


Title: Emergency Management - MUHC Emergency Operations Plan - Plan

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I. Introduction

a. Information

- i. The Emergency Management Program (EMP) provides an organized process to mitigate, prepare for, initiate and manage the response to, and recover from a variety of emergencies, both external and internal, which could confront MUHC facilities and the surrounding community.
- ii. The EMP is comprised of the Emergency Operations Plan, Emergency Response Plans, Departmental Response Plans, and various reference and support tools.
- iii. MUHC will review annually the scope and objectives of the EMP. The [Emergency Management - 2014 Evaluation of Emergency Operations Plan - Plan](#) is the documentation of this annual review.
- iv. In addition, MUHC will review the effectiveness of the EMP through the exercises and/or actual emergencies.

b. Applicable to:

- i. University Hospital
- ii. Women's & Children's Hospital
- iii. Ellis Fischel Cancer Center
- iv. Missouri Psychiatric Center
- v. Missouri Orthopaedic Institute
- vi. Missouri Center for Outpatient Surgery
- vii. University of Missouri Clinics

c. Definitions

- i. The Emergency Operations Plan (EOP) - 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.
- ii. The Emergency Response Plans (ERPs) - for the entire health system provide general information for all staff and are determined based on the results of the Hazard Vulnerability Analysis (HVA), which is described in later in this document. Departmental leadership, in consultation with the Incident Command Center (ICC), is authorized to exercise discretion and flexibility in the implementation of the plans in order to ensure safety for patients, staff and visitors.
- iii. The MUHC Quick Guide - consists of ERPs and department response procedures and is summarized in a "quick action" guide. This set of documents is published in such a format that provides general ERP information with specific department response procedures. The guide is a

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flip chart style, providing immediate need-to-know response information to employees.

- iv. Complete Guide - A resource manual available to leadership with decision tools, inventories of resources available to the Health Care System, and protocols that would be needed immediately in an event that required plan activation.
 - v. Emergency Management Core Committee (EMCC) - is comprised of a multidisciplinary group of representatives that is administratively responsible for maintaining and updating the EOP and associated ERPs. The respective department/unit leadership will participate in the development of their department specific response guide (Quick Guide). Staff is expected to be familiar with the overall process identified in the EOP and ERPs.
 - vi. Internal Emergency - An internal emergency is defined as an incident within an MUHC facility that disrupts normal operations. Situation specific plans are included within the MUHC ERPs.
 - vii. External Emergency - An external emergency involves an incident beyond the immediate boundaries of a MUHC facility. The impact from these types of events can vary greatly and the plans are intended as a guideline only. It is expected that a certain amount of flexibility and discretion will be exercised.
 - viii. Patient Surge (Mass Casualty) Emergency - A patient surge emergency involves a large influx of victims, from an internal or external event, who require treatment. The victims may arrive at the Emergency Department via ambulance, other emergency service vehicles or private vehicles.
- d. Emergency Response Plans & Quick Guide Overview
- i. The ERPs and Quick Guide are continuously reviewed and formally revised annually.
 - 1. The review and revision process incorporates identified issues from actual events, drills and exercises, and ongoing research throughout the year. This is performed to continuously improve by leveraging new information and actual experiences, in accordance with the National Incident Management System (NIMS) components (NIMS Element 3)
 - 2. Construction, opening or closing of areas / service lines, changes in volume and census, and the identification of best practices through benchmarking activities are examples of typical reasons for review and revision of these plans.
 - 3. The revised plans and procedures are exercised and reviewed to determine effectiveness and measure functional capability.
 - ii. The EOP, ERPs and Quick Guide are accessible to MUHC staff.
 - 1. The documents are provided via the hospital intranet. The Quick Guides are present in an accessible location in each work area.

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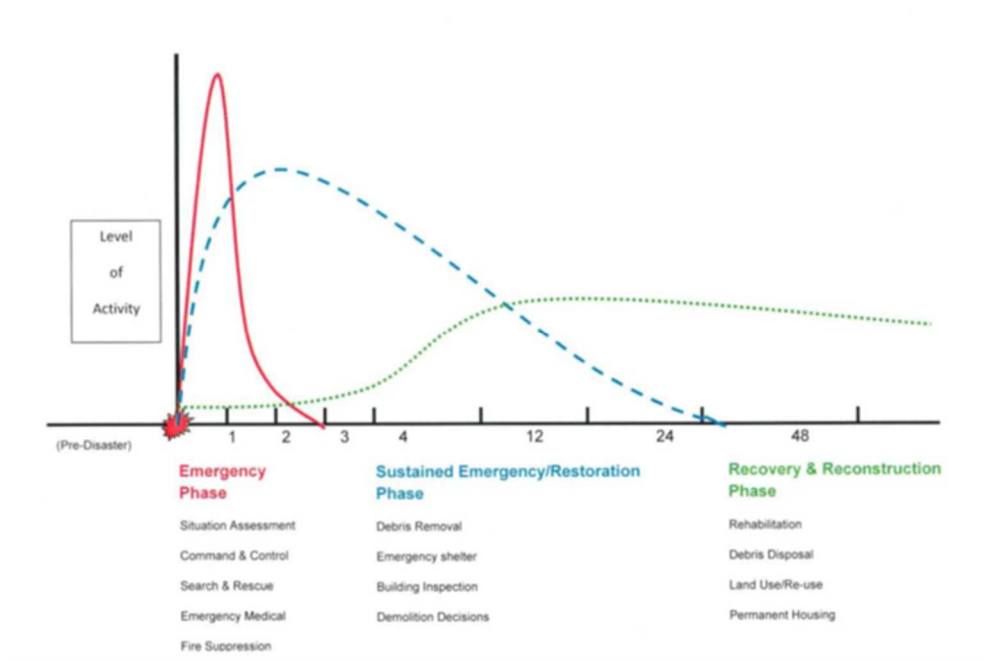
Each department's leadership retains responsibility for maintaining an updated version of these documents.

2. Department leadership is responsible for ensuring that all staff under their supervision is aware of their responsibilities described in the plans.
 3. Initial and ongoing education, as well as drills and exercises, are supported and coordinated by the Office of Safety and Emergency Management. MUHC Safety and Emergency Management designs, delivers and documents training activities as needed. Essential education remains the responsibility of departmental leadership. This method provides leadership the opportunity to maintain awareness of emergency plans at the departmental level.
- e. Responsibilities/Involvement of Leadership
- i. MUHC will involve the organizational leadership, including the medical staff, in the development of Emergency Management planning, response, and recovery.
 - ii. Input will be sought from leadership of MUHC on the development, review, and revision of the EOP on an annual basis by the EMCC.
 - iii. The EMCC will have representation from, but not limited to the following: administrators, department heads, and the medical staff.
 - iv. General comments and feedback on emergency planning from leadership or staff not associated with the EMCC will be submitted to the EMCC for review and inclusion into the plan as deemed appropriate.
 - v. On an annual basis, the EMCC will develop the document that includes the Scope and Objectives for the EOP for the next year based on the annual evaluation of the EOP.
 - vi. The Emergency Management Coordinator (EM Coordinator) provides overall support to the organization's emergency management efforts, including developing procedures, revision of the EOP and ERPs, planning and executing training and exercises, and writing After Action Reports (AAR). The EM coordinator represents MUHC at various meetings at the local, regional, and state levels.
 - vii. The EM Coordinator utilizes various means of communication to and informing MUHC staff on need-to-know emergency management information, including publishing articles, education guides, and updates in hospital newsletters and making presentations at employee orientation and safety fairs.
 - viii. For more information refer to policy: [Emergency Management - Evaluation and Oversight - Policy](#)

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f. Life Cycle Of An Emergency

- i. The below chart demonstrates the flow of emergency response during an incident.



II. Mitigation

a. Overview

- i. MUHC will utilize mitigation efforts to reduce the likelihood of a disaster occurring or, in the event a disaster cannot be prevented, lessening its impact. Mitigation is a proactive step taken before the next disaster, this is done by analyzing risk, reducing risk, insuring against risk. Effective mitigation requires understanding local risks and invests in preventative measures.
- ii. The hazards that MUHC is seeking to prevent, diminish, or mitigate are defined specifically through a process of hazards identification and risk assessment. In the assessment, multi-disciplinary partners identified virtually all the hazards that could cause risks and subsequently a crisis.

b. Application

i. Hazard Vulnerability Analysis

1. MUHC has identified the potential emergencies that could affect demand for a facility's services or its ability to provide those services, the likelihood of those events occurring, and the consequences of those events. This assessment is known as a Hazard Vulnerability Analysis (HVA).

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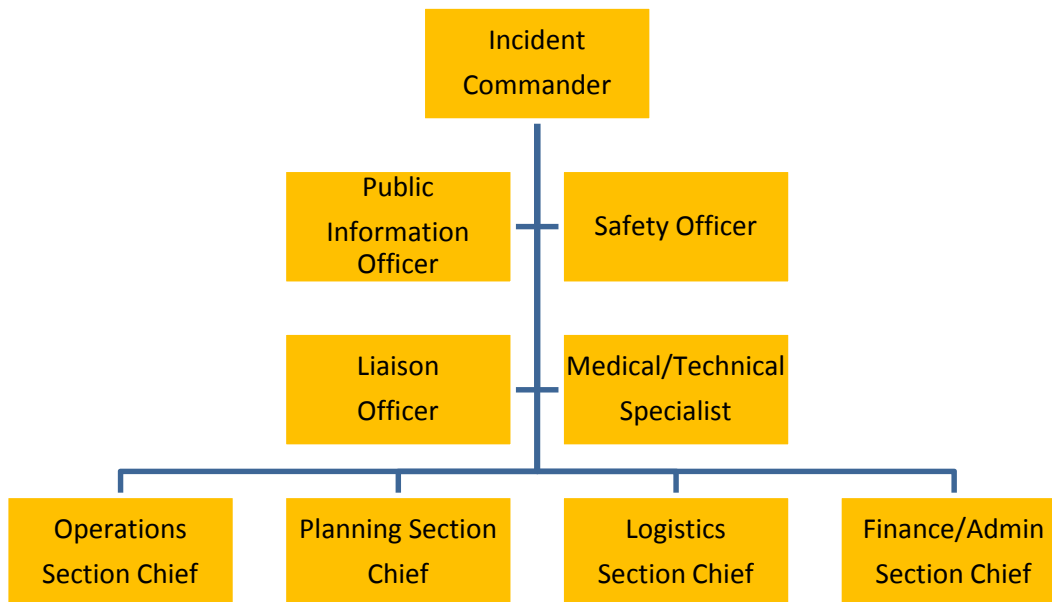
- a. HVA is designed to assist in gaining a realistic understanding of the hospital's vulnerabilities and to help focus the resources and planning efforts.
 - b. The community's, regions and state's HVA assessments are also an aid in the assessment for the organization.
 - c. A list of priority concerns has been developed from the HVA and will be evaluated at least annually or when a significant change is detected.
2. Additional evaluation of hazards and risks are considered through risk assessments completed in conjunction with the Environment of Care by various subject matter experts.
 3. For more information refer to policy: [Emergency Management - Hazard Vulnerability Analysis - Policy](#).

III. Planning

- a. Community/Regional Collaboration
 - i. MUHC has an established relationship with the community. Priorities have been set among the potential emergencies identified in the hazard vulnerability analysis. The needs and vulnerabilities of MUHC have been shared with the community. Local resources that can aid in meeting the needs of the facility have been identified. The facility and community are involved through:
 1. Local emergency preparedness meetings,
 2. Regional health care coalition meetings,
 3. State meetings
 - ii. During disasters that exceed the ability of normal emergency response agencies, a Local Emergency Operations Center (LEOC) may be established. LEOC is established and staffed by government and response agencies and will coordinate the community response to a disaster, also serving as the link to the State Emergency Operations Center for resource requests from the community.
 - iii. Public Information
 1. The Public Information Officer (PIO) has the responsibility for media and public information as it pertains to an event that involves the hospital. The PIO has established working relationships with local media, emergency management, and public health prior to an event.
 2. The Community may establish a Joint Information Center (JIC) to distribute coordinated unified messages to the community/public during a disaster. MUHC public information representatives will coordinate with and participate in this public information effort.
 - iv. For more information refer to policy: [Emergency Management - Community Regional Collaboration - Policy](#).

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- b. Hospital Incident Command System (HICS)
 - i. MUHC has adopted the Hospital Incident Command System (HICS) developed by the Emergency Medical Services Authority (EMSA) of California for use during events requiring activation of the EOP.
 - ii. HICS is an incident management system based on the Incident Command System (ICS) that assists hospitals in improving their emergency management planning, response, and recovery capabilities for planned and unplanned events. HICS is consistent with ICS and NIMS principles. Job Action Sheets (JAS) are available to all Command Staff along with vests and Command Center supplies to be able to quickly activate positions and begin response activities.
 - iii. In incidents involving multiple jurisdictions, a single jurisdiction with multiagency involvement, or multiple jurisdictions with multiagency involvement. MUHC will send a representative to participate in a Unified Command Center where all agencies can participate in the management of the event.
 - iv. Command Staff – Organizes and directs the ICC, providing strategic direction for the incident.



1. Incident Commander (IC) – Overall management of incident.
2. Operations Chief - Coordinate and monitor all aspects of operations.
3. Logistics Chief – Organize and coordinate supplies, assets, and staffing.
4. Planning Chief – Oversees all planning efforts.

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5. Finance Chief - Monitor financial assets and the accounting for financial expenditures.
 6. Public Information Officer – Gathers and disseminates information as appropriate.
 7. Safety Officer - Ensure safety of all individuals and environment.
 8. Liaison Officer - Function as the incident contact person in the ICC for representatives from other agencies.
 9. Medical/Technical Specialist – Subject Matter Expert necessary for the specific incident.
 10. Global Incident Command –MUHC Unified Command of all health system entities comprised of Executive Leadership.
- v. For more information refer to policy: [Emergency Management - Incident Command System - Policy](#)
- c. Listing of Emergency Response Plans (Refer to individual plans for information)
- i. Facility Alerts
 1. Communications Outage [Emergency Management - Facility Alert - Communications Outage Response - Plan](#)
 2. Fire Response [Emergency Management - Facility Alert - Fire Response - Plan](#)
 3. Utility Outage [Emergency Management - Facility Alert - Utility Outage - Plan](#)
 4. Weather Event [Emergency Management - Facility Alert - Weather Event - Plan](#)
 - ii. Security Alerts
 1. Bomb Threat [Emergency Management - Security Alert - Bomb Threat Response - Plan](#)
 2. Missing Person [Emergency Management - Security Alert - Missing Person Response - Plan](#)
 3. Violence [Emergency Management - Security Alert - Violence Response - Plan](#)
 - iii. Medical Response
 1. Code Blue [Emergency Management - Medical Alert - Code Blue Response - Plan](#)
 2. Code Stroke [Emergency Management - Medical Alert - Code Stroke Response - Plan](#)
 3. Imminent Delivery [Emergency Management - Medical Alert - Imminent Delivery Response - Plan](#)
 4. Person Down/Tiger Team [Emergency Management - Medical Alert - Person Down/Tiger Team Response - Plan](#)
 - iv. Focused Event Plans
 1. Chemical Spill [Emergency Management - Focused Event - Chemical Spill Response - Plan](#)

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2. Decontamination [Emergency Management - Focused Event - Decontamination Response - Plan](#)
 - a. Biological
 - b. Chemical
 - c. Radiological
3. Earthquake [Emergency Management - Focused Event Earthquake - Plan](#)
4. Epidemic/Pandemic [Emergency Management - Focused Event Epidemic - Plan](#)
5. Evacuation [Emergency Management - Focused Event - Evacuation - Plan](#)
6. Patient Surge [Emergency Management - Focused Event Patient Surge - Plan](#)

IV. Response

- a. EOP Activation
 - i. If it is believed that initiation of this EOP is necessary for an emergency, staff will contact the House Manager or the Administrator-on-Duty. Situations involving an influx of incoming patients will include, the Emergency Department Supervisor/Charge Nurse with consultation of the Emergency Department senior physician in activation decisions.
 - ii. Upon notification of an emergency incident, appropriate ERPs will be activated and suitable notifications initiated. ICC will be activated and staffed as deemed necessary.
 - iii. The House Manager or the Administrator-on-Duty will assume the role of the IC (until otherwise delegated) upon EOP activation and activate the appropriate eICS event to initiate the ICC.
 - iv. Establishing ICC
 1. The location of the Command Center will be determined by the IC.
 2. Notifications will be sent to individuals assigned to Command positions.
 3. Internal and external communications will be established as required.
 - v. Situation Assessment and Monitoring
 1. ICC personnel will receive periodic situation updates by several means. At times, information may need to be sought out from other parties. If this is necessary, a request for information will be made to the local EOC.
 2. ICC will request status reports from the affected entities. Monitoring of events will occur with tours and feedback of impacted areas.
- b. Incident Command Center Activation

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- i. Only those positions deemed necessary to respond will be activated and receive notification from the ICC.
- ii. The ICC location will be identified by the IC, and the location will be included in all notification communications as appropriate.
- iii. The IC will organize and direct the ICC and give overall direction for hospital operations in consultation with the Global ICC.
- iv. The proper IC vests will be issued to the ICC Staff and Section Chiefs. Appropriate reference material and JAS are distributed or accessed via the intranet, stored plan files, or the eICS system.
- v. Once the type of the emergency is determined, the appropriate ERPs will be initiated
- vi. Refer also to: [Emergency Management - Incident Command System - Policy](#)
- vii. Notifications/ Communications
 1. Notification Activities
 - a. The IC will inform Staff & Leadership by eICS notifications, group page, overhead announcement, email, or phone.
 - b. Patients and Visitors are informed by overhead announcement
 - c. IC will direct MUHC Telecommunications on the activation of overhead announcements. An “all clear” announcement will indicate when the emergency has ended.
 - d. Staff will be updated on the situation periodically utilizing appropriate communication methods.
 2. Communication Resources
 - a. MUHC will utilize numerous communication methods and devices including but not limited to: email, overhead announcement, pagers, fax, 2-way radios, Ham radio, telephones, cellular phone, satellite phones, and runners.
 - b. Departments are responsible for maintaining internal call lists and up to date contact information for their staff. When staff recall is required, departments will initiate their internal notification lists; this includes Medical Staff and other licensed independent practitioners.
 - c. As part of the MU Campus, the hospital can also initiate the campus mass communications system which will allow employees to be notified through cell phones, text messages, e-mail, etc.
 - d. MUHC will keep patients and family adequately informed as much as possible on the status of an emergency and any patient movement. A family support center may be established to coordinate the needs and information to family members of patients, coordinate the information of

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the location of patients, and provide critical incident stress debriefings.

- e. MUHC will identify and communicate with contractors or vendors that supply provisions, materials (medical, non-medical, and pharmaceutical), and services (repair of utility systems, linen delivery, trash and bio-waste pickup) before an emergency occurs.
- f. MUHC will communicate emergency management activities with public health, health care providers, and emergency management at the local, regional and state level and has established communications plans with these entities.
- g. For more information refer to policies: [Emergency Management - Community Regional Collaboration - Policy](#), [Emergency Management - Communications Resources - Policy](#), and [Emergency Management - Notifications and Communications - Policy](#).

viii. Staff Response

- 1. Staff will refer to the Departmental Quick Guide for department specific procedures for response to an activated ERP.
 - a. Upon ERP activation, ON DUTY personnel will continue with normal operations until provided additional instruction from the ICC.
 - b. Upon ERP activation, OFF DUTY personnel will be prepared to report for duty as requested.
 - i. STAFF SHOULD NOT CALL FACILITY UNLESS INSTRUCTED TO. DEPARTMENT LEADERSHIP WILL CONTACT THEIR STAFF AS NEEDED.
 - ii. If called to duty, report to your department for assignment.
- 2. For more information refer to policies: [Emergency Management - Staff Roles & Responsibilities - Policy](#) and [Emergency Management - Staff Support - Policy](#)

ix. Department Response

- 1. Departmental Leadership will maintain the Quick Guide for specific procedures for response in their work area to an activated ERP.
- 2. Leadership for each department is accountable for maintaining adequate staffing for their job function.
- 3. Departmental leadership is responsible for assessment and future planning for potential staffing needs as the incident progresses.
- 4. If staffing levels cannot be maintained, leadership will contact ICC for further instructions.

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5. For more information refer to policy: [Emergency Management - Staff Support - Policy](#).
- x. Situation Assessment and Monitoring
 1. IC personnel will receive periodic situation updates via several means, including external parties. If required, a request for information will be made to the local EOC.
 2. ICC will request status reports from the affected entities. Monitoring of events will occur with tours and feedback of impacted areas.
- c. Emergency Operations
 - i. Triage
 1. Triage Area for disaster victims – Victims will enter the ambulance or ambulatory ED entrances for triage. They will be evaluated and triaged as follows:
 - a. Immediate (Red) - Victims with life-threatening injuries and unstable vital signs.
 - b. Delayed (Yellow) - Victims with life-threatening injuries and stable vital signs.
 - c. Minor (Green) - Victims with non-life-threatening injuries and stable vital signs.
 - d. Expectant Temporary Morgue (Black) - Patients not expected to survive or deceased in transit.
 - ii. Staffing
 1. Each Manager/Department Administrator is expected to develop plans for the continuation of their operational functions. It is imperative that all leadership do as much as possible at the department level to ensure adequate staffing.
 2. Departmental plans will be communicated to their staff in advance of any threat or emergency activation.
 3. All staff at MUHC will make every effort to get to their work place for their scheduled shift. Staff who cannot transport themselves, or find transportation, to their workplace must contact their supervisors in advance of scheduled start times as possible.
 4. The ICC may request leadership to submit staffing information for department status to be assessed.
 5. For more information refer to policy: [Emergency Management - Staff Support - Policy](#).
 - iii. Labor Pool
 1. A Labor Pool (if established) will collect and inventory available staff and volunteers at a central location for assignment. Departments may be requested send any available staff for assignments.

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2. For more information refer to policy: [Emergency Management - Staff Support - Policy](#).
- iv. Transportation Center
 1. A Transportation Center may be activated to retrieve staff in an effort to maintain staffing levels in an emergency.
 2. Requests for transportation must be made through staffs' departmental leadership. Employees are not to contact the Transportation Center directly.
 3. Transport of staff may be temporarily suspended if road conditions are present that make travel unsafe
 4. MUHC and MU Campus owned four wheel drive vehicles, as well as approved employee personal vehicles, will be used to transport staff.
 5. Employees may volunteer to transport staff as part of the Transportation Center by submitting required documentation. Liability protection will only be covered if staff has received prior approval.
 6. For more information refer to policy: [Emergency Management - Staff Support - Policy](#).
- v. Housing Accommodations
 1. Reasonable accommodations may be made for housing staff beyond their scheduled shift.
 2. Staff should plan appropriately and bring needed personal items for lengthy stay. (Refer to Personal Preparedness Emergency Checklist)
 3. For more information refer to policies: [Emergency Management - Maintaining Staffing Levels - Policy](#) and [Emergency Management - Staff Support - Policy](#).
- vi. Staff Family Support Activities
 1. During activations of the EOP, various accommodations may be made for staff's families to enable staff to be available to work assignments.
 2. Accommodations for entire families may be provided for essential services coverage. These will normally be arranged prior to families arriving at the hospital.
 3. Staff should plan and make arrangements in advance for their dependent(s), such as a child or adult. Those needing accommodations will give this information to their leadership.
 4. Staff should plan and make arrangements in advance for their pets. Those requiring accommodations will give this information to their leadership.

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5. For more information refer to policy: [Emergency Management - Staff Support - Policy](#).
- vii. Management of Resources and Assets
 1. MUHC will identify and document the resources and assets that are available on-site and/or elsewhere prior to an incident.
 - a. This inventory will be kept in the hospital's electronic inventory system and will be automatically updated during normal operations.
 - b. Emergency cache resources are inventoried and documentation maintained in the resource guide.
 2. Sustainability evaluations have been completed to assess the continuity of operations, which include trigger points for decisions on maintaining 96 hour sustainability.
 3. Allocation of additional assets may come from a variety of resources including but not limited to; the community, county, Region F Healthcare Coalition, and state.
 4. For more information refer to policy: [Emergency Management - Contingency Planning \(96hr\) - Policy](#)
- viii. Utility Management
 1. In normal operations and during ERP activation, continuity of utility services is the responsibility of MUHC Engineering Department.
 2. Additional redundancy for utility services is in place through generators, secondary water feeds, and various ties to University of Missouri Energy Management.
 3. For more information refer to: [Emergency Management - Facility Alert - Utility Outage - Plan](#)
- ix. Safety and Security
 1. Security
 - a. MUHC Security Department policies and protocols will be followed in response to ERP activations.
 - b. In addition to normal access and egress controls, Enhanced Security Procedures are in place for securing an area during an incident. This restricted access will only allowed for persons with a validated need to be in the area.
 - c. Traffic/Grounds control will be coordinated with MUHC Security and University of Missouri Police Department (MUPD) to allow access to facility.
 - d. Additional resources may be sought from MUPD or other agencies as needed, as coordinated through ICC.
 - e. Chain of Custody procedures will be followed as required.
 2. Safety

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- a. MUHC Safety Department will assess all areas of MUHC facilities as deemed necessary during and following an incident for environmental, staff, and patient safety issues or concerns.
3. For more information refer to policy: [Emergency Management - Safety & Security - Policy](#).
- x. Emergency Discharge Protocol
 1. To accommodate for a surge event, it may become necessary to discharge patients that are at or near the end of care to free up bed space.
 2. Patient care areas will assess bed availability and consult with physicians regarding discharge, prepare patients for discharge, and begin the discharge paperwork process.
 3. For more information refer to policy: [Diversion & Discharge Alert](#).
- xi. Patient Tracking in an Emergency
 1. MUHC will track patients during activation of an ERP by utilizing MUHC Patient Admissions' disaster procedures.
 2. For more information refer to policy: [Emergency Management - Patient Management & Tracking - Policy](#).
- xii. Suspension of Clinic Operations
 1. MUHC ICC may consider suspension of current ancillary clinic operations in order to provide additional patient care efforts during the emergency.
 2. A clinic location may be repurposed as a triage site.
 3. Clinic staff may be reassigned to other entities as necessary.
- xiii. Alternate Care Site (ACS)
 1. An ACS may be established to improve/maintain operations in the event that; the facility becomes unusable, or the anticipated surge of patients will overwhelm current capacity.
 - a. Example - Care for minor treatments provided at ACS allowing the normal treatment areas to remain operational for more acute patients
 2. MUHC has established ACS locations within the facilities, on MU campus, and in the community. Determination of the appropriate location will be made by event type and at the direction of Incident Command.
 - a. Priority will be given to using ACS locations within the hospitals.
 - b. Second level priority will be given to using other health care facilities such as other hospitals, ambulatory care facilities, and nursing homes.
 - c. The lowest priority will be given to using public or commercial buildings due to the need for transporting an

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extensive array of equipment and a large number of staff to the site to enable use as a patient care space.

3. Coordination and communication with the community and other health care providers will be provided when an ACS is activated.
 4. An Alternate Care Command Center will be established at the ACS and be in communication with MUHC Global ICC.
 5. For more information refer to policy: [Emergency Management - Alternate Care Site - Policy](#).
- xiv. Alternate Standards of Care
1. Only MUHC Global ICC will have the authority to consider alternate standards of care after consultation with senior executives, legal counsel, and medical direction.
- xv. Disaster Mental Health Services
1. During and following an event involving MUHC facilities and/or staff, MUHC will provide mental health services as needed. This may include, but is not limited to, debrief sessions, stress management, mental health services, and grief counseling.
 2. For more information refer to policy: [Emergency Management - Clinical Services to Vulnerable Patient - Policy](#).
- xvi. Mortuary Services
1. In the event of an incident involving multiple deceased patients, MUHC will coordinate with the local medical examiner for the appropriate development of additional morgue capacity.
 2. For more information refer to policy: [Emergency Management - Mortuary Services - Policy](#).

V. Recovery

a. Overview

- i. Recovery is focused primarily on restoring essential services and operations to pre-event status.
 1. Short-term recovery is immediate and overlaps with response.
 2. Long-term recovery may involve some of the same actions but may continue for a longer period of time depending on the severity and extent of the damage sustained.

b. Restoration of Normal Services

- i. ICC will identify locations, equipment, supplies and other resources needed to return to normal operations.
- ii. Physical structure and/or infrastructure will be assessed and, if necessary, recommissioned for use.
 1. In the event of an IT outage, IT business continuity plans will be implemented in order to return to normal operations.

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2. Areas and equipment will be cleaned and repaired as necessary to return to normal operation. This may require the use of outside contractors and vendors.
- iii. Demobilization of emergency response assets will be coordinated through the ICC.
 1. Extra equipment and supplies will be returned to pre incident inventory levels as soon as opportunity presents.
 2. Supplemental staffing levels required during ERP activation will be maintained to ensure proper care and support. As appropriate, levels will be returned to normal operating levels per departmental operations standards.
 3. Repatriation efforts of families and patients will be coordinated through the ICC in conjunction with multiple agencies, both internal and external to MUHC.
 4. Appropriate incident documentation will be collected, disseminated, and recorded in the Incident, debriefings, issuance of corrective actions, and improvement plans.

VI. Attachments

- a. [Emergency Management - Alternate Care Site - Policy](#)
- b. [Emergency Management - Clinical Services to Vulnerable Patient - Policy](#)
- c. [Emergency Management - Communications Resources - Policy](#)
- d. [Emergency Management - Community Regional Collaboration - Policy](#)
- e. [Emergency Management - Contingency Planning \(96hr\) - Policy](#)
- f. [Emergency Management - Evaluation and Oversight - Policy](#)
- g. [Emergency Management - Hazard Vulnerability Analysis - Policy](#)
- h. [Emergency Management - Incident Command System - Policy](#)
- i. [Emergency Management - Maintaining Staffing Levels - Policy](#)
- j. [Emergency Management - Mortuary Services - Policy](#)
- k. [Emergency Management - Notifications and Communications - Policy](#)
- l. [Emergency Management - Patient Management & Tracking - Policy](#)
- m. [Emergency Management - Safety & Security - Policy](#)
- n. [Emergency Management - Staff Roles & Responsibilities - Policy](#)
- o. [Emergency Management - Staff Support - Policy](#)
- p. [Emergency Management - Facility Alert - Utility Outage - Plan](#)
- q. [Emergency Management - 2014 Evaluation of Emergency Operations Plan - Plan](#)
- r. [Diversion & Discharge Alert](#)
- s. [Emergency Management - Facility Alert - Communications Outage Response - Plan](#)
- t. [Emergency Management - Facility Alert - Fire Response - Plan](#)
- u. [Emergency Management - Facility Alert - Utility Outage - Plan](#)
- v. [Emergency Management - Facility Alert - Weather Event - Plan](#)
- w. [Emergency Management - Focused Event - Chemical Spill Response - Plan](#)
- x. [Emergency Management - Focused Event - Decontamination Response - Plan](#)

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- y. [Emergency Management - Focused Event Earthquake - Plan](#)
- z. [Emergency Management - Focused Event Epidemic - Plan](#)
- aa. [Emergency Management - Focused Event - Evacuation - Plan](#)
- bb. [Emergency Management - Focused Event Patient Surge - Plan](#)
- cc. [Emergency Management - Medical Alert - Code Blue Response - Plan](#)
- dd. [Emergency Management - Medical Alert - Code Stroke Response - Plan](#)
- ee. [Emergency Management - Medical Alert - Imminent Delivery Response - Plan](#)
- ff. [Emergency Management - Medical Alert - Person Down/Tiger Team Response - Plan](#)
- gg. [Emergency Management - Security Alert - Bomb Threat Response - Plan](#)
- hh. [Emergency Management - Security Alert - Missing Person Response - Plan](#)
- ii. [Emergency Management - Security Alert - Violence Response - Plan](#)

VII. References, Regulatory References, Related Documents, or Links

- a. The Joint Commission: EM.01.01.01.
- b. The Joint Commission: EM.03.01.01.02.
- c. The Joint Commission: EM.03.01.01.04.