A. LEADERSHIP

	ASSIGNMENT	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
1	Ensure plan development includes a diverse and representative group of employees (e.g. employee representatives from facility management; nurse management, medical leadership, security, etc.)					
2	Establish disaster planning as a priority for your facility (e.g. include updates/reports at every management meeting; present periodic updates to Board of Trustees). Ensure all leaders understand that disaster planning is an ongoing process.					
3	Assign specific hurricane planning issues and responsibilities to appropriate staff and ensure they understand that accountability for completion of tasks will be a priority for the CEO.					
4	Incorporate hurricane preparedness into the "all-hazards" approach.					
5	Lead long-term care planning initiative in your community. Host planning meeting with stakeholders to ensure proper triage and placement of long-term care and home health patients in recovery. Include OEM, EMS, DHSS, and MCC in recovery planning.					
6	Plan for recovery.					
7	Define triggers and identify who has authority for plan activation.					
8	Ensure appropriate legislation and regulations, i.e., State Emergency Health Powers Act, disaster declarations, are reviewed for any implications they may have on the facility.					
9	Ensure any legal implications surrounding hurricane preparedness are addressed such as legal concerns regarding evacuation.					
10	Ensure capacity to address legal claims in a timely manner that may arise against the organization or its personnel. Ensure ability to contact insurers and legal council during adverse events.					



Weathering the Storm: A Hurricane Planning, Response and Recovery Toolkit

A. LEADERSHIP (CONTINUED)

	ASSIGNMENT	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
11	Identify Delegations of Authority and Orders of Succession at least three deep by position title for key personnel.					
12	Educate all employees on hurricanes, the facility's plan and what will be done to support staff and meet community needs.					
13	Determine in advance criteria/triggers for facility evacuation. ¹					
14	Assign appropriate staff to identify and know process and procedures for requesting additional resources.					
15	Ensure policy decisions regarding hazard pay and accommodations for family, pets, etc. during a storm are included in the plan. ²					
16	 Ensure processes regarding communication needs are addressed in the plan.³ During response and recovery, communicate at regularly scheduled intervals with partners such as OEM, MCC, DHHS and schedule media briefings. 					
17	 Ensure plan includes processes to address financial concerns, i.e., documentation for reimbursement.⁴ Document all expenses from the onset of the event. Ensure federal and state documentation standards are met. FEMA, HICS and other ICS forms may be used to assist with this task. 					



 ¹ See Evacuate or Shelter-In-Place Decision Guide, Appendix #5
 ² See Section D, Employee Support
 ³ See Section H, Communications Issues
 ⁴ See Section J, External Resources and Mutual Aid

Weathering the Storm: A Hurricane Planning, Response and Recovery Toolkit

A. LEADERSHIP (CONTINUED)

	ASSIGNMENT	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
18	 Ensure a support system is established to address psychosocial issues and emotional distress experienced by staff, patients and their families. Consider conducting on-line meetings or free conference calls. Encourage an understanding of the effectiveness of alternate means of support. 					
19	 Establish and Implement Incident Command System (ICS)/Hospital Incident Command System (HICS). Ensure all staff is trained for roles within the system. Ensure delegation of authority and orders of succession at least three deep for key positions. Follow documentation procedures outlined by ICS/HICS. 					
20	Ensure roles and responsibilities are clearly defined and communicated to all staff pre-event and during response and recovery briefings.					
21	Ensure the plan includes appropriate steps to resume operations following a hurricane. Restore essential services and physical plant. There may be "new normal" post severe events. The building must be safe, debris removed from campus, hazardous waste properly disposed of and operational capacity restored.					
22	Ensure the plan includes a process for drills that includes verification/testing of all memorandums of understanding/mutual aid agreements and ensure contingency agreements/plans are identified should mutual aid not be available.					
23	In recovery, be prepared to activate memorandums of understanding and other response plans such as continuity of operations.					
24	Be prepared to identify clear goals for recovery. Clear goals provide direction for recovery objectives to be included in incident action plans (IAPs) and provide direction for prioritization of recovery activities and resource management.					



A. LEADERSHIP (CONTINUED)

	ASSIGNMENT	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
25	 Ensure plans are exercised and improvements are made based on after-action reports. Consider exercising plans in parts to reduce impact on daily operations. 					
26	Provide Board of Trustees with final hurricane planning, response and recovery plan. Provide detailed information/education regarding specific policies/procedures including or affecting members of the Board.					
27	 Ensure the Board is properly educated about hurricanes and their potential impact on hospital operations. Educate the Board about the need for effective planning. Ensure Board's support prior to active planning. 					
28	Ensure Board has an understanding of local, state and federal authority during a hurricane.					
29	Ensure a process is included to educate the Board of Trustees on their roles and responsibilities during a hurricane.					
30	 Ensure procedures are established to keep Board of Trustees informed before, during and post event. Determine multiple means of communication with Boards of Trustees. Hold briefings, conference calls and share (via email, postings, etc.) IAPs and Situation Reports (SitReps) with Board of Trustees at regular intervals. 					



B. INTERNAL (HOSPITAL) DEPARTMENT PLANS

	ASSIGNMENT	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
1	 Identify who will be responsible for developing staffing plans.⁵ Staffing plans may be developed by department with review by the planning team to ensure viability of plans (i.e. duplication of assignments, etc). Ensure medical staff is addressed or has its own staffing plan that is integrated into the facility plan. Determine if staffing plan requirements need to be addressed in policy. If so, incorporate into policy. For example, the facility may redefine a work day, work week and/or overtime in response to a disaster/emergency in accordance with applicable state and federal wage laws. Staff may be assigned to perform duties they do not normally perform with respect to scope of practice. 					
2	 Identify and prioritize service requirements for your department. Identify and list mission-critical (immediate) service requirements. Identify and list mission-essential (delayed) service requirements. 					
3	 Identify number of staff necessary to implement service requirements. Identify and list staff needed to implement mission-critical (immediate) service requirements. Identify and list staff needed to implement mission-essential (delayed) service requirements. Identify staff that may be diverted, cross trained and/or trained just-in-time to support mission-critical and mission-essential services. 					



⁵ See *Department Plan Template*, Appendix #1a

B. INTERNAL (HOSPITAL) DEPARTMENT PLANS (CONTINUED)

	ASSIGNMENT	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
4	 Identify staff teams by shift (i.e. one team per shift). Example: PRE-storm, DURING storm and POST storm, or simply Teams A, B, C, D, or have teams create names for themselves. Please note: Two shifts are required for the "DURING" storm team. Both shifts should arrive at the hospital prior to onset of dangerous driving conditions. Each shift will work 12 on and 12 off. It is important that staff are permitted and required to take rest periods to promote optimum well-being. No employee shall work more than 16 hours in a 24-hour period. If staff is limited, you may use the same team to serve PRE storm and POST storm. PRE-storm team(s) will need to be allotted time to implement their family preparedness plans prior to the start of their shifts. 					
5	Identify staff responsible for developing job descriptions and responsibilities/job action sheets for response roles.					
6	 Ensure all staff knows and are trained on their roles and responsibilities before, during and after a storm. Develop training plan to ensure staff receive appropriate training on their responsibilities, ICS/HICS and meet national training guidelines. For example, leadership employees will complete ICS 100, 200, IS 700, IS 800, and all employees will complete ICS 100 and IS 700. Consider incorporating required training into new employee orientation and annual education reviews. Develop and implement a training plan that incorporates drills, tabletop exercises and after-action reviews and improvement planning. 					
7	 Develop job action sheets as needed. HICS provides job action sheets that may be used as an example for developing job action sheets for other types of duties/response roles. 					



B. INTERNAL (HOSPITAL) DEPARTMENT PLANS (CONTINUED)

	ASSIGNMENT	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
8	 Develop just-in-time training as needed. Example: Short, quick, refresher training modules for how to use the radios and other communications equipment. 					
9	 Identify protective measures for all work areas.⁶ Identify who is responsible for implementing protective measures upon plan activation. Protect vital records. Back-up of data systems and storage of records off-site. Print hardcopies of important documents such as contact lists. Define alternate procedures for essential job functions should equipment fail (i.e. use of paper and pencil, runners, etc.). Move equipment away from vulnerable windows. 					
10	 Train staff to provide Psychological First Aid to patients, family members and co-workers.⁷ Train staff to build resilience within themselves and recognize the need for Psychological First Aid in their co-workers. Train organizational leadership to build resilience within the organization. 					



⁶ Ensure that information technology (IT) systems are addressed. Develop Recovery Time Objectives (RTOs) and Recovery Point Objectives (RPOs) for critical clinical systems, processes and data.

⁷ See NJHA Pandemic Influenza Toolkit: Psycho-Social Module, <u>http://www.njha.com/paninf/Pdf/Psychosocial_Final.pdf</u>

<u>C.</u> **EMPLOYEE EXPECTATIONS**

	ASSIGNMENT	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
1	 Define employee work expectations for hurricanes.⁸ Sample Policies: Employees are required to report to work unless an exemption has been granted in writing with supervisory signature. Failure to do so may result in discipline up to and including termination. All staff (clinical and non-clinical) is considered essential and may be assigned to duties that are not performed regularly. All licensures with regard to scope of practice will be honored. All staff is responsible for maintaining correct and up-to-date contact information, maintaining and implementing personal/family preparedness plans and knowing their role in a disaster.⁹ 					
2	 Determine what considerations may or may not allow for employee exemption, for instance: If staff is not permitted to bring children to work during a storm, then consider having single parents with small children as an exemption criterion. If staff is not permitted to bring pets during a storm, then make it clear that owning a pet is not an acceptable reason for an exemption. The policy should note that it is the employee's responsibility to make arrangements for pets. Consider how the facility will address the needs of staff that may live in an evacuation zone. For example, employees who live in evacuation zones may be well suited to serve on one of the shifts to stay at the hospital during the storm. Address expectations for staff who work for more than one facility. Develop employee exemption form.¹⁰ 					



 ⁸ See Preparing Your Work Area, Appendix #2a
 ⁹ See Pre-season Employee Acknowledgement Form, Appendix #2d
 ¹⁰ See Work Exemption Form, Appendix #2e

C. EMPLOYEE EXPECTATIONS (CONTINUED)

	ASSIGNMENT	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
3	Develop employee exemption from work policy including the process for granting exemptions. <i>Sample Policy</i> : Exemptions will be handled on a case-by-case basis with requests made in advance and supervisor approval. Employees may be exempt from work if their spouse is required to work (i.e. law enforcement, EMS) and there are dependents at home such as children and/or adults with special needs. Prior to the start of hurricane season, employees are required to submit their exemption request to their supervisor upon annual review. Employees requesting an exemption must submit a form each year for review. It is understood that unforeseen circumstances may arise and employees are to notify their supervisor as soon as possible should they require a last-minute exemption. ¹¹					
4	 Address issues surrounding employee compensation including: Determine how staff will be compensated for hours they are required to be at the hospital but are resting/off-duty. For example, staff required to remain at the hospital for 24 hours or more will be given "on call pay" for hours not worked. Determine how staff will be compensated for hours worked over 40 hours per week, i.e. compensatory leave time. Address mandatory overtime. For example, employees will not be expected to work more than 16 hours in a 24-hour period in the event the Commissioner of Health waives licensing regulations such as state regulations regarding mandatory overtime during a state of emergency. Verify requirements of union contracts and ensure compliance. Ensure compliance with labor laws such as ADA, FMLA and NJ Family Work Act. 					



¹¹ See *Childcare Enrollment Form*, Appendix #2f

C. EMPLOYEE EXPECTATIONS (CONTINUED)

	ASSIGNMENT	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
5	Define official forms of communication and include in policy. <i>Example</i> : The following forms of communication will be considered official regarding work assignments: verbal order from supervisor, e- mail, radio announcements, TV announcements and text messages. Should telephone communications fail (cell and landline), or staff are unable to reach supervisor for any reason, staff are to listen to radio station (XYZ). Communications failure is not an acceptable reason not to report to work. Staff is expected to take steps to stay informed. ¹²					
6	 Establish employee training requirements for HR policies. Examples: Supervisors should review with all staff the hospital hurricane policy and employee roles and responsibilities each year prior to the start of Hurricane Season, which is June 1 – Nov 30. All personnel are to sign an acknowledgement form. Exemption and childcare enrollment forms are to be updated annually. Supervisors should review employees' expectations to work and their role and responsibilities as defined in the department plan. 					



¹² See *Hurricane Preparedness Checklist*, Appendix #2c

D. EMPLOYEE SUPPORT

	ASSIGNMENT	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
1	 Establish and identify areas for staff to sleep and shower. Ensure staff has realistic expectations regarding shared showers and sleeping area. Determine if staff is responsible for bringing their own linens, towels, toiletries and other supplies. This should be reflected on checklists developed for staff.¹³ 					
2	 Establish procedures to provide a fuel source for employees to be able to commute to work in the event power outages are extensive making operable gas stations difficult to access. (Special Note: If a fuel depot is established by emergency management in your area for first responders, hospitals, etc, ensure law enforcement is aware that non-clinical staff is essential at a hospital, not just doctors and nurses, and therefore will require access to fuel.) Examples: If hospitals elect to provide fuel onsite, establish an agreement with a nearby vendor or work with emergency management for establishing fuel depots. If working with a local vendor, verify the vendor's hurricane plan and ensure the terms of agreement can be met. If the hospital provides fuel to employees, define the expectation for payment. 					



¹³ See *Sheltering Necessities*, Appendix #2b

	ASSIGNMENT	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
3	 Establish procedures for providing transportation for staff pre- and post- storm. Identify transportation resources to assist staff with commuting to and from work if needed. Establish contracts as needed for services (e.g. rental car agencies). Develop transportation logs with checklists. Identify transportation resources suitable for adverse road conditions. Ensure coordination with emergency management. Ensure coordination with law enforcement for access to roads that may be restricted. Determine, in concert with law enforcement, acceptable forms of identification (i.e. hospital ID) that will allow employees to access roads for commuting to and from work. 					
4	 Establish procedures to pay employees in cash, if necessary. (Extensive power outages make it difficult to purchase goods and services unless you have cash since credit card machines, ATMs, etc. do not work.) Identify delegation of authority and orders of succession at least three deep for personnel authorized to carry out this duty. Ensure adequate cash reserves prior to the onset of a storm. Establish memorandums of agreement as necessary with banks. 					
5	 Ensure plans are coordinated with local emergency management. Emergency management may be able to assist with logistics and resources such as transportation and fuel. 					



ASSIGNMENT	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
 6 Determine if employees required to work during the storm may have family members stay at the hospital. If so, consider the following in your policy: Identify who qualifies as a family member or dependents, e.g. spouse, dependent children and dependent (on employee) parent/elderly family members are permitted to stay with working staff members at the hospital. Develop a checklist of items family members, including children, are to bring with them to the hospital.¹⁴ Clarify expectations regarding care for family members or dependents with special needs, e.g. the hospital will not provide care for family members and dependents. Develop waiver for those that elect to bring family members/dependents to the facility.¹⁵ Identify areas in the hospital where family members will stay, including sleeping and showering areas. Identify potential staff that may supervise children and adults with special needs. Identify potential staff that may supervise children and adults with special needs. Develop enrollment/waiver form that addresses liability protections for dependents.¹⁶ Require employees to complete the enrollment/waiver form and submit it to their supervisor each year, prior to the start of hurricane season, which is from June 1 – Nov 30. 					



 ¹⁴ See Sheltering Necessities, Appendix #2b
 ¹⁵ See Childcare Enrollment Form, Appendix #2f
 ¹⁶ See Childcare Enrollment Form, Appendix #2f

	ASSIGNMENT	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
7	 If space is unavailable at facility, consider working with local emergency management to identify a shelter for employee family members, including dependents. Determine who will be in charge of preparations and shelter operations. Establish memorandum of understanding as needed. 					
8	 If family members are not permitted to stay at the hospital, determine if child or dependent care will be available to caregivers. If so, consider the following in your policy: Identify area of the hospital for supervised childcare and an area for adult dependents with special needs. Identify potential staff that may supervise children and assist special needs adults. Consider using support staff from non-critical functions. Consider partnering with a local childcare agency and an elder day care agency to assist you. Develop an enrollment/waiver form that addresses liability protections.¹⁷ Require employees to complete the enrollment/waiver form and submit it to their supervisor prior to the start of hurricane season, which is June 1 – Nov 30 each year. If family members are not permitted to stay at the hospital, consider developing a buddy system for child/dependent care. For example, two single parents could work opposite shifts and care for each other's children while the other is working. The hospital could assist with making these arrangements. 					
9	If no family members are permitted at facility, consider negotiating contract services for child care and elder care for staff.					



¹⁷ See *Childcare Enrollment Form*, Appendix #2f

	ASSIGNMENT	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
10	 Determine if employees required to work during the storm may bring pets. <i>Example</i>: All animals must be crated and up-to-date on all vaccinations (i.e. rabies). Proper documentation of vaccinations is required at the time of check in. Owners/employees must provide all necessary items to care for their pet (i.e. food, water, litter, comfort items). Pet owners are responsible for cleaning up after and caring for their pet(s). Identify areas of the hospitals where pets may stay. Develop a checklist of items that must be brought to the hospital with the pet. Ensure staff is aware of pet emergency preparedness information. ¹⁸ 					
11	 Ensure staff is trained on family preparedness. Provide staff with tools and resources to help them develop their personal preparedness plan.¹⁹ 					



 ¹⁸ See <u>http://www.aspca.org/pet-care/disaster-preparedness/</u> and <u>http://www.ready.gov/america/getakit/pets.html</u>
 ¹⁹ See <u>http://www.ready.gov/</u>

SUPPLIES – SPECIAL CONSIDERATIONS FOR HURRICANES Ε.

	ASSIGNMENT	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
1	Establish procedures to assess current supply inventory levels ²⁰ and determine increased supply needs to shelter-in-place for one week.					
2	Determine how far in advance of a storm additional supplies need to be ordered to ensure delivery prior to storm impacts / evacuations. <i>Hospitals will need to make sure additional supplies are secured prior to</i> <i>interruptions of delivery services.</i> Include this information on facility checklist.					
3	Check with vendors to determine their limitations of delivery in the event of storm threats and/or evacuations. <i>In instances of intense storms,</i> <i>trucks may not make deliveries as scheduled for fear of being caught in</i> <i>evacuation traffic.</i>					
4	 Identify alternate/additional vendors and develop purchasing procedures.²¹ Develop set of emergency purchase orders that may be quickly implemented (or activated with the vendor directly via phone) and file with vendors. Develop emergency backup procedures to expedite purchasing of critical supplies should normal purchasing procedures be interrupted or delayed. Explore alternate group purchasing agreements. Determine who has authority to implement emergency purchasing orders and trigger points to activate, i.e., 72 hours prior to landfall. Ensure delegations of authority and orders of succession at least three deep. 					
5	Review logistical needs and options for pre-positioning and distributing supplies within the hospital. Consider designating supply staging areas on each floor.					



 ²⁰ See Consumable Supply Operational Impact Chart, Appendix #8
 ²¹ See Sample Emergency Contact Form, Appendix #1b

E. SUPPLIES – SPECIAL CONSIDERATIONS FOR HURRICANES (CONTINUED)

	ASSIGNMENT	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
6	 Ensure use of Inventory Management System or identify alternate procedures for inventory management in the event of a power outage. Verify capacity of Inventory Management System. Be aware of system limitations and the impact this may have on managing inventory during an event. Plan accordingly. <i>Example</i>: A back-up system may be the use of Excel files on a battery back-up computer that can be plugged into an outlet powered by a generator. Also, paper and pencil work too. Consider pre-populating inventory forms and printing them preevent to ease paper and pencil methods. 					



F. UTILITIES

	ASSIGNMENT	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
1	 Determine Recovery Time Objectives (RTO) for critical and support functions.²² An RTO lays out the maximum acceptable downtime for a process. For example, if the clinical registration system goes down, you may have an RTO of one hour to get it back up. A recovery point objective (RPO) is the maximum amount of allowable data loss following an unplanned IT event such as a critical disk failure or a flood in your data center. The RPO helps you decide how often you will backup your data. If your RPO is one week, then you could backup your data once a week so the maximum amount of data you would lose is only data since the last backup. If it is unacceptable to lose any data, and your RPO is one millisecond, then you would require a mirrored site so that data is simultaneously present on your primary system and your backup system. 					
2	 Establish alternate sources of power that are sustainable for at least 96 hours as required by the Joint Commission and up to one week. Identify load requirements. Identify and acquire appropriate equipment. Identify immediate and delayed power needs for each department. Note: Short term power needs (<12 hours) differ from long term power needs. Prepare for an extensive power outage. For example, consider the need to power air conditioners/ventilation systems, water chillers, ancillary areas, access control/security systems, telephones and computer systems, in addition to clinical care operations. Establish backup sources of power to main alternate source (i.e. portable generators to back up main generator, large batteries on wheels). 					



²² See Utility Failure Operational Impact Chart, Appendix #7

F. UTILITIES (CONTINUED)

	ASSIGNMENT	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
3	 Establish procedures for maintaining alternate sources of power pre- and post-event. Ensure alternate power sources are protected from flooding and wind. Ensure maintenance supplies are available for generators (i.e. filters, spark plugs, oil, etc.). Maintain capacity to make repairs and operate power sources (i.e. Engineer is considered critical personnel). Ensure sufficient amounts of fuel for generators are available and secured pre-storm from wind and flooding. 					
4	 Establish procedures to secure additional supplies. Food: Increase food ordering formulas to account for additional staff and family members; identify foods that do not require refrigeration; consider disposable products for serving food and eating. Oxygen: Oxygen-dependent patients may have interruptions to their oxygen supply or electricity and may seek assistance at the hospital. Linens: Plan for additional staff and potential interruptions to laundry services. Pharmaceuticals: Community power outages may limit availability of prescription medication. Identify commonly used medications and increase inventory. Blood supply: Reach out to blood centers/suppliers and verify their contingency plans for hurricanes to better determine blood inventories needed pre-storm to ensure an adequate blood supply through post-storm and recovery periods. 					



F. UTILITIES (CONTINUED)

	ASSIGNMENT	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
5	 Establish procedures to ensure an adequate supply of potable and non-potable water. Identify uses of non-potable water (i.e. flushing toilets, cooling ventilation towers, fire suppression system). Identify sources of non-potable water (i.e. Porta-Potty or well). Establish contract with vendor²³ (i.e. water buffalo) Identify sources of potable water (i.e. bottled water). Establish contract with vendors as needed. 					
6	 Establish procedures to ensure adequate supplies to maintain ventilation system. Maintain capacity to make repairs to system (i.e. Engineer is considered critical personnel). Ensure (non-potable) water supply for cooling towers. 					
7	 Establish procedures to manage waste. Waste collection services may be interrupted. Identify additional storage capacity for waste. Ensure proper handling of waste to prevent injury and the spread of disease. 					



²³ See Sample Emergency Contact Form, Appendix #1b

G. PATIENT ISSUES

	ASSIGNMENT	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
1	 Establish procedures to expedite patient transfers and patient tracking in a disaster. Note: Know criteria and establish protocols for when patient transfers are no longer allowed due to unsafe road conditions (Example: In sustained winds of > 45 mph, ambulances can no longer transport patients). Develop abbreviated forms and checklists for patient transfers and discharge, if needed. Ensure patient tracking procedures are established and followed. 					
2	Establish Memoranda of Understanding/Memoranda of Agreement (MOU/MOA) with facilities in and out of state for patient transfers and evacuations.					
3	 Establish procedures to discharge patients. Ensure all regulatory requirements are met when discharging patients. Ensure patients are provided proper home care instructions and access to supporting medical equipment. Ensure patients have sufficient supply of medications. Ensure availability of transportation. If evacuations have started in your area, or a nearby area, roads may be jammed and usual transportation assets may not be available. 					
4	 Establish procedures for assisting oxygen-dependent patients that may present before or after a storm. Coordinate with Emergency Management/Health Department to determine if any resources are available in the community to assist with oxygen-dependent patients. Are there special needs shelters available with established alternate sources of power? Be prepared to assist oxygen-dependent patients. Consider establishing partnerships with home health agencies and assisted living facilities to address this need. Ensure adequate amounts of oxygen, tanks and supplies. 					



G. PATIENT ISSUES (CONTINUED)

	ASSIGNMENT	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
5	 Review existing resources to assist with planning for the needs of dialysis patients.²⁴ Check with area dialysis centers regarding their hurricane plan and resources. Be prepared to address dialysis patient needs post-storm. Establish partnerships as needed. Educate patients on plans and procedures. Be prepared to increase water supply and pressure as needed. 					
6	 Establish procedures for managing pregnant women. Coordinate with medical staff to determine criteria for admitting pregnant women prior to storm. Ensure procedures are communicated clearly with patients. 					
7	 Establish procedures for limiting admissions when a storm is approaching. <i>Example</i>: Establish procedures to cancel elective surgeries to reduce inpatient stays. Be prepared for persons seeking admission that would not typically do so under normal circumstances. Identify community resources to refer persons seeking shelter at your facility. Some people may want to use your facility as a safe haven. Educate community on these resources and encourage persons with special needs to have preparedness plans. The hospital is NOT a shelter. 					
8	 Establish procedures for moving patients within facility when elevators are not working at full capacity, if at all. Identify equipment needs and acquire appropriate equipment such as stretchers/litters. Ensure staff is trained on procedures and equipment use. 					

²⁴ See *Dialysis Concerns*, Appendix #9



H. COMMUNICATIONS ISSUES

	ASSIGNMENT	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
1	 Ensure capability and capacity of redundant forms of communications. Identify all forms of communications. (<i>Remember, paper, pencil and runners also are options.</i>) Verify interoperability of communications equipment with partner agencies, response agencies and local and state agencies. Test communication systems regularly. Ensure adequate number of personnel is trained on how to operate equipment. Identify community resources to assist with restoration of communication systems. For example, does your local emergency management agency have agreements with cell phone companies to bring in portable communication towers post-event? 					
2	 Ensure staff notification and activation processes are established and clearly defined. Staff is to maintain current contact information. Establish call down procedures and test regularly (i.e. call tree). Should phone systems fail, identify alternate sources for employee information regarding when to report to work. For example, establish an agreement with a local radio station that will make announcements for your hospital. 					
3	 Establish procedures to keep staff and Board of Trustees informed pre-, during and post-event. Example: Briefings for all staff will be held at regular intervals and Incident Action Plans (IAP) and Situation Reports (SitReps) 					



H. COMMUNICATIONS ISSUES (CONTINUED)

	ASSIGNMENT	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
4	 Establish procedures to keep community partners and community leaders informed. Ensure coordination of information flow between hospital, community partners and other stakeholders. Ensure contact lists for community partners are current. Establish communication channels and protocols with partners and leadership. Establish bed tracking/reporting procedures. Consider having hospital representative at Emergency Operations Center. Send IAP and SitReps to community leaders and partners. 					
5	 Establish procedures to ensure hospital receives information from community partners. <i>Example</i>: Hospital representative attends EOC briefings, hospital on EOC e-mail distribution list to receive SitReps and IAPs and other important alerts from community partners/EOC. 					
6	 Establish procedures to ensure communication and coordination of patient care with medical staff. Establish procedures to ensure communications among medical staff. Establish procedures to assist medical staff with communicating needed information to patients. For example, a physician's office is severely damaged and establishes operations at an alternate location; hospitals may want to assist with providing this information to patients and the community.²⁵ 					

²⁵ See NJHA Pandemic Influenza Toolkit: Communications Module, <u>http://www.njha.com/paninf/Pdf/Communications Planning and Assessment Tool.pdf</u>



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H. COMMUNICATIONS ISSUES (CONTINUED)

	ASSIGNMENT	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
7	 Collaborate with local and state public health and emergency management to communicate with the community about resources available to support persons with special needs. Encourage persons with special needs to have preparedness plans. 					
8	 Establish and Implement ICS/HICS. Ensure all staff is trained for their role within the system. Ensure delegations of authority and orders of succession at least three deep for leadership positions. Follow documentation procedures outlined by ICS/HICS. 					
9	 Establish procedures to communicate with the media.²⁶ Ensure all staff know protocol for responding to media requests. For example, all staff are to refer media requests to the Public Information Officer (PIO). Identify media staging areas to assist the media with setting up equipment and to have an established area for briefings. Consider establishing regular briefing times with media. 					
10	 Establish procedures for communications between internal command center and staff. <i>Example</i>: Consider using walkie-talkies for internal hospital use among staff. 					

²⁶ See NJHA Pandemic Influenza Toolkit: Communications Module, <u>http://www.njha.com/paninf/Pdf/Communications Planning and Assessment Tool.pdf</u>



Weathering the Storm: *A Hurricane Planning, Response and Recovery Toolkit*I. FACILITY MANAGEMENT and SECURITY²⁷

	ASSIGNMENT	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
1	 Establish procedures to ensure access control to facility. Establish procedures to restrict access points into the facility. Coordinate with local law enforcement agencies on security plans. Clarify role and responsibilities with local law enforcement regarding facility security. Identify additional security personnel to remain at facility during the storm. Establish contracts with private security companies as needed. Test plans with private and public security agencies. 					
2	 Establish procedures to maintain access control when electronic security systems fail or are not powered. Establish procedures to restrict access points. Identify and drill low tech security measures such as use of a key log. Ensure lighting at designated entrances. Build security plan around pre-designated, restricted entrances for use during an event. Identify RTO security systems (i.e., determine number of hours security system may be without power until the function must be resumed). Coordinate needs for alternate sources of power with appropriate personnel. 					
3	 Establish procedures to ensure access control and protection of high- risk areas within the facility. For example, ensure the pharmacy is secure and can remain secure when electronic systems fail. Identify locations that need alternative low-tech security measures. Identify and drill low-tech security measures such as use of locks and chains. 					



²⁷ See NJHA Healthcare Facility Management Readiness Assessment Tool, <u>http://www.njha.com/ep/pdf/612200891316AM.pdf</u>

I. FACILITY MANAGEMENT and SECURITY (CONTINUED)

	ASSIGNMENT	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
4	 Identify and document the procedures for requesting additional security resources. Identify additional security personnel such as reserve officers with local law enforcement agencies. Establish contracts with private security companies for additional security personnel. Know the request process to access local, regional and state law enforcement officers through OEM. Identify and drill the local EOC Point of Contact for the law enforcement emergency support function. Use of improper request procedures may impact reimbursement, when available. 					
5	 Establish procedures to ensure adequate lighting of hospital campus in the event of extended power outages. Identify resources for lighting parking areas and other hospital grounds to ensure safety. Establish agreements with vendors as needed. Consider contingent contracts for self-powered portable lights. Ensure sufficient lighting within facility when using alternate sources of power. Ensure local power provider has facility properly prioritized for recovery. 					



I. FACILITY MANAGEMENT and SECURITY (CONTINUED)

	ASSIGNMENT	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
6	 Establish procedures to facilitate employee access to restricted roads for commuting to and from work. Determine, in concert with law enforcement, acceptable forms of identification (i.e. hospital ID) that will allow employees to access roads for commuting to and from work. Road access may be restricted to response personnel and may be restricted due to curfews. Establish procedures for traffic control near facility. Be prepared to adjust staffing schedules in concert with curfews. Be prepared to adjust patient visiting hours in concert with curfews. Determine in advance if seriously ill patients may have an overnight visitor and if the parents of children may stay overnight. 					
7	 Develop and implement an action plan to mitigate flooding hazards and risks. Know your flood hazards and risks.²⁸ Are you in a flood plane? What level of storm surge would cause flooding in your area? Check on status of storm drains (e.g. clear of debris, drain effectively). Check status of lift stations. Does the township have generators for lift stations? What is the impact on your facility if certain lift stations are not operational? Check status of protective measures to prevent sewage backup (e.g., installation of back-flow preventers). 					
8	 Identify and acquire necessary supplies to protect facility. Be prepared to protect facility from strong winds and wind-borne debris. For example, window coverings/shutters may protect windows and sump pumps may assist with flooding in some areas. Coordinate with vendors to address supply quality, e.g., fuel distributors should provide assurance that the fuel is not compromised due to age or sludge. 					

²⁸ See Kaiser Permanente Hazard Vulnerability Analysis, Appendix #3



I. FACILITY MANAGEMENT and SECURITY (CONTINUED)

	ASSIGNMENT	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
9	 Establish procedures for debris removal post-event. Maintain trimming of trees and shrubs throughout the hurricane season to minimize debris post-event. For example, trim trees and shrubbery at entrances for visitors, medical staff and patients. Identify vendor and establish contract in advance of an event for debris removal post-event. 					



J. EXTERNAL RESOURCES and MUTUAL AID

	ASSIGNMENT	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
1	Identify process and procedures for requesting additional resources.					
2	 Ensure appropriate request procedures are followed to assist with the recovery of costs from FEMA and other sources of funding. Ensure appropriate documentation is maintained during the event to better support potential requests for reimbursement. 					
3	 Establish procedures to acquire additional staff as needed. Develop mutual aid agreements with other facilities to provide staffing.²⁹ Address compensation, liability and credentialing as part of mutual aid agreements. Identify and know process to access staff through Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), Medical Reserve Corps (MRC) and Emergency Management Assistance Compacts (EMAC). 					
4	Establish MOU/MOA with facilities in and out of state for patient transfers and evacuations.					
5	Verify/test all MOU/MOA and have contingency agreements/plans should mutual aid not be available.					
6	Have an understanding of the impacts of the State Emergency Health Powers Act and the potential implications for a facility. Communicate this understanding with staff as appropriate.					
7	 Have an understanding of disaster declarations at the local and state level and the potential implications for a facility. Communicate this understanding with staff. Identify rules and regulations that need to be addressed in declaration for hospitals to be able to implement their hurricane response plan. 					



²⁹ See Sample Mutual Assistance Agreement, Appendix #10

J. EXTERNAL RESOURCES and MUTUAL AID (CONTINUED)

	ASSIGNMENT	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
8	 Ensure adequate hospital insurance coverage and establish procedures to maintain proper documentation for reimbursement. Verify and understand insurance coverage. Ensure appropriate documentation is maintained. Take pictures and videotape hospital assets/property. Identify any potential reimbursable repair costs and determine required documentation and process to acquire reimbursement. Ensure appropriate personnel have copies and know where to find a copy of policies. Identify timeframes for legal recourse to be taken should that decision become required. 					
9	 Ensure capacity to address legal claims in a timely manner that may arise against the organization or its personnel. Ensure ability to contact insurers and legal counsel during adverse events. 					
10	 Establish processes to ensure the documentation of all expenses associated with event. When using ICS or HICS, this may be addressed through the Finance Section lead by the Finance Chief. 					



K. RECOVERY—DEMOBILIZATION

	ASSIGNMENT	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
1	Ensure safe and efficient return of resources to original location or status.					
2	 Indicators for demobilization: No new resource orders and end of incident is in sight. Resources available and not assigned. Hospital has the ability to manage incoming patients and no additional surge is anticipated. Partner agencies are demobilizing. Community infrastructure is returning to normal operations. 					
3	Demobilization unit is within the planning section and coordinates with procurement and documentation units.					
4	Maintain ICS and Incident Management Team chain of command.					
5	 Identify release priorities. Consider the impact a function will have on other recovery operations or impact on return to normal operations. Know recovery goals and priorities. Know critical functions and critical needs. Consider how long staff has been at hospital on sleep-work schedule. 					
6	 Communicate demobilization activities. Notify: Hospital staff, patients and families; Partners such as OEM, DOH and MCC; General public; and Media and note final briefing schedule. 					



K. RECOVERY—DEMOBILIZATION (CONTINUED)

	ASSIGNMENT	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
7	 Account for all deployed resources and associated expenses. Ensure all incident documents are submitted to Documentation Unit. Section chiefs should be aware of excess resources and notify Demobilization Unit. Logistics is responsible for tracking supply resources (i.e. property and non-expendable equipment) deployment and return. Operations is responsible for determining personnel needs. Finance is responsible for personnel time records, injury reports, and claims reports. 					
8	 Notify staff of time to be released and check out procedures. ICS forms may be helpful for demobilization checkout.³⁰ 					
9	Coordinate transportation needs for personnel and equipment (Logistics).					
10	Return and re-stock unused items.					
11	Ensure all communications equipment that was distributed is returned and checked for damage/functionality (i.e. Ensure damaged radios are repaired prior to re-stocking.)					
12	 Hold closeout briefing. A closeout briefing includes the following: Incident summary; Major events that have lasting ramifications; Documentation, including what is not yet completed; Opportunity to share concerns; and Evaluation of actions. 					



³⁰ See ICS Form 221, *Demobilization Checkout*, at <u>http://www.fema.gov/pdf/emergency/nims/ics221.pdf</u>

K. RECOVERY—DEMOBILIZATION (CONTINUED)

	ASSIGNMENT	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
13	 Conduct After-Action Review Discuss what you set out to do vs. what you actually did. Discuss what actually happened and why. Identify what will be done differently next time. Identify lessons learned. Determine what needs follow-up, by whom, and by when. Consider giving staff the opportunity to share feedback anonymously. For example, consider having staff drop cards in a "debriefing box" that state what went well and what needs to be improved. 					
14	Ensure emotional and mental health support for staff and their families.					



L. RECOVERY—PATIENT TRANSFER and DISCHARGE

	ASSIGNMENT	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
1	 Prepare to receive only pre-determined (i.e. vent-dependent) patients from long-term and long-term sub-acute care (LTC) facilities. Coordinate plans in advance of event with LTC/sub-acute, including identifying which patients you will receive (i.e., vent-dependent). Establish triage and acceptance process for patient transfers, to include patient tracking procedures. Coordinate with medical shelters. Identify in advance what must come with patient transfers. Name & contact information Medications Medical record/chart – at a minimum note allergies 					
2	Ensure EMS is aware of patient transfer and evacuation procedures.					
3	Establish procedures to credential and accept staff from LTC and home health agencies to come into hospital to care for their patients.					
4	 Ensure the coordination of home checks for patient discharge. Volunteer groups/law enforcement may assist with home checks. 					
5	Consider having case worker in emergency department to assist with patient discharge.					
6	Ensure transportation of patients back to homes or to family.					
7	Coordinate with OEM closures of medical shelters. Hospital may need the medical shelters to stay open for an extended period of time to assist with care for those who do not need acute care but cannot yet return to their home or family. With OEM, hospitals will need to plan for shelter closures so that both community and hospital needs are met.					



L. RECOVERY—PATIENT TRANSFER and DISCHARGE (CONTINUED)

	ASSIGNMENT	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
8	 Prepare to have dialysis patients seeking treatment at your facility. Plan in advance with End Stage Renal Disease (ESRD) network and OEM to establish transportation procedures for patients needing dialysis post-event should dialysis centers be closed or if public transportation is not yet running. Establish points of contacts with dialysis networks for coordinating access to dialysis resources post-event. 					
9	 Establish procedures for physician support to care for patients in alternate locations. Identify how the hospital will know when physician practices re-open and how hospitals can help communicate this to patients. For example, you may want to have a "care coordinator" for patients seeking medical care at your facility that they would normally seek at a physician office. Care coordinators could be positioned in emergency departments and front entrance areas to provide information on physician access. Consider a physician hotline to call in and notify of practice status. 					



M. RECOVERY—FINANCIAL RESOURCES

The Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act) includes provisions for private nonprofit (PNP) facilities through the Public Assistance Grant Program. Go to <u>http://www.fema.gov/government/grant/pa/index.shtm</u> for details on policies, regulations, and how to apply for assistance. Applications must be coordinated with the local and state offices of emergency management.

Go to <u>http://www.fema.gov/library/viewRecord.do?id=2726</u> to access the form used to determine private nonprofit (PNP) eligibility.

	ASSIGNMENT	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
1	Review Public Assistance Guide. http://www.fema.gov/government/grant/pa/pag07_t.shtm					
2	Review application process. http://www.fema.gov/government/grant/pa/process.shtm					
3	 Review policies and eligible costs. Note eligibility for reimbursement in Categories A (Debris Removal), B (Protective Measures) and E (Buildings and Equipment). 					
4	 Review eligibility for snow assistance in the FEMA Public Assistance Guide: http://www.fema.gov/pdf/government/grant/pa/paguide07.pdf See Snow Removal, page 76 See §206.227 Snow Assistance, page B-29 Also, see FEMA Snow Assistance and Severe Winter Storm Policy at http://www.fema.gov/pdf/government/grant/pa/9523_1.pdf 					
5	 Review eligibility for debris removal in the FEMA Public Assistance Guide: http://www.fema.gov/pdf/government/grant/pa/paguide07.pdf See Debris Removal, page 67 Also, see the following FEMA policies: Debris Removal from Private Property, 9523.13 http://www.fema.gov/government/grant/pa/9523_13.shtm Debris Operations- Hand-loaded Trucks and Trailers, 9523.12 http://www.fema.gov/government/grant/pa/9523_12.shtm 					



M. RECOVERY—FINANCIAL RESOURCES (CONTINUED)

	ASSIGNMENT	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
6	Review eligibility for building safety inspections. http://www.fema.gov/government/grant/pa/9523_2.shtm					
7	Review eligibility for damage to applicant-owned equipment performing emergency work (e.g., generators). http://www.fema.gov/government/grant/pa/9525_8.shtm					
8	Review eligibility for emergency medical care/ medical evacuations. http://www.fema.gov/government/grant/pa/9525_4.shtm					
9	Review provision for temporary relocation facilities. http://www.fema.gov/government/grant/pa/9523_3.shtm					
10	Review provisions for labor costs. http://www.fema.gov/government/grant/pa/9525_7.shtm					
11	Review eligibility for child care services (i.e., for facilities planning to offer child care for employees when schools are closed). http://www.fema.gov/government/grant/pa/9580_107.shtm					
12	Ensure comprehensive, detailed and accurate documentation of events and costs associated with recovery activities.Document who, what, where, when, why and how much.					
13	Complete a project worksheet for each project for which you seek reimbursement: http://www.fema.gov/library/viewRecord.do?id=2620					



M. RECOVERY—FINANCIAL RESOURCES (CONTINUED)

	ASSIGNMENT	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
14	 Activate pre-established cost center for your time keeping, inventory and accounting systems to track costs associated with recovery operations. Notify staff to code hours worked on recovery operations to appropriate cost center (i.e., not all work, especially the provision of medical care by physicians and nurses is eligible) 					
15	 Identify and use transportation logs to document transportation resources. If appropriate, document: Mileage (i.e., transport of staff) Time required for transportation (i.e., driver time) 					
16	Document and track generator run times and load per hour.					
17	Use volunteer sign-in and sign-out sheets to track volunteer hours.					
18	Keep records for a minimum of three years.					

