

ASHRM Advanced Forum Capstone Case Study

You are the Chief Risk Officer of St. Renata Healthcare.

St. Renata is a 3-hospital faith-based not-for-profit healthcare system with operations in the State of Texas.

The system includes a large tertiary 650-bed teaching hospital with numerous residency programs and a medical faculty practice, a 250-bed suburban medical center and a small 35-bed rural hospital. St. Renata employs about 400 physicians in a variety of medical specialties who practice in various clinic locations.

You have recently learned that St. Renata has entered into a letter of intent to merge with MetroHealth, a for-profit healthcare provider based in Little Rock, Arkansas.

MetroHealth owns and operates six acute care hospitals in Arkansas, Louisiana and Texas + two free-standing ambulatory surgery centers, structured as joint ventures with groups of physicians, and a psychiatric facility.

One of the surgery centers is in the same rural community of 6000 people as the smallest

St. Renata hospital and the majority of surgeons in town have privileges at the hospital and an ownership interest in the surgery center. MetroHealth currently employs about 100 primary care physicians, but is in discussions to acquire additional physician practices. MetroHealth has family practice residents at a couple of its hospitals, but they are affiliated with a different university medical school than St. Renata's teaching program.

MetroHealth has a Cayman-based captive insurance company that covers its primary professional and general liability exposure on an occurrence basis.

Limits within the captive are \$5 million per occurrence/\$15 million annual aggregate with additional coverage up to \$50 million placed with various reinsurers.

Workers compensation, property and other coverages are placed with commercial insurance companies.

In contrast, St. Renata has utilized a self-insurance trust fund to cover its professional and general liability exposures, with retained limits of \$2 million per occurrence and no annual aggregate. Commercial excess insurance is in place up to a limit of \$25 million.

The coverage is written on a claims-made basis.

Since all of St. Renata's operations are currently in Texas, the organization has elected to opt out of workers compensation coverage and maintains a non-subscription occupational injury plan. Since many of St. Renata's facilities in Texas are in coastal areas, it maintains a catastrophic windstorm coverage program, with a \$25 million retention in the captive.

MetroHealth has no catastrophic windstorm exposures.

St. Renata has utilized the services of a local insurer broker, Betty Rubble, for many years. Betty is the wife of Dr. Barney Rubble, an orthopedic surgeon on staff at the largest St. Renata hospital. Dr. Rubble is former member of the board of directors, current President of the Medical Staff and a major contributor to the hospital's foundation. Its insurance programs are scheduled to renew in 8 months.

MetroHealth completes an RFP (request for proposal) process for brokerage services every 3-5 years and selected a new national brokerage firm 2 years ago. Renewals are scheduled in 4 months.

St. Renata has developed an ACO (Accountable Care Organization) at its largest hospital and a second ACO is in the works at the suburban location. The system launched its own health plan 8 months ago and is contracting directly with employers to provide healthcare services. While only two area employers have signed up so far, they represent about 10,000 covered lives.

MetroHealth has no ACOs or health plans in place, but they are exploring various other clinical integration and clinical co-management models.

Two of MetroHealth's hospital locations have collective bargaining contracts in place, with separate unions representing registered nurses and facilities/maintenance/housekeeping staff. The union contract with the nurses' union expires in 3 months and is currently being renegotiated.

St. Renata has no unionized employees and outsources its facilities/maintenance/housekeeping services to a third-party vendor. The contract for these services expires in 3 weeks.

As the Chief Risk Officer:

- What process would you use for managing the risk management issues inherent in the proposed merger?
- What risk management issues (both enterprise and traditional) do you identify?
- How would you approach these issues?
- What assumptions do you need to make?
- What additional information would you like to have?

Consider all of the material provided in this course as well as from your personal knowledge and experience in developing your response.

Hospital Disaster Preparedness Self-Assessment Tool



Hospital Disaster Preparedness Self-Assessment Tool

This assessment tool was developed to assist hospitals in revising and updating existing disaster plans or in the development of new plans. The tool was originally used by a subject matter expert survey team to collect data for a Department of Homeland Security (DHS) grant so it is constructed in a survey format. The data was then used to develop a specialized instruction program for that facility that addressed any areas needing improvements. We feel this assessment tool can also be utilized in a self-assessment format by the institution in the review of their disaster plans.

This assessment tool was based on two resources, the Hospital Emergency Analysis Tool (HEAT) with the assistance of Dr. Neill Oster and the ACEP text Community Medical Disaster Planning and Evaluation Guide. When used to revise or update existing disaster plans, the items can be used to systematically review each aspect of the current disaster plan. The facility can determine if any items are not applicable to their particular facility. When used to assist in the development of a new disaster plan, the tool provides an excellent check list to assure every aspect of disaster planning is addressed.

The American College of Emergency Physicians (ACEP) has several other resources such as our on-line Hospital Evacuation Planning training program and our Hospital Patient Surge Planning Templates. For information on these and other products contact:

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Hospital Disaster Preparedness Self-Assessment Tool

| | | | |
|---|---|-------------|--|
| | | | |
| Hospital: | | | |
| Address: | | | |
| City: _____, | State: _____ | Zip _____ | |
| Telephone _____ | | | |
| Hospital Leadership | | | |
| Administrator/CEO name and title: | | | |
| Office Telephone Number: | | | |
| Fax Number: | | | |
| E-Mail: | | | |
| | | | |
| Disaster Planning Manager name and title: | Position held for: _____ years and/or months | | |
| Department: | Full-time <input type="checkbox"/> Yes <input type="checkbox"/> No Part-time <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Office Telephone Number: | | Fax Number: | |
| E-Mail: | | | |
| | | | |
| Person Completing Survey: | | | |
| Name and Title: | | | |
| Department: | | | |
| Office Telephone Number: | | Fax Number: | |
| E-Mail: | | | |
| | | | |
| Secondary Contact for Survey: | | | |
| Name and Title: | | | |
| Department: | | | |
| Office Telephone Number: | | Fax Number: | |
| E-Mail: | | | |

PART ONE—HOSPITAL PROFILE

| | |
|-----------------------------|--|
| <i>Hospital Name</i> | <i>Total Licensed # of Beds (NDMS definition)</i> |
| | |

| | |
|----------------------------------|--|
| <i>Hospital Staffing</i> | |
| Clinical | |
| Non Clinical | |
| Licensed Practioners | |
| Residents (if teaching hospital) | |
| TOTAL HOSPITAL STAFF | |

| | |
|---|--|
| <i>Non-hospital based (Satellite) Clinics and Staffing</i> | |
| Number of Clinics | |
| Clinic Staff | |
| Full Time Staff | |
| Contract Staff | |

| | |
|----------------------|--|
| Facility is located: | <input type="checkbox"/> As part of a medical center/medical school <input type="checkbox"/> Stand-alone, in a civilian community <input type="checkbox"/> Part of a regional hospital system <input type="checkbox"/> Part of a national hospital chain <input type="checkbox"/> Military |
| JCAHO Accreditation: | |

| | |
|---|---|
| Facility is a National Disaster Medical System (NDMS) member. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, site of Federal Coordinating Center (FCC): | |

| | |
|---|--|
| Facility is located in a Metropolitan Medical Response System Region: | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |
|---|--|

| | |
|--|---|
| Facility has an on-site heliport/helipad | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Capacity of helipad: | Weight: Number of pads: |
| Lighted: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Access: | |
| Support: | |
| How is it coordinated? | |
| Temporary heliport/helipad? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Landing zone is maintained by: | |
| Crash response provided by: | |
| Hospital response team | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Local Fire Department | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Don't know | <input type="checkbox"/> |

CURRENT PATIENT CARE CAPACITY

| | LICENSED BED CAPACITY | AVERAGE STAFFED BEDS <small>(Average beds actually in use and staffed in last 6 months)</small> | BEDS WITH NEGATIVE AIR FLOW <small>(For use in respiratory isolation)</small> | MONITORED BEDS <small>(Beds equipped with cardiac and vital signs monitors)</small> | VENTILATORS <small>(Number of ventilators in each unit) Owned or rented</small> | SURGE CAPACITY <small>(Number of additional beds that can be staffed & equipped w/in 12 hours)</small> | Negative Pressure Beds/ Isolation |
|---|--------------------------------------|---|---|---|---|--|--|
| Ambulatory | | | | | | | |
| Behavioral Health | | | | | | | |
| Burn | | | | | | | |
| Emergency Department | | | | | | | |
| Intensive Care, Medical | | | | | | | |
| Intensive Care, Neonatal | | | | | | | |
| Intensive Care, Pediatric | | | | | | | |
| Intensive Care, Stepdown | | | | | | | |
| Intensive Care, Surgical | | | | | | | |
| Medical-Surgical | | | | | | | |
| Nursery | | | | | | | |
| Obstetric (Ante/post- partum, labor, delivery) | | | | | | | |
| Operating Room | | | | | | | |
| Pediatrics | | | | | | | |
| Post Anesthesia Care | | | | | | | |
| Skilled Nursing Facility Care | | | | | | | |

OTHER HOSPITAL CAPACITIES

| | |
|--|---|
| Laboratory | Lab Bio-Safety Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| | Laboratory volume per hour that stimulates additional/urgent staffing plan: |
| Trauma Level Designation: | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V (check one) Certified by <input type="checkbox"/> ACS <input type="checkbox"/> State |
| Ambulance/EMS | Does hospital lease or own ambulances? Ground or air? |
| Morgue | Capacity: |
| Transportation* | List types and number of vehicles facility owns/operates for patient transport (not including EMS rigs): |
| Portable cardiac monitors | |
| Portable X-ray | |
| Portable sonograms | |
| Portable ventilators | |
| Inclusive of disposable | |
| Automatic resuscitation devices | |
| Total number of ventilators | |
| Average % of ventilators in use within last 6 months | |
| Radiation therapy | |

EMERGENCY MANAGEMENT PLANNING

| | |
|--------------------------------------|---|
| Emergency Management Plan | Date of current EMP: |
| Emergency Department Capacity | a. Average daily ED visits: |
| | b. Actual number of pre-printed disaster (MC) patient charts on hand: |
| | c. What causes the disaster plan to be activated? |
| | d. How is plan communicated and/or distributed? |
| | |

SAFETY AND SECURITY

| | |
|----------------------------|--|
| Safety and Security | Hospital security is provided by: |
| | Number of full-time and part-time security personnel: |
| | In-house: Full-time Part-time |
| | Contract: Full-time Part-time |
| | Armed police force: Full-time Part-time |
| | Non-armed security force: Full time Part-time |
| | On duty 24 hours/ 7 days per week in ED <input type="checkbox"/> Yes <input type="checkbox"/> No |

LOGISTICS AND FACILITIES

| | |
|------------------------|---|
| Emergency Power | <p>a. Emergency power duration is _____ hours.</p> <p>b. Emergency power generation capability is:</p> <p>c. Emergency power generator is located: (physical location) <input type="checkbox"/> At grade <input type="checkbox"/> Above grade <input type="checkbox"/> Below grade</p> <p>d. Emergency power generator was last tested:</p> <p>e. How often is it tested?</p> <p>d. Do you have: <input type="checkbox"/> None <input type="checkbox"/> Partial Load of Operations <input type="checkbox"/> Full Load of Operations</p> <p>e. How long can it be run without refueling?</p> <p>f. Does it power only Life Safety? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>g. Does it power Life Safety and full facility? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>h. Does it power elevators? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>i. Does it power the critical branches? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>j. Load shed?</p> <p>k. Preservation of food?</p> |
| Water Supply | <p>a. Source of facility water is: <input type="checkbox"/> community <input type="checkbox"/> facility</p> <p>b. Secondary source of water if primary source is cutoff: <input type="checkbox"/> Yes <input type="checkbox"/> No Capacity:</p> <p>c. Can you attach non-potable water to your facility? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| Fuel | <p>a. Facility has _____ days of fuel on-hand.</p> <p>b. How does the facility get additional fuel?</p> <p>c. How long can boilers run?</p> |

| | |
|--|--|
| | d. What is the amount of time (in hours) that boilers can operate w/o refueling? |
|--|--|

| FACILITY READINESS | |
|--|--|
| Respiratory Protection Equipment Status | a. Percent of total clinical staff with fit-testing for N95 or N99 respirators annually: |
| | b. Percent of non clinical staff with fit-testing for N95 or N99 respirators annually: |
| | c. Quantity of powered air purifying respirators: |
| Disaster Readiness Training | a. Percent of total staff who have completed disaster response/preparedness training: |
| | b. Percent of medical staff who have completed disaster response/preparedness training: |
| | c. Percent of nursing staff who have completed disaster response/preparedness training: |
| | d. Percent of total staff who have trained with facility's own disaster plan: |
| | e. Percent of medical staff who have trained with facility's own disaster plan: |
| | f. Percent of nursing staff who have trained with facility's own disaster plan: |

PART TWO—ANALYSIS OF CRITICAL PREPAREDNESS FACTORS

Section 1. LEADERSHIP AND GOVERNANCE

| Legend: SECTION | | |
|------------------------|---|----------------------|
| SUB-SECTION | | |
| + or - | CRITICAL PREPAREDNESS FACTOR (numbered) | ANALYST NOTES |
| | SUB-FACTORS (lettered) | |

LEADERSHIP SUCCESSION AND CONTINUITY OF OPERATIONS

| | | |
|--|---|--|
| | 1. Facility has a leadership succession plan (LSP) <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | a. Facility has a continuity of operations plan (COOP). <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | b. Has COOP been exercised in last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | c. If no, when was the last time it was exercised? | |
| | d. Facility has a business continuity plan <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | e. What are the 3 priority functions restored first? | |
| | f. There is a mechanism to track the use of financial resources? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

INCIDENT COMMAND SYSTEM

| | |
|---|--|
| 2. An Incident Command System (ICS) or Hospital Incident Command System (HICS) is in place. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| a. ICS is exercised at least twice annually. <input type="checkbox"/> Yes <input type="checkbox"/> No Last exercised: | |
| b. ICS is coordinated by a Unified Command Structure coordinated when appropriate with law enforcement, fire, EMS. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| c. Incident Commander is known by all staff. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| d. There is a procedure to designate an Incident Commander. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| e. Staff assigned to ICS leadership roles are oriented to their responsibilities. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| f. Staff assigned to key roles wear identifying gear during an event. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| g. All staff know where to report when the ICS is activated. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| h. Staff understands the flexibility of their positions in the ICS if leadership is unavailable. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| i. ICS or HICS is NIMS compliant? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| i. After action reports are completed after all exercises? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

HOSPITAL COMMAND CENTER

| | | | | | | | | | | | |
|--|--|--|-------------------------|--|------------------------|--|-----------------------------------|--|--------|--|--|
| 3. A Hospital Command Center (HCC) is fully operational and integrated into local/county emergency planning and operations. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | |
| a. In the HCC, telephone numbers are available for: <table style="width: 100%; margin-left: 20px;"> <tr> <td style="width: 70%;">the local health department</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>state health department</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>local FBI field office</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>CDC Emergency Preparedness Office</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Others</td> <td></td> </tr> </table> | the local health department | <input type="checkbox"/> Yes <input type="checkbox"/> No | state health department | <input type="checkbox"/> Yes <input type="checkbox"/> No | local FBI field office | <input type="checkbox"/> Yes <input type="checkbox"/> No | CDC Emergency Preparedness Office | <input type="checkbox"/> Yes <input type="checkbox"/> No | Others | | |
| the local health department | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | |
| state health department | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | |
| local FBI field office | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | |
| CDC Emergency Preparedness Office | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | |
| Others | | | | | | | | | | | |

| | |
|---|--|
| <p>b. HCC is equipped with:</p> <p>Telephones <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Satellite phones <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Fax <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Two-way radios <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Generator <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Maps of hospital <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Maps of local area <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Bullhorns <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Flashlights <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Copy of the emergency management plan <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other</p> | |
| <p>c. HCC is located in a secure location. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>d. An alternate HCC site exists and can be used if the primary site is inaccessible. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>e. HCC can maintain 24 hour operations for a minimum of 1 week. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>f. HCC can monitor local media. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>g. Each section chief has a designated telephone line. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>h. The ICS command staff has adequate, pre-defined communications system. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>4. There is a process to provide a Rapid Needs Assessment (RNA) or situation report (SITREP) to Incident Command that includes an assessment of the extent of the event Who? How? When?</p> | |
| <p>a. RNA/SITREP describes the magnitude of the event. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>b. RNA/SITREP includes the status of operational and disrupted critical services. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>c. RNA/SITREP describes:</p> <p>impact on medical care operations <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>scope and nature of casualties <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>ability to sustain emergency response operations. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |

MUTUAL AID AGREEMENTS

5. Facility has current mutual aid Memorandum of Understanding (MOUs) in place.

Yes No

a. Memorandum of Understanding (MOUs) are in place with:

- | | | |
|---|------------------------------|-----------------------------|
| Law enforcement | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fire | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Emergency medical services (EMS) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Public Safety | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Military installations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other local and regional health care facilities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Burn center | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Red Cross | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| MMRS | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| CERT | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other | | |

b. Memorandum of Understanding (MOUs) are in place for:

- | | | |
|-------------------|------------------------------|-----------------------------|
| Portable MRI | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Portable CT | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Portable Dialysis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Generators | | |
- Yes No

HOSPITAL EMERGENCY MANAGEMENT/DISASTER PREPAREDNESS COMMITTEE

6. A hospital emergency management/disaster preparedness committee exists and provides leadership and governance.

Yes No

a. Committee is multidisciplinary. Yes No

b. Open meetings are held regularly
How often? Yes No

| | |
|--|--|
| c. Committee meeting minutes/action plan are available for review. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| d. Committee forwards critiques of all drills to appropriate services in a timely manner. <input type="checkbox"/> Yes <input type="checkbox"/> No e. Committee is knowledgeable of hospital "system" plans that could override local plans. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | |
| f. Committee communicates with and/or cooperates with other hospitals in the community <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| g. Facility representative attends at least 75% of Local/Community Emergency Planning Committee. meetings. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| h. Facility representative reports to governance of the hospital on community planning, exercises and after-action reports. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| i. Facility participates in joint training exercises. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | |

Section 2. EMERGENCY MANAGEMENT PLANNING

EMERGENCY MANAGEMENT PLAN (EMP)

| | | |
|--|--|--|
| | 7. Facility has an EMP that addresses the four phases of emergency management: preparedness, response, mitigation, and recovery. | |
| | a. The EMP addresses internal and external emergencies. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | b. The EMP contains provisions to meet the needs of special populations: Pediatrics <input type="checkbox"/> Yes <input type="checkbox"/> No Geriatrics <input type="checkbox"/> Yes <input type="checkbox"/> No Gravidas at term <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | c. The EMP is easily accessible to all staff. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | d. The EMP addresses all hazards events (based on your HVA). <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 8. The EMP includes arrangements for rapid transfer of ED patients to inpatient units <input type="checkbox"/> Yes <input type="checkbox"/> No The EMP includes arrangements for early discharge and transfer of inpatients from the facility. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | a. The EMP includes arrangements to provide discharge medications for rapid discharges. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | b. The EMP addresses plans for follow-up outpatient care as needed. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | c. There is a local plan for providing Rx and consumable medical supplies. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 9. The EMP includes planning to manage a 25% increase in patients on all units. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | a. The EMP includes written and validated arrangements for surge staffing. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 10. The EMP includes arrangements to cancel non-emergent services. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 11. Spiritual care is integrated into EMP. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | |
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| | 12. The EMP includes provisions for recovery and return to normal operations. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | a. There is a financial plan for recovery. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | b. It has been tested. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | c. There is a method to track resources. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 13. The EMP contains planning to provide child care for staff and patients. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | a. The plan has been exercised. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 14. The EMP is consistent with local and state regulations. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 15. The EMP is shared with the appropriate local and state emergency agencies. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

ALTERNATE CARE SITE

| | | |
|--|--|--|
| | 16. Facility has an MOU with a designated alternate care site(s) if inpatients must be transferred. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | a. Patient transfer plan has been exercised. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | b. Medical and support staffing plans are in place. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | c. Supplies and pharmacy delivery has been addressed. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

PATIENT TRANSPORTATION

| | | |
|--|--|--|
| | 17. Facility owns or has rapid access to vehicles that could be used for patient transport (vans, busses, golf carts, etc.). <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | a. If facility does not own vehicles, it has an MOU to rapidly obtain vehicles for patient transport. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | b. MOU exists with secondary or backup vendor if primary vendor is unavailable. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | c. Adequate equipment (gurneys, stretchers, stair chairs, etc.) is available to completely evacuate the facility. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

VOLUNTEER MANAGEMENT

| | | |
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| | 18. Facility volunteers are included in EMP and exercises. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | a. Facility pre-credentials and trains volunteer professionals (i.e., clinical staff, retired physicians, nurses and others). <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | b. Facility participates in either a regional or national emergency responder credentialing system. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Section 3. CLINICAL OPERATIONS

EMERGENCY MEDICAL SERVICES

| | | | |
|--|--|--|--|
| | 19. Facility has MOU's with local EMS for patient transport. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | a. EMS staff is familiar with facility EMP. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | b. EMS staff has participated in facility EMP exercise. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | c. EMS staff can be integrated into Emergency Department (ED) staff during an emergency. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

EMERGENCY DEPARTMENT CAPACITY

| | | | |
|--|--|--|--|
| | 20. ED staff use identifying gear when emergency plan is activated. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 21. ED has pre-printed patient charts for use in an emergency equal to 2 times the number of average daily ED visits. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 22. Cache of emergency drugs and antidotes is maintained in ED. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | a. Antidotes include: | | |
| | Atropine | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 2-PAM (2-Pralidoxime) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Diazepam | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | BAL (Dimercaprol) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Sodium thiosulfate | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Sodium nitrate | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Amyl nitrate | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Potassium iodide | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Sodium bicarbonate | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Others: | | |

| | |
|---|--|
| <p>b. Drugs include:</p> <p>Epinephrine <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Beta-agonists <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Naloxone <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Dopamine <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Silvadine <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Steroids <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Morphine sulfate <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Demerol <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Aspirin <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Others:</p> | |
| <p>c. Cache includes:</p> <p>Saline <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Oxygen <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Nebulizer set-ups <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Tetanus <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Others:</p> | |
| <p>d. Memorandum of Understanding (MOU) with the regional Poison Control Center.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>23. Designated disaster supplies are ready for immediate distribution to and from the ED.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>a. Disaster supplies are inventoried, secured, cycled and labeled "FOR DISASTER USE ONLY."</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |

PATIENT TRIAGE

| | |
|---|--|
| <p>24. Facility uses a triage system that is consistent with local EMS. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>a. Triage tags are maintained in ED. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>b. Protocol includes 'deceased' category for victims beyond help. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>c. Protocol includes 'immediate' category for life-threatening condition. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |

| | | |
|--|--|--|
| d. Protocol includes 'delayed' category for serious non-life threatening condition. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| e. Protocol includes 'minor' category for minimal care requirement. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| f. Facility uses same triage color code system as local EMS. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 25. Level of patient volume that triggers activation of triage system is defined. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 26. ED has designated an alternate triage area. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| a. Area can be used at night. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| b. Area is weather-proof. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| c. Area is temperature controlled. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 27. Facility has an alternate treatment area to accommodate casualty surge. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

PATIENT TRACKING

| | | |
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| 28. Facility has a method for casualty tracking. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| a. If casualty tracking is automated, facility has a back-up method in the event the automated method fails. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| b. Facility can provide and track care for unknown patients (John and Jane Does). | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| c. Facility can track patients that are transferred to another local facility. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| d. Facility can track patients that are evacuated out of the community. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

ISOLATION BED CAPACITY (negative flow)

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| 29. Facility can increase isolation bed capacity. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
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STAFF PROTECTION

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| | 30. Facility has a plan, equipment and appropriate level of Personal Protective Equipment (PPE) for protecting staff from the effects of chemical, biological or radiological agents. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | a. Identified staff are trained to provider level: in use of PPE <input type="checkbox"/> Yes <input type="checkbox"/> No Knowledge of the PPE storage locations <input type="checkbox"/> Yes <input type="checkbox"/> No Understanding the concepts of zones of care (hot, warm, cold). <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | b. Re-certification training for identified staff is accomplished annually. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

PATIENT DECONTAMINATION

| | | |
|--|---|--|
| | 31. Facility can manage emergency decontamination of 4 patients without outside resources or equipment that must be constructed to be deployed. | |
| | a. A fully operational patient decontamination area is external and proximate to the ED. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | b. Water supply includes hot and cold. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | c. A trained decontamination team exists and is trained to OSHA levels with NIOSH approved equipment. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | d. Provisions are in place for cold weather decontamination. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | e. Facility has access to a portable decontamination unit that is accessible and operational within minutes. How many? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | f. Procedures are in place to insure privacy for male and female patients. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | g. Procedures are in place to collect and secure patient's property. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | h. Procedures are in place to insure proper control of weapons or ammunition found on patients undergoing decontamination. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 32. A trained patient decontamination team exists and is trained to OSHA levels with NIOSH approved equipment. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
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| a. Decontamination team has executed full exercise of process in last year. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| b. Decontamination team is capable of decontaminating ambulatory and non-ambulatory patients. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| c. Primary decontamination team can be decontaminated by a trained secondary decontamination team. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| d. An individual is charged with upkeep and maintenance of the decontamination unit and inspections are completed regularly. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| e. There is a plan for capture of runoff for environmental protection and evidence collection. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| f. Facility can decontaminate how many ambulatory patients per hour? | |
| g. Facility can decontaminate how many non-ambulatory patients per hour? | |
| h. Dates of last 2 decontamination drills or actual event: and | |

DISEASE SURVEILLANCE

| | |
|---|--|
| 33. Coordination is in place to conduct epidemiologic surveillance (microbiology, pathology, infectious disease, infection control, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| a. Procedures are in place to monitor employee absenteeism on a daily basis <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 34. Admission diagnoses and ED diagnoses are reviewed daily with focus on spikes in disorders: Pulmonary <input type="checkbox"/> Yes <input type="checkbox"/> No GI <input type="checkbox"/> Yes <input type="checkbox"/> No Dermatologic <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| | 35. Surveillance is coordinated with local and/or state public health agencies: Daily <input type="checkbox"/> Yes <input type="checkbox"/> No Weekly <input type="checkbox"/> Yes <input type="checkbox"/> No Monthly <input type="checkbox"/> Yes <input type="checkbox"/> No Quarterly <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 36. All clinical staff are familiar with signs and symptoms of CDC Category A agents: Anthrax <input type="checkbox"/> Yes <input type="checkbox"/> No Botulism <input type="checkbox"/> Yes <input type="checkbox"/> No Plague <input type="checkbox"/> Yes <input type="checkbox"/> No Smallpox <input type="checkbox"/> Yes <input type="checkbox"/> No Tularemia <input type="checkbox"/> Yes <input type="checkbox"/> No Viral hemorrhagic fevers <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | a. All staff has access to resources with information about CDC Category A agents. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 37. Staff is aware of and complies with disease reporting requirements. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 38. Pharmacy monitors use for spikes in daily usage of: Antibiotics <input type="checkbox"/> Yes <input type="checkbox"/> No Anti-diarrheal <input type="checkbox"/> Yes <input type="checkbox"/> No Dermatologic agents <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 39. Facility participates in Health Alert Network (HAN). <input type="checkbox"/> Yes <input type="checkbox"/> No | |

RADIATION EXPOSURE

| | | |
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| | 40. Facility has the capability to survey for and detect radiation contamination. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | a. Facility possesses a functioning count rate meter and staff is trained to operate it. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| b. Facility has established background levels for radiation for general medical treatment areas and for radiation decontamination areas using thermo-luminescent dosimeters (TLD's). <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| c. Facility provides pencil and thermo-luminescent dosimeters for decontamination personnel and first responders. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| d. Facility has established threshold units for radiation decontamination personnel and first responders. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| e. Facility has established wide area background monitoring and uses real-time alert monitors. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 41. Facility has a plan to manage a detected radiation problem including patient care management. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| a. Plan includes guidance to contact appropriate agencies including Department of Energy and REAC/TS (1-856-576-1005). <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| b. A method for documenting and detailing an occupational radiation exposure is included in the EMP. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

CRITICAL INCIDENT STRESS MANAGEMENT

| | |
|---|--|
| 42. Facility has Critical Incident Stress Management team or equivalent mental health services. | |
| a. Mental health services are available during and after a mass casualty event. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| b. Team members are trained in crisis care and emergency response. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| c. Mental health services are represented on the Emergency Management Planning Committee. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 43. A plan is in place to assess the physical and psychological well-being of disaster response workers. | |

| | |
|--|--|
| <p>a. Plan identifies physiological, emotional, cognitive and behavioral signs of stress including anxiety, irritability, memory loss, difficulty making decisions, insomnia, hyper-vigilance, extreme fatigue and other signs that indicate a response worker needs attention.</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>b. Actions are identified to reduce disaster workers' stress including:</p> <p>mandatory rest/sleep <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>regular meals and exercise <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>reasonable hours on duty <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>access to someone for speaking about the experience <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Alone/private time. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>c. Longitudinal plans for mental health assessment and care for disaster workers are in place.</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |

PHARMACY SERVICES

| | |
|---|--|
| <p>44. Pharmacy maintains a stockpile of antidotes including:</p> <p>Mark I kits <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Atropine:</p> <p style="padding-left: 20px;">Individual <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">Multi-dose <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2-PAM (2-Pralidoxime) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Diazepam <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>BAL (Dimercaprol) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Sodium thiosulfate <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Sodium nitrate <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Amyl nitrate <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Potassium iodide. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>a. What is the methodology of your stockpile capacity?</p> | |
| <p>45. Pharmacy monitors daily medication usage and compares current daily usage with usage on same date for previous 5 years.</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>a. Pharmacy monitors daily medication usage on a changing baseline. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>46. MOU exists to ensure rapid delivery of medications from suppliers during an emergency.</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |

| | | |
|---|--|--|
| a. MOU has been tested. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| b. MOU exists with secondary or backup vendor if primary vendor is unavailable. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| c. MOU exists for community wide sharing of pharmaceuticals. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | |

IMMUNIZATION AND CHEMOPROPHYLAXIS

| | |
|---|--|
| 47. Facility has a plan for immunization and chemoprophylaxis. | |
| a. Staff are trained to provide immunization and chemoprophylaxis or facility has plan to request external team to conduct immunization for staff and patients. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| b. Administrative support is available to manage record keeping for immunization and chemoprophylaxis. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| c. Pharmacy maintains 5-day stockpile of antibiotics in the event of exposure to anthrax spores or pneumonic plague (i.e., ciprofloxacin, doxycycline) for staff and patients. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| d. Plan addresses acquiring appropriate anti-viral or prophylaxis for pandemic outbreak. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

FATALITIES MANAGEMENT

| | |
|--|--|
| 48. Adequate plans are in place for management of fatalities. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| a. Refrigerated storage facilities for fatalities are available or an MOU is in place to acquire storage. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| b. Relationship with local coroner is in place and contact information is accessible. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| c. Morgue/mortuary services staff are trained for surge. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| d. In cases where remains are infectious, contaminated or evidence, the fatalities management plan addresses the cultural and religious needs of survivors. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| e. Extra storage areas have been designated within the facility. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| f. EMP includes participation in a community morgue surge plan. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| g. Policies and procedures are in place to facilitate the disposition of contaminated (infectious and/or chemical) remains. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

EVIDENCE COLLECTION AND PRESERVATION

| | |
|--|--|
| 49. An evidence preservation plan is in place and includes procedures for clinical and security staff. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| a. A procedure exists to notify staff that a concurrent criminal investigation is occurring. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| b. Evidence collection and containers are available including: 55 gallon drums for liquids and runoff <input type="checkbox"/> Yes <input type="checkbox"/> No Re-sealable plastic bags for biohazards and powders <input type="checkbox"/> Yes <input type="checkbox"/> No Brown paper bags for potential gunpowder recovery. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| c. Staff is trained in evidence collection procedures. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| d. A procedure is in place to maintain chain of custody of potential evidence. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

LABORATORY SERVICES

| | |
|---|--|
| 50. Laboratory services are trained for surge capacity (increased specimen load). <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| b. There is a protocol for reporting and referring suspicious isolates to local/state health department. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|--|
| <p>51. MOU's are in place to re-supply media, reagents and other critical supplies. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>52. An arrangement is in place to transfer workload if laboratory is overwhelmed. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |

BLOOD BANK SERVICES

| | |
|--|--|
| BLOOD BANK SERVICES | |
| <p>53. Blood bank services have surge capacity plans in place and are trained for surge activity. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>a. MOU is in place with regional blood center for emergent delivery of blood products. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>b. Blood product delivery system has been exercised in last 12 months and is deemed reliable. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |

Section 4. SAFETY, FIRE AND SECURITY

SAFETY PROGRAM

54. Facility has a safety program that identifies, controls and mitigates facility hazards. Yes No

FIRE PREVENTION AND RESPONSE

55. Facility has a fire prevention and response plan. Yes No

a. Fire alarm, detection and suppression systems are in good working order. Yes No

b. Personnel are trained in specific roles and responsibilities when they are at:
 a fire's point of origin Yes No
 away from the point of origin Yes No
 in a building evacuation due to fire Yes No

c. Facility has quarterly fire drills with at least 50% of drills unannounced. Yes No

d. All exit routes have emergency lighting and signs posting the direction to the exit. Yes No

SECURITY

| | | |
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| | 56. Facility has a security force with full-time security responsibilities. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | a. Criminal background checks have been conducted on all security staff. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | b. Security staff has had professional law enforcement training. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 57. All entrances and exits are controlled, monitored and can be locked. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | a. Facility can execute perimeter security protection (lockdown) procedure within minutes of notification. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | b. Staff has been trained in lockdown procedure. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | c. Triggers for instituting lockdown are identified and known to leadership. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | d. Lockdown can be accomplished without the aid of additional law enforcement personnel. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | e. Facility can post security at all entrances. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | f. Facility can post additional security personnel in ED. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | g. A plan is in place to secure and monitor elevators during lockdown. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 58. A plan exists for security force surge staffing. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | a. Facility has an MOU with local law enforcement to provide additional security. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | b. MOU has been tested. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 59. Parking is not permitted within 80 feet of the facility (stand-off distance). <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 60. A plan is in place to allow prompt facility access for staff and other authorized personnel. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 61. A plan is in place to provide information to large numbers of concerned family and friends and to control crowds. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|--|
| a. Announcement and information distribution areas are designated. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 62. Security procedures are in place to insure safety of incoming mail, packages and deliveries to the facility. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Section 5. LOGISTICS AND FACILITIES

SUPPLIES

| | | |
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| | 63. Facility has the ability to obtain additional durable medical equipment using in house storage or MOU's with outside medical equipment supplier. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | A. MOU exists with secondary or backup vendor if prime vendor is unavailable. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 64. 24-hour contact and distribution arrangements are in place. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 65. Facility maintains current inventory of equipment, supplies and other essential material required to effectively respond to a mass casualty event. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

FOOD SERVICES

| | | |
|--|--|--|
| | 66. Facility has adequate food on hand for staff and patients for a 3-4 day period. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 67. Facility has a plan for food service surge. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | a. Food Service surge plan has been exercised in last 12 months. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | b. Food Service is included in facility's emergency exercises. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | c. Security of food products is maintained at all times during: Delivery <input type="checkbox"/> Yes <input type="checkbox"/> No Storage <input type="checkbox"/> Yes <input type="checkbox"/> No Preparation <input type="checkbox"/> Yes <input type="checkbox"/> No | |

EMERGENCY POWER

| | | |
|--|---|--|
| | 68. Facility has emergency power generating capacity and the power generator is in a secure area. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | a. Emergency power is adequate to provide for all essential services for three days. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | b. Facility has documented which essential services will receive power. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | c. Facility has tested essential services power plan. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | d. Laboratory and blood bank have been identified as essential services. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | e. Load testing is performed annually on generator(s). <input type="checkbox"/> Yes <input type="checkbox"/> No | |

WATER SUPPLY

| | | |
|--|---|--|
| | 69. Water supply and alternate water supply to facility are secure. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
|--|---|--|

MEDICAL GASSES

| | | |
|--|--|--|
| | 70. Facility has medical gasses to last 3-4 days without re-supply. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | a. Facility has an MOU in place to obtain emergency re-supply 24 hours a day. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | b. MOU exists with secondary or backup vendor if primary vendor is unavailable. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | c. Medical gasses are in a secured area. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

VENTILATION

| | | |
|--|--|--|
| | 71. Facility can isolate and shut down Heating, Ventilation, and Air Conditioning (HVAC) system zones in an emergency. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | a. HVAC shutdown has been exercised in past year. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | |
|---|--|--|
| b. Guidelines are in place for emergency shutdown. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| c. Sections of the facility can be isolated. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| d. Individuals are identified who have authority for ordering HVAC shutdown 24/7. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| e. Air intakes are protected from tampering. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 72. Facilities and Engineering staff have knowledge of HVAC zones and shutdown procedures. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

FUEL

| | | |
|---|--|--|
| 73. Facility has an on-campus fuel source which can provide sufficient fuel for 3 days of continuous, full-load demand before replenishment is needed. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| a. Facility has an emergency fuel replenishment plan in place with a supplier who can be contacted and can provide service at any time. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| b. MOU exists with secondary or backup vendor if primary vendor is unavailable. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| c. On-campus fuel source(s) is/are in secured area(s). | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

WASTE DISPOSAL

| | | |
|---|--|--|
| 74. Facility has procedures for management of increased volume and disposal of contaminated wastes, goods, and fluids. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| a. At least one individual is certified to package bio-hazardous materials. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| b. Waste water containment is in compliance with EPA guidelines. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Section 6. COMMUNICATIONS, WARNING, AND NOTIFICATION

FACILITY NOTIFICATION

| | | |
|--|---|--|
| | 75. Facility can send and receive emergency warning and notification information. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | a. Facility can receive warnings of imminent emergency conditions from external agencies. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | b. Facility can send warnings to external agencies. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | c. Redundant communication system is in place in the event that the primary system fails. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

STAFF NOTIFICATION

| | | |
|--|---|--|
| | 76. Facility can notify on-duty and off-duty staff of emergency status and recall to duty. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | a. Facility has a plan to notify on-duty and off-duty staff of emergency status. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | b. Staff notification system has been tested in past 6 months. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | c. Facility has staff notification with up-to-date, verified phone and other contact information. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | d. Facility has either an automated call-back system or staff identified and dedicated to staff notification. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | e. Staff can receive warnings from the Digital Emergency Alert System by either voice or text messages on their wireless phones. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | f. Facility keeps a current and updated list of staff that volunteer and are likely to be deployed during an emergency (NDMS, National Guard, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | g. The EMP takes into account staff backfill issues. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

COMMUNICATIONS

| | | |
|--|---|--|
| | 77. Command uses compatible radios (e.g. 800 mhz) for communications with local agencies. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 78. Emergency Operations Center has a dedicated telephone trunk line. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 79. Two-way radio communication (walkie-talkie) is available for all units and essential personnel. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 80. Facility has access to communications on wheels (COWS). <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 81. Facility has access to amateur radio system (Ham/RACES). <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 82. A back-up communications system is in place in the event that the primary system fails. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 83. If all technology-based communications fail, staff members who will serve as 'runners' have been identified. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

INFORMATION MANAGEMENT/TELECOMMUNICATIONS

| | | |
|--|---|--|
| | 84. Essential information systems and data storage have offsite storage and recovery capabilities. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 85. Information management staff participate in facility emergency exercises. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 86. System has protection from viruses and intentional attacks (hacking). <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Section 7. PUBLIC INFORMATION, MEDIA RELATIONS, AND RISK COMMUNICATIONS

PUBLIC INFORMATION AND MEDIA RELATIONS

| | | | |
|--|--|--|--|
| | 87. Facility has a designated public information officer (PIO). | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | a. In the event of multi-agency response, media activities will be coordinated through Joint Information Center (JIC). | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | b. PIO has established relationships with counterparts in Public Health and emergency management agencies. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 88. Staff know where and to whom media inquiries are to be referred. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 89. A site is designated for regular meetings with media. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | a. PIO has developed generic press releases about the facility and possible emergency conditions. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | b. PIO has established relationships with local media. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | c. The press conference location is outside the facility. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

RISK COMMUNICATIONS

| | | | |
|--|---|--|--|
| | 90. PIO and leadership are trained in risk communication skills. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | a. Credible leaders accustomed to media exposure are identified as spokespersons. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | b. Specific spokespersons have been identified for specific events. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 91. Staff answering phone and dealing with visitors are prepared for their role in an emergency. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Section 8. TRAINING, DRILLS AND EXERCISE

TRAINING

| | | |
|--|---|--|
| | 92 All staff receives orientation to the Emergency Management Plan (EMP). <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 93. Hospital staff complete annual training/education in CBRNE. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | a. Emergency Department staff receive at least twice-annual training on response to Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE) events. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | b. All other clinicians receive annual CBRNE training. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | c. All non-clinicians receive annual CBRNE/emergency preparedness training. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | d. All clinicians receive annual blood-borne pathogens training. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | e. All clinicians maintain current Basic Life Support (BLS) registration. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | f. Percentage of total staff who have taken a NIMS course and/or are NIMS certified. | |

DRILLS AND EXERCISES

| | | |
|--|--|--|
| | 94. Facility exercises Emergency Management Plan (EMP) at least twice per year. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | a. Exercises are conducted at least 4 months apart and no more than 8 months apart. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | b. Date of last exercise: | |
| | c. Facilities that offer emergency services include an influx of simulated patients in one exercise. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | d. Facility participates in at least one community-wide exercise per year. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | |
|--|--|--|
| | 95. Drills/exercises take place on all shifts, on all units and include all facility departments. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | a. Contract staff is included in drills/exercises. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 96. Facility has conducted an exercise with casualties: Exposed to a hazardous material <input type="checkbox"/> Yes <input type="checkbox"/> No Agent requiring decontamination <input type="checkbox"/> Yes <input type="checkbox"/> No Responded to an actual event within the last 12 months. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 97. All ED personnel participate in at least twice-annual mass casualty exercises. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 98. At least one exercise in the last year was unannounced. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 99. Facility has drilled evacuation of staff and patients in the last 12 months. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | a. Exercise includes horizontal evacuation (to other units). <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | b. Exercise includes vertical evacuation (to other floors). <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Section 9. PERFORMANCE IMPROVEMENT AND QUALITY

HAZARD VULNERABILITY ANALYSIS

| | | |
|--|--|--|
| | 100. Facility has a Hazard Vulnerability Analysis (HVA) conducted in the last 12 months. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | a. Emergency Management Plan is designed to integrate analysis of risks identified in the Hazard Vulnerability Analysis. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | b. Analysis was conducted by an external agency in coordination with the community and received community input. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

EMERGENCY MANAGEMENT STANDARDS

| | | |
|--|--|--|
| | 101. Emergency management plan MEETS Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards and accrediting organizations. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | a. All staff who participate in the implementation of the Emergency Management Plan (EMP) receives orientation to and training on the plan. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 102 Facility has a procedure for conducting after-action reviews of simulated or actual emergency events. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 103. Facility uses after action reports to identify strengths and weaknesses of the Emergency Management Plan (EMP). <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 104. Facility incorporates information gathered from after actions reports into their Emergency Management Plan (EMP). <input type="checkbox"/> Yes <input type="checkbox"/> No | |