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POLICY #:

Emergency Management (EM) and Business Continuity Program (BCP)

PURPOSE

Company XYZ is a patient-centered health system concentrating on the provision and coordination of health services. The purpose of the program is to provide the guidance and framework to ensure continuation of essential operations at *XYZ* in the event of a disruption to normal operations or emergency event.

A disruption to normal operations is defined as an event resulting in the unavailability of raw materials, information technologies, skilled labor, facilities or other resources that threaten the organization's capacity to continue operations or impacting one or more of the following:

- Colleagues, property, facilities, assets, critical infrastructure and/or supply chain
- Continuity of operations and/or or delivery of services, including the cascading effects of local, regional, national or international events
- Reputation of, or confidence in the entity
- Economic and financial condition
- Regulatory and contractual obligations

An emergency event is any event that may pose an immediate danger to the safety and well being of patients, staff or visitors; or a natural, technological, man-made or public health emergency affecting the community we serve.

The program is a comprehensive approach to responding to emergencies and to ensure the continuity of essential services during an event that has an adverse impact on our community, hospital operations or facilities.

GUIDING PRINCIPLES

Consistent with this strategy, the Board of Trustees, the medical staff and the health system administration have established and provided support for an Emergency Management (EM) and Business Continuity Program (BCP) that will do the following:

1. Provide a framework for the management of internal or external emergencies, whether actual events or exercises, encompassing the six critical areas of emergency management. These are: Communication, Resources and Assets, Safety and Security, Staff Responsibilities, Utilities Management and Patient Clinical and Support Activities.

2. Evaluate potential emergency scenarios using an "all hazards" concept with consideration for mitigation, preparedness, response and recovery.
3. Provide training to health system staff that identifies their roles in the Emergency Operations and Business Continuity Plan.
4. Work cooperatively with the City of XYZ, County, State and Emergency Medical Services Region to ensure integration of community emergency management with the health system and with the state tier level rules.
5. Provide a mechanism for program documentation and evaluation. Results shall be used to identify opportunities for improvement in the planning process, the plans, staff training and/or the resources available during operational interruptions or emergencies.
6. Record, analyze and act on opportunities for improvement observed during implementation of the plan. The findings shall be forwarded to the Environment of Care (EOC) committee for inclusion in an action plan for the ongoing development of the program.
7. Collect appropriate performance data during implementation of the plan and during routine safety evaluations. The data shall be used to improve performance, mitigation, preparedness, response, recovery and staff training.
8. Conduct an annual evaluation of the objectives, scope, performance and effectiveness of the program and report the findings of that evaluation to the EM/BCP Committee and leadership**.**

ASSUMPTIONS

1. Effective assessment and planning reduce the impact of emergencies on the quality of patient care.
2. Many types of emergencies are identified from past organizational or community experiences. The experiences provide a baseline of likely potential threats and an opportunity to learn from actual events.
3. Hospital facilities, clinic buildings, operational space, personnel, supplies, communications and other resources are considered part of the planning efforts.
4. On duty staff may be unable to maintain essential services. Emergency conditions may require modification of normal patient care routines. These conditions may require the health system to discontinue services, divert regional patient transfers, initiate facility evacuation, discharge patients or initiate surge capacity programs.
5. Periodic exercises are an essential element in maintaining health system staff awareness of emergency procedures and for evaluating the effectiveness of plans. Scheduled exercises and/or actual implementation of the Emergency Operations Plan (EOP) provide opportunities to observe staff performance and to identify potential areas of improvement.
6. The health system's return to normal operations after an emergency occurs may take days, weeks or months depending on the type of emergency. Business and clinical BCP recovery plans are essential components of the EOP.
7. Consideration is given to the fact that the lives of staff, patients and/or visitors may be lost due to associated injury or disease.
8. Remaining workers may be psychologically affected by disaster, disease, family concerns, economic loss or fear.
9. Staff may be reduced by the need for some workers to attend to family illness or to children remaining at home or due to school closures.
10. An emergency condition may require the transfer of essential functions to other personnel or possibly relocation site(s).
11. Some of the information and communications systems supporting operations during normal non-emergency periods may not be available.

DEFINITIONS

Company XYZ: All facilities associated with Company XYZ including XYZ Hospital, XYZ Specialty Clinic, XYZ Family Clinic and the XYZ Outreach Clinic.

Continuity of Operations (COO): Internal organization efforts to ensure that a viable capability exists to continue essential functions through plans and procedures that delineate essential functions; specify succession to office and the emergency delegation of authority; provide for the safekeeping of vital records and databases; identify alternate operating facilities; provide for interoperable communications; develop alternative scheduling to offset staff losses; provide staff support during emergencies and validate the capability through tests, training and exercises.

Business Continuity Plan/Continuity of Operations Plan (BCP/COOP): Plan that provides for the continuity of essential functions of XYZ in the event an emergency prevents occupancy of its primary buildings, or an event that limits operations through extensive staff losses or other resource limitations.

Devolution: The transfer of essential functions, as the result of a COO event, to another organizational element (i.e., person, office or organization, etc.) geographically located outside of the threat area.

Alternate Care Site (ACS): The physical location of treatment areas to which XYZ moves all or part of its operations to continue essential functions in the event the main facility is threatened or incapacitated.

Essential Functions: Essential functions are those functions that enable XYZ to provide vital services, maintain safe and quality operations, maintain the safety of employees and associates and sustain an industrial/economic base during an emergency.

Administrator On Call (AOC): The operational head of XYZ during off duty hours. The AOC serves as the CEO/NHA designee when the CEO/NHA is unavailable. If the AOC is unable to respond to the facility, the AOC's responsibility may be delegated to any administrative officer on the AOC roster or as defined in section 3-7 (Orders of Succession and Delegation of Authority) in this document.

Centers for Disease Control (CDC): Federal level disease reporting and information agency located in Atlanta, Georgia.

World Health Organization (WHO): Reporting agency for worldwide disease and pandemic outbreak information and tracking.

Office of Emergency Management (OEM): XYZ County Office of Emergency Management that is responsible for coordinating emergency response and recovery activities within XYZ County during an emergency or disaster event. This office coordinates local response as well as requests assistance from the XYZ State OEM.

Hospital Command Center (HCC): HCC will be the place from which all activities will be directed during an interruption or emergency event. At minimum, the following staff will be located at the HCC:

a) The Incident Commander
b) The Safety Officer
c) Public Information Officer
d) Operations, Planning, Logistics and Finance Section Chiefs

The Plan: The Emergency Operations and Business Continuity Plan which will be used in the event of a disaster (or threat of a disaster). The Plan consists of emergency plans addressing command and control, safety and security, crisis communications, operations, public health emergencies, evacuation, hazmat response, logistics and finance planning.

SCOPE

Procedures, activities of or responses to potential events specific only to the sites identified above are detailed Facility and/or Unit-specific Plans. Each of these plans is an extension of the XYZ Emergency Operations and Business Continuity Plan.

The Emergency and Business Continuity Plan is managed by the Emergency Operations Manager (EM)/Business Continuity Planner (BCP). The EOP/BCP is reviewed and approved by the EM/BCP Committee (see Organization and Responsibility).

The EOP/BCP will be reviewed, tested, and updated in accordance to the Performance Management standards, the Hazard Vulnerability and Business Impact Analysis outcomes, and as necessary to mitigate risks or meet regulatory changes.

THE EMERGENCY OPERATIONS PLAN AND BUSINESS CONTINUITY PLAN

EOP/BCP consists of emergency plans addressing the following:

- Command and Control
- Safety and Security
- Crisis Communications
- Operations – Emergency Clinical Operations and BCP
- Public Health Emergencies
- Evacuation – Full Building and Departmental Procedures
- Hazmat Response
- Logistics
- HICS Planning and Finance Sections

Operations Plan

The Operations Section will be responsible for managing the tactical objectives outlined by the Incident Commander. This section is typically the largest in terms of resources to marshal and coordinate. To maintain a manageable span of control and streamline the organizational management, branches, divisions and units are implemented as needed. The degree to which command positions are activated depends on the situational needs and the availability of qualified command officers. The Operations Section Chief is responsible for overseeing the operations including:

- Evacuation/Staging Procedures
- HAZMAT Branch
- Business Continuity Branch
    - Vital Records
    - Alternative Work Site Procedures
    - Departmental Business Continuity Plans
- Infrastructure Branch
    - Management of loss of Utilities

- Medical Care Branch
    - Management of Patients/Surge
    - Alternate Care Site Procedures
    - Public Health Emergencies and Biohazards
    - Inpatient/Outpatient Unit
    - Casualty Care Unit
    - Mental Health Unit
    - Clinical Support Services Unit
    - Patient Registration Unit
    - Morgue/Fatality Management

The Medical Care Branch is made up of the clinical operations of the hospital. The Operations Plan details the overarching procedures for response and Business Continuity including alternate site relocation and operations for the overarching response. However, each unit has an individual plan detailing their department's specific Emergency and Business Continuity procedures. These plans are found online under the Operations, Medical Branch folder and on site in the unit's Orange Binders. In addition, each unit has a Red Emergency Response Manual highlighting key actions in the event of various incidents impacting the hospital which reflect the more detailed information in the EOP/BCP. However, all staff:

- Will return to their department unless involved in the immediate care of a patient
- Are deemed essential and are not to leave without authorization from their manager or designee. This includes shift changes.
- Are not to report to or call the ED (other than ED staff) until requested.
- Are to ensure communication about the event is provided under the direction of the department leader.

Logistics Section

The Logistics Section will be responsible for managing the infrastructure, service and support functions to support the tactical objectives outlined by the Incident Commander. To maintain a manageable span of control and streamline the organizational management, branches, divisions, and units are implemented as needed. The degree to which command positions are activated depends on the situational needs and the availability of qualified command officers. The Logistics Section Chief is responsible for overseeing the operations including:

- Service Branch
    - Communications Unit
    - IT Unit/Disaster Recovery
- Support Branch
    - Family Care Unit
    - Supply Unit and Emergency Acquisition of Resources
    - Transportation Unit

- Labor Pool & Credentialing Unit

RECOVERY

Based on damage assessments and evaluation of operational needs, incident recovery plans will be developed and implemented. Each individual department and/or unit shall be responsible for initiating this activity. The Incident Command System will remain operational during this period but may gradually de-escalate as warranted. Meetings shall be scheduled as deemed appropriate by the Incident Commander. Criteria that shall be considered as part of the recovery process include, but are not limited to:

- Facility repair/restoration
- Utility system restoration
- Equipment replacement
- Supply inventory restoration
- Patient care support
- Staff support
- Financial reimbursement and recovery
- Traumatized staff

ORGANIZATION AND RESPONSIBILITY

Environment of Care (EOC) Committee: Led by the EOC Chairman, all EOC Chapters are represented and report progress in their respective areas to ensure the Joint Commission Elements of Performance are met.

The EOC Committee receives regular reports of the activities of the Emergency Management (EM) and Business Continuity Program (BCP) and communicates recommendations or concerns to the Emergency Manager/Business Continuity Planner.

The Emergency Manager/Business Continuity Planner submits quarterly reports on relevant issues to the (EOC) Committee. The Joint Commission (TJC) steering committee receives periodic reports of performance improvement and other activities of the EOC Committee. The EOC Chairman presents summary report and recommendations are presented to the Quality Patient EOC committee.

Emergency Management and Business Continuity Committee: Led by the Committee Chairman, with support from the EM/BCP.

The Executive Vice-President and Chief Operating Officer (or designee) has administrative oversight for the Emergency and Business Continuity Plan. The Chief Operating Officer (or designee) in collaboration with the EOC Chairman, BCP Committee Chairman and EM is responsible for the maintenance of the Emergency and Business Continuity Plan. The development and maintenance is conducted in coordination with the EM/BCP Committee.

Leadership: The Board of Directors and Health System Administration represent leadership.

Leadership provides an annual operating budget for the EM/BCP program. The authority to implement the plan is the ultimate responsibility of the CEO/COO or designated administrator on-call per the Command and Control Section of the EOP.

Department Management: Each System Unit/ Area Manager shall be responsible for:

- Maintaining the applicable unit-specific plan
- Orientating new or temporary personnel to task-specific responsibilities for Emergency Management Program Plan response
- Annual department staff training/education

General Staff: Individual system staff members, ancillary staff members, physician members and temporary staff members are responsible for learning and following job specific procedures for Emergency and Business Continuity planning, response, recovery and resumption**.**

PROGRAM ELEMENTS OF PERFORMANCE

HAZARD VULNERABILITY ANALYSIS

A hazard vulnerability analysis of the operations and environment of shall be used and maintained by the Safety Officer and the EM/BCP. The hazard vulnerability analysis shall be used to determine what conditions or events may be likely to have a significant adverse impact on the health and safety of patients, staff and visitors. In addition, the analysis shall be used to determine the potential impact of the events on the ability of health system to conduct normal patient care and activities.

The Safety Officer and the EM/BCP use an "all hazards" approach to planning for emergencies. Potential emergencies (natural or man-made) shall be evaluated annually (or as needed) to determine the probability of occurrence as well as the potential for damage or risk to the organization.

The hazard vulnerability analysis shall use a quantitative scoring process to assist in setting mitigation and preparedness priorities. It shall be implemented by the Safety Officer in conjunction with the EM/BCP and are reviewed annually or as situations develop.

COMMUNITY INTEGRATION

XYZ is part of the XYZ County medical care community. XYZ cooperates with the County Disaster Committee and Public Health Department in an effort to define the role each provider shall fulfill during an emergency and/or disaster response.

XYZ shall be represented on City, County, Regional and State Disaster Committees to coordinate medical response to emergencies. XYZ shall participate in at least one community-wide emergency preparedness exercise per year. The EM/BCP should attempt to meet at least once per year with the city's police and fire departments to compare emergency management plans to insure compatibility.

Remote sites of XYZ are not, as a rule, included in activation of the county, city and regional emergency management plans. If additional staff is needed, the Incident Command Center at XYZ shall contact the appropriate administrative personnel from the remote sites and request support. For emergencies that occur at remote sites, 911 and the health system security department shall be called. In weather emergencies, remote sites shall cancel appointments and close as needed.

COOPERATIVE PLANNING AMONG HOSPITALS

XYZ Hospital is a participating member of the integrated emergency management committee comprised of city/county emergency management representatives, along with other hospitals in the city. Information is shared on a monthly basis for cooperative emergency management planning. Essential information such as names and roles of individuals in their command structure and command telephone numbers is shared with this committee.

Resources and assets are shared in an emergency response situation with all hospitals in the region and the State Hospital. XYZ Hospital is designated as the lead hospital in this region and is the state designated disaster XYZ hospital as identified in the state medical disaster plan.

PLAN DEVELOPMENT

The Emergency Operations and Business Continuity Plan is developed by a multi-disciplinary disaster committee that consists of management from each of following disciplines/departments: physicians, EMS, disaster, facilities, safety, nursing, administration, security, communications, VNA, surgery, critical care, XYZ Health Physicians, emergency department, trauma, central supply, human resources and epidemiology. The membership may expand to include ad-hoc representation as needed. The Board of Directors, the medical staff and the health system administration have established and provided support for an Emergency Operations Program.

Operational Concept

Objective

The objective of this plan is to ensure the execution of XYZ's essential functions, during any crisis, that are critical to the wellbeing of our patients, residents, employees and communities. The objective is also to provide for the safety of the patients, residents and employees during any emergency or crisis when a sudden or ongoing and severe reduction in staff/human resources and/or the physical structures of XYZ are unsafe to occupy.

Specific objectives of this plan include:

- Ensuring the continuous performance of essential functions during an emergency to the greatest extent possible.
- Communication with all staff of XYZ.
- Communication with key community government agencies.
- Communication with key first responding agencies.
- Protecting the safety and productivity of staff, patients, residents and visitors.
- Reducing or mitigating disruptions to operations.
- Addressing behavioral health issues that may affect the organization.
- Pre-planning for potentially critical losses of staff through scheduling, identification of alternate resources and temporary business reduction efforts.
- Reducing loss of life and minimizing damage and losses.
- Achieving a timely and orderly recovery from an emergency and resumption of full service to customers.

Concept of Execution

Emergencies, or threatened emergencies, may adversely affect the ability of XYZ to continue to carry out essential functions and operations. Infectious diseases, terrorist agents and natural disasters may cause:

- Severe damage to the physical structures of XYZ
- Loss of utilities and communications
- Severe staffing shortages
- Full or partial evacuation and relocation of patients, residents and essential functions of XYZ

Any event that would compromise the safety and services provided to patients, residents and our communities would warrant execution of the Plan. This may be due to manmade or natural disasters, infectious disease outbreak, civil unrest or riots or any number of events both planned for and unforeseen. These events may also lead to a partial or full evacuation of patients and residents. They may also include a partial or full closure of the physical structures of XYZ. Relocation of essential functions to ACS may be indicated and should be coordinated with the Huerfano County OEM. While some emergency events, such as disease outbreaks or severe winter weather, will in most cases come with some advanced warning, other events such as tornado, utility disruption, fire, terrorist attack, etc. may happen with little or no notice. Advance preparation for these events is the key to a successful implementation of the Plan.

XYZ may direct full or partial activation of the Plan. Activation of the Plan may initiate the transfer of essential functions and the deployment of pre-identified personnel and equipment/supplies to an ACS. Activation of the plan may also involve significant alteration of work plans and assignments of staff to critical work areas, use of contractors, extension of overtime for well workers and similar alternatives in order to offset staff reduction.

The Plan may be activated if adequate staff is not available for work in order to keep critical business interests operational. It should be kept in mind that the Plan is NOT an evacuation plan, rather it is a deliberate and planned deployment of pre-identified and trained personnel and/or the transfer of essential functions to an ACS. Should activation of the plan be necessary, the Incident Commander will disseminate notification of the Plan activation with appropriate instructions by any and all available means including radios, pagers, telephone, runners or e-mail. Pre-identified personnel should follow the instructions given in accordance with the instructions contained in the Plan.

If the event results in senior administrative staff becoming unavailable to respond to the HICC, a major consideration becomes reconstitution of key leadership positions in accordance with the Order of Succession.

Following the event, the primary effort will be the regeneration of XYZ's Emergency Department with adequate personnel and equipment to restore complete Emergency Department business operations. Reconstitution activities are oriented towards the determination of physical structure safety, identification of any ACS that may be needed to perform essential functions and alternate human resources to offset staff losses for limited or extended periods of time.

When sufficient functions have been restored at XYZ and all other occupied space or reconstituted facility(s), the Incident Commander or his/her designated successor can order the termination of contingent operations.

PHASES/METHODOLOGIES

The Emergency and Business Continuity Plan considers the four phases of emergency management:

MITIGATION: Activities designed to reduce the impact or severity of potential emergencies. They include but are not limited to:

- Compliance with the Life Safety Code to reduce the risk of fire.

- Appropriately sized emergency power systems where required.
- Inspecting, testing and maintenance of utilities systems and medical equipment.
- Consideration of potential emergency issues in planning for construction and/or renovation.

PREPAREDNESS: These activities identify resources needed in the event of an emergency. Business Continuity plans are in place to initiate resource searches through vendors after the first or second operational period greater than 16 hours. Consideration of the asset and resource inventory needed on site or that would be needed during an emergency. The 96 hour grid illustrating this is evaluated annually. (Appendix A) Considerations include, but are not limited to:

- Staff call lists and call back systems
- Minimum 36 hours fuel supply for the emergency generator
- Minimum 72 hours food and water on hand
- Preparations for snow removal
- Preparations for support of staff and their families
- Preparations for management of the media
- Identification of alternate care sites
- Identification of alternate sources of essential utilities
- Identification of back-up communications systems
- Maintenance of a decontamination facility
- Identification of additional supplies for nuclear, Bioterrorism and chemical response.
- Preparations for needs with regards to pharmaceutical, surgical and medical resources

RESPONSE: These activities are related to management of the actual emergency. They include, but are not limited to:

- Incident command system
- Treatment of victims
- Community coordination
- Assignment of personnel
- Personnel identification
- Management of patient activities
- Emergency supply carts
- Food service
- Evacuation
- Decontamination
- Business Continuity

RECOVERY:

These activities are related to the post response and to reestablish normal business operations following an emergency situation. Based on damage assessments and evaluation of operational needs, incident recovery plans will be developed and implemented. Each individual department and/or unit shall be responsible for initiating this activity. The Incident Command System will remain operational during this period but may gradually de-escalate as warranted. Meetings shall be scheduled as deemed appropriate by the Incident Commander. Criteria that shall be considered as part of the recovery process include, but are not limited to:

- Facility repair/restoration
- Utility system restoration
- Equipment replacement

- Supply inventory restoration
- Patient care support
- Staff support
- Financial issues
- Traumatized staff

Devolution of Essential Functions

The devolution of essential functions identifies how the organization will identify and conduct essential operations during periods of severe staff reduction. The plan for devolution of essential functions includes the identification of mission critical systems; capabilities to perform essential functions given specific losses of staff and expertise; reliable logistical support, services and infrastructure alternatives; communications between staff, and related computer/software issues. Each department has documented this information in their plans.

Order of Succession and Delegation of Authority

The Chief Executive Officer of Hospital (CEO) and Nursing Home Administrator (NHA) are equal partners in the operations of XYZ. The following is an order of succession for the CEO or NHA if he/she is no longer able to carry out their functions:

1) Hospital CEO
2) Nursing Home Administrator (NHA)
3) Director of Human Resources
4) Chief Financial Officer
5) Director of Support Services and Safety
6) Hospital Chief Nursing Officer
7) Nursing Home Director of Nursing

Delegation of Authority creates continuity in the flow of authority from the CEO/NHA/AOC cascading to successors. The persons named in the order of succession will have full, unlimited authority to operate XYZ to the fullest extent possible until such person is relieved by the next highest ranking officer. Delegation to successors other than CEO/NHA, extending more than seven days, will need approval by the XYZ County Hospital District Board of Directors.

A delegation of authority includes:

- Name and title of the successor being delegated the authority
- Date and event that trigger delegation (i.e., COOP implementation)
- Authorities delegated, together with any limitations on or exceptions to their use
- Date of termination or the point at which delegation is automatically revoked (i.e. 7 days)
- Date authority extended if applicable
- Name, title and signature authorizing extension
- Name and title of person assuming authority upon termination of delegation
- Date of authority assumption

The form to be completed is contained in the Plan.

DRILLS AND EXERCISES

Exercises to test our response to emergency situations are conducted regularly. A response to an actual emergency may be substituted for a planned exercise. All facilities designated as healthcare occupancies

receive two exercises per year. All other patient care areas in facilities designated as business occupancies receive one exercise per year.

The hospital conducts at least one exercise per year that includes an influx of volunteers or simulated patients. The hospital shall conduct at least one exercise per year that is escalated to evaluate how effectively the organization performs when it cannot be supported by the local community. The hospital shall participate in at least one community-wide emergency preparedness exercise per year. Each exercise must be realistic and relevant to the priority emergencies identified in the hazard vulnerability analysis.

The exercise design team should include a multi-disciplinary approach with a dedicated individual whose sole responsibility is to evaluate performance and is knowledgeable about the goals and objectives of the exercise. This person is responsible for documentation of opportunities for improvement. The After Action Report (AAR) shall include areas of improvement identified and evaluate the effectiveness of improvement that was made in response to critiques of the previous exercise.

The exercises will be designed to evaluate performance in at least one of the six critical areas of emergency management:

1. **Communication:** The organization must be evaluated on the ability to maintain communication pathways within the organization and to external community resources.
2. **Resources and assets:** The organization must be evaluated on the ability to access materials, supplies, vendor and community services as well as State and Federal resources to ensure patient safety and sustain care, treatment and services.
3. **Safety and security**: The organization must be evaluated on the ability to provide a safe and secure environment for of its patients and staff.
4. **Staff responsibilities**: The organization must be evaluated on the ability to enable staff to adapt to their roles to meet new demands and on their ability to care for patients in the presence of new risks and changing conditions.
5. **Utilities management**: The organization must be evaluated on the ability to maintain the uninterrupted function of key utilities such as power, water, ventilation and fuel.
6. **Patient clinical and support activities**: The organization must be evaluated on the ability to implement plans to address the needs of patients during extreme conditions when the organization's infrastructure and resources are taxed.

All exercises are critiqued to identify deficiencies and opportunities for improvement based on the evaluation of the individual performance monitor. The exercise must be critiqued through a multi-disciplinary process that includes administration, clinical (including physicians) and support staff. Based on the outcome of the critique of the emergency management plan(s), processes and related training shall be modified.

The EM/BCP is responsible for communicating the strengths and weaknesses identified during the exercise to the disaster committee.

PERFORMANCE MONITORS

The Chief Operating Officer (or designee), in collaboration with the EOC Chairman, Disaster Committee Chairman and Emergency Manager/Business Continuity Planner shall oversee, implement, establish processes and monitor performance of the EM/BCP and its implementation during an actual or potential emergency event. The Emergency Manager/Business Continuity Planner shall obtain relevant data and information gathered through work orders, surveillance, incidents, exercises and other means. This information shall be reported to the Chairman of the Disaster Committee, the Safety Officer and the EOC Committee.

ANNUAL EVALUATION

The Chief Operating Officer (or designee) in collaboration with the EOC Chairman, Disaster Committee Chairman and Emergency Manager/Business Continuity Planner, in conjunction with the Disaster Committee, shall be responsible for providing an annual evaluation of the Emergency Management Program. The annual review shall examine the objectives, scope, performance, effectiveness, performance improvement project and applicability of the Emergency Operations Plan. The annual review shall be presented by the Emergency Manager/Business Continuity Planner to the EOC Committee each year during the first quarter in a narrative summary report. This report will be supported by relevant data and appropriate project improvement processes will be initiated. Strengths and weaknesses shall be identified and goals for process improvement shall be established for the next year. The EOC Committee shall review the report and make recommendations and/or approve the plan. The action of the EOC committees shall be documented in the meeting minutes.

Approved by:

_____	_____
	Date
Executive Vice-President and Chief Operating Officer	
_____	_____
	Date
Chairman, EM/BCP Committee	
_____	_____
	Date
Chairman, Environment of Care Committee	
_____	_____
	Date
Emergency Manager/Business Continuity Planner	