

Requirements and Expectations Hospital Emergency Preparedness Summary

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.

Summary of Requirements

This vision contains six goals, each of which requires that specific activities have taken place. These activities derive from multiple sources including the Targeted Capabilities List (TCL), BHPP Performance Measures and Sentinel Indicators, JCAHO Standards, NM Licensing Requirements, Agency for Healthcare Research and Quality Questionnaire (AHRQ), NIMS Implementation Requirements for Hospitals and Healthcare Systems, and OSHA.

This document contains the key activities in each of the six goals of the vision. Detail on these requirements can be found in separate documents.

Key Activities by Goals

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

- C. The hospital EOP is in conformance with National Incident Management System (NIMS) principles and policies.
- 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.
- E. The hospital EOP addresses patient safety and security as well as clinical and support activities.
- F. The EOP identifies alternative sites for care, treatment or service that meet the needs of its patients during emergencies.
- 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.

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.
- B. Protocols for the set up, staffing and operation of alternate inpatient and outpatient care facilities are established.
- 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.
- D. A 50-bed nursing subunit can be staffed for 12 hours with the appropriate personnel.
- E. The hospital participates in a regional system to monitor bed availability.
- F. The hospital has protocols or memoranda of understanding (MOUs) in place with other area treatment facilities to manage medical surge.
- 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.).
- J. Health care personnel are trained through competency-based programs, including behavioral health.

- K.** The hospital provides training in accordance with OSHA standards to personnel who may be part of the decontamination response.
- L.** Hospital staff have completed the appropriate NIMS training consistent with their roles.
- 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.
- N.** The hospital has access to pharmaceutical caches and procedures for receiving and distributing prophylactic and/or treatment medications.
- O.** The hospital possesses sufficient numbers of PPE to protect both current and additional health care personnel.
- P.** The hospital has contingency plans to establish sufficient number of PPE to protect both current and additional health care personnel.

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.
- B.** The hospital has secure and redundant communication systems that allow connectivity to all other healthcare entities and emergency response agencies.
- C.** Formal interoperable communications agreements exist among jurisdictions and disciplines.
- 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.

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.
- 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.

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

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.
- B. The hospital has the capacity to maintain at least one suspect highly infectious disease case in negative pressure isolation.
- C. The hospital possesses sufficient numbers of fixed and/or portable decontamination facilities for managing exposed adult and pediatric victims and health care personnel.
- D. The hospital has protocols for rapid referral of clinical samples and associated information to labs in the Laboratory Response Network (LRN).
- E. Hospital lab personnel demonstrate competency in determining what situations warrant the initiation of these protocols.
- 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.

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

- A. The hospital conducts preparedness exercises/drills at least twice per year.
- 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.
- C. Exercises/drills focus on a range of CBRNE events.
- D. The hospital develops an after-action report and corrective action plan within 60 days of each exercise/drill.

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

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