

Hospital: _____

Communications			On-Site Resources	
<p>1. Hospital communicates with other providers (EMS, Fire, Police, and hospitals) via interoperable radio, hardened line, and/or satellite.</p> <p><u>Consider</u></p> <ul style="list-style-type: none"> • ED radio, EOC communication system is compatible with key agencies/services • Backup system is available if telephone service including satellite is inaccessible, i.e. Ham radio, cell, walkie-talkie, etc. • Has there been an event or test of the Ham radio response. Is there a readily available list of Ham operators. • Mechanism for integrating multiple frequencies is available within community, i.e., police, EMD, etc. 	Yes	No	<p>Tour</p> <ul style="list-style-type: none"> • ED/Flight communications center • Emergency operations center (EOC) <p>Interview</p> <ul style="list-style-type: none"> • Administration • Disaster management team • ED staff • Security • EMS staff <p>Documents</p> <ul style="list-style-type: none"> • Hospital EMP • Regional and/or state EMP • Regional trauma plan 	
<p>Comments:</p>				
<p>2. Intra-hospital communication via non-land link device, i.e. "walkie-talkie", runners, etc.</p> <p><u>Consider</u></p> <ul style="list-style-type: none"> • Alternative communications process is planned for prolonged periods when phones, computers, and other electronic devices inoperable. • Is two-way interoperable radio on back-up power and can it be operated if hospital's generator fails. • Walkie-talkies are pre-assigned and can they be operated on flash light batteries, if not, can they be recharged if hospital's generator fails. • Key personnel can describe how internal communication should electronic resources become operable. 	Yes	No		
<p>Comments:</p>				

Communications

On-Site Resources

3. Ability to communicate with:

- Military
- Intelligence/Homeland Security
- State and local Public Health
- Red Cross or other agencies addressing family reunification

Yes

No

Consider

- Command center personnel have immediate access for appropriate contact phone numbers for local, regional, and state agencies 24/7.
- Communication has been tested off hours and weekends.
- Are relationships established as appropriate with local, regional military and governmental agencies.
- Are these relationships at the appropriate level of command.

Comments:

Communications			On-Site Resources
4. Phone tree, pager, or radio communication system in place to rapidly alert staff of mass casualty situation.	Yes	No	
<i>Consider</i> <ul style="list-style-type: none"> Staff can readily locate phone/pagers/radio frequency numbers 24/7. Command center has plan to contact local media, i.e., AM, FM radio, TV, cable to notify staff. 			
Comments:			

Emergency Management Plan (EMP)			On-site Resources
5. Hospital resources monitoring system for ED capacity, overall bed capacity, OR suites, ds, and staff.	Yes	No	Tour <ul style="list-style-type: none"> ED/Flight communications center EOC Interview
<i>Consider</i> <ul style="list-style-type: none"> Staff trained to update monitoring system. Is system linked county or region-wide to other hospitals, prehospital, aero-medical, dispatch centers Is system capable of notifying key personnel of event Is system capable of communicating between hospital department Is system capable of communicating between hospitals and other medical resource 			

Emergency Management Plan (EMP)

Comments:

On-site Resources

- Administration
- ED staff
- Security
- Communications representative

Documents

- Hospital EMP
- Disaster drill records including evaluations and action plan
- Regional and/or EMP
- Regional trauma plan
- HVA report and action plan

6. Process for coordinating emergency response with city/county emergency management agencies.

Yes	No

Consider

- Hospital has liaison designated to community emergency operations center.
- EMS and/or Emergency Management Division (EMD) has personnel assigned to hospital command center.
- Hospital command center has contact phone numbers for EMS/EMD 24/7.

Comments:

Emergency Management Plan (EMP)		On-site Resources	
7. Notification system for diverting patients or patient types.	Yes	No	
<u>Consider</u> <ul style="list-style-type: none"> Plan for appropriate patient distribution for by hospital specialty. I.e. pediatrics, cardiac, trauma, OB, ambulatory, etc. 			
Comments:			
8. Hospital conducted or revised Hazard Vulnerability Analysis (HVA) within last year.	Yes	No	
<u>Consider</u> <ul style="list-style-type: none"> Evaluation performed of HVA and changes were implemented if recommended 			
Comments:			
9. EMP includes provisions for operating more than 72 hours under emergency conditions.	Yes	No	
<u>Consider</u> <ul style="list-style-type: none"> Fuel, water, nutrition in safe storage area Rest space for staff, families, volunteers planned, i.e., cots, blankets, etc. Staggered staff response part of EMP 			
Comments:			

Emergency Management Plan (EMP)

On-site Resources

Comments:

10. EMP provides for response to medical surge.

Yes	No

Consider

- Alternative area assigned for non-salvageable victims.
- Plan in place for accessing wheelchairs and gurneys to accommodate mass numbers.

Comments:

11. Hospital EMP requires activation of Incident Command System (ICS).

Yes	No

Consider

Plan specifies *who in the hospital* has authority to initiate EMP and ICS.

Comments:

12. Person(s) authorized to activate Incident Command System:

Yes	No

Consider

- Are all assigned personnel familiar with plan for emergency operations

Emergency Management Plan (EMP)**On-site Resources**

Comments:

13. EMP includes procedures for evacuation to alternate sites.

Yes No

Consider

- Plan addresses relocation of inpatients to alternative space or external facility,.
- Inter-hospital transfer agreements.
- Includes alternate transport vehicles if EMS unavailable, i.e., POV, buses, etc.

Comments:

14. Hospital has alternative (off-site from ED) space for walking wounded or less serious casualties.

Yes No

Consider

- Walk-ins and POVs are diverted to area other than ED.
- Alternate space for observation of non-serious or asymptomatic cases (chemical exposures).
- ED is secured from ambulatory access, i.e., minor-injured patients, families, media, etc.
- Plans for staff and supplies including water, nutrition, medication, blankets, etc.

Comments:

Emergency Management Plan (EMP)		On-site Resources	
15. (a) Hospital has designated Emergency Operations Center (EOC) -- <i>Specify location:</i> _____ (b) Hospital has alternate EOC location -- <i>Specify location:</i> _____		Yes	No
<u>Consider</u> <ul style="list-style-type: none"> • Staff can readily identify location(s) and responsible party for activating EOC • Alternate EOC can be establish off-site if event affects hospital 			
Comments:			
16. Hospital communications coordinator, i.e., ICS liaison officer, assigned to EOC included in regional EMP.		Yes	No
Comments:			
17. Guidelines in place for the care of victims (unannounced and with pre-notification) from chemical, biological, radiological, nuclear, explosive incidents, or all hazards.		Yes	No
<u>Consider</u> <ul style="list-style-type: none"> • Can staff including security describe plan. • Does plan protect ED or triage staff from inadvertent contamination. • Can staff identify location where contaminated will be treated. • Is there an alternate site, remote from clinical areas staff where mass decontamination can occur, i.e., low pressure fire hoses. 			

Emergency Management Plan (EMP)		On-site Resources	
Comments:			
<p>18. EMP addresses special needs of: children, elderly, immuno-compromised, psychological/psychiatric, non-English speaking, disabled, and obese.</p> <p><u>Consider</u></p> <ul style="list-style-type: none"> • Staff can describe or does the plan address specific patient population. • Does pharmaceutical and supply stockpile include items commonly needed by specialty populations, i.e., insulin, anti-hypertensives, diapers, etc. 		Yes	No
Comments:			
<p>19. EMP addresses the immediate emotional and mental health needs of patients, visitors, staff, and volunteers.</p> <p><u>Consider</u></p> <ul style="list-style-type: none"> • Plan includes identification and response to mental health issues. • Staff are trained and assigned to respond to mental health needs. • Administrative personnel are trained to recognize mental health issues with staff and emergency responders. 		Yes	No

Emergency Management Plan (EMP)		On-site Resources	
Comments:			
20. EMP includes provisions to deal with donated goods, services, or money.		Yes	No
<u>Consider</u> <ul style="list-style-type: none"> • How are donations distributed, utilized, and stored. • Is there a person assigned to handle donations. • Is the location assigned for donations readily accessible without interfering with care delivery. • Plan and location for blood donor that does not interfere with care delivery. 			
Comments:			
21. Hospital EMP includes protocols to track expenditures resulting from disaster for the purpose of reimbursement.		Yes	No
<u>Consider</u> <ul style="list-style-type: none"> • Do expenditure tracking procedures follow federal, state, and hospital insurer guideline for reimbursement for disaster losses. • Protocols include non-electronic means of charging. • Can staff complete this task. 			

Emergency Management Plan (EMP)**On-site Resources****Comments:**

22. EMP includes provisions for recovery after an emergency.

Yes No

Comments:

23. EMP provides for the reconfiguration of hospital space to care for large numbers of casualties.

Yes No

How many additional beds would result: _____

Bed increase percentage: _____

Consider

- Are plans realistic given historical average: a) bed occupancy; (b) patient acuity; and (c) staff availability, i.e., per diem, travelers, etc.

Comments:

Emergency Management Plan (EMP)**On-site Resources**

24. Hospital has conducted:
- (a) A tabletop drill
 - (b) Activated an actual drill
 - (c) Experienced a real event.

Yes	No

Consider

- How recent was the exercise and what percentage of staff participated.
- Were executive staff involved.

Comments:

25. Hospital has evaluated all drills and events.

Yes	No

Consider

- Review evaluation reports and action plans.
- Are staff knowledgeable about changes in plan based on evaluation
- How are external agencies and providers informed of changes that affect them

Comments:

Resources		On-site Resources		
<p>26. Surge capacity within 1 hour to accommodate casualties.</p> <p><u>Consider</u></p> <ul style="list-style-type: none"> • Key staff and space can be promptly mobilized to care for mass influx • Space and supplies are readily accessible to accommodate potential large numbers and acuity ranges. • Plan includes method to track patient location at all times. 	Yes	No	<p>Tour</p> <ul style="list-style-type: none"> • Hospital surge areas – ED, ICU, PAR, care units <p>Interview</p> <ul style="list-style-type: none"> • Administration • Disaster Management team • ED Staff • Nursing Leadership • Ancillary departments (central supply, pharmacology, radiology, transport, etc.) <p>Documents</p> <ul style="list-style-type: none"> • Hospital EMP • Patient tracking tools 	
<p>Comments:</p>				
<p>27. Decontamination capacity throughput:</p> <p>(a) Number per hour</p> <p>(b) Separated by gender</p> <p>(c) Area can accommodate stretchers/gurneys</p> <p><u>Consider</u></p> <ul style="list-style-type: none"> • Decontamination area is proximal to ED or hospital entry. • Patients/EMS cannot bypass decontamination area without staff knowledge. • Process in place to empty tank or accommodate large waste capacity. • Measures in place to prevent hypothermia in inclement weather. 	Yes	No		
<p>Comments:</p>				
<p>28. Staff support:: Physicians, Nurses, Ancillary and other support staff</p>		Yes	No	

Resources		On-site Resources	
Comments:			
29. Staffing is staggered for surgery or ongoing emergency operation (3-4 days)		Yes	No
<u>Consider</u> <ul style="list-style-type: none"> • EMP provides for relief staff including MA staff. • Rest space is included in EMP for staff and physicians. 			
Comments:			
30. Hospital has child-care for those accompanying the injured or children of essential staff.		Yes	No
<u>Consider</u> <ul style="list-style-type: none"> • Staff/volunteers are assigned to child-care areas. • ID tags/bracelets are immediately available for children. • Area accessible for all ages. • Means to notify child care staff of special needs. I.e. allergies, chronic illness, medications, etc. 			

Resources		On-site Resources				
Comments:						
31. Does staff family care plan include: <table border="1" style="float: right;"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table> <ul style="list-style-type: none"> (a) Authority to pick-up children (b) Communication plans (c) Medical authority/consent for medication administration (prophylactic, vaccination, etc.) (d) Family reunification sites 			Yes	No		
Yes	No					
<u>Consider</u> <ul style="list-style-type: none"> • Plans are accessible 24/7 						
Comments:						

Resources		On-site Resources				
32. Staffed bed capacity	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	Yes	No			
Yes	No					

Resources

On-site Resources

- (b) Licensed or available bed capacity _____
- (c) Is hazardous materials personal protective equipment (OHSA) attire immediately available for # of personnel.
 - Level A (self-contained breathing apparatus and totally encapsulating chemical-protective suit) _____ #
 - Level B (positive-pressure respirator (self-contained breathing apparatus or SAR) and non-encapsulated chemical-resistant garments, gloves and boots) _____ #
 - Level C (APR and non-encapsulated chemical-resistant clothing, gloves, and boots) _____ #
 - Level D (surgical gown, mask, and latex gloves (universal precautions)) _____ #
- (d) What number of ventilators are available _____ #
 - Additional ventilators available within two hours
 - Is there an exclusive contract with a vendor
- (e) Is there an exclusive contract with vendors for pharmaceutical and medical supplies
- (f) How many OR suites can be opened by eliminating elective surgery
- (g) How many critical care beds can be available within 2 hours
- (h) What is your mortuary capacity
 - How many body bags are available for possible victims
 - How much refrigerated space is available for deceased victims
- (i) How many days can hospital sustain operations at peak capacity
- (j) How many days can hospital provide self contained water and food
- (k) Does hospital have the ability to provide nutritional care for 3 days for:
 - Patients
 - Staff
 - Volunteers
 - Patient families
 - Media

Consider

- Site validation confirms self reported survey.
- Describes variances noted.
- Plan for re-supply includes transportation disruption, i.e., damaged interstate bridges, overpasses, etc.
- Plan for local distribution of CDC Strategic National Stockpile supplies and pharmaceuticals.
- Ancillary treatment areas are on back-up power circuits and there is sufficient generator power supply.

Resources		On-site Resources				
<i>Comments:</i>						
<p>33. Amount of governmental funding provided to the hospital for terror preparedness since January 2004 including monies for training, equipment, construction, and pharmaceutical stockpiles.</p> <ul style="list-style-type: none"> (a) Local Public Health (b) Regional Public Health (c) State Public Health (d) Regional EMS (e) State EMS (f) CDC (g) HRSA (h) Homeland Security (i) Other Federal Agency (please specify) (j) Other (please specify) (k) Total 		<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	Yes	No		
Yes	No					
<p><u>Consider</u></p> <ul style="list-style-type: none"> • Hospital has method to track funds and expenditures 						

Resources		On-site Resources				
Comments:						
34. How much has your hospital spent on planning, equipment, training, etc, for all hazards disasters since January 2004		<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	Yes	No		
Yes	No					
<u>Consider</u> <ul style="list-style-type: none"> Is breakdown available by department or activity 						
Comments:						

Vulnerability		On-site Resources	
35. Hospital has plan for "lock down."	Yes	No	
<u>Consider</u> <ul style="list-style-type: none"> All entrances can be secured 24/7. Plan includes lock-down of external buildings. 			
Comments:			
36. What is the time required to lock down all entrances to hospital.	Yes	No	
<u>Consider</u> <ul style="list-style-type: none"> Has plan been tested and evaluated. 			
Comments:			
37. What is the time required to lock down individual departments/unit.	Yes	No	
<u>Consider</u> <ul style="list-style-type: none"> Specialty areas, i.e., central supply, dietary, pharmacy, satellite areas, etc. In-house individual has authority to order lock-down 24/7 			
Comments:			

Vulnerability		On-site Resources	
38. Do you have a hospital-wide perceived threat code. (a) Written (b) Practiced	Yes	No	
<i>Consider</i> <ul style="list-style-type: none"> Is audible in all areas. Staff are familiar with code. 			
Comments:			
39. Hospital has ability to control access to the hospital.	Yes	No	
<i>Consider</i> <ul style="list-style-type: none"> Security assigned to coordinate with local agencies. Local police and county law enforcement knowledgeable of enforcement plan. Plan permits passage of essential personnel and suppliers, i.e., staff, physicians, vendors, etc. Plan diverts non-essential persons and goods to alternate sites, i.e., media, families, donations, etc. Includes helicopter landing sites and flight zone. 			
Comments:			
40. Security system in place at hospital, i.e., real time monitoring and response	Yes	No	
<i>Consider</i> <ul style="list-style-type: none"> Addresses all areas including ED triage, helipad, driveways, entrances, and grounds. Operates during power outages. Security personnel wear apparel that clearly identifies them in mass casualty events. Security has ability to “deputize” ancillary personnel, i.e., Maintenance to assist security. 			

Vulnerability	On-site Resources					
<p>Comments:</p>						
<p>41. Which of the following are within the hospital's catchment area</p> <ul style="list-style-type: none"> (a) Chemical factory (b) Dam or water based hazard (c) Federal building or state capitol (d) Hazardous waste dump or storage facility (e) International airport (f) University (g) Interstate freeway bridges, tunnel, etc. (h) Mass transit facility (i) Military base (j) Monument, landmark (k) Munitions plant or storage facility (l) Nuclear power plant (m) Oil or gas refinery (n) Port (o) Prison (p) Public arena, stadium, convention center, coliseum (q) Railroad station or port (r) Commercial shipping port (s) Other _____ (t) Other _____ <p><u>Consider</u></p> <ul style="list-style-type: none"> • Catchment area may include overlap with other area hospitals. • Define catchment area. Recommend 60 minutes by ground; 30 minutes by air. 	<table border="1"> <thead> <tr> <th data-bbox="1549 597 1621 634">Yes</th> <th data-bbox="1621 597 1690 634">No</th> </tr> </thead> <tbody> <tr> <td data-bbox="1549 634 1621 1385"></td> <td data-bbox="1621 634 1690 1385"></td> </tr> </tbody> </table>	Yes	No			
Yes	No					

Vulnerability	On-site Resources					
<p>Comments:</p>						
<p>42. Does hospital offer special training for staff in hazardous materials and terror preparedness for the following:</p> <ul style="list-style-type: none"> (a) Identification of hazardous conditions (b) Lockdown and security drills (c) Management of mass casualties <p><u>Consider</u></p> <ul style="list-style-type: none"> • Process in place to educate staff, per diem, residents, etc. • Educational training programs are evaluated by the participants. 	<table border="1"> <thead> <tr> <th data-bbox="1549 781 1621 816">Yes</th> <th data-bbox="1621 781 1692 816">No</th> </tr> </thead> <tbody> <tr> <td data-bbox="1549 816 1621 1047"></td> <td data-bbox="1621 816 1692 1047"></td> </tr> </tbody> </table>	Yes	No			
Yes	No					
<p>Comments:</p>						

Clinical Resources		On-site Resources	
43. How many patient is hospital equipped to care for: a) Individual blast pack bagged to include suture kits, dressings, splints, IVs, etc. b) Pharmaceutical antidote stockpiles (e.g., Sarin type gas) c) Sedatives and pain medication d) Decontamination supplies and tank capacity for contaminated run-off e) Infectious Disease Services (testing/treatment)	Yes	No	
Consider <ul style="list-style-type: none"> • Stockpiles located in area that is unlikely to incur damage. • Stockpiles are secure from unauthorized access. • Plan describes actions if contaminate capacity is exceeded. 			
Comments:			
44. How prepared is hospital for explosion or natural disaster or biochemical catastrophe or terrorist attacks.		Yes	No

Clinical Resources		On-site Resources
Comments:		