

| | | |
|---|---|-------------------------|
| GGPOLICY CLASSIFICATION: TMC Health | POLICY TYPE: Environmental Safety, Security & Disaster - Emergency Management | PAGE: 1 of 15 |
| DOCUMENT ID: ES-01-02 | VERSION: 7 | EFFECTIVE: 2/12/2025 |
| TITLE: Emergency Operations Management Plan | | |

| | |
|-----------------------------|---|
| Purpose: | The Emergency Operations Management Plan (EOMP) establishes guidelines for an effective response to any event that may pose an immediate danger to health and safety of TMC Health (TMCH). The Emergency Operations Management Plan uses the Emergency Operations Plan (EOP) to identify several processes designed to respond to situations that disrupt normal operations of the healthcare system. |
| Definitions: | None |
| Keywords: | Emergency Management, Emergency Operations |
| Applicability: | TMC Health (TMCH), which includes Tucson Medical Center Hospital, TMC Rincon Hospital, off-campus locations and affiliates. |
| Statement of Policy: | <ol style="list-style-type: none"> 1. The Emergency Operations Management Plan (EOMP) implements the Emergency Operations Plan (EOP) during any emergency/disaster situation by assigning responsibilities to specific entities and functions utilizing an all-hazards approach. Essential entities/functions are authorized to use any available resources when mitigating, preparing, responding, and recovering from any internal or external emergency/disaster. 2. The EOP provides an organized process to respond, manage and recover from all-hazards emergencies, both external and internal, which may confront TMCH and the surrounding metropolitan Tucson and Pima County, including and regional communities. |
| Procedure: | <ol style="list-style-type: none"> 1. Objectives <ol style="list-style-type: none"> 1.1 Ensure the Emergency Management Plans are operational and drills or actual disasters of all-hazards are properly responded to and documented with an After-Action Review (AAR) to indicate strengths, opportunities for improvements, actions and evaluation of effectiveness of action taken. 1.2 Mitigate/reduce or eliminate all unnecessary risk to patient care and safety of employees, patients, and visitors during any emergency or disaster situation. 1.3 Ensure various problems and opportunities to improve emergency |

| | | |
|---|---|-------------------------|
| GGPOLICY CLASSIFICATION: TMC Health | POLICY TYPE: Environmental Safety, Security & Disaster - Emergency Management | PAGE: 2 of 15 |
| DOCUMENT ID: ES-01-02 | VERSION: 7 | EFFECTIVE: 2/12/2025 |
| TITLE: Emergency Operations Management Plan | | |

| | |
|--|--|
| | <p>preparedness for all-hazards are objectively assessed by the Emergency Management Committee and the Environment of Care Committee.</p> <p>1.4 Evaluate all events or exercises after-action using The Joint Commission elements of Communication Effectiveness, Resource Allocation and Mobilization, Security and Safety Response, Staff Roles and Responsibilities, Utility Systems and Patient Clinical and Support Activities in the AAR.</p> <p>2. Organization and Responsibilities</p> <p>The Emergency Manager (Director) maintains overall responsibility for the Emergency Management program. The Director hereby makes the following assignments of responsibilities:</p> <p>2.1 Emergency Management Committee</p> <p>Review and oversight of Emergency Management Program, Grant funding and assure the Emergency Operations Plan remains current using an all-hazards approach; plan and conduct exercises and staff training based on facility needs and The Joint Commission and Centers for Medicare & Medicaid Services (CMS) requirements.</p> <p>2.2 Community Emergency Management Liaison</p> <p>Attends community, regional, and statewide steering committee meetings, advises management and staff on emergency management issues; represents TMCH in community, region, and state-wide emergency planning and external organization communication.</p> <p>2.3 Environment of Care Committee</p> <p>Oversees emergency preparedness activities on behalf of the hospital and maintains participation in the Environment of Care Committee program.</p> <p>2.4 Emergency Management Education and Training</p> <p>Develop plans to support the Emergency Operations Plan using an all-hazards approach; provide routine staff training on emergency response, the Hospital Incident Command System (HICS) and</p> |
|--|--|

| | | |
|---|---|-------------------------|
| GGPOLICY CLASSIFICATION: TMC Health | POLICY TYPE: Environmental Safety, Security & Disaster - Emergency Management | PAGE: 3 of 15 |
| DOCUMENT ID: ES-01-02 | VERSION: 7 | EFFECTIVE: 2/12/2025 |
| TITLE: Emergency Operations Management Plan | | |

| | |
|--|---|
| | <p>other pertinent issues. All department directors will maintain a system to recall staff during an emergency.</p> <p>2.5 Supervisors</p> <p>Each supervisor and manager are responsible for ensuring that employees are familiar with their department responsibilities.</p> <p>2.6 Safety Management</p> <p>Ensure fire response and hazardous material plans are current and effectively integrated with the Emergency Operations Plan (EOP).</p> <p>2.7 TMC Health</p> <p>Employees are responsible for understanding their department's role in any emergency. Employees will protect the life and safety of patients, visitors, volunteers and employees. Employees will also participate in TMCH emergency management trainings and exercises as designated.</p> <p>3. Process for managing risks related to the TMCH</p> <p>3.1 TMCH conducts a Hazard Vulnerability Analysis (HVA) for facilities to identify potential emergencies that could affect demand for services or its ability to provide those services, the likelihood of those events occurring, and the consequences of those events. TMCH maintains HVAs for all of its entities.</p> <p>3.2 TMCH performs HVAs annually which incorporate information from Pima County Office of Emergency Management, Pima County Health Department, Pima County Sheriff's office, Tucson Police Department, Arizona Coalition for Healthcare Emergency Response, and Arizona Pediatric Disaster Coalition.</p> <p>3.3 HVA documents are available for review and acknowledgement.</p> <p>3.4 Emergency Management planning activities includes an all hazard approach planning including processes, definitions, all-hazards planning activities, with HVA priorities, community involvement, mitigation, preparedness, response and recovery, disaster initiation process and integration with community wide hospital command centers or emergency operations centers.</p> |
|--|---|

| | | |
|---|---|-------------------------|
| GGPOLICY CLASSIFICATION: TMC Health | POLICY TYPE: Environmental Safety, Security & Disaster - Emergency Management | PAGE: 4 of 15 |
| DOCUMENT ID: ES-01-02 | VERSION: 7 | EFFECTIVE: 2/12/2025 |
| TITLE: Emergency Operations Management Plan | | |

| | |
|--|--|
| | <p>4. Hospital Incident Command System (HICS)</p> <p>4.1 TMCH uses the Hospital Incident Command System (HICS) to manage emergency events of all-hazards. During an incident, TMCH leadership determines the scope of the event and identifies which key HICS positions require activation. As the incident grows, more positions may be activated. Once the incident is stable and recovery and mitigation phases begin, the Hospital Incident Management Team (HIMT) will demobilize.</p> <p>4.2 During an emergency, the Incident Commander will determine which command and general staff positions and branches of the Hospital Incident Command System are needed. Each subordinate role determines if he/she needs additional sub-units activated. The Hospital Incident Command System provides the flexibility to rotate people into roles at time and circumstance dictate.</p> <p>4.3 TMCH's chain of command is illustrated in Exhibit A.</p> <p>4.4 TMCH assigns FEMA Independent Study (IS) 100, 200 and 700 courses or computer-based training for NIMS-Basic and NIMS-Advanced to all staff who are assigned HICS position roles. All HICS position roles have multiple staff members assigned as primary, secondary and tertiary alternates on the Hospital Incident Management Team (HIMT). Emergency Manager (Director) and Emergency Management Program Coordinator are assigned FEMA IS 100, 200, 300, 400, 700 and 800 courses. Public Information Officers are assigned FEMA IS 100, 200, 260 and 700 courses.</p> <p>5. Emergency Operations Plan (EOP)</p> <p>5.1 TMCH Emergency Operations Plan (EOP) includes incident response levels, notification, sustainability, mutual aid agreements, plan initiation, plan termination, recovery operations, on campus and off campus sites, TMCH alternative care sites, additional community healthcare alternative care sites, regional facility alternative care sites, statewide pediatric alternative care sites. These plans also address evacuation from one area to another or total evacuation of the facility and decompression or expansion of care to meet an emergency or disaster situation. TMCOne, all Outpatient Treatment Centers, Hospice and Hospice</p> |
|--|--|

| | | |
|---|---|-------------------------|
| GGPOLICY CLASSIFICATION: TMC Health | POLICY TYPE: Environmental Safety, Security & Disaster - Emergency Management | PAGE: 5 of 15 |
| DOCUMENT ID: ES-01-02 | VERSION: 7 | EFFECTIVE: 2/12/2025 |
| TITLE: Emergency Operations Management Plan | | |

| | |
|--|--|
| | <p>Homecare also are included in these plans and have specific plans to address responses at their locations.</p> <p>5.2 The TMCH Board of Directors require and support the all-hazards Emergency Operations Plan (EOP) approach of TMCH and maintain ultimate responsibility for the oversight and effectiveness of the EOP and strive to assure a continuum of high-quality patient care and a safe environment for patients, staff, and visitors.</p> <p>5.3 The Chief Executive Officer (CEO) has delegated oversight of this plan to the Emergency Manager (Director of Security, Safety and Transportation) and shall ensure that the appropriate resources and staff are provided to support the EOP. The senior leadership of the organization and medical staff are responsible for actively participating in emergency management planning and training.</p> <p>5.4 Directors and managers are responsible for ensuring the development and implementation of department specific procedures in coordination with this plan, for ensuring training of staff on their individual roles and responsibilities consistent with the plan and ensuring active participation of their department in the implementation of the plan.</p> <p>5.5 TMCH Staff are responsible for ensuring that their behaviors, work practices, and operations are safe, responsible, and in alignment with organizational and departmental procedures, applicable training, and the provisions of this plan.</p> <p>5.6 In the case of an internal disaster which causes or threatens to cause physical damage and injury to TMCH's patients, volunteers, visitors, staff or facilities the disaster notification process will be implemented. Shelter-in-Place and await direction is the initial strategy, unless the hazard is in the immediate area. Examples are fire, explosion, hazardous materials releases, or bomb threat.</p> <p>5.7 Public Address System announcements and Omnilert pages will be used to notify hospital employees of an emergency as follows:</p> <p>(a) Code Red - Fire Emergency</p> <p>(b) Code Triage Internal / Code Triage External -</p> |
|--|--|

| | | |
|---|---|-------------------------|
| GGPOLICY CLASSIFICATION: TMC Health | POLICY TYPE: Environmental Safety, Security & Disaster - Emergency Management | PAGE: 6 of 15 |
| DOCUMENT ID: ES-01-02 | VERSION: 7 | EFFECTIVE: 2/12/2025 |
| TITLE: Emergency Operations Management Plan | | |

| | |
|--|--|
| | <p>Internal/External Emergency</p> <ul style="list-style-type: none"> (c) Code Blue - Medical Emergency (d) Code Pink - Missing Baby/Juvenile (e) Code Silver - Hostage Situation/Person with a Weapon (f) Code Orange - Hazardous Material Spill (g) Code Yellow – Bomb Threat (h) Code Purple – Staffing / bed status review and surge <p>5.8 In the case of an extreme emergency within TMCH, the senior person in charge (House Supervisor, Administrator-On-Call (AOC), Director, Emergency Manager, or Security/Safety may make the decision for immediate evacuation and control of the area. If time does not allow for communication with a senior person, due to risk to staff or patients then the Supervisor of the area can order the evacuation. After the initial response, the Supervisor or House Supervisor will notify the AOC of the situation. Once the response group is identified the Omnilert page will go out notifying the staff of the situation. Updates and all-clear notices can also be sent through Omnilert and/or Public Address.</p> <p>5.9 Direction will be given by the senior official at the scene, coordinating with the incident commander or designee.</p> <p>5.10 During Code Triage Internal/External and HCC/HICS activations, designated employees shall report to one of the following areas:</p> <ul style="list-style-type: none"> (a) Command Staff and Section Chiefs – the designated Hospital Command Center (HCC). (b) Employees designated to receive a HICS assignment, report to the designated staging area. (c) All other employees arriving to the hospital as a result of the emergency will receive instruction from the staffing office on what location to report to. |
|--|--|

| | | |
|---|---|-------------------------|
| GGPOLICY CLASSIFICATION: TMC Health | POLICY TYPE: Environmental Safety, Security & Disaster - Emergency Management | PAGE: 7 of 15 |
| DOCUMENT ID: ES-01-02 | VERSION: 7 | EFFECTIVE: 2/12/2025 |
| TITLE: Emergency Operations Management Plan | | |

| | |
|--|--|
| | <p>(d) Employees arriving for normal scheduled shifts will report to their assigned unit first, and then possibly be reassigned to the Labor Pool for disbursement if the Labor Pool is activated for an incident.</p> <p>5.11 The notification system is:</p> <p>(a) Pima County Communications contacts hospitals through the Pima County Emergency Communications Center (PCECC) if first responders go to an incident with over 5 victims.</p> <p>(b) TMCH receives the PCECC calls in the telemetry area of the Emergency Department (ED).</p> <p>(c) The Communications Dispatch sends a message to all hospitals through the EM System to alert them to the situation/updates on patient(s) to be brought to their facility.</p> <p>(d) The Arizona Health Alert Network (AzHAN) should be distributing important public health alerts to public health officials and healthcare professionals via this Arizona Department of Health Services (ADHS) secure web-based application.</p> <p>(e) The ED staff notifies the ED Manager and Director of the call or, after normal business hours, the House Supervisor. These individuals will contact the Administrator-On-Call (AOC), who determines if it is a disaster and what actions need to be taken.</p> <p>(f) If determined necessary by the House Supervisor and/or the AOC, the HCC will be activated.</p> <p>6. Communications Management</p> <p>During an incident, TMCH maintains communication with the following organizations and stakeholders using the TMCH EOP Communications Plan:</p> <p>6.1. Staff at active locations; then other staff</p> |
|--|--|

| | | |
|---|---|-------------------------|
| GGPOLICY CLASSIFICATION: TMC Health | POLICY TYPE: Environmental Safety, Security & Disaster - Emergency Management | PAGE: 8 of 15 |
| DOCUMENT ID: ES-01-02 | VERSION: 7 | EFFECTIVE: 2/12/2025 |
| TITLE: Emergency Operations Management Plan | | |

| | |
|--|---|
| | <p>6.2. External authorities</p> <p>6.3. Local media and the community</p> <p>6.4. Patients and Families</p> <p>6.5. Equipment, supply, and medication vendors</p> <p>6.6. Other healthcare organizations</p> <p>6.7. Alternative Care Sites</p> <p>7. Resources and Assets Management</p> <p>The EOP includes inventory of assets and resources during an incident:</p> <p>7.1. PAR Level</p> <p>7.2. Initial obtainment of Supplies</p> <p>7.3. Medications and equipment</p> <p>7.4. Monitoring use of assets and resources</p> <p>7.5. Replenishment of supplies</p> <p>7.6. Non-medical supplies and equipment</p> <p>7.7. Replenishment of non-medical Supplies</p> <p>7.8. Sustainability of operations without external support</p> <p>7.9. Managing staff support activities</p> <p>7.10. Sharing resources and assets with other healthcare organizations</p> <p>7.11. Evacuation of the facility</p> <p>7.12. Transporting patients to alternative care site</p> <p>7.13. Off-campus relocation and off-campus relocation to another facility</p> |
|--|---|

| | | |
|---|---|-------------------------|
| GGPOLICY CLASSIFICATION: TMC Health | POLICY TYPE: Environmental Safety, Security & Disaster - Emergency Management | PAGE: 9 of 15 |
| DOCUMENT ID: ES-01-02 | VERSION: 7 | EFFECTIVE: 2/12/2025 |
| TITLE: Emergency Operations Management Plan | | |

| | |
|--|--|
| | <p>7.14. Authority and roles</p> <p>7.15. Transfer and receiving area responsibilities</p> <p>The EOP also includes a continuity of operations plan (COOP) known as the Business Continuity Plan for Continuity of Operations, which includes the final section on disaster recovery – transition from response to recovery phase.</p> <p>8. Safety and Security Management</p> <p>The EOP includes establishment of internal and external Safety and Security during an emergency response to include:</p> <p>8.1. Security activities with community agencies</p> <p>8.2. Management of hazardous materials and wastes</p> <p>8.3. Explosions or threat of explosions</p> <p>8.4. Radiological, nuclear, biological, and chemical response and decontamination</p> <p>8.5. Controlling access and movement during and emergency.</p> <p>9. Staff Roles and Responsibilities</p> <p>The EOP includes Staff Roles and Responsibilities during an emergency response to include:</p> <p>9.1. Managing staff support activities</p> <p>9.2. Managing staff family support activities</p> <p>9.3. Staff dependent care</p> <p>9.4. Role of Licensed Independent Practitioners</p> <p>10. Management of Utilities</p> <p>This EOP section includes alternative methods of providing essential utilities to all critical use facilities and infrastructures.</p> |
|--|--|

| | | |
|---|---|--------------------------|
| GGPOLICY CLASSIFICATION: TMC Health | POLICY TYPE: Environmental Safety, Security & Disaster - Emergency Management | PAGE: 10 of 15 |
| DOCUMENT ID: ES-01-02 | VERSION: 7 | EFFECTIVE: 2/12/2025 |
| TITLE: Emergency Operations Management Plan | | |

| | |
|--|---|
| | <p>11. Managing Clinical Support Activities</p> <p>The EOP includes Management of Clinical Activities during an emergency response to include:</p> <ul style="list-style-type: none"> 11.1. Triage Patients 11.2. Decontamination 11.3. Scheduling Patients 11.4. Admitting Patients 11.5. Potential Discharge and Transferring of Patients 11.6. Evacuation of Patients 11.7. Clinical Services for functional needs population 11.8. Patient hygiene and sanitation needs 11.9. Behavioral Health 11.10. Documenting and Tracking Patient Medical Information 11.11. Fatality Management <p>12. Disaster Privileges</p> <p>The EOP includes volunteer management during an emergency response to include:</p> <ul style="list-style-type: none"> 12.1. Volunteer Licensed Independent Practitioners 12.2. Identification of Volunteer Licensed Independent Practitioners 12.3. Other Licensed Volunteers and Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) program requirements and/or Southern Arizona Community Organizations Active in Disaster (SOAZCOAD). <p>13. Emergency Management Plan Annual Evaluation</p> |
|--|---|

| | | |
|---|---|--------------------------|
| GGPOLICY CLASSIFICATION: TMC Health | POLICY TYPE: Environmental Safety, Security & Disaster - Emergency Management | PAGE: 11 of 15 |
| DOCUMENT ID: ES-01-02 | VERSION: 7 | EFFECTIVE: 2/12/2025 |
| TITLE: Emergency Operations Management Plan | | |

| | |
|--|--|
| | <p>TMCH completes and submits to the Environment of Care (EOC) Committee for approval an annual evaluation of the Emergency Management Plan and the program performance during the prior year in the first quarter of each year.</p> <p>14. Testing and Evaluation of the Emergency Operations Plan</p> <p>14.1 The EOP includes testing plan processes, evaluating plan and processes, NIMS education, resource mobilization, demobilization and recovery actions from post incident or exercise.</p> <p>The Emergency Management Committee also plans, schedules and evaluates disaster exercises. At the present time there is typically one community wide disaster full scale exercise conducted each year. Due to the unique situation of the community, there are requirements for exercises to be conducted on an annual, bi-annual or triennial basis by the following agencies: Tucson Airport Authority, Davis-Monthan Air Force Base, Pima County Office of Emergency Management, the Mining and the Railroad Industries, ADHS, AZCHER Southern Region, and NDMS. All exercise activities are documented in After Action Review Reports with written summaries of the details. Disaster exercises are also conducted internally at the hospital with community involvement. The hospital conducts or participates in a minimum of two disaster exercises annually.</p> <p>14.2 Education and training:</p> <p>(a) TMCH conducts initial emergency management training for all new employees through the Computer Based Training (CBT) system. This system provides hands on interactive approach of training by allowing the employee to manage a module based training initiative that allows the hospital to modify and manipulate the material as the need for change arises. Each employee is required to retrain annually on specific CBT modules. The emergency management module is one of the primary modules that each employee is required to complete annually.</p> <p>(b) TMCH also maintains specialized training for key individuals throughout the hospital in specific emergency management topics taught by local colleges, AzCHER,</p> |
|--|--|

| | | |
|---|---|--------------------------|
| GGPOLICY CLASSIFICATION: TMC Health | POLICY TYPE: Environmental Safety, Security & Disaster - Emergency Management | PAGE: 12 of 15 |
| DOCUMENT ID: ES-01-02 | VERSION: 7 | EFFECTIVE: 2/12/2025 |
| TITLE: Emergency Operations Management Plan | | |

| | |
|--|---|
| | <p>DEMA, FEMA/EMI, the Department Of Justice, National Fire Academy, Office of Domestic Preparedness, the United States Public Health Service and the National Fire Academy.</p> <p>(c) Leaders assigned to Hospital Incident Command positions shall complete CBT NIMS-Basic & Advance or FEMA IS 100, 200 and 700 online courses and a CBT HICS course. Emergency Management Program Coordinator completes NIMS 100, 200, 300, 400, 700 and 800 and coordinates the role courses.</p> <p>14.3 Triage Internal or External Responsibilities:</p> <p>Within the initial Shelter-in-Place strategy, during an emergency, employees not designated as primary responders conduct themselves using the following precepts:</p> <p>(a) Maintain normal operating procedures in their department area to the best of their ability.</p> <p>(b) Staff not being utilized in their department area will report to the Labor Pool as directed by their department manager or supervisor.</p> <p>(c) TMCH personnel will notify their department manager or supervisor of all-hazards, any disturbance or emergency (i.e. fire, bomb threat, external community disaster that may affect TMCH).</p> <p>(d) Supervisors will immediately organize those employees and patients for whom they are responsible and determine what steps are to be taken in accordance with their department emergency operations plan and initially defend-in-place.</p> <p>(e) Supervisors and employees should immediately check for injuries among staff and patients and render appropriate care, as needed. Seriously injured persons should not be moved unless they are in danger of further injury. Ensure the entire area is comprehensively checked.</p> <p>(f) Managers and Supervisors should initiate their disaster call</p> |
|--|---|

| | | |
|---|---|--------------------------|
| GGPOLICY CLASSIFICATION: TMC Health | POLICY TYPE: Environmental Safety, Security & Disaster - Emergency Management | PAGE: 13 of 15 |
| DOCUMENT ID: ES-01-02 | VERSION: 7 | EFFECTIVE: 2/12/2025 |
| TITLE: Emergency Operations Management Plan | | |

| | |
|--|---|
| | <p>trees upon notification from the incident commander.</p> <ul style="list-style-type: none"> (g) In the event of fatalities, staff should cover the bodies and notify the incident commander of their location. Fatalities should not be moved, there could be, or they could be evidence of a crime scene. (h) Staff should secure/protect patient records and other official files. If assistance is needed, staff should contact medical records. (i) Staff should make themselves familiar with Emergency-Disaster Shelter-In-Place & Evacuation Plans for their areas. <p>14.4 Performance Monitoring and Reporting</p> <p>TMCH Emergency Management Program Coordinator presents reports to the Emergency Management Committee regularly and Environment of Care Committee on a quarterly basis. These reports are:</p> <ul style="list-style-type: none"> (a) Quarterly exercise and event summary (b) Community Participation (c) Quarter measure of success report (d) Hospital Preparedness Program progress (e) Hazard Vulnerability Analysis annual review (f) TMCH Emergency Operations Plan (g) Annual review of Emergency Management Program (h) Training (i) Any plan changes (j) Completed and scheduled exercises (k) After-Action Review Reports - Improvement Plans progress |
|--|---|

| | | |
|---|---|--------------------------|
| GGPOLICY CLASSIFICATION: TMC Health | POLICY TYPE: Environmental Safety, Security & Disaster - Emergency Management | PAGE: 14 of 15 |
| DOCUMENT ID: ES-01-02 | VERSION: 7 | EFFECTIVE: 2/12/2025 |
| TITLE: Emergency Operations Management Plan | | |

| | |
|---------------------------|---|
| | All activities from the Emergency Management Committee are reported up to the TMCH Environment of Care Committee. These reports are then reported to the TMCH Patient Safety Committee. |
| Standard Work: | TMCH has not adopted Standard Work for this Policy. |
| References: | None |
| Policy Creator: | Director of Safety |
| Executive Sponsor: | Vice President of Operations |
| Review: | This Policy shall be reviewed as needed per changes in applicable laws, regulations, and accreditation or operational requirements, but no less often than every 1 year. |

Approved: /s/ William Fleming 02/12/2025
William Fleming
Director of Security Date

| | | |
|---|---|--------------------------|
| GGPOLICY CLASSIFICATION: TMC Health | POLICY TYPE: Environmental Safety, Security & Disaster - Emergency Management | PAGE: 15 of 15 |
| DOCUMENT ID: ES-01-02 | VERSION: 7 | EFFECTIVE: 2/12/2025 |
| TITLE: Emergency Operations Management Plan | | |

Exhibit A

Hospital Incident Management Team

