



Jackson
HEALTH SYSTEM



Hurricane Response Plan

Last Revision/Review: May 25, 2012

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I. INTRODUCTION

Purpose

The purpose of this Hurricane Response Plan is to provide information necessary for an effective and safe response to hurricanes that could potentially affect Jackson Health System (JHS). The occurrence of a hurricane could result in damage to facilities from water and wind, utility failures, personal injury, and other incidents that vary in severity from minimal to catastrophic depending on the intensity of the hurricane. JHS' Emergency Management Department will monitor National and Regional Weather Services' bulletins on current weather conditions and forecasts, while also maintaining communication with Miami-Dade County's Emergency Operations Center. Emergency actions will be appropriately escalated, as conditions warrant. The intent of this plan is to give Jackson Health System personnel advance warning and to allow the staff adequate time to prepare in the event of a hurricane. Hurricanes occur primarily during a distinct season that runs from June 1 to November 30.

The concepts and procedures specified by this Hurricane Response Plan are directed towards obtaining the following goals:

1. Reducing the vulnerability of all Public Health Trust (PHT)/JHS owned facilities from the loss of life, injury, or damage and loss of property resulting from a tropical storm while maintaining the highest level of patient care;
2. Preparing for prompt and efficient response and recovery activities to preserve lives and protect the health, safety, and well-being of citizens of Miami-Dade County affected by the event;
3. Recovering from related emergencies by providing for the rapid and orderly implementation of restoration and rehabilitation programs for PHT designated facilities, departments, personnel and property affected;
4. Assisting in anticipation, recognition, prevention, and mitigation of emergencies that may be caused or aggravated by inadequate planning for, and inadequate regulation of, JHS and the community it serves.

Plan Maintenance

The JHS Emergency Management Planning Committee will review this Hurricane Response Plan annually. It will be revised periodically in accordance with guidelines set forth by Florida's Agency for Health Care Administration (AHCA), The Joint Commission (JC) and Miami-Dade Emergency Management (MDEM).

II. ACRONYMS

This list is not designed to be an authoritative source nor is it designed to be all-inclusive. This listing is merely a reference.

AAR	After Action Report
AHCA	Agency for Health Care Administration
AIC	Administrator in Charge
DAT	Damage Assessment Teams
DMAT	Disaster Medical Assistance Team
DOH	Florida Department of Health
ED	Emergency Department
EHS	Extremely Hazardous Substance
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ESATCOM	Emergency Satellite Communications System
ESF	Emergency Support Function
FAC	Florida Administrative Code
FBI	Federal Bureau of Investigation
FDLE	Florida Department of Law Enforcement
FEMA	Federal Emergency Management Agency
HAT	Hurricane After Team
HCC	Hospital Command Center
HDT	Hurricane During Team
HICS	Hospital Incident Command System
HSEEP	Homeland Security Exercise and Evaluation Program
HRSA	Human Resources Services Administration
HVA	Hazard Vulnerability Analysis
IAP	Incident Action Plan
ICC	Incident Command Center
ICS	Incident Command System
JAS	Job Action Sheet
JC	Joint Commission (formerly JCAHO)
MAA	Mutual Aid Agreement
MDEM	Miami-Dade Emergency Management
MMF	Medical Management Facility
MMMF	Maternity Medical Management Facility
MOA/MOU	Memorandum of Agreement/Memorandum of Understanding
NIMS	National Incident Management System
RRT	Rapid Response Teams
SLE	State of Local Emergency
SNEC	Special Needs Evacuation Center
SOP	Standard Operating Procedures

III. DEFINITIONS

All Clear

State of emergency has been lifted. Disaster is finished; discontinue disaster plan activities and/or assignments. Return to normal operating procedures.

Disaster

A natural or man-made event or incident that significantly disrupts the environment of care, possibly resulting in damage to the hospital's building(s) and grounds due to severe natural events. A disaster is also an event that disrupts care and treatment, such as loss of utilities (power, water, telephone, etc.) due to natural or man-made events within the institution or in the surrounding community.

Emergency

A natural or man-made event that suddenly or significantly:

- Disrupts the environment of care
- Disrupts care and treatment of patients
- Changes or increases demand for organizational services

Emergency Operations Center (EOC)

A multi-agency coordination center that provides support and coordination to the on-scene responders.

External Disaster

An incident that occurs beyond the immediate boundaries of the hospital. Such an event can result in the sudden arrival of a large number of casualties, including contaminated or contagious victims, and a disproportionate amount of hospital staff to care for the incoming patients or victims. Usually such an event changes or increases the demands for organizational services and resources. Such incidents/scenarios include: nuclear detonation, biological attack, chemical attack, radiological attack, explosives attack, biological disease outbreak, and natural disasters.

Hospital Incident Command System (HICS)

HICS (formerly HEICS) is a group of ICS tools developed in California and freely available online for examples. It is the most common model used in healthcare. The HICS is not a complete system, but it is a model taken from a number of Southern California hospitals in and around Orange County, CA. HICS is the basic model, with NFPA 99, for the plans described herein, but should be modified to fit the needs of those emergencies facing the facility.

HICS is an organizational structure created to implement response procedures which fit within a hospital's emergency operations plan. The total hospital plan includes policies, procedures, an organizational chart and specific duties, incident command system positions, and/or job action sheets. The JHS ICS commits all departments and/or units to provide the service and assistance for which they are best trained and most experienced.

Incident

An event that occurs that may lead to an emergency condition.

Incident Action Plan (IAP)

An oral or written plan that reflects the overall strategy for managing an incident within a prescribed timeframe (or operational period). An IAP includes the identification of operational resources and assignments and may include attachments that provide additional direction. At the simplest level, all IAP's must have four elements: 1) What we want to do and how are we going to do it? 2) Who is responsible for doing it? 3) How do we communicate with each other? 4) What is the procedure if incident personnel are injured or something goes wrong?

Incident Commander

Person designated by the institution's CEO (Agency Executive) to manage the organizations day-to-day administration along with independent activities related to the emergency/incident. The Incident Commander has overall responsibility for managing the incident by objectives, planning strategies, and implementing tactics while periodically communicating the incident status to the Agency Executive.

Incident Command Post (ICP) or Hospital Command Center (HCC)

The location from which the Incident Commander oversees all incident operations, where information is collected and used by the Incident Commander and command post staff. The ICP (a.k.a. "The Command Center") is the center of communications, requests and directions for departments, emergency response staff, and command post staff, with adequate space available for all related activities. The ICP can be a predetermined location, or may be moved where ever necessary to provide ongoing control of activity. The ICP is generally not situated near the emergency areas such as the Emergency Department or Trauma Center and usually positioned outside of the present and potential hazard zone but close enough to the incident to maintain command. The JMH ICP/HCC is located in West Wing 124.

Incident Command System (ICS)

An "all hazards" management system well proven for management of various types of disaster and emergency incidents. It is designed to be scalable (useable for small and large incidents) and consistent across all kinds of emergencies and all kinds of emergency operations and organizations responding to emergencies.

It features consistent job titles for key positions so communications from agency to agency and agency to hospital can be made because everyone knows the job titles and functions. It also features Job Action Sheets (JAS) that provide guidance and training for persons who have a responsibility. It is intended to be implemented with the staff at hand (regardless of shift) until more senior or appropriate personnel become available, while also providing a structure for documentation of both the current status during the emergency, and documentation of activity after the event.

Incident Command System Position

A position within the Hospital Incident Command System's (HICS) organizational chart. Positions have a designated position-holder or champion identified and a listing of alternates, leaders and/or teams whom are capable of assuming the prescribed duties on the JAS.

Internal Disaster

An event that occurs within the hospital disrupting normal operations, which could also result in the need for extra hospital personnel to care for patients. Such incidents/scenarios include: bomb threats, evacuation, fire, hazardous material spills, hostage situation, infant/child abduction, flooding, severe weather, and utility failure.

Mission Critical Personnel

Those staff members that have been identified and designated, according to position, by their department heads as pertinent to the continued performance of their department and/or the institution during an emergency. Department heads are required to provide advanced notification and/or an emergency work schedule (and document) to each employee in a “mission-critical” position on an annual basis. If a “mission critical” employee is unable to report to work during a declared emergency period, he/she must contact his/her direct supervisor to inform them of their situation as soon as possible. As of 2012, this can be accomplished in the Lawson Manager Self Serve (MSS) portal.

Reserve Personnel

Those staff members that are not immediately required to provide an immediate service at the onset of the emergency period; however, they may be upgraded to “Mission Critical Personnel” depending on organizational needs. Under emergency conditions or severe weather, or when a State of Local Emergency (SLE) has been declared, “Reserve Personnel” will adhere to the guidelines associated with the job category assigned to them at the time of the emergency conditions or severe weather event.

Tropical Disturbance

A tropical disturbance is a cluster of thunderstorms poorly organized.

Tropical Depression

A tropical depression is a cluster of storms organized around a central circulation with surface wind speeds of 38 mph (miles per hour) or less.

Tropical Storm

A tropical storm is a cluster of smaller storms with substantial circular rotation and sustained surface winds of 39-73 mph.

Hurricane

A hurricane is a large tropical storm with winds of 74 mph or greater, moving counterclockwise. In addition to intense winds, hurricanes are accompanied by heavy rains, flooding along the coast, flooding inland, and tornadoes.

The Saffir-Simpson Hurricane Scale is a one to five rating based on the hurricane's present intensity. This is used to give an estimate of the potential property damage and flooding expected along the coast from a hurricane landfall. Wind speed is the determining factor of this scale.

Hurricane Categories

Category One Hurricane

A Category One Hurricane has winds of 74 to 95 mph and is typically characterized by *minimal damage*. Storm surge is generally 4 to 5 feet above normal.

Category Two Hurricane

A Category Two Hurricane has winds of 96 to 110 mph and is typically characterized by *moderate damage*. Storm surge is generally 6 to 8 feet above normal.

Category Three Hurricane

A Category Three Hurricane has winds of 111 to 130 mph and is typically characterized by *extensive damage*. Storm surge is generally 9 to 12 feet above normal.

Category Four Hurricane

A Category Four Hurricane has winds of 131 to 155 mph and is typically characterized by *extreme damage*. Storm surge is generally 13 to 18 feet above normal.

Category Five Hurricane

A Category Five Hurricane has winds of greater than 155 mph and is typically characterized by *catastrophic damage*. Storm surge is generally greater than 18 feet above normal.

Warnings and Watches

The National and Regional Weather Service issues the following types of warnings and watches associated with tropical storms:

Tropical Storm Watch

A tropical storm watch is issued when tropical storm conditions, including winds from 39 to 73 mph, pose a possible threat to a specified coastal area within 36 to 48 hours.

Tropical Storm Warning

A tropical storm warning is issued when tropical storm conditions, including winds from 39 to 73 mph, are expected in a specified coastal area within 36 hours or less.

Hurricane Watch

A hurricane watch is issued for a specified coastal area for which a hurricane or a hurricane-related hazard is a possible threat within 36 to 48 hours.

Hurricane Warning

A hurricane warning is issued when a hurricane with sustained winds of 74 mph or higher is expected in a specified coastal area in 36 hours or less.

Inland Tropical Storm Wind Watch

An inland tropical storm wind watch is issued for inland counties that sustained winds of 39 to 73 mph associated with a tropical storm are anticipated beyond the coastal areas though the actual occurrence, timing and location are still uncertain.

Inland Tropical Storm Wind Warning

An inland tropical storm wind warning is issued for inland counties that sustained winds of 39 to 73 mph associated with a tropical storm are anticipated beyond the coastal areas within 6 to 12 hours.

Inland Hurricane Wind Watch

An inland hurricane wind watch is issued for inland counties that sustained winds of 74 mph or greater associated with a hurricane are anticipated beyond the coastal areas though the actual occurrence, timing and location are still uncertain.

Inland Hurricane Wind Warning

An inland hurricane wind warning is issued for inland counties that sustained winds of 74 mph or greater associated with a hurricane are anticipated beyond the coastal areas within 6 to 12 hours.

Tornado Watch

A tornado watch is issued to alert the public that conditions are favorable for the development of tornadoes in and close to the watch area. These watches are issued with information concerning the watch area and the length of time they are in effect.

Tornado Warning

A tornado warning is issued by the National and Regional Weather Service offices to warn the public that a tornado has been sighted by storm observers, law enforcement or has been indicated by radar. These warnings are issued with information concerning where the tornado is presently located and which communities are in the anticipated path of the tornado.

Flash Flood Watch

A flash flood watch means a flash flood is possible in the area and everyone should stay alert.

Flash Flood Warning

A flash flood warning means a flash flood is imminent and everyone in the area should take immediate action.

IV. SCOPE AND PLANNING ASSUMPTIONS

Scope of the Hurricane Response Plan

- The Hurricane Response Plan establishes fundamental policies, program strategies, and assumptions.
- The Hurricane Response Plan establishes a concept of operations spanning the direction and control of the disaster from an initial monitoring through post-disaster response, recovery, and mitigation.
- The Emergency Operations Plan (EOP) defines intra-hospital coordination, inter-hospital, and governmental coordination mechanisms to help facilitate delivery of immediate assistance.
- The EOP assigns specific functional responsibilities to appropriate departments, as well as outlines methods to coordinate with other area hospitals, the Miami-Dade County government, the region, and volunteer organizations.
- The EOP identifies actions that Jackson Health System, county and city response and recovery organizations will take, in coordination with private, volunteer, state, and federal counterparts, regardless of the magnitude of the disaster.
- The EOP is designed to coordinate Jackson Health System's communications, resources and assets, safety and security, staff responsibilities, utilities, and patient clinical and support activities during any emergency.
- The Emergency Operations and Hurricane Response Plans serve the entire Jackson Health System which includes all Public Health Trust designated facilities.

Planning Assumptions

1. The State of Florida is vulnerable to natural disasters and the possibility exists that an emergency may occur at any time.
2. Jackson Health System, as a public healthcare institution, has developed the capability to execute this plan to save lives, mitigate suffering, minimize the loss of property and recover from the effects of a tropical storm.
3. The necessary Mutual Aid Agreements (MAA), Memorandum of Agreements (MOA) and Memorandum of Understanding (MOU) have been negotiated with other hospitals, county and state government and private organizations by the Jackson Health System and by organizations that have functional roles.

4. Elements of the County and State government have certain expertise and resources available that may be utilized in relieving emergency or disaster-related problems that are beyond the capability of Jackson Health System. Miami-Dade County support capabilities and access arrangements for both County and County-coordinated State assistance are described in the current Miami-Dade County EOP.
5. When a tropical storm threatens Jackson Health System and Miami-Dade County, applicable provisions of this response plan will be applied, the Incident Command Post (ICP) will be activated at all affected JHS facilities, and a State of Local Emergency (SLE) declared as appropriate to the severity of the situation.
6. Jackson Memorial Hospital's average planned capacity during a hurricane is close to 5000 people – approximately 1500 patients, 3000 employees, and 400 others.
7. Jackson North Medical Center's average planned capacity during a hurricane is close to 625 people – approximately 250 to 275 patients, 300 employees and contracted personnel and 75 others.
8. Jackson South Community Hospital's (JSCH) average planned capacity during a hurricane is close to 350 people – approximately 120 to 140 patients, and 150 to 175 employees. While JSCH also receives MMF evacuees registered with Miami-Dade's OEM, approximately 10 to 30, they also have the potential to receive 20 to 25 people who fall into the miscellaneous category.
9. Departments that close include but are not limited to: Occupational Health Services, Breast Health Center, Ambulatory Clinics, Case Management, Transplant, Cardiac Cath Lab. All other PHT owned facilities automatically close except for Jackson Memorial Hospital, Jackson North Medical Center, Jackson South Community Hospital, Jackson Memorial Perdue Medical Center, Jackson Memorial Long Term Care Center, and Jackson North Community Mental Health Center's inpatient units, unless emergency evacuation is required per each respective Business Continuity, or Contingency Plan. ***JHS personnel from closed facilities are either assigned to the Hurricane During Team, Hurricane After Team, or Personnel Labor Pool.***
10. Should Jackson Health System's resources be inadequate to cope with a tropical storm/hurricane, County, State and Federal assistance will be available through Miami-Dade Emergency Management (located in Doral Florida) and Miami-Dade County Hospital Preparedness Consortium in accordance with County-Wide Mutual Aid Agreement.
11. Local jurisdictions have adopted emergency management plans that address activities that support the response to a tropical storm.
12. This plan assumes that a public health emergency is anticipated or has been declared, when the emergency is the result of a natural disaster.

13. The response will be managed according to the JHS Hospital Incident Command System (HICS) and/or National Incident Management System (NIMS) protocols.

Note:

This Hurricane Response Plan will be used as the basis for implementing area-specific procedures while complimenting the division/department-specific hurricane plans developed by individual hospital departments overseeing functional areas.

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V. HAZARD ANALYSIS

The primary goal of the JHS Emergency Management Department is to ensure that the entire health system is prepared to respond and recover from the many consequences that are generated by the hazards that could potentially impact all PHT owned facilities and Miami-Dade County. The following provides details on JHS' potential hazard consideration, geographic characteristics and support facilities for tropical storms.

Hurricanes and Tropical Storms

Hurricanes and tropical storms are the biggest natural threat to Jackson Health System and the county's population. Miami-Dade County is noted to be the most vulnerable county in the State of Florida to the impacts of these storms. Miami-Dade County has a coastline that fronts the Atlantic Ocean, along with several large rivers that run through the county and into the Ocean. Miami-Dade County is embedded with many canals and waterways. The large number of waterways and the general low elevation of the county exacerbate the vulnerability of Miami-Dade County's 2.2 million residents to the dangers of tropical storms and hurricanes.

Increased construction in coastal areas and a growing population moving to the coastal areas has increased the county's vulnerability. In Category V hurricanes, insurable and uninsurable losses to Miami-Dade County would be catastrophic.

Due to older model houses, which were built in the 1950-1970 time-frame, Miami-Dade County could also expect immense wind damage from hurricanes and tropical storms. These houses were built during a time when building codes were less stringent, and builders did not know the vulnerabilities of their houses to tropical storms and hurricanes. Mobile homes can stand to suffer immense damage in tropical storm and hurricane conditions as well, due to the fact that they are not anchored, nor designed for such wind events.

Hurricanes and tropical activity could affect the entire county. Other elements of hurricanes, including torrential rainfalls and high winds could also devastate the county.

Jackson Health System is also vulnerable for the same reasons above. As demonstrated in past events, heavy rains can cause massive flooding to its facilities located on the main JMH campus. The lack of shuttering on some of the off-campus sites leaves these facilities vulnerable to wind damage. Power-plant operations, during and after events, are taxed to provide enough power to supply the critical areas of the health system. In large events, issues of supplies, food and fuel logistics become critical. Gasoline, for mission critical personnel to travel to and from the workplace, has also proven to be a potential problem.

The possible consequences for JHS are as follows:

- Large scale evacuations
- Road congestion
- Sheltering (pre and post-event)
- Infrastructure damage /loss (sewer, water, electric, roads, debris, communications, etc.)

- Damage/loss of financial institutions
- Damage/loss to service industry
- Property loss
- Long-term economic impacts
- Overwhelmed public services (fire, EMS, law enforcement)
- Economic and social disruption
- Widespread psychological impacts (counseling needs)
- Increased patient census
- Staffing of the Medical Management Facility (MMF) and Special Needs Evacuation Shelters (SNEC)

Tornadoes

The wind damage to structures during tropical storms can be caused by tornadoes. The effects of these tornadoes can be extremely damaging. Many tornadoes and waterspouts have been sighted in Miami-Dade County with only a few causing significant damage. The high and spiraling winds from a tornado or a waterspout can lead to high amounts of property damage, injuries, and fatalities. Exposure to these events during a tropical storm is high.

The possible consequences for JHS are as follows:

- Property damage/loss
- Mass casualty
- Mass fatality
- Sheltering
- Infrastructure damage/loss
- Debris
- Search and rescue
- Disposal of deceased

Flooding

The primary sources of flooding for Jackson Health System and Miami-Dade County are hurricanes, tropical storms, or thunderstorms that generally occur from June to October, which is the rainy season for Florida. Miami-Dade County has a web of different waterways, including canals, rivers, creeks, and streams, which run throughout the county.

At Jackson Health System, general low elevations, local waterways and the use of basement areas for critical work areas (e.g. pharmacy, MIS and medical records, etc.) invite both localized flooding and general flooding. This can produce damage to property and can cause injuries (slip and falls) and fatalities (electrocution). JHS is vulnerable to flooding.

The possible consequences for JHS are as follows:

- Large-scale power outages
- Infrastructure damage (road/culvert washout, sewer infiltration, etc.)
- Erosion
- Fires

- Special needs sheltering
- Disposal of deceased
- Evacuation of work areas
- Contamination of water supply
- Property Damage
- Economic Loss
- Debris
- Mold

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VI. CONCEPT OF OPERATIONS AND RESPONSE

When a hurricane or other disaster occurs, time for preparation may be limited; therefore, each division/department should prepare business continuity or contingency plans way in advance to address back-up of data, loss of resources, etc. Each division/department of Jackson Health System has additional needs and requirements unique to their operations, which must be carried out in the event of a hurricane threat. These divisions and/or departments have detailed their specific requirements in their area-specific emergency response plans/policies which should coincide with the JHS Emergency Operations Plan and Hurricane Response Plan.

This section of the JHS Hurricane Response Plan describes methods used for managing emergency activities during mitigation, response and recovery from a tropical storm. The major elements of this section include various planning phases during a hurricane including, but not limited to: pre-planning, notification and warning, direction and control, initial and continuing actions necessary for response, recovery, and mitigation efforts. The Jackson Health System's response to hurricanes is initially directed by the Chief Operating Officer and/or designee, and is based on the actions and support of the following groups of personnel:

- Emergency Management and Disaster & Emergency Preparedness personnel
- Emergency Management Planning Committee
- Environment of Care Executive Committee
- Extended Management Leadership Team (EMLT)
- The JHS Hospital Incident Command System (HICS)
- Hurricane During and After Teams (HDT, HAT)
- Sheltering Managers and Teams (MMF & SNEC)

Health System Staff Activation (Declaration of “Emergency Periods”)

1. Depending on directives received from Miami-Dade's Department of Emergency Management and Homeland Security, the time period of an emergency will be declared and defined by the President/CEO of the Public Health Trust, based upon guidance and information provided by the Emergency Management, Disaster and Emergency Preparedness, and Executive Leadership.
2. Activation of the HICS ensures that patient care departments of each hospital are staffed at the appropriate levels to support its clinical operations. This same incident command system also strives to ensure that the “Mission Critical” non-clinical departments are staffed to the levels necessary to support the clinical areas while they strive to still provide an optimum level of care during emergency activation. Persons whose workplace is considered non-essential to clinical operations will be assigned to a personnel labor pool and will become “Reserve Personnel” to be used at the discretion of the pool's manager(s) during an emergency period.

3. A Public Service announcement will be prepared by the Public Information Officer for the purpose of informing PHT employees and avoiding confusion that might exist with instructions for other Miami-Dade County personnel.
4. Staffing may change as the incident progresses. The Labor Pool & Credentialing Unit Leader under the direction of the Support Branch Director, as designated by the Human Resources Capital Management Division at the request of the Logistics Chief, may phase in the health system's staff activation in accordance with Administrative Policies & Procedures #236 and #371, at the beginning of an "Emergency Period" (along with its "emergency pay" benefit detailed in Administrative Policy & Procedure #322) .
5. Department Directors have the responsibility for scheduling adequate staffing for before/during and after a hurricane. Employees expected to report to work before/during and after the hurricane will be so advised by their supervisor; they are also expected to call (305) 585-8000, periodically, during the established emergency period for updated staffing information. The "Staffing" command center for JMH is normally located inside conference room #259 in the Ira Clark Diagnostic Treatment Center (DTC).
6. Members of the Extended Management Leadership Team (and their designees) will be part of the Hospital Incident Command System (HICS). Members of this group will select and direct the emergency staffing that is desired, as detailed in their division-specific plans, organizational charts, and related job action sheets.
7. The JHS Emergency Contact telephone roster will be revised and distributed via email during a hurricane alert by the JHS Executive Office.
8. During full activation of the ICC, in the event of a hurricane disaster, individuals, JMH departments, and designated PHT off-site facilities, not directly affected by weather conditions, will be expected to conduct business as usual.
9. Departmental personnel should follow their area-specific Hurricane Response or Emergency Operations Plans, and continue to provide support as needed or requested by administrative, ICC and emergency management response personnel.

Mitigation, Preparedness, Response, and Recovery Strategies

The Joint Commission's (JC) Emergency Management Standard requires that accredited healthcare organizations/systems identify specific procedures for mitigation, preparedness, response, and recovery strategies when responding to an emergency. The following provides a list of some of the actions to be taken during the notification of a hurricane-related emergency; it is to be used as a guide and depends on the severity and intensity of an approaching hurricane.

A. Preparation and Mitigation (Before a Tropical Storm or Hurricane)

1. Each hospital campus will participate in hurricane planning sessions and table-top exercises, scheduled prior to or at the beginning of the hurricane season by the Miami-Dade Department of Emergency Management.
2. The Jackson Health System (JHS) Hurricane Response Plan will be reviewed annually by the Emergency Management Planning Committee and revised as needed.
3. Division/department-specific hurricane plans will be reviewed and revised as necessary.
4. Department directors will review both hurricane plans and the employees' responsibilities with their employees.
5. The senior vice president of Medical Affairs and/or medical chief of staff will review the JHS Hurricane Response Plan and the physicians' responsibilities with the physicians.
6. Department directors will update telephone lists and verify members of their Hurricane During Teams (HDT) and Hurricane After Teams (HAT).
7. Patient Access Services, and Medical Management Facility (MMF) / Special Needs Evacuation Center (SNEC) managers will establish/maintain access to Miami-Dade County's Emergency Evacuation Assistance Program (EEAP) database and remain abreast of the registered adult and pediatric clients/evacuees in the web-based system. Jackson Memorial Hospital has agreed to, upon notification, activate its Medical Management Facility Plan for a maximum of 200 boarders/clients through a Memorandum of Understanding entered into with Miami-Dade County; both Jackson South and Jackson North have similar agreements.
8. JHS' Women's Hospital Center (located at JMH) will plan for the opening of its Maternity Medical Management Facility to accept a maximum of 25 patients that meet specific criteria.
9. JHS special hurricane supply lists will be developed by department directors and sent to Supply Chain/Materials Management by March 31st of each year after receiving approval from respective vice presidents; orders will be placed in advance for the necessary supplies to be reserved.
10. Every department will be required to develop and update its own emergency and/or hurricane response plan, team assignment, and succession plan and provide copies to its respective vice president and the JHS emergency management coordinator no later than March 31st of each year. In addition, a "Staffing Needs List" should also be created and maintained to indicate the number of volunteer personnel required and the functions to be performed in assisting in the maintenance of operations during the declared emergency period.
11. Department directors will appoint an alternate who will be responsible in their absence.
12. Accommodations including sleeping quarters and showers will be determined as space allows. Department directors will arrange for the sleeping/resting locations and scheduling of staff assigned to their HDT upon approval of the respective vice president.
13. The MMF and SNEC shelter managers will arrange for the ordering of supplies and equipment necessary to open respective facilities.
14. The shelter managers will review / revise / update staffing needs based on anticipated number of evacuees per the Miami-Dade DEM evacuee database.

B. Response Phase I (Tropical Storm/ Hurricane Alert)

Either tropical storm force winds (39 to 73 mph) or a hurricane (74 mph or greater) has entered the Caribbean or Gulf of Mexico and is a minimum of 72 to 48 hours or 1250 miles away from South Florida.

1. Senior management will evaluate current and forecasted tropical storm/hurricane conditions/path.
2. Department directors will review and/or share JHS and department-specific hurricane plans with their staff.
3. Department directors will review their telephone call lists and verify for accuracy.
4. HR's Labor Pool unit leader will verify the call list for the Labor Pool personnel.
5. Department directors will verify equipment, supplies, and readiness.
6. Department directors will contact Supply Chain/Materials Management and/or vendors regarding pending weather conditions and outside supplies needed.
7. Department directors will ensure that staff is aware of the location of emergency phones and power failure phone numbers and that staff know how to operate phones.
8. Department directors will work with Information Technology (IT) to arrange for the backing up of computers.
9. Department personnel shall make plans for possible extended duties.
10. Support Services/Plant Operations will top off hospital oxygen and fuel supply.
11. Support Services/Plant Operations will arrange for Engineering Maintenance foremen to provide a list (by building) of all showers available for employee use, to the Operations Section Chief and Infrastructure Branch Director in the ICP.
12. The Transportation unit leader will work with affected departments to ensure that all JHS transportation vehicles are fully fueled.
13. Emergency Management personnel will contact Ham radio operators to plan for the set up/activation of equipment if or when needed.
14. Upon notification from Miami-Dade County's DEM (generally when the storm is approximately 48 hours away), the shelters (SNEC and/or MMF) will be opened and staffed.
15. Emergency Management personnel will begin to monitor national and local weather service bulletins and websites for weather conditions and forecasts while also maintaining communications with Miami-Dade's DEM.
16. Emergency Management personnel will arrange for the preparation of the Command Centers and ensure that they are equipped with necessary supplies; Information Technology (IT) personnel will ensure that all hand-held radios and mobile phones are fully charged, and that all Command Center laptops and landline phones are fully functioning.

Special Assignment Group: Medical Management Facility, Special Needs Evacuation Center and Labor Pool personnel:

- 1. MMF and SNEC managers will review hurricane plans with their staff.***
- 2. MMF and SNEC management team will review/verify/update staffing contact numbers for call lists.***
- 3. MMF managers will identify triage areas, secure all required spaces (for adult and pediatric clients/boarders) and contact appropriate departments or Incident***

Command Post staff to confirm availability and readiness of supplies and equipment needed to open shelters two hours prior to set up.

4. *JHS Emergency Management staff will assist the MMF managers with the coordination of opening and set-up activities for MMF.*
5. *MMF and SNEC management teams will remain on alert regarding the opening/staffing of shelter locations and notification of staff, as determined by storm intensity and Miami-Dade County's DEM timeframe to transport evacuees (may open in advance of emergency declaration).*
6. *Special Assignment Employee hotline (305) 585-8578 will be activated at JMH; employees will be instructed to call for updates related to shelter assignments.*

C. Response Phase II (Hurricane Watch)

Hurricane conditions are possible within 48 to 36 hours or 750 miles away from South Florida. A hurricane watch for the South Florida area poses a substantial risk to Miami-Dade County while the path is still unpredictable.

1. The chief operating officer or designee will arrange for the Extended Management Leadership Team (EMLT) members to be contacted regarding a briefing meeting in the JMH Boardroom (or other meeting area) regarding Hurricane Watch status.
2. Department directors will call/inform employees who are to work during the hurricane and instruct them to prepare to report to work when the National Hurricane Center issues a Hurricane Warning for Miami-Dade County. These employees are also required to call the JHS Employee Information Hotline (305) 585-8000 which is activated at the onset of the emergency period and provided with specific reporting instructions.
3. The senior vice president of Medical Affairs and/or medical chief of staff shall insure that all necessary medical staff is present at the hospital during the hurricane period, beginning with the Hurricane Watch.
4. Hurricane During Team employees will be notified regarding reporting schedules by respective department directors (and/or the JHS Mass Notification Emergency Communication System).
5. Department directors will instruct employees on their Hurricane During Team (HDT) to wear their employee I.D. badge and bring 2 gallons of water, change of clothes, pillow, blanket, snacks, and medications, etc.
6. Hospital personnel who are on the HDT will be released from duty as close to 24 hours prior to a hurricane as possible, to take care of personal needs and return to their respective institutions prior to the hurricane affecting the county.
7. Department directors will implement rest/work rotation schedules.
8. Plant Operations/Engineering Services will arrange for the entire physical plant to be secured (i.e., hurricane shutters and sand bags, etc.). This activity will commence at a time appropriate to allow completion of the task before the storm reaches Hurricane Warning status.
9. Loose items: garbage receptacles, chairs, tables, plants, urns, newspaper stands, etc. will be removed from outside of buildings by groundskeepers. This activity will commence at a time appropriate to allow completion of the task before the storm reaches Hurricane Warning status.

10. Nutrition Services will order and stock adequate supplies of food and drinking water.
11. Directors of nursing and physician staff will identify possible patients for discharge based on information received from the patient care units, and communicate to the Patient Placement Center/Central Staffing Office.
12. A weather alert and message will be sent out electronically (HIS, Intranet, Outlook) by the public information officer to all of JHS, giving status update.
13. The media will be updated on JHS' status.
14. The JHS Employee Information Hotline (305) 585-8000 will be activated by Media Relations.
15. The Hospital Command Centers/ Incident Command Posts (ICP) will open, and telephone lines will be manned by assigned ICP staff. HICS section chiefs will coordinate and review schedules to ensure that adequate relief will be available during all response phases of the emergency period.
16. Plant Operations, Safety and Security (all PHT sites) will begin monitoring areas for possible damage from debris, safety and security breaches, hazardous spills/exposures, and/or other risky conditions.
17. Emergency Management personnel will continue monitoring national and local weather service bulletins and websites for weather conditions and forecasts while also maintaining communications with Miami-Dade's DEM.

Special Assignment Group: Medical Management Facility, Special Needs Evacuation Center and Labor Pool personnel:

- 1. MMF and SNEC management team inform call down team to notify MMF and SNEC staff when to report for duty and location.***
- 2. HR's Labor Pool unit leader will use the Mass Notification Emergency Communication System (MNECS) to deliver an appropriate message to Labor Pool personnel.***
- 3. MMF managers will arrange for members of their management teams to contact the appropriate departments and/or Incident Command Post staff to confirm availability and readiness of supplies and equipment needed to open MMF triage areas, and identify MMF locations (two hours prior to set up).***
- 4. JHS Emergency Management coordinator or specialist will confirm with MMF managers the anticipated timeframe to open MMF locations and staff SNEC locations based on directive from Miami-Dade's DEM.***
- 5. MMF and SNEC Management team and staff remain alert and prepared to open/staff shelter locations as determined by storm intensity and specifics from Miami-Dade County's DEM regarding the timeframe for the transporting of evacuees (may open in advance of emergency declaration).***
- 6. Special Assignment Employee hotline at JMH (305) 585-8578 is updated with anticipated timeframes for opening shelters.***
- 7. MMF and SNEC hurricane leaders prepare/provide "Just in Time" orientation for assigned staff.***
- 8. MMF and SNEC hurricane leaders provide hourly census to MMF/SNEC manager until lock-down occurs.***

9. **MMF/SNEC managers report shelter census to appropriate JHS ICP and DEM Emergency Operations Command Center.**
10. **MMF/SNEC managers will monitor shelter locations, assess concerns and issues, and provide resolution as needed.**
11. **MMF/SNEC hurricane leaders will maintain communication with MMF/SNEC manager or ICP as needed for supplies, equipment, staffing and evacuee concerns.**

D. Response Phase III (Hurricane Warning)

Hurricane conditions are possible for South Florida within 36 hours or less. A hurricane warning can remain in effect when dangerously high water or a combination of dangerously high water and exceptionally high waves continue, even though winds may be less than hurricane force (64knots or 74mph).

1. President/CEO of the Jackson Health System will declare and define the emergency period.
2. The chief operating officer, or designee, will inform the EMLT members of Hurricane Warning status.
3. Emergency Management personnel will continue monitoring national and local weather service bulletins websites for weather conditions and forecasts while also maintaining communications with Miami-Dade's DEM.
4. The senior vice president of Medical Affairs and/or medical chief of staff shall insure that all necessary medical staff is present at the hospital during the hurricane period and that staffing needs are clearly coordinated with the University of Miami Health System.
5. Elective surgeries, diagnostics and other procedures will be cancelled per chief medical officer (CMO) and chief operating officer (COO). This effort will be coordinated with the University of Miami Health System.
6. Patients who can be discharged will be discharged.
7. A weather alert and message will be sent out electronically (HIS, Intranet, Outlook) by public information officer to all of JHS, giving status update.
8. JMH ICP/Command Center will be fully activated/staffed by assigned ICP personnel according to the JMH HICS organizational chart. HICS section chiefs will coordinate and review schedules to ensure that adequate relief will be available during all response phases of the emergency period.
9. All departments should secure their areas, according to their specific plans (i.e., disconnect unessential electronic devices, remove cords/power-strips from floors, and if possible, remove furniture and equipment away from unshuttered windows).
10. Department directors/nurse managers will advise outpatients and visitors of the current weather conditions and prepare to send them home.
11. Employees who serve as members assigned to the HDT, including Labor Pool personnel, will report to work according to special assignments and schedules. Departments needing personnel from the Labor Pool should confirm their requirements with the Support Branch director and/or Logistics Section chief in the ICP/Command Center.
12. Gates/arms to JMH parking garages and lots will be lifted and there will be no charge for parking during the duration of the hurricane emergency period.

13. The Women's Hospital Center (WHC) will open its Maternity Medical Management Facility (MMMF) – East Tower 4 and activate its Mother/Baby Hotline (305) 585-BABY.
14. Supply Chain/Materials Management will arrange for special pre-ordered supplies to be delivered to the logistics receiving station at JMH within eight hours after the hurricane warning is issued.
15. Supply Chain/Materials Management will arrange for the distribution of pre-ordered special supplies, intended for use after a hurricane. Therefore, unless needed prior to this, these supplies will not be used or integrated with other supplies. If a hurricane does not hit, the department director will determine if supplies will be returned or kept.
16. The media will be updated on JHS' status by the public information officer and/or Media Relations.
17. Ham radio operators will be notified/contacted to report to the pre-designated locations as needed.
18. Environmental Services director and laundry services vendor will arrange for the ordering and distribution of additional linen for patient care according to their Emergency Disaster Contingency Plan.
19. The Communications Unit leader and/or Service Branch director (from the Logistics Section) will distribute emergency mobile phones, hand-held radios, and satellite phones to pre-assigned mission critical personnel, and maintain sign-in/sign-out roster, while also ensuring that all phones are working properly when distributed.
20. Plant Operations, Safety and Security (all PHT sites) will continue monitoring all areas for possible damage from debris, safety and security breaches, hazardous spills/exposures, and/or other risky conditions.
21. Employees are to be familiar with and follow specific actions as listed in their individual division/department specific hurricane preparation and response plans.
22. Access into hospitals and off-site facilities will remain limited.
23. JMH will provide space for Miami-Dade County Police Department personnel as needed.

Special Assignment Group: Medical Management Facility, Special Needs Evacuation Center and Labor Pool personnel:

- 1. MMF/SNEC management teams and staff would receive timely information from Miami-Dade's or JHS' Emergency Management coordinators regarding the setting up of the shelters and receipt of registered evacuees/boarders.***
- 2. MMF/SNEC management teams and staff will remain prepared to open shelter locations as determined by storm intensity and other specifics from Miami-Dade County's DEM regarding the timeframe for the transporting of evacuees (may open in advance of emergency declaration).***
- 3. Special Assignment Employee hotline at JMH (305) 585-8578 is updated.***
- 4. MMF and SNEC hurricane leaders prepare/provide "Just in Time" orientation for assigned staff.***
- 5. MMF and SNEC hurricane leaders provide hourly census to MMF/SNEC managers until lock down occurs.***
- 6. MMF/SNEC managers report shelter census to the appropriate ICP and Miami-Dade's DEM Emergency Operations Command Center.***

- 7. MMF/SNEC managers will monitor shelter locations, assess concerns and issues, and provide resolution as needed.**
- 8. MMF/SNEC hurricane leaders will maintain communication with MMF/SNEC manager or Command Center as needed for supplies, equipment, staffing and evacuee concerns.**

E. Response Phase IV (During Hurricane)

Hurricane force winds (74 mph or higher) are present in South Florida and pose a great threat to Miami-Dade County.

1. All ICP's will remain fully activated and operational.
2. Response activities, as directed by JHS Incident Command System, will remain continuous.
3. Open lines of communication, between JHS Incident Command personnel and JHS departments and off-site facilities, will continue.
4. Elective surgeries, diagnostics and other procedures will be cancelled per chief medical officer (CMO) and chief operating officer (COO). This effort will be coordinated with the University of Miami Health System.
5. JHS staff will monitor patient care areas closely to ensure that patients are removed from any immediate danger caused by high winds or water.
6. Managers/supervisors will notify employees of impending disaster and initiate specific actions within departmental plan.
7. A weather alert and message will be sent out electronically (HIS, Intranet, Outlook) by the Public Information Officer to all of JHS, giving status update.
8. Employees will monitor the JHS Employee Information Hotline.
9. Maintenance personnel will activate flood gates as needed.
10. JHS will activate a protective lockdown mode (to be initiated by Security Services and supported by Plant Operations/ Engineering/ Maintenance/ Grounds personnel and/or other available staff). Access into hospitals and off-site facilities will be restricted.
11. Employees will wear their employee identification badge at all times while working.
12. Damages to any buildings or utility systems will be reported immediately to the JHS ICP/ Command center (West Wing 124) at (305) 585-5750 phone, or (305) 585-6767 fax and/or called into Engineering.
13. Communication lines will be kept open between JHS personnel assigned to the Miami-Dade EOC and the JHS ICP (liaison officer) (externally), and between JHS ICP staff and their respective, designated leaders/teams (internally).
14. Emergency Management personnel will continue monitoring national and local weather service bulletins and websites for weather conditions and forecasts while also maintaining communications with Miami-Dade's Office of Emergency Management.

Special Assignment Group: Medical Management Facility, Special Needs Evacuation Center and Labor Pool personnel:

- 1. Special Assignment Employee hotline at JMH (305) 585- 8578 is updated.**

2. **MMF and SNEC hurricane leaders will complete “Just in Time” orientation for assigned staff.**
3. **MMF and SNEC hurricane leaders will provide final census to MMF/SNEC manager after all evacuees are received; once lock-down is established.**
4. **MMF/SNEC managers will report final shelter census to the appropriate Hospital Command Center and Miami-Dade’s DEM Command Center.**
5. **MMF/SNEC managers will monitor shelter locations, assess concerns and issues, and provide resolution as needed.**
6. **MMF/SNEC hurricane leaders will maintain communication with MMF/SNEC manager and Command Center as needed for supplies, equipment, staffing and evacuee concerns.**

F. Response Phase V (Post Hurricane - All Clear)

Weather conditions associated with a hurricane are no longer affecting Miami-Dade County; no other hurricanes are anticipated within the next 36 to 48 hours.

1. Damaged areas of the hospitals and off-campus sites will be secured as quickly as possible and the appropriate Plant Operations/ Engineering/ Maintenance/ Grounds personnel will plan for, and allow, recovery and clean-up to begin.
2. Damaged areas deemed structurally unsafe will be evacuated and secured.
3. Utility failures (electricity, plumbing, HVAC, vertical transport, etc.) will be addressed and reported to the appropriate ICP; plans will be made for repairs to begin.
4. The media will be updated on JHS’ status by JHS Media Relations.
5. Access into hospitals and off-site facilities will remain limited; restrictions will decrease as conditions allow.
6. Telecommunications systems will be made available and repairs addressed.
7. Management Information Systems/Network Services will begin efforts to bring normal functions back as soon as possible.
8. Food and potable water will be made available according to plans.
9. Elective surgeries, diagnostics and other procedures will remain cancelled until further notice from CMO and COO. CMO and COO to determine when normal functions can resume.
10. The president/CEO of the Public Health Trust (or designee) will announce the “All Clear” when it is feasible to do so.
11. Parking garages and lots will be made accessible; valet service will become available as soon as possible.
12. Employees scheduled to work on the Hurricane After Team (HAT) will monitor the JHS Employee Information Hotline (305) 585-8000 to determine when to report to work.
13. Once HAT employees arrive to work, they will remain until staff reporting for their regular scheduled shifts arrives.

Special Assignment Group: Medical Management Facility, Special Needs Evacuation Center and Labor Pool personnel:

1. **MMF/SNEC managers will receive information regarding the “All Clear” status from JHS’ Incident Command Post (ICP).**
2. **Special Assignment Employee hotline at JMHS (305) 585-8578 is updated with notification for “After” team report timeframe and shelter locations.**
3. **Hurricane leaders assess staffing needs based on evacuee census and provide notification to Hurricane After Team leaders and members.**
4. **MMF and SNEC hurricane leaders prepare “Just in Time” orientation for assigned Hurricane After Team staff-members.**
5. **MMF hurricane leaders and Social Work provide evacuees’ transportation data to the appropriate ICP.**
6. **Miami-Dade County DEM notifies JHS ICP’s (liaison officer) of evacuees’ transportation / pick-up schedule.**
7. **The ICP (liaison officer) notifies MMF hurricane leaders of Miami-Dade DEM’s transportation pick-up schedule for clients/evacuees. Key point: Evacuees not transported by Miami-Dade County DEM are responsible for their own transportation home.**
8. **Evacuees’ care records are to be sent to the Medical Records Department upon “discharge” from MMF.**
9. **MMF/SNEC managers will monitor shelter locations, assess concerns and issues, and provide resolutions as needed.**
10. **MMF/SNEC hurricane leaders will maintain communication with MMF/SNEC manager or JHS Command Center as needed for supplies, equipment, staffing and evacuee concerns.**

G. Recovery (After Hurricane)

1. Each ICP/Command Center will remain open and manned until issues and concerns regarding additional needs and required services are resolved.
2. Both the JHS incident commander and liaison officer will continue to be a source of contact with the Miami-Dade Office of Emergency Management.
3. Department directors will assess any hurricane-related damage to their areas, complete the appropriate Hurricane Damage Assessment Forms (**Appendix A & B**), and return it to the building grounds damage unit leader and/or infrastructure branch director, who will in-turn provide copies to Risk Management and Emergency Management.
4. Upon completion of all damage assessments, and determination that buildings/units are safe, the COO and CMO will determine when normal operations will resume.
5. Plant Operations/Engineering Services will continue to assess the entire physical plant for damage.
6. Plant Operations/Engineering Services will arrange for fuel suppliers to top off fuel supply on all generators as required.
7. Department personnel will separate damaged equipment from undamaged equipment and secure all equipment against further damage or theft.
8. All damaged medical equipment must be reported to Biomedical Engineering and/or Risk Management for an inspection to be scheduled.

9. If electrical power is lost, hospital generators will provide back up power for over four days (96 hours).
10. If telephone service is lost, power failure (black) phones, hand-held radios, and cellular phones can be used.
11. If water supply is lost, there are two 15,000 gallon tanks located on JMH's premises equipped to supply non-potable water to the inpatient units in the Central, West Wing and East Tower buildings for flushing toilets. Engineering/Maintenance will distribute lined 15 gallon containers and assist the units with setting up.
12. Public Relations and Human Resources/ Employee Work Life Services will start sending pertinent information out to all JHS employees regarding available resources and assistance.

Special Assignment Group: Medical Management Facility, Special Needs Evacuation Center and Labor Pool personnel:

- 1. MMF and SNEC will remain open until all clients/evacuees have electricity or flooding has subsided at their residence.***
- 2. MMF and SNEC management teams will coordinate staffing until remaining evacuees can be absorbed by nursing units.***
- 3. Special assignment employee hotline at JMH (305) 585-8578 will be updated with notification for "After" team report timeframe and shelter locations.***
- 4. Hurricane leaders assess staffing needs based on evacuee census and provide notification to Hurricane After Team leader and members.***
- 5. MMF and SNEC hurricane leaders will prepare "Just in Time" orientation for assigned after staff.***
- 6. MMF hurricane leaders and Social Work will provide evacuees transportation data to their respective ICP/Command Center.***
- 7. Miami-Dade County DEM notifies each ICP (liaison officer) (or MMF/SNEC managers/leaders) of evacuee's transportation / pick-up schedule.***
- 8. Each ICP notifies MMF hurricane leader of DEM's transportation pick-up schedule for evacuees. Key point: Evacuees not transported by Miami-Dade County are responsible for their own transportation home.***
- 9. Evacuee's care records are to be sent to the Medical Records Department upon "discharge" from MMF.***
- 10. MMF/SNEC Managers will monitor shelter locations, assess concerns and issues, and provide resolutions as needed.***
- 11. MMF/SNEC hurricane leaders will maintain communication with MMF/SNEC manager or ICP as needed for supplies, equipment, staffing and evacuee concerns.***

VII. ACCOMMODATIONS

Food and Ice

Patients of JHS are the first priority, and needed food items will be allocated to them prior to employees and visitors. The main JMH Cafeteria will adjust meal service hours as deemed necessary to serve employees and visitors. However, employees should also plan to bring with them non-perishable food items. Upon presentation of an authorized catering request form signed by the Finance chief of the ICP, Nutrition Services will set up special food orders for ICP/Command Center requests. No deliveries of such orders will be made by Nutrition Services, except to the Command Center on an emergency basis only. Ice and drinking water distribution for patients in patient care units will be handled by Nutrition Services. Agreements are in place to ensure that adequate back-up support for food production will be provided if needed. At JMH, a command center will be established within Nutrition Services to better support the food service operations under a crisis and the phone number will be **(305) 585-7035**. This command center will operate on a 24-hours basis once the emergency period is declared by the institution's CEO.

Drinking Water

As part of hurricane preparedness prior to the beginning of the season, at least five thousand gallons of drinking water is placed on reserve with the institution's vendor/supplier; in addition, a limited amount of drinking water is kept on inventory at JMH for patients. When a hurricane alert is given, or when the storm is 72 to 48 hours or 1250 miles out, the delivery order will be placed by the Supply Chain/Materials Management Department. The logistics chief of the Incident Command Center will be responsible for setting up the delivery of the drinking water to the pre-designated departments on an as needed basis after the Hurricane Warning is issued.

Lodging

Employees will be advised not to bring family members to any PHT owned facilities for lodging. For employees, personal sleeping items should be brought in such as pillows, linen and blankets or sleeping bag, as bedding supplies will be at a premium. Sleeping arrangements for staff on the Hurricane During Team will be arranged in advance by respective department directors. Personnel assigned to the Labor Pool will receive information on sleeping arrangements along with shift assignments from HR's Labor Pool unit leader.

Showers

A list of showers accessible to JMH staff will be made available and provided to the HICS Infrastructure Branch director by each individual building foreman during the Hurricane Alert, or to the Operations Section chief after the Incident Command Post is opened and staffed.

VIII. EMPLOYEES OF JACKSON HEALTH SYSTEM

Employee Actions and Response

At the beginning of the hurricane season, all employees should have an emergency plan at home to ensure preparedness. In response to a hurricane and the resulting conditions affecting the

institution, employees should consider these general action items identified in the following checklist:

- Maintain patient care and personnel safety**
- Remain in your area unless advised to evacuate or unless the situation warrants immediate evacuation
- Follow the instructions of Administrative, Incident Command and/or Emergency Response Personnel
- Account for the number of people under your direct supervision evacuated or injured and verify that everyone has been moved to safe areas
- When evacuating patients, ensure the following are accounted for:
 - Tracking records
 - Medical records
 - Identification bracelet
 - Personal items
 - Visitors (if any)
- Follow your division/department emergency procedures
- If you are a manager, ensure your call-down roster has accurate phone numbers
- Identify staff members that are available to help carry out operations (HDT & HAT)
- Request and assign additional Labor Pool personnel, if necessary
- Check departmental emergency supplies and inventories

Evacuation Checklist

Jackson Health System is a “Defend-in-Place” facility with regards to fire and/or emergency evacuation of buildings classified as healthcare occupancies. While the location of facility damage will be isolated as much as possible, partial evacuation may be required to move patients, visitors, and personnel horizontally to a safe zone on the same floor. If horizontal evacuation is not possible, evacuation to a floor above or below the site of the damage may be ordered. Partial evacuation shall be performed in accordance with applicable division/departmental fire/emergency evacuation policies and procedures. The following summarizes evacuation procedures as communicated in Administrative Policies #112 and #270:

- Once evacuation is deemed necessary, the department’s fire/emergency evacuation procedure will be followed and the assistance of emergency response personnel requested.
- If horizontal evacuation is impossible, vertical evacuation to a floor below the site of the emergency will be conducted, using stairwells for evacuation.
- Employees, patients, and visitors will be directed to the appropriate meeting location.
- Non-ambulatory and critical patients will be evacuated as appropriate according to their needs, using emergency evacuation equipment as deemed necessary.
- Security Services will maintain communication with emergency response personnel and report evacuation and operating status.

- ❑ Security Services, Plant Operations, Respiratory Therapy, and other departments within JHS will provide assistance with the partial evacuation as needed.

In the rare event that an entire building must be evacuated, patients, personnel, and equipment will be moved to another building or another hospital within the Jackson Health System, as appropriate. In addition MAA's and MOU's are kept on file, reflecting local hospitals that have agreed to support aid to JHS patients in the event of emergency evacuation. Full evacuation shall be performed in accordance with Administrative Policy & Procedure #270 Patient Evacuation and Relocation, each JHS hospital's Evacuation Plan, and the applicable division/departmental fire/emergency evacuation plan. The following steps summarize the policy:

- ❑ Once the Fire Department, CEO, COO or Administrator-In-Charge has deemed full evacuation necessary, Telecommunications operators will be instructed to:
 - Notify all Jackson Health System personnel of evacuation
 - Ensure the HICS liaison and public information officers coordinate and request assistance from other hospitals and facilities within the JHS for the evacuation and transfer of patients
 - Alert emergency response personnel
 - Alert the Miami-Dade DEM&HS and Department of Health
- ❑ Non-ambulatory and critical patients will be evacuated as appropriate according to their needs using emergency evacuation equipment.
- ❑ Division/department specific emergency plans should contain evacuation procedures as well as meeting and transfer locations.
- ❑ Designated fire exit stairwells will be used for evacuation as well as evacuation equipment.
- ❑ Page Operators will maintain communication with emergency response personnel, the Plant Operations on-call personnel, and the Administrator-In-Charge (AIC) and report evacuation and operating status.
- ❑ The Fire Department, and if safe, Security and Safety shall ensure that all areas are evacuated.
- ❑ Plant Operations will provide assistance with the evacuation as needed.

The primary staging area for this transfer of patients at JMH will be the ground floor of the Ira C. Clark Diagnostic Treatment Center (DTC) lobby. The second evacuation site will be the 1st floor of the parking garage nearest to the main evacuation zone. The DTC is the only assembly area that has emergency power if it is required for special patient care needs.

IX. PERSONAL PREPAREDNESS PLANNING

Although this section provides information to Jackson Health System personnel regarding emergency preparedness, it is left to the employee's discretion to establish and maintain a minimum level of preparedness commensurate with their perceived needs. The Security Services Department will serve as the primary enforcement agency including control and surveillance of sensitive areas/facilities. Media Relations and MIS/Telecommunications will serve as the primary

communications and notifications hub for channeling information between responders. It must be noted that all employees play a crucial role in the emergency response process by being on a high state of alert and maintaining proper identification.

Effective planning, prior to an actual incident, will determine the effectiveness of JHS' response. Maintaining the appropriate level of personal preparedness is an integral component of the emergency planning process to ensure that employees are capable of providing the highest possible level of care to patients.

Having a Personal Incident Response Checklist is the first step in ensuring that employees are prepared for the consequences that an incident will have on their personal lives. Personal Incident Response Checklist consists of essential items that facilitate an individual's response to an incident. Recommendations are provided in **Table - 1** regarding personal and/or professional items that employees should bring with them on site for emergencies that may last for an extended period like hurricanes.

At the present time, JHS employees are not permitted to bring family members with them when they report for duty during an emergency period. Employees are more likely to be focused and able to provide the highest level of care when they are assured of their personal safety and that of their dependents, especially when the incident is community-wide and long lasting (more than 3 days). With this in mind, additional recommendations regarding individual personal/family preparedness planning are listed on the JHS intranet portal (Hurricane Toolkit provided by Human Resources Capital Management/ Employee Work Life Services) as well as on website links for both Miami-Dade and Broward Counties.

(For details, please review the entire folder accompanying this plan on the main JHS Intranet portal).

Table 1 – Personal Incident Response Checklist

General

- | | |
|--|--|
| <input type="checkbox"/> Institutional ID Badge | <input type="checkbox"/> Medications |
| <input type="checkbox"/> Standard Flashlight (3 Volt) “D Size” | <input type="checkbox"/> Work gloves |
| <input type="checkbox"/> Rain Poncho/ Umbrella | <input type="checkbox"/> Special dietary needs |
| <input type="checkbox"/> Personal cell phone (optional) | <input type="checkbox"/> Plastic storage bags |
| <input type="checkbox"/> Cell Phone Charger | <input type="checkbox"/> Food (non-perishable) |
| <input type="checkbox"/> Small first aid kit | <input type="checkbox"/> Beverages |
| <input type="checkbox"/> Cash | <input type="checkbox"/> Bug repellent |
| <input type="checkbox"/> Sleeping bag (or blanket and pillow) | <input type="checkbox"/> Paper towels |
| <input type="checkbox"/> Eye drops | <input type="checkbox"/> Prescription glasses |
| <input type="checkbox"/> Prescription medication | |

Clothes

- | | |
|---|--|
| <input type="checkbox"/> Cotton-based clothes | <input type="checkbox"/> Towel |
| <input type="checkbox"/> Multiple socks | <input type="checkbox"/> Comfortable Shoes |
| <input type="checkbox"/> Undergarments | <input type="checkbox"/> Zipper hip sacks |

Toiletries

- Baby wipes
- Toothbrush
- Toothpaste
- Deodorant
- Mouthwash
- Hairbrush
- Razor / Shaving Cream
- Contact lens solution/ cases
- Antibacterial wipes
- Tampons
- Soap / Shampoo
- Baby powder
- Soap
- Hand Sanitizer

How to Arrange for the Care of Your Pets

For public health reasons, the JHS medical facilities and many emergency shelters cannot accept pets. The Humane Society of the United States (HSUS) offers the following tips to pet owners designing an emergency safety plan:

- If you evacuate your home, **DO NOT LEAVE YOUR PETS BEHIND!** Pets most likely cannot survive alone; and if by some remote chance they do, you may not be able to find them when you return.
- Find out which motels and hotels in your area allow pets well in advance of needing them, if your family will be evacuating your home. Include your local animal shelter's number in your list of emergency numbers along with your county's/city's website address as they may be able to provide information concerning pets during a disaster.
- Make sure identification tags are up to date and securely fastened to your pet's collar. If possible, attach your cellular phone number. If your pet gets lost, his tag is his ticket home. Make sure you have a current photo of your pet for identification purposes.
- Residents living in an evacuation zone are able to pre-register their pets for a pet-friendly shelter by contacting the Humane Society in their county.
- Find out if you need to take pet food, bottled water, medications, veterinary records, cat litter/pan, can opener, food dishes, first aid kit and other supplies to the animal shelter. As part of your preparation plan, consider packing a "pet survival" kit, which could be easily deployed if a disaster hits.
- If you are unable to return to your home right away, you may need to board your pet. Most boarding kennels, veterinarians and animal shelters will need your pet's medical records to make sure all vaccinations are current. Include copies in your "pet survival" kit along with a photo of your pet.
- If you have no alternative but to leave your pet at home, there are some precautions you must take, but remember that leaving your pet at home alone can place your animal in great danger! Confine your pet to a safe area inside -- NEVER leave your pet chained outside! Place a notice outside in a visible area, advising what pet is in the house and where they are located. Provide a phone number where you, a relative, friend or neighbor can be reached as well as the name and number of your vet.

X. DOCUMENT PREPARATION FOR FEMA CLAIMS

In order to process successful eligible claims with FEMA, Department Managers are responsible for ensuring that the required documentation is filled out completely. When preparing for a hurricane, departments should be prepared to document all expenses in detail with the idea that any and all expenses could be eligible for FEMA reimbursement.

It is imperative that all requisitions, contracts, invoices, and any other supportive documentation to be submitted include detailed descriptions with locations together with, if possible, pictures of the damage prior to being forwarded to the FEMA Coordinator.

FEMA generally implements time constraints requiring reporting to them within 60 days following a disaster from a specific date. Therefore, time is of the essence so each JHS department needs to report/deliver to the assigned FEMA Coordinator (JHS Finance Department) *immediately or as soon as it is feasible*, any of the following:

The Public Health Trust/Jackson Health System is classified as an **Eligible Facility** which includes not only the Hospital but also the outpatient centers and all custodial care facilities under The Public Health Trust.

Eligible Work is based on the following minimum criteria:

- It must be required as a direct result of the declared event
- It must be within the designated disaster area
- It must be the legal responsibility of an eligible applicant

Eligible Costs are costs that:

1. Are reasonable and necessary to accomplish the eligible work
2. Comply with Federal, State and local requirements for procurement
3. Do not include (or reduced by insurance proceeds, salvage values and other credits).

The **eligible cost criteria** apply to all direct costs, including salaries, wages, and fringe benefits, materials, equipment, and contracts awarded for eligible work.

Emergency Management Assistance Compact (EMAC) is a national compact among many of the states which provides form and structure to interstate mutual aid. To the extent the specific agreement between the states meets the requirements of the FEMA policy on mutual aid, some of the costs may be eligible.

Emergency Protective Measures are actions taken before, during and after a disaster to save lives, protect public health and safety and prevent damage to improved public and private property. Emergency communications, emergency access and emergency public transportation costs may also be eligible.

Examples:

- Warning devices (barricades, signs, and announcements)
- Search and rescue
- Security forces (police and guards)
- Construction of temporary levees
- Provision of shelters or emergency care
- Sandbagging
- Bracing/shoring damaged structures
- Provision of food, water, ice and other essential needs
- Emergency repairs
- Emergency demolition
- Removal of health and safety hazards

Engineering and Design Services necessary to complete eligible work are eligible for public assistance

- Basic engineering services required to complete a project.
- Special services which may include land surveys, environmental studies and feasibility studies.
- Construction inspections.

Labor Costs associated with conducting eligible work include wages paid plus fringe benefits. For emergency work, only overtime is eligible. Both regular time and overtime labor are eligible for non-budgeted employees assigned specifically to perform emergency work.

Materials or supplies that were purchased or taken from stock and used during performance of eligible work may be covered by FEMA.

Temporary Relocation is allowable when buildings that house essential community services such as government offices, critical health facilities are damaged extensively enough that they cannot be used until repairs are made.

Damage Assessments must be submitted to each facility's Incident Command Post; directed to the attention of the building/grounds damage unit leader or infrastructure branch director. Please use one, or both, of the following damage assessment forms to record any damages sustained by your unit/facility during the declared emergency period.

DAMAGE ASSESSMENT FORM
Building & Exterior

Storm/Event:	Building:
Assessor:	Date:

Cause(s) of Damage: (circle all that apply)

* **Impact** (damage from wind borne debris) * **Wind** * **Building hit by tree/limb** * **Power Surge/Lightning**

* **Water Damage-Wind driven rain & leaks** * **Water Damage/Intrusion through structural damage**

***Water Damage-Flood** ***Loss of Utilities** * **Other** (describe)_____

Damage Detail (leave blank for items not damaged)	
Roof	
Soffits	
Gutters	
Entry	
Stairs	
Landscaping	
Walls	
Signs	
Fences/Gates	
Power	
Elevators	
Windows	
(Additional Items)	

Emergency Repairs or Preventive Actions (leave blank if no actions taken)
Action(s) Taken:
(Maintain records/documentation of materials and labor used)

Photograph Take digital photograph(s) of damages. Include building name, location and/or room number on a piece of paper or on something dry that is visible in the photo.
--

APPENDIX - A

DAMAGE ASSESSMENT FORM
Interior Space

Storm/Event:	Building & Room#:
Assessor:	Date:

Cause(s) of Damage: (circle all that apply)

* **Impact** (damage from wind borne debris) * **Wind** * **Building hit by tree/limb** * **Power Surge/Lightning**

* **Water Damage-Wind driven rain & leaks** * **Water Damage/Intrusion through structural damage**

***Water Damage-Flood** ***Loss of Utilities** ***Other**(describe)_____

Damage Detail (leave blank for items not damaged)	
Content/Item	Description of Damages
Medical Supplies	
Medical Equipment	
Office Supplies	
Office Equipment	
Carpet/Flooring	
Walls	
Ceiling Tile	
Ceiling (Other)	
Windows	
Lighting	
HVAC	
Room Contents	
Medicines	
(Additional Items)	

Emergency Repairs or Preventive Actions (leave blank if no actions taken)

Action(s) Taken:

(Maintain records/documentation of materials and labor used)

Photograph
Take digital photograph(s) of damages. Include building name, location and/or room number on a piece of paper or on something dry that is visible in the photo.

APPENDIX - B

XI. HOSPITAL INCIDENT COMMAND SYSTEM (HICS)

1. Hospital administrators and other authorities operate essentially the same during normal operations and emergency periods. Non-emergency activities may be suspended and resultant uncommitted personnel reallocated to emergency support functions.
2. The scene of decision making may shift from the normal executive board room and department conference rooms/offices to the hospital's Incident Command Post (ICP) and individual incident command centers and/or other special facilities.
3. JHS Incident Command System is organized in a way that it commits all departments and units to provide the service and assistance for which they are best trained and most experienced. Those departments or off-site facilities that have no inherent emergency management roles will make their personnel available to support disaster operations as requested/directed.

The Hospital Incident Command System (HICS) Organizational Chart and Job Action Sheets are included in the Emergency Management Planning & Preparedness folder and Emergency Operations Plan s-Dock folder on the JHS intranet portal. The chart and job action sheets will be distributed at the time each emergency is declared.

Revisions and recommendations to this plan are to be reported directly to:

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