



## EMERGENCY MANAGEMENT PLANNING CRITERIA FOR HOSPITALS

The following minimum criteria are to be used when developing Comprehensive Emergency Management Plans (CEMP) for all hospitals. These criteria will be used as the approval guidelines for the county emergency management agencies, pursuant to Chapter 252, Florida Statutes. The criteria also serve as the suggested plan format for the CEMP, since they satisfy the basic emergency management plan requirements of s. 395.1055, Florida Statutes, and Chapter 59A-3, Florida Administrative Code.

These criteria are not intended to limit or exclude additional information that hospitals may decide to include in their plans in order to satisfy other requirements, or to address other arrangements that have been made for emergency preparedness. Any additional information which is included in the plan will not be subject to approval by county emergency management personnel, although they may provide informational comments.

This form must be attached to your facility's comprehensive emergency management plan upon submission for approval to the county emergency management agency. Use it as a cross-reference to your plan, by listing the page number and paragraph where the criteria are located in your plan on the line to the left of each item. This will ensure accurate review of your facility's plan by the county emergency management agency.

### I. INTRODUCTION

- A. Provide basic information concerning the hospital to include:
- \_\_\_\_\_ 1. Name of the hospital, address, telephone number, emergency contact telephone number and fax number.
  - \_\_\_\_\_ 2. Year the hospital was built, type of construction and date of any subsequent construction.
  - \_\_\_\_\_ 3. Name, address, and telephone number of Administrator and an alternate contact person.
  - \_\_\_\_\_ 4. Name and title of person(s) who developed this plan.
  - \_\_\_\_\_ 5. Organizational chart with key management positions identified.
- \_\_\_\_\_ B. Provide an introduction to the plan which describes its purpose, time of implementation, and the desired outcome that will be achieved through

the planning process. Also provide any other information concerning the hospital that has bearing on the implementation of this plan.

## II. AUTHORITY

\_\_\_\_\_ Identify the hierarchy of authority in place during emergencies. Provide an organizational chart, if different from item A5 above.

## III. HAZARD ANALYSIS

\_\_\_\_\_ Describe the potential hazards that the hospital is vulnerable to, such as hurricanes, tornadoes, flooding, fires, hazardous materials incidents from fixed facilities or transportation accidents, proximity to a nuclear power plant, power outages during severe cold or hot weather, etc.

A. Provide site specific information concerning the hospital to include:

- \_\_\_\_\_ 1. Location map.
- \_\_\_\_\_ 2. Number of hospital beds, maximum number of patients on site, average number of patients on site.
- \_\_\_\_\_ 3. Type of patients served by the facility, including but not limited to: Patients requiring special equipment or other special care, such as oxygen or dialysis.
- \_\_\_\_\_ 4. Identification of the hurricane evacuation zone the hospital is in.
- \_\_\_\_\_ 5. Identification of which flood zone the hospital is in, as identified on the Flood Insurance Rate Map.
- \_\_\_\_\_ 6. Proximity of the hospital to a railroad or major transportation artery (to identify possible hazardous materials incidents).
- \_\_\_\_\_ 7. Identify if the hospital is located within the 10 mile or 50 mile emergency planning zone of a nuclear power plant.

#### IV. CONCEPT OF OPERATIONS

This section of the plan defines the policies, procedures, responsibilities and actions that the hospital will take before, during and after any emergency situation. At a minimum, the facility plan needs to address: direction and control, notification, and evacuation and sheltering.

##### A. Direction and Control

- \_\_\_\_\_ 1. Identify, by position title, who is in charge during an emergency, and one alternate, should that person be unable to serve in that capacity.
- \_\_\_\_\_ 2. Identify the chain of command to ensure continuous leadership and authority in key positions.
- \_\_\_\_\_ 3. State the procedures to ensure timely activation and staffing of the hospital in emergency functions.
- \_\_\_\_\_ 4. State the operational and support roles for all established positions within the hospital. This will be accomplished through the development of Standard Operating Procedures, which must be available for review.
- \_\_\_\_\_ 5. State the procedures to ensure the following needs are supplied. Since hospitals must plan for both internal and external disasters, the plan should take into consideration self-sufficiency, dependence upon other sources, and a contingency plan in case of community-wide disasters.
  - \_\_\_\_\_ a. Food, water and other essential supplies.
  - \_\_\_\_\_ b. Emergency power capacity. If natural gas, identify alternate means should loss of power occur which would effect the natural gas system. What is the capacity of the emergency fuel system?
- \_\_\_\_\_ 6. Provisions for continuous staffing until the emergency has abated.

B.

Notification

Procedures must be in place for the hospital to receive timely information on impending threats and the alerting of hospital decision makers, staff and patients of potential emergency conditions.

- \_\_\_\_\_ 1. Explain how the hospital will receive warnings.
- \_\_\_\_\_ 2. Explain how key staff will be alerted.
- \_\_\_\_\_ 3. Describe the procedures and policy for reporting to work for key workers.
- \_\_\_\_\_ 4. Explain how patients will be alerted, and the precautionary measures that will be taken.
- \_\_\_\_\_ 5. Identify alternative means of communication should the primary system fail.
- \_\_\_\_\_ 6. Identify procedures for notifying those areas or facilities to which patients will be moved or relocated.
- \_\_\_\_\_ 7. Identify procedures for notifying families that patients have been moved or relocated.

C. Evacuation

Hospitals must plan for both internal and external disasters. Although facilities must be prepared for the possibility of relocating patients to another facility, there are instances when moving patients to another part of the hospital would be more appropriate. The following criteria should be addressed to allow the hospital to respond to both types of evacuation.

Evacuation

- \_\_\_\_\_ 1. Describe the policies, roles, responsibilities and procedures for moving and relocating patients.
- \_\_\_\_\_ 2. Identify the individual responsible for initiating the hospital's evacuation procedures.
- \_\_\_\_\_ 3. Identify any transportation arrangements made through mutual aid agreements or understandings that will be used to move or relocate patients. If transportation is coordinated through a central agency, i.e., county EOC, please explain. In addition, if there is a

"transportation shortfall" in the area, please explain how the problem is addressed under current limitations.

- \_\_\_\_\_4. Describe logistical arrangements for transporting support services, including: moving medical records, medicine, food, water, and other necessities. If this is arranged through a coordinating agency, i.e., county EOC, please explain.
- \_\_\_\_\_5. Identify locations where patients will be moved or relocated, if they are pre-determined. If relocation is coordinated through a centralized agency, i.e., county EOC, please explain.
- \_\_\_\_\_6. Identify evacuation routes that will be used, including secondary routes if the primary route is rendered impassable.
- \_\_\_\_\_7. Specify the amount of time it will take to successfully move or relocate patients.
- \_\_\_\_\_8. What are the procedures to ensure hospital staff will accompany relocated patients? If staff will not be accompanying patients, what measures will be used to ensure their safe arrival (i.e., who will render care during transport).
- \_\_\_\_\_9. Identify how patients will be tracked once they have been relocated. If patients will be considered discharged at the time of relocation, please explain.
- \_\_\_\_\_10. Establish procedures for responding to family inquiries about patients who have been moved or relocated.
- \_\_\_\_\_11. Establish procedures for ensuring all patients are accounted for and are out of the facility.
- \_\_\_\_\_12. Determine at what point to begin the pre-positioning of necessary medical supplies and provisions.

D. Re-entry

Once a hospital has been evacuated, procedures need to be in place for allowing patients to re-enter the facility.

- \_\_\_\_\_1. Identify who is the responsible person(s) for authorizing re-entry to occur.

- \_\_\_\_\_2. Identify procedures for inspecting the hospital to ensure it is structurally sound.
- \_\_\_\_\_3. Explain how patients will be transported back to the hospital following relocation. If patients will not be re-admitted, please explain the criteria that will be used to make this determination.

#### E. Sheltering

If the hospital will be accepting patients from an evacuating hospital, the plan must describe the procedures that will be used once the evacuating hospital's patients arrive.

- \_\_\_\_\_1. Describe the receiving procedures for patients arriving from an evacuating hospital.
- \_\_\_\_\_2. Identify the means for providing, for a minimum of 72 hours, additional food, water, and medical needs of those patients being hosted.
- \_\_\_\_\_3. Identify how the hospital will notify AHCA if it exceeds its licensed operating capacity.
- \_\_\_\_\_4. Describe procedures for tracking additional patients within the hospital.

#### V. INFORMATION, TRAINING AND EXERCISE

This section shall identify the procedures for increasing employee and patient awareness of possible emergency situations and provide training on their emergency roles before, during, and after a disaster.

- \_\_\_\_\_A. Identify how key workers will be instructed in their emergency roles during non-emergency times.
- \_\_\_\_\_B. Identify a training schedule for all employees and identify who will provide the training.
- \_\_\_\_\_C. Identify the provisions for training new employees regarding their disaster related roles.
- \_\_\_\_\_D. Identify a schedule for exercising all or portions of the disaster plan on a semi-annual basis.

- \_\_\_\_\_E. Establish procedures for correcting deficiencies noted during training exercises.

## APPENDICES

The following information is required, yet placement in an appendix is optional, if the material is included in the body of the plan.

- A. Roster of Employees and Companies with key disaster related roles.
  - 1. List the positions of all staff with disaster related roles.
  - 2. List the name of the company, contact person, telephone number and address of emergency service providers such as transportation, emergency power, fuel, food, water, police, fire, Red Cross, etc.
- B. Agreements and Understandings
  - 1. Provide copies of any mutual aid agreement entered into pursuant to the fulfillment of this plan. This is to include reciprocal host hospital agreements, transportation agreements, current vendor agreements or any other agreement needed to ensure the operational integrity of this plan.
- C. Evacuation Route Map
- D. Support Material
  - 1. Any additional material needed to support the information provided in the plan.
  - 2. Copy of the facility's fire safety plan that is approved by the local fire department.