

Organ Procurement Organization Name

EMERGENCY OPERATIONS PLAN

EMERGENCY PREPAREDNESS PLANNING

STEPS TO FOLLOW TO COMPLETE THE EMERGENCY OPERATION PLAN:

1. *This is an Emergency Operation Plan (EOP) template. It includes the sections required by the Centers for Medicare and Medicaid Services (CMS) Condition for Coverage Emergency Preparedness rules effective November 15, 2016. You should adapt the template to your facility/organization's situation and needs. However, the Federal Register, Volume 81, should be reviewed in order to avoid deleting any required language.*
2. *The contents of the Emergency Operations Plan template are in plain type and comments and instructions are in Italics for your convenience. Remove all Italics content once you have finished the Plan and before submitting for review.*
3. *Consider the hazards that affect your area and complete a Hazard Vulnerability Assessment (HVA). A facility in South Louisiana may need to consider the danger of hurricanes. A center in North Louisiana may need to consider winter ice storms. Depending on your area, you could be subject to flooding. There could be hazardous materials released from industrial plants or rail, barge or trucking accidents. All areas of Louisiana are at risk from severe storms and tornadoes, and all facilities can be subject to fires or criminal acts. For assistance, there is a HVA template found at Annex A of the Plan.*
4. *It is important that your staff know who is in charge when an emergency occurs. Leadership during an emergency should be clearly stated in your EOP. As you do your HVA, consider if the different risks would call for sheltering in place (SIP), evacuating, contacting staff in the field or clients at home or notifying authorities about clients that may need evacuation assistance. These are actions that should be considered in your EOP.*
5. *Analyze the ways that you communicate during the normal workday. If those systems failed, what would be the back-up plans? If you would need to delay services or shut down due to an emergency, what are the plans for your clients? Who would provide services? How would you communicate patient information without violating HIPAA?*
6. *Make sure that all of your employees are trained in the provisions of this plan so that they can act in an emergency. Hold exercises to rehearse emergency procedures as required by the EOP and document these drills. Where appropriate, make sure clients are informed of the provisions of this plan.*
7. *Coordinate your plan with the Parish Office of Emergency Preparedness (OEP) and State and Regional Louisiana Department of Health Emergency Coordinators.*

(See listings provided as tab for Plan template.) Furnish a copy of the plan to the OEP as soon as it is completed if required by law and whenever it is changed. Review the plan at least once a year and after each actual emergency. Request your local Fire Department and Police Department to assist you in creating or practicing exit drills, facility lock downs or sheltering in place. Coordination, planning and practice will help make everyone involved informed and prepared should an emergency arise.

8. *If your facility is part of an integrated healthcare system, the facility may be part of the integrated healthcare system's emergency preparedness program. Check with system leadership to see if you should develop an independent Emergency Operation Plan*
9. *This Emergency Management Plan template should be used as a guide. Thoughtful planning and careful consideration must be used to develop a sound plan to cover your unique facility/organization's needs. It is important to remember despite successful completion of all hazards plans, planning is never "final". It will require your vigilance to make the plan better and more efficient every year.*

Table of Review and Approval

Date Reviewed	Date Approved

The Emergency Plan (EP) was originally written and approved on _____.

As of November 15, 2016, it is required by the Centers for Medicare and Medicaid Services (CMS) that the Emergency Plan must be reviewed annually. It should also be reviewed and updated when an event or law indicates that some or all of the EP should be changed.

The following paragraph applies only if your type facility/organization is required to file the EOP with a government agency.

The Emergency Operations Plan dated _____ has been forwarded to the _____ Parish Office of Homeland Security and Emergency Preparedness and the Louisiana Department of Health on _____

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FACILITY/ORGANIZATION INFORMATION

Facility: _____

Address: _____

City: _____ **State:** LA **Zip code:** _____

Phone Number: _____ **E-mail:** _____

Owner:

Address:

City: _____ **State:** LA **Zip code:** _____

Phone Number: _____ **E-mail:** _____

Select title

Administrator/Executive Director/Chief Executive Officer:

Office Address:

City: _____ **State:** LA **Zip code:** _____

Phone Number: _____ **E-mail:** _____

I. INTRODUCTION TO THE PLAN

In order to provide for changes in demographics, technology and other emerging issues, this plan will be reviewed and updated annually and after incidents or planned exercises. This Emergency Operation Plan (EOP) is developed to be consistent with the National Incident Management System (NIMS) and the Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Condition for Coverage, effective November 15, 2016.

Purpose: To describe the actions to be taken in an emergency or exercise to make sure that the clients and staff of this organization are kept safe from harm. The safety and well-being of the clients and staff take first priority over all other considerations.

Demographics:

- A. This Office is located at _____. A map showing the location is attached as **Tab 1**.

Describe the facility’s location, and show whether there is more than one building. Include a sketch map that shows the neighborhood and main streets. Also point out any other large landmarks that might help quickly identify your building in relation to the surrounding area.

- B. This organization provides _____ services to the _____ DSA
List a brief description of your type of transplant services and Donation Service Area.

EMERGENCY PLAN

Risk Assessment

- A. This organization does an annual all hazard vulnerability assessment (HVA Worksheet **Tab 2**). This EOP is written based on the risk assessment.
- B. Changes or additions to the EOP will be made based on the annual risk assessment, gaps identified during exercises or real events or changes in CMS or licensing requirements. A copy of the annual HVA will be kept with the EOP.
- C. A copy of the EOP will be kept in the *office* and the plan will be prominently posted *where*.
State where EOP will be kept and where employees can view it.
- D. The major hazards that could effect this organization as determined by the all hazard vulnerability assessment are listed in the Annex portion of this EOP.
Examples of risks attached as Annexes.

Command and Control

- A. The organization shall develop and document an **Organizational Chart (Tab 3)**. The organizational chart will include a **Delegation of Authority** that will be followed in an emergency. The Delegation of Authority identifies who is authorized to activate the plan and make decisions or act on behalf of the organization if leadership is unavailable during an emergency. When an emergency happens, the person in charge, as listed in the organizational chart, will be informed immediately. In the event that the indicated person by position is not present in the office or available, the next person in the Delegation of Authority or the lead person's designee will assume the in charge position.
- B. Depending on the type of emergency, the person in charge will enact the **Orders of Succession (Tab 4)** for the appropriate emergency policy and procedure.
- B. The person in charge will determine whether to shelter in place or evacuate based on the emergency. In the event that the office must be evacuated, the temporary location for evacuation is listed in Receiving Facilities **(Tab 5)**.
- D. Only the person in charge can issue an "all clear" for the office indicating that the office is ready to assume normal operations.

Coordination

- A. During activation for an incident or exercise, communications with State, regional and local authorities can be made by contacting authorities listed in **Tab 6**.
- B. During activation for an incident or exercise, communication with transplant and donor hospitals and other OPOs may be necessary. See Tab 5.

II. POLICIES AND PROCEDURES

Staff Tracking System

- A. Staff will be tracked (*Insert method of tracking, such as written or typed list, tracking program, etc.*) during and after the emergency.
- B. Tracking should include those:
 - 1. Staying in place at the office;
 - 2. In travel mode
 - 3. At a hospital.

Documentation

- A. There must be a system of documentation that preserves and protects potential and actual donor information.
- B. During an emergency, availability of information must be secure.
- C. All rules pertaining to the protection of and access to donor will remain in effect during an emergency.
- D. *If the facility is using an electronic documentation system, describe the method of documentation to be used during the emergency if the electronic system fails.*

III. COMMUNICATIONS

Internal

- A. A list of all employees, including their contact number and emergency contact is located _____.
List where the employee information is kept. Remember that during an electricity outage, the information may not be available electronically. A hard copy of the information should be available.
- B. In the event that telephone and cell phone services are not available, redundant communications are available. The communication system equipment is listed in **Tab 7** with its location. All redundant communication systems are tested monthly.
List all means that are used to communicate an emergency status such as: telephone tree, texting, radio, TV, etc.

External

- A. This EOP contains the name of corporate and/or ownership persons that must be notified on page _____, ORGANIZATION INFORMATION.
- B. This EOP contains a list of all Parish and state and local emergency management persons that should be notified at Tab 6.
- C. This EOP contains a listing of contact information for other OPOs and transplant and donor hospitals in the organization's DSA at Tab 5.

IV. TRAINING

- A. The current staff will be trained on the new or updated EOP at the time of its publication.

- B. All new staff will be trained on the EOP in orientation.
- C. Physicians, vendors performing services and volunteers must be trained on the EOP.
- D. Emergency Preparedness training will be conducted annually.
- E. Documentation of the training on the EOP and annual emergency preparedness training will be maintained by *(state what position is responsible for maintaining the documentation of training, usually Human Resources)*

V. TESTING

- A. The facility will conduct a paper-based, tabletop exercise annually.
- D. After tabletops or actual events, the facility should analyze the response, identify areas for improvement and updated the EOP, if required. Information on the location of the template for review is found at **Tab 8**.

TAB 1

Place a copy of the Facility Location Map at Tab 1.
Google Map may be used to show Location.

TAB 2

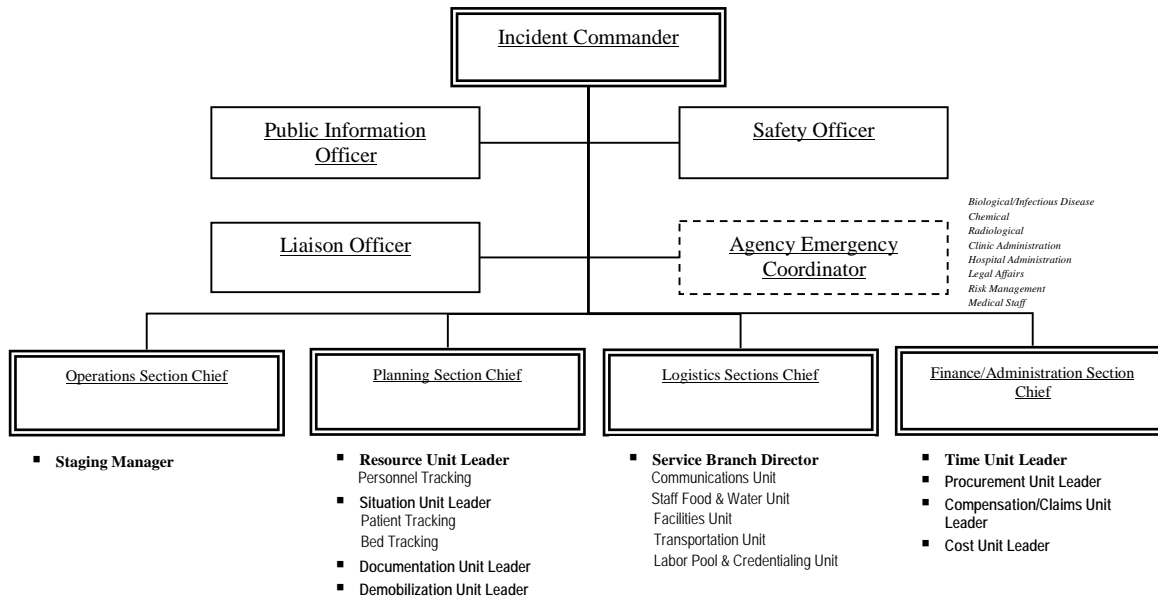
Place HVA Template

TAB 3

Delegations of Authority

Task	Incumbent	Delegated Position	Limitations

a) Organizational Chart



TAB 4

Orders of succession ensure leadership is maintained throughout the agency during an event when key personnel are unavailable. Succession will follow facility policies for the key agency personnel and leadership.

Identify agency essential functions below and assign a primary person and three successors for each function identified.

Key Personnel and Orders of Succession

Essential Function	Primary	Successor 1	Successor 2	Successor 3

TAB 5

Temporary Evacuation Site for Office

Long Term Evacuation Site for Office:

Region___Transplant and Donor Hospitals and Contact Numbers:

Organ Procurement Organizations and Contact Numbers:

TAB 6

ESF8 Network – July 27, 2016

1. Parish Directors can be found at this link:
<http://gohsep.la.gov/parishoepnumbers.aspx>

Code:
 ADM – Regional Administrator
 MD – Regional Medical Director
 PHERC – Public Health Emergency Response Coordinator
 H-DRC – Hospital Designated Regional Coordinator
 A-DRC – Administrative Hospital Designated Regional Coordinator
 EMS-DRC – EMS Designated Regional Coordinator

Region 8
 MD: Shelley.Jones@la.gov 225-573-6473
 Assist. Admin: Jeff.Toms@la.gov 318-475-1789
 PHERC: Sheila.Hutson@la.gov 318-366-5828
 A-DRC: Bramem@stfran.com 318-348-7096
 E-DRC: Justin.Nowlin@amr.net 318-355-0498

EMS DRCS highlighted
 in GREEN

Region 7
 MD: Martha.Whyte@la.gov 225-247-4988
 PHERC: Frank.Robison@la.gov 225-252-3045
 H-DRC: wandr1@lsuhsc.edu 318-465-9500
 E-DRC: bpems505@bellsouth.net 318-464-7995
 E-DRC: casev@balentineambulance.com 318-422-4226

Region 2
 MD: Marilyn.Revnaud@la.gov 225-328-8831
 PHERC: Schaun.Morgan@la.gov 225-354-5649
 H-DRC: Richard.Boyer@ololrnc.com 401-338-7582
 A-DRC: Connie.Deleo@brgeneral.org 225-572-9658
 E-DRC: pbrocato@acadian.com 225-931-1903

Region 6
 MD: David.Holcombe@la.gov 318-542-9790
 PHERC: Patricia.White@la.gov 318-613-2854
 H-DRC: Mary.Tarver@christushealth.org 318-664-0843
 E-DRC: Detheridge@acadian.com 318-541-6395
 Jandries@acadian.com 318-290-0447

Region 9
 MD: Gina.Lagarde@la.gov 225-329-5919
 PHERC: Thomas.Jordan@la.gov 985-200-2473
 A-DRC: Keith Peek Region9DRC@yahoo.com 985-290-2642
 E-DRC: Dmeche@acadian.com 985-974-4000
 Tjacobsen@acadian.com 985-320-3944

GOHSEP EOC
Jquidry@la.gov 225-938-8049
Rosanne.Prats@la.gov
 225-938-8059

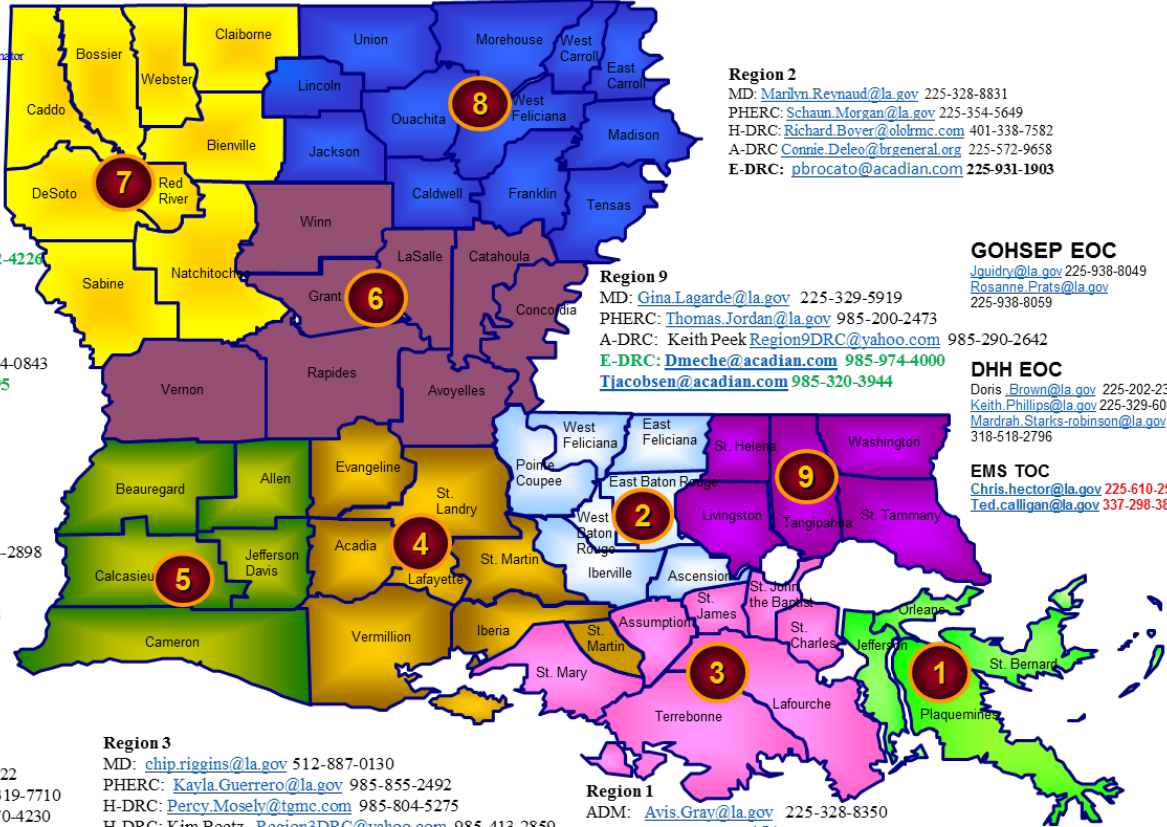
DHH EOC
Doris.Brown@la.gov 225-202-2336
Keith.Phillips@la.gov 225-329-6063
Mardrah.Starks-robinson@la.gov
 318-518-2796

EMS TOC
Chris.hector@la.gov 225-610-2588
Ted.calligan@la.gov 337-298-3806

Region 5
 MD: Bertrand.Foch@la.gov 225-573-6275
 PHERC: Mike.Parent@la.gov 225-614-5051
 H-DRC: Jeron.Kyle@christushealth.org 337-274-2898
 H-DRC: Rfave@wcch.com 337-563-6403
 A-DRC: lharmon@lgh.org 337-570-4230
 E-DRC: Mconner@acadian.com 337-912-2668
lowers@acadian.com 337-316-2974
wvincent@acadian.com 337-302-9275

Region 3
 MD: chip.riggins@la.gov 512-887-0130
 PHERC: Kavla.Guerrero@la.gov 985-855-2492
 H-DRC: Percy.Mosely@tgmc.com 985-804-5275
 H-DRC: Kim Beetz - Region3DRC@yahoo.com 985-413-2859
 E-DRC: Cdavis@acadian.com 985-637-0695
 E-DRC: gnaquin@acadian.com 985-791-7496

Region 1
 ADM: Avis.Gray@la.gov 225-328-8350
 PHERC: Jovan.Bernard@la.gov 225-485-6322
 H-DRC: Denice.Eshleman@lcmchealth.org 504-235-7193
 H-DRC: Brenda Bankston bbankston@ochsner.org 504-228-3209
 A-DRC: Cindy Davidson Region1adrc@gmail.com 225-939-1313
 E-DRC: Fgraff@ejgh.org 504-234-7193
 E-DRC: Wtsalmeron@nola.gov 504-250-2378



TAB 7

Emergency Resources - Number Available	Indicate Location	Date of Safety Check			
Portable radio/extra batteries – 1 radio/4 batteries	5 North supply closet				
Flashlights and extra batteries – 2 flashlights/4 batteries	Reception desk				
	Nurse’s Station				

TAB 8

After Action Review and Improvement Plan

A template for a Homeland Security Exercise and Evaluation Program (HSEEP) After Action Report / Improvement Plan is available at:

<https://emergency.cdc.gov/training/ERHMScourse/pdf/127961885-Hseep-AAR-IP-Template-2007.pdf>

ANNEX A

Severe Weather

It is the Parishes' responsibility to keep the patients and staff safe at all times. If severe weather strikes, precautions need to be taken to ensure their safety.

Definitions:

Watch -- Means that conditions are favorable for a thunderstorm or tornado to develop. Flash flooding may occur as a result of the storm.

Warning -- Means that a thunderstorm or tornado has been sighted. If a siren sounds, stay inside and take cover.

Procedure:

1. Account for all staff on duty. Make sure everyone is inside.
2. Make sure that windows are locked and doors secured.
3. Keep all staff away from windows.

If there is a tornado warning, further precautions need to be taken:

1. Move staff to interior room without windows or in the bathroom.
2. Gather flash lights and radio. Be sure to listen to weather reports for updates. Do not leave the area until the storm has passed and the warning has lifted.
3. If at another facility, notify the Office and ask for additional instructions.

ANNEX B

Hurricane

It is the community's responsibility to keep the residents and staff safe at all times. If a hurricane is approaching, precautions need to be taken to ensure their safety.

Definitions:

Watch – Issued for a coastal area when there is a threat of hurricane conditions within 48 hours.

Warning – Issued when hurricane conditions are expected in the coastal area in 36 hours or less.

Procedure:

1. Contact Transplant and Donor hospitals to coordinate services.
2. Contact Office for instructions

ANNEX C

Winter Storms

The purpose of these winter storm safety precautions is to inform staff and patients of measures that should be taken during severe winter weather.

The following winter storm safety precautions have been established for all personnel to follow during blizzards, heavy snow, freezing rain, ice storms, or sleet.

Precautions:

1. Do not make any unnecessary trips outside. If you must venture outside, make sure you are properly dressed and fully covered.
2. Notify hospitals if services cannot be provided.
3. Keep posted on all area weather bulletins and relay to others.
4. Have portable radio available. Make sure extra batteries are available.
5. Verify if adequate staff is available.
6. Travel only when necessary and only during daylight hours. Never travel alone. Travel only assigned routes.
7. Contact Office for additional instructions.

ANNEX D

Active Shooter

When there is an Active Shooter in your vicinity, you have three options, Run, Hide or Fight. Therefore, precautions need to be taken for the safety of patients and staff.

Procedure:

Run

1. Have an escape route in mind.
2. Leave belongs (purse, book bag, computer, etc.) behind.
3. Evacuate regardless if others will follow.
4. Help others to escape, if possible.
5. Do not stop to help or move wounded.
6. Stop others from entering area.
7. Call 911 when safe.

Hide

1. Hide out of shooter's view.
2. Lock door or block entry
3. Silent your cell phone, including vibrate.

Fight

1. Fight as a last resort if your life is in danger.
2. Improvise weapon or throw items at the active shooter.
3. Act with as much aggression as possible. Your life depends on it.

Once the Police have arrived, keep hands visible and raise over your head. Provide information about location of shooter, wounded and description of shooter, if known.