

APPENDICES

UNIVERSITI SAINS ISLAM MALAYSIA  
جامعة العلوم الإسلامية الماليزية  
ISLAMIC SCIENCE UNIVERSITY OF MALAYSIA

## Appendix 1: Incident Planning Guide

# Incident Planning Guide: Explosive Incident

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### Definition

This Incident Planning Guide is intended to address all types of explosive incidents whether they occur at a hospital due to an intentional act (e.g., bomb or bomb threat) or unintentional event (e.g., propane tank or hazardous materials explosion). Hospitals may customize this Incident Planning Guide for their specific requirements.

### Scenario

On Sunday morning, a voicemail message is left on the phone of your hospital Chief of Security. The caller is male and upset about having received a parking citation while visiting his dying mother in the intensive care unit. He says that he knows “how to get even” with the hospital and “you’d better be ready for fireworks.” On Monday morning, a bomb threat is received at your hospital’s security office and evaluated as credible in consultation with local law enforcement. Staff are alerted, building and grounds search procedures are activated in partnership with local law enforcement. Appointments, elective procedures, deliveries, and visiting hours are suspended as a precaution ordered by law enforcement. Shortly thereafter a hospital groundskeeper finds what appears to be a pipe bomb adjacent to the oxygen storage tanks and calls the security office. Law enforcement is notified and they immediately send their Explosive Ordinance Disposal Unit which quickly renders the device safe and your hospital begins to return to normal operations. However, around midday a second threat is received and the Hospital Command Center and search procedure remain activated to determine if any additional devices or suspicious items are on campus. Meanwhile, hospital security has identified several potential suspects based on previous information and have provided these details to law enforcement. No further devices or suspicious items are found. Areas of the hospital, including patient care units that were evacuated to safe zones now return to pre-incident status. Appointments, procedures and deliveries are rescheduled, but there is a backlog due to the incident. There is a need for behavioral health counseling for patients, staff, and visitors impacted by the incident.



**Does your Emergency Management Program address the following issues?**

**Mitigation**

1.	Does your hospital address the threat and impact of an explosive incident (e.g., bomb, propane explosion, chemical incident, etc.) in the annual Hazard Vulnerability Analysis, including the identification of mitigation strategies and tactics?
2.	Does your hospital participate in pre-incident local response planning with public safety officials (e.g., emergency medical services, fire, and law enforcement), local emergency management officials, other area hospitals, regional healthcare coalition coordinators, and other appropriate public and private organizations, including meetings and conference calls to plan and share status?
3.	Does your hospital address the concepts of “target hardening” through the emergency management committee, safety committee, or Security department? Issues may include: <input type="checkbox"/> Relocation of trashcans, mailboxes, delivery boxes, and other closed collection systems away from entry points <input type="checkbox"/> Use of barriers and other devices to exclude potential vehicle impacts to buildings. <input type="checkbox"/> Installation of metal detectors at entry points <input type="checkbox"/> Posting of signage on the hospital's firearms policy <input type="checkbox"/> Removal of shrubbery, trees, planter boxes, newspaper boxes, and other similar enclosures in proximity of doors and windows
4.	Does your hospital identify all potential entry and exit points of the hospital and contain this information in a single document or file for rapid access?
5.	Does your hospital have panic and automated door intrusion alarms installed in all buildings? Are the alarms routinely tested?
6.	Does your hospital have appropriate high security entry and traffic points fortified with shatterproof glass, secured doors, and cameras?
7.	Does your hospital have and enforce a staff photo identification badge policy and procedure? Are visiting healthcare providers (residents, students) provided with photo identification?
8.	Does your hospital have a visitor policy that provides visible identification and tracking of all visitors, vendors, and others who may be on site?
9.	Does your hospital maintain hazardous materials, including isotopes, in a safe and secure area of the hospital? Is the inventory routinely checked?
10.	Does your hospital maintain potentially explosive and combustible materials (e.g., oxygen, propane, acetylene) in a safe and secure environment? Are the sites routinely observed? Is there a policy or procedure in place if materials are tampered with or missing?
11.	Does your hospital have closed circuit television (CCTV) or video cameras and surveillance recording capabilities (digital or tape) in the hospital and on the campus?
12.	Does your hospital have deployable equipment to restrict access to pedestrian and vehicle traffic?

**Preparedness**

1.	<p>Does your hospital have an Explosive Incident Plan that includes:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Initial actions: Recognize, Avoid, Isolate, Notify (RAIN)?</li> <li><input type="checkbox"/> Bomb threat call policy and checklist?</li> <li><input type="checkbox"/> Reporting policy?</li> <li><input type="checkbox"/> Search procedures for personnel?</li> <li><input type="checkbox"/> Internal and external notification procedures?</li> <li><input type="checkbox"/> Hazardous and explosive materials inventory?</li> <li><input type="checkbox"/> Search grids?</li> <li><input type="checkbox"/> Hospital and campus floor plans, maps, and evacuation routes?</li> <li><input type="checkbox"/> Alternate communications technology?</li> <li><input type="checkbox"/> Procedures for immediate, controlled, and planned evacuation or shelter-in-place of the hospital?</li> <li><input type="checkbox"/> Restriction of movement?</li> <li><input type="checkbox"/> Restriction of pedestrian and vehicle movement on campus?</li> <li><input type="checkbox"/> A procedure to evaluate and activate emergency department diversion?</li> </ul>
2.	<p>Does your hospital exercise the Explosive Incident Plan yearly and revise it as needed?</p>
3.	<p>Does your hospital provide annual training for staff in the Explosive Incident Plan, including the use and location of bomb threat phone call documentation forms?</p>
4.	<p>Does your hospital train staff on recognition of suspicious packages or items, including initial response safety and notification procedures?</p>
5.	<p>Does your hospital train staff in the recognition of suspicious persons and threatening behavior, to include initial safety and notification procedures?</p>
6.	<p>Does your hospital have policies and procedures to search the campus for suspicious items, including:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Identifying, assigning, and training of staff or contractors to conduct and report searches across all areas of your hospital and campus?</li> <li><input type="checkbox"/> All common areas, both internal and external?</li> <li><input type="checkbox"/> Tracking systems to ensure all areas have been searched?</li> <li><input type="checkbox"/> Initial actions to deny entry and notify hospital security or law enforcement?</li> </ul>
7.	<p>Does your hospital engage local law enforcement and explosive ordinance disposal (i.e., bomb squad) personnel in development of the Explosive Incident Plan, including:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Search procedures?</li> <li><input type="checkbox"/> Phone call procedures and checklist?</li> <li><input type="checkbox"/> Communication procedures, including alternate systems if radios must be turned off?</li> <li><input type="checkbox"/> Perimeter considerations?</li> <li><input type="checkbox"/> Staging areas?</li> <li><input type="checkbox"/> Locations of hazardous materials?</li> <li><input type="checkbox"/> Rapid access to surveillance data?</li> <li><input type="checkbox"/> Rapid access to deployable equipment to restrict access?</li> <li><input type="checkbox"/> Augmentation of hospital security and law enforcement services?</li> </ul>



8.	<p>Does the Explosive Incident Plan include:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The role of local law enforcement in hospital response?</li> <li><input type="checkbox"/> Addressing the use of a liaison role to coordinate response and recovery with law enforcement?</li> <li><input type="checkbox"/> Training and education to all staff to respond to an explosive incident?</li> <li><input type="checkbox"/> A method to rapidly notify staff and visitors of the event?</li> <li><input type="checkbox"/> Response to all areas, internal and external, and the surrounding neighborhood?</li> <li><input type="checkbox"/> Addressing employees who may have an issue with domestic violence or restraining orders?</li> <li><input type="checkbox"/> Addressing threats against patients, staff, or visitors?</li> <li><input type="checkbox"/> Coordinating communications and information sharing with law enforcement officials?</li> <li><input type="checkbox"/> Sharing information obtained from security systems with law enforcement and, if necessary, prosecutorial officials?</li> </ul>
9.	Does your hospital identify a location for an Incident Command Post external to the hospital? Has a staff person been identified and trained to assume the position of Law Enforcement Interface Unit Leader in the Operations Section Security Branch?
10.	Does your hospital have a plan to quickly deploy staff, supplies, equipment, and medications for incident response?
11.	Does your hospital have pre-incident standardized messages for communicating the risks associated with this incident and recommendations to the public and media?
<b>Immediate and Intermediate Response</b>	
1.	<p>Does your hospital's Explosive Incident Plan include:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A standardized code to notify all staff of the activation of the Explosive Incident Plan?</li> <li><input type="checkbox"/> Roles and responsibilities identified for all staff when a code is activated?</li> </ul>
2.	Does your hospital train staff in their roles and responsibilities when the code is announced? Has training been provided to visiting staff?
3.	Does your hospital train switchboard operators, administrative support staff, and clerical staff on notification procedures if a bomb threat is received?
4.	Does your hospital have policies, procedures, and documented authorization to initiate internal and external search activities for the hospital?
5.	Does your hospital have a dedicated phone line to receive search results?
6.	Does your hospital maintain contact numbers for all external authorities and is this information available in the Hospital Command Center and at the switchboard?
7.	Does your hospital have procedures to quickly obtain incident specific details (e.g., voicemail messages, witnesses, security cameras, surveillance tapes, and other data) for evidence and intelligence gathering?
8.	<p>Does your hospital have partial and complete evacuation procedures including:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Identification of relocation sites?</li> <li><input type="checkbox"/> Use of evacuation assistance devices?</li> <li><input type="checkbox"/> Supplies and equipment to support clinical operations in relocated areas?</li> </ul>

	<input type="checkbox"/> Securing of patient data? <input type="checkbox"/> Securing of sensitive data (e.g., research data, billing records, etc.)? <input type="checkbox"/> Triggers for evacuation?
9.	<p>Does your hospital train all staff, clinical and nonclinical, in:</p> <input type="checkbox"/> Partial and complete evacuation? <input type="checkbox"/> Use of evacuation assistance devices? <input type="checkbox"/> Triggers for evacuation?
10.	Does your hospital have an evidence collection policy developed in conjunction with local law enforcement and prosecutorial authorities?
11.	Does your hospital identify safe perimeters if a suspicious device is located onsite, in proximity to explosive and combustible materials or near entry points?
12.	Does your hospital have sufficient staff to enforce perimeter security and safety? Can this staff be rapidly augmented?
13.	Does your hospital maintain contact information for all potential daily vehicle traffic (e.g., vendors, deliveries, transport vans, etc.) in the Hospital Command Center for use if restrictions are placed?
14.	Does your hospital have interoperable communications equipment in place or available for use when external partners respond to the hospital?
15.	Does your hospital have redundant communications systems and policies in place in the event that radio communications are restricted?
16.	<p>Does your hospital use social media to disseminate information during and after the event?</p> <input type="checkbox"/> Are all messages approved through the incident's Public Information Officer (PIO) and the Incident Commander prior to release? <input type="checkbox"/> Is information coordinated within the Joint Information Center in cooperation with local, regional, and state emergency management partners?
17.	Does your hospital have a plan to communicate the situation and provide regular updates to patients' family members, as approved by the incident's Public Information Officer (PIO) and the Incident Commander?
<b>Extended Response and System Recovery</b>	
1.	Does your hospital have policy and technology in place to notify all patients, staff, and stakeholders of the conclusion of the incident?
2.	Does your hospital have dedicated space for long term operations of outside response agencies, including law enforcement?
3.	Does your hospital have the means to relocate services if campus evacuation is extended?
4.	Does your hospital have a plan to return services to evacuated areas?
5.	Does your hospital have a policy and procedure to assess damage post incident and initiate repairs?

6.	Does your hospital have a continuing process to capture all costs and expenditures related to operations?
7.	Does your hospital use social media to monitor its image post incident and respond to inquiries and misinformation?
8.	Does your hospital have a plan to provide behavioral health support and stress management debriefings to patients, staff, and families, including obtaining services of local or regional resources?
9.	Does your hospital have procedures for reporting and documenting staff injuries?
10.	Does your hospital have a policy and procedure to address line-of-duty death?
11.	Does your hospital have Hospital Incident Management Team position depth to support extended operations?
12.	Does your hospital have a Business Continuity Plan for long term events?
13.	Does your hospital have procedures to collect and collate incident documentation and formulate an After Action Report and Corrective Action and Improvement Plan?



# Incident Planning Guide: Evacuation, Shelter-in-Place, & Hospital Abandonment

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## Definition

This Incident Planning Guide is intended to address issues associated with evacuation, shelter-in-place, and hospital abandonment. Hospitals may customize this Incident Planning Guide for their specific requirements.

## Scenario

A construction project at your hospital is underway and includes plans for a temporary complete shutdown of utility power and water. An unplanned water main rupture is created by the construction work before the scheduled shutdown, which results in a massive flood in the basement of your hospital. The hospital's two emergency generators are in the basement, along with the pharmacy, laboratory, most information technology servers, and the main electrical panels. All of these areas are rendered inoperable from the flooding, and are unable to support hospital operations. Two hospital engineers are electrocuted while attempting to turn off the power. The hospital is deemed unsafe for patient care by your leadership and local emergency management. Evacuation is ordered and all available ambulances are being redirected to your hospital. Several hours into the evacuation, the fractured water main is closed and cleanup underway, but is being hampered by the lack of electricity. A number of fuses and circuits were damaged by the water and will need to be replaced before power can resume. Full restoration of all utilities impacted by the event is estimated at approximately 36 hours. Meanwhile, media have descended on the hospital and are demanding information. Many individuals are arriving at the hospital or calling the switchboard, asking where their loved ones have been transferred during the evacuation. Leadership is beginning to discuss patient repatriation, hospital reputation, licensing and certification issues, and associated issues to be managed over the next few days.



## Does your Emergency Management Program address the following issues?

Mitigation	
1.	Does your hospital address the threat and impact of evacuation, shelter-in-place, and hospital abandonment in the annual Hazard Vulnerability Analysis, including the identification of mitigation strategies and tactics?
2.	Does your hospital participate in pre-incident local response planning with public safety officials (e.g., emergency medical services, fire, and law enforcement), local emergency management officials, other area hospitals, regional healthcare coalition coordinators, and other appropriate public and private organizations, including meetings and conference calls to plan and share status?
3.	Does your hospital have multiple methods and equipment for evacuating patients (e.g., chairs, stretchers, backboards, evacuation assist devices, blanket drag, single person carry, multiple person carry)?
4.	Does your hospital have evacuation equipment for bariatric and special needs patients?
5.	Does your hospital have an evacuation policy for non-patient care areas that includes securing data and the movement of equipment?
6.	Does your hospital provide regular training on evacuation and shelter-in-place?
7.	Does your hospital define and provide special equipment that may be needed during evacuation and shelter-in-place (e.g., flashlights, headlamps, light sticks, sealing tape, etc.)?
Preparedness	
1.	Does your hospital have an Evacuation, Shelter-in-Place, and Hospital Abandonment Plan?
2.	Does your hospital exercise the Evacuation, Shelter-in-Place, and Hospital Abandonment Plan yearly and revise it as needed?
3.	Does your plan include preparedness strategies to reduce the impact of evacuation and shelter-in-place?
4.	Does your hospital participate in community evacuation and shelter-in-place exercises?
5.	Does your hospital identify who has the authority to order hospital evacuation and shelter-in-place?
6.	Does your hospital have a protocol and criteria that defines: <ul style="list-style-type: none"> <li><input type="checkbox"/> Shelter-in-place versus evacuation?</li> <li><input type="checkbox"/> Immediate versus delayed evacuation?</li> <li><input type="checkbox"/> Vertical versus lateral evacuation?</li> <li><input type="checkbox"/> Partial versus complete evacuation?</li> </ul>



7.	<p>Does your hospital have a Communications Plan that includes:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pre incident standardized messages for communicating the risks associated with this incident and recommendations to the public and media?</li> <li><input type="checkbox"/> Participation in the Joint Information Center in cooperation with local, regional, and state emergency management partners?</li> <li><input type="checkbox"/> Use of social media for communication, including: <ul style="list-style-type: none"> <li><input type="checkbox"/> Who can use social media?</li> <li><input type="checkbox"/> Who approves the use of social media?</li> <li><input type="checkbox"/> When is use of social media not appropriate?</li> </ul> </li> <li><input type="checkbox"/> Procedure for notification of internal and external authorities (local, county, region, state)?</li> <li><input type="checkbox"/> A plan to distribute radios, auxiliary phones, and flashlights to appropriate people and areas?</li> <li><input type="checkbox"/> A plan for rapid communication of weather status (watch, warning)?</li> <li><input type="checkbox"/> A plan for rapid communication of situation status to local emergency management and area hospitals?</li> <li><input type="checkbox"/> A process to identify patients and to notify family members?</li> </ul>
8.	<p>Does your hospital have staffing plans that include:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Contingency staff utilization and support plans?</li> <li><input type="checkbox"/> An established list of backup or relief staff that need to be in the hospital before or after the incident to continue patient care, if applicable?</li> <li><input type="checkbox"/> A list of nonessential staff that may be used in alternate roles?</li> <li><input type="checkbox"/> A plan to modify staffing and hours of work?</li> </ul>
<b>Immediate and Intermediate Response</b>	
1.	<p>Does your hospital have criteria and a rapid decision making process to determine the need to activate the Evacuation, Shelter-in-Place, and Hospital Abandonment Plan?</p>
2.	<p>Does your hospital's Evacuation, Shelter-in-Place, and Hospital Abandonment Plan include:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Procedures for immediate, controlled, and planned evacuation or shelter-in-place of the hospital?</li> <li><input type="checkbox"/> Authority to activate the plan and recover from the event?</li> <li><input type="checkbox"/> Established priorities for patients and the hospital?</li> <li><input type="checkbox"/> Procedures and tracking systems for all patients (ambulatory and non-ambulatory), staff, visitors, and equipment?</li> <li><input type="checkbox"/> Designated evacuation locations, assembly areas, and routing options, including: <ul style="list-style-type: none"> <li><input type="checkbox"/> Within the hospital (atrium, auditorium, gym, etc.)?</li> <li><input type="checkbox"/> External to the hospital (adjacent building, nursing home, other hospitals, schools, etc.)?</li> </ul> </li> <li><input type="checkbox"/> Processes for initiating assembly area and holding area operations, including the provision of adequate staff and equipment?</li> <li><input type="checkbox"/> Process to facilitate the transfer of individual patient information, medications, and valuables with the patient?</li> <li><input type="checkbox"/> Defined personnel roles in the evacuation?</li> <li><input type="checkbox"/> Processes to reassign staff to alternate sites and staging areas, and other hospitals?</li> <li><input type="checkbox"/> Coordination with ambulances, aeromedical services, and other transportation providers, including: <ul style="list-style-type: none"> <li><input type="checkbox"/> Additional out of area medical transportation?</li> <li><input type="checkbox"/> Nonmedical transportation providers (school buses, other types of buses, etc.)?</li> </ul> </li> </ul>

	<input type="checkbox"/> Business Continuity Plans that include use of computerized patient records and billing records from another, adequately secured location?
3.	<p>Does your Evacuation, Shelter-in-Place, and Hospital Abandonment Plan address communications including:</p> <input type="checkbox"/> Rapid notification of local emergency management, other hospitals, and regional resources of the need for immediate evacuation or shelter-in-place of the hospital and to ascertain their situation status? <input type="checkbox"/> Rapid family notification of evacuation and where patients are being relocated? <input type="checkbox"/> Regularly providing information and updates to patients, staff, families, and the media?
4.	<p>Does your hospital have a plan to supplement staffing through call backs or requesting other resources from local emergency management, the local Emergency Operations Center, emergency medical services, fire, law enforcement, and regional medical resources?</p>
5.	<p>Does your hospital have a process for safe shutdown of the hospital, including:</p> <input type="checkbox"/> Computers, patient monitors, and other electrical equipment shutdown? <input type="checkbox"/> Heating, ventilation, and air conditioning? <input type="checkbox"/> Power, water, gas, and medical gases? <input type="checkbox"/> Methods to protect paper records not being evacuated? <input type="checkbox"/> Securing animal research areas? <input type="checkbox"/> Maintaining hospital security in all areas during and after closure?
6.	<p>Does your hospital have policy and procedures that address the securing or movement of hazardous materials if the hospital is evacuated?</p>
7.	<p>Does your hospital have a plan to provide rest and sleep areas, nutrition, and hydration to staff?</p>
<p><b>Extended Response and System Recovery</b></p>	
1.	<p>Does your hospital have a process to maintain:</p> <input type="checkbox"/> Patient tracking? <input type="checkbox"/> Response integration with external agencies and hospitals? <input type="checkbox"/> Supplies, equipment, and staffing to support an alternate location?
2.	<p>Does your hospital have a process to:</p> <input type="checkbox"/> Perform interior and exterior damage assessments? <input type="checkbox"/> Salvage equipment remaining onsite? <input type="checkbox"/> Secure kitchen and laundry areas? <input type="checkbox"/> Secure diagnostic radiology areas, medications, and isotopes? <input type="checkbox"/> Maintain heating, ventilation, and air conditioning control, as needed? <input type="checkbox"/> Maintain traffic control on campus, as needed? <input type="checkbox"/> Ensure adequate space for rest areas and hygiene for staff and family members who may be required to remain in the hospital? <input type="checkbox"/> Monitor severity of damage and progress of repairs? <input type="checkbox"/> Report damage to the Hospital Command Center and initiate appropriate repairs during and after the incident? <input type="checkbox"/> Monitor contractor services (work quality, costs, etc.)?

	<input type="checkbox"/> Update inventories of equipment, supplies, and medications? <input type="checkbox"/> Determine hospital cleaning needs, including the use of contract service assistance? <input type="checkbox"/> Ensure equipment, medications, and supplies are reordered to replace stock supplies? <input type="checkbox"/> Ensure all necessary equipment is usable and safety checked, and equipment and supplies are reordered, repaired, and replaced as warranted? <input type="checkbox"/> Return borrowed equipment after proper cleaning and replenishment of supplies? <input type="checkbox"/> Prioritize service restoration activities? <input type="checkbox"/> Restore normal nonessential service operations?
3.	<p>Does your hospital have criteria for reopening the hospital that consider:</p> <input type="checkbox"/> Differences between partial and complete evacuation? <input type="checkbox"/> Certification by local authorities (public health, fire, licensing and accreditation agencies, etc.)? <input type="checkbox"/> Regulatory issues? <input type="checkbox"/> Psychological considerations of reoccupation? <input type="checkbox"/> Corporate influence? <input type="checkbox"/> Funding?
4.	<p>Does your hospital have a process for notifying:</p> <input type="checkbox"/> Local and state Department of Health, licensing, and regulatory agencies? <input type="checkbox"/> Staff? <input type="checkbox"/> Other hospitals? <input type="checkbox"/> Local emergency management, Emergency Operations Center, and emergency medical services? <input type="checkbox"/> Media? <input type="checkbox"/> Patient families?
5.	<p>Does your hospital have a mechanism for:</p> <input type="checkbox"/> Support area restoration? <input type="checkbox"/> Clinical area restoration? <input type="checkbox"/> Outpatient service restoration? <input type="checkbox"/> Blood bank service restoration? <input type="checkbox"/> Animal lab restoration, when indicated? <input type="checkbox"/> Heating, ventilation, air conditioning, and medical gas restoration? <input type="checkbox"/> Staffing? <input type="checkbox"/> Pharmacy restocking? <input type="checkbox"/> Food service restoration? <input type="checkbox"/> Linen service restoration? <input type="checkbox"/> Return of equipment and supplies from holding sites?
6.	<p>Does your hospital have procedures for repatriation of patients and staff, including:</p> <input type="checkbox"/> Managing patients dissenting from repatriation? <input type="checkbox"/> Patient transportation coordination with sending hospitals? <input type="checkbox"/> Medical records management? <input type="checkbox"/> Attending physician assignments? <input type="checkbox"/> Room assignments? <input type="checkbox"/> Patient registration?



7.	Does your hospital have a continuing process to capture all costs and expenditures related to operations?
8.	Does your hospital have procedures to debrief patients, staff, and community partners?
9.	Does your hospital have Hospital Incident Management Team position depth to support extended operations?
10.	Does your hospital have a Business Continuity Plan for long term events?
11.	Does your hospital have procedures to collect and collate incident documentation and formulate an After Action Report and Corrective Action and Improvement Plan?



## Appendix 2 : Research Approval Letter by KPJ Seremban Hospital



**KPJ SEREMBAN**  
SPECIALIST HOSPITAL



**MSQH**  
ACCREDITED

7<sup>th</sup> June 2021

**Rezza Khazrin Bin Kaman**  
Faculty of Science and Technology  
Universiti Sains Islam Malaysia  
Bandar Baru Nilai  
71800 Nilai, Negeri Sembilan

Dear Mr Rezza Khazrin,

### APPROVAL TO CONDUCT RESEARCH AT KPJ SEREMBAN SPECIALIST HOSPITAL

With reference to the above matter, KPJ Seremban Specialist Hospital through its Research & Quality Innovation Committee has approved your request to conduct research with below details:

<b>Name of Research Coordinator</b>	:	<b>Rezza Khazrin Bin Kaman</b>
<b>Topic of Research</b>	:	<b>Legal Risk Management during Crisis at Malaysian Hospital</b>
<b>Institution</b>	:	<b>Universiti Sains Islam Malaysia</b>
<b>Duration of Research</b>	:	<b>June 2021</b>

After completed the study, research coordinator required to submit full report to Research Officer for our reference. The standard condition of this approval is to conduct the project strictly in accordance with the proposal submitted and granted approval, including any amendment made to the proposal required by the committee.

The committee expects to be informed about progress of your research time to time. You may liaise with our Research Officer, **Pn Syarifah Zulikha** at 06-7677800, ext: 1105 or email [s.zulikha@kpjseremban.com](mailto:s.zulikha@kpjseremban.com) for further assistance and clarification.

Thank you.

Yours sincerely,

**Dr Rosy Anak Jawan**  
Chairman of Research and Quality innovation Committee

c.c: Prof. Dr. Wan Hazmy Che Hon - Medical Director  
En Mo'hamad Sofian Ismail - Chief Executive Officer



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Lot 6219 & 6220, Jalan Taman 1, Kemayan Square, 70200 Seremban, Negeri Sembilan Darul Khusus, Malaysia. Tel :06-7696000 Fax: 06-7675900  
Website : [www.kpjseremban.com](http://www.kpjseremban.com)

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## Appendix 3 : Explanation of Category in Legal Risk

**Table A.1 — An example of a LRIM**

Parameter	Category 1	Category 2	Category 3	Category 4	Category 5	Category 6
Legal risk typologies	Unpredictability	Non-compliance with applicable laws	Breach of contract	Infringement of rights	Omission in exercising rights	Improper choice
Business activity 1						
Business activity 2						
Business activity 3, etc.						
<p><b>Key</b></p> <p>Category 1: Unpredictability in the legal risk context can arise when an organization faces a significant change in law in an environment, market or territory in which the organization has operations, or if the organization decides to enter into a new environment, market or territory where laws are unfamiliar to the organization or where there could be an absence of local law in some respects.</p> <p>Category 2: Non-compliance occurs when an organization violates an applicable law. For example, an organization fails to make an appropriate disclosure in its financial reporting obligations to regulators.</p> <p>Category 3: Breach of contract occurs when the organization or the contracting counterparty breaches a contractual obligation through non-performance or improper performance, which gives rise to legal consequences, e.g. a damages claim or a right for the non-defaulting party to terminate the contract for breach. For example, the organization fails to deliver goods on time as per its contractual obligations.</p> <p>Category 4: An infringement occurs when the organization encroaches on, breaches or violates the legitimate rights or expectations of a third party. For example, it would be an infringement of the intellectual property rights of a third party to use its trademark without permission. An infringement may arise under a contractual obligation by a party to a contract or it may arise where there is no contractual obligation.</p> <p>Category 5: Omission in exercising rights occurs when there has been conduct that falls below the standards of behaviour established by law for the protection of others against unreasonable risk of harm. An organization can act negligently or be the victim of negligence by others. In addition, an organization can be negligent in the exercise of its own rights, obligations and liabilities resulting in damage to the organization. For example, if an organization fails to timely notify its insurance company of a loss it suffered, this negligence in the exercise of its rights can result in the loss not being covered under the organization's contract with the insurance company.</p> <p>Category 6: Improper choice occurs when an organization has several courses of action to take in respect of a legal risk issue, all of which can be legal but each one presents different costs, implications and consequences, i.e. an alternative or alternatives are given up when a decision is made. For example, a company can choose to attempt to resolve a dispute with a trading partner through litigation or arbitration. Either approach – litigation or arbitration – could resolve the dispute but each will have different implications in terms of preserving the commercial relationship between the parties, reputation in the industry and community, time commitment involved, and costs incurred.</p>						

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