

PLANNING GUIDANCE

<p>Title:</p> <h2 style="margin: 0;">HOSPITAL</h2> <h3 style="margin: 0;">Emergency Management Planning Checklist</h3>	
<p>Author/email address:</p> <p>Toby L. Clairmont, RN, CEM tclairmont@HAH-Emergency.net</p>	<p>System/Sub-system:</p> <p>PLANS and PLANNING Hospitals</p>
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The purpose of this document is to provide HAH Healthcare Coalition members with the best available advice regarding the format and content for tier one (health care organization) level emergency management plans (also known as Emergency Operations Plans). This guidance was prepared from information derived from:

- The Joint Commission
- National Fire Protection Association (NFPA)
- U.S. Department of Health & Human Services - Centers for Medicare and Medicaid Service (CMS)
- U. S. Department of Health & Human Services – Hospital Preparedness Program
- U.S. Department of Homeland Security – FEMA, National Incident Management System
- And other known and credible sources

Tier one organizational planners are urged to also review and consider the specific guidance in source documents.

- Cover page
- Letter of Promulgation with Chief Executive Officer signature: One-page statement from the CEO implementing the plan with compliance expectations
- Executive Summary: One-page summary outlining how the organization prepares for, responds and recovers from a major emergency or disaster

I. BASIC PLAN

1.0 Introduction

I. Purpose and Objectives

- State the purpose and goals of the plan
 - Outline the structure, functions and operations of the organization during a major emergency or disaster
 - Maintain essential patient care services and business operations for a minimum of 96 hours
 - Assure the safety and protection of staff, existing patients and critical infrastructure
 - Manage resources and demand for hospital care and services
 - Align organizational plans and procedures with those of the tier two (health care coalition) Hospital Services Coordinating Plan (HSCP) published by the Healthcare Association of Hawaii (HAH)
 - Prepare for and expand services and capabilities necessary to receive an surge influx of casualties
 - Collaborate with other members of the HAH Healthcare Coalition, government agencies, suppliers & vendors and other response partners

II. Scope and Applicability

- List which entities of the organization are covered by the plan
 - Affiliated companies and organizations
 - Hospital facilities and support facilities
 - Outpatient facilities
 - Long Term Care facilities
 - Community-based services such as home care, Hospice
- List any exclusions to the plan.
 - Labor disruptions and strikes

III. Laws and Authorities

- Federal statutes and regulations

PLANNING GUIDANCE

- State statutes and regulations
- County ordinances
- Agreements including Memoranda of Agreement, Memoranda of Understanding

IV. Program Management

- Discuss how new medical staff and employees are oriented to the Emergency Management Program
 - Describe in detail how new medical staff, employees and volunteers are oriented and trained
 - Discuss when and how annual refresher training is provided
 - Discuss who shall participate in federal NIMS and Hospital Incident Command System (HICS) training
 - Discuss documentation and reporting of training

V. Definitions

- List all acronyms used in the plan and their full description

2.0 Planning Assumptions and Considerations

- Risk Assessment
 - Hazard Vulnerability Analysis (HVA): describe process for preparing it and how resulting findings are used in the plan
 - State that the National Planning Scenarios are reviewed and considered in the preparation of the HVA
 - State that this analysis shall include the provisions for managing chemical, biological, radiological, nuclear and explosive (CBRNE) threats and events
 - State that the analysis is used to guide mitigation, preparedness, response and recovery
- Hazard Prevention and Mitigation
 - Describe the Safety Program and how it is used to identify hazards, prevent their influence, and mitigation their impact

PLANNING GUIDANCE

- Describe the Infection Control Program of your organization and how it detects (surveillance) infectious disease, establishes effective controls, and provides for just-in-time training for staff, employees and patient family members
- Describe the Security Management Program and how is it organized and equipped to protect the staff and physical infrastructure of your organizations

- Overarching organizational policies
 - State that the Hospital Command Center (HCC) shall coordinate and direct emergency operations and that individuals and hospital departments are not authorized to request or release organization resources to or from outside agencies once the HCC has been activated.
 - State that only the Hospital Command Center may authorize suspension of compliance with the Emergency Medical Treatment and Active Labor Act (EMTALA) policies and procedures
 - Recommend stating that your organization will not satisfy requests for on-scene assistance, pharmaceuticals, or services unless those actions have been authorized by the Hospital Command Center.
 - Recommend that your organization state that your hospital facility will not serve as a public shelter or public SNS Point of Distribution (POD) site
 - Recommend that your organization restrict the use of unaffiliated volunteer health professionals to those who have been vetted by HAH using ESAR-VHP
 - Recommend that your organization state that major adjustments in the community standard of care will be coordinated with the other members of the HAH Healthcare Coalition and the State DOH, be medically-directed, and uniformly-implemented
 - Describe any other overarching policies that your organization has issued

- Mutual Aid and Assistance
 - Describe the HAH *Hospital Services Coordinating Plan (HSCP)* as a tool for coordinating the response of all hospitals and affiliated organizations within the context of the federal MSCC (Medical Surge Capacity and Capability) framework

PLANNING GUIDANCE

- State that the HSCP concurrently serves as a Memorandum of Agreement among stakeholder organizations to address patient and casualty management, transfers and evacuations, the roles of State DOH-operated Alternative Care Sites (ACS) and HAH-operated Acute Care Modules (ACM), communications, satisfying the needs of Special Needs patients, infectious disease management, supply and equipment caches, and other essential capabilities

- Emergency Management Program
 - Describe how the Emergency Management Program of your organization is organized and operated including program vision, mission, goals and objectives
 - Outline staffing, committees, budgets
 - State that policies and procedures to support the Emergency Management Program and Plan exist throughout the organization
 - State that the four phases of emergency management (Comprehensive Emergency Management) are utilized in planning and operations. Those phases include mitigation, preparedness, response and recovery

- Plans and Planning
 - State that your organization utilizes an All-Hazards Approach in planning and operations
 - Describe how the Emergency Management Plan is prepared (planning process), updated (changes based on After-Action Reports & Performance Improvement Plans) and published
 - Outline the Preparedness Cycle
 - State that planning includes collaboration between hospital departments, government agencies and the HAH Healthcare Coalition
 - Outline where the plan is maintained and how it is accessed by staff, employees and authorized response partners
 - State that your organization conducts planning in collaboration with the HAH Healthcare Coalition, county and state agencies, and other response partners
 - State that the plan is reviewed, and if necessary, revised annually

3.0 Roles and Responsibilities

- Outline the specific duties and responsibilities of key executives and Emergency Management Program staff
- Outline the universal duties and responsibilities of all medical staff, employees, volunteers and contractors

4.0 Concepts of Operations

- Describe how an Event-Driven Scenario Response would be managed by your organization
 - Explosions, transportation accidents, major fires, chemical agent (HAZMAT) incidents, tropical cyclones, tsunamis, earthquakes...
- Describe how a Consequence-Driven Scenario Response would be managed by your organization
 - Infectious disease outbreaks including an Influenza Pandemic

5.0 Incident Management Actions

- Outline and describe the HAH Essential Hospital Response Competencies
 - Immediate Action
 - Mobilize a Hospital Command Center
 - Establish Communication with County EOC and HAHEOC
 - Protect Staff, Patients and Critical Infrastructure
 - Prepare for Casualty Surge (acute facilities only)

II. FUNCTIONAL ANNEXES

1.0 Incident Management

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- State that your organization is a MSCC¹ Tier one organization
- Describe how your organization receives warnings and notifications of actual or impending emergencies
 - Detail how incoming warnings and notifications are processed
 - State who has authority to activate your Emergency Management Plan
- State that your organization notifies the HAH Duty Staff Officer via Physicians Exchange (808) 566-5052 to advise of an internal or local emergency or disaster that may require tier two response and assistance
- Describe how key vendors and suppliers are notified of an actual or emerging emergency
- Outline the HAH Response Levels and indicate that the Hospital Command Center is activated and staffed in line with those levels
- Describe how and when your Incident Management Team is formed and your Hospital Incident Command System (HICS) organization
 - Detail your HICS organization, roles and responsibilities
 - Have Job Action Sheets and other essential forms available in the Hospital Command Center
- Describe how your IMT sets response priorities, manages resources to meet operational demands, and coordinates its actions with the County EOC and HAHEOC
- Recovery strategies and actions to restore systems and services are prioritized by the IMT to insure that critical needs are met first
- State that requests for a CMS 1135 waiver shall be prepared by the IMT and routed to State DOH

¹ *Medical Surge Capacity and Capability: A Management System for Integrating Medical and Health Resources During Large-Scale Emergencies*, U.S. Department of Health & Human Services, Second Edition

2.0 Warning and Communications

- Organization provides and maintains emergency contact information with HAH
- Describe when and how staff notification and recalls are conducted
- Describe where and how your organization communicates with the media
 - On-site Media Center to manage arriving media
 - Participation in the State DOH Joint Information Center (JIC)
- Describe internal communications pathways and resources of your organization
 - Telephone system, overhead paging, digital radio pagers, cellular telephony, email...
 - Describe how staff are informed of an emergency and how they and patient family members are keep aware of the situation
 - Organizational radio systems such as security radio system
 - Participation in Federal Communications Commission *Telecommunications Service Priority (TSP)* program
- State that tactical communications with local pre-hospital first responders are utilized to coordinate the reception and care of casualties from the scene of an emergency to your hospital
 - State that the tactical communication system is narrow-band, P25-enabled, and interoperable consistent with the State Communications Interoperability Plan (SCIP).
- State that strategic communications with County EOC's and HAHEOC are used to coordinate inter-hospital operations and manage essential resources
 - State that the primary strategic communications system includes dedicated satellite radiotelephony (voice) and the HAH WebEOC (data) incident management system.

PLANNING GUIDANCE

- State that HAH WebEOC captures data necessary to prepare and transmit federal National Available Beds for Emergencies and Disasters (HAvBED) reports to local, state and federal agencies
- State that the HealthComm amateur radio system is used to manage high-volume logistical communications and serve as a contingency to primary communications pathways
- State that the contingency data acquisition and reporting mechanism is the use of manually-prepared Facility Status Reports (FSR)

3.0 Patient Clinical Care and Support

- Describe how your organization will establish a 'Casualty Management Corridor' when the influx of disaster casualties is expected to surge
 - Triage and stabilizing care
 - Transportation to internal Treatment Areas
 - Handling of the dying and dead
 - Accommodating the special needs of casualties with physical, behavioral or other impairments
 - Management of pets and service animals
 - Physical security
- Utilization of the HAH Casualty Tracking System and Registry (CTSR)
 - Triage tag and wrist band accession at time of triage
 - Progressive information capture in the Casualty Registry
- Describe how chemical and radiological agent contamination is detected and mitigated using decontamination
 - Describe how hazardous waste is managed
- Describe management of human remains
- Describe how patients are notified of significant changes to hospital services during actual or emerging emergencies
- Support of patient family members and dependents of organization staff and employees

PLANNING GUIDANCE

- Describe how the care and services to the existing patient population is maintained during a major emergency or disaster
- Describe the process for protecting medical information and medical records
- State that an embargo of transfers to nursing homes shall be in place during an emergency and the following 96 hours
- Describe the handling of actual or suspected infectious disease patients
 - Surveillance during outbreak
 - Isolation or cohorting of actual or suspected cases
 - Reporting of actual or suspected cases to State DOH
- State that the organization may request deployment of an HAH Acute Care Module (portable hospital system) to augment patient care services
- Describe how your organization will conduct emergency prophylaxis and vaccination when directed by the Hawaii State Director of Health
 - Limited to existing patients, on-site staff and their immediate household
- Describe Shelter-in-Place and Facility Evacuation options
 - Evacuation of high-risk patients will be coordinated by HAHEOC
 - All other patients and staff shall Shelter-in-Place
 - Decision to evacuate the facility shall be limited to the authority of the Hospital Administrator, his/her delegate, County or State officials
 - State that the organization recognizes that facility evacuations are inherently dangerous and often results in undesired patient morbidity and mortality – limited to life-jeopardy situations
 - Describe how the facility will be evacuated – manpower, process and evacuation equipment and supplies

4.0 Resource Management and Logistics

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- State that your organization maintains a listing of essential resources that is coordinated with the HAH Healthcare Coalition
- State that your organization shares resources with other tier one HAH Healthcare Coalition members
 - Includes members of the Hospital Emergency Response Team (HERT), supplies and equipment
 - State that all requests for such support shall be coordinated with the HAH Area Coordinator prior to obligation or commitment
- Describe how your organization would procure, maintain and allocate resources necessary to meet expected operational needs
 - Personnel including off-duty, off-shift
 - Supplies (medical and nonmedical) including pharmaceuticals
 - Equipment including durable medical equipment
 - Services including contingency utilities, medical gases, diagnostic services, equipment repair
 - List key contingency contracts or agreements that are maintained
- State that your organization would request contingency resources by communicating with the HAH Area Coordinator in the County EOC
 - State that mechanism is a request prepared and transmitted on the HAH WebEOC system
 - Personnel and Response Teams including augmentation from Hospital Emergency Response Teams (HERT), the Hawaii State Disaster Medical Assistance Team (Hawaii DMAT), and other sources
 - State that your organization participates in the federal Emergency System for the Advance Registration of Volunteer Healthcare Professionals (ESAR-VHP) operated by HAH
 - Supplies for large-scale casualty care operations such as additional Personal Protective Equipment (PPE), pharmaceuticals for mass distribution, components of HAH-owned, State-owned and Federally-owned caches
 - Equipment such as ventilators, Acute Care Modules, and related

5.0 Facilities and Utilities

- Describe Hawaii Homeland Security Advisory System (HHSAS) and how it is used by hospitals
 - Outline how various threat levels are implemented and maintained during period of elevated risk
 - Discuss coordination with law enforcement agencies
 - Define who is responsible for implementing HHSAS procedures and other changes to critical infrastructure protection
- State that the organization continuously maintains compliance with the NFPA Life Safety Code
- Describe the management of essential utilities and systems both prior to, during and after an emergency or disaster
 - Electrical power and emergency power including fuel type, quantity and burn rate at full load
 - Medical gases
 - Heating, Ventilation and Air Conditioning (HVAC)
 - Potable and non-potable water
 - Vacuum system
 - Recommend specific description ICES (Information Collection and Evaluation System)
- Describe the number, type and locations of HEPA-filtered, negative-airflow Isolation Rooms

6.0 Exercises, Evaluations and Corrective Actions

- Describe how the organization conducts periodic, scheduled and unscheduled drills and exercises that are realistic, related to high-risk/high-vulnerability hazards and based on established plans and procedures
- State that the organization uses the Homeland Security Exercise and Evaluation Program (HSEEP) when indicated.

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- Describe various types of drills and exercises used by the organization
 - Departmental drills
 - Tabletop exercises
 - County-level exercises
 - State-level exercises

- Describe the process for capturing drill and exercise performance data and conducting an After-Action Review & Performance Improvement Planning (AAR/IP)

7.0 Finance and Administration

- State that the organization is a participant in the U.S. Department of Health & Human Services Hospital Preparedness Program

- Describe how the organization captures, tracks and reports cost and time data related to emergency response operations

- Describe how the organization would organize a group to prepare and submit insurance claims, state and federal Public Assistance program applications to assist with recovery

8.0 Recovery operations

- State that preparation for incident recovery begins during the response phase of operations

- Describe your recovery planning process

III. INCIDENT ANNEXES

HAH is preparing one-page Incident Annexes you may use to populate this section of your plan.