

## Requirements and Expectations

### Hospital Emergency Preparedness

#### Details on Requirements (Sources Combined)

#### A Vision of Preparedness - Hospital Emergency Management

The hospital has policies, plans, and procedures in place that clearly delineate how it will prepare, respond, and recover from a public health emergency. The emergency management plan is coordinated with the local jurisdiction's emergency operations plan (EOP). The hospital has policies, plans, and procedures in place that clearly delineate how it will manage its capacity to accommodate overwhelming medical surge, including training, expansion, and adaptation of staff roles and responsibilities. The hospital has communication systems that cross sectors and are interoperable and redundant. The hospital is prepared to communicate critical information to the public, the media, and key partners. The hospital has the ability to rapidly and safely detect, identify, and contain public health threats and can access the pharmaceutical and medical supplies to do so within the scope of the hospital's responsibility. The hospital regularly tests and improves these capacities through drills and exercises.

**Goal I. The hospital has policies, plans, and procedures in place that clearly delineate how it will prepare, respond, and recover from a public health emergency. The emergency management plan is coordinated with the local jurisdiction's emergency operations plan (EOP).**

**A. The hospital's executive, medical, nursing, and emergency response staff develops and maintains an all-hazards Emergency Operations Plan (EOP) with priorities identified through a hazard vulnerability assessment (HVA)**

1. The hospital's leaders actively participate in emergency management planning.
2. The hospital conducts an HVA to identify events that could affect demand for its services or its ability to provide those services, the likelihood those events occurring, and the consequences of those events (HVA evaluated annually).
3. The hospital prioritizes those hazards, threats and events identified in its HVA.
4. When developing its emergency operations plan, the hospital communicates its needs and vulnerabilities to community emergency response agencies and identifies the capabilities of its community in meeting their needs.
5. For each emergency identified in its HVA, the hospital defines:
  - a. mitigation activities designed to reduce the risk of and potential damage due to an emergency
  - b. preparedness activities that will organize and mobilize essential resources
  - c. response strategies and actions to be activated during the emergency, and

- d. recovering strategies and actions designed to help restore the systems that are critical to resuming normal care, treatment, and services

**B. The hospital EOP is integrated with the local jurisdiction EOP and the EOPs of key response partners**

Coordination of hospital disaster and emergency management plans with local emergency operations plans and with the New Mexico state all-hazard emergency operations plan shall be recognized to serve the purposes of individual mutual aid agreements and of regional response plans.

**C. The hospital EOP is in conformance with National Incident Management System (NIMS) principles and policies**

**The hospital will:**

1. The hospital will adopt the National Incident Management System (NIMS) at the organizational level for all appropriate departments and business units, as well as promote and encourage NIMS adoption by associations, utilities, partners and suppliers.
2. The hospital will manage all emergency incidents, exercises and preplanned (recurring/special) events in accordance with ICS organizational structures, doctrine, and procedures, as defined in NIMS. ICS implementation must include consistent application of Incident Action Planning and Common Communication Plans.
3. The hospital will coordinate and support emergency incident and event management through the development and use of integrated multiagency coordination systems (MACs). That is, develop and coordinate connectivity capability with Hospital Command Center (HCC) and local Incident Command Posts (ICPs), local 911 centers, local Emergency Operations Centers (EOCs), the state EOC and others as applicable.
4. Hospitals and healthcare systems will track NIMS implementation annually as part of the organization's emergency management program.
5. The hospital will develop and implement a system to coordinate appropriate hospital preparedness funding to employ NIMS across the hospital.
6. The hospital will revise and update plans [i.e. Emergency Operations Plan (EOPs)] and standard operating procedures (SOPs) to incorporate NIMS components, principles and policies, to include planning, training, response, exercises, equipment, evaluation, and corrective actions.
7. The hospital will participate in and promote interagency mutual-aid agreements, to include agreements with public and private sector and/or nongovernmental organizations.
8. The hospital will apply standardized and consistent terminology, including the establishment of plain English communication standards across the public safety sector.

**D. The hospital EOP establishes an Incident Command System (ICS) and structure that is exercised with the EOP; all staff are trained on their ICS roles.**

1. The hospital uses an Incident Command System (ICS) to manage events that impact normal operations.
2. All hospital staff are trained on their roles in ICS.
3. ICS is practiced routinely in exercises/drills.
4. ICS is updated as needed after exercises/drills.
5. ICS is incorporated into existing training programs.
6. ICS is formally incorporated into the emergency operations plan (EOP).
7. ICS is coordinated with local entities.

**E. The hospital EOP addresses patient safety and security as well as clinical and support activities**

1. The hospital establishes internal security and safety operations that will be required once emergency measures are initiated.
2. The hospital identifies the roles of community security agencies (police, sheriff, national guard, etc.) and defines how the hospital will coordinate security activities with these agencies.
3. The hospital identifies processes that will be required for managing hazardous materials and waste once emergency measures are initiated.
4. The plan identifies means for radioactive, biological, and chemical isolation and decontamination.
5. The hospital identifies residents who might be susceptible to wandering once emergency measures are initiated.
6. The hospital establishes processes for the following:
  - a. controlling entrance into and out of the health care facility during emergencies
  - b. controlling the movement of individuals within the health care facility during emergencies
  - c. controlling traffic accessing the health care facility during emergencies.
7. The hospital plans to manage the following during emergencies:
  - a. the clinical activities required as part of patient scheduling, triage, assessment, treatment, admission, transfer, discharge, and evacuation.
  - b. clinical services for vulnerable populations served by the hospital, including patients who are pediatric, geriatric, disables, or have serious chronic conditions or addictions.
  - c. personal hygiene and sanitation needs of its patients
  - d. the mental health service needs of its patients, and
  - e. mortuary services
  - f. The hospital plans for documenting and tracking patients' clinical information.

**F. The EOP identifies alternative sites for care, treatment or service that meet the needs of its patients during emergencies. (See Goal II)**

**G. The hospital EOP provides for direction, planning, education, training, exercise, drill, staff qualification and certification, equipment acquisition and certification, resource management, communications and information management, and ongoing management, improvement and maintenance**

The written plan for disaster and emergency management shall:

1. identify the responsibilities and authorities of those involved in the conduct of disaster and emergency management activities within the hospital, including the responsibility and authority of chief executive officer of the hospital for the activation of the plan;
2. be consistent with the concepts, principles, standards, guidelines, and terminology of the national response plan and the national incident management system;
3. be coordinated with the local emergency operations plan, or the metropolitan medical response system plan, of the community directly served and with the New Mexico state all-hazard emergency operations plan;
4. address the natural, accidental, negligent, and intentional hazards, identified through a hazard vulnerability analysis, to which the hospitals may be expected to respond;
5. provide for direction, planning, education, training, exercise, drill, staff qualification and certification, equipment acquisition and certification, resource management, communications and information management, and ongoing management, improvement and maintenance;
6. describe the direct responses of the hospital to disaster and emergency occurring in the community directly served by the hospital, the overflow and back-up responses of the hospital to disaster and emergency occurring in neighboring communities not directly served, and the efforts of the hospital in support of organized and sponsored health professional disaster and emergency volunteer teams.
7. include plan activation and staff notification procedures
8. accommodate shelter in place and evacuation plans
9. provide for mental health services for affected patients
10. describe procedures for limiting contamination of the facility and individuals
11. establish the capability to isolate CBRNE patients from general inpatient populations and general outpatient populations
12. provide for handling suspected CBRNE agents brought to the hospital or sampled within the hospital
13. provide for patient care expansion areas (inpatient and outpatient)
14. describe receipt and management of surge caches of pharmaceuticals and supplies
15. incorporate cost recovery plans coordinated with third party payers
16. incorporate disaster recovery procedures.
17. establish strategies for managing utilities during emergencies. The supply of key utilities, such as power or potable water, ventilation, and fuel must not be disrupted or adverse events may occur as a result.

18. identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted:
  - a. Electricity
  - b. Water needed for consumption and essential care activities
  - c. Water needed for equipment and sanitary purposes
  - d. Fuel required for building operations or essential transport activities, and
  - e. Other essential utility needs (for example, ventilation, medical gas/vacuum systems, etc.)

**Goal II. The hospital has policies, plans, and procedures in place that clearly delineate how it will manage its capacity to accommodate overwhelming medical surge, including training, expansion, and adaptation of staff roles and responsibilities.**

**A. Medical surge plans have been developed and the hospital has the capability to rapidly expand its capacity in order to provide triage and medical care.**

1. The hospital's CBRNE/all hazards plan addresses policies and procedures for increasing inpatient bed capacity in adult and pediatric critical care, medical, surgical, burn, and trauma. Increased capacity has been tested in drills and/or exercises.
2. Hospitals of sufficient size can decontaminate 500 persons in two hours per millions population; isolated community hospitals serving a population of 100,000 persons are able to decontaminate 50 persons in 2 hours, or 25 per hour, or about one every 2 1/2 min.
3. Mass decontamination can be performed at the hospital or adjoining/partner facility.
4. Policies for the security of facility and its perimeter are implemented in the event.
5. The hospital has procedures that allow morgue capacity to be increased in case of mass fatalities. Procedures have been tested in drills and/or exercises.

**B. Protocols for the set up, staffing and operation of alternate inpatient and outpatient care facilities are established.**

1. The hospital's CBRNE/all hazards plan addresses policies and procedures for increasing inpatient bed capacity in adult and pediatric critical care, medical, surgical, burn, and trauma. Increased capacity has been tested in drills and/or exercises.
2. The hospital's CBRNE/all hazards plan addresses alternative treatment sites to serve patients during a CBRNE event.
3. Alternative treatment sites are planned for ED overflow, ED contamination, needs for isolation areas, inpatient overflow, and outpatient overflow.
4. Utilization of alternative treatment sites has been tested in drills and/or exercises.

**C. The hospital has systems that allow for the triage, treatment, and initial stabilization for certain classes of adult and pediatric patients requiring hospitalization within three hours.**

The hospital has systems that allow for the triage, treatment, and initial stabilization for the following classes of adult and pediatric patients requiring hospitalization within three hours in the wake of a terrorism incident or other public health emergency:

- a) 500 cases per million population for patients with symptoms of acute infectious disease - especially smallpox , anthrax, plague, tularemia and influenza
- b) 50 cases per million population for patients with symptoms of acute botulinum intoxication or other acute chemical poisoning – especially that resulting from nerve agent exposure

- c) 50 cases per million population for patients suffering burn or trauma; and
- d) 50 cases per million population for patients manifesting the symptoms of radiation induced injury – especially bone marrow suppression

**D. A 50-bed nursing subunit can be staffed for 12 hours with the appropriate personnel.**

A 50-bed nursing subunit can be staffed for 12 hours with:

- 1 Physician
- 1 Physician’s assistant (PA) or nurse practitioner (NP) (physician extenders)
- 6 RNs or a mix of RNs and licensed practical nurses (LPN)
- 4 Nursing assistants/nursing support technicians
- 2 Medical clerks (unit secretaries)
- 1 Respiratory therapist (RT)
- 1 Case manager
- 1 Social worker
- 1 Housekeeper
- 1 Patient transporter

**E. The hospital participates in a regional system to monitor bed availability.**

1. Each hospital shall participate in the electronic bed polling system operated by the New Mexico Department of Health.
2. Optimally, inpatient ICU, ED, and outpatient beds are all monitored in real-time.
3. The hospital can report:
  - The number of beds the hospital is capable of surging beyond within 3 hours post event by type of illness or injury is known
  - The number of beds the hospital is capable of surging beyond within 24 hours post event by type of illness or injury is known

**F. The hospital has protocols or memoranda of understanding (MOUs) in place with other area treatment facilities to manage medical surge.**

1. The hospital has protocols or memoranda of understanding (MOUs) in place with other area treatment facilities, including other hospitals, ambulatory care centers, extended care facilities, and home health agencies, to transfer patients as a result of a CBRNE event.
2. Transfer protocols have been tested in drills and/or exercises.

**G. The hospital has policies for the advance registration and credentialing of clinicians needed to augment hospital staff.**

**H. The hospital participates in the State's system that allows qualified, competent volunteer health professionals to work in hospitals during an emergency situation.**

**I. Personnel are available to augment treatment facilities; procedures for expanding staff availability are in place (e.g., callback lists, policies for overtime, staffing centers, etc.).**

1. The hospital's CBRNE/all hazards plan addresses procedures for expanding staff availability (e.g., callback lists, policies for overtime, staffing centers, etc.) during a CBRNE event.
2. Procedures include expanding staff in the following areas:
  - Emergency department
  - Critical care
  - Medicine/surgery
  - Pediatrics
  - Laboratory
  - Housekeeping
  - Pharmacy
  - Security
  - Food service
  - Respiratory therapy
  - Burn care
  - Trauma
  - Radiology
3. Procedures include some or all of the following:
  - Callback lists
  - Policies for overtime
  - Staffing centers
  - Professional volunteers (pre-credentialed)
5. Procedures for expanding staff availability have been tested in drills and/or exercises.
6. The hospital has provisions for temporary housing and feeding personnel when needed during a CBRNE event.
7. Capacity exists or can be expanded for temporary housing and feeding of patients, staff, and staff's families.
8. Mental health support is available as a component of the care provided to staff in a CBRNE event
9. Mental health support is available 24 hours a day.

**J. Health care personnel are trained through competency-based programs, including behavioral health.**

1. Education and training programs for all hospital health care personnel are competency based.
2. The hospital is also utilizing competency-based education and training programs for adult and pediatric pre-hospital, hospital, and outpatient health care personnel responding to a terrorist incident or other public health emergency.
3. The hospital has identified the minimum behavioral health training competencies for health care professionals responding to bioterrorism or other public health emergencies.
4. Health professionals are trained via competency based education, statewide, in the recognition, treatment and referral of patients exhibiting behavioral health consequences related to bioterrorism and other public health emergencies.
5. The hospital provides competency-based training on CBRNE events to clinical staff; clinical staff are trained on CBRNE events at least every 2 years.
6. The hospital provides competency-based training on CBRNE events to non-clinical staff; non-clinical staff are trained on CBRNE events at least every 2 years.

**K. The hospital provides training in accordance with OSHA standards to personnel who may be part of the decontamination response.**

1. Decontamination training includes the following
  - OSHA-level operations training for all staff with designated roles in the hospital decontamination zone (area where contamination may be found and decontamination performed)
  - OSHA-level awareness training for all staff assigned to areas proximate to the decontamination zone where contact with contaminated may occur
  - Agent identification
  - Selection and use of PPE
  - Decontamination area setup
  - Patient decontamination
  - Decontamination area cleanup
  - Radiation contamination/exposure management
  - Equipment inspection, maintenance, and storage
2. Training for emergency response employees shall be completed before they are called upon to perform in real emergencies. Such training shall include the elements of the emergency response plan, standard operating procedures the employer has established for the job, the personal protective equipment to be worn and procedures for handling emergency incidents.
3. Decontamination training is tested in drills and/or exercises.

**L. Hospital staff have completed the appropriate NIMS training consistent with their roles.**

1. Staff are trained for their assigned roles during emergencies.

2. The hospital has a system for tracking NIMS related training for appropriate personnel [2006 performance measure].
3. *ICS-100 Introduction to ICS* or equivalent should be completed by the hospital personnel that would have a direct role in emergency preparedness, incident management, and/or emergency response during an incident.
4. *ICS-200 ICS for Single Resources and Initial Action Incidents* or equivalent should be completed by personnel whose primary responsibility is emergency management, to include (at a minimum) middle management within a hospital or healthcare system.
5. *IS-700 NIMS: An Introduction* should be completed by the hospital personnel that would have a leadership role in emergency preparedness, incident management, and/or emergency response during an incident.
6. *IS-800.A: National Response Plan (NRP): An Introduction* should be completed by personnel whose primary responsibility is emergency management within a hospital or healthcare system.
7. Hospitals and healthcare systems should include NIMS and ICS policies and practices into internal and external training and exercises. During trainings and exercises, plans should be reviewed to ensure hospital and healthcare systems staff competency and proper execution of roles and responsibilities during an event.

**M. Adequate supplies, pharmaceuticals, and equipment are available to support facility surge capacity; critical medical supplies and equipment are appropriately inventoried, secured, managed, distributed and restocked.**

1. The hospital has at least one set of equipment to decontaminate ambulatory patients and one set of equipment for non-ambulatory patients.
2. Critical medical supplies and equipment are appropriately secured, managed, distributed and restocked in a timeframe appropriate to the incident.
3. The hospital's emergency response plan includes medical material distribution and identifies and prioritizes resource needs.
4. The hospital has participated with other medical facilities and state, county and local governments to place pre-planned worst case scenario orders with medical distributors. Pre-planned orders reflect differing needs for various possible scenarios (chemical, biological attacks, natural disaster).
5. The hospital has participated with other medical facilities and state, county and local governments in developing plans to consult local and regional sources of potential medical supplies and pharmaceuticals to lower dependency on federal assets.
6. Alternate sources of pharmaceuticals and medical supplies have been identified and are updated periodically.
7. Appropriate personal protective equipment (as defined by the hospital's hazard vulnerability assessment) is provided to personnel involved in the decontamination response.

8. The hospital has identified contingency suppliers of resources needed during a CBRNE event, including pharmaceutical, medical supplies, laboratory supplies, and other resources.

**N. The hospital has access to pharmaceutical caches and procedures for receiving and distributing prophylactic and/or treatment medications.**

1. There is a regional system to ensure a sufficient supply of pharmaceuticals to provide prophylaxis for 3 days to hospital personnel (medical and ancillary staff) and their family members and hospital based emergency first responders and their families – in the wake of a terrorist-induced outbreak of anthrax or other disease for which such countermeasures are appropriate.
2. Appropriate drug prophylaxis and vaccination strategies are implemented in a timely manner upon the onset of an event to prevent the development of disease in exposed individuals.
3. The hospital has access to pharmaceutical caches sufficient to cover hospital personnel (medical and ancillary), hospital based emergency first responders and family members associated with their facilities for a 72-hour time period.
4. The hospital's CBRNE/all hazards plan addresses procedures for receiving and distributing prophylactic and/or treatment medications.
5. There is a plan to replenish pharmaceutical supplies that will be required throughout response and recovery, including access to and distribution of caches (stockpiled by the hospital or its affiliates, local, state, or federal sources) to which the hospital has access.
6. The hospital maintains its own cache of medications (such as antibiotics and chemical antidotes) for use for 3 days during a CBRNE event.
7. The cache is not part of the pharmacy's rotation.
8. The cache is rotated to prevent shelf-life expiration.
9. The cache is available for patients, staff, and staffs' families.

**O. The hospital possesses sufficient numbers of PPE to protect both current and additional health care personnel.**

1. Staff at risk are protected by appropriate PPE.
2. The hospital possesses sufficient numbers of PPE to protect both the current and additional health care personnel deployed in support of an event.
3. A personal protective equipment program must be part of the employer's safety and health program. The PPE program shall address the elements listed below. When elements, such as donning and doffing procedures, are provided by the manufacturer of a piece of equipment and are attached to the plan, they need not be rewritten into the plan as long as they adequately address the procedure or element.
  - PPE selection based upon site hazards,

- PPE use and limitations of the equipment,
- Work mission duration,
- PPE maintenance and storage,
- PPE decontamination and disposal,
- PPE training and proper fitting,
- PPE donning and doffing procedures,
- PPE inspection procedures prior to, during, and after use,
- Evaluation of the effectiveness of the PPE program, and
- Limitations during temperature extremes, heat stress, and other appropriate medical considerations.

**P. The hospital has contingency plans to establish sufficient number of PPE to protect both current and additional health care personnel.**

1. The hospital has contingency plans to establish sufficient number of PPE to protect both the current and additional health care personnel expected to be deployed in support of predictable high-risk scenarios.
2. PPE sets are available to protect current and additional health care workers during an event [for staff and volunteers at risk – *2006 performance measure*].
3. The hospital can replenish medical supplies and equipment that will be required throughout response and recovers, including PPE were required.

**Goal III. The hospital has communication systems that cross sectors and are interoperable and redundant.**

**A. The hospital has operable and redundant communications systems and can provide continuous communications back-up.**

1. Communications continuity of operations plan is in place that outlines the back-up systems available at a state and local level as well as the protocol for use of those systems.
2. An assessment of standard communication capabilities for the PSAPs/Public Safety Communication Centers, and Emergency Operations Centers (EOC), has been completed to ensure an appropriate continuity of operations plan (COOP) is in place for public safety and service agencies' communications.

**B. The hospital has secure and redundant communication systems that allow connectivity to all other healthcare entities and emergency response agencies.**

2. The hospital has secure and redundant communication systems that allow connectivity to all other healthcare entities and emergency response agencies responding to a terrorist event or other public health emergency [and can demonstrate such during each exercise per *2006 performance measure*].
3. With the assistance of the New Mexico Department of Health each hospital shall establish and maintain connections with the various disaster and emergency management communications systems in New Mexico.
4. Sentinel Indicators include:
  - a) Redundant communications systems with:
    - Public health
    - Local EOC
    - EMS
    - Law Enforcement
    - Emergency Management
  - b) Hospital communications systems include:
    - Phones
    - Dedicated phones
    - Fax
    - Ham radio
    - Sat. Phones
    - Email
    - 800 MHz radio
    - HAN

5. The hospital can demonstrate the ability to communicate in a two-way fashion, with the incident commander and all tier 2 response partners during each exercise – *2006 performance measure*
6. The hospital can test and verify functionality of internal and external communications systems used during an emergency at least once per month – *2006 performance measure*

**C. Formal interoperable communications agreements exist among jurisdictions and disciplines.**

1. A statewide set of communications Standard Operating Procedures (SOPs) that conform to NIMS are in place and implemented to include operational and technical elements.
2. Command and control policies are in place to achieve interoperability as necessary.

**D. Plans are in place, including a multi-agency and multi-jurisdictional governance structure that includes the hospital, to improve communications interoperability planning and coordination.**

1. Participating entities in the governance structure have developed an interoperability communications plans as needed.
2. Governance committees have developed a plan to acquire and influence sustained interoperability and systems maintenance funding.
3. Interoperability policies and procedures are in place to allow information sharing between levels of government and Federal installations involved in the incident as necessary.
4. Individual agencies across the jurisdiction, including the hospital, have operable communications systems in place to meet their everyday internal agency requirements.
5. All personnel are trained to operate communications systems according to their role at an incident.
6. Plans, procedures, and use of interoperable communications equipment are regularly tested and/or exercised.
7. Emergency communication strategies include:
  - a) The hospital plans for notifying staff when emergency response measures are initiated.
  - b) The hospital plans for ongoing communication of information and instructions to its staff once emergency response measures are initiated.
  - c) The hospital defines processes for notifying external authorities when emergency response measures are initiated.
  - d) The hospital plans for communication with external authorities once emergency response measures are initiated.
  - e) The hospital plans for communicating with patients and their families during emergencies, including notification when patients are relocated to alternative care sites.

- f) The hospital defines the circumstances and plans for communicating with the community and/or the media during emergencies.
  - g) The hospital plans for communicating with purveyors of essential supplies, services, and equipment once emergency measures are initiated.
8. The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example among health care organizations serving a town) regarding:
- a) Essential elements of their command structures and control centers for emergency response;
  - b) Names and roles of individuals in their command structures and command center telephone numbers;
  - c) Resources and assets that potentially could be shared in an emergency response; and
  - d) Names of patients and deceased individuals brought to their hospitals in accordance with applicable law and regulations when requested.
  - e) The hospital defines the circumstances and plans for communicating information about patients to third parties (such as other health care organizations, the state health department, police, FBI, etc.)
  - f) The hospital plans for communicating with identified alternative care sites.
  - g) The hospital establishes backup communication systems and technologies for the activities identified above.

**Goal IV. The hospital is prepared to communicate critical information to the public, the media, and key partners.**

**A. The hospital has protocols to gather, collate, and communicate public health and clinical threat information to key response partners in accordance with NIMS.**

1. The hospital has a mechanism in place for the rapid receipt and posting of public health alerts during a CBRNE event from agencies such as Public Health, poison control, Health Alert Network, Centers for Disease Control and Prevention, etc.
2. The hospital's CBRNE/all hazards plan address procedures that staff should follow in reporting a suspected CBRNE event to the appropriate external agencies.
3. Public health alerts are made readily available throughout the clinical areas of the hospital.
4. The hospital has a dedicated system for staff information and call-in inquiries during a CBRNE event.
5. The dedicated system for staff information and call-in inquiries includes multiple methods of access.
6. Protocols are in place for the release of information regarding the number of CBRNE casualties to the appropriate external agencies.
7. Protocols have been coordinated with appropriate external agencies.

**B. The hospital emergency operations plan (EOP) contains provisions for public information, including provisions for information channels when normal information sources are lost.**

**C. The hospital is trained and participates in the emergency alert system (EAS) State activation plan and the exercise thereof.**

**D. The hospital's public awareness and education plan is in place with all appropriate agencies and partners.**

**E. The hospital participates in the Joint Information Center (JIC) and the exercise thereof.**

The hospital implements processes and/or plans to communicate timely accurate information through a Joint Information System (JIS) and Joint Information Center (JIC).

**F. The hospital has a public awareness and media guide.**

1. The hospital has a public awareness and media guide which includes:

- Protocols for interfacing with the media and the community, citizens and tribal, city, county, State, Federal, and private industry leaders
  - Protocols for interfacing with the media, legislative interests, and other very important persons
  - A listing of homeland security and emergency management sources of information
  - Protocols for operating in a Joint Information Center
  - Protocols for identification of resources and responsibilities in advance of an accident
2. Plans and procedures are tested periodically to ensure accuracy and completeness.
  3. The public awareness and education plan is exercised annually.

**G. The hospital has identified a Point of Contact to be notified of a significant event in the community; the hospital has designated in its EOP a Public Information Officer (PIO) who coordinates dissemination of public health and clinical threat information.**

1. The hospital has identified a Point of Contact (department or staff member) within the facility to be notified of a significant event in the community that may impact hospital operations and have communicated to its key response partners the means by which to reach this Point of Contact.
2. The hospital has designated in its EOP a Public Information Officer (PIO) who coordinates dissemination of public health and clinical threat information with partner agency PIOs and the Joint Information Center (JIC).
3. The hospital's CBRNE/all hazards plan designates a position or individual (such as a Public Information Officer) to communicate about a CBRNE event to the media.

**Goal V. The hospital has the ability to rapidly and safely detect, identify, and contain public health threats and can access the pharmaceutical and medical supplies to do so within the scope of the hospital's responsibility.**

**A. The hospital's emergency response plan includes isolation, quarantine, and decontamination plans that are coordinated with public safety and law enforcement for enforcement as appropriate.**

1. The hospital's emergency response plan includes tracking the details of individuals placed in Isolation or Quarantine with a Personal Health Identification Number (PHIN).
2. The hospital's emergency response plan addresses the implementation of infection control precautions.
3. The hospital's emergency response plan identifies the legal authority to isolate and/or quarantine individuals and groups.
4. The hospital's emergency response plan includes assignment of a case manager to persons under isolation and quarantine.
5. The hospital's emergency response plan includes a tracking system (database) that tracks an isolated or quarantined person's details (e.g., health monitoring, provision of care, adverse event from treatment or prophylaxis, etc.).
6. The hospital's emergency response plan's decontamination component includes:
  - Personnel roles, lines of authority, and communication
  - Initiating and concluding an emergency decontamination operation
  - Emergency alerting and response procedures
  - Emergency recognition of contaminated patients
  - Patient triage and tracking
  - Procedures to provide individual privacy during the decontamination process
  - Rapid removal, handling, tracking and/or disposition of contaminated clothing and personal items
  - Rapid removal, handling, and disposition of patients' medical devices (e.g., contact lenses, glasses, braces, prosthetics, wheelchairs)
  - Emergency medical treatment of contaminated individuals
  - Procedures for decontaminating non-ambulatory patients
  - Procedures for decontaminating ambulatory patients
  - Procedures for decontaminating skin and hair
  - Procedures for decontaminating eyes
  - Procedures for decontaminating open wounds
  - Procedures for removing contaminated fragments
  - Procedure for bodily fluid sample collection as a marker of exposure
  - Procedures for evidentiary chain of custody
  - Safe disposal of contaminated waste

- Procedures for proper handling of contaminated human remains
  - Decontamination runoff collection and disposal
  - Procedures for decontaminating equipment (including re-usable patient equipment)
  - Procedures for decontaminating the facility
7. The hospital has designated an individual to manage and maintain its decontamination capability.
  8. The individual assigned to manage and maintain its decontamination capability has the following responsibilities:
    - Inspecting, inventorying, storing, and purchasing personal protective equipment (PPE) when needed
    - Upkeep and maintenance of the decontamination equipment
    - Maintenance of training records
    - Ongoing training
    - Recruitment of new team members
    - Maintenance of exposure records

**B. The hospital has the capacity to maintain at least one suspect highly infectious disease case in negative pressure isolation.**

1. The hospital has participated in the identification and upgrading, as needed, or a regional healthcare facility to support the initial evaluation and treatment of at least 10 adult and pediatric patients at a time in negative pressure isolation within 3 hours post-event.
2. The hospital has negative-pressure isolation room(s) within the facility.
3. Sentinel Indicators:
  - Capacity to maintain at least one suspected highly infectious disease case in negative pressure isolation, within 3 hours post-event.
  - Capacity to maintain at least one suspected highly infectious disease case in negative pressure isolation, within 24-hours post-event.

**C. The hospital possesses sufficient numbers of fixed and/or portable decontamination facilities for managing exposed adult and pediatric victims and health care personnel.**

1. The hospital possesses sufficient numbers of fixed and/or portable decontamination facilities for managing adult and pediatric victims as well as health care personnel who have been exposed during a chemical, radiological, biological or explosive incident.
2. The hospital has access to decontamination showers.
3. Emergency Department personnel (or the emergency decontamination team) have 24-hours-a-day/7-days-a-week access to appropriate radiation detectors (as defined by the hospital's hazard vulnerability assessment).
4. Training on procedures for the use of radiation detectors has been provided.

5. Emergency Department personnel (or the emergency decontamination team) have 24-hours-a-day/7-days-a-week access to appropriate personal dosimeters (as defined by the hospital's hazard vulnerability assessment).
6. Training on procedures for the use of dosimeters has been provided.
7. Appropriate personal protective equipment (as defined by the hospital's hazard vulnerability assessment) is available and provided to personnel involved in the decontamination response.
8. Decontamination team staff have been trained in the proper usage of the personal protective equipment.
9. The hospital provides training in accordance with Occupational Safety and Health Administration (OSHA) standards to personnel who may be part of the decontamination response.
10. Sentinel Indicators: Number of ambulatory and non-ambulatory persons that can be decontaminated within a three-hour period.

**D. The hospital has protocols for rapid referral of clinical samples and associated information to labs in the Laboratory Response Network (LRN).**

1. The hospital has a laboratory support plan for managing CBRNE events.
2. The hospital laboratory support plan is updated every two years.
3. The hospital laboratory support plan includes:
  - Guidelines for presumptive identification of biological agents
  - Chain of custody requirements
  - Standard operating procedures for safe handling of suspected CDC category A agents
  - Written procedures for safe transportation of specimens (including packaging and shipping)
  - Use of OSHA approved bio-safety cabinets
  - Safe disposal of contaminated waste
  - Electronic reporting of laboratory results
  - Protocol for working with laboratory response network (LRN) or other CDC-funded laboratory
  - capacity
  - Protocols for reporting to appropriate in-house professionals
  - Protocols for contacting local and State public health departments in accordance with reporting requirements
  - Protocols for contacting health physics labs
  - Memorandums of understanding to expand lab capacity
4. The hospital laboratory support plan is tested in drills and/or exercises.

**E. Hospital lab personnel demonstrate competency in determining what situations warrant the initiation of these protocols.**

Sentinel Indicator: Hospital lab personnel are trained in the protocols for referral of clinical samples and associated information.

**F. The hospital has written procedures for safe transportation of specimens (including packaging and shipping).**

**G. The hospital has an established surveillance system and can report information suggestive of terrorism or other threats to local and state health departments, emergency medical services systems, and poison control centers on a 24-hour-a-day, 7-day-a-week basis.**

**H. The hospital has the capability to report syndromic data to local and state health departments.**

1. The hospital has the capability to report syndromic data of a CBRNE event to the local, regional or State health department.
2. Reporting of syndromic data of a CBRNE event to the local, regional or State health department occurs 24 hours a day/ 7 days a week.

**Goal VI. The hospital regularly tests and improves its capacities through drills and exercises.**

**A. The hospital conducts preparedness exercises/drills at least twice per year.**

1. The hospital conducts and/or participates in at least 2 exercises/actual incidents per year, one of which is an operations-based exercise with the community
2. The hospital tests its Emergency Operations Plan (EOP) twice a year, either in response to an actual emergency or in a planned exercise. (Tabletop sessions, though useful, are not acceptable substitutes for exercises.).
3. Hospitals that offer emergency services or are community-designated receiving stations conduct at least one exercise a year that includes an influx of actual or simulated patients.
4. At least one exercise a year is escalated to evaluate how effectively the hospital performs when it cannot be supported by the local community.
5. Organizations that have a defined role in the community-wide emergency management program participate in at least one community-wide exercise a year.
6. Hospitals and healthcare systems should participate in local, regional, and/or state multi-discipline and multi-agency exercises twice per year to every 2 years (dependent on the type of drill or exercise to be held).

**B. Exercises/drills contain elements addressing the needs of special populations; emphasize a regional approach; and are coordinated with other state, local and Federal drills and exercises.**

1. The hospital conducts terrorism preparedness exercises/drills that:
  - Contain elements addressing the needs of special populations;
  - Emphasize a regional approach; and
  - Are coordinated with other state, local and Federal drills and exercises to maximize resources.
2. During planned exercises, the hospital monitors, at minimum, the following six critical areas:
  - a) communication, including the effectiveness of communication both within the hospital as well as with response entities outside of the hospital, such as local governmental leadership, police, fire, public health, and other health care organizations within the community
  - b) resource mobilization and allocation, including responders, equipment, supplies, personal protective equipment, and transportation
  - c) safety and security
  - d) staff roles and responsibilities
  - e) utility systems, and

- f) patient clinical and support care activities
3. Hospitals and healthcare systems should include NIMS and ICS policies and practices into internal and external training and exercises. During trainings and exercises, plans should be reviewed to ensure hospital and healthcare systems staff competency and proper execution of roles and responsibilities during an event.
  4. Hospitals and healthcare systems should participate in an all-hazard exercise program based on NIMS that involves responders from multiple disciplines, multiple agencies and organizations.
  5. Exercise activities should address internal and external communications, receiving, triage, treatment, and transfer of mass casualties, progression of casualties through the hospital system, resource management, security procedures, specialty lab testing, and/or site/facility safety. Exercises can be conducted through drills, tabletop, functional, and/or full-scale exercises.

**C. Exercises/drills focus on a range of CBRNE events.**

Sentinel Indicator: The hospital has drills or exercises that focus on:

- Chemical
- Biologic
- Improvised Explosive Device
- Nuclear
- Other

**D. The hospital develops an after-action report and corrective action plan within 60 days of each exercise/drill.**

1. The hospital participating in an exercise or responding to an actual event develops an after-action report within 60 days to identify weaknesses in their training, plan and/or response
2. During planned exercises, an individual whose sole responsibility is to monitor performance (and who is knowledgeable in the goals and expectations of the exercise) documents opportunities for improvement.
3. Exercises are critiqued to identify deficiencies and opportunities for improvement based upon monitoring activities and observations during the exercise.
4. Completed exercises are critiqued through a multi-disciplinary process that includes administration, clinical, and support staff.
5. The hospital modifies its emergency operations plan in response to critiques of exercises.
6. Planned exercises evaluate the effectiveness of improvements that were made in response to critiques of exercises

7. The strengths and weaknesses identified during exercises are communicated to the multidisciplinary improvement team responsible for monitoring environment of care issues.
8. Hospitals and healthcare systems will incorporate corrective actions into preparedness and response plans and procedures.
9. After a hospital or healthcare system has participated in a drill or exercise, a corrective action report should be created. In the corrective action report, the following points should be addressed for each identified issue:
  - The identified action to correct the issue or deficiency,
  - The responsible person or group of people to implement the action,
  - The due date for completion of the action, and
  - The resulting corrective action should be incorporated into plans and procedures once completed.

**E. Exercises/drills include hospital personnel, equipment, and facilities.**

1. Table-top exercises include hospital personnel, equipment, and/or facilities
2. Functional exercises include hospital personnel, equipment, and/or facilities
3. Hospital staff members participate in hospital-wide and/or regional CBRNE event exercises/ drills.