Frances Mahon Deaconess Hospital
Hospital Emergency Operations Plan (EOP)

2018

ACKNOWLEDGMENTS

Note: Development and implementation of this plan complies with relevant sections of Joint Commission Emergency Management guidelines for Joint Commission accreditation of Critical Access Hospitals.

PLAN AUTHORIZATION

This Frances Mahon Deaconess Hospital (FMDH) Emergency Operations Plan (EOP) has been developed for use by FMDH, (also "the Hospital"). This EOP is hereby approved for implementation and intended to supersede all previous versions. The EOP was established to promote a system to: save lives; protect the health and ensure the safety of the hospital environment; alleviate damage and hardship; and reduce future vulnerability within the hospital facilities and patient care areas. Further, this document indicates the commitment to annual planning, training, and exercise activities in order to ensure the level of preparedness necessary to respond to emergencies or incidents within or affecting the Hospital.

PLAN MAINTENANCE

Vital to successful planning of any disaster is the identification and tasking of a select group of multidisciplinary hospital representatives to become members of the hospital's Environment of Care (EOC) Committee. The hospital is also involved with Valley County's Local Emergency Planning Committee (LEPC), which involves local agencies such as law enforcement, emergency medical services, fire, emergency management, and public health. This involvement helps promote priority setting, information-sharing, and joint decision making during a real incident. The EOP will be reviewed annually by the EOC Committee and LEPC, and updated as needed.

INTRODUCTION

GENERAL: Frances Mahon Deaconess Hospital is a 25-bed, Critical Access Hospital located in Glasgow, Montana. As a community based not-for-profit organization, FMDH is committed to providing care that enhances the community's quality of life through professional healthcare and related services. In order to meet the healthcare needs of our community, FMDH provides the following services:
- Inpatient/outpatient and ambulatory care
- General and orthopedic surgery and other physician specialties
- Physical rehabilitation therapy including occupational therapies
- Imaging and radiology
- Emergency Department
- Skilled nursing
- Full service laboratory
- Emergency Medical Services (EMS)
- OB/GYN

- Pharmacy
- Home Oxygen
- Primary Care Clinic

PURPOSE: The purpose of the FMDH Emergency Operations Plan (EOP) is to establish an emergency management program to provide timely, integrated, and coordinated response to the wide range of natural and manmade events that may disrupt normal operations and require pre-planned response to internal and external incidents.

The objectives of the emergency management program include:
- To provide maximum safety and protection from injury for patients, visitors, and staff.
- To attend promptly and efficiently to all individuals requiring medical attention in an emergency situation.
- To provide a logical and flexible chain of command to enable maximum use of resources.
- To maintain and restore essential services as quickly as possible following an incident.
- To protect hospital property, facilities, and equipment.
- To satisfy all applicable regulatory and accreditation requirements.

The above objectives will be reached by management of these critical areas addressed in the plan:
- Communications
- Resources and Assets
- Safety and Security
- Staff Responsibilities
- Utilities
- Patient Clinical and Support Activities

DEFINITIONS:
1. ALTERNATE SITES/FACILITES: Locations other than the primary facility where FMDH operations will continue during an emergency.
2. CONTINUITY OF OPERATIONS (COOP): Plans and actions necessary to continue essential business functions and services and ensure continuation of decision making even though primary facilities may be unavailable due to emergencies
3. INCIDENT COMMAND EMERGENCY OPERATIONS CENTER (IC-EOC): The location at which management can coordinate FMDH activities during an emergency. It is managed using the Incident Command System (ICS). The IC-EOC may be established in the primary FMDH facility or at an alternate site.
4. EMERGENCY PREPAREDNESS COORNDINATOR (EPC): The EPC guides the development and maintenance of FMDH's emergency management program and development of its Emergency Operations Plan.
5. EMERGENCY SUPPORT FUNCTION #8 – Public Health and Medical Services Annex (ESF8): Public Health and Medical Services provides the mechanism for coordinated Federal assistance to supplement State, tribal, and local resources in response to a public health and medical disaster, potential or actual incidents requiring a coordinated Federal response, and/or during a developing potential health and medical emergency. Public Health and Medical Services include responding to medical needs associated with mental health, behavioral health, and substance abuse considerations of incident victims and response workers. Services also cover the medical needs of members of the "at risk" or

"special needs" population described in the Pandemic and All-Hazards Preparedness Act and in the National Response Framework (NRF) Glossary, respectively. It includes a population whose members may have medical and other functional needs before, during, and after an incident.

6. <u>EMERGENCY SUPPORT FUNCTION & COMMITTEE/COORDINATOR (ESF8C):</u> This position is responsible for all incident medical and health coordination in a city/county. The ESF8C in Valley County is the Public Health Department representative or designee and is often stationed in the Valley County Emergency Operations Center (VC-EOC). During incident response the ESF8C is the point-of-contact for requests for medical and health resources including personnel, supplies and equipment, pharmaceuticals, chem-pac supplies, and medical transport.

7. <u>ESSENTIAL FUNCTIONS (EF):</u> Essential functions and services are those that implement FMDH's core mission and goals. The extended loss of these functions following an emergency would create a threat to life and safety, or irreversible damage to FMDH, its staff, or its stakeholders.

8. <u>HAZARD MITIGATION:</u> Measures taken by FMDH to lessen the severity or impact that a potential incident or emergency may have on its operation. Hazard mitigation can be divided into two categories:

   a. **Structural Mitigation:** Reinforcing, bracing, anchoring, bolting, strengthening or replacing any portion of a building that may become damaged and cause injury, including exterior walls, exterior doors, exterior windows, foundation and roof.

   b. **Nonstructural Mitigation**: Reducing the threat to safety posed by the effects of earthquakes on nonstructural elements. Examples of nonstructural elements include: light fixtures, gas cylinders, HazMat containers, desktop equipment, unsecured bookcases, and other furniture

9. <u>HAZARD VULNERABILITY ANALYSIS (HVA):</u> Hazard vulnerability analysis identifies ways to minimize losses in an incident, considering emergencies that may occur within the facility as well as external to the facility in the surrounding community.

10. <u>HEALTHCARE COORDINATION SYSTEM (HCS):</u> The HCS focuses on coordination among healthcare facilities so that incident management at each facility can focus their attention on internal objectives, strategies, and tactics. HCS sets priorities between facilities to ensure efficient resource use. Critical resources will be allocated among facilities by overall priorities established by HCS. *The Valley County HCS Emergency Advisory Committee will be comprised of representatives from the hospital, public health, Valley County Disaster & Emergency Services (DES), Valley County EMS Coordinator, and others (e.g. long-term care facilities) as necessary for the specific event.*

11. <u>HOMELAND SECURITY EXERCISE AND EVALUATION PROGRAM (HSEEP):</u> HSEEP is a capabilities and performance-based exercise program. The intent of HSEEP is to provide common exercise policy and program guidance capable of constituting a national standard for all exercises. HSEEP includes consistent terminology that can be used by all exercise planners, regardless of the nature and composition of their organization.

12. <u>INCIDENT COMMAND SYSTEM (ICS):</u> A temporary management system used to manage and coordinate FMDH's activities during an emergency. ICS is designed to facilitate decision-making in an emergency environment.

13. <u>MULTI-HAZARD APPROACH</u>: A multi-hazard approach to incident planning evaluates all threats including the impacts from all natural and manmade incidents, including technological threats, terrorism, and a state of war.
14. <u>NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS)</u>: NIMS is the mandatory system established by the Homeland Security Presidential Directive 8 (HSPD-8) for managing the response of government agencies to multi-agency and multi-jurisdiction emergencies in Montana. NIMS incorporates the use of the ICS.
15. <u>PHASES OF EMERGENCY MANAGEMENT</u>:
    a. **Mitigation** – Pre-event planning and actions which aim to lessen the effects of a potential incident.
    b. **Preparedness** – Actions taken in advance of an emergency to prepare the organization for response.
    c. **Response** – Activities to address the immediate and short-term effects of an emergency or incident. Response includes immediate actions to save lives, protect property and meet basic human needs.
    d. **Recovery** – Activities that occur following a response to an incident that are designed to help an organization and community return to a pre-incident level of function.
16. <u>STANDARD OPERATING PROCEDURE (SOP)</u>: Pre-established procedures that guide how an organization and its staff perform certain tasks. SOPs are used routinely for day-to-day operations and response to emergency situations. SOPs often are presented in the form of checklists or job action sheets.

POLICY:
1. FMDH will be prepared to respond to a natural or manmade incident, suspected case of bioterrorism or other emergency in a manner that protects the health and safety of its patients, visitors, and staff, and that is coordinated with a community-wide response to a large-scale incident.
2. All employees will know and be prepared to fulfill their duties and responsibilities as part of a team effort to provide the best possible emergency care in any situation. Each supervisor/director at each level of the organization will ensure that employees are aware of their responsibilities.
3. FMDH will work in close coordination with the ESF8 partners and other emergency officials, agencies, and healthcare providers to ensure a community-wide coordinated response to incidents.

SCOPE:
1. Within the context of this plan, an incident is any emergency event which overwhelms or threatens to overwhelm the routine capabilities of the hospital.
2. This all-hazards **EOP** describes an emergency management program designed to respond to natural and manmade incidents, including technological, hazardous material, and terrorist events.
3. The plan describes the policies and procedures FMDH will follow to mitigate, prepare for, respond to, and recover from the effects of emergencies.
4. **42 CFR Part 485 Subpart F:** Critical Access Hospitals (CAHs) are required to be in compliance with the federal requirements set forth in the Medicare Conditions of

Participation (CoP) in order to receive Medicare/Medicaid payment. The EOP was completed in compliance with the CoP.
5. Development and implementation of this plan complies with relevant sections of Joint Commission Emergency Management guidelines for Joint Commission accreditation of Critical Access Hospitals.

MITIGATION

FMDH undertakes risk assessment and hazard mitigation activities to lessen the severity and impact of a potential emergency. Mitigation begins by identifying potential emergencies (hazards) that may affect the organization's operations or the demand for its services. This is followed by development of a strategy to strengthen the perceived areas of vulnerability within the organization.

During the mitigation phase, FMDH's directors and staff identify internal and external hazards and take steps to reduce the level of threat they pose by mitigating those hazards or reducing their potential impact on FMDH. The areas of vulnerability that cannot be strengthened sufficiently are addressed in emergency plan appendices.

Mitigation activities occur both before and following an incident.

Hazard Vulnerability Analysis:
1. Hazard and Vulnerability Analysis (HVA)
   a. FMDH conducts an HVA to identify hazards and the direct and indirect effect these hazards may have on the healthcare system. This provides information needed by the hospital to minimize losses in an incident. This assessment is performed annually.
2. Risk Management – Life Safety Survey, Risk Management Review.
   a. As part of its risk management program, FMDH conducts Management of Environment Safety Surveys of its facilities at least annually.
   b. Departmental Environment of Care Risk Assessment is a tool used for conducting that survey, ranking problems and setting priorities for remediation. This ongoing process contributes to reducing the overall vulnerability of the hospital to various hazards.

Hazard Mitigation:
1. FMDH will undertake hazard mitigation or retrofitting measures to lessen the severity or impact a potential incident may have on its operation. These measures are taken prior to incidents to minimize the damage to the facility.

Risk Assessment:
1. FMDH will assess the risks identified in its HVA that could not be eliminated or satisfactorily mitigated through its hazard mitigation program and determine their likelihood of occurrence and the severity of their consequences. This assessment of remaining risks will help to define the emergency response role FMDH adopts for itself and the preparation required to meet that role.

FMDH Emergency Response Roles:
1. FMDH may play a variety of roles in responding to incidents including providing emergency medical care, providing temporary shelter and expanding primary care services to meet increased community needs created by damage to other health care facilities. However, healthcare facilities are not equipped to respond definitively to all incidents. FMDH roles may be constrained by limited resources and technical capability and by the impact of the incident on the facility.
2. As part of its mitigation program, FMDH will identify the response roles it will prepare to perform following an incident. This decision will involve input from FMDH management and directors, the FMDH Board of Directors, and community and government emergency officials. Based on the findings of the risk assessment, FMDH will take the following steps to define the incident roles for which it should prepare:
   a. Assess the pre-incident medical care environment and the role FMDH performs in providing health services
   b. Assess FMDH's resources including availability of staff to respond and ability of FMDH to survive intact.
   c. Discuss potential response roles and findings of risk assessment with ESF8 Coordinator and Valley County Emergency Manager (EM).
   d. Obtain community input.
   e. Obtain input from FMDH staff, especially medical and nursing directors, safety officer, and management.
   f. Present recommendations to the Board of Directors for consent, review, or ratification

PREPAREDNESS

Preparedness activities build organizational capacity to manage the effects of emergencies should one occur. During this phase, FMDH's Environment of Care Committee, directors and staff will develop plans and operational capabilities to improve the effectiveness of FMDH's response to emergencies. Specifically, FMDH will:
1. Develop / update emergency plans and procedures, including the EOP.
2. Develop and update agreements with other community providers and with other agencies.
3. Train emergency response personnel
4. Conduct drills and exercises

Emergency Operations Plan (EOP):
1. The FMDH EOP is an "all-hazards" plan that will guide FMDH's response through any type of an incident or emergency.

National Incident Management System (NIMS):
1. FMDH has incorporated the principles of NIMS into its EOP to ensure maximum compatibility with local government response plans and procedures.
2. According to HSPD-8, NIMS shall be used by all State Agencies responding to any of the following emergency operations:
   a. Single jurisdictional/agency involvement
   b. Single jurisdictional responsibility with multiple agency involvement; or
   c. Multiple jurisdictional responsibilities with multiple agency involvement.

3. NIMS incorporates the Incident Command System (ICS) which provides an efficient tool for the management of emergency operations. NIMS/ICS is designed to be adaptable to any emergency or incident. The system expands in a rapid and logical manner from an initial response to a major incident call out. When organizational needs dictate, the system also contracts just as rapidly.
4. These components of NIMS/ICS are incorporated or referenced in this EOP.
   a. Common terminology
   b. Modular organization
   c. Unified Command
   d. Action Planning
   e. Manageable Span-of-Control
   f. Multi-Agency and inter-Agency Coordination
5. NIMS operates at the following levels of government:
   a. State – Statewide resource coordination integrated with federal agencies through the Montana Division of Emergency Management (DEM) and the Montana Department of Public Health and Environment (DPHE).
   b. Regional – Management and coordination of information and resources among cities and counties can be accomplished.
   c. Local/County – Manages and coordinates all local governments within the geographic boundary of a county.
   d. Field – On scene responders are coordinated through ICS
   e. Healthcare Coordination System (HCS)/ESF8
   f. FMDH interfaces with ESF8 as part of the Hospital Coordination System, as outlined in the Valley County ESF8 Plan, and the ESF8 Valley County Health Department Liaison.

Integration with Community-wide Response:
1. FMDH will notify the ESF8 Coordinator of any emergency impacting healthcare operations and will coordinate its response to community-wide incidents with the overall medical and health response of the County.
2. To the extent possible, FMDH will ensure that its response is coordinated with the decisions and actions of the ESF8 Committee and other healthcare agencies involved in the response. To ensure coordination, FMDH staff will:
   a. Coordinate with the ESF8 Committee to define FMDH's role in the emergency response system. Determine which response roles are expected by officials and which are beyond the system's response needs or FMDH's response capabilities.
   b. Participate in planning, training, and exercises sponsored by medical and health agencies.
   c. Develop reporting and communication procedures to ensure integration with city/county response.
   d. Define procedures for requesting and obtaining medical resources and for evacuating/transporting patients.
   e. During a response, report the status and resource needs of FMDH and obtain or provide assistance in the support of the community-wide response.

Coordination with Emergency Responders:
1. Emergency services availability
   a. During an area-wide incident, fire, EMS, and law enforcement services may not be able to respond to emergencies at FMDH.
2. Response authority
   a. FMDH personnel will cooperate fully with fire, EMS and law enforcement personnel when they respond to emergencies. This may include providing information about the location of hazardous materials or following instructions to evacuate and close the FMDH facility.
3. Command post
   a. FMDH has identified a recommended location for an emergency responder command post for coordinating the response to an emergency at the hospital.
4. Mutual Aid
   a. FMDH recognizes that it may need to rely on other healthcare facilities, especially those nearby, in responding to an incident to augment its capacity to meet patient care needs. FMDH will review existing formal and informal arrangements with health facilities to explore expanding their provisions to cover incident response conditions. The hospital also will seek to establish agreements with relevant facilities where no agreement currently exists. FMDH views these agreements as reciprocal and will also explore opportunities to provide support to these facilities if conditions allow.
5. Incident-related arrangements with nearby hospitals include:
   a. Valley County Mass Casualty Plan: Includes referral/diversion of patients to other hospitals, especially patients that require a higher level of care than FMDH or nearby hospitals can provide. The plan also references acceptance of diverted patients from hospitals to increase their capacity to care for seriously ill and injured patients.
   b. Valley County Mass Fatality Plan 2012: Includes references to assistance rendered by FMDH in instances requiring support and staffing of surge facilities such as a temporary morgue, handling of deceased, and coordination with other healthcare facilities in management and transport of deceased.
6. Limitations
   a. During an area-wide incident in which the city/county has opened its VC-EOC, patient transfers and access to ambulances may need to be coordinated through the VC-EOC-ESF8, overriding other agreements. The Mass Casualty Plan may be activated in this instance.
   b. Developing arrangements for receipt or diversion / referral of incident victims requires careful and detailed planning including:
      i. Alert and notification;
      ii. Sharing of medical information;
      iii. Patient tracking; and
      iv. Contingencies that impact ability of either party to meet the terms of the agreement.
7. Relationship to HCS
   The HCS and FMDH will define their emergency response relationship in accordance with the role established by the HCS.
   a. In the preparedness phase, the HCS includes

       i.   Strengthening the relationship and coordination between the ESF8C and hospital response in the county

      ii.   Resource acquisition including grant funding, group purchasing, and shared equipment

    iii.   Training and technical assistance

    iv.   Coordinated planning

     v.   Exercise coordination

b. In the response and recovery phases, the HCS role includes:

       i.   HCS coordinated hospital assistance to hospitals

      ii.   Information gathering and dissemination to other hospitals or city/county

    iii.   Resource acquisition

    iv.   Public information

     v.   Technical assistance

c. In the recovery phase, assisting with obtaining financial recovery assistance.

d. As soon as practicable during an incident, FMDH's Incident Commander, or designee, will report the following to the HCS

       i.   Nature of the emergency

      ii.   Impact of the emergency on hospital operations

    iii.   Current operation status of the hospital

    iv.   When the hospital expects to become fully operational

     v.   Hospital resource needs.

Coordination with Hospital Board (HB):

1. The FMDH Administrator-on-call will notify the HB in the event of any emergency that requires hospital evacuation, 9-1-1 response of emergency medical or law enforcement personnel, or the opening of the hospital EOC.

Acquiring Resources:

1. FMDH has procedures for augmenting supplies, equipment and personnel from a variety of sources. Assistance may be coordinated through the following channels:

   a. Prior agreements with vendors for emergency re-supply

   b. Stockpiles of medical supplies and pharmaceuticals anticipated to be required in an emergency response (i.e., Strategic National Stockpile, SNS)

   c. ESF8C assistance to hospitals

   d. From other hospitals or healthcare providers.

Roles / Responsibilities – Disaster Recall List:

1. The FMDH Chief Executive Officer (CEO): The hospital CEO is responsible, directly or through delegation to the Environment of Care Committee, for the development of the EOP and for directing the response to emergencies. Specific responsibilities include:

   a. Execute (oversee) the development and implementation of the incident plan.

   b. Appoint an Emergency Preparedness Coordinator (EPC) to coordinate the development and maintenance of FMDH's EOP; ensure the organizations emergency preparedness program meets all applicable standards or government regulations; and provide for ongoing training for hospital staff.

     c.   Assign staff emergency management duties and responsibilities. Appoint the Emergency Management Group (EMG).

     d.   Ensure staff is trained to perform emergency roles

     e.   Ensure that drills and exercises are conducted semi-annually and records are maintained.

     f.   Evaluate the incident program annually and update as needed including a description how, when, and who will perform the activity.

     g.   Activate the hospital's emergency response.

     h.   Direct the overall response to the incident/emergency.

     i.   Develop the criteria for and direct the evacuation of staff, patients, and visitors when indicated.

     j.   Ensure the hospital takes necessary steps to avoid interruption of essential functions and services or to restore them as rapidly as possible.

     k.   Ensure an HVA is performed annually.

2. Medical Director: The Medical Director, directly or through delegation, will:

     a.   Serve as leader, co-leader, or member of the EMG

     b.   Identify alternates and successors if unavailable or if response requires 24-hour operation

     c.   Contact Valley County Health Department. Monitor Electronic Disease Reporting Systems for updates. Provide hospital with updates from the Center for Disease Control (CDC) and Valley County Health Department.

     d.   Ensure the continuity of care and maintenance of medical management of all patients in the care of the hospital during an incident.

     e.   Assign hospital staff to medical response roles (triage, treatment, decontamination, etc.)

     f.   Determine incident response hospital staffing needs in cooperation with the Nursing Director.

3. Nursing Director: The Nursing Director may fill the following roles:

     a.   Serve as member of the EMG.

     b.   Determine the incident response hospital staffing needs in cooperation with the Medical Director

     c.   Perform other duties delegated by FMDH's Medical Director, Executive Director or Incident Commander.

4. Safety Officer: The Safety Officer will appoint teams and develop procedures for the following response tasks:

     a.   Light search and rescue. Appoint and train a light search and rescue team to ensure all rooms are empty and all staff, patients, and visitors leave the premises when the hospital is evacuated. If required and safe, this team will perform additional search and rescue tasks that do not entail using equipment or disturbing collapsed structures.

     b.   Damage assessment. Appoint and train a damage assessment team to evaluate items on the Damage Assessment Checklist.

     c.   Supply the teams with hard hats, work gloves, flashlights, clipboards, tape, cameras, and video if possible.

5. All Hospital Staff
   a. All staff has emergency and incident response responsibilities. Employees will participate in all FMDH safety programs which may include assignment to an emergency response team.
   b. Additional specific response duties also may be included for staff with appropriate skills and responsibilities.
   c. In addition, all staff are required to:
      i. Familiarize themselves with evacuation procedures and routes for their areas.
      ii. Become familiar with basic emergency response procedures for fire, HazMat, and other emergencies.
      iii. Understand their roles and responsibilities in FMDH's plans for response to and recovery from incidents.
      iv. Participate in organizational training and exercises. These exercises are intended to practice emergency response activities and improve readiness.
      v. All Staff will also be encouraged to:
         1. Make suggestions to their supervisor or the Environment of Care Committee on how to improve hospital preparedness
         2. Prepare family and home for consequences of incidents.

Initial Communications and Notifications:
   1. FMDH Staff Call List: The Human Resources (HR) department will compile and maintain an internal contact list that will include the following information for department directors, managers and assistants: name, position title, home phone or cell phone, and preferred method of contact during off hours. Assigned staff will use this list for emergency notification utilizing DialMyCalls for mass emergency notifications.
   2. Each department will maintain a complete departmental roster (staff call list) with the following information: name, job title, home or cell phone, and preferred method of contact during off hours. The staff call list contains sensitive contact information and will be treated confidentially. The list of staff phone numbers will be kept offsite by department managers as well as onsite by key employees at key locations.
   3. FMDH utilizes plain language Emergency Codes throughout its facilities to facilitate rapid staff response to internal incidents.
   4. External Notification: FMDH will compile and maintain an external contact list of phone numbers of emergency response agencies, key vendors, stakeholders, and resources.
   5. Primary Communication Methods: The primary means of emergency communication is the local telephone system. If telephones fail, FMDH will notify the telephone provider by any means available including: telephones in another area of the hospital, cell phones, messenger, e-mail, satellite phones, business band portables, or radio communications via Valley County Dispatch. FMDH has installed standard telephone jacks and systems that bypass the electronic phone system for fax machines and data equipment (i.e., computers/wireless).
   6. Alternate Communication Methods: In addition to its telephone system, the hospital maintains the following radio communications equipment.
      a. A VHF radio system for communications with Valley County Dispatch and ambulances. Frequencies monitored and capable of transmit are 155.385 EMS Paging

(Pink) and 155.280 Hospital (White). These radios are located at the Nurse's Station and ER.

b. Three mobile, self-contained radios with paging capability are maintained by EMS with fire, EMS, DES, law enforcement and mutual aid frequencies. These radios are located in the following locations: Hazmat trailer, EMS office, and EMS 1 vehicle. These radios are set up for 12V, 110AC, and with fixed or portable antennae.

c. Amateur Radio System (ARES/RACES) is located at the Glasgow Weather Service and agreement with a local Amateur Radio group to respond during emergencies when requested by the Valley County Emergency Manager.

d. The hospital has business band handheld radios to be used during emergencies at FMDH. Rechargeable versions are located at the nurse's station and ER. Battery versions are in the IC storage in the basement. There are 27 of these radios available.

e. Fax, cell phone, Internet/Email, text and voice messaging are alternative methods of communication.

f. If telephone and radio communications are unavailable, runners will be employed to take messages to and from the hospital and appropriate agencies rendering assistance.

g. FMDH has radio, televisions with cable connection to monitor television and radio broadcasts to remain up-to-date on official government announcements and other information during an incident.

7. Communications Equipment Testing and Maintenance:

a. FMDH will appoint a communications coordinator to maintain and test communications equipment.

b. All communications equipment will be tested twice per year. Defective equipment will be repaired or replaced. Batteries will be replaced per manufacturer's recommendation or as required. Spare batteries will be stored with equipment

c. The communications coordinator will ensure copies of operating instructions, warranties, licenses, and service agreements for communications equipment are retained both at the hospital and at an offsite location.

d. The communications coordinator will review communications requirements and equipment annually as part of the review of this overall plan and will make recommendations for equipment upgrades or replacement.

Continuity of Operations:

1. It is the policy of FMDH to maintain service delivery or restore services as rapidly as possible following an emergency that disrupts those services. As soon as the safety of patients, visitors, and staff has been assured, the organization will give priority to providing or ensuring patient access to healthcare.

2. FMDH will take the following actions to increase its ability to maintain or rapidly restore essential services following an incident to ensure:

a. <u>Patient, visitor, and personnel safety</u>: Develop, train on, and practice a plan for responding to internal emergencies and evacuating staff, patients and visitors when the facility is threatened.

b. <u>Continuous performance or rapid restoration of the facilities essential services during an emergency</u>: Develop plans to obtain needed medical supplies, equipment and personnel. Identify a backup site or make provisions to transfer services to a nearby provider.

    c. <u>Protection of medical records</u>: To the extent possible, protect medical records from fire, damage, theft, and public exposure. If a facility is evacuated, provide security to ensure privacy and safety of medical records.

    d. <u>Protection of vital records, data and sensitive information</u>:
       i. Ensure offsite back-up of financial and other data.
      ii. Store copies of critical legal and financial documents in an offsite location.
     iii. Protect financial records, passwords, credit cards, provider numbers and other sensitive financial information.
     iv. Update plans for addressing interruption of computer processing capability.
      v. Maintain a contact list of vendors who can supply replacement equipment.
     vi. Protect information technology assets from theft, virus attacks, and unauthorized intrusion.

    e. Protect medical and business equipment
       i. Compile a complete list of equipment serial numbers, dates of purchase and costs.
      ii. Protect computer equipment against theft through use of security devices.
     iii. Use surge protectors to protect equipment against electrical spikes.
     iv. Secure equipment to floors and wall to prevent movement during earthquakes.
      v. Place fire extinguishers near critical equipment, train staff in their use, and inspect according to manufacturer's recommendations.

    f. Relocation of services: FMDH will take the following steps, as feasible and appropriate, to prepare for an event that makes the hospital facility unusable. FMDH will:
       i. Identify a back-up facility for continuation of hospital and/or healthcare services.
      ii. Establish agreements with nearby health facilities to accept referrals of FMDH patients.
     iii. Establish agreements with nearby health facilities to allow medical staff to see patients at these alternate facilities.
     iv. Identify a back-up site for continuation of FMDH business functions and emergency management activities.

    g. Restoration of utilities:
       i. Maintain contact list of utility emergency numbers
      ii. Ensure availability of phone and phone lines that do not rely on functioning electricity service.
     iii. Request priority status for maintenance and restoration of utility services.

    h. FMDH has an emergency generator to ensure its ability to continue operations in the event of an emergency that creates power outages. FMDH will obtain assistance from local utilities or vendors. Specific steps are carried out to ensure reliability for use in incidents including:
       i. Inventory essential equipment and systems that will need continuous power.
      ii. Determine the maximum length of time FMDH will operate on emergency power. (i.e., short term or for extended operations)
     iii. Determine the power output needs
     iv. Determine location of nearest supplies of selected fuels that can be accessed in an emergency.

      v.   Perform recommended periodic maintenance.
      vi.   Run monthly generator start-up tests.

Hospital Patient Surge Preparedness:

1. Surge capacity encompasses FMDH: resources required to deliver healthcare space in which patients may be triaged, managed, vaccinated, decontaminated, or simply located; available personnel of all types; necessary medications, supplies and equipment; and legal ability to exceed authorized care capacity.
2. Normal hospital capacity could be exceeded during any type of emergency for reasons that include the following:
   a. Random spikes in numbers of presenting patients.
   b. Seasonal or other cyclical spikes (e.g. immunizations, flu epidemics, etc.)
   c. Convergence of ill or injured resulting from incidents
   d. Psychogenic convergence that results from emergencies
   e. A combination of any of the above.
3. Events that create patient surge may also reduce hospital resources through exhaustion of supplies and pharmaceuticals and reduced staff availability. Staff may be directly impacted by the emergency, unable to reach the hospital, or required to meet commitments elsewhere.
4. FMDH's Emergency Preparedness Director, in conjunction with Medical, Nursing, and other Department Directors, will review provisions of State/Local emergency plans that describe:
   a. How the surge capacity of the health system will be increased.
   b. Patient transportation policies and procedures for bioterrorism and other major incidents.
   c. Procedures for augmenting medical care resources at sites of medical care including State/Local plans for accessing and distributing the contents of the National Pharmaceutical Stockpile.
5. The Emergency Department Director will develop a surveillance process to provide early indication of potential patient surge that may result from an infectious disease outbreak, bioterrorist attack, or release of a hazardous material.
   a. FMDH staff will monitor walk-in hospital utilization patterns;
   b. News reports about flu and other pandemics; and
   c. Signs of bioterrorism attack.
6. Hospital staff will also review past utilization experience to identify cyclical variations in hospital utilization.
7. Patient flow and site planning:
   a. Periodically review patient flow and identify areas on hospital grounds that can be converted to triage sites and patient isolation areas
   b. Evaluate the appropriateness of the use of cafeteria, break rooms and other spaces for patient holding, decontamination, or treatment areas
   c. Designate sites available for isolating victims of a chemical or bioterrorist attack. Sites should be selected in coordination with the Director of Facilities based on patterns of airflow and ventilation, availability of adequate plumbing and waste disposal, and patient holding capacity.
   d. Ensure triage and isolation areas are accessible to emergency vehicles and to patients.

8. FMDH also will take the following actions to increase surge capacity:
    a. Store cots, blankets, and other items required for holding and sheltering patients while they await transfer.
    b. Establish reciprocal referral agreements with nearby hospitals
    c. Survey staff to develop estimates of the likely number of hospital and non-hospital staff able to respond during hospital operating hours and off hours for each day of the week. The estimates will take into account distance, potential barriers and competing responsibilities.
    d. Hospitals may also be able to refer/divert patients to nearby hospitals if FMDH is damaged or overwhelmed, or obtain space and support from other healthcare providers.

Incident Medical Resources:
1. Personnel:
    a. FMDH will rely primarily on its existing staff for response to emergencies and will, therefore, take the following measures to estimate staff availability for emergency response:
        i. Identify staff with conflicting commitments
        ii. Identify staff with distance and other barriers that limit their ability to report to the hospital.
        iii. Identify staff that are likely to be able to respond rapidly to FMDH
    b. FMDH will take the following steps to facilitate response to organizational emergencies by its staff when their homes and families may be impacted
        i. Promote staff home emergency preparedness.
        ii. Identify childcare resources that are likely to remain open following an incident.
2. Pharmaceuticals / Medical Supplies / Medical Equipment:
    a. FMDH will work with the Healthcare Coordination System (HCS) to determine the level of medical supplies and pharmaceuticals it is prudent and possible to stockpile. Given limited resources, the hospital will stockpile only those items it is highly likely to need immediately in a response or in its day-to-day operations. All stored items will be rotated to the extent possible.
    b. FMDH will identify primary and secondary sources of essential medical supplies and pharmaceuticals and develop estimates of the expected time required for re-supply in an incident environment.
    c. National Pharmaceutical Stockpile (NPS)/Strategic National Stockpile (SNS). In a bioterrorist event, if mass quantities of pharmaceuticals are needed, then Valley County will request mobilization and delivery of the NPS or the SNS through the State of Montana. The Center for Disease Control (CDC) has established the NPS program as a repository of antibiotics, chemical antidotes, life support medications, IV administration sets, airway maintenance supplies including ventilators, and other medical/surgical supplies. The Montana Department of Public Health and Human Services (DPHHS) Immunization Program is the lead agency for obtaining access to the NPS. In Valley County the Public Health Department has lead responsibility for requests to Montana DPHHS for the NPS. The NPS is designed to supplement and re-supply state and local public health and medical response teams in the event of a

biological and/or chemical terrorism incident anywhere in the U.S. It is not anticipated that healthcare facilities will be directly involved with the distribution of NPS assets.

3. Personal Protective Equipment (PPE):
   a. FMDH will take measures to protect its staff from exposure to infectious agents and hazardous materials. Healthcare workers will have access to and be trained on the use of PPE.
   b. The recommended PPE for hospital personnel is: Powered Air Purifying Respirator (PAPR) device, Tyvek coverall with hood and booties, and nitrile gloves
   c. EMS and designee(s) will receive training to provide just-in-time training in the event use of PPE is required. Training records will reflect the nature of training that each employee receives in the proper use of PPE.
   d. The Emergency Department physician and/or Hospitalist on-call will designate hospital staff that are to receive PPE when a patient with a suspected infectious agent is present.
   e. Protective equipment is located in the materials management area (N95 mask), nursing storage room (PAPRs) and basement disaster stockpile (chemical PAPRs, protective suits, decontamination equipment).

4. Incident Mental Health:
   a. Following a bioterrorism event, or other major incident, anxiety and alarm can be expected from infected patients, their families, healthcare workers, and the worried well. Psychological responses may include anger, fear and panic, unrealistic concerns about infection, fear of contagion, paranoia, and social isolation. When available, mental health workers, Critical Incident Stress Debriefing teams, social services and clergy can be deployed to help manage the mental health needs of patients and families. The scope of mental health services in Glasgow that can be performed depends in large part on the availability of licensed mental health providers during the response to incidents.

5. Public Information / Risk Communications:
   a. The Incident Commander will appoint a Public Information Officer (PIO) to coordinate the release of hospital information internally and externally to media and community. The PIO will develop an Incident Public Information Plan to guide hospital information dissemination and response to media and community inquiries following the incident.
   b. This plan will include provisions for coordination with Valley County PIO and Valley County Joint Information Center (JIC) during an emergency to ensure availability of up-to-date information and consistency of released information. It will address the information needs of the hospital's various "publics" that need to be considered when providing information. These stakeholders include community, patients, staff, volunteers, and other interested parties.
   c. The plan will define how the following information is gathered, verified, coordinated with the incident PIO, and communicated to communities served by the hospital and other stakeholders:
      i. The nature and status of the emergency
      ii. Appropriate actions for protection, seeking healthcare services, and obtaining needed information.

      iii.   The status of the hospital and its ability to deliver services**.**

      iv.   It also will include provisions for employee meetings, internal informational publications, press releases, and other programs intended to disseminate accurate information regarding the event and its impact as well as deal with misinformation.

  d. FMDH will incorporate incident preparedness information into its normal communications and education programs for staff and patients including:

      i.   Home and family preparedness

      ii.   Information on hospital emergency preparedness activities includes newsletters, pamphlets, health education and in-service education classes, and internet postings.

Training - Employee Orientation:

1. All employees will learn emergency preparedness procedures from their new employee orientation or subsequent safety training.

Drills and Exercises:

1. FMDH will rehearse this incident plan at least annually. All drills shall include an after-action debriefing and report evaluating the drill or exercise. Joint Commission Emergency Management Standards also requires healthcare organizations to regularly test the emergency management plan through planned drills and exercises. The plan must be executed at least annually, either in response to an actual emergency or in planned drills.
2. Exercises should include one or more of the following response issues in their scenarios:
   a. Hospital evacuation
   b. Bioterrorism
   c. Mental health response
   d. Coordination with government emergency responders
   e. Continuity of operations
   f. Expanding hospital surge capacity
3. FMDH will participate in community drills that assess communication, coordination, and effectiveness of the hospital's and the community's command structures.

Evaluation:

1. The effectiveness of the administration of this plan will be evaluated following plan activation during actual emergencies or exercises. Staff knowledge and responsibilities will be critiqued by the Environment of Care Committee.
2. Based on the after-action evaluation, the Environment of Care Committee will develop a Corrective Action Plan that includes recommendations for:
   a. Additional training and exercises
   b. Changes in incident policies and procedures
   c. Plan updates and revisions
   d. Acquisition of additional resources.
   e. Enhanced coordination with response agencies.

Plan Development and Maintenance:
1. The Environment of Care Committee is responsible for coordinating the development and implementation of a comprehensive emergency preparedness program and this plan. The EOC will review and update this plan at least annually. The plan will also be reviewed following its activation in response to any emergency, following exercises and other tests, as new threats arise, or as changes in hospital and government policies and procedures require.
2. A copy of this plan will be provided to the ESF8C and Valley County LEPC.
3. The FMDH environment undergoes constant change including remodeling, construction, installation of new equipment, and changes in key personnel. When these events occur, the Environment of Care Committee will review and update the FMDH EOP to ensure:
    a. Evacuation routes are reviewed and updated
    b. Emergency response duties are assigned to new personnel, if needed.
    c. The locations of key supplies, hazardous materials, etc. are updated
    d. Vendors, repair services, and other key information for newly installed equipment are incorporated into the plan.

RESPONSE

During this phase, FMDH will mobilize the resources and take actions required to manage its response to incidents.

Response Priorities:
1. FMDH has established the following response priorities:
    a. Ensure life safety – protect life and provide care for injured patients, staff, and visitors
    b. Contain hazards to facilitate the protection of life
    c. Protect critical infrastructure, facilities, vital records, and other data
    d. Resume the delivery of patient care
    e. Support the overall community response
    f. Restore essential services/utilities
    g. Provide crisis public information

Alert, Warning, and Notification:
1. This plan may be implemented in response to events occurring within the hospital or external to the organization.
2. Any employee who observes an incident or condition which could result in an emergency condition should report it immediately to his/her supervisor.
3. Any incident or condition that requires activation of the overhead page codes, will also be reported to fire or police by calling 9-1-1.
4. All staff should initiate emergency response actions consistent with FMDH emergency response procedures.
5. If the emergency significantly impacts patient care capacity or the community served, the CEO or Incident Commander will notify the ESF8C.

Emergency Management Organization:

1. FMDH will organize its emergency response structure to clearly define the roles and responsibilities and quickly mobilize response resources.
2. FMDH will use the Incident Command System (ICS) to manage it management system used by government agencies and hospitals in emergencies. Under ICS, the organizations overall response is directed by an Incident Commander. The CEO, or administrator-on-call, will serve in that role.
3. The Incident Commander oversees the command/management function that provides overall emergency response policy direction, oversight of emergency response planning and operations, and coordination of responding staff and organizational units.
   a. The management staff supporting the Incident Commander consists of a PIO, safety officer and liaison. The Liaison Officer(s) is responsible for coordination with other agencies. Legal counsel also may be added to the command section if necessary.
4. ICS employs four functional sections (operations, planning, logistics, and finance) in its organizational structure.
   a. Operations Section – Coordinates all operations in support of the emergency response and implements the incident action plan for a defined operational period. Medical care and mental health services are managed through the Operations Section
   b. Planning and Intelligence Section – Collects, evaluates and disseminates information, including damage assessments; develops the incident action plan in coordination with other functions; performs advanced planning; and documents the status of the hospital and its response to the incident.
   c. Logistics Section – Provides facilities, services, personnel, equipment, and materials to support response operations. The logistic section also manages volunteers and the receipt of donations.
   d. Finance and Administration Section – Tracks personnel and other resource costs associated with response and recovery, and provides administrative support to response operations.
5. ICS has the following additional characteristics:
   a. Organization Flexibility – Modular organization. The specific functions that are activated and their relationship to one another will depend on the size and nature of the incident. Only those functional elements that are required to meet current objectives will be activated. A single individual may perform multiple functional elements.
   b. Management of Personnel through hierarchy of command and span-of-control–Each activated function will have a person in charge, and a supervisor may be in charge of more than one functional element. Every individual will have a supervisor, except the IC. A supervisor will have no more than 7 individuals directly reporting to him or her.
   c. IC-EOC Action Plans – Action plans provide the IC-EOC and other response personnel with knowledge of the objectives to be achieved and the steps required for their achievement. They also proved a basis for measuring achievement of objectives and overall response performance. Action plans are developed for a specified operational period which may range from a few hours to 24 hours. The operational period is determined by first establishing a set of priority actions that need to be performed. A reasonable time frame is then established for accomplishing those

        actions. The action plans need not be complex, but should be sufficiently detailed to guide IC-EOC elements in implementing the priority actions.

6. IC- EOC staff assignments
   a. Positions will be filled only as needed to meet the needs of the response. Some overlap will occur to account for limited personnel resources during an emergency, however all significant decisions within the five primary functions of the ICS will be made or delegated by the Incident Commander.
   b. ICS positions will be assigned to the most qualified available and trained staff. Under emergency conditions it may not always be possible to appoint the most appropriate staff. In that case the Incident Commander will be required to use best judgment in making position appointments and specifying the range of duties and authority those positions can exercise.

IC - EOC Operations:
1. The Incident Command Emergency Operations Center (IC-EOC) will generally be located in the FMDH Boardroom. In the event this site is obstructed or inoperable, a new location will be chosen by the Incident Commander based on environmental conditions.
2. The IC-EOC will be activated by the CEO or administrator-on-call under the following circumstances:
   a. FMDH or its facilities will be inoperable for more than a 24-hour period
   b. Coordination is required with other agencies over an extended period of time.
   c. FMDH requires augmentations of medical supplies, pharmaceuticals, or personnel.
   d. FMDH needs to coordinate movement of patients to other facilities through Valley County EOC.
   e. Damage to the hospital or hospital operations is sufficient to require FMDH management to set priorities for restoring healthcare services and manage the full restoration of healthcare services over an extended period of time.
   f. Potential evacuation of the hospital
   g. Local declared incident with potential for illness or injury in hospital service area
3. Required supplies include copies of this incident plan, forms for recording and managing information in (ICS Forms) telephone numbers, floor plans, alternative communications equipment.
4. The IC - EOC will be deactivated by the IC when the threat subsides, the response phase ends and recovery activities can be performed at normal work stations.

Medical Care:
1. The confidentiality of patient information remains important even during emergency conditions. Hospital employees will take feasible and appropriate steps to ensure confidential information is protected.
2. Patients will be permitted to leave with family or friends only after they have signed a release form with designated hospital staff.
3. Children will be allowed to leave only with parents, family members, or other adults who accompanied them to the hospital and who proved confirming identification. If no appropriate adult is available, hospital staff will:
   a. Provide a safe, supervised site for children away from adults
   b. Attempt to contact each child's family

    c. If family contact is not possible, contact Child Protective Services to provide temporary custodial supervision until a parent or family member is located.

Medical Management:
1. To the extent possible, patients injured during an internal incident will be given first aid by medical and/or nursing staff.
2. As directed by the Medical Director or designee, hospital staff will take the following actions:
   a. Triage/First Aid: The Emergency Department (ED) Supervisor will establish a site for triage and first aid under direction of a physician or registered nurse. Triage decisions will be based on the patient condition, hospital status, availability of staff and supplies and the availability of community resources.
   b. Assessing and administering medical attention: A physician or Registered Nurse will assess victims for the need for medical treatment. The medical care team will provide medical services within the hospital's capabilities and resources.

Increase Surge Capacity:
1. The CEO, Chief Nursing Officer, or Charge Nurse will activate the hospital's procedures for increasing surge capacity when:
   a. Civil authorities declare a bioterrorist emergency or other incident that affects the community
   b. Hospital utilization or anticipated utilization substantially exceeds hospital day-to-day capacity with or without the occurrence of an incident.
2. FMDH will take the following actions to increase hospital surge capacity:
   a. Establish a communication link with the ESF8C at Valley County EOC.
   b. Periodically report hospital status, numbers of ill/injured, types of presenting conditions and resource needs and other information requested by the ESF8C.
   c. Reduce patient demand by postponing / rescheduling non-essential visits and cancelling and rescheduling non-essential appointments.
   d. Report status to facilities with which hospital has patient referral reciprocity or to which patients may be referred. Inform them of types of conditions that presenting patients have.
   e. Refer patients to alternative facilities.
3. Triage procedures
   a. FMDH will establish a triage area in the driveway and parking lot located outside the Emergency Room entrance that is clearly delineated, secured and with controlled access and exit.
   b. If bioterrorism is suspected, all staff in triage area will wear PPE.
   c. All patients entering the triage area will be tagged and registered
   d. Triage converging patients to immediate and delayed treatment categories.
   e. In response to a suspected or verified bioterrorist attack, isolate infected patients from other patients, especially if suspected agent is human-to-human contagious or is unknown. Use standard infection control standards at minimum.
   f. Implement decontamination procedures as appropriate.
   g. Arrange for transport of patient requiring higher levels of care as rapidly as possible through ambulance or air ambulance transport.

    h. Direct uninjured yet anxious patients to the area designated for counseling and information. Recognize that some chemical and biological agents create symptoms that manifest themselves behaviorally.

    i. Provide written instructions for non-contagious patients seen and discharged.

Acquiring Response Resources:

1. The logistics section should carefully monitor medical supplies and pharmaceuticals and request augmentation of resources from ESF8C at the earliest sign that stocks become depleted. The hospital will maximize use of available hospitals, and other external resource suppliers as is feasible.

Incident Command Emergency Operations Center (IC-EOC) Request Process:

1. In the response to an incident, FMDH staff may require additional personnel, supplies, or equipment for an executive decision concerning the acquisition or disposition of a resource, or the expenditure of funds. Requests for assistance will be transmitted from the various areas of the organization via existing lines of communications to the IC-EOC. The IC-EOC will acknowledge the receipt of the request and, immediately address the need from current resources or incorporate the request into planning and priority setting processes.
2. The logistics section in the IC-EOC may turn to external vendors for the resources or the ESF8C at Valley County EOC.
   a. The ESF8C will seek resources to fill the request. If resources cannot be found and the request is high priority, it will be submitted to regional, state, and federal response levels until the requested resource can be obtained.
3. Vendors – As information develops about current and future resource needs, FMDH will contact vendors of critical supplies and equipment to alert them of pending needs and to ascertain vendor capacity to meet those needs.
   a. FMDH recognizes that in a major incident, medical supply vendors may face competing demands that exceed their capacity. In that case, request for assistance will be submitted to the HCS, who will set resource allocation priorities.
4. Other Hospitals / HCS – FMDH will notify hospitals with which it has mutual assistance arrangements. It will also notify the HCS and request assistance if the HCS has a resource acquisition role.

Communications:

1. <u>Communications Officer:</u> The IC will appoint a Communications Officer, who will work under the Logistics Section and will use the hospital's communications resources to communicate with:
   a. The ESF8C
   b. Emergency response agencies
   c. Outside relief agencies
   d. HCS
   e. Other hospitals
2. <u>Contact Lists</u>
   a. Telephone service along with utilities
   b. Staff telephone numbers

    c. Incident response agency contact telephone numbers

3. Communication Procedures
   a. All external communications will be authorized by the IC or designee unless emergency conditions require immediate communications.
   b. All outgoing and incoming messages will be recorded on ICS message forms or in notebooks.
   c. All incoming messages will be shared with the IC-EOC Planning Section.

4. Public Information / Crisis Communications Coordination
   a. During an incident response, all public information activities must be coordinated with the Valley County PIO.

5. PIO/Communication Tasks
   a. FMDH may perform the following public information / crisis communications tasks coordinated by the FMDH PIO.
      i. Conduct interview with print and broadcast news media
      ii. Coordinating the dissemination of information to hospital staff, community members, patients and other stakeholders.
      iii. Managing visits by VIPs.
      iv. Providing information to the HCS, and where appropriate, coordinating media relations with HCS.

6. Media Relations:
   a. In an emergency, the PIO is designated as the media contact and will receive approval from the IC prior to any interviews or media releases
   b. Most media inquiries regarding a county-wide incident will be managed by Valley County. Media requests and responses regarding the incident should be coordinated through the county PIO in the county EOC. It is crucial that information disseminated by a hospital/healthcare facility be consistent with information disseminated through the county PIO.
   c. If FMDH receives a media inquiry, the media relations policy will be put into place.

7. Community Relations
   a. The PIO will coordinate release of information to the community on the status of staff, family and friends. Briefings will be held at a safe location away from the designated assembly area to prevent further interruptions with evacuation and treatment efforts.
   b. The PIO will participate in media interviews and develop communication strategies to keep patients and community members informed of the situation at FMDH, its operating status, and alternatives for receiving services.
   c. The PIO should establish relationships with community media, especially outlets that are preferred by communities served.
   d. In coordination with Valley County PIO, the PIO can provide information to the community that includes recommended actions, protective measures, and locations of various services and resources. Under some circumstances, the PIO can request broadcast media to broadcast a message specifically for the staff of the hospital to inform them of hospital operational status and expected actions.

8. Communication with Staff
   a. The PIO will coordinate the delivery of information to staff through flyers, meetings, and conference calls. Information provided can include hospital status, impact of the

incident on the community, status of overall response and hospital management decisions. The PIO also will be alert for the spread of rumors among staff and will apply rumor control procedures to curtail the spread of false information.

9. Confidentiality
   a. The PIO will ensure that all public releases of information protect patient confidentiality.

Security:

1. The purpose of security will be to ensure unimpeded patient care, staff safety, and continued operations. The IC will appoint a Security Officer who will be responsible for ensuring the following security measures are implemented:
   a. Security will be provided initially by staff personnel under the direction of the Security Officer. Security may be augmented by contract security, law enforcement, hospital staff or, if necessary by volunteers.
   b. Checkpoints at building and parking lot entrances will be established as needed to control traffic flow and ensure unimpeded patient care, staff safety, and continued operations.
   c. Supervisors will ensure that all hospital staff wears ID badges at all times. Security will issue temporary badges if needed.
   d. Security staff will use yellow tape and barricades to assist in crowd control, if needed.
   e. The Security Officer will ensure that the hospital site is, and remains, secured following an evacuation.

Mental Health Response:

1. The Social Services Coordinator will report to the Medical Care Leader position in the Operation Section of FMDH's emergency organization. When directed by the IC to activate the hospital mental health response, the social services coordinator will:
   a. Assess the immediate and potential mental health needs of hospital patients and staff, considering:
      i. The presence of casualties
      ii. Magnitude and type of incident
      iii. Use or threat of weapons of mass destruction
      iv. Level or uncertainty and rumors
      v. Employee anxiety levels
      vi. Level of effectiveness of IC-EOC operations
      vii. Convergence of community members
      viii. Patient levels of stress and anxiety
      ix. Presence of children
      x. Cultural manifestations
   b. Request the IC-EOC to notify the Valley County EOC of the mental health response
   c. Communicate community mental health assessments to county and local jurisdiction contacts.
   d. Determine need to: recall behavioral health staff to the hospital, request the response of contract mental health, or request mental health assistance from the ESF8C or from other hospitals. Establish communications with other mental health providers who

> may need to support hospital's mental health response. Coordinate with other mental health service responders.
> e. Establish site for mental health team operations
> f. Conduct ongoing monitoring of mental health status of employees and patients
> g. Establish procedures to refer employees or patients to required mental health services beyond the scope that can be delivered by the mental health team.
> h. Document all mental health encounters with staff and patients. Include information required for follow-up on referrals. Maintain records of events, personnel time and resource expenditures.
> i. Coordinate any issuance of mental health information with IC or PIO.
> j. Provide reports on the mental health status of hospital employees and patients. Report mental health team actions and resource needs to the hospital IC-EOC.
> k. Activate procedures to receive and integrate incoming mental health assistance.
> l. Initiate recovery activities.

2. Response to psychological aspects of emergencies including bioterrorism events:
   a. The following are some steps that can be taken by hospital and licensed mental health personnel to mitigate and respond to the psychological impact of the incident:
      i. Communicate clear, concise information about the infection, how it is transmitted, what treatment and preventive options are currently available, when prophylactic antibiotics, antitoxin serum or vaccines will be available, and how prophylaxis or vaccination will be distributed.
      ii. Provide counseling to the victims' family members
      iii. Give important tips to parents and caregivers such as:
          1. It is normal to experience anxiety and fear during an incident.
          2. Take care of yourself first. A parent who is calm in an emergency will be able to take better care of a child.
          3. Watch for unusual behavior that may suggest your child is having difficulty dealing with disturbing events.
          4. Limit television viewing of terrorist events or other incidents and dispel any misconceptions or misinformation.
          5. Talk about the event with your child.

Volunteer /Donation Management:
1. In a widespread emergency, physicians and nurses may seek to volunteer at the hospital. The logistics section will establish a volunteer and donations center. The location will be set up in a safe location based on existing incident conditions away from the hospital treatment center.
2. All volunteers who arrive at the hospital will be sent to the volunteer and donations center for verification of identity and credentials and to complete volunteer registration forms.
   a. The center will provide for organization of the intake process.
   b. FMDH reserves the right to reject a volunteer on reasonable grounds.
   c. The center will also coordinate receipt of donations.
   d. The Logistics Section Chief will delegate the appropriate staff on site to handle this task:

       i.   All donations will be documented and accounted for by the CFO or delegated staff.

      ii.   The medical director and hospital nurse manager will supervise distribution and disposal of donated medical supplies, equipment and pharmaceuticals.

     iii.   All donations will be documented and acknowledged by the CFO or designated staff prior to being handed over for disbursement. FMDH reserves the right to reject any donation.

Response to Internal Emergencies:

1. An internal emergency is an event that causes or threatens to cause physical damage and injury to the hospital, personnel or patients. Examples are fire, explosion, hazardous materials releases, violence or bomb threat. External events may also create internal incidents. The following procedures provide guidance for initial actions for internal emergencies.
2. If the event is a fire within the hospital, institute RACE:
   a. **R = Remove** patients and others from fire or smoke areas
   b. **A = Announce CODE RED** (3 times with location) and call 9-1-1
   c. **C = Contain** the smoke/fire if it is safe to do so.
   d. **E = Extinguish** the fire if it is safe to do so.
   e.   **Evacuate** the facility if the fire cannot be extinguished
3. If the internal emergency is other than a fire, the charge nurse or CEO will determine if assistance from outside agencies is necessary. Such notification will be done by calling 9-1-1.
4. Notification of on-duty employees of an emergency event will be made by using the overhead paging system, using the appropriate code. During the early stages of an emergency, information about the event may be limited. However, communication with staff will take place as soon as possible.
5. If the event requires outside assistance and the telephones are not working, a person may be sent to the nearest working telephone or Valley County Dispatch Center for assistance.

Damage Assessment:

1. FMDH will conduct an assessment of damage caused by the incident to determine if an area, room, or building can continue to be used safely or is safe to re-enter following an evacuation. Systematic damage assessments are indicated following an earthquake, flood, explosion, hazardous materials spill, fire, or utility failure. The facility may require three levels of evaluation.
   Level 1: A rapid evaluation to determine if the building is safe to occupy
   Level 2: A detailed evaluation that will address structural damage and utilities
   Level 3: A structural/geological assessment
2. Depending on the event and the level of damage, fire or law enforcement may conduct a Level 1 or 2 assessment. If damage is major, a consulting engineering evaluation and/or an inspection by a licensing agency may be required before the hospital can reopen for operations. Following each level of evaluation, inspectors will classify each area as:
   a. Apparently OK for Occupancy;
   b. Questionable: Limited Entry

     c.   Unsafe for any Occupancy

3. In some cases, immediate repairs or interim measures may be implemented to upgrade the level of safety and allow occupancy.

Hazardous Materials Management:

1. FMDH will maintain a list of all hazardous materials and their Safety Data Sheet (SDS), locations, and procedures for safe handling, containing and neutralizing them. This list is kept on the FMDH intranet and updated as needed by Department Directors and maintained by Support Services. All materials will have their contents clearly marked on the outside of their containers. In the event of a hazardous material release inside the hospital, hospital staff should:
   a. Avoid attempting to handle spills or leaks themselves unless they have been trained, have appropriate equipment and can safely and completely response.
   b. Immediately report all spills or leaks to a supervisor
   c. Isolate area of spill and deny entry into building or area. Initiate fire or HazMat cleanup notifications, as appropriate.
   d. Obtain further instructions from the FMDH Safety Officer or refer to management guidance maintained at SDS online.

Evacuation Procedures:

1. The hospital may be evacuated due to a fire or other occurrence, threat, or order of the IC, CEO, or on-call administrator, or designee.
   1. FMDH will insure the following instructions are communicated to staff:
      i. All available staff members and other able-bodied persons should do everything possible to assist personnel at the location of the fire or emergency in the removal of patients.
      ii. Close all doors and windows.
      iii. Turn off all unnecessary electrical equipment, but leave the lights on.
      iv. Evacuate the area/building and congregate at the alternate site. Evacuation routes are posted throughout the hospital.
      v. Patients, staff, and visitors should not be readmitted to the hospital until cleared to do so by fire, police, other emergency responders, or upon order of the IC.
   2. Procedures for evacuation of patients
      i. Patient will be evacuated according to the following priority order:
         1. Persons in imminent danger.
         2. Wheelchair patients.
         3. Walking patients.
      ii. Staff should escort ambulatory patients to the nearest exit and direct them to the congregation point. Wheelchairs will be utilized to relocate non-ambulatory patients to a safe place.
      iii. During an evacuation, a responsible person will be placed with evacuees for reassurance and to prevent patients from re-entering the dangerous area.

      iv.   If safety permits, all rooms will be thoroughly searched upon completion of evacuation to ensure that all patients, visitors, and employees have been evacuated.

      v.   Lists of patients evacuated will be prepared by the Charge Nurse, or designee and compared to the patient list. This list, including the names and disposition of patients will be sent to the Medical Director and Incident Commander.

      vi.   The charge nurse, or designee will report the numbers of patients and staff evacuated, as well as any injuries or fatalities, to the Incident Commander.

      vii.   When patients are removed from the hospital, staff will remain with them until they are able to safely leave or have been transported to appropriate facilities for their continued care and safety. If patients evacuated from the hospital are unable to return home without assistance, the relatives of the patients evacuated from the hospital will be notified of the patient's location and general condition by the hospital staff as soon as possible.

3. Evacuation information
   i. In case a partial or full facility evacuation is required. The following information should be used to facilitate the evacuation:
      1. Floor plan and map of exits with the building, location of emergency equipment including fire extinguishers, phones, first aid supplies and fire route out of the building.
      2. Instructions for and locations of utility shut-offs, including emergency equipment, gas, electrical, water, computers, heating, AC, compressors, and telephones.

4. Decision on Hospital Operational Status
   i. Following the occurrence of an internal or external incident or the receipt of a credible warning, the IC will decide the operating status for FMDH. The decision will be based on the results of the damage assessment, the nature and severity of the incident and other information supplied by staff, emergency responders or inspectors. The decision to evacuate the hospital, return to the facility and/or re-open the facility for partial or full operation depends on an assessment of the following:
      1. Extent of facility damage / operational status
      2. Status of utilities
      3. Presence and status of hazardous materials
      4. Condition of equipment and other resources
      5. Environmental hazards near the hospital.

5. Extended Hospital Closure
   i. If FMDH experiences major damage, loss of staffing, a dangerous response environment or other problems that severely limit its ability to meet patient needs, the IC may suspend hospital operations until conditions change. If that decision is made, the hospital staff will:
      1. If possible, ensure the hospital site is secure
      2. Notify staff of hospital status and require that they remain available for return to work
      3. Notify the ESF8C of its change in status.

4. Notify the Montana Department of Public Health and Human Services, Valley County Public Health.
5. Notify the nearest hospitals of the change in hospital operating status and intent to refer patients to alternate sources of care.
6. Place signage on the hospital in appropriate languages that explain the circumstances, indicates when the hospital intends to reopen (if known), and location of nearest source of medical services.
7. If the environment is safe, station staff at hospital entrance to answer patient questions and make referrals.
8. Implement business recovery operations

FMDH Response to Incident Alert, Warning or Notification:
1. Incidents can occur both with and without warning. Upon receipt of an alert from the ESF8C or other credible sources the FMDH CEO will notify key managers, order the updating of phone lists, and the inspection of protective equipment, supply and pharmaceutical caches.
2. Depending on the nature of the warning and the potential impact of the emergency on FMDH, the IC and Medical Director may decide to evacuate the facility, suspend or curtail hospital operations, take actions to protect equipment, supplies and records, move equipment and supplies to secondary sites, backup and secure computer files, or other measures that may be appropriate to reduce hospital, staff, and patient risk.
3. The FMDH IC will consider the following options, depending on the nature, severity and immediacy of the expected emergency:
   a. Close and secure the hospital until after the incident has occurred. Ensure patients and visitors can return home safely.
      i. Review plans and procedures. Update contact information
      ii. Check inventory of supplies and pharmaceuticals. Augment as needed.
      iii. Ensure essential equipment is secured, computer files are backed-up and essential records stored offsite.
      iv. Notify the city/county, community members and staff. Cancel scheduled appointments.
      v. If time permits, encourage staff to return to their homes.
      vi. If staff remains in the hospital, take shelter as appropriate for the expected incident.
      vii. Ensure staff is informed of call-back procedures and actions they should take if communications are not available.
      viii. Take protective action appropriate for the emergency.
      ix. Communicate status to the ESF8C.
   b. Allow hospital to remain fully or partially operational
      i. Review plans and procedures. Update contact information.
      ii. Check inventory of supplies and pharmaceuticals. Augment as needed.
      iii. Reduce hospital operations to essential services.
      iv. Cancel non-essential appointments.
      v. Ensure safety of patients and staff.
      vi. Communicate status to ESF8C.

Determining FMDH Response Role:
1. If FMDH remains fully or partially operational following an incident, the IC and Medical Director will define the response role the hospital will play. The appropriate response role for FMDH will depend on the following factors:
   a. The impact of the incident on FMDH
   b. The level of personnel and other resources available for response
   c. The pre-event medical care and service capacity of FMDH
   d. The medical care environment of the community both before and after an incident occurs
   e. The needs and response actions of residents of the community service by FMDH (e.g., convergence to the hospital following incidents)
   f. The priorities established by FMDH CEO and Board of Directors
   g. The degree of planning and preparedness of FMDH and its staff

Response to External Emergencies:
1. An external incident is an event that occurs in the community. Examples include earthquakes, floods, fires, hazardous materials releases or terrorist events. An external incident may directly impact the hospital facility and its ability to operate.
   a. Local vs. Widespread Emergencies:
      i. Local emergencies are incidents with effects limited to a relatively small area. If local emergencies, other health facilities and resources will be relatively unaffected and remain viable options for sending assistance or receiving patients from the incident area. In widespread emergencies, nearby medial resources are likely to be impacted and therefore less likely to be able to offer assistance to the hospital. Hospitals may also have a higher response priority than other hospitals for resupply and other response assistance.
   b. Weapons of Mass Destruction (WMD):
      i. Preparations for an event involving WMD – chemical, biological, nuclear, radiological, or explosives (CBRNE) should be based on existing programs for handling hazardous materials. If staff expects an event involving CBRNE weapons has occurred, they should:
         1. Remain calm and isolate the victims to prevent further contamination within the facility
         2. Contact Administrator on call
         3. Secure PPE and wait for instructions
         4. Comfort the victims
         5. Contact the appropriate city/county authorities.
      ii. Shelter in Place
         1. Terrorist use of WMD may result in the release of radiation, hazardous materials and biological agents in proximity to the hospital. Shelter-in-place may be the best strategy to minimize risk of exposure to these agents.
   c. Bioterrorism Response:
      i. Reporting

1. Montana Regulations require that healthcare providers immediately report to the local health department those diseases that pose a significant public health threat, such as the agents of biological terrorism.
2. FMDH will report diseases resulting from bioterrorist agents, as other communicable and infectious diseases to the Valley County Health Department.

ii. FMDH response to a bioterrorism incident may be initiated by the CEO or Medical Director due to:
   1. The request of local civil authorities
   2. Government official notification of an outbreak within or near the hospital's community
   3. Presentation of a patient with a suspected exposure to a bioterrorist agent. In case of presentation by a patient with suspected exposure to a bioterrorist agent, FMDH will follow current CDC response guidelines.

iii. Potential indicators of a bioterrorism attack are:
   1. Groups of people becoming ill around the same time
   2. Sudden increase of illness in previously healthy individuals
   3. Sudden increase in the following non-specific illnesses:
      a. Pneumonia, flu-like illness, or fever with atypical features
      b. Bleeding disorders
      c. Unexplained rashes and mucosal or skin irritation, particularly in adults
      d. Neuromuscular illness, like muscle weakness and paralysis
      e. Diarrhea
   4. Simultaneous disease outbreaks in human and animal or bird populations
   5. Unusual temporal or geographic clustering of illness (for example, patients who attended the same public event, live in the same part of town, etc.).

d. Infection control practices for patient management:
   i. FMDH will use Standard Precautions to manage all patients, including symptomatic patients with suspected or confirmed bioterrorism-related illnesses. For certain diseases or syndromes (e.g., smallpox and pneumonic plague), additional precautions may be needed to reduce the likelihood for transmission.
   ii. In general the transport and movement of patients with bioterrorism-related infections as with patients with any epidemiologically important infections (e.g., pulmonary tuberculosis, chickenpox, measles), should be limited to movement that is essential to provide patient care, thus reducing the movement that is essential to provide patient care, thus reducing the opportunities for transmission of microorganisms within healthcare facilities.
   iii. FMDH has in place adequate procedures for the routine care, cleaning and disinfection of environmental surfaces, and other frequently touched

surfaces and equipment, and ensures that these procedures are being followed.

iv. Facility-approved germicidal cleaning agents are available in patient care areas to use for cleaning spills of contaminated material n disinfecting non-critical equipment.

v. Used patient-care equipment soiled or potentially contaminated with blood, body fluids, secretions, or excretions is handled in a manner that prevents exposures to skin and mucous membranes, avoids contamination of clothing, and minimizes the likelihood of transfer of microbes to other patients and environments.

vi. FMDH has policies in place to ensure that reusable equipment is not used for the care of another patient until it has been appropriately cleaned and reprocessed, and to ensure that single-use patient items are appropriately discarded.

vii. Sterilization is required for all instruments or equipment that enter normally sterile tissues or through which blood flows.

viii. Contaminated waste is sorted and discarded in accordance with federal, state, and local regulations.

ix. Policies for the prevention of occupational injury and exposure to blood borne pathogens in accordance with Standard Precautions and Universal Precautions are in place.

x. If exposed skin comes in contact with an unknown substance/powder, recommend washing with soap and water only. If contamination is beyond the hospital's capability, call 9-1-1. Local government normally conduct decontamination of patients and facilities exposed to chemical agents.

e. Patient placement:

i. In small-scale events, routine hospital patient placement and infection control practices should be followed. However, when a large number of patients presenting to the hospital is too large to allow routine triage and isolation strategies (if required), it will be necessary to apply practical alternatives. These may include cohorting patients who present with similar syndromes, i.e., grouping affected patients into a designated section of a hospital or emergency department, or a designated ward or floor of a facility, or even setting up a response center at a separate building.

f. Evidence Collection:

i. FMDH will establish procedures for collecting and preserving evidence in any suspected terrorist attack. In the event of a suspected or actual terrorist attack involving WMD, a variety of responders, ranging from healthcare providers to law enforcement and federal authorities will play a role in the coordinated response. The identification of victims as well as the collection of evidence will be a critical step in these efforts.

1. The healthcare provider's first duty is to the patient; however, interoperability with other response agencies is strongly encouraged.

2. The performance of evidence collection while providing required patient decontamination, triage and treatment should be reasonable for the situation.
3. Information gathered from the victims and first responders may aid in the epidemiological investigation and ongoing surveillance. It is imperative that individual healthcare providers work with the local law enforcement agencies and prosecutors in the development and customization of these policies.

    ii. Evidence to be collected could include clothing, suspicious packages, or other items that could contain evidence of contamination. At a minimum:
1. FMDH has a supply of paper bags, marking pens, and ties to secure the bags.
2. Each individual evidence bag will be labeled with the patient's name, date of birth, medical record number, and date of collection and site of collection.
3. An inventory of valuables and articles will be created that lists each item that is collected. The list will be kept by the hospital and a copy given to the patient.
4. The person responsible for the valuables and articles will be identified and documented. If possessions are to be transported to the FBI or local law enforcement agency, the facility will document who received them, where they were taken, and how they will be returned to the owner.

g. Mass prophylaxis:
    i. FMDH encourages its hospital to participate in a mass prophylaxis program, if the disruption to hospital operations would not negatively affect the health of the community the hospital service. Healthcare providers could be called to volunteer to distribute mediation or provide vaccines in response to a large-scale attack. Under this scenario, Valley County Health Department would establish mass prophylaxis sites throughout the county. These sites would be large facilities such as school gymnasiums or buildings that can accommodate large groups of people. These sites would require a large number of healthcare providers to administer medications. Since the county does not employ enough practitioners to staff the sites, they will look to the private sector, including FMDH, to adequately staff mass prophylaxis sites.

RECOVERY

Recovery actions begin almost concurrently with response activities and are directed at restoring essential services and resuming normal operations. Depending on the emergency's impact on the organization, this phase may require a large amount of resources and time to complete. This phase includes activities taken to assess, manage and coordinate the recovery from an event as the situation returns to normal. These activities include:

1. Deactivation of emergency response. The FMDH's then acting IC will call for deactivation of the emergency when the hospital can return to normal or near normal

services, procedures and staffing. Post-event assessment of the emergency response will be conducted to determine the need for improvements.

2. Establishment of an employee and volunteer support system. Human resources will coordinate referrals to employee assistance programs as needed.
3. Accounting for incident-related expenses. The Finance Section Chief will account for incident-related expenses. Documentation will include: direct operating costs; costs from increased use; all damage or destroyed equipment; replacement of capital equipment; and construction-related expenses.
4. Return to normal hospital operations as rapidly as possible

Documentation:
1. To continue providing the same efficient service as was provided prior to the incident, FMDH will immediately begin gathering complete documentation including photographs. Depending on the event, it may be necessary to expedite resumption of healthcare services to address unmet community medical needs.

Inventory Damage and Loss:
1. FMDH will document damage and losses of equipment using a current and complete list of equipment serial numbers, costs, and dates of inventory.

Lost Revenue through Disruption of Services:
1. The Director of Financial Services will work with the Finance Section to document all expenses incurred from the incident. An audit trail will be developed to assist with qualifying for any federal reimbursement or assistance available for costs and losses incurred by the hospital as a result of the incident.

Cost / Lost Recovery Sources:
1. Depending on the conditions and the scale of the incident, FMDH will seek financial recovery resources in accordance with the following:
   a. The eligibility of hospitals for federal reimbursement for response costs and losses remains ambiguous. It may be possible to gain reimbursement through state and county channels under certain circumstances.
   b. Public Assistance: After an incident occurs and the President has issued a Federal Incident Declaration, assistance is available to applicants through the Federal Emergency Management Agency (FEMA) and the Office of Emergency Services (OES). The Small Business Administration (SBA) provides physical incident loans to businesses for repairing or replacing incident damages to property owned by the business. Federal grants also may be available following a presidential incident declaration, and the Hazard Mitigation Grant Program (HMGP) is activated.
   c. A private, non-profit facility is eligible for emergency protective measures (i.e., emergency access such as provision of shelters or emergency care or provision of food, water, medicine, and other essential needs), and may be eligible for permanent repair work (i.e., repair or replacement of damaged elements restoring the damaged facility):
       i. Pre-incident design
       ii. Pre-incident function

          iii.   Pre-incident capacity

    d. Insurance Carriers. FMDH will file claims with its insurance companies for damage to the hospital. The hospital will not receive federal reimbursement for costs or losses that are reimbursed by the insurance carrier. Eligible costs not covered by the insurance carrier such as the insurance deductible may be reimbursable.

Psychological Needs of Staff and Patients:
1. Mental health needs of patients and staff are likely to continue during the recovery phase. The Social Services Director will continue to monitor for and respond to the mental health needs of hospital staff and patients.

Restoration of Services:
1. FMDH will take the following steps to restore services as rapidly as possible:
   a. If necessary, repair hospital facility or relocate services to a new or temporary facility.
   b. Replace or repair damaged medical equipment
   c. Expedite structural and licensing inspections required to re-open
   d. Facilitate the return of medical care and other hospital staff to work
   e. Replenish expended supplies and pharmaceuticals.
   f. Decontaminate equipment and facilities
   g. Attend to the psychological needs of staff and community
   h. Follow-up on rescheduled appointments

After Action Report (AAR):
1. FMDH will conduct after-action debriefings with the staff and participate in the consortium and city/county after-action debriefings. The hospital also will produce an AAR describing its activities and corrective action plans including recommendations for modifying the surge capacity expansion procedures, additional training and improved coordination.

Staff Support:
1. FMDH recognizes that hospital staff and their families are impacted by community-wide incidents. The hospital will assist staff in their recovery efforts to the greatest extent possible.

ANNUAL EVALUATION:
- There will be an annual evaluation of this Emergency Operations Plan in terms of its objectives, scope, performance, and effectiveness as outlined in the Annual Compliance Review Procedure. It will be done by the Environment of Care Committee in the second quarter and forwarded to the Frances Mahon Deaconess Hospital Administrator and Board of Trustees.