Genesis Health System Medical Staff Responsibilities
in a Community Emergency

Healthcare organizations must be prepared to respond to a variety of disaster events, both natural and man-made. These disasters and threats include: Natural disasters; technological disasters; industrial disasters; major transportations accidents; terrorism; and nuclear, biological, and chemical events. To prepare, each facility must: Identify events that could occur; determine the probability that each event will occur; and develop strategies for dealing with each event. Facilities document how they will deal with disaster in an Emergency Operations Plan (EOP). Genesis Health System has an emergency operations plan. Each Genesis Health System Medical Center has a disaster plan. This is activated in times of crisis in our community.

The objectives of the EOP/disaster plan include:

- Maintain the continuity of patient care operations;
- Meet the medical needs of our community;
- Identify and assessing vulnerabilities and hazards which may have a direct or indirect impact;
- Strategic planning for emergency response;
- Effectively manage disaster assets and resources;
- Exercise critical program elements;
- Manage resources and assets to be able to assist Genesis Health System.

A written plan alone is not enough to ensure an effective response. Staff must be: Educated on the procedures in the plan; and trained and drilled to respond to disaster according to the plan. Make sure you are ready to respond to a disaster.

Upon activation of the EDP/disaster an Incident Command Center (ICC) will establish mechanisms for initial and ongoing communication with Medical staff. The mechanism(s) utilized will be dependent on the scope and duration of the emergency as well as its impact on communication systems/methods. A multi-modality approach may be necessary to facilitate effective communication.

Genesis Health System asks you as a provider to:

- Become familiar with Genesis Health System's EOP(s)/disaster plans
- Familiarize yourself with the Genesis Health System emergency alert system
- When the EOP is activated all providers report to the Chief Medical Officer or their designee.

To mitigate the impact a disaster may have on the organization, a Hazard Vulnerability Analysis (HVA) is performed. This analysis is conducted in conjunction with the Clinton, Scott, Mercer and Rock Island County Emergency Management Agencies. Hazards identified through this analysis are evaluated to ascertain what steps are taken to lessen the severity and impact on the health system. The HVA is reviewed annually by the GHS Emergency Management Committee for each entity, including off-site entities identified by CMS. The specific mitigation, preparedness, response and recovery activities for "highest ranking hazards" are noted and located in the Safety Office and the Incident Command Center.

The organization maintains an inventory of assets and resources that are maintained on-site, with additional resources located offsite that could be used in the event of an emergency. The inventory includes, but is not necessarily limited to the following: Personal Protective Equipment (PPE); water; fuel; staffing; medical and surgical resources; pharmaceutical resources; and food. The inventory is evaluated on an annual basis.

Disaster and other catastrophic emergencies pose a significant threat to the ability of a healthcare organization to maintain operational capability and provide care, treatment and services to its community. This Emergency Operations Plan (EOP) has been developed so the organization can effectively plan for and respond to emergencies in six critical areas (See attached table).

Genesis Health System cooperatively plans and trains with other health care/EMS providers in the community to ensure a coordinated response in disaster situations. Genesis Health System has developed and identified the critical positions within the HICS organizational chart.

The Evacuation Plan for each entity is implemented when the facility cannot support adequate patient care and treatment. A list of alternative evacuation sites and contact information is included in the Evacuation Plan.

The Incident Command Center shall implement processes necessary to safely and adequately manage clinical activities related to at least the following: Triage of patients; scheduling of patients; assessment and treatment of patients; admission, transfer, discharge, and if necessary, evacuation of patients; assigning medical staff resources as needed; and Request Federal Waiver to provide care and treatment at alternative care site.

When the President declares a major disaster or an emergency under the Stafford Act or an emergency under the National Emergencies Act and the Health and Human Services (HHS) Secretary declares a public health emergency, the Secretary is authorized to waive or modify certain Medicare, Medicaid, Children's Health Insurance Program (CHIP) and Health Insurance Portability and Accountability Act (HIPPA) requirements as necessary to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in Social Security Act programs and that providers of such services in good faith who are unable to comply with certain statutory requirements are reimbursed and exempted from sanctions for noncompliance other than fraud or abuse.

In any type of incident, there will come a point when the worst impact has been encountered and consideration will turn to demobilization. The time frame for this activity may vary by situation, but planning for demobilization and recovery will actually begin from the onset of the response. The ultimate decision as to when to move from response mode to demobilization will be made by the Incident Commander.

CRITICAL AREA	MITIGATION	PREPAREDNESS (Drills are utilized in all areas to improve response)	RESPONSE	RECOVERY (Employee Assists and Crisis Debriefing is available for all emergencies)
Communications	Emergency Operations Plan Member of Quad Cities Emergency Planning Committee (QCEPC) , Scott Co. Emergency Communications Center (SECC), Rock Island Co. Emergency Management Agency, Clinton Co. EMA, and Mercer County EMA	Radio Testing Attend monthly planning meetings Power Failure Phones	Test communications during drills. Implement Emergency Communications Plan	Evaluate emergency communications post-incident and develop action plans
Resources Assets	Annual Critical Resource/Asset List MOUs Automated ordering systems in place	Increase stocks if anticipated need Materials Management Disaster Plan	Implement Materials Management Disaster Plan In conjunction with hospital HICS roles Disaster Menu/Food Services	Evaluate Inventories and replenish as necessary Evaluate post-incident and develop action plans as necessary
Safety/Security	Community Emergency Response Agencies relationships established (QCEPC) IA/FL Mercer Co LEPC Clinton Co LEPC Davenport Police Dept. Contract Lock-Down Plan	Incident Response Plan (establishes Incident Command center prior to any disaster incident) Conduct assessments for areas of need	Safety/Security have defined HICS roles	Evaluate post-Incident and develop action plans as necessary
Staff Responsibilities	Responsibilities are established through the HICS framework	Training/drill to ensure knowledge	As per the Disaster Plan/HICS Roles	Evaluate post-incident and develop action plans as necessary
Utilities	96-hour assessment updated annually Thorough facilities analysis has been completed MOUs	Generator testing Fuel reserves checked	All utility Interruptions, planned/unplanned are critiqued. 96 hour drill	Replenish stocks as necessary Evaluate post-incident and develop action plans as necessary
Patient clinical services	Nursing disaster Plan Cancelation of elective procedures Surge Management Plan	Increase staffing as necessary	Implement Nursing disaster Plan In conjunction with Hospital disaster Plan HICS Roles	Evaluate post-incident and develop action plans as necessary