Munroe Regional Medical Center
Plan

Hurricane Preparedness Plan

(This Plan implements the hurricane portion of
Munroe Regional Medical Center's Emergency Management Plan, Chapter VIII, Number 11.)

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Approved

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Date

Munroe Regional Medical Center
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Committed Dates

April – Review and revise the Hurricane Preparedness Plan, as needed – Safety Officer
May - Training on Hurricane Preparedness Plan – Safety Officer
June 1st – Update condition of facilities documentation – Risk Management Director
June 1st – Complete Director's Checklist (At. 31)
June 1st- Complete Exemption Form (At. 29)
June 1st – Complete Childcare/Dependant Care Needs Form (At 13)
June 1st – Complete Hurricane Pre-season Associate Checklist (At. 32)

Munroe Regional Medical Center
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I. PURPOSE:

It is the intent of this plan to give the CEO, INCIDENT COMMANDER, Administrator on Call or designee, Hospital Vice Presidents, other management and staff a guideline to use in preparing Munroe Regional Medical Center (MRMC) and TimberRidge Emergency Center (TREC) to continue to carry out their health care mission:

- Protect our patients, staff and visitors.
- Maintain quality care for our patients.
- Protect property and assets.
- Prioritize tasks to be performed utilizing available resources and personnel.
- Assure self-sufficiency before the storm strikes to operate for at least 72 hours after the storm passes.
- Resume normal operations quickly.

(Other outlying facilities with one exception are closed during hurricanes. See definition of Hospital.)

II. DEFINITIONS:

HOSPITAL: Use of the word "hospital" in this plan is intended to cover the primary health care facilities, MUNROE and TIMBERRIDGE. (Other outlying facilities will prepare for the storm per their checklists. These facilities (with the exception of MIS) in the Magnolia Center will be closed for the storm period commencing during the Hurricane Watch.)

HURRICANE: Tropical cyclone in which winds reach constant speeds of 74 miles per hour and/or dangerous high tides and waves.

HURRICANE ALERT: Issued when a storm poses a possible threat to an area where the landfall probability at 48-72 hours in advance of a hurricane is 10% or higher; or when issued by the National Hurricane Center.

HURRICANE WATCH: Issued when there is threat of hurricane conditions within 24 hours to 36 hours. Safety precautions requiring more than 18 to 24 hours should be initiated.

HURRICANE WARNING: Issued when hurricane conditions are expected within 24 hours or less.

HURRICANE SEASON: June 1st through November 30th.

HURRICANE DISASTER POTENTIAL SCALE: An experimental effort by the National Weather Service to give public safety officials a continuing assessment of the potential for wind and storm surge damage from a hurricane after it reaches a point where it could threaten coastal populations.

Category One Storm: Winds of 74 to 95 mph. Damage primarily to shrubbery, trees, foliage and unanchored mobile homes. No real damage to other structures. Some damage to poorly constructed signs; storm surge 4 to 5 feet above normal. Low lying coastal roads inundated, minor pier damage, some small craft in exposed anchorage torn from moorings.

Category Two Storm: Winds of 96 to 110 mph. Considerable damage to shrubbery and tree foliage, some trees blown down. Major damage to exposed mobile homes. Extensive damage to poorly constructed signs. Some damage to roofing materials of buildings; some window and door damage.

Category Three Storm: Winds of 111 to 130. Foliage torn from trees, large trees blown down. Practically all poorly constructed signs blown down. Some damage to roofing materials of buildings; some windows and doors damaged. Some structural damage to small buildings. Mobile homes destroyed; storm surge 9 to 12 feet above normal. Serious flooding at coast and many smaller structures near coast destroyed; larger structures near coast damaged by battering waves and floating debris. Low lying escape routes inland cut by rising water 3 to 5 hours before hurricane eye arrives. Flat terrain 5 feet or less above sea level flooded inland.

Category Four Storm: Winds of 131 to 155 mph. Shrubs and trees blown down and all signs down; extensive damage to roofing material, windows and floors. Complete destruction of mobile homes; storm surge 13 to 18 feet above sea level, floods inland. Major damage to lower floors of structure near shore due to flooding and battering by waves and floating debris. Low lying escape routes inland cut by rising water 3 to 5 hours before hurricane eye arrives. Major erosion of beaches.

Category Five Storm: Winds greater than 155 mph. Shrubs and trees down, considerable damage to roofs of buildings, all signs down. Very severe and extensive damage to windows and doors. Complete failure of roofs on may residences and industrial buildings. Extensive shattering of glass in windows and doors. Complete destruction of mobile homes; storm surge greater than 16 feet above normal. Major damage to lower floors of all structures less than 15 feet above sea level within 500 yards of shore. Low lying escape routes inland cut by rising water 3 to 5 hours before hurricane eye arrives.

TROPICAL STORM: A tropical cyclone in which the maximum sustained surface wind speed (using the U.S. 1-minute average) ranges from 39mph to 73 mph.

TROPICAL STORM WARNING: A warning that sustained winds within the range of 39 mph to 73 mph associated with a tropical cyclone are expected in a specified costal area within 24 hours of less.

III. DEFINITIONS OF ROLES AND RESPONSIBILITIES:

RISK MANAGEMENT DIRECTOR/LIAISON: Monitors tropical depressions from the National Weather Service Hurricane Center and communicates Hurricane Alert, Watch and Warning advisories to Safety & Hospital Administration. Provides liaison communications with the County Emergency Operations Center before, during and after the storm.

CEO/INCIDENT COMMANDER/ADMINISTRATOR ON CALL: Upon receipt of a Hurricane Alert, Watch or Warning, ascertains the threat and may initiate the Hurricane Plan.

VICE PRESIDENTS: Upon receipt of a Hurricane Alert, Watch or Warning from the CEO/INCIDENT COMMANDER/EOC, implement Hurricane Plan Checklists (See Attachment 3.).

SAFETY OFFICER: Facilitates implementation of this "Plan" to assure safety of our patients, visitors, staff and facilities. This position also heads the **Damage Documentation Teams** for both Team A and Team B.

DAMAGE DOCUMENTATION TEAMS: Damage Documentation Teams will be integral to both Team A and Team B. The Teams' duties include documenting, videoing, and photographing all damage or damaging causing situations **before <u>non-emergency</u> repairs or clean-up is started. Actions of this team do not pre-empt repairs that are made to mitigate an emergency situation or one that will cause further damage if remaining unchecked.** The Damage Documentation Team will affix a tag at each area surveyed noting time, date and person completing the survey. (See V., C-12 for example team.)

FEMA COORDINATOR: This position, designated by the IC on Team B, is the chief spokes person with FEMA representatives and coordinates the efforts of the hurricane damage repair Project Managers.

CRITICAL ASSOCIATE: A critical associate is an individual, designated by supervision, who performs essential functions during hurricane emergency situations before, during or after the storm. (Typically these are management, patient care staff, housekeeping, communications, facilities, food and nutritional services.).

All critical associates will be assigned to either Team A or Team B. Associates who do not provide direct patient care and whose departmental functions can be halted until the emergency situation is over will be deployed to the Labor Pool.

All associates who are not initially assigned to either Team A or Team B are expected to avail themselves after the storm to be assigned to Team B functions. (Typically these associates have approved exemptions from participation. See Attachment 29 for the Exemption form.)

It is the expectation of the Hospital that all associates will prepare themselves to be available in emergency situations. If home evacuation is necessary, evacuation will be to approved shelters; associates are not to leave town unless given permission by their director to do so. (See Attachment 1 for Approved Shelters) The Hospital reserves the right to cancel leave and will not accept call-ins during emergency situations. (If an associate evacuates, they are expected to communicate their location, status and contact method to the Hospital as soon as possible after the storm.)

TEAM A: Team A consists of those personnel who will remain on-site during the storm from activation until the All-Clear is given and relieved by Team B. Team A consists of staff for 2-each, 12-hour shifts. (Shift start times are 0700 & 1900.) (See VII, A. for staffing of EOC for TimberRidge.)

TEAM B: Team B consists of those personnel who will relieve Team A and participate in the Recovery Phase or normal operations as assigned.

PROJECT MANAGERS: During the Recovery period, the INCIDENT COMMANDER may assign a project manager to each job/task identified from the data provided by the Damage Assessment Officer. This position will be responsible for tracking all work; documenting details of each effort using verbiage, videos, and pictures; obtaining competitive quotations via Materials Management; and tracking all time, materials, and costs associated with the project.

(Other management positions assigned to hurricane teams have similar or same responsibilities as dictated by normal operations.)

IV. MAIN OBJECTIVES OF THE HURRICANE PREPAREDNESS PLAN:

A. Protect Munroe Regional Medical Center's patients, staff and visitors.
B. Maintain quality care for patients.
C. Protect property and assets.
D. Prioritize tasks to be performed utilizing available resources and personnel.
E. Assure self-sufficiency before the storm strikes to operate for at least 72 hours after the storm passes.
F. Resume normal operations quickly.

V. ACTIONS/RESPONSES:

Upon announcement of a Hurricane ALERT, WATCH or WARNING, Department Managers will immediately implement/commence/complete their respective Hurricane Plan Checklists. The Incident Commander will issue a Code Brown, disaster code used to announce a hurricane, to formally enter the Emergency Management Plan. A Hurricane Watch or Warning issued by the National Hurricane Center will supersede the hospital's "Alert Status."

A. Hurricane Alert – Entering the Emergency Management Plan

1. The CEO/INCIDENT COMMANDER/Administrator on Call will announce a Hurricane ALERT upon initiation of Hurricane ALERT by the National Weather Service Hurricane Center in Miami for the Marion County area. . The Incident Commander will announce a **1 <u>if/when</u>** the forecasted track indicates that Ocala/Marion County falls within the probability cone.
2. The INCIDENT COMMANDER will notify Vice Presidents and the Chief of the Medical Staff that the Emergency Management Plan has been entered and to begin preparations using the Hurricane Preparedness Plan, their standard preparation checklists, and/or the checklist in Attachment 3.
3. The INCIDENT COMMANDER will schedule a <u>Readiness Briefing</u> with all vice presidents and directors to assure readiness using the format in **Attachment 28 – Incident Commander's Checklist**.
4. Information will then be passed on to all Department Directors to commence any hurricane preparedness activities that will take 48 or more hours to complete.
5. Departments will begin preparing for the storm which will entail:
   - All units and departments will begin Checklists (Unit specific checklists from **Attachment 3 – Generic Checklist**)
   - Verify availability of supplies with vendors
   - Verify phone numbers and addresses of staff, etc.
   - Low cost and time consuming tasks should be started in all Departments
   - **The Incident Commander will ensure that pre-hurricane photo and video histories have been updated using designated hospital personnel or a department. (Risk Management will normally have completed this task before July of each year.)**
   - Activate internal communication plans for associates and patients. Internal communication will contain standardized verbiage and date/time markings and will be transmitted emails, faxes, Teletalk line 402-5333, briefings, beeper messages and cascade of information. See Attachments 16 and 18.
   - Activate computer/Electronic Equipment Protection measures
   - Activate Labor Pool preparations

- **Prepare staffing plans and transmit them to People Services.**
- **As soon as possible, dismiss Team B for 24 hours to prepare their houses and properties for the storm. Team A will continue with storm preparations.**

6. If landfall probabilities remain the same, the INCIDENT COMMANDER may upgrade the Alert status to Watch after analyzing the current hurricane position and probability charts published by the National Weather Service (NWS).

B. Hurricane Watch

1. The INCIDENT COMMANDER will announce a Hurricane WATCH upon announcement initiated by the Hurricane Center if not already in a Watch.
2. Departments will:
   - Complete low cost and time consuming tasks
   - Start all other tasks that take longer than 24 hours to finish
3. Facilities will secure the physical plant, i.e., clear entire campus and building roofs of all debris, secure linens and scrubs per Checklist
4. Materials Management will expedite all shipments and stocking supplemental supplies, i.e., fuel, food, water, waste disposal apparatus, plywood, tarps, flashlights, batteries, etc.
5. **Implement Team A/Team B assignments at the beginning of the Hurricane Watch period.**
6. **Team A personnel will be dismissed to prepare their homes and property for the storm and report back per instructions.** (Reporting to work instructions or schedule will have been given at VP-Directors Briefing.) **Team B personnel will continue storm preparations at the hospital.**
7. **Ensure that all possible discharges are being completed without delay as they are ordered.** (This task will continue as long as feasible. The discharged person's travel safety must be a primary consideration as the storm approaches.)
8. PIO will compose and issue a "Letter to Patients" that describes hospital preparations and procedures during and after storm. (See Attachment 7.)
9. People Services will verify staffing plans including the management assigned to Teams A and B. Unit Managers and Department Directors will inform Team A associates that upon issuance of a Hurricane WARNING they are to report to the Hospital per staffing plans in accordance to the Readiness Briefing. Inform associates that telephone communications may be out at the time of the Hurricane WARNING announcement; therefore, they should not rely on telephone notification to report to work.

Alternate sources of information include the Teletalk line and radio & TV announcements by the following stations:

Radio Station	Contact	Email	Fax
K-Country 93.7 FM	Jim Robertson	ncfmrbob@earthlink.net	(352) 622-7822
WIND-FM 92.5 & 95.5 FM	Kevin Davis	crash@windfm.com	(352) 622-1900
WSKY 97.3 FM	TJ Hart	tjhart@entercom.com	(352) 351-0229
WKTK 98.5 FM	Greg Ryan	gryan@entercom.com	(352) 351-0229
TV Stations			
WCJB TV-20	Bob Williams	gryan@entercom.com	(352) 371-0747
WESH Channel 2	Newsdesk	desk@wesh.com	(407) 539-7948

All stations will be asked to carry Hospital announcements.

10. Review and activate cost capture plan from entry to exit of event for possible reimbursement. Refer to the Emergency Management Plan, Form Section, VI-29, #23 – Procurement Summary Report or Attachment #20 in this plan.

C. Hurricane Warning through Storm Duration

1. Upon announcement of a Hurricane WARNING issued by the Hurricane Center, the CEO (INCIDENT COMMANDER) or designee will direct all Vice Presidents to ensure completion of the final stages of their respective Hurricane Plan Checklists. All Vice Presidents shall notify their respective areas to fully activate their Hurricane Plan Checklist. Each Department will assign duties to their personnel.
2. Make final adjustments to staffing plans as necessary due to changes in patient volume or other conditions and send update to People Services.
3. **Team A will relieve Team B and Exempted Personnel. Based upon the specific circumstances of the hurricane, Team A (both 12-hour shifts) will complete personal hurricane preparations and report back to the hospital prepared to work during the hurricane. Communications for Team A reporting will depend on their availability and may include: standard telephone, local radio stations, or Teletalk line. In any case, Team A personnel must report for duty in time for Team B to exit and have some time to complete final preparation of their homes and property.**
4. MUNROE will send 2-persons to represent MUNROE and TIMBERRIDGE and ORMC hospitals at the County Emergency Operations Center. A bed report should be sent to the County EOC, ESF Emergency Medical …, as soon as possible after it opens. (See **Attachment 33, Additional Comments section**.)
5. Visitors will be asked to leave the Hospital premises. (See **Attachment 7** for sample scripting.)
6. Management will finalize and secure all reserve equipment and supplies to be used during the storm and the immediate 72 hours after the storm.
7. Hurricane staffing plans will be activated.
8. All eligible patients will be discharged.

9. All elective surgeries and outpatient procedures will be cancelled and patients scheduled for elective surgeries will be discharged. (See **Attachment 7** for sample scripting for cancellation of procedures**.**)
10. Security will lock all entrances except for the ED and 2-North entrances. Lifetime associates will be posted at the entrances to control access and provide identification bands for authorized persons (non-employees). (**See Section VII, H, I, W and Attachment 24)**
11. Persons seeking shelter at the hospital will be redirected to an official hurricane shelter. Security will handle this communication and will have a current shelter roster available. (See **Attachment 1**.)
12. People Services will activate overnight accommodation plans for associates and families as appropriate. (See **Section VII, P. and Attachments 12 & 34**.)
13. The Safety Officer, an Engineering associate, Infection Control associate, and assigned Education associate will constitute the Damage Documentation Team (DDT) during the storm. A Facilities person will be assigned to TIMBERRIDGE to perform DDT functions. Duties include documenting, photographing and/or videoing all damage or damage causing situations before non-emergency repairs or clean-up is commenced. **Anyone finding additional damage or observing increased damage in areas already surveyed by the Damage Documentation Team will call the EOC or INCIDENT COMMANDER directly and report it. Repairs except to <u>mitigate emergency situations</u> will not commence until the DDT resurveys the area.**
14. **Report to the State ESF-8 and County EOC using form in Attachment 33, using FAX, voice, & digital.**

D. Post Hurricane – ALL CLEAR

1. After the Hurricane, upon announcement of ALL CLEAR by the INCIDENT COMMANDER, critical associates who worked during the hurricane (TEAM A) will be relieved by staff designated to work after the hurricane (TEAM B). Associates who will be working after the hurricane will report for duty after the ALL CLEAR is announced. Team A will remain on duty until replacements arrive.
2. Associates working after the storm has passed (TEAM B) will not wait to be called or wait for the beginning of their regular shift but instead come to work after the ALL CLEAR announcement is made by the INCIDENT COMMANDER and when the wind is < 30 MPH. **(In order to relieve Team A as soon as possible, working a partial shift may be required.)**
3. **Team A is expected to report back to work on their regularly scheduled shifts after 24-hours OFF, unless instructed otherwise.**
4. **Report to the State ESF-8 and County EOC using form in Attachment 33, using FAX, voice, & digital.**

E. Recovery Phase

1. The EOC will remain open and function as the operations hub for recovery efforts.
2. The Team B-INCIDENT COMMANDER (Recovery Phase of operations) will receive a full update on the situation upon relieving the Team A-INCIDENT COMMANDER.
3. The INCIDENT COMMANDER will begin scheduled briefings with Team B EOC management to ensure command and control over all recovery efforts is maintained.
4. A "Recovery Planning Group" may need to be established utilizing current or contracted assets according to the extent of damage and repair needs.
5. All associates **not** on Team A or Team B are expected to report to work on their regular scheduled shift unless instructed otherwise due to recovery needs. **Shifts may need to be changed to accommodate the situation.**
6. **<u>Non-emergency</u> repairs and/or clean-up of specific areas will not commence until surveyed by the Damage Documentation Team.**
7. **If deemed necessary or helpful by the Damage Assessment Officer**, the Safety Officer, Infection Control, an Engineering associate, and assigned Education personnel will continue Damage Documentation Team (DDT) efforts during the Recovery Phase. Duties include documenting and photographing all damage or damage causing situations before repairs or clean-up is commenced. Anyone finding damage or observing increased damage in areas already surveyed by the Damage Documentation Team will call the EOC or INCIDENT COMMANDER directly and report it. **<u>Non-emergency</u> repairs, if started, will cease until the DDT resurveys the area.** (Damage documentation data from Team A will be given to the Team B - INCIDENT COMMANDER before leaving the facility after the storm. Data may need to be added later to the so-far identified issues. The TIMBERRIDGE DDT person will turnover data to the person in-charge of the building before leaving.)
8. The INCIDENT COMMANDER will coordinate all necessary external aid with the County EOC even when covered by the Emergency Management Plan. (**Attachment 30** - Communications may be helpful.)
9. The INCIDENT COMMANDER will give an assessment updates of the damage and hospital status to the ESF position at the County EOC and request a FEMA project person if necessary.
10. The INCIDENT COMMANDER may designate a Project Manager to manage each repair and clean-up project/effort. All internal and external time and materials used will be captured for each project using specific assigned cost codes. All contractors must provide detailed invoices that delineate all time, materials and actions. FEMA requires a tremendous amount of detail before allocating reimbursement monies.
11. A schedule will be developed for the Recovery Phase as soon as possible and a "critical path" listing/chart put together.
12. The PIO will prepare a form letter authorizing contractors and other workers to enter the disaster area.

F. Resumption of Normal Operations – Exiting the Emergency Management Plan

The INCIDENT COMMANDER will exit the Emergency Plan when the hospital is no longer dependent on emergency measures to sustain operations. (Immediate emergency measures that have been well established should be viewed as "temporary" versus "emergency" in making this decision. This decision should be discussed with the County EOC and/or State, if the determination is difficult, questionable, or not obvious.)

VI PRE-HURRICANE PLANNING:

A. Staff Involvement/Familiarization

The Safety Officer will oversee the development and implementation of a Hurricane Plan orientation program. This program will be presented to Leadership in a yearly update normally in the month of May.

1. Department Directors/Managers are responsible for ensuring that their associates are familiar with their department plans.
2. Department Directors/Managers are responsible for developing and implementing specific Department Hurricane Plans including staffing before, during and after a storm, work and rest schedules.
3. Staffing Plans will designate a 2-shift rotation (12-hours each, 0700 & 1900) for Team A. (Suggested patient care staffing for Team B is normal patient ratio plus 10% for after storm patient surge.) **Both Team A shifts** will report for duty when this portion of the Plan is activated and remain on-site until the Incident Commander gives the All-Clear **AND** they are relieved by Team B.

B. Medical Staff Preparation

The Senior VP, Medical Affairs/CQO is responsible for preparing a list of physicians who will be present during the storm.

1. At least one physician from each medical field is recommended. Physician's family members will be accommodated.
2. The Senior VP, Medical Affairs/CQO is responsible for ensuring that physicians are familiar with the Hurricane Plan.

C. Insurance Policy and Documentation – Risk Management Department

- Insurance policies are reviewed annually by the Risk Management Department.. During the year, insurance policies are monitored as appropriate for changes in coverage by insurance companies. If necessary, or in the event of exclusion, alternative means of risk transfer are pursued to maintain adequate insurance coverage.
- "As is" conditions of all facilities and grounds will be documented or updated during the month of May - prior to the start of hurricane season on June 1st.

D. Liability Issues

Any reported injury to anyone on-site will be duly investigated by Security according to established policy. All personnel will remain in the Hospital until an ALL CLEAR is called.

E. Backup Records

Department Directors are responsible for ensuring that proper backup records are kept. It is recommended that a separate set of backup records be kept at an alternative storage area. Computer systems are especially vulnerable and must be backed up in advance prior to fluctuations in electrical power that can occur during severe weather. The MIS Department will ensure essential electronic records associated with the net are backed up.

F. Computers and Down-Time

- If computer systems are not operational, all Departments are to handle actions manually using "down time forms".
- Computer protection information is in Attachment 6.
- EOC Email Box information is in Attachment 10.

G. Public Service Coordination

1. The Director of Risk Management/Liaison Officer will assure that the Hospital remains in communication with various public service organizations, especially the Marion County EOC. (See Attachment 30 – Communications.)
2. Fire /EMS: The Emergency Department will have direct communications with Fire/EMS service via MEDCOM radio located in the E.D. Information obtained by the Emergency Department will be relayed to the EOC.

The INCIDENT COMMANDER or designee is responsible for coordinating the transportation of patients to other health care facilities if the need to evacuate occurs. External transportation arrangements will be contracted through Materials Management. Transportation providers must be qualified to transport acute care patients. (i.e. EMSA & Marion County Fire Rescue.)

H. Mutual Aid/ Transfer Agreements

Munroe Regional Medical Center has entered into VHA SE mutual aid/transfer agreements. Other memorandums of understanding are contained in the Emergency Management Plan. Normally coastal hospitals will evacuate inland to facilities such as MUNROE . However, if off-site power is interrupted for an extended length of time and/or the building receives substantial damage, MUNROE may be forced to evacuate patients to another facility listed in the VHA SE agreement. Note: Keep in mind that most hospitals do not have adequate emergency power to support air conditioning systems and are vulnerable to having a "sick building" if they have suffered loss of off-site power for any length of time. Shands in Gainesville may have continuous power due to the close proximity of a commercial power plant. (See Attachment 2 for the VHA SE agreement letter.) .

Requirements for transfer: In the event that patient transfers become necessary, adequate professional/licensed staff, medical supplies, patients medical records and treatment plans, linens, nonperishable food, two gallons of bottled water per patient and any other items that are known to be needed prior to transfer are the responsibility of the transferring facility as per applicable agreement. Supplies are to be brought with all patients accepted from other hospitals/healthcare providers.

I. Supplies

1. Each Department Director is responsible for providing a list of supplies needed prior to final Hurricane Checklist implementation. This information will be entered into the vendor computer to insure automatic issue of the required items when requested by the Director of Materials Management. (See Attachment 9 for vendor/distributor listing.)
2. The Materials Management Department will make space available to store extra supplies during the hurricane emergency in a secure, protected, and dry area.
3. Engineering must have on hand prior to the final stages of a hurricane WARNING, enough supplies to handle any expected emergencies during the height of the storm and immediately after.
4. At the time of Hurricane WARNING status, Environmental Services must have enough linen and appropriate dumpsters to handle both biomedical and non-biomedical wastes on hand. Additional linen **(minimum 4 days supply on hand)** will be ordered in order to have the appropriate level of linen available for the hurricane season. Other supplies will include wet-vacs and materials to mitigate water damage in multiple areas due to building rain leakage or flooding. **(Clean linen will not be used to mitigate leakage or flooding.)**

VII. PROCEDURES DURING THE HURRICANE

A. Munroe Regional Medical Center's EMERGENCY OPERATIONS CENTER

A schedule of briefings will be established by the INCIDENT COMMANDER. (See Attachment 21 for the briefing outline.)

The hospital Emergency Operations Center (EOC), located in the Dining Room Conference Room, will be staffed per this plan in order to evaluate the situation as it progresses, initiate protective actions, assign personnel and volunteers to essential tasks, and assure communication with the County EOC, police, civil defense, and news media and other health care facilities as necessary. (The associate lounge in the Emergency Department area will serve as a backup hospital EOC.)

1. The EOC is responsible for the Coordination of Medical and Support staff. Ultimate decision making relating to facility operation will be made by the INCIDENT COMMANDER (CEO or designee).
2. Additional functions are:
   A. Control Space for people and supplies

- **Patient Related**- Chief Nursing Officer (CNO) or designee will coordinate all placements of patients.
- **Non-patient Related** – Placement of associates not actively working and who are not able to stay in their Departments and the families of associates will be coordinated by the Vice President of People Services or designee. This will include sleeping and nonworking areas.
- **Supplemental Hurricane supplies** not stored in Departments will be controlled by the Materials Management Department.

B. Damage control and repair will be coordinated by the Director of Facilities or designees.

C. Damage assessment and documentation will be coordinated by the Safety Officer.

3. The Emergency Operations Center will be staffed as follows:

- **During the Hurricane (Team A)**

Munroe Regional Medical Center

- ***(Team A Goal: To provide sufficient command, control and leadership prior to and during critical storm situation to complete the mission described in the purpose of this plan.)***
- Executive Staff – as designated
- Director Facilities & Appointed Staff
- Director Nursing (2)
- Director Ancillary Department (2)
- Safety Officer (Damage Documentation Team* & Technical Advisor)
- Director of Risk Management
- Lead Respiratory Therapist Assigned to ICU
- Director Food & Nutrition or Designee
- Chaplain
- Secretary (2) – 1 from Patient Care and 1 from Administration
- Representatives from hospital tenants – i.e. Kindred
- HAM Radio Operator (2) (Volunteers – Marion County Emergency Radio Team (MERT)). MRMC will serve as the communications hub for all hospitals.

TimberRidge Emergency Center

The following additional staff will be assigned to TIMBERRIDGE's Team A:

- Damage Documentation Team member (Facilities person)
- HAM Radio Operator (2) (Volunteers – Marion County Emergency Radio Team.

County Emergency Operations Center

- MUNROE will send 2-persons to represent MUNROE and TIMBERRIDGE and ORMC hospitals at the County Emergency Operations Center. These persons will take an 800 MHz portable radio and serve as a communications link to the MUNROE EOC and others as necessary. These personnel may split shifts with ORMC associates.

All routine Hospital Departments will be open for patient care needs (Pharmacy, Lab, Radiology, etc).

*The Damage Documentation Team will include the Safety Officer, Infection Control associate, Facilities associate, and others.

Team A **and** Team B EOC staff will bring to the hospital:

- Personal Medications
- Money
- Sleeping items – pillow, linens, or sleeping bag
- Towels & Soap
- Change of Clothing for 3 days
- Flashlight
- Snacks
- Water – 1 gallon

Team "B" EOC staff will report to the hospital Emergency Operations Center when wind is less that 30 MPH and it is safe to travel.

- **After the Hurricane (Suggested Team B)**
  (Team B Goal: To provide sufficient command, control and leadership through the recovery phase and resume to normal operations)
  - Incident Commander
  - Executive Staff – as designated
  - Facilities Staff – as designated
  - Directors Nursing – as designated
  - Director Auxiliary -as designated-
  - FEMA Coordinator – as designated
  - Safety Officer – as designated (Damage Documentation Team & Technical Advisor)
  - Director of Risk Management – as designated
  - Chaplain
  - Secretary (2) – as designated
  - Representatives from hospital tenants – i.e. Kindred
  - Employee Health Nurse – as designated
  - HAM Radio Operator (2 from MERT) (If conditions warrant, this function will continue.)

<u>TimberRidge Emergency Center – According to conditions:</u>

The following additional staff may be assigned to TIMBERRIDGE's Team B:

- Damage Documentation Team member
- HAM Radio Operators (2 from MERT)

<u>County Emergency Operations Center (If conditions warrant, this function will continue.)</u>

- MRMC will send at least one person to represent MUNROE and TIMBERRIDGE at the County Emergency Operations Center. This person will serve as a communications link to the MUNROE EOC. This person should take an 800 MHz portable radio and charger with them to establish a direct radio communications link.

4. The Communications Department will maintain at least two phone lines specific for disaster emergencies. At least one will be available for incoming calls in the Emergency Operations Center. Another phone line will be utilized for damage control reports, to be given as they occur.
5. The EOC will be setup at least 24 hours before storm and all communications equipment checked. Facilities will notify the Emergency Preparedness Coordinator or Safety Officer about the results of the communications check.
6. Department Directors and Managers are responsible for assuring that all damage is communicated immediately to Facilities and then to the EOC or Safety Officer for documenting and photographing purposes as it occurs. This includes flooding, leaks, and breakage.
4. Backup communication methods are vital, therefore assure that alternatives are near-by in a ready or stand-by mode. (See Attachment 30 – Communications.)

B. MARION COUNTY EMERGENCY OPERATIONS CENTER

The MUNROE representative at the County EOC is the primary communications link for immediate updates on the countywide storm situation, for requesting aid or services from the State, for requesting aid or services from the Federal Government, and for linking the hospital with FEMA. The following is a summary of primary actions upon arrival at the County EOC (CEOC):

- Establish both telephone and 800 MHz radio communication with the Liaison Officer position/designee at the MUNROE EOC. Use the "Hospital-Group" channel for radio communication if other not prescribed.
- Obtain a copy of the opened shelters and FAX it to the EOC.
- Determine who is doing what in the CEOC and introduce yourselves.
- Ensure that the following is communicated to the appropriate representatives in the CEOC:
    - MUNROE, TIMBERRIDGE, ORMC, and WEST MARION are treatment facilities and **not shelters**.
    - Our personnel who will be traveling before and after the storm will be identified by badges and need to be granted free passage to and from their assigned facilities.
- Ensure that you know how to request assistance for the following:
    - Disaster Medical Assistance Teams – Supplement ED including MDs after the storm. (ESF 8)
    - National Guard – Assist Security. (ESF 13 & 16)
    - FEMA – Provides a representative to help with damage assessment and claims and other services. (May be multiple ESFs or single accountability.)

- NDMS – Can provide help in evacuation planning.

C. Media Control/Media Control Area

The VP, Community Development/PIO or designee is in charge of media control.

- The PIO prepares and disseminate continuous and timely disaster update information to the news media. Information may include: condition of hospital, number of victims treated or being treated, the nature of the injuries, and other patient conditions.
- The PIO coordinates information regarding activities of the Hospital with official outside agencies and provides information to outside media callers who have the need to know. The PIO is authorized to obtain information pertinent to the disaster from the Hospital Departments and staff members for the express purpose of public information.
- Any members of the press who will stay in the facility must be cleared by the IC/EOC.
- The PIO prepares internal and external communications to associates and others from initiation of this plan through completion of the recovery phase. This includes reviewing the Teletalk messages before they are sent. (See Attachments 7, 16 and 18 for internal communications.)

D. Associates/Staffing

Team A

1. In order to avoid needless, excessive telephone use during a Hurricane threat, a list of staff available to work during or after a hurricane will be completed by each Department Manager at the beginning of the hurricane season and verified at the beginning of the Hurricane ALERT by each department.
2. Departments having no specific hurricane preparation or patient care duties shall be assigned to the Labor Pool. People Services will manage the Labor Pool and assure that the Labor Pool has correct staffing for both Teams A & B at the Hospital and at TimberRidge Emergency Center. (Utilize Attachment 15 if staffing is needed from the Labor Pool to assure continued services during the hurricane.)
3. It is essential that all personnel keep/remain informed of the status of the Hurricane by radio or television in order to know when to arrive at the Hospital after the storm has passed. The following radio stations will be used to announce hospital status information:
4. Upon the announcement of a Hurricane WARNING, personnel who will be working on TEAM A during the hurricane should immediately complete their preparation at home and report for duty at the hospital while driving is still safe. They will remain on duty until replacements (TEAM B) arrive. Associates should bring:
    - Hospital identification
    - Pillows and linens
    - Personal care items, medications, and change of clothes (3 day supply)
    - Water and snacks
5. Associates who will be working after the Hurricane will report for duty after the ALL CLEAR is announced by the INCIDENT COMMANDER. Team A will

remain on duty until replacements arrive and they have been released by their unit/department managers. Associates scheduled to work after the storm should not wait to be called by the hospital or for the beginning of their regular shift. **ALL CLEAR information will be available on the Teletalk Line (402-5333) and the following radio & TV stations:**

Radio Station	Contact	Email	Fax
K-Country 93.7 FM	Jim Robertson	ncfmrbob@earthlink.net	(352) 622-7822
WIND-FM 92.5 & 95.5 FM	Kevin Davis	crash@windfm.com	(352) 622-1900
WSKY 97.3 FM	TJ Hart	tjhart@entercom.com	(352) 351-0229
WKTK 98.5 FM	Greg Ryan	gryan@entercom.com	(352) 351-0229
TV Stations			
WCJB TV-20	Bob Williams	gryan@entercom.com	(352) 371-0747
WESH Channel 2	Newsdesk	desk@wesh.com	(407) 539-7948

6. Team A associates are to report for assignment according to departmental/unit plans upon arrival and checkout before leaving the Hospital. People Services will coordinate the check-in and check out process to maintain an inventory of associates by Department and shift. Associates are not to leave their assigned area unless permission is granted by their Supervisor.
7. Team A associates will be given time to make arrangements for the protection of their families and or personal property before reporting to the hospital. If approved by the Department Director, family members will be allowed to stay in the hospital during the hurricane
8. **All hospital associates are required to park in the associate parking garage to insure the greatest safety for their vehicles.**
9. Department Directors/Nurse Managers are responsible for communicating to staff that the best place for members will be in an approved hurricane shelter**. Final decision concerning family members being at the hospital during this emergency period rests solely with the Department Director. No pets will be permitted.**

15. Manpower Utilization (See Attachment 14 for staffing rules and expectations. See Attachment 12 for Pay Rules).

a. Associate Dispatch Procedure

The Johnson Lobby will serve as the Labor Pool Dispatch center for manpower needs other than nursing. Each Department will be responsible for determining which of their associates and how many are available. They will communicate this information to the VP of People Services and will give updates as necessary. If manpower needs cannot be met by the department's own associates, the Labor Pool will assign available personnel to the areas with the greatest manpower need.

b. Call Back Procedures

Each Department will update its call-back list regularly to assure the availability of current information on its personnel. A call-back list should consider the following:

- Traveling time to Hospital, depending on associate's address
- Skill levels of various associates

- Associates regular shift

Note: Pyramid formation phone lists works well in Departments with large numbers of Personnel. Call-back procedures will include provisions for clocking in/out and reporting mechanisms upon arrival and departure. Call-back procedures will be implemented by the department Director or designee.

c. Relief of Staff
Each Department will determine when relief staff is needed.

d. Child Care/Family Shelter Arrangements for Associates
. **A listing of approved public shelters is in Attachment 1. See Attachment 13 for Child Care/Dependant Needs details.**

E. Physicians

1. On-duty physicians will be given access/housing with the hospital during the storm At hurricane ALERT status, the Medical Staff Coordinator will obtain the necessary identification tags from People Services. The identification tags will be distributed to the physicians when they arrive at the hospital after the hurricane WARNING is announced.
2. Parking space will be limited to one parking space. Other vehicles may not be stored on campus (no RV's, boats, etc.). Families shall bring bottled water, pillows and linen, snacks, personal medications and any additional supplies required. Hospital linen will be issued to patients only.
3. Valuables should NOT be brought to the hospital; Munroe Regional Medical Center will not be responsible for loss of personal property.
4. **No pets will be permitted.**

F. Patients and Their Families

1. Patients will be discharged by their physicians as indicated prior to Hurricane conditions and will be admitted as indicated.
2. One family member per patient will be allowed to stay in the hospital during the storm. Patients' families shall bring bottled water and any additional supplies required.
3. Hospital linen will be limited to patient use only.
4. Parking space will be limited to one parking space. Other vehicles may not be stored on campus (no RV's, boats, etc.).
5. No pets will be permitted.
6. Depending on the situation, patients may have to be moved from the rooms and into the interior hallways BUT ONLY AFTER THE INCIDENT COMMANDER OR DESIGNEE HAS AUTHORIZED THIS IN CONJUNCTION WITH THE CNO.

G. Pregnant Women

Nursing staff will be provided for those Obstetrical patients meeting "In Patient" criteria who have admission orders from their obstetrical provider. For those obstetrical patients who do not meet "In Patient" criteria, Munroe Regional cannot

provide staff or space as a shelter. These patients will be advised to go to a community "special needs" shelter.

H. Non-Hospital Related Public

- In the event of a disaster, the hospital will **not** function as a shelter.
- Prior to the storm, a list of shelters provided by the Marion County Office of Emergency Management will be available from the EOC for those attempting to seek shelter at the hospital. **A listing of approved shelters is in Attachment 1.**
- It may become necessary as the storm intensifies to grant shelter to passers by with approval of the hospital CEO/INCIDENT COMMANDER or designee.
- Additionally, it must be noted that the hospital will inevitably attract those seeking shelter during the aftermath of the storm. These individuals are subject to the same policy and will not be permitted to stay.

I. Identification

Associates: Regular hospital identification must be worn
Physicians and Board Members: Regular hospital identification must be worn
Patients: Existing patient identification bands must be worn
Volunteers: Regular hospital identification must be worn.
Approved Visitors: Hospital identification bands must be worn
:

Hospital identification will be required to obtain meals in the hospital dining room. The Security Department with the assistance of Lifetime associates will coordinate and enforce all aspects of the identification policy. All associates will be vigilant and assist by reporting suspicious individuals or behavior to the Security Department. All individuals staying on property are subject to the policies of the Munroe Regional Medical Center (i.e., smoke-free policy, etc.). (See VII, W, below and Attachment 22 for additional information.)

J. Space Management/Identification

- In an effort to utilize available space and staffing efficiently, non-critical patients will be consolidated as much as possible, all non-essential units/ services will be closed. Patients scheduled for elective surgery will be discharged. The Vice President of Nursing or designee(s) will be responsible for implementing and coordinating this action. This should take place only after Hurricane Warning has been announced and the Hospital INCIDENT COMMANDER has implemented/entered the Hurricane Preparedness Plan.
- Plans will take into account patients that will be transferred from other hospital/health care facilities. See Attachment 2 for VHA SE letters of agreement.
- Admitting will provide patient census information to the EOC at all briefings and upon demand.
- **If the hospital exceeds its licensed operating capacity**, the Agency for Health Care Administration (AHCA) (Region 3) must be notified at telephone number (386) 418-5314, FAX (386) 418-5301 or 418-5300; Central Office at (850) 487-

2717 within 48-hours or as soon as practical. If unable to contact AHCA, call the Marion County Office of Emergency Management at (352) 622-3205.

K. Water

In the event, that water from the main water supply is contaminated:

- Limited drinking water will be provided to patient care units.
- If water is interrupted:
  - Toilet Flushing: This can be done by pouring one gallon of water into-the toilet; **only non-potable (non-drinking) water is to be used for flushing toilets**. Water may be obtained from the Life-Time swimming pool and any other source. (The cross-tie with the 6" irrigation well has not been tested but may reduce the distance for moving water to bucket flush and possibly provide direct service to toilets on lower floors.)
  - In the event toilets cannot be flushed, toilets can be red-bagged and the red bags disposed of in the normal manner.
  - Food and Nutritional Services will assure there is adequate drinking water for the facility as well as adequate water for cooking. Anticipate drinking water is calculated based on a quart of water per person per day.

L. Power and Lighting

In the event of power failure, the emergency generators will start and provide power. Three to five days of generator fuel will be kept on hand. **There will be NO air conditioning under emergency conditions. Laboratory and radiology services will be negatively impacted by this loss of off-site power.** There will be air movement in critical patient care areas. Windows are not to be opened as air movement will be impacted.

- All staff MUST REFRAIN from connecting unnecessary electrical appliances to emergency power outlets or receptacles.
- Battery operated lamps and flashlights are to be kept in all Departments. Spare flashlights and batteries will be kept in the Materials Management Department.

- Non-essential circuits/optional loads on emergency power may be subject to load-shedding to conserve fuel. (The following loads will not be shed: life safety branch loads, critical branch loads serving critical care areas, medical air compressors, medical–surgical vacuum pumps, pressure maintenance (jockey) pump(s) for water-based fire protection systems, generator fuel pumps, or other generator accessories) . If systems will not function (such as air handlers), this information will be immediately communicated to the Emergency Operations Center.
- The Engineering Department will maintain a list of alternate generator suppliers located in the Master Plan, Section A, No. 4

M. Fuel

- The hospital will have its diesel fuel and propane tanks topped off. Alternate

fuel sources will be identified (and documented in the Facilities Department's plans) in case fuel pumps fail or water intrusion contaminates the fuel tanks.

- Estimates as to how long fuel may last at actual load capacity with the generators in operation will be calculated at least 2-times per day (burn rate and when burn-out will occur) and reported to the EOC during briefings. Be prepared to be on emergency generator power for up to seven days.
- The hospital will be on a priority list for additional fuel when roads are cleared.
- If the hospital is unable to obtain fuel or supplies are predicted to be inadequate, then the Liaison Officer will contact the Marion County EOC (ESF) and request that the Medical Center be put into the Tracker System for fuel.

N. Oxygen

The Respiratory Care Department will be responsible for providing regulators for portable O_2 tanks for the patient care areas. Patient care management will be responsible for ensuring they have an adequate supply of FULL O_2 tanks in their areas. Each department should anticipate the need for alternate O_2 supplies in case the main oxygen system fails. Upon a "Hurricane Watch" a call will be placed to all Department Managers to check their oxygen tanks and for those that are not FULL, to have them replaced through Central Supply. Ensure that all tanks are stored correctly to prevent damage, breakage or to prevent the tanks from becoming missiles.

O. Communications

The Communications Department is responsible for communications systems before, during and after the hurricane. Backup systems agreements will be made in writing prior to hurricane season with Sprint and Nextel to insure priority service will be available when required to restore any and all communications systems. The specific Department Plan shall include these written agreements. The EOC and all patient care areas shall have at least one backup telephone in their area incase system failure. The Communications Department Plan shall indicate how these telephones will be identified and shall provide listings of all key areas and the corresponding telephone numbers. In the event all telephone service is interrupted, the following alternatives are available.

- Coin Operated Telephones are located in the hospital and may be operational during and after the storm.
- Cellular phones may be provided through written agreement with local companies. These telephones, when available, should be distributed as directed by the EOC.
- Each Department /Area should assign at least one person responsible for courier (runner) duties.
- Establish computer with printer in the EOC (MIS).
- HAM, 800 MHz portables, and other radios.

- **See Attachment 30 & VIII, E. 2. for additional communications information and discussion of capabilities.**

P. Food Supplies/Re-Supplies

- Food and Nutritional Services (FNS) will provide meals according to the following priority: patients, associates and physicians, emergency workers and public.
- FNS will continue to provide meals to patients according to the normal meal schedule. Modification of menus may be necessary dependent upon available utilities and supplies. If the normal potable water system is not available, FNS will distribute containerized drinking water to each unit that has patients. All nourishments on the unit must be utilized for patients only. Once a hurricane warning has been issued, no other nourishments will be delivered to the patient care units until the ALL CLEAR notice is given. **Consumption of patient food by employees is considered theft.**
- The Dining Room will provide service during normal operating hours, as able, dependent upon utilities, staffing and supplies. Employees and emergency workers will be expected to pay for meals unless the Incident Commander designates meals as free. Once the Incident Commander makes this designation, the hospital will provide 3 meals to associates, physicians and emergency workers per day. Snacks should be brought from home. During the time that meals are at no cost to employees, physicians and emergency workers, a free meal will be defined as: an entrée, starch, vegetable and a fountain drink. This meal may change at the discretion of the FNS Captain and the Incident Commander. All other items must be purchased. Any previously posted menu will become exempt and menus will be planned according to food, supply and utility availability.

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- Director Level and above will be expected to pay for food during the emergency.

Q. Sleeping Quarters - Associates

The Staff Support Team will arrange sleeping quarters for associates. An attempt will be made to pre-designate areas and limit public access to minimize noise.

After the CEO/IC has made the ”Hurricane Alert” Announcement, the staff support team will assess the organization and determine available locations throughout the Medical Center for sleeping as well as determining all available showers for use. Space designated for associates sleeping may have to be moved during the storm.

Sleeping locations will primarily be scheduled in either 7a-7p or 7p-7a shifts (i.e. if the associate is scheduled to work 7a-7p their assigned sleep location & time will be from 7p-7a). Once the sleep time has ended, it is the associate’s responsibility to

remove and store their linens from their beds/mattresses for use for the following shift. (In Navy terms this is "hot bunking".) The **Sleep Assignment form, Attachment 34** may be used as a method for communicating the area to be used for sleeping.

When Team A arrives at the Medical Center via the 2 North entrance, the Staff Support Team member will assign a room for sleeping. If no rooms are available the staff support will provide a mattress and location for the associate's use.

The hospital will make every attempt to provide to associates either a bed, air mattress, or chair for sleep. (If the associate has a personal mattress, cot or other sleeping device; place your personal identification on your property and bring it to the medical center for your use.) Associates are required to bring in their own linens, **(MUNROE linens are for patient use only)** blankets, pillows, towels, washcloths, toiletries, medication (supply for 3 days), clothing for 3 days, a gallon of drinking water, and snacks. Please do not bring in any valuables, as the Medical Center will not be responsible for any loss of associate property.

R. Spiritual Services and Counseling

The Chaplain will coordinate spiritual services intermittently before, during and after storm and is always available for counseling.

S. Clothing - Scrubs

Scrubs are in limited supply even under normal circumstances. Department Directors/Nurse Unit Managers are responsible for securing scrubs to insure the supply is adequate to meet the work needs until normal operations are resumed.

Associates must come to the hospital in their proper attire and visible identification badges must be worn. Uniform changes and personal articles should also be brought (minimum 3 days supply is required in the event of a Category 4 or 5 storm).

Normal surgical cloth scrub suits will not be used to replace soiled uniforms as these must be reserved for the surgical staff and physicians. Scrubs and linen will be limited and used sparingly. Paper scrub suits may be available as a last resort.

T. General Safety Precautions

1. Stay out of totally glassed-in areas
2. Close all drapes
3. Prior to storm, move as much equipment as possible away from windows
4. Notify Emergency Operations Center of any broken windows or major leaks/damage.
5. Elevators 1 and 2 (The bank of elevators that open facing the back entry to the Emergency Department, the kitchen, and surgical services.) will be available for use but will **not** be available during high wind periods. Other elevators

may be designated by the EOC for use as well. Staff will avoid elevator use, if possible, during emergency conditions.

U. Waste Disposal

Additional emergency waste containers will be ordered by the Environmental Services Department including enough to handle at least a week's accumulation of biomedical and regular waste. Biomedical waste containers must be lockable and placed in a controlled area. Follow existing policies outlined in the Biomedical Waste Plan. The Manager of Environmental Services or designee will determine when it is safe to place waste in containers and to find alternate temporary storage areas if needed.

V. Linen

The hospital will have a limited supply of linen during the storm, therefore it will be of the utmost importance to adhere to this Plan. Clean linen must not be "hoarded" by Departments. An **extremely** conservative approach to linen usage will be followed, i.e., change linens only when necessary. **Clean linen will NOT be used to absorb water**. Soiled linen may be used for this purpose but only if not contaminated. Associates and visitors are expected to bring their own linen, towels and pillows and are **not** to use hospital linen. **Prior to associates or visitors occupying a room, the clean linen will be returned to the "clean linen" room by Housekeeping staff.**

W. Security

1. It will be necessary to lockdown specific entrances to the Facility. The selection for which entrances will be dependent on the direction of travel of the impending storm. This determination will be made based on collaboration of Security, Facilities and Administration. The most likely probability will be the 2-North and ED entrances. Exterior doors not in view of associates will (i.e.; stairwells) stay locked or are on a timed event system except during a fire alarm. Lifetime associates will assigned to monitor all unlocked entrances to stop entry by those who do not have a medical need to be on the premises. **Hurricane lockdown monitoring and identification tagging of non-employees - visitors per Section I will be the responsibility of the Director of Lifetime and Rehab. Services or designee. (Identification supplies are located with the Director of Lifetime and Rehab.** This will allow Security personnel to remain mobile and move about the hospital to assure the security of both personnel and the facility. **Should the need arise, the Ocala Police Department will be contacted for assistance.**

2. Valuables cannot be controlled and are the sole responsibility of the holder (owner). The hospital and Security Department are not equipped to provide safekeeping of valuables for associates, family members, physician, and visitors. Therefore, MUNROE will not be responsible for theft or loss of any valuables brought into the hospital. Large amounts of cash will not be needed.

3. Clothing and personal belongings should be secured and controlled by the owners and each area should include a method to monitor these. Unit Managers will assist in controlling their areas. Associates are encouraged to watch over each other's belongings.
4. All associates must assist in controlling the flow of people throughout the facility and keep the EOC and Security notified of any suspicious people or activities. All associates are expected to be alert to questionable persons or behavior and report these incidents immediately to the Emergency Operations Center.

X. Compensation for Hurricane Duty (See Attachment 12 for details.)

1. People Services will compensate all associates who are required to remain in the hospital to work during a hurricane. Compensation will be computed on documented hours worked.
2. Whenever possible, 12 hour work shifts will be implemented because of reduced personnel, increased work load and limited sleeping quarters.
3. Associates who are requested not to report to work or who are unable to report to work must use PTO or be off without pay.

Y. Damage Reporting and Temporary Repairs During Hurricane

1. For damage requiring immediate attention beyond your Departments capabilities, Departments should immediately notify Facilities and then the Emergency Operations Center via phone, radio or messenger. After notifying the Emergency Operations Center, fill out a Damaged Property Report or equivalent. These forms will be acquired by Department Directors and Nurse Managers prior to the storm strike.
2. In the event of window breakage in a patient's room immediately contact the Engineering Department and then contact the Emergency Operations Center. Mechanisms enabling doors of the room to be locked/ secured may be installed. Boarding up broken windows should only be done after winds subside to a safe speed.
3. Track all damage using Attachment 20.
4. The Damage Documentation Team will be dispatched from the EOC and survey the area as soon as possible.

VIII. RECOVERY PLAN (RETURN TO NORMAL OPERATIONS)

A. Recovery Team

Those associates designated by their Department Directors to work "post Hurricane" will serve as part of the "Recovery Team (Team B)."

1. The Recovery Team IC will be designated by the CEO/IC (or Director of the Emergency Operations Center during the storm) and will take over the EOC.
2. Key personnel are listed under Section VII (A)(3), After the Hurricane (Team B).

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3. See Section V (E) Recovery Phase for detailed actions.

B. Emergency Department and Other Medical Assistance

If there appears that there may be a problem with providing services after the storm due to facility damage, staffing issues, influx of patients due to receiving other hospitals' patients; then the IC may request a Disaster Medical Assistance Team (DMAT) through the County Emergency Operations Center. If a DMAT requested the plan of operation must include where they will work, and how MUNROE will control flow of patients, admissions, discharges and billing. A procedure/policy will be written and approved before implementation with the DMAT leaders input. If needed, request assistance from VHA SE, FHA, NDMS, and others using Memorandums of Agreement/Understanding.

C. Expectations/Requirements for Transfer of Patients from Other Facilities to Munroe

Requirements for transfer: In the event that patient transfers become necessary, adequate professional/licensed staff, medical supplies, patients medical records and treatment plans, linens, nonperishable food, two gallons of bottled water per patient and any other items that are known to be needed prior to transfer are the responsibility of the transferring facility as per applicable agreement. Supplies are to be brought with all patients accepted from other hospitals/healthcare providers. Evacuated patient medical records should include: History & Physical; list of medications; treatment record; admission orders; and plan of care (optional). Nurses from other hospitals are expected to produce the following to the People Services appointed credentialing person: Acute Care Life Support card; Basic Life Support card; identification; and State of Florida license (optional). (EMS transport – 850-245-4440.)

D. Damage Assessment and Insurance Reporting

All hospital buildings and their hospital owned contents are covered by property damage insurance.

NOTE: Ensure that all damage or areas needing clean-up are documented by the Damage Documentation Team before <u>non-emergency</u> mitigation activities are commenced.

1. Department Directors must notify the INCIDENT COMMANDER, Damage Documentation Team, and Engineering of all damages that result from the hurricane immediately, via Damaged Property Reports or equivalent. These forms should be acquired by Department Directors prior to the storm strike. In addition to the Damaged Property Reports, a list of all damages resulting from the hurricane should be forwarded to the INCIDENT COMMANDER/EOC within 24 hours of the storm's passing.
2. The Director of Facilities will ensure that the physical plant, entire campus and building roofs are cleared of all debris, etc.
3. In the event of window or door breakage, the Engineering Department should be contacted to install mechanisms enabling doors to be locked or the windows to be boarded up.

4. All hours including volunteer hours must be tracked. Describe work being performed: cleaning floors on 4 South, distributing linens on 5th floor, …

E. Repairs and Priority Utilities Restoration

1. **Electricity** – The possibility of having up to seven days without City electricity should be covered in the Department Plans. Any load reductions to prolong generator fuel should be carefully planned to include repercussions to communications, fire alarm monitoring, computers and emergency lighting.
   a. The Director of Facilities will make arrangements with City of Ocala Electric Utilities to ensure priority restoration in the event power is temporary interrupted during the storm.
   b. Should the generators be exposed to flooding, tertiary power options need to be investigated, planned and implemented in advance. Each critical area should be identified and all critical leads must be calculated to estimate the total capacities that must be supplied. Hand pumps will be on hand in case fuel tanks are contaminated or the electric pumps fail.

2. **Communications**
   a. Telephone- Arrangements with **EMBARQ** to ensure priority restoration in the event that external telephone service is interrupted during the storm will be made by the Communications Manager.
   b. HAM radios are important links to the county and state relief organizations. Two HAM VHF radios and 1-HF radio are installed in the DRCR/EOC supply closet and available for use. The systems provide redundancy with separate antennas and cabling. All have voice capabilities with one VHF being designated primarily for digital communications via SEDAN and the HF having both voice and digital messaging capabilities via WINLINK 2000. TimberRidge EC has HAM VHF voice communications availability that is permanently installed in the manager's office and a portable 800 MHz. The equipment will be checked by the on-site Ham operators to insure operability.
   c. Internal Communications – a network of Spectralink phones; runners; extra two-way radios (walkie-talkies); and other similar backups are included in the Communications Department Plan. If the telephone switch fails, the Spectralink system will work in house only. If the Spectralink switch fails, the Spectralink system will be inoperable.
   d. Alternatives for Code announcements if the page system is inoperable should be included in each unit/department checklist. (i.e. Code Blue as well as those codes for fire or combative patient).

e. If there is loss of communications and/or electricity where the fire alarm system no longer is operative, alternate fire watch and alert plan will be documented in the Department specific plan.

f. Computer- Alternate plans for all tasks normally completed by the computer will be devised. Hand written requests for Lab, Cardiopulmonary, Radiology and even Facilities Management orders will be planned and ready to be implemented.

g. **In the event of total phone system failure, there are several ways to communicate with the outside: The PBX operators have an emergency Nextel phone: 274-5695. All emergency Nextel's and the phone list will be provided by the Communications Department. The second means of communication is by HAM radio, as described in (b) above. The third way is via UHF radio, consol is located in the ED. The fourth is via 800 MHz radio and the 5th is via HF voice and digital.** (See **Attachment 30**, Communications.)

3. **Water**

a. Should there be a water main break, or if the main is contaminated, it may be a week before it is restored, therefore, alternate plans for water will be devised.

b. Non-potable water will only be used for flushing toilets and all associates MUST BE INFORMED of this policy. The irrigation well may be the primary source of this water.

c. Bottled water or "purified" water will be available for consumption.

4. **Waste**

a. Sewage- Alternate plans for sewage collection and temporary storage of this waste include bagging toilets using red bags. Other methods may have to be devised to accommodate the situation.

b. Biomedical Waste- Adequate approved containers will be provided for and be on site prior to a hurricane's arrival. The anticipated time before regular pickups begin are at least one week, therefore the number of an on-site biomedical waste containers needed must be planned in advance by Environmental Services. Location of these containers must be planned with assistance of Infection Control and Security.

c. Non-Biomedical Waste – The same actions are needed to meet the hospital's Non-Biomedical Waste needs.

5. **Gas**

a. Natural Gas Company service may be interrupted; therefore, use of alternative fuel, should be planned for boilers.

b. Compressed Gases- Ample stocking of gasses will need to have occurred prior to the storm. Specific agreements shall be in

writing to ensure reliable and timely replacement of the hospital compressed gas stock.

6. **Repairs**
   Engineering will have enough supplies on hand to do temporary repairs to the facility. Facilities plans will include outside contractors to be On-Call after the storm.

F. Patient Transportation Coordination

The Vice President of Nursing or designee(s) is (are) responsible for coordinating transportation for patients who are to be transferred to or from other health care facilities. (See C. above and Attachments 8 & 26.)

G. Supply Replenishment - ASAP

Department Directors will ensure that shipments for restocking their supplemental supplies are expedited due to the possibility of another storm striking before they are re-supplied if any delays are encountered.
. i.e. Pharmaceuticals, fuel, food, water, waste disposal apparatus, linens, scrubs, and other high use supplies must receive priority.

H. Post-Hurricane Associate Assistance

1. Associates may "cash in" PTO and use this money to provide financial assistance to associates whose homes are damaged or destroyed by the storm. Financial rules apply to the PTO transactions. Associates may also donate food, clothing and shelter. This assistance will be provided without expectation of restitution. The Coordinator of this service will be designated by the hospital CEO.
2. Associates or members of the community may make monetary contributions for associate assistance as well. These financial contributions may be made through the MUNROE Development Foundation.
4. Counseling services will be set-up and overseen by the Chaplain.

I. Critique/Review

The CEO/INCIDENT COMMANDER will call for a critique/review of performance. Input will also be obtained from members of the Medical Staff as well as external emergency responders. The plan will be updated as necessary to incorporate solutions to problems uncovered.

Munroe Regional Medical Center
Plan

2011 Shelters
Attachment 1

The following is a list of Marion County school shelters that are **PRIMARY** shelters during a hurricane or other disaster.

1.	Belleview High School 10400 SE 36 Avenue Belleview, FL	Special Needs
2.	Belleview Middle School 10500 SE 36 Ave Belleview, FL	Special Needs/General Population
3.	Dunnellon High School 10055 SW 180th Avenue Road Dunnellon, FL 34432	General Population
4.	Forest High School 5000 SE Maricamp Road Ocala, FL 34480	General Population
5.	Ft. McCoy School 16160 NE Hwy 315 Ft. McCoy, FL 32134	General Population
6.	Hammett Bowen Elementary 4397 SW 95th Street Ocala, FL 34476	General Population
7.	Horizon Academy at Marion Oaks 365 Marion Oaks Drive Ocala, FL 34473	General Population
8.	Lake Weir High School 10351 SE Maricamp Road Ocala, FL 34472	General Population
9.	Liberty Middle 4773 SW 95th Street Ocala, FL 34476	General Population
10.	Madison Street 401 NW Martin Luther King Avenue Ocala, FL 34475	General Population

11.	North Marion Middle School 2085 NW Hwy 329 Citra, FL 32113	General Population
12.	Saddlewood Elementary 3700 SW 43 Court Ocala, FL 34474	General Population
13.	Vanguard High School 7 NW 28 Street Ocala, FL 34475	General Population/Pet Shelter
14.	West Port High 3733 SW 80 Avenue Ocala, FL 34481	Special Needs/General Population

NOTE: NOT ALL SHELTERS MAY BE OPEN DURING SPECIFIC TIMES. THE MEDIA WILL BE ADVISED WHICH SHELTERS ARE OPEN DURING EACH INCIDENT.

VHA Southeast
4211 W. Boy Scout Blvd., Suite 750
Tampa, FL 33607
(813) 350 - 8300, FAX (813) 350 - 8383
www.vha.com

Attachment 2 – Emergency Preparedness Letter of Understanding

EMERGENCY PREPAREDNESS LETTER OF UNDERSTANDING – 2010/2011

VHA Southeast Members listed below agree to assist each other, to the extent possible, by providing available staff and space (a minimum of 20 patient beds for evacuated patients) during an emergency or other event which renders the member hospital uninhabitable or otherwise requires evacuation.

Ratified and approved by the VHA Southeast Board of Directors at the May 8, 2010 Annual Meeting.

Member	CEO	Emerg	Teleph	Email
VHA				
VHA Southeast 4211 W. Boy Scout Blvd., Ste 750 Tampa, FL 33607 Tel: (813) 350-8300	Lee Lawrence, President 813-350-8330 (W) 813-855-3536 (H)	Bob Grady, VP, Finance & Business Development	813-350-8310 (W) 813-391-6161 (C) 813-962-7497 (H)	bgrady@vha.com
		Don Bethke, Controller	813-350-8311 (W) 813-732-2605 (C)	dbethke@vha.com
		Steve Marmurek, Sr. Director	205-970-2300 (W) 813-230-8999 (C) 205-969-1563 (H)	smarmure@vha.com
Novation 125 E. John Carpenter Frwy. Irving, TX 75062		Christine Miller, Sr. Clinical Manager	972-581-5644 (W)	cmiller@novationco.c
		Edwina White, Account Manager	972-830-6874 (W) 817-301-5313 (C)	ewhite@vha.com
US Virgin				
Schneider Regional Medical Center, St. Thomas, USVI	Alice Taylor	Kathy E. Hodge	340-714-6325 (W) 340-514-2586 (24 hr)	kehodge@srmedicalcenter
ALABAMA				
Baptist Health, Montgomery	Russ Tyner	Chip Hicks	334-286-3286 (W) 334-451-0873 (C) 334-516-7204	fthicks@baptistfirst.org
Baptist Health System- Princeton Baptist Baptist Health System- Shelby Baptist Baptist Health System- Walker Baptist Baptist Health System- Citizens Baptist	Shane Spees	Debbie Ritchie Kimala Hayes Robbie Hindman Nancy Campbell	205-783-3368 (W) 205-620-8133 (W) 205-387-4431 (W) 256-761-4539 (W)	deborah.ritchie@bhsala.co kimala.hayes@bhsala.com robbie.hindman@bhsala.co nancy.campbell@bhsala.co
Coffee Health Group, Florence	Jody Pigg	Kevin Bowling Karen Ritter	256-768-8354 (W) 256-768-9121 (W)	kpbowling@chgroup.org kbritter@chgroup.org
Coosa Valley Medical Center, Sylacauga	Glenn Sisk	Keith Knox	256-401-4036 (W)	keith.knox@cvhealth.net

DCH Health System, Tuscaloosa	Bryan Kindred	Janet Teer Emily Avery Paul Abel	205-759-7600 (W) 205-343-8263 (W) 205-333-4686 (W)	jteer@dchsystem.com eavery@dchsystem.com pabel@dchsystem.com
Decatur General Hospital, Decatur	Dean Griffin	Phyllis West	256-341-2155 (W)	**phyllis.west@decaturgen**
Highlands Medical Center, Scottsboro	Kim Bryant	Kim Bryant	256-218-3797 (W)	kbryant@jchca.org
Huntsville Hospital, Huntsville	David Spillers	Jim Goins	256-265-2618 (W) 256-265-2191 (C)	ecjamesg@hhsys.org
Infirmary Health System, Mobile	Mark Nix	Dr Ken Brewinton Chris Perry	251-435-4700 (W) 251-605-3295 (C) 251 435 3560 (24 hr)	ken.brewington@infirmary g maria.blair@infirmaryheal
Marshall County Health Care Auth., Boaz	Gary Gore	Bill Smith	256-571-8008 (W) 256-891-3350 (24 hr)	bill.smith@mmcenters.com
Northeast Alabama Regional Medical Center, Anniston	J. David McCormick	Diane Hawkins	256-235-5628(W)	dhawkins@rmccares.org

Member	Emerge	Teleph	Email
FLORIDA			
G. H. Baptist Health Care, Pensacola	Al Stubblefield	Patrick McGahagan	850-469-5171 (W) 850-434-4011 (24 hr)	Patrick.Mcgahagan@bhcp
Baptist Health South Florida, Miami	Brian Keeley	Jean Arias	786-573-6161 (W) 305-496-8427 (C)	JeanAr@baptisthealth.net
Bay Medical Center, Panama City	Steve Johnson	Rick Smith	850-747-6116 (W) 850-769-1511 (24 hr)	rismith@baymedical.org
Bethesda Healthcare, Boynton Beach	Robert B. Hill	Gary Ritson	561-737-7733 (W)	gary.ritson@bethesdahealt
Boca Raton Comm. Hospital, Boca Raton	Jerry Fedele	Charles Williamson Rebecca Creighton	561-955-4044 (W) 561-419-5191 (24 hr) 561-955-3940	cwilliamson@brch.com rcreighton@brch.com
Citrus Memorial Health System, Inverness	Ryan Beaty	George Mavros	352-344-6547 (W) 352-726-1551 (24 hr)	gmavros@citrusmh.org
Halifax Community Health System, Daytona Beach	Jeff Feasel	Kevin Noel	386-238-2275 (W) 386-801-3839 (C) 386-441-3481 (H)	kevin.noel@halifax.org
Health Central, Ocoee	Richard Irwin, Jr.	Dan Dilling Dewane Pace	407-296-1716 (W) 321-231-6628 (C) 407 296 1821 (W) 407 415 1121 (C)	dan.dilling@healthcentral. dewane.pace@healthcenter
Health First, Inc., Melbourne	Michael Means	Jim Kendig	321-434-5224 (W) 321-403-8787 (C) 321-434-8911 (24 hr)	jim.kendig@health-first.org
Lakeland Regional Medical Center, Lakeland	Jack Stephens	Timothy Jones	863-687-1179 (W)	tim.jones@lrmc.com
Lee Memorial Health System, Ft. Myers	James Nathan	Doug Wade	239-334-5238 (W) 239-334-5350 (24 hr)	doug.wade@leememorial.
Leesburg Regional Medical Ctr, Leesburg	Lee Huntley	Rod Brown	352-323-5420 (W) 352-267-7071 (24 hr)	rbrown@cfhalliance.org

Mayo Clinic	Hilary Mathews	Mike Snapp	904-953-8130(W/pager) 904-728-6530 (C)	snapp.michael@mayo.edu
Martin Memorial Medical Center, Stuart	Mark Robitaille	Sharon Andre	772-223-5945 x3604 (W)	sandre@mmhs-fla.org
Munroe Regional Medical Center, Ocala	Steve Purves	Jimmie Enderle	352-368-3454 (W) 352-274-2462 (C) 352-351-7200 (24 hr)	jimmieenderle@mrhs.org
Orlando Health, Orlando	John Hillenmeyer	Eric Alberts	407-304-6283 (W)	eric.alberts@orlandohealth
Parrish Medical Center, Titusville	George Mikitaian	Edwin Loftin	321-268-6120 (w) 321-289-9515 (24 hr)	edwin.loftin @parrishmed.
Sarasota Memorial Hospital, Sarasota	Gwen MacKenzie	Mickey Watson	941-917-6888 (W) 941-228- 9660 (C) 941-917-2058 (24 hr)	Mickey-Watson@smh.com
Tallahassee Memorial HealthCare, Tallahassee	Mark O'Bryant	Debbie Carver	850-431-2900 (W) 850-431-4983 (24 hr)	debbie.carver@tmh.org
University Community Hospital, Tampa	Norman Stein	Jeff Oskin	813-615-1009 (W) 813-610-5958 (C) 813-971-6000 (24 hr)	joskin@mail.uch.org

Munroe Regional Medical Center
Plan

Attachment 3 – Generic Checklist

Completed by: Initials/Time/Date	Checklist Item
Hurricane Alert (Predicted landfall within 48-72 hours) Activate portions of the Unit/Department Plan that will take more than 48 hours to complete.	
	1. Review Hurricane Preparedness Plan
	2. Check Supplies and Equipment
	3. Verify availability of supplies.
	4. Verify phone numbers and addresses of staff
	5. Set-Up a **staffing plan** which must be completed before or during the Hurricane Alert phase of the Hurricane Plan. The plan will cover all personnel and be divided into three sections: Team A; Team B; and those personnel with approved exemptions per Attachment 29. (Ensure that "Exemptions" are properly executed with both Manager's and Director's approval.) • **TEAM A:** Team A consists of those personnel who will remain on-site during the storm from activation until the All-Clear is given and relieved by Team B. Team A consists of staff for **2-each, 12-hour shifts.** Team A should not be over staffed, but should have enough personnel to accommodate an immediate surge after the storm should some Team B associates not able to report for duty. • **TEAM B:** Team B consists of those personnel who will relieve Team A and participate in the Recovery Phase or normal operations as assigned. These relief personnel must be notified that they are expected to report for duty without being called-in or other prompting after it is safe to travel. (i.e. winds < 30 mph, roads not blocked, …)
	6. Incident Commander (IC) will announce entry into the Emergency Management Plan by beeper and e-mail, page via Code Brown.
	7. Director/Manager will ensure this portion of Unit Checklist has been completed within 2 hours.
	8. Let the INCIDENT COMMANDER know that the applicable portions of the unit checklist has been completed via telephone or email – Send copy to the EOC (Emergency Operation Center).
	9. Our plan for communicating codes if the PA system becomes inoperable is to use runners.
	10. (Dept/Unit specific items)
	11.
Hurricane Watch (Predicted landfall within 24-36 hours) Activate portions of the Unit/Department Plan that will take more than 24-hours to complete.	
	12. Verify staffing plan and adjust as necessary.
	13. Ensure that emergency and standard items are available, in needed quantity and operable: • ____ Flashlights w/batteries - Unit/Dept • ____ Lamps w/batteries - Unit/Dept • ____Toilet paper - Housekeeping • ____Purelle alcohol hand sanitizers - Housekeeping • ____Trash bags - Housekeeping • ____Red bags (Bio) - Housekeeping • ____Portable AM/FM radio – Materials Management

Completed by: Initials/Time/Date	Checklist Item
	• ____ Disposable washcloths - Housekeeping • ____Extra Linen - Housekeeping • ____Extra Blankets - Housekeeping • ____Have current drinking water plan – Food & Nutrition • ____Have current meal plan - Food & Nutrition • ____E tanks (Oxygen for area with vents) – Central Supply • ____O_2 Extension tubing – Respiratory & Materials • ____Forms for use during computer downtime – Unit/Dept specific • ____Triage tags – ED & Emergency Preparedness Trailer
	14. Establish sleep and rest areas for associates – (Human Services Director/People Services)
	15. Obtain and know the location of extra Biomedical Waste containers – Facilities
	16. Potential Discharge Plan all patients – Case Management
	17. Let the INCIDENT COMMANDER know that this portion of the unit checklist has been completed via telephone or email – Send copy to EOC (Emergency Operation Center).
	18. Identify other department/unit specific items.
	19.
	20.
Hurricane Warning (Predicted landfall within < 24 hours) Fully activate staffing plan. Assure that critical associates make their personal preparations and report back prepared to work during the hurricane at least 4-hours before estimated impact or expected winds are >40 MPH or as designated by INCIDENT COMMANDER.	
	21. Staffing Plan – Ensure adequate staffing on site during the storm. General Guidance: Use minimal staffing to care for the patients we have and any projections from other hospitals evacuating to MUNROE. Call in extra personnel as necessary before the storm. – (See Team A)
	22. If associates from other hospitals are assigned to MUNROE, a brief orientation must be given and documented.
	23. Assure communications including backup are available with the INCIDENT COMMANDER.
	24. Designate “runner” system for your area.
	25. Go over Unit plan with staff.
	26. Obtain operable flashlights
	27. Ensure that lamps are located at central location in the unit/department
	28. Assure staff knows where the emergency equipment and supplies are stored.
	29. Activate discharge plan. – Case Management
	30. Ask all visitors to leave. One person may remain with the patient during the storm.
	31. Director/Manager will communicate to the INCIDENT COMMANDER verification of completion.
	32. Fill basins with water for each patient
	33. Let the INCIDENT COMMANDER know that this portion of the unit checklist has been completed via telephone or email – Send copy to EOC (Emergency Operation Center).
	34. (Unit specific items)
During the Storm (Team A will be present)	

Completed by: Initials/Time/Date	Checklist Item
	35. Notify the INCIDENT COMMANDER if help is needed, damage or any other extraordinary change occurs.
	36. Each Dept send the INCIDENT COMMANDER a status update hourly or more often if requested: • Status of patients • Status of facilities • Status of supplies or equipment • Any other noteworthy items
	37. Let the INCIDENT COMMANDER know that this portion of the unit checklist has been completed via telephone or email – Send copy to EOC (Emergency Operation Center).
	38. (Unit/Dept specific items)
All Clear (Given by INCIDENT COMMANDER) (Team B to report) Post hurricane – Make arrangements to return unit to normal operating procedures INCIDENT COMMANDER will evaluate situation and damage to determine any further activation of the Emergency Management Plan, as soon as possible.	
	39. Assure that the designated relief personnel have reported to work. Notify the INCIDENT COMMANDER.
	40. Reestablish shifts – Account for all associates and man shifts as necessary. Discuss any problems with People Services.
	41. Let the INCIDENT COMMANDER know that this portion of the unit checklist has been completed via telephone or email – Send copy to EOC (Emergency Operation Center).
	42. (Unit specific items)

During the Hurricane **(Team A)** (Expect 24 hours)

The following staff have been designated to be present during the Hurricane. Staff will report to the Incident Commander (IC) at least 2-3 hours prior to winds predicted to be a greater than 25 MPH.

7. The Emergency Operations Center will be staffed as follows: (Note: Assigned designees are acceptable.)
   - **During the Hurricane (Team A)**

   (Team A Goal: To provide sufficient command, control and leadership prior to and during critical storm situation to complete the mission described in the purpose of this plan.)
     - Designated Executive Staff
     - Director Facilities & Appointed Staff
     - Director Nursing (2)
     - Director Ancillary Department (2)
     - Safety Officer (Damage Documentation Team & Technical Advisor)
     - Director of Risk Management
     - Lead Respiratory Therapist Assigned to ICU
     - Director Food & Nutrition or Designee
     - Chaplain
     - Kindred representative
     - Secretary (2)
     - HAM Radio Operator (2)

   TimberRidge will have the following additional staff assigned to Team A:
     - Damage Documentation Team member (Preferably an RN)
     - HAM Radio Operator (2)

Team A **and** Team B EOC staff will bring to the hospital:

- Personal Medications
- Money
- Sleeping items – pillow, linens, or sleeping bag
- Towels & Soap
- Change of Clothing for 3 days
- Flashlight
- Snacks
- Water
- Cell Phone

Team "B" EOC staff will report to the hospital Emergency Operations Center when wind is less that 30 MPH and it is safe to travel.

- **After the Hurricane (Suggested Team B)**
  (Team B Goal: To provide sufficient command, control and leadership through the recovery phase and resume to normal operations)

  The Incident Commander for Team B will modify the staffing plan to meet the needs of the situation. HEICS criteria allows for tailoring structure to include additions.

  - Incident Commander
  - Executive Staff – as designated
  - Facilities Staff – as designated
  - Director Nursing (3)
  - Director Auxiliary and-as designated- (2)
  - Safety Officer– as designated (Damage Documentation Team & Technical Advisor)
  - Director of Risk Management – as designated
  - Chaplain
  - Kindred representative
  - Secretary (2)
  - Employee Health Nurse
  - HAM radio operator (2) – (if communications dictate necessity)

  All routine Hospital Departments will be open for patient care needs (Pharmacy, Lab, Radiology, etc).

Munroe Regional Medical Center
Plan
Attachment 4 - Suggested Personal Items to Bring if Working During & After the Storm

Personal Medications
Money
Sleeping items – pillow, linens, or sleeping bag
Towels & Soap
Change of Clothing for 3 days
Flashlight
Snacks
Water - 1-gallon

.E8 BUSH. GOVERtK>R ~ LEVWE. SECRETARY

August 30, 2004

To: Licensed Health Care Providers

First, I want to thank each of you who worked long and hard during the past few weeks to assist during and after Hurricane Charley. Our state was very fortunate to have so many providers committed to protecting those for whom they care. Overall, operations were very smooth considering the magnitude of this storm. In an effort to prepare for the potential impact of another hurricane, please take the time to do the following this week.

Test Emergency Generators

Hospitals and most nursing homes are required to have emergency generators by state law. Other types of providers may also have a generator as part of their emergency plans. If your facility has a generator, please perform the monthly exercising of generators, under load, as required by Article 6.4 of NFPA 110,1999 Edition, "Standard for Emergency and Standby Power Systems." Additionally, please verify fuel for generators is at capacity and any contracts with fuel distributors are in place for delivery of fuel if needed for long-term utility power loss.

Review Emergency Management Plans

. Check current emergency management plans to ensure they are up-to-date and take into consideration any lessons learned during Hurricane Charley.

. Check with any vendors you rely on for your plans, such as supply or transportation vendors, to ensure they will honor the agreements.

. Consider a secondary evacuation plan with an alternate location in the event your initial planned location is affected.

. Ensure the receiving facility in the event of evacuation is an appropriate facility licensed to provide equivalent services; a shelter is not considered an appropriate location.

. Ensure staff are aware of the content of the plan and, at a minimum, know where residents will be evacuated, how they will get there (transportation), and important contact numbers.

. Prior to evacuating to another facility, an agreement should be reached as to supplies/resources that will be provided and by whom.

Ensure Sufficient Emergency Supplies

Residential facilities should ensure sufficient supplies including:

. Check your supply of drinking water in the event of an emergency. If your plan relies upon a contractual arrangement with a service provider, ensure each service provider is able to meet your needs.

2727 Mahan Drive. Mail Stop I
Talla~a..ee. FL 32308
v/../t AHCA 0"1/,,. at
www.fdlrc...tat..Jl.8"
August 30, 2004
Page Two

. Check your supply of non-perishable food. Make certain your facility meets minimum required supplies of non-perishable food as required by appropriate licensure Regulations.

Review Loss of Power Plans

Ensure an appropriate plan for loss of power before, during, and after a storm, taking into account temperature levels and access to necessary supplies, services and staffing.

Evacuation Reminders

If a receiving facility needs authority to exceed their licensed capacity to accommodate

residents from evacuating facilities, over-capacity approval must be obtained from the Agency for Health Care Administration. Requests must be made in writing to either the local field office or the central licensure office in Tallahassee. Requests should be submitted before the facility is actually over capacity. If this isn't possible due to the nature of the emergency, the request must be submitted as soon as is reasonably possible. Staffing requirements are not waived in an emergency. Understanding there may be extenuating circumstances mitigating a facility's ability to comply, Agency staff can review mitigating factors where appropriate. Facilities must be staffed to meet the needs of the residents. Evacuating facilities must ensure pertinent information travels with the resident to the receiving facility to make certain care needs are met.

Necessary Clearance Prior to Return After Evacuation
When returning to a facility which has been damaged, contact must be made with the Agency prior to residents returning. Hospitals, nursing homes, ambulatory surgery centers, hospices, and intermediate care facilities for the developmentally disabled require Agency approval prior to allowing residents to return. Assisted living facilities and adult family care homes require approval from the local fire authority if substantial renovations were required.

Resources Available
When resources are needed, such as electricity or generators, initial contact should be made with the local/county emergency management entity. However, if you are unable to reach the local entity, the following numbers are operational during emergencies:
Florida Emergency Information Line at (800) 342-3557
Emergency Support Function-8 at (850) 410-1822/ (BOO) 320-0519 (request ESF-8).

If you have additional questions regarding your emergency management plans, please contact your local emergency management entity. If you have questions regarding licensure requirements, please contact the appropriate licensure unit within the Agency's Division of Health Quality Assurance.

'Alan Levine
Secretary

Attachment 6 - Safeguarding Computer Equipment, PC's, Printers, Scanners, etc.

Safeguarding Computer Equipment, PC's, Printers, Scanners, etc.

This excludes Nursing Areas as they have other requirements and procedures.

If you have an office with a window and you will be out during the hurricane please follow these guidelines before you leave:

Unplug the equipment from the power receptacle to prevent power surge damage

Unplug the network (generally a yellow cord) from the receptacle to prevent power surge damage.

If possible, move the equipment as far from the window as possible.

If PC is on the floor, please raise it off the floor at least 1" or place on your desk
Secure a trash bag around the equipment to prevent water damage.

(DO NOT PLACE A TRASH BAG ON EQUIPMENT STILL PLUGGED INTO POWER, IT MAY MELT THE TRASH BAG)

After storm, and it is safe to return, do the reverse of the above.

If you need assistance, please call the helpdesk (5000), we will arrange assistance.

Thank you for your cooperation,

Samuel R. Thonen
9/10/04

Munroe Regional Medical Center
Plan
Attachment 7 - Scripting and Postings

Responsibility = PIO
Scripting to Cancel Elective Surgery
"We anticipate that Marion County officials will declare a state of Emergency sometime tomorrow in preparation for Hurricane _____. Therefore, we are canceling all elective surgery cases scheduled for (insert day/date). Our staff will do all it can to facilitate a re-schedule time of convenience to you and your patient. We will have sufficient staff to accommodate all urgent and emergency cases that may need to be performed on (insert day/date). Thank you for your cooperation."
-M.Wesolowski/9/10/04

Scripting to Request Visitors to Leave the Hospital
Our hospital is in a Hurricane WARNING emergency condition; therefore, we are asking all visitors to leave to ensure safe travel to your destination.
-S.Robinson/9/10/04

Postings – Include but are not limited to:
- Notices to Associates
- Notices to Visitors
- Safety Postings (i.e. elevator postings)

Letter to Patients
- Expected time of hurricane's arrival
- Possible damage and protective actions
- Preparations and protective actions that have been taken
- Vulnerability and mitigation plans – Loss of off-site power
- Staffing on site during and after storm
- Assurance that healthcare and ancillary services will continue
- Visitors – policy and expectations if staying – Not a hotel
- Encourage questions

Munroe Regional Medical Center
Plan

Attachment 8 - EOC PIO Contact Information Roster

(Print and add from your attached email Excel file or add the copy of the FAX ESF. The updated version will be obtained from the County Emergency Operations Center (CEOC) and FAX'ed to the MUNROE EOC by the PIO rep. at the CEOC.)

Listing of State Emergency Support Functions

Main Desk =850-921- 0311, Main FAX = 850-488-7841

(Below: All area code- designator = 850-921- EXT)

ESF 1 Transportation 0227	ESF 6 Mass Care 0325	ESF 11 Food and Water 0233	ESF 16 Law Enforcement and Security 0383
ESF 2 Communications 0232	ESF 7 Resource Support 0397	ESF 12 Energy 0165	ESF 17 Animal Protection and Agriculture 0364
ESF 3 Public Works and Engineering 0293	ESF 8 Health and Medical & EMS 0218 850-245-4440 (Evac. Transport	ESF 13 Military Support 0151	ESF 18 Health and Special Needs (Health Dept.)
ESF 4 Firefighting 0312	ESF 9 Search and Rescue 0252	ESF 14 Public Information 0384	ESF 19 Damage Assessment
ESF 5 Information and Planning 0186	ESF 10 Environmental Protection 0413	ESF 15 Volunteers and Donations 0473	ESF 20 Finance

Marion County Emergency Operations Center – 622-3205

ESF	AGENCY	PRIMARY CONTACT	SECONDARY CONTACT
ESF-TRANSPORTATION EOC PHONE #369-6832 #369-6821	Marion County Public Schools	Steve Huffstutler Risk Management Department Office -- (352) 671-6910 Home – (352) 687-1913 Cell Phone – (352) 427-7535 Fax – (352) 671-4100 steve.huffstutler@marionk12.fl.us	Nancy Haydon School Board – Risk Manager Office – (352) 671-6910 Home – (352) 726-6708 Cell Phone – (352) 427-3066 Fax – (352) 671-4100 nancy.haydon@marionk12.fl.us
	Marion County Senior Services	Donna Cart Transport Manager Office -- (352) 620-3519 Home – (352) 629-6214 Cell Phone – (352) 207-8864 Fax – (352) 620-3400 dcart@mcseniorservices.org	Gail Cross Executive Director Office -- (352) 620-3501 Home – (352) 237-2039 Cell Phone – (352) 361-3072 Fax – (352) 629-6122 g.boss@mcseniorservices.org
ESF-COMMUNICATIONS EOC PHONE #369-6826	9-1-1 Management Department	Karl Oltz Office – (352) 671-8460 Home – (352) 624-3161 Cell – (352) 286-7048 Fax – (352) 620-3460 karl.oltz@marioncountyfl.org	Alphonso Gordon Office-(-352)-671-8460 Home- (352)622-8425 Cell- (352) 857-2668Fax-(352) 671-8798 alphonso.gordon@marioncountyfl.org

ESF	AGENCY	PRIMARY CONTACT	SECONDARY CONTACT
ESF- PUBLIC WORKS AND ENGINEERING EOC PHONE #369-6834 369-6804	City of Ocala Public Works	David Hill Office – (352) 351-6740 Home – (352) 347-4045 Cell – (352) 266-8210 Fax – (352) 351-2377 dhill@ocalafl.org	Jess Knight Office – (352) 351-6787 Home – (352) 347-6910 Cell – (352) 266-2823 Fax – (352) 351-6731 jknight@ocalafl.org
ESF- PUBLIC WORKS AND ENGINEERING (Continued) EOC PHONE #369-6834 369-6804	Marion County Transportation	Mounir Bouyounes Office – (352) 671-8686 Home – (352) 236-1944 Cell – (352) 239-4051 Fax – (352) 671-8687 mounir.bouyounes@marioncountyfl.org	Joe St. Pierre Office – (352) 671-8686 Home – (352) 854-8318 Cell – (352) 266-0653 Fax – (352) 671-8687 joe.stpierre@marioncountyfl.org
		On call Pagers 898-2090 898-2144 898-2263	
	Florida Department of Transportation	Justin White Office – (352) 732-1389 Personal Cell – (352) 207-3895 Work Cell – (352) 266-1968 Fax – (352) 732-1458 justin.white@dot.state.fl.us	Diego Pagan Office – (352) 732-1389 Home – (352) 622-1470 Cell – (352) 207-2023 Fax – (352) 732-1458 diego.pagan@dot.state.fl.us
		Dennis Lindsey Work – (352) 732-1389 Home – (352) 351-1820 Work Cell – (352) 266-1959 Fax- (352) 732-1458 dennis.lindsey@dot.state.fl.us	Roy Gamache Work- (352) 732-1389 Work Cell- (352) 362-2604 Home – (352) 680-1624 Fax – (352) 732-1458 Roy.gamache@dot.state.fl.us
		Gerald Santana Work-(352) 732-1389 Home – (352) 873-7583 Work Cell – (352) 266-1545 Fax- (352) 732-1458 gerald.santanajr@dot.state.fl.us	Charles Wells Office – (352) 620-7489 Home – (352) 861-7418 Cell – (352) 362-2602 Fax – (352) 732-1458 charles.wells@dot.state.fl.us
ESF- FIREFIGHTING	Marion County Fire/Rescue	Chief M. Stuart McElhaney Office – (352) 291-8096	Chief Dan Azzariti Office – (352) 291-8022

ESF	AGENCY	PRIMARY CONTACT	SECONDARY CONTACT
EOC PHONE #369-6803		Home – (352) 624-0279 Sprint – (352) 572-5190 Fax – (352) 291-8098 stuart.mcelhaney@marioncountyfl.org	Sprint – (352) 572-5190 Fax – (352) 291-8098 dan.azzariti@marioncountyfl.org
		Chief David K. Cooper Office – (352) 291-8093 Home – (352) 591-3604 Sprint– (352) 572-5206 Fax – (352) 291-8098 david.cooper@marioncountyfl.org	Chief Paul Nevels Office – (352) 291-8000 Home – (352) 351-9219 Sprint – (352) 572-5224 Pager – (352) 898-6849 Fax – (352) 291-8098 paul.nevels@marioncountyfl.org
ESF- FIREFIGHTING (Continued) EOC PHONE #369-6803	Ocala Fire/Rescue	Chief John Deiorio Office – (352) 629-8513 Home – (352) 245-2102 Nextel – (352) 572-0390 Nextel Code -- 162*29660*74 Fax – (352) 629-8507 jdeiorio@ocalafl.org	Chief Dennis Lawson Office – (352) 629-8513 Home – (352) 687-4789 Nextel – (352) 572-0381 Nextel Code -- 162*29660*65 Fax – (352) 629-8507 dlawson@ocalafl.org
		Chief Bill Mallory Office – (352) 629-8513 Home – (352) 624-2294 Nextel – (352) 572-0391 Nextel Code -- 162*29660*75 Fax – (352) 629-8507 bmallory@ocalafl.org	Chief James Clarkson Office – (352) 629-8513 Home – (352) 347-9442 Nextel – (352) 572-0394 Nextel Code – 162*29660*78 Fax – (352) 629-8507 jclarkson@ocalafl.org
ESF- INFORMATION AND PLANNING EOC PHONE #369-6829 #622-3205 #369-6811	Marion County Division of Emergency Management	Pat Stefanski Office – (352) 369-6736 Home – (352) 625-5433 Cell - (352) 266-9683 Fax – (352) 369-6762 pstefanski@marioso.com	Linda Henson Office – (352) 368-3583 Home – (352) 390-3165 Cell – (352) 427-3140 Fax -- (352) 369-6762 lhenson@marionso.com
	Risk Management	Ray Kelchner Office -- (352) 629-8359 Home -- (352) 694-2518 Pager – (352) 898-2291 Nextel -- (352) 572-0415 Fax – (352) 622-5819 raykelchner@ocalafl.org	Charles Fuhs Office – (352) 671-2870 Home – (352) 671-2976 Cell – (352) 286-9249 Fax – (352) 671-2872

ESF- RESOURCES EOC PHONE #369-6806	Marion County Purchasing Department	Rebecca Jayne Office -- (352) 671-8444 Home – (352) 347-7641 Pager – (352) 898-6921 Cell – (352) 454-1815 Fax – (352) 671-8451 rebecca.jayne@marioncountyfl.org	Susan Olsen Office -- (352) 671-8444 Home – (352) 629-0717 Pager – (352) 898-5850 Cell – (352) 239-0781 Fax – (352) 671-8451 susan.olsen@marioncountyfl.org
ESF- RESOURCES (Continued)			

EOC PHONE #369-6806			
	City of Ocala Purchasing Department	Daryl Muse Office – (352) 351-6708 Home – (352) 748-5313 Cell – (352) 207-6989 Fax – (352) 351-6710 dmuse@ocalafl.org	Jane Hurley Office – (352) 351-6700 Home – (352) 237-9636 Cell – (352) 239-4666 Fax – (352) 351-6710 jhurley@ocalafl.org
		Ray Hamilton Office – (352) 351-6700 Home – (352) 629-7544 Fax – (352) 351-6710 rhamilton@ocalafl.org	
ESF-EMERGENCY MEDICAL SERVICES **Marion County Fire Rescue** EOC PHONE #369-6818 369-6820	Marion County Fire Rescue	Chief M. Stuart McElhaney Office – (352) 291-8096 Home – (352) 624-0279 Sprint – (352) 572-5190 Fax – (352) 291-8098 stuart.mcelhaney@marioncountyfl.org	**Second Contact** Chief Shari Hall Office- 352- 291-8000 Sprint 352-572-5208 Fax- 352-291-8098 shari.hall@marioncountyfl.org
		Third Contact Chief David K. Cooper Office – (352) 291-8093 Home – (352) 591-3604 Sprint– (352) 572-5206 Fax – (352) 291-8098 david.cooper@marioncountyfl.org	
	Marion County Health Department		
		Nathan Grossman, M.D. Director Office – (352) 629-0137 ext. 2104 Home – (352) 622-3377 Cell – (352) 266-0187 Fax – (352) 694-1613 nathangrossman@doh.state.fl.us	Theresa Clavier, R.N., Nursing Consultant Office -- (352) 629-0137, ext.2088 Home -- (352) 236-2819 Cell – (352) 266-3755 Fax -- (352) 620-6830 theresaclavier@doh.state.fl.us
			Captain Dennis Cronmiller Office – (352) 291-8000 Home – (352) 236-2835 Sprint – (352) 572-5213 Pager – (352) 898-6813 Fax – (352) 291-8098 dennis.cronmiller@marioncountyfl.org
ESF- SEARCH AND RESCUE EOC PHONE #369-6808	Marion County/Fire Rescue	Chief Bart Walker Office – (352) 291-8000 Home – (352) 288-2292 Sprint – (352) 572-5192 Pager – (352) 898-6836 Fax – (352) 291-8098 bart.walker@marioncountyfl.org	Chief Dennis Lawson Office – (352) 629-8513 Home – (352) 687-4789 Nextel – (352) 572-0381 Nextel Code – 162*29660*65 Fax – (352) 629-8507 dgentry@ocalafl.org

	Ocala Fire/Rescue	Chief Diorio Office – (352) 629-8513 Home – (352) 245-2102 Nextel – (352) 572-0390 Nextel Code – 162*29660*74 Fax – (352) 629-8507 dgentry@ocalafl.org	Chief James Clarkson Office – (352) 629-8513 Home – (352) 347-9442 Nextel – (352) 572-0394 Nextel Code – 162*29660*78 Fax – (352) 629-8507 jclarkson@ocalafl.org
		Chief Bill Mallory Office – (352) 629-8513 Home – (352) 624-2294 Nextel – (352) 572-0391 Nextel Code – 162*29660*75 Fax – (352) 629-8507 bmallory@ocalafl.org	Chief Kenneth Smithgall Office – (352) 291-8083 Home – (352) 753-9058 Sprint – (352) 572-5210 Pager – (352) 898-6862 Fax – (352) 291-8098 kenneth.smithgall@marioncountfl.org
ESF-HAZARDOUS MATERIALS EOC PHONE #369-6809	Marion County Fire/Rescue	Chief Daniel Kauffman Office – (352) 291-8000 Home – (352) 291-9124 Sprint – (352) 572-5221 Pager – (352) 898-6848 Fax – (352) 291-8098 daniel.kauffman@mariongcountyfl.org	Chief Dennis Lawson Office – (352) 629-8513 Home – (352) 687-4789 Nextel – (352) 572-0381 Nextel Code – 162*29660*65 Fax – (352) 629-8507 dgentry@ocalafl.org
	Ocala Fire/Rescue	Chief John Deiorio Office – (352) 629-8513 Home – (352) 245-1111 Nextel – (352) 572-0390 Nextel Code – 162*29660*74 Fax – (352) 629-8507 jdeiorio@ocalafl.org	Chief James Clarkson Office – (352) 629-8513 Home – (352) 347-9442 Nextel – (352) 572-0394 Nextel Code – 162*29660*78 Fax – (352) 629-8507 jclarkson@ocalafl.org
		Chief Bill Mallory Office – (352) 629-8513 Home – (352) 624-2294 Nextel – (352) 572-0391 Nextel Code – 162*29660*75 Fax – (352) 629-8507 bmallory@ocalafl.org	
ESF- FOOD AND WATER (Continued) EOC PHONE #369-6810		Daniel Dooley Office – (352) 622-7744 Home/cell – (352) 207-1952 Fax – (352) 620-6820 ddooley@ocalafl.org	Gwen Dickson Office – (352) 368-3573 Home – (352) 861-6505 Cell – (352) 572-4626 Fax – (352) 840-5719 gdickson@marionso.com
		Major Patti Lumpkin Office – (352) 368-3547 Home – (352) 351-1158 Cell -- (352) 572-4625 Fax – (352) 840-5719 plumpkin@marioso.com	Paul Baker Office – (352) 351-6640 Home – (352) 867-7985 Nextel -- (352) 572-0360 Fax – (352) 351-6643 pbaker@ocalafl.org
ESF-ENERGY EOC PHONE – Ocala Electric #369-6837	Ocala Electric Utility	Randy Hahn Office – (352) 351-6620 Home – (352) 694-9519 Nextel -- (352) 572-0342 Fax – (352) 401-6961 rhahn@ocalafl.org	Kevin Price Office – (352) 694-8523 Cell -- (352) 817-9597 Fax – (352) 694-8566 kevin.price@pgnmail.com
EOC PHONE –	Progress Energy	John Pierpont Office – (352) 489-7439	Barry Bowman, Director Office – (352) 237-4107

Progress Energy #369-6812		Home – (352) Cell -- (352) 727-515-6612 john.pierpont@pgnmail.com	ext 1009 Pager – (352) 506-9043 Nextel – (352) 302-2471 barry.bowman@secoenergy.com
EOC PHONE – SECO #369-6823	SECO Electric	Dave McCullen Office – (352) 237-4107 ext.1299 Home – (352) 315-4015 Home Fax – (352) 352-6211 Nextel -- (352) 427-3593 162*29*4343 Fax – (352) 793-3033 dave.mccullen@secoenergy.com	
ESF- **MILITARY SUPPORT** EOC PHONE #369-6824	Marion County Emergency Management		Susan Livoti Office – (352) 368-3598 Home – (352) 690-6893 Cell – (352) 572-1759 Fax – (352) 369-6744 slivoti@marionso.com
ESF- **PUBLIC INFORMATION** EOC PHONE #368-3594 #368-3598	Marion County Sheriff's Office	Jimmy Pogue Office – (352) 368-3594 Home – (352) 629-3774 Cell – (352) 266-7048 Fax – (352) 369-6744 jpogue@marionso.com	
	City of Ocala	Sonny Allen Office – (352) 629-8401 Home – (352) 694-6295 Cell – (352) 572-0324 Fax – (352) 629-8391 sallen@ocalafl.org	Pager: 352-898-3570 peveeta.persuad@mariaoncountyfl.org
ESF-PUBLIC INFORMATION (Continued) Marion County B.C.C. Public Affairs EOC PHONE #369-6815 #369-6827	Marion County Fire Rescue County Public Information Manager	Peveeta Persuad Office (352)291-8064 Cell – (352) 572-5191 Heather Danenhower Office – (352) 438-2310 Cell – (352) 789-1734 heather.danenhower@marioncountyfl.org	Barry Britton Office – (352) 629-8513 Home – (407) 245-9752 Cell – (352) 572-0388 Fax – (352) 629-8507 bbritton@ocalafl.org
	City of Ocala Fire Department	Wendell Rora Office – (352) 629-8513 Home – (407) 489-1900 Cell – (352) 572-0382 Fax – (352) 629-8507 wrora@ocalafl.org	Faye Roark Office – (352) 671-2870 Home – (352) 347-8217 Fax – (352) 671-2872
ESF- **MARION COUNTY VOLUNTEER SERVICES** EOC PHONE #369-6814	Salvation Army	Brenda Gibson Office – (352) 671-6113 Home – (352) 288-9353 Cell – (352) 274-4300 Fax – (352) 732-6291	Gary Linn Pager (352) 898-1990 Cell – (352) 873-0736
		Charles Fuhs Office – (352) 671-2870 Home – (352) 671-2976 Cell – (352) 286-9249	Jan Schuler Office – (352) 732-9696 Home – (352) 259-0966 Cell –

		Fax – (352) 671-2872	Fax – (352) 732-9608 jschuler@uwmc.org
	United Way	Peter Foy Office – (352) 732-9696 ext. 209 Home – (352) 873-1894 Fax – (352) 732-9608 pfoy@uwmc.org	
		Barbara Bombara Office – (352) 732-9696 ext. 204 Home – (352) 237-1308 Cell – (352) 342-4192 Fax – (352) 732-9608 bbombaara@uwmc.org	
	American Red Cross	Jenny Ledward Office – (352) 622-3457 Pager – 1-800-280-6493 (Pin #555-0002) Fax – (352) 732-8596	James Ed Griet Office – (352) 622-3457 Home – (352) 873-1894 Fax – (352) 732-8596
		Bob Pucci Office – (352) 622-3457 Home – (352) 622-8986	
		Ellen Newton Office – (386) 226-1400 x116 Pager – 1-800-280-6493 (Pin #555-0449) Fax – (386) 257-0910	Theresa Evans Office – 1-866-245-9180 Pager – 386-831-2110 Fax – 386-257-0910
ESF-LAW ENFORCEMENT/ SECURITY EOC PHONE #369-6817 369-6819	Marion County Sheriff's Office	Captain Tom Trammell Office – (352) 620-3606 Home – (352) 867-7269 Cell – (352) 572-4629 Pager – (352) 898-4213 Fax – (352) 620-3524 ttrammell@marionso.com	Captain Cheryl Wilson Office – (352) 369-6784 Home – (352) 873-2484 Cell – (352) 572-1789 Fax – (352) 369-6877 cwilson@marionso.com
		Lt. Rick Englebright Office – (352) 732-8181 Home – (352) 347-5960 Cell A – (352) 572-1797 Cell N – (352) 895-8126 Fax – (352) 369-6851 renglebright@marionso.com	Lieutenant Bill Sowder Office – (352) 732-8181 ext 3564 Home – (352) 245-8103 Cell – (352) 572-1787 Pager – (352) 898-4727 Fax – (352) 369-6727 bsowder@marionso.com
	Ocala Police Department	Captain Fred Duryea Office – (352) 369-7189 Home – (352) 237-8911 Cell – (352) 427-2806 Fax – (352) 369-7223 fduryea@ocalapd.org	Lt. Dennis Yonce Office – (352) 401-6905 Home – (352) Cell – (352) 427-6759 Fax – (352) 401-6907 dyonce@ocalapd.org
		Captain Lester Revels Office – (352) 369-7189 Home – (352) 236-5098 Cell – (352) 427-2832 Fax – (352) 369-7223 lrevels@ocalapd.org	
ESF-	Marion County Code	Primary Contact #1	Primary Contact #2

ANIMAL PROTECTION EOC PHONE #369-6816	Enforcement	Sammie Luckey, Sr., Director Office -- (352) 671-8900 Home -- (352) 620-2623 Mobile -- (352) 239-4078 Pager -- (352) 898-1052 Fax -- (352) 671-8903 smmie.luckey@marioncountyfl.org	Robin Hough, Supervisor Office – (352) 671-8900 Home – (352) 795-2240 Cell – (352) 239-1559 Pager – (352) 898-7488 Fax – (352) 671-8903 Robin.hough@marioncountyfl.org
ESF-ANIMAL PROTECTION (Continued) EOC PHONE #369-6816		Secondary Contact #1 Jeff Ball,Code Officer Office – (352) 671-8900 Home – (352) 629-3435 Mobile – (352) 239-4122 Pager – (352) 898-6730 Fax – (352) 671-8903 Jeff.ball@marioncountyfl.org	Secondary Contact #2 Ron Henry, Animal Cruelty C.O. Office – (352) 671-8900 Home – (352) 840-0143 Mobile – (352) 239-2262 Pager – (352) 898-5906 Fax – (352) 671-8903 Ron.henry@marioncountyfl.org
		Secondary Contact #3 Leginia Best, Code Officer Office – (352) 671-8900 Home – (352) 732-6029 Mobile – (352) 239-3318 Pager – (352) 898-8863 Fax – (352) 671-8903 Leginia.best@marioncountyfl.org	**Secondary Contact #4** Dennis Underwood, Animal Control Field Supervisor Office – (352) 671-8900 Home – (352) 481-3410 Mobile – (352) 239-0703 Pager – (352) 898-9743 Fax – (352) 671-8903
	Marion County Animal Center	Primary Contact #1 Jill Lancon,Animal Ctr Act. Dir. Office – (352) 671-8709 Home – (352) 746-0073 Mobile – (352) 812-6395 Pager – (352) 898-1056 Fax – (352) 671-8717 Jill.lancon@marioncountyfl.org	Primary Contact #2 Wendy Hillyard Office – (352) 671-8705 Home – (352) 307-2133 Mobile – (352) 812-6385 Fax – (352) 671-8717 Wendy.hillyard@marioncountyfl.org
		Secondary Contact # 1 Stephanie Kash Office – (352) 671-8707 Home – (352) 687-1103 Mobile – (352) 208-9977 Fax -- (352) 671-8717 Stephanie.kash@marioncountyfl.org	**Secondary Contact #2** Tina Boileau, Staff Assistant II Office -- (352) 671-8702 Home -- (352 245-5266 Mobile – (352) 239-4936 Pager – (352) 898-3642 Fax -- (352) 671-8717 Tina.boileau@marioncountyfl.org
ESF-BUSINESS AND INDUSTRY EOC PHONE #369-6823	Chamber of Commerce	Jaye Baillie Office-(352)629-8051 ext 223 Cell-(352) 207-2392 Fax- (352) 629-7651	Tamara Fleischhaker Office-(352)629-8051 ext 228 Home & Cell- (478)338-5688 Fax- (352) 629-7651
ESF-DAMAGE ASSESSMENT	City of Ocala Building Department	Dave Branum Office – (352) 629-8421 Home – (352) 245-5401	Ron Rowe Office – (352) 629-8421 Home – (352) 629-4437

EOC PHONE #369-6833		Cell -- (352) 361-5033 Nextel – (352) 572-0327 Nextel Code – 162*29660*11 Fax – (352) 629-6432	Nextel – (352) 572-0326 Nextel Code – 162*29660*9 Fax – (352) 629-6432
ESF- DAMAGE ASSESSMENT (Continued) EOC PHONE #369-6833	Marion County Property Appraiser	Donnalee N. Dees Office – (352) 368-8330 Home – (352) 694-6975 Cell – (352) 843-1270 Fax – (352) 368-8336	Diane Penfold Office - (352) 368-8380 Home - (352) 694-7719 Cell - (352) 804-4917 Fax - (352) 368-8336
	Marion County Building Department	John O'Connor Building Director Office – (352) 620-7432 Home – (352) 242-9198 Cell – (352) 572-5234 Fax – (352) 620-7469	Jim F. Cortez Inspection Supervisor Home – (352) 620-0440 Cell – (352) 572-6257 Fax – (352) 620-7469
ESF- FINANCE EOC PHONE #369-6828	City of Ocala Finance Department	Myron Taylor Office – (352) 629-8366 Home – (352) 237-4915 Cell – (352) 216-7502 Fax – (352) 690-2025	Cheryl Knight Office – (352) 629-8367 Home – (352) 620-2642 Cell – (352) 361-1628 Fax – (352) 690-2025
	Clerk of Circuit Court	John W. Garri Office – (352) 620-3980 Home – (352) 694-6357 Cell – (352) 502-2807 Fax – (352) 620-3833	Karen A. Tillery Office – (352) 620-3980 Home – (352) 465-2066 Cell – (352) 812-9499 Fax – (352) 620-3833
		David R. Ellspermann Office – (352) 620-3910 Home – (352) 694-4782 Cell – (352) 425-1251 Fax – (352) 620-3300	
	State Courts	Jonathan Lin Office – (352) 401-6707 Home – (352) 369-4476 Cell – (352) 266-5774 Nextel Code – 158*117*7154 Fax – (352) 401-7883	Todd J. Tuzzolino Office – (352) 401-6702 Home – (352) 307-3451 Cell – (352) 266-9757 Nextel Code – 158*117*35945 Fax – (352) 401-7883

G/EM/SEC/MYDOC/PH#

Munroe Regional Medical Center
Plan

Attachment 9 - Materials Management Disaster Vendor Phone List

Vendor	Phone Number		Contact Person
Hospira	813-778-6140 813-416-0968 (Cell)		Julia Passarelli
Shands at AGH	352-372-4321 until June 1 352-733-0111 after June 1	Switchboard Switchboard	
Cardinal Health	Medical Products and Services Ambulatory Care Baxter IV		800-964-5227 888-444-5440 888-229-0001
	Winnie West (Ocala)		352-690-6720
	Tampa Distribution Center		813-972-1564
	24/7 Answering Service		888-455-8298
	Paul Williams Tim Brown Tim Thornton		813-632-7202 813-632-7239 813-632-7244
DePuy	Russ Moore		804-3577 Cell
ORMC Ocala Regional	401-1000 401-1136 401-1180	Switchboard Purchasing Surgery	
Owens & Minor	800-859-1060	Customer Service	
	SALES TEAM		
	386-235-3452 386-756-9120	Cell Home	Diane Stoyka Diane Stoyka
	229-560-1405	Cell	Lindsey Hammock
	904-739-8929 904-612-7891	Home Cell	Eddie Isaac
	912-443-9042 912-656-0180	Home Cell	Jimmy Hardy
	Robert Taylor	General Manager	904-683-3733 (Home) 904-613-5056 (Cell)
	Vic Tolbert	Area VP—N FL	805-894-3066 (Home) 805-766-4951 (Cell)

	Candy Ringca	Office Manager	904-642-2955 904-294-3497	(Home) (Cell)
	Joel Rodriquez	Shipping Sup	904-291-3069 904-208-1938	(Home) (Cell)
	Shane White	Warehouse Mgr.	904-724-5316 904-254-5394	(Home) (Cell)
BioMet	Mike Hill		407-331-5551 727-460-1236	 (Cell)
Colonial Paper	Stephen Haines		427-8455 622-2044	(Cell) (Home)
	Bruce Whitson		207-8456	(Cell)
	David Tuck		207-8202	(Cell)
Philips Medical	Dane Kelley Richard Faulkenberry		352-346-5592 704-957-8456	
Intermed (BioMed)	Contact Switchboard			
Stryker	Shannon McConnell		427-1158 904-296-6000	(Cell) (Office)
Smith & Nephew	J E Padgett		904-545-9050	(Cell)
Synthes	Josh Adams		800-523-0322 407-864-6643	(Office) (Mobile)

Attachment 10 - Instructions for Accessing the EOC Mailbox from Outlook

Open Outlook.
Click on File, Open and select Open Other Users' Folder. In the name field put **eoc**. For the folder box click on the down arrow and select Inbox and then click OK.

You should now have access to the EOC mailbox.

EOC Addresses:
Internal = Munroeeoc
External = MunroeRegional_EOC@MRHS.ORG

Labor Pool = labor pool

Munroe Regional Medical Center
Plan
Attachment 11 - Pay Phone Listing

Floor	Phone Number	Location
Ground	867-1082	By ATM Machine
1st	867-5109	Outside ED
3rd	840-9746	Surgical Waiting Room

Total Telephone Failure

External - PBX has an emergency Nextel phone – 274-5695.

There are VHF, HF, and 800 MHz Radios located in the Dining Room Conference Room Radio Room/Closet.

Internal – The Spectralink System will work in house only.

Munroe Regional Medical Center
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Attachment 12 – Emergency Staffing Pay

	Manual Human Resources Section Number Page 1 of 2
POLICY TITLE: Emergency Staffing Pay Practices	
Developed By: Katherine Miller	Effective Date: September 3, 2004
Approved By:	Supersedes Policy Dated:
Compliance Review Date:	Sect / # Of Policy Being Retired:
	Retired Date:

SCOPE: Munroe Regional Medical Center

PURPOSE: To show appreciation of the commitment and dedication required by our associates during an emergency situation.

POLICY: Associates who are required to work during an emergency situation will be compensated for all time that they are required to be on premises.

PROCEDURE:.
An emergency staffing may be triggered by an unusual external event (such as a hurricane, tornado, disaster, or other similar event) that necessitates special changes to normal staffing schedules.

An emergency staffing situation is determined by the executive officers of the Medical Center and/or the Incident Commander.

A critical associate is an individual who performs essential job functions that are required to be carried out during emergency situations.

I. Pay Practices – Non Exempt
   A. Associates who are sent home before the end of their shift during an emergency staffing situation will be required to clock out and take PTO or unpaid. Each additional scheduled day/hours missed as a result of the emergency will be counted and paid as PTO, if available, or unpaid if not. This absence will not count against the associate under the Attendance Policy.
   B. Associates required to work during emergency situations will be paid at their regular rate of pay for all hours that they are required to be on the premises. Shift differentials will not be paid for nonworking/rest time. Associates should clock in and out for worked time. Nonworking time should be recorded manually and reported to the manager/director. Nonworking time will be paid on the second pay date following the disaster.

II. Pay Practices – Exempt

Exempt associates required to work during emergency situations will be paid according to normal pay practices. Compensatory time off will be granted as available and based upon recovery needs.

III. An emergency staffing situation is determined to be cleared by the executive officers of the Medical Center and/or the Incident Commander, when the primary danger of the event has passed. This policy does not cover one-time localized issues such as temporary power failure, air conditioning failures, etc.

REFERENCES:

Munroe Regional Medical Center
Plan

Attachment 13 –ChildCare/Dependant Care Needs Form

CHILDCARE/DEPENDANT CARE NEEDS FORM

(Complete annually in May, and update as necessary throughout the Hurricane Season)

Please print

Associate Name:_____ Phone extension_____

Department: _____

Facility:_____

Physician contact: Name _____Phone number_____

Required notification to Department Director: Pre Event ☐

DEPENDENT CHILDREN/DEPENDANT CARE NEEDS INFORMATION:

Name	Birth date	Medications	Allergies	Special needs

By my signature below I affirm that I am the only adult to care for my children/dependants listed above. If I am required or volunteer to work during or post-hurricane or other severe weather incident, I will need to make alternative arrangements for my children/dependants.

Associate signature:_____ **Date** _____

Director Signature:_____ Date_____

****Send completed form to your Department Director by June 1st or at time of any status changes.**

.

Attachment 14 - Staffing Under Emergency Situations

TO: All Munroe Associates

FROM: Paul Clark, Sr. Vice President/COO

SUBJECT; Staffing Under Emergency Situations

Munroe Regional Medical Center greatly appreciates the loyalty and devotion to duty that associates demonstrated immediately before, during and after Hurricane Frances. Words cannot express our appreciation and thanks to you for all you did during this crisis. Unfortunately, there was some confusion as to our staffing expectations.

One of the most important priorities in a community-wide disaster situation concerns the availability and continuity of competent medical and emergency care. One of the burdens borne by associates at Munroe Regional Medical Center is their duty to continue to care for patients during disaster situations, often at the expense of their personal problems and concerns. Munroe associates are needed most when a disaster strikes. Under such conditions, they are held to a much higher standard of responsibility than their counterparts in other lines of work. It is for this reason that Munroe Regional Medical Center insists upon a higher calling of dependability and reliability from its associates during crisis situations, especially when they affect the entire community.

POLICY:

Essential patient caregivers and sufficient support staff will be scheduled and must be available to ensure that appropriate levels of quality care and emergency services can be provided during a disaster.

PROCEDURE:

I. Associate Call-Ins

All associates in regular, temporary, and pool positions must contact their immediate supervisor or manager, if they are unable to report to duty as scheduled,

All granted PTO will be cancelled. All associates must be available to report for duty if required.

Associates will be assigned to Team A or B and should report for duty as follows:

A. Team A will report to the hospital as scheduled, before hurricane force winds affect the Marion County area or make travel unsafe. Team A will remain at the hospital for the duration of the storm and until relieved from duty by Team B

B. Team B is expected to report to their department or labor pool when wind is less than 30 MPH and safe to travel.

C. Associates who do not provide direct patient care and whose departmental functions can be halted until the emergency situation is over will be designated as either Team A or B and will be deployed to the Labor Pool. These associates will report directly to the Express Admission Desk in Johnson Lobby for assignment.

D. Team A and Team B will bring to the hospital:

1. Hospital identification
2. Change of clothes/uniform for three days
3. Personal care items and medications
4. Pillow and linens
5. Water and snacks

III. Pay

Non-exempt associates who are required by management to be at the Medical Center, prior to a normal work shift, shall be paid for both work and non-work time. Non-work time will be paid at base rate only (shift differentials will not be paid). Associates who are required to be at work for their work times, but are not required to wait at the Medical Center are only paid for hours scheduled and worked.

Associates who are not required to report for regular work shall take the time as PTO or as unpaid time off.

III. Staff Responsibility

Team A associates may be required to remain on duty throughout the duration of the disaster, work in various assigned shifts and perform non-routine duties. Team B associates will report when an “all- clear” is called or when it is safe to travel.

IV. Support Facilities

Reasonable sleeping and shower areas will be assigned to off duty staff as needed .Food for patients will be allocated on a priority basis.

V. Corrective Action

Associates failing to respond to call during a disaster or refusing to remain on duty, unless such is due to a significant, verifiable emergency, shall be subject to corrective action as defined below. Prior to any termination, all documentation must be reviewed with the Vice President of People Services.

A. Failure to report as instructed, refusal to report or to stay at the Medical Center as instructed will be considered insubordination and will result in immediate termination.

B. No call-no show for two shifts will result in immediate termination.

C. Call in but did not report (unless verified and documented extenuating circumstances will result in a Decision Day.

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Attachment 15 - Labor Pool

A *LABOR TEAM* has been created so surplus staff can be reassigned to areas in need of help. A LABOR POOL EMAIL address (laborpool@mrhs.org) is now set up for managers to email their staffing needs in lieu of the below form. Outlook = Laborpool

Captains:
Team A ---------- (Assigned by VP People Services)
Team B---------- (Assigned by VP People Services)

Process:
1. Staff should check- in with their respective departments --- Managers should send surplus staff to EXPRESS ADMISSIONS located in the JOHNSON LOBBY for reassignment
2. Managers in need of staff should email their staffing needs to the LABOR POOL email address. These requests will be filled on a first come, first serve basis with confirmation of newly assigned staff member sent via email to the requesting department
3. Staff will not necessarily be assigned based on their position, but based on need.

Labor Pool Request Form

Please indicate the number of additional staff you will require or anticipate requiring to maintain required services during this hurricane/disaster.
Job Assignment s will include:

Job Assignment	Number of Staff Needed

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Attachment 16 - Tele-Talk Standard Form

HURRICANE PREPAREDNESS TELE-TALK BRIEFING

1. Date & Time

2. Current Weather Conditions

3. Weather Forecast

4. MUNROE Hurricane Status - Alert, Watch or Warning

5. Staffing Notifications
   - Instructions to Team A or B
   - Hold-over staff
   - Sleeping accommodations

6. Facility Issues

7. Daycare Status
   - Opening
   - Location

8. Misc. Information

9. Remote Telephone Line – 402-5333

10. Next Briefing @ _____

THIS IS AN OUTLINE ONLY. SITUATION WILL DICTATE ACTUAL VERBIAGE.

Attachment 17 - Florida's American Red Cross Chapters

Broward County Chapter 6710 West Sunrise Boulevard # 111 Plantation Florida 33313	Voice: 954/797-3800 Fax: 954/797-1860 E-Mail: nichtawitc@usa.redcross Web Site: www.arcbcc.org
Coverage area: Broward County	
Capital Area Chapter 187 Office Plaza Drive Tallahassee Florida 32301	Voice: 850/878-6080 Fax: 850/878-3441 E-Mail: arc-disasterservices@tallytown.com Web Site: www.tallytown.com/redcross/ds
Coverage area: Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor and Wakulla Counties	
Central Florida Chapter 5 North Bumby Avenue Orlando Florida 32803	Voice: 407/894-4141 Fax: 407/894-6951 E-Mail: mail@centralfl-redcross.org Web Site: www.redcross.org/fl/centralflorida
Coverage area: Orange, Osceola and Seminole Counties	
Central Panhandle Chapter 430 East 15th Street Panama City Florida 32405	Voice: 850/763-6587 Fax: 850/785-3995 E-Mail: redcross@knology.net Web Site: www.centralpanhandle.redcross.org
Coverage area: Bay, Calhoun, Gulf, Holmes, Jackson and Washington Counties	
Charlotte County Chapter 1300 Enterprise Drive #10 Port Charlotte Florida 33953	Voice: 941/629-4345 Fax: 941/629-7385 E-Mail: ccredcross@aol.com Web Site: www.sunline.net/redcross
Coverage area: Charlotte County	
Collier County Chapter 2610 Northbrooke Plaza Drive Naples Florida 34119	Voice: 941/596-6868 Fax: 941/596-6923 E-Mail: colliercountyredcross@comcast.net Web Site: www.colliercountyredcross.org
Coverage area: Collier County	
Florida's Coast-to-Coast Chapter 341 White Street Daytona Beach Florida 32114	Voice: 386/226-1400 Fax: 386/258-8848 E-Mail: ellenn@daytonaredcross.org Web Site: www.daytonaredcross.org
Coverage area: Citrus, Flagler, Hernando, Lake, Marion, Sumter and Volusia Counties	
Greater Miami & The Keys Chapter 335 Southwest 27th Avenue Miami Florida 33135	Voice: 305/644-1200 Fax: 305/644-1038 E-Mail: info@miamiredcross.org Web Site: www.miamiredcross.org/
Coverage area: Dade and Monroe Counties	

Greater Palm Beach Area Chapter 825 Fern Street West Palm Beach Florida 33401	Voice: 561/833-7711 Fax: 561/833-8771 E-Mail: chapterhq@redcross-pbc.org Web Site: www.redcross-pbc.org
Coverage area: Glades, Hendry, Okeechobee and Palm Beach Counties	
Lee County Chapter 2516 Colonial Boulevard #201 Fort Myers Florida 33907	Voice: 941/278-3401 Fax: 941/278-4829 E-Mail: arclcc@crossnet.org Web Site: www.arclcc.org
Coverage area: Lee County	
Manatee County Chapter 2905 59th Street West Bradenton Florida 34209	Voice: 941/792-8686 Fax: 941/792-3680 E-Mail: information@manateeredcross.org Web Site: www.manateeredcross.org
Coverage area: Hardee and Manatee Counties	
Martin County Chapter 2750 South Kanner Highway Stuart Florida 34994	Voice: 561/287-2002 Fax: 561/287-2018 E-Mail: disasterdir@martinredcross.org Web Site: www.redcross.org/fl/martincounty/
Coverage area: Martin County	
North Central Florida Chapter 1724 Northeast 2nd Street Gainesville Florida 32609	Voice: 352/376-4669 Fax: 352/376-4267 E-Mail: redcrossgator@earthlink.net Web Site: www.alachua.redcross.org
Coverage area: Alachua, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy and Suwannee Counties	
North Treasure Coast Chapter 2506 17th Avenue Vero Beach Florida 32960	Voice: 772/562-2549 Fax: 772/778-5500 E-Mail: info@ntc-redcross.org Web Site: www.northtreasurecoast.redcross.org
Coverage area: Indian River and St. Lucie County	
Northeast Florida Chapter 751 Riverside Avenue Jacksonville Florida 32204	Voice: 904/358-8091 Fax: 904/791-9236 E-Mail: cramers@nefloridaredcross.org Web Site: www.nefloridaredcross.org
Coverage area: Baker, Bradford, Clay, Duval, Nassau, Putnam, St. Johns and Union Counties	
Northwest Florida Chapter 1741 North Palafox Street Pensacola Florida 32051	Voice: 850/432-7601 Fax: 850/432-0315 E-Mail: straderg@usa.redcross.org Web Site: www.westfla-redcross.org
Coverage area: Escambia, Okaloosa, Santa Rosa and Walton Counties	

Polk County Chapter 147 Avenue A Northwest Winter Haven Florida 33881	Voice: 863/294-5941 Fax: 863/293-9626 E-Mail: polkcofl@polkredcross.org Web Site: www.redcross.org/fl/polkcounty
Coverage area: Highlands and Polk Counties	
Southwest Florida Chapter 2001 Cantu Court Sarasota Florida 34232	Voice: 941/379-9300 Fax: 941/377-7830 E-Mail: Web Site: www.southwestflorida.redcross.org
Coverage area: DeSoto and Sarasota Counties	
Space Coast Chapter 1150 South Hickory Street Melbourne Florida 32901	Voice: 321/723-7141 Fax: 321/728-3863 E-Mail: redcrossbrevard@cfl.rr.com Web Site: www.redcross.org/fl/brevard
Coverage area: Brevard County	
Tampa Bay Chapter 3310 West Main Street Tampa Florida 33607	Voice: 813/348-4820 Fax: 813/348-4830 E-Mail: tampabay@tampabay.redcross.org Web Site: www.redcrosstbc.org
Coverage area: Hillsborough, Pinellas and Pasco Counties	

Attachment 18 – SAMPLE of Staff Notice

Thursday, September 09, 2004 at 2:30PM

SAMPLE NOTICE

IMPORTANT
Hurricane "Ivan" preparedness
STAFF NOTICE
The hospital is currently under a hurricane alert.

For further instructions on your role in the *hurricane staffing plans* please contact your manager/supervisor immediately.

Munroe's Tel-Talk line will be effective 3:00PM Thursday, September 09. Please call (352) 402-5333 (In-house ext. 5333) for Munroe updates delivered by the designated Hurricane Incident Commander.

Thank You.

Administration

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Attachment 19 - State of Florida Emergency & Disaster Relief Website

Following is the 'official' State of Florida Emergency & Disaster Relief website. It is being updated continually throughout the recovery process. Clinicians will want to know the areas that need to be boiling their water in the event patients present with symptoms of contaminated water through the ED. It also has the school information Here it is: http://www.myflorida.com

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Attachment 20 - Procurement Summary Report from HEICS Plan/Forms Section - #23

#23 - PROCUREMENT SUMMARY REPORT

Date: _____ Time: _____ Completed By: _____

Please Print

#	P.O. #	Date	Time	Item/Service	Vendor	$ Amount	Requestor	Approval
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

EMP: VI - 29

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Attachment 21 - Briefing Format

Date:_____ Time:_____

2. Present Situation:

- **Code/Status = Alert Watch Warning (Includes During)**
  (Circle the present status)
- **Incident Commander = _____**

- **Weather:**
  i. Present

  ii. Forecast

- **Patients:**
  - MUNROE -
  - TimberRidge -

- **Staff – Condition/Adequacy of Number and Specialty Including Doctors:**
  - MUNROE -
  - TimberRidge –

- **Communications Systems Status – (MUNROE, TIMBERRIDGE, ORMC, West Marion, County EOC, and Others)**

- **Damage Documentation – (MUNROE & TIMBERRIDGE)**
  - Areas Surveyed
  - Areas Not Surveyed

- **Facilities/Buildings – Conditions (Off-site power available, windows, roofs, leaks, …)**
  - MUNROE -
  - TimberRidge -

- **Supplies (Med. Supplies, normal expendables, fuel, …)**

  - MUNROE -
  - TimberRidge –
- **Food**
  - MUNROE -
  - TimberRidge -
  - Other –

- **Staff Sleep Assignment Team**

- **Lockdown and Identification Team**

- **Labor Pool**

- **Other Issues**

3. Mission Reminder:

- Protect our patients, staff and visitors.
- Maintain quality care for patients.
- Protect property and assets.
- Prioritize tasks to be performed utilizing available resources and personnel.
- Assure self-sufficiency before the storm strikes to operate for at least 72 hours after the storm passes.
- Resume normal operations quickly.

4. Problem Resolutions for Issues

5. Next Meeting: Time _____ Place _____

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Attachment 22 – Identification of Personnel On-Site

Lifetime associates will screen incoming personnel and issue arm bands as per below:

Associates will be identified by their badges. Identification supplies i.e. Arm bands will be stored in the office of the Director of LifeTime Fitness & Rehabilitation . Tables and chairs that may be needed for processing incoming personnel are located in the HazMat Trailer adjacent to the ED ambulance entrance.)

Arm Band Designations

Yellow – Patient visitor or family member (Only 1 per patient) – Patient's name.

Green – Physicians – Physician's name

Attachment 23 - Telephone Listing Form

Attachment 23

Team A Team B (circle)

Date:_____

Munroe Associate Contact Information

Name	SpectraLink #	Nextel #	Landline Extension	Home Phone #	Personal Cell #

Attachment 24 - Visitor Policy

After Initiation of the Medical Center's Hurricane Preparedness Plan

According to Munroe Regional Medical Center's Hurricane Preparedness Plan only one family member per patient will be allowed to stay in the Hospital during the storm. The patient's visitor shall bring bottled water and any additional supplies required (medications, personal hygiene items, snacks, linens).

Upon arrival to the Medical Center the patient visitor will identify themselves to the greeter, the greeter will confirm that there are no other visitors currently with the patient and then issue a yellow arm band which will identify the patient they are visiting.

Visitors will not be allowed to enter the Medical Center after a Hurricane Warning has been declared.

The greeters will be stationed at the Emergency Department entrance or the 2 North entrance. The remainder of the entrances will be secured and locked. The greeters will ensure that these 2-entrances remain secure and enforce the lock-down policy in effect.:

Associates will be identified by their badges. Identification supplies i.e. Arm bands will be stored in the office of the Director of LifeTime Fitness & Rehabilitation . Tables and chairs that may be needed for processing incoming personnel are located in the HazMat Trailer adjacent to the ED ambulance entrance.)

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Attachment 25 – Local Radio Station List

Radio Station	Contact	Email	Fax
K-Country 93.7 FM	Jim Robertson	ncfmrbob@earthlink.net	(352) 622-7822
WIND-FM 92.5 & 95.5 FM	Kevin Davis	crash@windfm.com	(352) 622-1900
WSKY 97.3 FM	TJ Hart	tjhart@entercom.com	(352) 351-0229
WKTK 98.5 FM	Greg Ryan	gryan@entercom.com	(352) 351-0229
TV Stations			
WCJB TV-20	Bob Williams	gryan@entercom.com	(352) 371-0747
WESH Channel 2	Newsdesk	desk@wesh.com	(407) 539-7948

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Attachment 26 – Hospital Evacuation Guidance for Hurricane Events

All evacuation plans must be coordinated with the County EOC, ESF-EMERGENCY MEDICAL SERVICES HEALTH AND SPECIAL NEEDS per contact information in Attachment 8 and/or Attachment 30. (The evacuation section of the MRMC Emergency Management Plan, VIII, Section 3, should be referenced and used per CEOC guidance and approval. (MOA's are located in MRMC's Emergency Management Plan, VII, Resources.)

An alternate number to arrange Ambulance transport (EMS) is 850-245-4440 and was staffed by Bobby Bailey in 2007.

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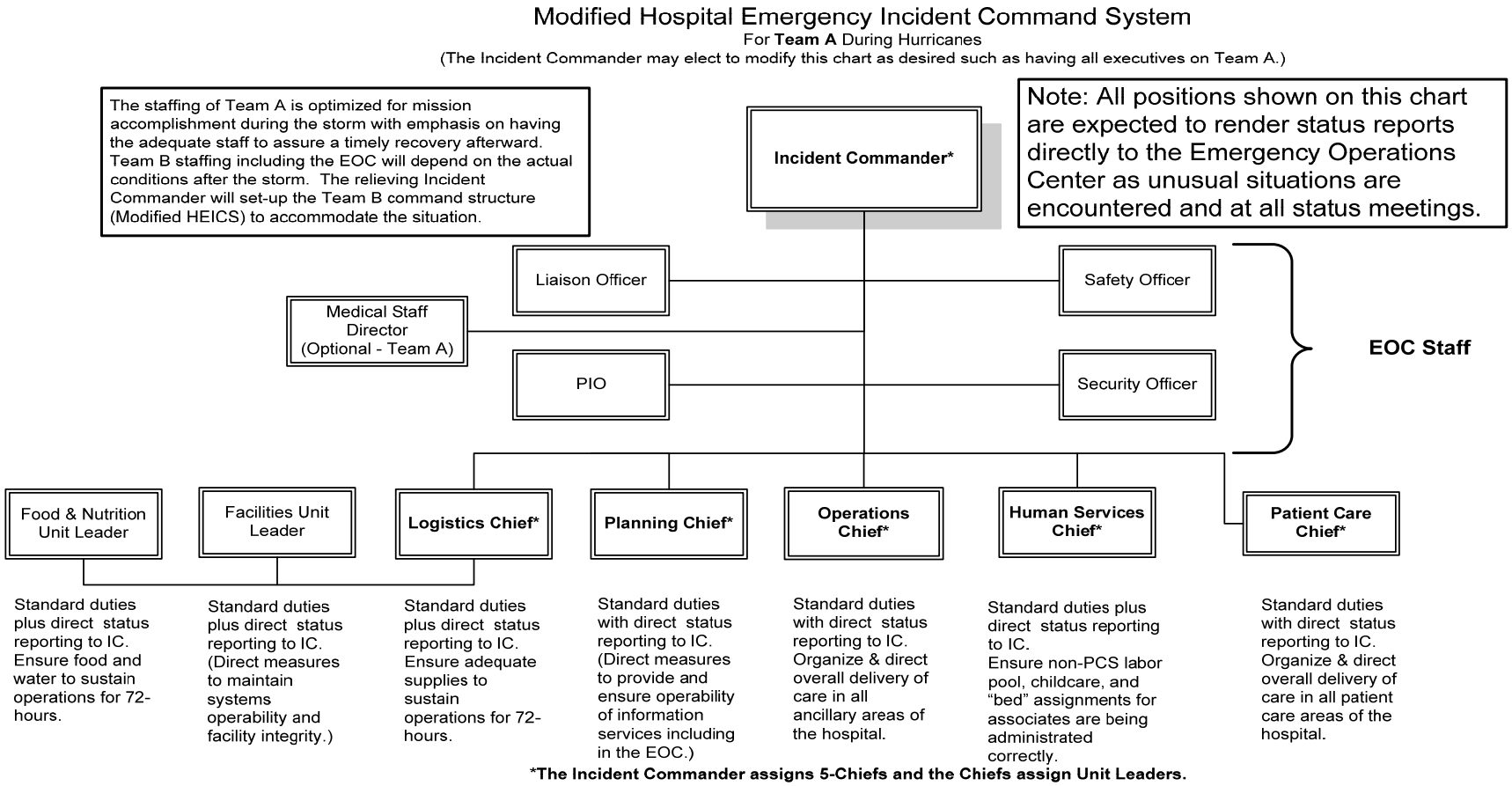
Attachment 27 - Hurricane Plan EOC Staffing Organization Chart (Modified HEICS)



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INCIDENT COMMANDER

Mission: Organize and direct Emergency Operation Center (EOC). Give overall direction for hospital operations and if needed, authorize evacuation.

LIAISON OFFICER

Mission: Function as incident contact person for representatives from other agencies. (examples are OSHA, FEMA, law enforcement, fire department, NWS etc.)

SAFETY OFFICER

Mission: Monitor and have authority over the safety of rescue operations and hazardous conditions. Coordinate Damage Documentation Team during storm.

PIO

Mission: Provide information to the news media and to staff.

SECURITY OFFICER

Mission: Organize and enforce scene/facility protection and traffic security.

LOGISTICS SECTION CHIEF

Mission: Organize and direct those operations associated with supplies to support the medical objectives and hospital efforts.

FINANCE/ADMINISTRATION CHIEF

Mission: Monitor the utilization of financial assets. Oversee the acquisition of supplies and services necessary to carry out the hospital's medical mission. Supervise the documentation of expenditures relevant to the emergency situation. (Team B)

PLANNING CHIEF

Mission: Organize and direct all aspects of Planning Section operations. Ensure the distribution of critical information/data. Compile scenario/resource projections from all section chiefs and effect long range planning. Document and distribute facility action plan.

FOOD AND NUTRITIONAL SERVICES UNIT LEADER

Mission: Ensure adequate levels of food and water are available and prepared for consumption for patients, associates and others authorized.

FACILITIES UNIT LEADER

Mission: Ensure that facilities and equipment are maintained to assure readiness, coordinate repairs, and operate emergency equipment.

OPERATIONS CHIEF

Mission: Organizes and directs aspects relating to diagnostics, surgical services and pharmacy.

HUMAN SERVICES CHIEF

Mission: Organizes, directs and supervises those services associated with social and psychological needs of patients, staff and their respective families. Assist with discharge planning.

MEDICAL STAFF DIRECTOR (OPTIONAL)

Mission: Organizes, prioritizes, and assigns physicians to areas where medical care is being delivered. Advises the Incident Commander on issues related to the Medical Staff.

OPERATIONS CHIEF – Mission listed on preceding organization chart.

PATIENT CARE CHIEF – Mission listed on preceding organization chart.

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Attachment 28 - Incident Commander's Checklist

Hurricane Alert

- The CEO/INCIDENT COMMANDER/Administrator on Call (IC) will announce a Hurricane ALERT upon initiation of Hurricane ALERT by the National Weather Service Hurricane Center in Miami.

- The CEO will notify Vice Presidents and the Chief of the Medical Staff and enter the Emergency Management Plan and make preparations using their standard preparation checklists and the checklist in Attachment 3 for guidance.

- The CEO (INCIDENT COMMANDER) will schedule a Readiness Briefing with all vice presidents and directors to assure readiness using the format below: (When to divide into teams; When to send Team A personnel home to complete their storm preparations; Team B and Exempt personnel onsite to complete preparations -)

- Information will then be passed on to all Department Directors to commence any hurricane preparedness activities that will take 48 or more hours to complete.

- If landfall probabilities remain the same, the CEO will evaluate upgrading the Alert status to Watch after analyzing the current hurricane position and probability charts published by the National Weather Service (NWS).

Readiness Briefing Format

Give a brief synopsis of the Hurricane Plan: (Ask all to review the latest revision located in Share Point.)
Weather: (Cover the possibilities that will affect Marion County, MUNROE and TIMBERRIDGE.)
Cover Preparation Expectations per the Plan:
Hurricane Alert - Set schedule for Team B to prepare their homes and property (24 hours OFF)
Hurricane Watch – Set schedule for Team A to prepare their homes and property (~24 hours OFF)
Hurricane Warning – Set time for Team A to report to the hospital.
Obtain a synopsis from each VP's area of their present preparations/readiness: (Each VP or next in command should give this report, an estimated time for completion of their checklists, and any issues that they may be facing.)
Discuss Census and Discharges:
Discuss preparation completion issues and how each will be resolved:
Go over the Team A and Team B management positions:
Discuss possible evacuations to MUNROE
Other Items:

- Medical records – protection plans
- Employee records – protection plans
- Financial records – protection plans
- Predetermination of Labor Pool for Team A
- Predetermination (some known needs) for Team B
- Designated smoking area until after Nov. 19th. 2009 then no longer applicable
- Other areas where help from our volunteers or volunteer organizations could be used?
- Pay policies (Pay early?)
- Evacuation plans – Just In Case!
- Communications
- Lockdown
- EDGs – MRMC & TREC
- Waste & Water
- Generic Checklists and Scheduling issues
- Infection Control's role after the storm if there is no air conditioning. (Discuss possibility of "Sick Building" and necessary actions to prevent.)
- Pre-storm documentation of "as is" condition of all facilities.
- Emergency food – (MREs?) TimberRidge Emergency Center and Munroe
- HIPPA during life and death situations – Do not let privacy concerns interfere with life or property saving actions. (Blind compliance.)

Plan for briefing to last 1.5 hours.

		Month of May
1.	Review the Hurricane Management Plan.	Quality Improvement & Safety Department
2.	Check all Incident Command Rooms for supplies, phones and phone numbers, TVs, PC and data jacks, and radios.	Quality Improvement & Safety Department
3.	Re-establish contractual emergency agreements	Materials Management
4.	Verify emergency vendor lists and numbers.	Materials Management
5.	Review facility status (construction, etc.)	Engineering
6.	Educate Staff	Safety
7.	Update department phone lists and emergency phone numbers.	All Departments
8.	Monitor National Weather Service and local news for	Risk Management

developing storms.	
9. Check emergency supplies, i.e. flashlights, batteries, rain gear, chainsaws, etc.	All Departments per checklists.

Alert

1. Establish routine storm monitoring and reporting.	Risk Management Quality Improvement & Safety Department
2. Conduct Readiness Briefing and announce Code Brown as applicable	INCIDENT COMMANDER
3. Report via e-mail to all employees that the CEOC is in Level 3 activation (monitoring only).	Risk Management
4. Make contact with all construction sites and begin preparedness activities.	Facilities
5. Evaluate all grounds for materials that pose an airborne threat. Have dumpsters emptied.	Facilities
6. Conduct visual inventory for items in short supply. Order hurricane supplies to include: Medical, Surgical, Central Supplies, and Water.	Materials Management
7. Have employees on Team B secure homes, make arrangements for family and pets, and return to work.	Unit/Department Managers
8. Check hospital preparation progress to assure that issues are being addressed.	Quality Improvement & Safety Department
9. Order the removal of chemicals/hazardous waste, bio-hazardous, and regular dumpster waste.	Environmental Services
10. Order extra (hurricane order) linen.	Materials Management Environmental Services
11. Order extra food for a 5-7 day supply	F&N Director
12. I.D. Incident Commanders (A & B)	Site Administration
13. Identify and deliver computers to be used in the MUNROE EOC.	MIS

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Watch

1.	Conduct survey of buildings and grounds to assure readiness. Take photos if necessary.	Safety Officer, Engineering Department, Facilities Management, Risk Management
2.	Have on hand construction materials that may be needed for the storm (plywood, visqueen, hardhats, caulk, sandbags, batteries, raingear, etc.).	Engineering Department
3.	Identify and commit the staff needed for at least 72 hours beginning 12 hours prior to the arrival of the hurricane.	Unit/Department Managers
4.	Have employees on Team A secure homes, make arrangements for family and pets.	Safety + INCIDENT COMMANDER
5.	Determine staffing needs	People Services
6.	Have all staff review emergency plans (HEICS, CEOC, Access Control, Hurricane Plan, External Dependent Care arrangements, etc.).	All Departments
7.	Identify all HEICS Staff	INCIDENT COMMANDER + Safety

Warning

1.	Cancel elective surgeries.	Operations VP
2.	Conduct assessment of in-patients and evaluate for early discharge.	Case Management
3.	Begin conducting bed counts	Bed Control
4.	Check all two-way radios and assign to command posts. Rent/lease more as needed. Compile a list of all cell phone numbers of critical staff members.	Communications Manager
5.	Initiate disaster call list and establish Team A 12 hour shifts	Unit/Department Managers

for all employees working during the hurricane.	
• **Conduct briefings at least every 8 hours and more frequently as needed.**	Incident Commander – Dining Room Conference Room
6. Evaluate all construction sites for preparedness. Order additional action if necessary.	Facilities
7. Complete building preparations (plywood, sandbags, etc.)	Engineering

During Hurricane and After All Clear

1. If necessary, announce to move patients away from windows.	INCIDENT COMMANDER
2. Damage control teams will board broken windows, control leaks, turn off damaged electrical services.	Engineering Department
3. Collect damage and status reports in each facility and relay them to the CEOC.	Damage Documentation Team and EOC
4. Provide available bed counts and patient status.	EOC briefings
5. Maintain communications between facilities via land line, e-mail, Nextel, cell phone, or radio.	EOC -
6. Maintain communications with County, MUNROE Rep. and ESF 8.	Liaison Officer + EOC
7. Evaluate damage and establish priority list for repairs.	Engineering + EOC
8. Compile extraneous hurricane operating costs for filing with insurance and FEMA.	All departments
9. Implement stress debriefing teams as needed.	Chaplain
10. Schedule a phased deactivation of EOC.	INCIDENT COMMANDER and EOC
11. Return employees to normal shifts and conditions.	All Departments
12. Terminate all Incident Command activities and exit the Emergency Management Plan.	INCIDENT COMMANDER + EOC

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Attachment 29 – Exemption Form
Hurricane Exemption Form

(Associates meeting any of the following exemptions must complete this form annually in the month of May, and update throughout hurricane season)

Please Print
Associate Name: _____

Department: _____

Facility: _____

I have reviewed Attachment 14, "Staffing Under Emergency Situations" and I am requesting exemption from working at any MUNROE assignment during a hurricane or other severe weather incident because I meet one of the following criteria:

☐ I provide care for an elderly, immediate relative who cannot care for himself or herself on a routine basis. There are no other adult family members to provide this care. This person would not otherwise qualify for a special needs shelter.

☐ I provide care that cannot otherwise be delivered for an immediate relative who is handicapped, or otherwise has a chronic illness.

☐ I am a sole caregiver of a child less than two years of age and cannot make other arrangements.

☐ When both parents of a child less than two years old, one of whom works for another emergency services employer (i.e. nursing, other hospital, law enforcement, fire/rescue and city employee) are required to work and have simultaneous roles during a storm, the associate is exempt.

☐ When both parents of a child less than two years old work at Munroe Regional Medical Center facilities and normally would have simultaneous roles during a storm, one is exempt.

I certify that the above checked statement is true. I also understand that untrue statements may subject me to disciplinary action.

Associate Signature: _____Date:_____

☐**Based on the above statement, I am in agreement that this associate be granted exemption from working during the hurricane or other severe weather incident.**

☐**Disapproved.**

Manager's Signature: _____Date:_____

Director's Signature: _____Date:_____

Please forward completed form to your Department Director

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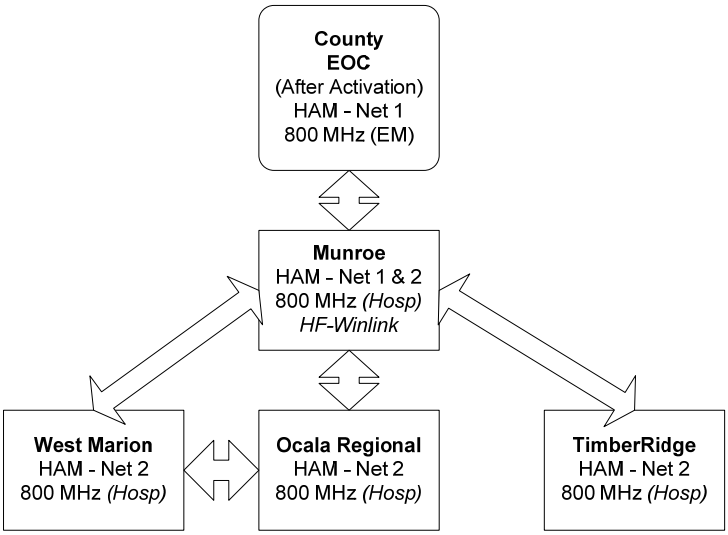
Attachment 30 – Communications

Munroe will be the hospitals' HUB/Net controller for all hospital communications to the County Emergency Operations Center (CEOC).
Systems Available:

Type	Ability	Notes
Internet	**Wx, Communications,**	**All areas**
Radio in ED	**UHF – Med-8TA = short range; Med-8 = Statewide 800 MHz**	
Portable Radios	**11 each = In-house and TIMBERRIDGE** **4 each = State channels and in-house + ORMC 800MHz**	**Maintenance (CH 2), Shuttle (CH 3), and Security (CH)**
HAM VHF 145.270 commo. with hospitals; 146.610 commo. with CEOC	**Statewide+**	**2-units are installed in the EOC closet (Voice & digital via SEDAN) and 1-voice unit at TREC.**
Telephones	**Nextels, SpectraLinks, 4 each Land Lines, Satellite Phone**	**(Sat. Ph. 254-387-0059)** **671-2219** **671-2212** **(ext. 2100)**
FAX Machine	**Direct Communication with EOC**	**671-2189**
TV – Cable and Satellite	**EOC and Hosp.**	
HF Radio + WINLINK	**Voice and Internet capability.**	**Unit is located in EOC closet / Radio Room**

Facility	Address	Communication
Hospitals – VHA SE – See Emergency Preparedness Letter of Understanding for telephone numbers and emails. UHF = Med Channels		
National Weather Service Forecast Office	13701 Fang Dr. Jacksonville, 32218	904-741-4370
NOAA Atlantic Hurricane Recording		305-229-4483
TimberRidge	SR 200	UHF – Med 8 & 8TA; HAM – 145.270 351-7500; 671-2559 800MHz, Facilities VHF
Ocala Regional	Ocala	UHF – Med 8TA; 32-127.3

		HAM – 145.270 Main: 401-1000; EOC 1070; FAX 1198 ED: 401-1137
West Marion Comm. Hosp	SR-200	UHF – Med 8TA; 22-127.3 HAM 145.270 Main: 291-3000, EOC 3070 ED: 291-6500
Munroe Regional	Ocala	UHF – Med 8TA; 12-127.3 (Ln 1, F5) HAM, VHF and HF per above
Shands	Gainesville	352-265-0028, HAM UHF – Med 8; 62-118.8
Ocala Fire Rescue	Ocala	911 or 800 MHz (HOSP GRP)
Marion County Fire Rescue	Ocala	800 MHz (HOSP GRP)
MCFR EMS	Ocala	800 MHz (HOSP GRP)
Ocala PD	Ocala	911 or 800 MHz (HOSP GRP)
Sheriffs Office	Ocala	800 MHz (HOSP GRP)
County EOC	Ocala	800 MHz (HOSP GRP) , HAM 146.610 622-3205; and see listing in Attachment 8 Email - pstefanski@marionso.com



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Attachment 31 – Director's Checklist
HURRICANE PRE-SEASON DEPARTMENT DIRECTOR'S CHECKLIST

(Complete annually in May, and update as necessary throughout the Hurricane Season)

Director's Name:_____

Department: _____

Facility: _____

	Pre-season	**Check when completed**
1.	Review and revise individual department hurricane preparedness plan. (Refer to plan template located in Attachment 3.)	
2.	Test emergency equipment and place an order for emergency items if needed.	
3.	Discuss volunteering for Team A or Team B.	
4.	Identify and document, if applicable, any special needs for equipment or supplies you may have as a result of a storm and submit those needs to the appropriate departments.	
5.	Pre-plan staffing to include the following teams: **Pre storm**: prepares the facility for the storm **During storm**: physically present 12 hours pre storm and during the storm. During storm team will consist of two (2) shifts. **Post storm**: reports to work after the storm when **all clear** is issued by Marion County Emergency Management Office.	
6.	Review Facility and Department hurricane preparedness plans with associates.	
7.	Review **Hurricane Exemption Form** as appropriate (Attachment 29), **Staffing Under Emergency Situations** (Attachment 14), and **Childcare /Dependant Care Form** (Attachment 13) with associates.	
8.	Review **Staffing Under Emergency Conditions** (Attachment 14)	
9.	Provide **Associate Hurricane Preparedness Handbook** to all associates.	
10.	Review key points of personal hurricane preparedness as outlined in the **Associate Hurricane Preparedness Handbook**.	
11.	Have associates complete and return the following forms to you, and route accordingly: **Hurricane Pre season Associate Checklist** (Attachment 32)**, Hurricane Exemption Form, Attachment # 29** and **Childcare/Dependant Care needs Form. Attachment # 13**	

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Attachment 32 – Hurricane Pre season Associate Checklist

HURRICANE PRE SEASON ASSOCIATE CHECKLIST

(Complete annually in May, and update as necessary throughout the Hurricane Season)

Please print
Associate Name:_____

Department: _____

Facility: _____

Reviewed	**Initial when completed**
Staffing Under Emergency Conditions (Attachment 14)	
Associate hurricane preparedness handbook	
Department hurricane preparedness plan	
Staffing desire/expectations, if applicable, to work either: (check as applicable) ❑ Pre-storm ❑ During storm ❑ Post-storm	
I understand that I am not exempt from working at any Munroe Regional Medical Center facility during hurricanes or other severe weather incidents.	
Complete Childcare/Dependant Care Needs Form(Attachment # 13, if applicable, and return to your director	

I have reviewed and acknowledge understanding of the items as listed above.

Associate signature: _____Date_____

Director's signature: _____Date_____

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Attachment 33 – Florida ESF 8 Post Impact Assessment Form

Email = esf8@fleoc.org or FAX 850-413-8859

Facility:	Munroe Regional Medical Center	**Facility Type**	Hospital
Address:	1500 SW 1st Avenue	**County:**	Marion
Contact Person Name :		**Date:**	**Time**:

Source (i.e.: Facility, Local Emergency Operations Center):
Other Method of Contact:_E-mail & Fax: Munroeregional_eoc@mrhs.org
Number used to contact (if applicable):

1. Structure:	**[ ] Fully Functional**	**[ ] Partially Functional** [ ] Roof leaking [ ] Windows out	**[ ] Non Functional** [ ] Roof missing [ ] Walls Collapsed
2. Power :	**[ ] Grid (Utility) Power**	**[ ] On Generator**	**[ ] No Power**
	[ ] Time left on fuel supply _____ as of _____ date _____ time _____ HVAC operational? Yes / No		
3. Water:	**[ ] Normal Operations**	**[ ] Boil Water**	**[ ] No Water**
4. Communications:	**[ ] Fully Functional**	**[ ] Partially Functional**	**[ ] Non Functional**
5. Replenishables:	**[ ] No shortages identified**	**[ ] Adequate but Limited**	**[ ] Critical Shortage**
(i.e.: Blood supply, O2, Pharmaceuticals, Medical supplies, Food, ice and water for patients)			
6. Operations:	**[ ] Fully Functional**	**[ ] Partially Functional**	**[ ] Non Functional**
(i.e.: ER, Critical Care, Labor & delivery, Neonatal, Pediatrics, OR, Recovery, Psych, Dialysis, Inpatient, Med/Surg, Out-patient, Lab, Long term care, Pharmacy, X-Ray)			
7. Morgue/Mortuary:	**[ ] Fully Functional**	**[ ] Partially Functional**	**[ ] Non Functional**
8. Sanitation Systems:	**[ ] Fully Functional**	**[ ] Partially Functional**	**[ ] Non Functional**
9. Radiation/ Oncology:	**[ ] Fully Functional**	**[ ] Partially Functional**	**[ ] Non Functional** **[ ] Non Applicable**

10. Transportation to off site services (i.e.: Dialysis treatment:
[ ] Available/Functional **[ ] Not available/ Non Functional** **[ ] Non Applicable**

Additional Information:
1. **Impact:** **Is Facility open:** ___ yes _____no
Type of Impact:
___ Elevator Damage ___Flooding ___Floor Damage __Elevator Damage
___ Foundation Damage __Mechanical Damage __Power Out __Roads Blocked
___ Roof Damage ___Sewer System Out __Wall Damage __Water System Out ___Window Damage

Severity of Impact: __ Major __Minor __Some Impacts

2. Power : Company Name: _____Company Account #:_____

3. Water : Company Name: _____ Company Account #:_____

4. Communications: Additional Information

5. Facility Needs (Assistance)
___ Food ___Generator ___Generator Fuel ___Ice ____Medical Assistance ____Oxygen
___ Medical/Non-Medical Equipment ___ Equipment ___ Portable Toilets ___Security Personnel ___Solution ___ Transportation
___Ventilators ___Water

Staff: ER, ICU, Med Surg, Pediatrics, Neonatal: Amount / Type Needed _____
Physicians: Type _____
Other:

EOC Tracker #: _____ Status of Assistance Request: _____

6. Available Beds or Use Compiled Bed Report in Additional Comments Below
Provider:_____
Beds (male): _____ Beds (female): _____ Total Available Beds: __Hospital Beds : ___
Adult Psychiatric ___Burn ____Child Psychiatric __Pediatric _____
Obstetric ____Long Term Care ____Critical Care ____Medical/Surgical ___Rehabilitation

Number of each Bed type:__ _____

Special Resident Characteristics

Facility Census:_____ Type of Characteristic:_____

Number of Residents w/ Characteristic: _____

7. Morgue / Mortuary capacity: _____

8. Sewer Company Name: _____ Sewer Company Account:_____

9. Radiation / Oncology additional Information

10. Transportation to off site services additional information

Additional comments:

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Compiled Bed Report

As Of Time: Date: .

Please Report Immediately. Thank you.

Name of Reporting Facility	
Contact Person	
Contact Phone Number	
Contact e-mail address	

TYPE	IMMEDIATE
Critical Care (CC)	
Pediatrics (MC)	
Medical / Surgery (MM-SS)	
Psychiatry (MP)	
Burn (SBN)	
Obstetric (OB)	
TOTAL	

DEFINITION: Physically Available Beds = Staffed + Unstaffed Beds

Please e-mail to: hospitals@ahca.myflorida.com
esf8@fleoc.org
FAX: 850-413-8859

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Attachment 34 – Sleep Assignment Form

Associate Name: _____ Sex: ___ Female ___Male

Scheduled Work Hours: _____

:
Please be advised that private sleep areas are limited and may not be available. Sleep areas will be assigned in alternating shifts. All sleep areas must be vacated while associates are working.

Sleeping locations will primarily be scheduled in either 7 AM to 7 PM or 7 PM to 7 AM shifts. (i.e. If the associate is required to work 7 AM to 7 PM, their assigned sleep location time will be from 7 PM to 7 AM.) It is the associate's responsibility to move and store their linens to make the space available to the person using the space during the next shift. **Associates are required to bring their own linens.**

Area Assigned: _____

Sleep time assigned: _____