BH policies.

II. GENERAL

Beaumont Health has adopted a Corporate Compliance Plan, which provides for a multifaceted compliance education, awareness and communication program. Compliance education is a key foundational element in fostering a culture of compliance. The compliance education and communication program ensures that employees, physicians, residents, contractors, vendors, students, and volunteers (hereafter “workforce members”) are knowledgeable of the standards set out in the Beaumont Health Code of Conduct, Beaumont Health’s compliance and fraud, waste and abuse prevention program elements, and key regulatory compliance requirements. The goal of this compliance education and communication program is to ensure that individuals will have a thorough understanding of all Beaumont Health enterprise-wide and departmental-specific compliance policies and procedures, as each relates to the individual’s specific role and responsibilities.

III. RESPONSIBILITY

It is the primary responsibility of the Sr. Vice President and Chief Compliance Officer or their designate to develop procedures to ensure that workforce members are familiar with the compliance and fraud, waste and abuse prevention programs at Beaumont Health and recognize the requirements, understand the importance, and acknowledge their accountability for supporting the compliance and fraud, waste and abuse prevention programs. The supervisors, management staff and department compliance coordinators will ensure that workforce members under their supervision receive the necessary education and training relative to department specific compliance.

IV. BASIC ELEMENTS OF THE PROGRAM

A. EMPLOYEES

New employees are required to participate in a general orientation session (On-boarding), which will include Compliance Education, via online learning modules, stand-up training sessions and/or written compliance materials. Employees will receive access to the Code of Conduct, Trust Line information, Compliance, Audit and Risk (CAR) key contacts and other compliance material at new hire orientation.



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Department Managers are responsible to ensure new employees complete their mandatory online learning module Compliance Education requirements on their first day in their department, or before they have contact with patients or access patient or other confidential information. Employees are also required to agree to abide by the Confidentiality and Systems Usage Agreement.

Annually, employees must complete mandatory Compliance Education modules as determined by the Compliance, Audit and Risk Department. Evidence of this education will be maintained by the Learning Management System (LMS). Employees who fail to complete their annual Compliance Education will be subject to discipline, up to and including separation.

B. MEDICAL STAFF EDUCATION (Physicians and Residents)

At a minimum, employed medical staff and residents will complete on-line Compliance Education modules on an annual basis. Additional education, awareness and communication on specific compliance risks and new regulatory or compliance program updates will be issued to employed medical staff and residents as determined by the Compliance, Audit and Risk Department in consultation with Medical Affairs leadership.

Health care professionals that have medical staff privileges are required to complete compliance training consistent with the credentialing process. This compliance education includes an Attestation to abide by the Code of Conduct, acknowledgement of notification of and instructions on how to use the Trust Line and other compliance materials as determined by the Compliance, Audit and Risk Department. Documentation of this compliance education and awareness is maintained by the Credentialing Services department.

C. VOLUNTEERS

Volunteers are required to complete the same Compliance Education content as employees. However the methodology for completion may vary utilizing different systems. Documentation of training completion is maintained by the LMS system (if not on LMS, maintained by Volunteer Services).

D. CONTRACTORS/VENDORS

Contractors/Vendors that are members of the workforce are required to complete the same Compliance Education content as employees. However the methodology for completion may vary utilizing different systems. Documentation of training completion is maintained by the Computer Based Training (CBT) system (if not in CBT system, maintained by users department).



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Contractors/Vendors that provide their services via remote access to any clinical system containing Protected Health Information (PHI) are also required to complete Compliance training

E. JOB SPECIFIC EDUCATION

Workforce members will receive job-specific compliance education within their department upon hire or transfer and for contractors and vendors, upon engagement. Compliance education sessions will focus on risk areas, laws and regulations affecting the department's specific job functions and responsibilities. They will be set out in the department's compliance plan. Education will be performed annually and as needed based on any regulatory changes, or as directed by the Compliance, Audit and Risk Department, including when additional compliance and/or coding education is required to address findings from a compliance investigation.

The Internal Audit staff will provide recommendations regarding additional compliance education through their compliance and coding audit results.

The Compliance, Audit and Risk Department will provide education at the request of a department manager, department compliance coordinator, etc. Additionally, the Compliance, Audit and Risk Department provides additional, optional compliance and coding training and awareness opportunities for workforce members.

F. ACCESS TO COMPLIANCE MATERIALS

The Compliance, Audit and Risk Department is responsible to ensure that compliance materials are available and accessible to all Beaumont Health workforce members. Where feasible, compliance materials will be housed and easily accessible on Beaumont Health compliance intranet pages.

G. COMMUNICATION

The Compliance, Audit and Risk Department is responsible for maintaining the Beaumont Health Compliance intranet websites, as well as creating and executing an annual compliance awareness communication plan. The Compliance, Audit and Risk Department will identify new compliance issues and information. This will be communicated to the appropriate personnel to ensure updates are made to their department compliance plan where warranted, including additional compliance education and/or monitors on identified risk area(s).



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H. MONITORS AND AUDITS

Department management is responsible with the assistance of the Compliance, Audit and Risk Department as needed to develop appropriate and specific education/communication programs based on the findings of department monitors, audits and compliance issues as they are identified.

V. DEFINITIONS

- A. Confidentiality System and Usage Agreement – This Agreement requires all Beaumont work force members to comply with Beaumont Health Policies including the Code of Conduct. Beaumont information includes, but is not limited to: (1) protected health information (PHI), including individually identifying information such as personal and health, as well as financial information, and, (2) proprietary information (clinical, research, business practices, including but not limited to strategic plans, business objectives and transactions, financial performance or targets, integration initiatives, reimbursement, or other trade activities, etc.), whether that information is verbal, written, printed, electronic or electronically stored.
- B. Protected Health Information (PHI) is health information, including demographic information, which identified or can be reasonably used to identify an individual who received medical care at a covered entity. PHI includes information that relates to a person's health or condition, the provision of health care to a person, or payment for health care for a person (e.g. information contained on patient questionnaires, billing vouchers, medical records, registration data, claims information, etc.). PHI excludes individually identifiable health information regarding a person who has been deceased for more than fifty (50) years. PHI is broader than a medical record and may be:
 - a. written or oral; and or
 - b. recorded on tape, electronic file, or paper

VI. COMPLIANCE EDUCATION (includes, but is not limited to):

- A. Privacy – Identification of Protected Health Information, allowable use, disclosure, and access, and general information regarding the Federal and State privacy laws.
- B. Information Technology Security Training – Identification and reporting of possible security incidents
- C. Fraud, Waste and Abuse identification and prevention
- D. Overview of laws that impact the employees' specific work responsibilities
- E. How to report suspected compliance concerns.
- F. Attestation to abide by the Code of Conduct and a copy of the Code of Conduct
- G. Identity theft prevention
- H. BH's policy of non-retaliation including information regarding the Trustline

VII. INQUIRIES

Questions pertaining to this policy should be directed to the Compliance, Audit and Risk Department.

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Title Corporate Emergency Operations Plan	Location ALL Beaumont Health	Functional Area Administration
Policy Owner Chief Operating Officer, VP, System Perf Excellence	Document Type Emergency Operations Plan	Effective Date 07/06/2016

I. CORPORATE AUTHORITY:

Beaumont Health ("BH") as the corporate parent to William Beaumont Hospital, Botsford General Hospital, and Oakwood Healthcare Inc., ("Subsidiary Hospitals") establishes the standards for all policies related to the clinical, administrative and financial operations of the Subsidiary Hospitals. The Subsidiary Hospitals, which hold all health facility and agency licenses according to Michigan law, are the covered entities and the providers of health care services under the corporate direction of BH. The Subsidiary Hospitals' workforces are collectively designated as BH workforce throughout BH policies.

II. PURPOSE AND OBJECTIVE:

The purpose of the Emergency Operations Plan is to provide an effective, organized, site-wide and/or system-wide response to any event that poses an immediate danger to the health and safety of patients, staff, visitors and property. The Emergency Operations Plan provides a process to initiate, manage, and recover from a variety of emergencies, both external and internal, which most likely could disrupt the normal operations at Beaumont Health (BH) care sites.

The Emergency Operations Plan describes a comprehensive "all hazards" command structure for coordinating the six critical areas: communications, resources and assets, safety and security, staffing, utilities, and clinical activities. The overall response procedures will include single emergencies that can temporarily affect demand for services, along with multiple emergencies that can occur concurrently or sequentially that can adversely impact patient safety and the ability to provide care, treatment, and services for an extended length of time. Each response is designed to assure availability of resources for the continuation of patient care during an emergency.

The Emergency Operations Plan is designed to assure appropriate, effective response to a variety of emergency situations that could affect the safety of patients, staff, and visitors, or the environment, or that adversely impact upon the ability to provide healthcare services to the community. The Emergency Operations Plan is developed to assure availability of resources for the continuation of patient care during an emergency. The Plan also addresses the medical needs of victims of a hospital or community based incident.

The Emergency Operations Plan provides a process for:

- Employing an "all-hazards" approach to emergency management that addresses the six critical functions: communications, resources/assets, security and safety, staff, utilities, and patient care.
- Defining, if and when appropriate, the process for integrating the organization's role with community-wide emergency resources.

The program is applied to all Beaumont Health business units, Ambulatory Sites, Beaumont



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Medical Group and the Post-Acute Division.

Objectives:

- Minimum of 80% hospital representation at both Region 2 North Healthcare Coalition (HCC) and Region 2 South Healthcare Coalition (HCC) Advisory Committee and Planning Board meetings.
- Minimum of 80% hospital representation at Region 2 North HCC Hospital and Pharmacy Committees (Farmington Hills, Royal Oak and Troy only)
- Minimum of 80% hospital representation at Oakland County Hospital Partnership Meeting (Farmington Hills, Royal Oak and Troy only).
- Minimum of 80% participation in monthly communication test with Oakland County Health Division (Farmington Hills, Royal Oak and Troy only).
- Minimum of 90% participation in weekly 800MHz radio tests (MPSCS -Region 2 South HCC hospitals only)
- 100% participation in bi-monthly NDMS bed reporting exercises through EMResource
- Submission of bi-annual data collection by stated deadlines. (Region 2 South HCC hospitals only)
- Timely reporting and compliance to NIMS requirements (14 elements)

III. POLICY STATEMENT:

Emergencies will occur. Effective assessment and planning will reduce the impact of emergencies on the quality of patient care. Some emergencies can be best managed by developing a redundant set of resources to mitigate the anticipated impact. Many types of emergencies can be identified from past organizational or community experience. Collaborative planning by healthcare organizations and local, state, and federal emergency response agencies can help identify the types of emergencies most likely to affect an area through use of a Hazard Vulnerability Analysis (HVA). In addition, collaborative planning can help communities maximize the effectiveness of available resources.

Emergency conditions may require modification of normal patient care routines. The conditions may require discontinuation of services, patient transfer, and establishment of alternative care sites, facility evacuation or discharge of patients. Return to normal operations after an emergency occurs may take days or weeks. A business and clinical recovery plan is an essential component of the Emergency Operation Plan.

Policies and procedures of the Hospital sites and rules and regulations of the Medical Staff me to be followed, as indicated. During emergency situations, certain standing policies and procedures and rules and regulations of the Medical Staff may be waived by the Incident Commander, the Chief Medical Officer/Chief of Staff, or other first-tier incident command center staff to ensure that essential patient care can be rendered and that the facilities can be secured. BH is

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determined to provide the highest quality medical care that the Hospitals are capable of providing. In an emergency situation that involves a mass influx of acute and critically injured patients, the philosophy may change to provide the best available medical care for the greatest number of patients.

IV. DEFINITIONS:

- A. **Emergency Operations Center (EOC):** The physical location where the Incident Commander and Command staff coordinate all activities related to the incident.
- B. **Emergency Operations Plan (EOP):** The plan used to manage emergencies involving "all hazards." This employs a management method that may be adapted to most emergency situations. Beaumont Health uses the Hospital Incident Command System (HICS).
- C. **Emergency Response Plans:** A plan that describes the specifics of how the organization plans to respond to specific emergency situations as identified by Hazard Vulnerability Analysis (HVA) and other analysis.
- D. **Emergency Management Program:** The program that can help facilities to identify, plan, prepare, drill, implement, and recover from an emergency and evaluate the response to the drills and actual emergencies. The Program also will identify the processes and elements that may be improved with better planning, equipment, or training.
- E. **Disaster:** A natural or man-made event that significantly disrupts the environment of care.
- F. **Critical Incident:** Any situation requiring swift, decisive action involving multiple components in response to and occurring outside of the normal course of routine business activities. A critical incident is any event or situation that threatens people and/or homes, business, or community. A critical incident may include the following, but is not limited to: floods, tornadoes, armed assailants, other natural disasters, workplace violence, acts of terrorism etc.
- G. **Internal Event:** Involves an incident within the hospital that disrupts normal hospital operations. Incidents include bomb threats, utility failures, hostage situations, and infant/pediatric abductions.
- H. **External Event:** Involves an incident beyond the immediate boundaries of the hospital. Such an incident can result in a sudden arrival of a large number of casualties, including contaminated or contagious victims, which involve the Emergency Department. Other external emergencies include: snowstorms, utility outages, and tornadoes that may not impact the hospital directly, but could require a status alert for the facility.
- I. **Patient Surge Event:** Involves a large influx of victims from an internal or external event requiring treatment, such as the result of a fire, explosion, train wreck, or bioterrorism event.
- J. **Code Triage Alert, Internal / External Incident:** An emergency situation or threat has occurred, which may be internal or external in nature that may require hospital involvement. All key staff is informed and the awareness level is elevated.
- K. **Code Triage Alert, Internal / External Incident - Incoming Patients:** Indicates that an emergency situation has been verified, which may be internal or external in nature, and will



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require an elevated level of response and support by hospital staff.

- L. **Hospital Incident Command System (HICS):** An adaptation of the Incident Command System for use by hospitals that is designed to allow for the management of small incidents as well as very large, complex disasters. The system consists of procedures for controlling personnel, equipment and communications during disasters. It is designed to begin developing from the time an incident occurs and continues until the incident/disaster does not require management.
- M. **Mitigation:** Activities to eliminate hazards and lessen their impact if an incident occurs. Activities designed to reduce the risk of potential damage due to an emergency (e.g. the installation of stand-by or redundant equipment, training).
- N. **Preparedness:** Activities that will organize and mobilize essential resources (e.g. plan writing, employee education, preparation with outside agencies, acquiring and maintaining critical supplies).
- O. **Response:** Reacting to and managing the incident until it is resolved. Activities the hospital undertakes to respond to disruptive events. The actions are designed with strategies and actions to be activated during the emergency (e.g. control, warnings, and evacuation).
- P. **Recovery:** Processes focused on repair of damages, return to normal activities, and recovery of losses. Activities the hospital undertakes to return the facility to complete business operations. Short-term actions assess damage and return vital life-support operations to minimum operating standards. Long-term focus is on returning all hospital operations back to normal or an improved state of affairs.
- Q. **Unified Command:** A management structure to facilitate cooperation by private and public sectors with jurisdictional or functional responsibility for resolving the incident.

V. PLANNING ACTIVITIES- MITIGATION & PREPAREDNESS (EM.01.01.01):

A. BH Planning

1. BH recognizes that an emergency can suddenly and significantly affect demand for services and its ability to provide those services. In doing so, BH engages in planning activities to prepare its Emergency Operations Plan.
2. The planning activities are coordinated through the local division Emergency Management and/or Environment of Care Committees at each BH site and in coordination with the Corporate Emergency Management Committee. The Corporate Emergency Management Committee has representation from site leadership/staff, and with ad hoc coordination from site medical staff. The planning activities include, but are not limited to (EM.01.01.01 EP1 & EM.02.01.01 EP1):
 - a. Developing a Hazard Vulnerability Analysis (HVA) to identify potential emergencies that could affect demand for the hospital's services or its ability to provide those services, the likelihood of those events occurring, and the consequences of those events. The HVA is designed to assist in gaining a realistic understanding of the vulnerabilities and to help focus the resources and planning efforts. (EM.01.01.01 EP1)

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EP2 & EM.03.01.01 EP1)

- b. Identifying risks, prioritizing likely emergencies, attempting to mitigate them when possible, and considering its potential emergencies in developing strategies for preparedness.
 - c. Defining preparedness activities that will organize and mobilize essential resources.
 - d. Developing contingency plans for mitigation, preparedness, response and recovery, as the result of the hazard vulnerability analysis.
 - e. Documenting the HVA.
3. Planning activities are communicated to the site Environment of Care Committee and/ or Safety Committee, then to Corporate Emergency Management Leadership for final approval.

B. Community Involvement (EM .01.01.01 EP3)

1. BH recognizes that some emergencies that impact the hospitals originate in the community. Therefore, BH, together with community partners, prioritizes the potential emergencies identified in the HVA. This is performed as follows:
 - a. Communication with community partners (e.g. other health care organizations, emergency management agencies, health departments vendors, community organizations, representatives of local municipalities etc.).
 - b. The basic framework and specific contingency plans have been coordinated with other local hospitals that are part of Region 2 North and Region 2 South Healthcare Coalitions

Region 2 South HCC is comprised of four local Medical Control Authorities (MCAs): Wayne County MCA, Washtenaw County MCA, Monroe County MCA, and Detroit East MCA.

Region 2 North HCC is comprised of three Medical Control Authorities: Oakland County MCA, Macomb County MCA, and St. Clair County MCA.

- c. BH participates in two of Michigan's Healthcare Coalitions -Region 2 South and Region 2 North, which are part of the State of Michigan's healthcare preparedness initiative through Michigan Department of Health and Human Services – Bureau of EMS, Trauma and Preparedness (MDHHS BETP). The coalitions were established to enhance emergency preparedness in health care and coordinate response plans with existing structures in the designated areas.
- d. BH also participates in developing contingency plans in coordination with: National Disaster Management System (NDMS), Health Emergency Medical Services (HEMS), Wayne County Emergency Management, Wayne County Department of Health, Veterans and Community Wellness, Oakland County Homeland Security, Oakland County Health Division, Macomb County Health Department, Macomb



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County Emergency Management, and the Centers for Disease Control (CDC) through the quarantine station at Detroit Metro Airport, as well as applicable local emergency management agencies and organizations.

- e. BH communicates its needs and vulnerabilities through these emergency response agencies whenever the needs or vulnerabilities change.
- f. BH also communicates the needs and vulnerabilities to the local community Emergency Managers and any other appropriate community partners at the time of annual review of its Emergency Operations Plan. (**EM .01.01.01 EP4**)

C. Mitigation & Preparedness

Each BH site will develop appropriate emergency response plans based on priorities established as part of the HVA. Each site will use the HVA as a basis for defining mitigation activities and as a basis for defining the preparedness activities that will organize and mobilize essential resources. (**EM.01.01.01 EPS & EP6**)

D. Hospital Incident Command Structure (EM.01.01.01EP7)

- 1. The incident command structure used at BH is integrated into and consistent with the community structure.
- 2. BH recognizes that success of emergency response activities is due to an integrated effort by all functional areas of each site and external agencies. In order to ensure coordination of site and community resources allocated to a disaster response effort, BH utilizes the Hospital Incident Command System (HICS) and establishes site emergency operations centers and/or the corporate emergency operations center, as warranted by the specific disaster. The HICS model is compatible with the National Incident Management Systems (NIMS) and all training in the Incident Command System is based on the NIMS model.
- 3. BH utilizes the Hospital Incident Command System (HICS) to coordinate essential services and assign basic responsibilities during disaster response. The system is flexible and allows the sites to activate and organize a command structure based on the response needs of the actual event. In most cases, site Administration and other key staff will assume disaster recovery responsibilities consistent with their primary responsibilities.
- 4. For the specific HICS structure utilized, refer to the site-specific Emergency Operations Plans.
- 5. The basic HICS structure utilized is as follows:
 - a. **Incident Commander (IC):** The person that is on site at the time of an emergency and assumes overall responsibility of the incident, situation or disaster. A site-specific process is used to determine the most appropriate staff member to serve as the IC. The IC sets the strategic goals of the emergency situation.
 - b. **Public Information Officer (PIO):** The person that provides a valuable interface with the media to disseminate accurate, timely and consistent information.
 - c. **Safety Officer:** The person that ensures personnel observe safety procedures and safe practices; identifies unsafe or hazardous conditions that may exist or develop,



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assures the safety of the physical infrastructure and grounds of the site, develops measures to protect the safety of personnel and takes immediate action to stop or prevent unsafe acts.

- d. **Liaison Officer:** The person that is the point of contact for assisting and/or coordinating with responding agencies; provides lines of authority, responsibility and communication.
- e. **Medical/Technical Specialist:** The person advises the Incident Commander and/or Operations Chief, as assigned, on issues related to specialized emergency response.
- f. **Operations Chief:** The person most knowledgeable about the emergency situation. This person provides information to the IC on how to manage the emergency situation. This person is the key driver of the emergency situation. Individuals are appointed to this position based on the nature of the emergency situation. The operations chief manages tactical operations and coordinates operations.
- g. **Planning Chief:** The person that implements the goals established by the IC and the Operations Chief. This person also identifies any problems that may be encountered in trying to accomplish the goals of the emergency situation. Planning responsibilities include collection, evaluation and dissemination of information. This information is used for incident development and resource status.
- h. **Logistics Chief:** The person that obtains supplies, equipment, people, lodging, food and whatever is required to accomplish the goals of the emergency.
- i. **Finance Chief:** The person who monitors the utilization of financial assets and the accounting for financial expenditures. This person supervises the documentation of expenditures and cost reimbursement activities.

E. Inventory of Assets & Resources (EM.01.01.01 EP8)

- 1. Each BH site keeps a documented inventory of resources and assets it has on site and/or elsewhere that may be needed during an emergency.
- 2. The documented inventory includes resources to include at least, personal protective equipment, water, fuel, medical and surgical supplies, and medication-related resources.
- 3. Par levels have been established for this inventory to assure availability during an emergency.

VI. RESPONSE TO INTERNAL/EXTERNAL DISASTER:

A. Activation of Emergency Operations Center (EOC)

- 1. In the event of an emergency incident with significant impact on site operations, the site will activate its Emergency Operations Plan.
- 2. Refer to site Emergency Operations Plan(s) for activation and initiation of Emergency Operations Centers (EOC).

B. Activation of Corporate Emergency Operations Center (C-EOC)

- 1. In the event of an emergency incident with significant impacts to a single BH site or to multiple BH facilities, Corporate Emergency Management Leadership will be contacted.

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2. Corporate Emergency Management Officer (CEMO) and the site Incident Commander will discuss potential initiation of a Corporate Command structure. The decision to activate the Corporate Emergency Operations Center will be determined by the CEMO on a case-by-case basis following assessment of the scope and magnitude of the emergency incident and the number of BH facilities impacted.
 - a. The Emergency Management Officer will:
 - Notify members of the Corporate Command staff of the need to report for duty.
 - Coordinate the set-up of the Corporate EOC in the Beaumont Medical Transportation Dispatch center. The Lundy Building will serve as a secondary location if the primary EOC is not available.
 - Notify all incident command centers that the Corporate EOC has been activated.
 - Disseminate proper identification to Corporate EOC staff.

C. Initiation of Corporate Command

1. The Corporate Incident Commander will establish the Corporate Command staff structure as appropriate. The following is the order of authority in the role of Incident Commander:
 - a. Corporate Vice President, Performance Excellence
 - b. Executive Vice President, Chief Operating Officer
 - c. Executive Vice President, Chief Nursing Officer
2. Corporate Command staff will report to the Corporate EOC.
3. Incident Commander will organize and direct the staff and give overall direction for operations.
4. Safety Officer will assist and ensure that the emergency operations plan is implemented and identify any hazards and unsafe conditions.
5. Public Information Officer (PIO) will provide information to the news media in coordination with site PIOs as described in the BH Crisis Communication Plan. The PIO will also oversee a Media Center, if activated. The Public Information Officer communicates to local media any necessary information concerning the emergency, including instruction for walk-in victims and route for emergency vehicles and services at acute care sites.
6. Administrative Support will provide phone and documentation support along with receiving various information/tracking lists and messages.
7. The Section Chiefs for Operations, Planning, Finance, and Logistics will establish their functions indicated by the Incident Commander.
8. The Incident Commander or Liaison Officer initiates communication with local emergency response agencies, as needed.
9. The Public Information Officer communicates to local media any necessary information concerning the emergency, including instruction for walk-in victims and route for emergency vehicles and services at acute care sites.

D. Staff Response - Refer to site Emergency Operations Plans

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- E. Departmental Response-** Refer to site Emergency Operations Plans
- F. Alternate Care Sites (EM.02.01.01 EP7)**
1. BH is prepared for the possibility that the buildings or spaces in which patient care is normally provided will be rendered unusable, filled to capacity, and/or physically overwhelming impacting patient safety. In this event, alternate care sites have been pre designated as locations on the hospital facility grounds (refer to Hospital Emergency Operations Plans).
 2. In the event that situation requires the total or partial evacuation of a BH site, Corporate Command will facilitate the transfer of patients to non-affected hospital sites within Beaumont Health.
 3. If the number of patients to be transferred exceeds internal available bed resources, transfer arrangements have been made through the Mutual Aid Agreements that identify alternative hospitals external to Beaumont Health. The Corporate Incident Commander/designee will work in cooperation with Region 2 North / Region 2 South Medical Coordination Center(s) to coordinate with the selected alternative hospitals(s).
 4. Corporate Command will facilitate the transportation of patients to alternate care sites in coordination with Beaumont Medical Transportation. BMT will coordinate with external agencies to secure additional transportation resources if the extent of an evacuation exceeds the capabilities of BMT. (**EM 02.02.03 EP9**)
 5. Evacuation procedures will be conducted utilizing the Hospital Incident Command System. Facility evacuation plans are in place and can be implemented in phases. Relocation of staff and patients away from the area of an internal emergency may be undertaken by staff at the incident site, moving to areas in adjacent zones. A full evacuation would be implemented if the impact of an emergency renders the hospital inoperable or unsafe for occupancy, and would be determined by the hospital IC in coordination with local authorities or local unified command leadership.
 6. Corporate Command will facilitate the transfer of additional staff, medical supplies, food supplies, water, linen, pharmaceuticals and emergency repair services from within the Beaumont Health organization. If adequate amounts/ services are not available from within Beaumont Health, Corporate Command will acquire the necessary items through contracted vendors and/or mutual aid agreements with Region 2 North HCC and Region 2 South HCC.
 7. Transporting some or all patients, bulk medications, supplies, equipment, and staff, transferring pertinent information (including essential clinical and medication-related information) to alternative care sites will be coordinated through the Hospital Command Center and/or Corporate Command (**EM.02.02.03 EP9 & EM.02.02.03 EP10**)

VII. COMMUNICATION DURING EMERGENCIES

A. Internal Staff Communications

1. BH staff members and licensed independent practitioners are notified that emergency

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response procedures have been initiated through various methods as predetermined by each site, including, but not limited to: email, pagers, alpha-numeric pagers, communication devices (e.g. CodeSpear (Oakwood founding only), two-way radios), internal telephone system and intranet messaging. (**EM.02.02.01 EP1**).

2. Alternate communication to staff may include notification through the Public Information Officer by radio or television, as indicated.

B. Hospital Communication During Emergency Response (EM.02.02.01 EP2)

1. During an emergency BH will use established communication channels (e.g. telephone, overhead page, digital pagers, 2-way radios, wireless telephone) whenever possible, (UHF radio system, CodeSpear, satellite radios etc.) to communicate vital information to staff and licensed independent practitioners during a disaster. If established radio channels are unavailable, the Command Centers will establish a 2-way radio relay or runner/courier system to communicate vital information throughout the site.
2. Local Amateur Radio Operators have been assigned to each acute care hospital to provide an alternative communication system between and among the hospitals, the on-scene commander, the community emergency operations center (EOC) and other external agencies.

C. Notifying External Agencies (EM.02.02.01 EP3 & EM.02.02.01 EP4)

1. When a situation adversely affects the site's ability to provide services to the community, the functioning Site Incident Commander will coordinate initial notification to appropriate external authorities and community resources that emergency response measures have been initiated, if necessary. (**EM.02.02.01 EP3**)
2. BH Sites will notify the appropriate authorities and city-county agencies and coordinate mutual aid and other response activities through the appropriate county Emergency Operations Center (EOC)/Region 2 South MCC, Region 2 North MCC, if appropriate.
3. Corporate Command will coordinate, establish and maintain necessary continued communication with external agencies and authorities, as necessary. (**EM.02.02.01EP4**)

D. Communication with Patients & Family (EM.02.02.01 EPS)

1. A family support center will be established at each BH site to coordinate the needs and information to family members of patients, to coordinate the information on the location of patients, and to provide critical incident stress debriefings (refer to site Emergency Operations Plans).
2. Under the Logistics Section with the Support Leaders, they will setup communications procedures for the patient's families, including how it will notify families when patients are relocated to alternative care sites.
3. Every attempt will be made to contact the patient's immediate emergency contact with the location of the patient if they are moved or evacuated.

E. Communications with Community and the Media (EM.02.02.01 EP6)

1. The functioning Site Incident Commander will coordinate initial notification to the site Public Information Officer (PIO) to coordinate media and public information as it

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pertains to the event.

2. Corporate Command will coordinate, establish and maintain the necessary continued communication with media and the public through the Corporate Public Information Officer, as necessary.

F. Communication with Suppliers (EM.02.02.01 EP7)

1. BH maintains disaster supply agreements with various vendors, contractors, and consultants that can provide specific services and essential services/supplies/equipment before, during, and after an emergency event.
2. The list is maintained by Beaumont Supply Chain Operations and is updated yearly.

G. Communication with Other Healthcare Organizations (EM.02.02.01 EP8 - 12)

1. Hospitals within the geographical areas of Region 2 North HCC and Region 2 South HCC have a working relationship with BH.
2. Communication with other organizations is coordinated individually and/or in conjunction with Corporate Command. If the disaster is widespread, communication may be facilitated through HEMS, Region 2 South MCC, Region 2 North MCC, Wayne County Emergency Management, and Oakland County Homeland Security.
3. In order for the other healthcare organizations to establish communications, they have existing systems in place for interoperability since an event may disable one or more communication methods, resulting in limited communication resources. The Regional Medical Coordination Centers have established HAM radio operators and 800 MHz radios to ensure that secondary communication is accessible during an event. Oakland County has an established 600MHz radio system (OakWIN) to communicate with healthcare facilities within their boundary. Macomb County has a HEAR radio system that is used by Life Support Agencies (LSA's) and hospitals to communicate during a disaster.
4. Region 2 South and Region 2 North HCCs also use the State-wide web-based system, EMTrack, which allows for the tracking of patients between facilities and/or involved in an incident.
5. Key information to share with other healthcare organizations includes, but is not limited to:
 - a. Command Structure & Command Center Information (EM.02.02.01 EP9)
 - b. Names and roles of individuals in their Command Center Structure (EM.02.02.01 EP8)
 - c. Command Center phone numbers (EM.02.02.01 EP8)
 - d. Resources and assets to be potentially shared (EM.02.02.01 EP 10)
 - e. Process for the dissemination of patient & deceased individual names for tracking purposes (EM.02.02.01 EP11)
 - f. Communication with third parties (e.g. other health care organizations, state health department, police, FBI etc.). Communications with the third parties will be coordinated through the command center, as indicated. (EM.02.02.01 EP 12)



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H. Alternate Care Site Communication (EM.02.02.01 EP13)

1. During an emergency BH will maintain communications with the Alternate Care Sites.
2. Once the ACS has been established, the site will contact the Hospital and/or Corporate Command Center and ensure continuous communications through the use notification established communication channels (e.g. telephone, two-way radio, cell phone, fax etc.).
3. If established radio channels are unavailable, 2-way radio relay or runner/courier system will be used to communicate vital information to the alternate care sites.

I. Back-Up Communications (EM.02.02.01 EP 14)

1. BH has backup communication systems in place. These include:
 - a. Alpha-numeric or digital pagers
 - b. E-mail will be available if infrastructure is working
 - c. Overhead address or paging
 - d. Interdepartmental radios/Intra-hospital radios
 - e. Fax machines
 - f. Runners
 - g. HAM radios-RACES (Radio Amateur Civil Emergency Services)
 - h. Cellular telephones, satellite telephones
 - i. 800MHz Radios (Michigan Public Safety Communications System-MPSCS)
 - j. Oakland County 600 MHz OakWIN system
 - k. Macomb County HEAR system
 - l. Government Emergency Telecommunications Service (GETS) - priority access to land lines.
2. These communication systems/devices will be tested regularly. (EM 02.02.01 EP17)

VIII. RESOURCE AND ASSET MANAGEMENT (EM.02.02.03)

A. Obtaining & Replenishing medical, non-medical & medication supplies (EM.02.02.03 EP1, EP2 & EP3)

1. The amounts, locations, and processes for obtaining and replenishing of pharmaceutical supplies medical/non-medical supplies, including personal protective equipment, has been established at each site.
2. For items that usage exceeds par levels as a result of a large scale incident, BH Corporate Command will facilitate the acquisition of supplies from the following sources, in order:
 - a. Beaumont Health Central Supply Center
 - b. Corporate Disaster supplies
 - c. Non-affected Beaumont Health sites
 - d. Mutual Aid Agreements with Region 2 North and Region 2 South HCCs
 - e. Pre-established vendors/ contractors with whom agreements for priority fulfillment have been signed.
3. The amounts and locations of current supplies have been evaluated at each site to

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determine how many hours the facilities can sustain before replenishing. This gives the facility a par level on supplies and aids in the projection of sustainability before terminating services or evacuating if supplies are unable to get to the facility. The Vice President of Materials Management and Site Materials Management will coordinate obtainment and replenishment of the non-pharmaceutical supplies.

4. When the need arises to access and distribute caches of stockpile medications, refer to each BH Hospital Site Strategic National Stockpile (SNS) plan. The regional SharePoint website is used to coordinate ordering of stockpile medications.

B. Sharing of Resources (EM.02.02.03 EP4 & EPS)

1. Sharing resources with other healthcare organizations within and outside of the community during a regional event would be coordinated and organized through Region
2. South Healthcare Coalition, Region 2 North Healthcare Coalition and/or Wayne, Oakland, and Macomb County MCAs in coordination with the county EOCs.

C. Monitoring Resources & Assets (EM.02.02.03 EP6)

During a disaster, the Logistics Chief will coordinate the monitoring of the overall quantities of assets and resources. This information will be communicated within the facility and to Corporate Command and those within the community, as needed.

IX. SECURITY AND SAFETY OPERATIONS (EM.02.02.05)

A. Internal Security & Safety (EM.02.02.05 EP 1)

1. During an emergency situation, the Security Officer(s), working with the Safety Officer and/or Command Staff will implement contingency plans to secure the facilities and areas within the facility and manage vehicular and pedestrian traffic, based on the needs of the specific situation.
2. HICS Safety and Security roles will be instituted to ensure that individuals are continuing their safe and secure actions regardless of the emergency.
3. Security Staff from other Beaumont Health sites and /or contingent staff may be dispatched to the affected site as needed during a disaster,
4. Additional internal departments will aid the security department in traffic control and in secure operations. Staff who report to the personnel pool may be used to augment the security forces, if the situation warrants.
5. If all internal Security resources have been exhausted, a pre-determined Security Services vendor will be engaged to provide additional support.
6. For security measures as national security treat levels under the National Terrorism Advisory System change, refer to "Response to National Terrorism Advisory System" policy.

B. Security with the Community (EM.02.02.05 EP 2 & EP3)

1. Roles that community security agencies have and coordination of security agencies (e.g. police, national guard etc.) have been identified at each BH site. Community Security agencies include, in increasing order of jurisdiction: municipal law enforcement agencies,

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county sheriff departments, the Michigan State Police, as well as federal level entities. (EM.02.02.05 EP2)

2. All Security activities requiring interaction with community Security agencies will be coordinated by the senior Beaumont Health Security staff member/or designee onsite by method of direct communication with the designated commanding officer or liaison from the local law enforcement agency. Communication with increasing levels of jurisdiction will follow the chain of command process, beginning at the local level. (EM.02.02.05 EP3)

C. Managing Hazardous Waste (EM.02.02.05 EP 4)

1. Handling of hazardous wastes during and after isolation procedures will follow the guidelines located in the Isolation and Communicable Disease section of the BH Infection Prevention and Control Manual. Handling of hazardous wastes of radiological or chemical nature will be managed using established HAZMAT procedures at each site.
2. In the event a vendor or contractor has been unable to collect the hazardous waste and the accumulation has exceeded the normal storage areas, the waste will be placed in designated areas outside the hospital until pick up of those materials, which may include trash, linens, or bio hazardous waste. The temporary locations will be made as secure as possible to avoid runoff into storm drains or waterways and or theft.

D. Biological, Radiological & Chemical Isolation & Decontamination (EM.02.02.05 EP 5)

1. Patients requiring biological, chemical or radioactive decontamination and isolation procedures will be managed. See site specific plans for decontamination procedures.
2. For contagious patients in need for isolation, the Infection Control department has established guidelines for isolation and standard precautions. Refer to guidelines located in the Isolation and Communicable Disease section of the BH Infection Prevention and Control Manual.

E. Access & Egress Control (EM.02.02.05 EP7)

1. Due to the limited amount of security in the Hospital facilities, lock-down procedures have been established, refer to site plans.
2. All entrance and exit doors to the buildings will be secured with staff from the pool established for the disaster and used to assure that only authorized persons enter or exit.

F. Traffic Control (EM.02.02.05 EP 8 & EP9)

1. Based on the characteristics of the event, the sites will initiate their Traffic Control Plan to manage the movement of personnel, vehicles, and patients both inside and on the grounds.
2. Security personnel will manage the movement of patients and staff inside the facility as is appropriate to the specific event. If advisable, Security staff will also assist in the movement of vehicles, both emergency and commercial, on the grounds. When appropriate, local law enforcement will assist in the management of traffic on the grounds. Refer to site "Traffic Control Plan".



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X. STAFF MANAGEMENT DURING AN EMERGENCY (EM.02.02.07)

A. Roles and Responsibilities/Assigning Staff to Essential Functions (EM.02.02.07 EP2/EP3)

1. BH will assure that critical staff functions will be performed for the rapid, effective implementation of any emergency response. Roles and responsibilities of staff will be defined by the six critical areas: communications, resource and assets, safety and security, utilities and patient management.
2. All Hospital personnel and designated ambulatory personnel are considered essential to the operation of the Hospital. The HICS model Job Action sheets will be used for easy expansion of the basic incident command structure to include additional personnel assignments designed to accommodate the needs of specific disaster situations as needed.
3. The Incident Command Staff will assure that the critical tasks are filled by the most appropriate available staff member and will assure that the tasks are performed as quickly and effectively as possible.
4. In some emergencies, the Hospital will also establish a personnel pool to supplement or staff essential response or operating functions. In those situations, employees may be assigned responsibilities commiserate with their abilities but outside their normal job roles/responsibilities. Just- in- time training will be provided.
5. Tasks will be evaluated frequently to assure the most appropriate staff members available are being used, burnout or incident stress problems are identified, and staff members in these jobs are rotated as soon as possible.

B. Staff Response/To Whom Staff Report (EM.02.02.07 EP4) - For guidelines for to whom staff report to and where staff report to, refer to Hospital Site/Department Plans.

C. Staff Support Activities (EM.02.02.07 EPS)

1. During an emergency, various modifications and accommodations will be made for Hospital staff to assist in coming to the hospital to provide needed services.
2. Where travel is difficult or impossible because of weather conditions, the site and/or Corporate Command will work with appropriate external agencies, internal resources and/or volunteer groups with appropriate vehicles to assist employees in getting to and from the hospital.
3. Where necessary because of conditions, the hospital will accommodate staff that need to sleep, eat, and/or other services in order to be at the hospital to provide needed services.
4. The Logistics Chief will coordinate with other leaders to address the needs of staff during the emergency. These include:
 - a. Normal use of hospital space or use of local space/facilities will be utilized to provide lodging/housing accommodations for staff;
 - b. Meal service will be authorized, as appropriate;
 - c. Transportation needs;
 - d. Psychological and bereavement counseling, crisis team support;
 - e. Staff/family prophylaxis or immunization;

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- f. Hospital staff, staff from the community mental health services, clergy, or others trained in incident stress debriefing will be utilized to organize stress debriefings.

D. Staff Family Support Activities (EM.02.02.07 EP 6)

1. Because all site personnel and certain ambulatory personnel are considered essential during an emergency response situation, the sites recognize their responsibility to provide meals, rest periods, psychological, and other personnel support. In addition, the sites recognize that providing support, such as communication services and dependent care, to employees' families during emergency situations allows employees to respond in support of the essential functions of the site.
2. During an emergency, various modifications and accommodations may be made for site staffs families to assist staff availability for providing their services. These may include:
 - a. Family accommodations- Family accommodations may be made available in those unusual situations where entire families must come to enable staff to be present for emergency services coverage.
 - b. Family support needs to staff- Emergency child care/elder care.
 - i. A day care center maybe established by the sites in coordination with Corporate Command, if necessary.
 - ii. Staff members will need to bring the following items:
 - (a) ID badge/name tag
 - (b) Prescriptions
 - (c) Change of clothes
 - (d) Toiletries
 - iii. For adult/child dependents, staff will need to bring the following items:
 - (a) All prescriptions and necessary medications in their original containers
 - (b) Immunization records, if available
 - (c) Emergency contact for minors, other than parent
 - (d) Diapers, if applicable
 - (e) Baby food and bottles
 - (f) Child's/Adult's favorite item
 - (g) Change of clothes
 - iv. Accommodations for pets- Corporate Command will contact the appropriate local emergency management entity to assist with securing resources for emergency sheltering arrangements.

E. Staff Training (EM.02.02.07 EP7, EP 8)

1. BH will assure that all staff, authorized volunteers, and licensed independent practitioners have received appropriate training on their roles in a disaster as well as the responsibilities they may be assigned. Training methods may include: CBT modules, written information, return demonstration, drills, and exercises
2. BH sites will communicate, in writing, with each of their LIPs regarding their roles in an

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emergency.

F. Staff/Licensed Independent Practitioner Identification (EM.02.02.07 EP9)

1. All facility personnel are required to wear their identification badges during disaster response activities. All staff entering the facility will need to have a visible BH ID in order to enter.
2. If staff arrive without identification and/or if lockdown procedures are implemented, employees/LIPs who report to the site for disaster response that are not wearing their ID badges must go through Security, be positively identified and may be issued a temporary badge.
3. Employees who are assigned key roles in the HICS are issued identification vests and/or badges, designed to clearly identify their role in the response effort. Vests and/or badges may move with the job title as more senior staff become available, and during longer incidents, as jobs are handed from staff to staff.
4. All authorized volunteers will wear identification with a clear delineation of volunteer status, to distinguish the volunteer from the rest of the medical staff/other licensed independent practitioners. The identification will also contain the appropriate credentials, if verified.

XI. MANAGING UTILITIES (EM.02.02.09 EP 2-7)

- A. The facilities have established alternative sources of essential utilities to meet the needs of patient care and essential support functions during an emergency for the following utilities: electricity, water for consumption, essential care, equipment and sanitary, fuel, ventilation and medical gases.
- B. Generators will supply emergency power to patient care and other critical areas during a power outage.
- C. Vendors will supply water to the sites during emergency situations.
- D. Medical gas will be supplied in cylinders.
- E. There are also Mutual Operating Agreements (MOAs) with other healthcare organizations within the community and from outside the community for alternative sources, which have been arranged through Region 2 North and Region 2 South Healthcare Coalitions.
- F. Refer to site specific Utilities Management Plans.

XII. MANAGING PATIENT CLINICAL AND SUPPORT ACTIVITIES (EM.02.02.11)

A. Clinical Activities (EM.02.02.11 EP2):

1. Scheduling- Rescheduling of patients for elective and/or outpatient surgeries will need to be evaluated by the Incident Commander in coordination with the Medical Care Director and/or Surgical Administrative Leader. This may include discontinuation of elective and scheduled surgical and medical activity to allow the staff and beds to be available for other services.
2. Triage - The Emergency Department will quickly triage these patients using the



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appropriate disaster triage protocol, and then move them to the full triage or treatment areas.

3. Assessment- The assessment of the patients will begin with visual/eyeball triage and then a more systematic assessment once they have arrived in the Emergency Department.
4. Treatment- The treatment area for the patients arriving from the scene will be the Emergency Department and/or other treatment areas designated by the Incident Commander. The treatment of patients already admitted in the hospital will continue on an as needed basis. Consider Palliative Services and the Interdisciplinary PRSIM service for disaster victims, as indicated.
5. Admission- The admission of patients from the ED will be determined by their condition in need of patient care further than emergency needs. These patients will be admitted into the patient care floors and/or other beds as available.
6. Transfer- During an emergency, transfers may not be possible but will be addressed on an as needed basis or as the site can relocate those patients to other areas. If patients already admitted to the hospital require a transfer due to loss of services, Corporate Command and/or Region2 North, Region2 South MCCs will aid in the transfer to facilities still available.
7. Discharge- All patients that arrive from the incident, as well as those patients who were already in the hospital, will be discharged through established discharge methods and/or locations.

B. Evacuation (EM.02.02.11 EP3)

1. If evacuation is required, refer to site-specific evacuation plans.
2. When it is determined that an impending local threat, internal or external emergency event, has compromised the ability to sustain an acceptable level of care for patients and staff, the senior administrative officer on duty or Medical Branch Director-may order evacuation (from one section or floor to another within the building, or, completely outside the building) after communication and approval by the Incident Commander or designee.
3. The Incident Commander will direct an evacuation of the hospital for a situation, which renders the facility no longer capable of providing the necessary support patient care, treatment and services. The evacuation decision will be determined in cooperation with local police or fire and/or the local EOC.
4. Incident Commander appoints Evacuation Operations Chief and is provided Job Action Sheet. The Evacuation Operations Chief performs and initial assessment and estimates scope of evacuation:
 - a. Number of patients
 - b. Acuity levels
 - c. Internal vs. external
5. Evacuation plan is fully activated and appropriately paged overhead.

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6. The local law enforcement or fire agency and/or the local EOC will be notified as soon as the potential for evacuation is considered and will be kept updated on an on-going basis.

C. Special Patients (EM.02.02.11 EP4)

1. During an emergency, BH will provide appropriate clinical services for vulnerable populations in the facility. These populations include, but are not limited to, patients that are pediatric, geriatric, disabled or have serious chronic conditions or addictions.
2. Patient registration, triage information and medical records will be used to determine the population and the appropriate services required.
3. Hospital Emergency Operations Centers and/or Corporate Command will coordinate tracking of the patients.
4. Any services provided will be documented in the medical record.
5. Processes used to manage the special patients will be assessed during exercises or actual events and policies and procedures revised, as deemed necessary.

D. Personal Hygiene and Sanitation Requirements (EM.02.01.11 EPS)

1. Alternative means to personal hygiene can be baby wipes, personal wipes, or alcohol-based rubs.
2. Family members may be used to assist with cleaning the patient during disasters.
3. Alternative means to sanitation, if toilets are inoperable, include kitty litter or bags in toilet.
4. Environmental Services use of water will be curtailed to the extent of one change of water per day for mopping except in surgery, delivery rooms, and isolation areas.
5. Changes of bed linen will be limited to those patients who have gross soiling.

E. Mental Health Services (EM.02.01.11 EP6)

1. During an emergency, BH will provide mental health services to appropriate patients.
2. Patient registration, triage information and medical records will be used to determine the population and the appropriate services required.
3. Hospital Emergency Operations Centers, Corporate Command and/or Behavioral Health Services will coordinate tracking of the patients.
4. Region 2 South or Common Ground in Oakland and Macomb Counties may also be used to coordinate disaster mental health services.
5. Any services provided, will be documented in the medical record.
6. Processes used to manage the mental health patient will be assessed during exercises or actual events and policies and procedures revised, as deemed necessary.

F. Mortuary Services (EM.02.01.11 EP7)

1. In the event involving deceased patients, BH Hospital Sites will contact the local medical examiner for the appropriate clearance and procedures.
2. If necessary, refrigerated trailers will be requested for securing bodies not able to be contained within the facilities existing morgue. These refrigerators may be coordinated through Region 2 North / South HCCs or private vendors.

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G. Patient Tracking (EM.02.01.11 EP8)

1. For disaster patients entering the Emergency Department (Region 2 South hospitals only), EMTrack is used. EMTrack is a database that can be used to track patients, pets, and associated property and equipment. The system provides coordinated tracking for all hospitals, local government, and EMS Systems throughout Region 2 South.
2. For other patient care areas receiving disaster patients, the form to use for patient tracking will be the HICS 254-"Disaster Victim Patient Tracking Form".

XIII. GRANTING DISASTER PRIVILEGES TO VOLUNTEER LICENSED INDEPENDENT PRACTITIONERS (EM.02.02.13) - Refer to site specific policies for the use & assignment of Licensed Independent Practitioners during a disaster

XIV. ASSIGNING VOLUNTEER PRACTITIONERS WHO ARE NOT LICENSED INDEPENDENT PRACTITIONERS (EM.02.02.15) - Refer to site-specific policies regarding assignment of disaster responsibilities to Non-Physician Volunteer Practitioners

XV. SUSTAINABILITY OF ORGANIZATION DURING DISASTER (EM.02.01.01 EP2 & EM.02.01.01 EP3)

The importance of sustainability of supplies is crucial to determine if services can still be rendered during an event. The planning of sustainability for BH, without the support of the community for 96 hours, is a coordinated effort of the Emergency Management Committee and other departments over the critical areas (personal protective equipment, water, fuel, medical supplies, surgical supplies and medication-related resources/assets). If near or around 96 hours cannot be sustained, procedures are in place for the facilities to adjust (e.g. maintaining or expanding services, conserving resources, curtailing services, supplementing resources from outside the local community, closing the hospitals to new patients, staged evacuation, and total evacuation).

XVI. RECOVERY (EM.02.01.01 EP 4 & EM.02.01.01 EPS)

- A. When deemed appropriate, the Incident Commander has the authority to activate the recovery phase of the emergency response (EM.02.01.01 EP6).
- B. Upon stabilization of any emergency, an assessment of damage will be conducted in conjunction with the Director of Facilities/designee, Safety Officer Risk Manager, administrative representative, and state or local government, as appropriate.
 1. Together they will assess damage to the facility, and any environmental concerns to determine whether the facility can safely provide medical care to the community and provide a safe environment to patients, staff and visitors.



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- 2. All damage will be documented with photographs/video as is possible.
- 3. The degree of impact on the environment, supplies, or staffing will determine whether any services may need to be discontinued or relocated.
- 4. Architects and building inspectors may be called in to determine if the buildings are safe for occupancy.
- 5. All potential environmental concerns will be evaluated for proper function (e.g. hazardous waste, fuel tanks) to ensure there is not leakage into the local sewer or water system or any other impact on other environmental concerns. Appropriate local, county, or state agencies should be contacted if necessary to assist with this evaluation.
- C. When deemed appropriate, the Incident Commander has the authority to de-activate the emergency response by announcing an "All Clear" to the situation.
- D. The Incident Commander notifies community Emergency Management Services of the "All Clear" action.
- E. Upon announcement of the "All Clear", all information concerning the emergency will be recorded and properly filed for later reference.
- F. Section Leaders and Corporate Command Center staff will contact Unit Leaders to receive information and critiques concerning the response to the emergency.
- G. All expenses and overtime information will be provided to the Finance Section for documentation.
 - 1. Evidence of the damage or abnormalities caused by the emergency, or response to the emergency, should be documented through photographs or descriptive writings.
 - 2. Pictures and/or videos should be taken of all damage to the facility's buildings, grounds and equipment, including all off-campus structures.
 - 3. Document any business interruption or extra expense associated with the event. The costs associated with this can be included in an insurance claim and/or disaster recovery reimbursement claim.
- H. All communication equipment, data processing systems, and other equipment used during the emergency will be evaluated for appropriate use in the next emergency and consumable supplies documented for restocking. Records and data will need to be protected and restored as necessary from backup systems.
- I. All ICS identification apparel should be repackaged or replaced for the next emergency.
- J. All equipment and supplies should be inventoried for replenishing status or damage. Pictures/videos should be taken of all damaged supplies and equipment for insurance purposes. Damaged supplies and equipment shall be retained until approval granted for disposal (e.g. insurance agent).
- K. The physical surrounding of the Emergency Operations Centers shall be cleaned and furniture repositioned for normal operations. All documents used for event will be gathered and replacement copies of forms and documentation sheets will be replenished.
- L. The Emergency Operations Center staff and appropriate designees will conduct the evaluation of the emergency and the response.

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- M. The Public Relations Officer will communicate to local media needed information concerning the "All Clear" and/or what services the hospital will be providing and where they will be provided in the event services are moved off hospital campuses.

XVII. EVALUATION OF EMERGENCY MANAGEMENT ACTIVITIES (EM.03.01.01)

A. Annual Review (EM.03.01.01 EP1)

1. An annual review of the Emergency Operations Plans will be performed.
2. The annual reviews will include the review of the Hazard Vulnerability Analysis, Inventory of Resources and Assets, and the Objectives and Scope of the Emergency Operations Plan (EM.03.01.01 EP 2 & 3).
3. The objectives are developed from information gathered during risk assessment activities such as the HVA, annual evaluation of the previous year's program activities, and exercise and drills conducted the previous year. Refer to site specific Emergency Operations Plan Objectives.
4. The results of the annual emergency management planning reviews for each site are communicated to the site Emergency Management Committee and or Safety Committee, Site Senior Leadership and Corporate Emergency Management Leadership. (EM 03.01.01 EP4)

B. Testing and Exercise (EM.03.01.03)

1. Each BH hospital site will activate its Emergency Operations Plan at least twice a year, either in response to an actual emergency or a planned exercise (EM.03.01.03 EP1).
2. Each free-standing business occupancy will document and critique at least one drill or actual event requiring activation of an emergency response plan (EM.03.01.03 EP1).
3. Each BH hospital site will conduct at least one exercise a year that includes an influx of actual or simulated patients (EM.03.01.03 EP2).
4. Each BH hospital site will test its emergency plans to include an escalating event in which the local community is unable to support the hospital (EM.03.01.03 EP3).
5. Each BH hospital site will conduct a least one exercise a year that includes participating in at least one community-wide exercise (EM.03.01.03 EP4).
6. The exercises incorporate likely disaster scenarios (EM.03.01.03 EPS).
7. The exercises and actual events will evaluate at least the following (EM.03.01.03):

The hospital's response to handling of:

 - a. Communications EP 7
 - b. Resources and Assets EP 8
 - c. Safety and Security EP 9
 - d. Staff roles and responsibilities EP10
 - e. Utility systems EP11
 - f. Patient clinical and support care activities EP12

C. Monitoring and Evaluation

1. During emergency response exercises, the facility will:

Disclaimer: User must ensure that any printed copies of this policy/procedure are current by checking the online version of the policy/procedure before use.



Title Corporate Emergency Operations Plan	Location ALL Beaumont Health	Functional Area Administration
Policy Owner Chief Operating Officer, VP, System Perf Excellence	Document Type Emergency Operations Plan	Effective Date 07/06/2016

- a. Designate an individual(s) whose sole responsibility during emergency response exercises is to monitor performance and document opportunities for improvement. This person will be knowledgeable in the goals and expectations of the exercise and may be a staff member of the hospital (**EM.03.01.03 EP6**).
 - b. Monitor the effectiveness of internal communication and the effectiveness of communication with outside entities such as local government leadership, police, fire, public health officials, and other health care organizations (**EM.03.01.03 EP7**).
 - c. Monitor resource mobilization and asset allocation, including equipment, supplies, personal protective equipment, and transportation (**EM.03.01.03 EPS**).
 - d. Monitor its management of safety and security (**EM.03.01.03 EP9**).
 - e. Monitor its management staff roles and responsibilities (**EM.03.01.03 EP 10**).
 - f. Monitor its management utility systems (**EM.03.01.03 EP11**).
 - g. Monitor its management patient clinical and support care activities (**EM.03.01.03 EP12**).
2. Based on all monitoring activities and observations, each BH Hospital will evaluate all emergency response exercises and all responses to actual emergencies using a multidisciplinary process (which includes licensed independent practitioners) (**EM.03.01.03 EP13**).
- a. The evaluation of all emergency response exercises and all responses to actual emergencies will include the identification of deficiencies and opportunities for improvement. This evaluation will be documented (**EM.03.01.03 EP14**).
3. The deficiencies and opportunities for improvement identified in the evaluation of all emergency response exercises and all responses to actual emergencies are communicated to the site Emergency Management Committee and/or Safety Committee, the Site Senior Leadership and Corporate Emergency Management Leadership. (**EM.03.01.03 EP15**).
4. BH will modify its Emergency Operations Plan based on its evaluations of emergency response exercises and responses to actual emergencies (**EM.03.01.03 EP16**).
5. Subsequent emergency response exercises will reflect modifications and interim measures as described in the modified Emergency Operations Plan (**EM.03.01.03 EP17**).