

# HOSPITAL ALL-HAZARDS

*Self-Assessment*



**U.S. Department of  
Health and Human Services**  
Centers for Disease  
Control and Prevention

# Hospital All-Hazards Self-Assessment (HAH)

## Contents

Welcome Message .....	3
How To Use This Tool .....	3
Purpose.....	5
Goals .....	5
Objectives .....	5
Target Audience.....	6
Format .....	6
Expected Outcome .....	7
1. PLANNING FRAMEWORK .....	8
2. COMMAND AND CONTROL.....	15
3. AUTHORIZED PERSONNEL.....	19
4. NOTIFICATION SYSTEMS .....	21
5. ACTIVATING THE PLAN.....	22
6. RESPONSE PROTOCOLS .....	23
7. COMMUNICATION SYSTEMS.....	26
8. STAFFING CONSIDERATIONS.....	27
9. SECURITY AND ACCESS .....	30
10. INTERNAL TRAFFIC .....	32
11. EXTERNAL TRAFFIC .....	33
12. PATIENT RECEPTION .....	35
13. EVACUATING HORIZONTALLY AND VERTICALLY .....	38
14. SHELTERING-IN-PLACE.....	42
15. ISOLATED OR OUT OF COMMUNICATION .....	43
16. VISITORS.....	45
17. COMMUNICATION AND MEDIA .....	46
18. RESOURCES.....	50
19. PHARMACEUTICALS.....	53
20. SURVEILLANCE.....	55
21. INFECTION CONTROL.....	57
22. STAFF EDUCATION AND TRAINING .....	60
23. POST-MORTEM CARE .....	62
24. RECOVERY PROTOCOLS .....	64
25. EXERCISING THE PLAN.....	67
26. INFRASTRUCTURE .....	68
Resource List .....	69

## Welcome Message

Welcome to the Centers for Disease Control and Prevention Healthcare Preparedness Activity's (CDC–HPA's) Hospital All-Hazards Self-Assessment, or HAH. This tool is designed to help you assess and identify potential gaps in your facility's all-hazards emergency plan(s). Upon completing the HAH, you can use it to modify aspects of these plan(s). You are encouraged to update the HAH as changes to your plan(s) are made, and to include the HAH with your preparedness planning documents.

The tool is geared towards hospital preparedness staff, including planners, administrators, and other key personnel. It is suggested that this group complete the HAH in multiple sessions over a period of time. Once completed, your facility may want to consider sharing this information with community partners (such as local public health, emergency management, and other healthcare entities) to integrate your plan into a coordinated community plan.

## How To Use This Tool

There are 26 question sets. These may be completed in any order, and you are not required to answer all questions. Skipping questions will not prevent you from moving on. Answer only those questions that pertain to your facility. Any questions you do not answer, you may find you want to address these unanswered questions as you revise your facility's plan.

Questions are in four formats:

1. Yes/No
2. Multiple choice
3. Fill-in-the-blank
4. Short answer

Based on your answer to each question, the HAH may prompt you with additional questions. If your answer to a question is "no," and you would like more information, check the resource list included at the end of the document. Certain questions contain items that are considered "critical" to an all-hazards plan, and are marked with (item "critical" to all-hazards planning). If your plan does not include these items, there are specific resources identified in the resource list to help you address those gaps.

You are now ready to begin using the Hospital All-Hazards Self-Assessment.

[This page is intentionally blank]

# Hospital All-Hazards Self-Assessment (HAH)

## Purpose

Given the likely occurrence, possible consequences, and uncertainties of disasters, the United States (U.S.) Department of Health and Human Services (HHS) deems planning and preparedness to be prudent. As part of its efforts, the Centers for Disease Control and Prevention's (CDC's) Healthcare Preparedness Activity (HPA), in partnership with the Oak Ridge Institute for Science and Education (ORISE), provides a range of tools and templates to assist communities in varying stages of preparedness planning.

The following hospital all-hazards preparedness self-assessment tool enables hospital preparedness planners to evaluate their facility's all-hazards emergency plan(s). Upon completion of the Hospital All-Hazards Self-Assessment (HAH), planners may use this tool to identify and modify aspects of their plan(s).

## Goals

Through self-guided modules, the HAH assists hospitals in becoming better prepared to manage the surge in patients expected during a mass illness or mass casualty event. The specific goals are to:

- Enable hospitals and healthcare workers to assess their all-hazards preparedness plans
- Enable hospitals to provide the highest level of care and safety possible for patients and healthcare workers during an emergency
- Stimulate discussion in regard to potential gaps in a hospital's preparedness planning

## Objectives

- Educate staff about their hospital's preparedness plans
- Prompt discussion of current hospital preparedness protocols
- Identify potential gaps in hospital preparedness planning efforts
- Prompt hospitals to revise their preparedness plans

## Target Audience

The HAH's intended primary target audience is hospital preparedness staff, including administrators, planners, and other key personnel.

While not the primary target audience, hospitals may want to consider working with community partners (such as local public health, emergency management, and other healthcare entities) to integrate the hospital plan into a coordinated community plan.

## Format

User-entered information is stored locally on the user's computer, and is neither monitored nor shared with CDC-HPA or ORISE. The HAH can be completed in multiple sessions, and updated as needed.

The HAH consists of 26 topic areas with questions. The questions are in yes/no, multiple choice, fill-in-the-blank, and short answer format. Users are able to answer only questions that pertain to them, and are not required to complete all fields.

The HAH incorporates the standards set forth by the Joint Commission. It focuses on the parts of a hospital emergency operations plan, based on an all-hazards approach. The HAH includes the following topic areas.

1. Planning Framework
2. Command and Control
3. Authorized Personnel
4. Notification Systems
5. Activating the Plan
6. Response Protocols
7. Communication Systems
8. Staffing Considerations
9. Security and Access
10. Internal Traffic
11. External Traffic
12. Patient Reception
13. Evacuating Horizontally and Vertically
14. Sheltering-in-Place
15. Isolated or Out of Communication
16. Visitors
17. Communication and Media
18. Resources
19. Allocating Pharmaceuticals
20. Surveillance
21. Infection Control
22. Staff Education and Training
23. Post Mortem Care
24. Recovery Protocols
25. Exercising the Plan
26. Infrastructure

## Expected Outcome

Upon completion of the HAH, hospital preparedness staff should have identified potential gaps in their planning efforts. Using the questions in the HAH as a guide, planners can begin the process of revising their all-hazards plan(s), as needed, in order to provide the highest level of care and safety possible for patients and healthcare workers during an emergency. In addition, the completed HAH may be disseminated to hospital staff, as well as community partners, to educate them on the hospital's all-hazards preparedness plan(s). Users are encouraged to update the HAH as changes to their plan(s) are made, and to include the HAH with their preparedness planning documents.

Additional resources can be found at CDC-HPA's website: <http://emergency.cdc.gov/healthcare/>, or in the resource document located at the end of the document.

For comments and questions about this tool, please contact:

**Jean Randolph, RN, MPA**

Nurse Consultant

Healthcare Preparedness Activity

Centers for Disease Control and Prevention

[jrandolph1@cdc.gov](mailto:jrandolph1@cdc.gov)

Some items are sub-questions, and appear based on the response to the previous answer.

## 1. PLANNING FRAMEWORK

A. Has your facility conducted a hazard vulnerability analysis to identify potential emergencies and the resulting effects on your ability to provide services? (item "critical" to all-hazards planning)

Yes  No

If yes, is the emergency response agency in your community aware of the analysis and your facility's resulting needs and vulnerabilities?

Yes  No

B. Has your facility established a multidisciplinary, all-hazards planning committee?

Yes  No

If yes, has the committee appointed members to serve as primary and backup coordinators for the preparedness planning process?

Yes  No

If yes, list names, titles, and contact information for each member.

[repeating field – additional contacts can be added]

Name:

Title:

Telephone number:

E-mail address:

List this member's responsibilities.

Primary: [short answer]

Backup: [short answer]

Some items are sub-questions, and appear based on the response to the previous answer.

## 1. PLANNING FRAMEWORK

C. Does your facility coordinate with the state and/or local health department (SHD/LHD) and local or regional emergency preparedness groups as part of the planning process (e.g., hospital associations, Metropolitan Medical Response System, emergency management agency)? (item "critical" to all-hazards planning)

Yes  No

If yes, list contact information for the SHD.

Name:

Title:

Telephone number:

E-mail address:

If yes, list contact information for the LHD(s).

[repeating field – additional contacts can be added]

LHD:

Name:

Title:

Telephone number:

E-mail address:

If yes, list contact information for the local and regional emergency preparedness group(s).

[repeating field – additional contacts can be added]

Emergency preparedness group:

Name:

Title:

Telephone number:

E-mail address:

Some items are sub-questions, and appear based on the response to the previous answer.

## 1. PLANNING FRAMEWORK

D. Does your facility have a written, all-hazards disaster or emergency operations plan? (item "critical" to all-hazards planning)

- Yes  No

If yes, how frequently is the plan updated? [check all that apply]

- As Needed  Annually  Other [short answer]

Who is responsible for updating the plan and making sure it is correct?

[repeating field – additional contacts can be added]

Title:

When was the plan last updated? [short answer]

E. Do all staff members and other pertinent individuals receive copies of the disaster plan, and is it easily accessible throughout your facility?

- Yes  No

If yes, how is the plan distributed?

- Hard copy  Electronic copy  The plan is not distributed

Other [short answer]

Are employees required to review the plan annually?

- Yes  No

If yes, is this review documented?

- Yes  No

F. Does the plan specify actions that should be taken during disasters that impact your facility internally, such as power loss or interior flooding?

- Yes  No

If yes, describe these actions. [short answer]

Some items are sub-questions, and appear based on the response to the previous answer.

## 1. PLANNING FRAMEWORK

G. Does the plan specify actions that should be taken during disasters that impact your community, such as widespread biological incidents and hurricanes?

Yes  No

If yes, describe these actions. [short answer]

H. Does the plan include strategies for maintaining essential healthcare services, such as treating patients with chronic diseases, providing dialysis, and women giving birth?

Yes  No

If yes, describe these strategies. [short answer]

Alternatively, does the plan specify when elective procedures may be cancelled or deferred to other area facilities, and when they will be reinstated?

Yes  No

If yes, describe how elective procedures will be handled. [short answer]

Does each department have standard operating procedures (SOPs) for continuing to provide services in a timely manner on a 24-hour basis, or altering services during an incident?

Yes  No

I. Have ethical issues about making the decisions to prioritize or allocate healthcare resources been discussed?

Yes  No

If yes, what are some of those issues, and how will they be handled? [short answer]

How will these decisions be made? [short answer]

When will these decisions be made? [short answer]

Who will make the decision to begin allocating resources?

[repeating field – additional contacts can be added]

Title:

Some items are sub-questions, and appear based on the response to the previous answer.

## 1. PLANNING FRAMEWORK

J. Does the plan include strategies for maintaining essential business functions, such as recordkeeping and claims processing?

- Yes  No

If yes, describe these strategies. [short answer]

K. Does the plan detail who is responsible for identifying situations in which several facilities may be reliant on the same sources of help (e.g., emergency medical services)?

- Yes  No

If yes, who is this person(s)?

[repeating field – additional contacts can be added]

Title:

L. Does the plan include strategies for collaborating with local and regional emergency planning groups, hospitals, and other healthcare facilities in order to coordinate response efforts at the community level?

- Yes  No

If yes, describe these strategies. [short answer]

Some items are sub-questions, and appear based on the response to the previous answer.

## 1. PLANNING FRAMEWORK

M. Have the following key points of contact outside your facility been identified in the plan?  
[check all that apply]

- |  |  |
|--|--|
| <input type="checkbox"/> County medical examiner | <input type="checkbox"/> Emergency department directors at nearby facilities |
| <input type="checkbox"/> Emergency management    | <input type="checkbox"/> Fire department medical officer                     |
| <input type="checkbox"/> HazMat team             | <input type="checkbox"/> Intensive care unit physicians                      |
| <input type="checkbox"/> Local public health     | <input type="checkbox"/> State public health                                 |
| <input type="checkbox"/> Utilities directors     |  |

List organizations, names, titles, and contact information for each point of contact.

[repeating field – additional contacts can be added]

Organization:

Name:

Title:

Telephone number:

E-mail address:

N. Have copies of pertinent sections of state, regional, local, and tribal plans been reviewed for integration into your facility's plan?

- Yes                       No

Some items are sub-questions, and appear based on the response to the previous answer.

## 1. PLANNING FRAMEWORK

O. Have staff been assigned the task of monitoring public health and emergency advisories issued during an incident?

Yes  No

If yes, who is this person(s)?

[repeating field – additional contacts can be added]

Title:

Does your facility have an automated system that monitors advisories?

Yes  No

If yes, what is the name of the system(s)? [short answer]

P. Does your facility keep an inventory of the resources and assets onsite that may be needed during an incident?

Yes  No

If yes, who maintains the inventory?

[repeating field – additional contacts can be added]

Title:

Some items are sub-questions, and appear based on the response to the previous answer.

## 2. COMMAND AND CONTROL

Q. Does your facility use a National Incident Management System (NIMS) compliant incident command system (ICS) during disaster scenarios? ★ (item "critical" to all-hazards planning)

Yes

No

If yes, has your facility discussed what would trigger the ICS and who would be responsible for doing so?

Yes

No

If yes, what is the trigger(s)? [short answer]

Who makes the decision?

[repeating field – additional contacts can be added]

Title:

How is this decision communicated? [short answer]

Once the decision is made, who is involved in setting up the ICS?

[repeating field – additional contacts can be added]

Title:

Some items are sub-questions, and appear based on the response to the previous answer.

## 2. COMMAND AND CONTROL

Are ICS roles identified by staff positions rather than specific names?

- Yes  No

If yes, please fill in the staff position (e.g., "night supervisor"):

Incident Commander:

Public Information Officer:

Safety Officer:

Liaison Officer:

Operations Section Chief:

Planning Section Chief:

Logistics Section Chief:

Finance and Administration Section Chief:

Medical/Technical Specialist:

Have these people gone through at least one drill every 12 months?

- Yes  No

Do local agencies and partners know who the Incident Commander is?

- Yes  No

How does the ICS fit within a unified command (UC) system during an incident that extends beyond your facility? [short answer]

Some items are sub-questions, and appear based on the response to the previous answer.

## 2. COMMAND AND CONTROL

A. Have you identified a location for your facility's disaster control command center? Ideally, this area is away from the emergency department (ED).

- Yes  No

If yes, where is this location? Include the address, if it is not in the main building. [short answer]

Does the plan identify an alternate location for the disaster control command center in case your facility is compromised?

- Yes  No

If yes, where is the alternate location? Include the address. [short answer]

Does the plan identify standard operating procedures (SOPs) for the disaster control command center?

- Yes  No

B. Does the plan include a notification system that can alert both onsite and offsite personnel to a possible disaster?

- Yes  No

If yes, notifications are made by: [check all that apply]

- Overhead announcement  Telephone  E-mail  Other

How are notifications made, if the preferred method is unavailable? [short answer]

Do staff members have a time limit for responding to the notification?

- Yes  No

If yes, how much time do staff members have to respond? [short answer]

C. In order to sustain communications with the local emergency management agency, have special modes of communication (i.e., Ham radios) been established and tested?

- Yes  No

Some items are sub-questions, and appear based on the response to the previous answer.

## 2. COMMAND AND CONTROL

D. Does the plan indicate how extra resources, such as space and communication equipment, will be provided for people from outside agencies who may come to your facility to provide services (e.g., American Red Cross volunteers, federal agencies, emergency personnel)?

Yes  No

If yes, has a central contact or coordinating entity for these outside agencies been identified?

Yes  No

If yes, who is this contact or entity?

[repeating field – additional contacts can be added]

Name:

Title:

Telephone number:

E-mail address:

E. Does your facility have a designated emergency coordinator at all times, including nights, weekends, and holidays?

Yes  No

If yes, who is this person(s)?

[repeating field – additional contacts can be added]

Title:

F. Does the plan designate the individual(s) who will be responsible for your facility's medical response during an emergency?

Yes  No

If yes, who is this person(s)?

[repeating field – additional contacts can be added]

Title:

Some items are sub-questions, and appear based on the response to the previous answer.

### 3. AUTHORIZED PERSONNEL

A. Does the plan specify who are to assume key roles and when they are to do so, if the appointed individuals are not able to perform their responsibilities?

Yes  No

If yes, are the responsibilities of those key roles clearly defined?

Yes  No

If yes, describe the lines of authority, role responsibilities, and succession protocols. [short answer]

B. Does the plan identify who is expected to carry out the actions included in it?

Yes  No

If yes, who is this person(s)?

[repeating field – additional contacts can be added]

Title:

Is this person familiar with the plan, and how to implement it?

Yes  No

C. How will personnel gain entrance to your facility when called back to work during an emergency? [short answer]

D. Have you developed job action sheets or role cards that define the responsibilities and tasks for each job or assignment involved in disaster response?

Yes  No

E. How will you identify and assign response roles to people (e.g., staff, outside supporting medical personnel, news media, clergy, and visitors) within your facility? [short answer]

Some items are sub-questions, and appear based on the response to the previous answer.

### 3. AUTHORIZED PERSONNEL

F. Have backup personnel and their roles been identified?

Yes

No

If yes, list these personnel and their roles.

[repeating field – additional contacts can be added]

Title:

Role:

Some items are sub-questions, and appear based on the response to the previous answer.

#### 4. NOTIFICATION SYSTEMS

A. Does the plan include an initial event notification system?

- Yes  No

If yes, does this system include names and contact numbers, including home and cell phone numbers, e-mail addresses, and fax numbers?

- Yes  No

If yes, how frequently is this system updated within each department?

- Monthly  Bimonthly  Biannually  
 Annually  Other [short answer]

B. Who is authorized to make the decision to notify staff and appropriate external personnel of your facility's status?

[repeating field – additional contacts can be added]

Title:

C. Who is responsible for activating the notification system to call staff back to duty?

[repeating field – additional contacts can be added]

Title:

D. Does the plan outline alternative notification systems (e.g., radios, cell phones, and local media)?

- Yes  No

If yes, describe these alternative systems. [short answer]

Some items are sub-questions, and appear based on the response to the previous answer.

## 5. ACTIVATING THE PLAN

A. Can the plan be fully activated in one to two hours, both during and outside normal business hours?

Yes

No

B. Does the plan define the triggers, circumstances or process by which it can be activated?

Yes

No

If yes, what are those circumstances? [short answer]

Does the plan provide protocols for triggering different levels of action based on the severity of the event?

Yes

No

If yes, describe these trigger protocols and levels of action. [short answer]

C. Does the plan specify the triggers, circumstances or process by which it can be deactivated?

Yes

No

If yes, what are those circumstances? [short answer]

D. Who has the ability to activate and deactivate the plan, both during and outside normal business hours (e.g., on-call administrator, house supervisor)?

[repeating field – additional contacts can be added]

Title:

E. Have stages of activation (e.g., alert, standby, activation, and stand-down) and the corresponding roles during each been clearly defined?

Yes

No

Some items are sub-questions, and appear based on the response to the previous answer.

## 6. RESPONSE PROTOCOLS

A. Have provisions been made for activating a disaster medical team in response to disasters that occur within your facility?

Yes  No

If yes, this team includes: [check all that apply]

Nurses  Physicians  Respiratory therapists

Other [short answer]

B. Have provisions been made for activating a disaster medical team in response to disasters that occur within your community (or outside your facility)?

Yes  No

If yes, this team includes: [check all that apply]

Nurses  Physicians  Respiratory therapists

Other [short answer]

C. Does the plan address how your facility will respond to a large influx of patients?

Yes  No

If yes, describe how your facility will handle a 10% higher patient load than capacity allows. [short answer]

If yes, describe how your facility will handle a 25% higher patient load than capacity allows. [short answer]

If yes, describe how your facility will handle a 30% or higher patient load than capacity allows. [short answer]

D. Has your facility developed plans for supplying resources and personnel in response to an external disaster (e.g., tornado, nearby rail crash)?

Yes  No

Some items are sub-questions, and appear based on the response to the previous answer.

## 6. RESPONSE PROTOCOLS

E. Does the plan describe how your facility will manage volunteers?

- Yes  No

If yes, have provisions been made to address issues of volunteer liability and safety?

- Yes  No

F. Does your facility have a separate entry to the emergency department (ED) for potentially infected or contaminated patients?

- Yes  No

If yes, where is this entry? [short answer]

G. Has an area been identified for decontaminating patients, if necessary?

- Yes  No

If yes, does the decontamination area have access to hot and cold water?

- Yes  No

If yes, how is water runoff from the decontamination area contained? [short answer]

Is there a contract in place for the removal of water runoff?

- Yes  No

H. Can the ED's ventilation system be isolated from the rest of your facility?

- Yes  No

Some items are sub-questions, and appear based on the response to the previous answer.

## 6. RESPONSE PROTOCOLS

I. Does the plan include establishing and maintaining communication with: [check all that apply]

Local health department

State health department

Local emergency preparedness groups

Regional emergency preparedness groups

Other [short answer]

How will communication be established and maintained? [short answer]

J. Does the plan address who has jurisdictional control if outside law enforcement assists with the response?

Yes

No

Some items are sub-questions, and appear based on the response to the previous answer.

## 7. COMMUNICATION SYSTEMS

A. Are your communication systems equipped to handle a large volume of calls and e-mails?

- Yes  No

If yes, describe how a large volume of calls and e-mails will be handled. [short answer]

B. Do you have a backup communication plan?

- Yes  No

If yes, describe this plan. [short answer]

Does the backup plan address how your facility will communicate (both internally and externally) if normal systems (e.g., telephones, e-mail) are overloaded and rendered non-usable during an incident?

- Yes  No

If yes, how will your facility communicate internally with staff, patients, and visitors? [short answer]

How will your facility communicate with external partners, such as public health, emergency management, and other hospitals? [short answer]

C. Does the plan have built-in redundancy in communication equipment?

- Yes  No

D. Has a plan been developed to use runners as backup for communication systems and power failures?

- Yes  No

If yes, have these runners been pre-identified?

- Yes  No

If yes, are these runners familiar with your facility or are maps identifying disaster operations centers readily available?

- Yes  No

Some items are sub-questions, and appear based on the response to the previous answer.

## 8. STAFFING CONSIDERATIONS

A. Does the plan include a procedure for tracking the names and current locations of on-duty staff?

Yes  No

If yes, describe this procedure. [short answer]

B. Is there a formal or informal system for accountability of both on-duty and off-duty staff if safety is in question?

Yes  No

If yes, describe this system. [short answer]

C. Does the plan provide mechanisms for allocating staff according to their skill levels and availability?

Yes  No

If yes, describe these allocating mechanisms. [short answer]

D. Does the plan include an appendix to address adjusted work schedules/shifts and overtime for staff?

Yes  No

If yes, describe these adjusted work schedules/shifts. [short answer]

E. Does your facility have an established process for credentialing healthcare workers from outside the individual network in order to facilitate safe and qualified patient care?

Yes  No

If yes, who is responsible for credentialing outside healthcare workers?

[repeating field – additional contacts can be added]

Title:

Some items are sub-questions, and appear based on the response to the previous answer.

## 8. STAFFING CONSIDERATIONS

F. Does your facility have a list of volunteers who may be called upon to assist during an event?

- Yes  No

If yes, does the list include contact information?

- Yes  No

If yes, does the list identify volunteers' credentials and special knowledge or skills?

- Yes  No

G. Who is responsible for the coordination and/or training of volunteers?

[repeating field – additional contacts can be added]

Title:

H. Does the plan include temporary housing provisions for staff during an event?

- Yes  No

If yes, where will the staff temporary housing be located? [short answer]

I. Does the plan include provisions for feeding staff during an event?

- Yes  No

If yes, describe these provisions. [short answer]

J. Does the plan include temporary housing provisions for staff's family members during an event?

- Yes  No

If yes, where will staff's family members be housed? [short answer]

Some items are sub-questions, and appear based on the response to the previous answer.

## 8. STAFFING CONSIDERATIONS

K. Does the plan include provisions for feeding staff's family members during an event?

Yes

No

If yes, describe these provisions. [short answer]

L. Does the plan include provisions for staff's childcare during an event?

Yes

No

If yes, describe these provisions. [short answer]

M. Does the plan include provisions for staff's pet care during an event?

Yes

No

If yes, describe these provisions. [short answer]

N. Have provisions been made for mental health support to be provided to staff before, during, and after an event?

Yes

No

If yes, who will provide mental health support for staff?

[repeating field – additional contacts can be added]

Title:

Some items are sub-questions, and appear based on the response to the previous answer.

## 9. SECURITY AND ACCESS

A. Does the plan detail who will be responsible for security operations during an event?

Yes  No

If yes, who is this person(s)?

[repeating field – additional contacts can be added]

Title:

Has this person been involved in the planning process?

Yes  No

If yes, does this person understand their role(s) during an event?

Yes  No

If yes, who will provide backup if the security force is overwhelmed or unavailable due to illness or absenteeism?

[repeating field – additional contacts can be added]

Title:

B. Does the plan take into account the specific characteristics of your facility, such as geographic location, layout, and entrances that may pose a security challenge during an incident?

Yes  No

If yes, describe these challenges unique to your facility and their proposed solutions. [short answer]

C. Does the security plan consider how to protect staff and goods (e.g., pharmaceuticals and other countermeasures)?

Yes  No

If yes, describe how staff and goods will be protected. [short answer]

D. How will your facility control vehicular and pedestrian traffic? [short answer]

Some items are sub-questions, and appear based on the response to the previous answer.

## 9. SECURITY AND ACCESS

E. Who will meet and escort responding emergency service personnel?

[repeating field – additional contacts can be added]

Title:

F. Does the plan include a mechanism to manage anticipated increases in visitors and curious onlookers seeking to gain entrance or refuge during disasters?

Yes  No

If yes, describe how your facility will deal with the anticipated increases. [short answer]

G. Can your facility be locked down in order to control all entrances and exits, maintaining compliance with fire codes?

Yes  No

If yes, has the lockdown process been tested?

Yes  No

If yes, how frequently is the process tested? [check all that apply]

As Needed  Annually  Other [short answer]

H. How will areas that cannot be locked down be controlled? [short answer]

I. How will your facility communicate with those outside the facility while under lockdown? [check all that apply]

Telephone  E-mail  Radio

Other [short answer]

Some items are sub-questions, and appear based on the response to the previous answer.

## 10. INTERNAL TRAFFIC

A. Have exit routes been established for horizontal and vertical evacuation purposes?  
[check all that apply]

- Horizontal                       Vertical                       No exit routes have been established

If horizontal or vertical, are these exiting routes documented?

- Yes                                       No

Are these exit routes clearly marked?

- Yes                                       No

Do you practice evacuations using these exit routes?

- Yes                                       No

B. Have traffic flow charts been prepared and posted?

- Yes                                       No

C. In terms of access, are elevators: [check all that apply]

- Normally monitored                       Monitored during emergencies

- Restricted during events or disasters

- Other [short answer]

- None

If elevators are present, describe how, when, and by whom elevators are monitored or restricted. [short answer]

Some items are sub-questions, and appear based on the response to the previous answer.

## 11. EXTERNAL TRAFFIC

A. Have arrangements been made to designate where both vehicles and people enter and exit your facility's premises during an event?

Yes  No

If yes, where will vehicles enter? [short answer]

Where will vehicles exit? [short answer]

Where will people enter? [short answer]

Where will people exit? [short answer]

B. How will large numbers of vehicles and people be controlled? [short answer]

C. Does the plan address how to provide ambulances and other emergency vehicles unblocked access to patient triage areas, emergency department entrances, and decontamination areas?

Yes  No

If yes, describe this plan. [short answer]

D. Does the plan address how to control access to loading docks by authorized vehicles carrying supplies and equipment?

Yes  No

If yes, how will access be controlled? [short answer]

E. Does the plan detail parking procedures, such as segregating parking for responders, patients and visitors, and the media?

Yes  No

If yes, describe these procedures. [short answer]

F. How will authorized personnel and visitors be directed to appropriate entrances? [short answer]

Some items are sub-questions, and appear based on the response to the previous answer.

## 11. EXTERNAL TRAFFIC

G. Have arrangements been made with local law enforcement to maintain order in and around your facility?

Yes

No

If yes, describe these arrangements. [short answer]

Some items are sub-questions, and appear based on the response to the previous answer.

## 12. PATIENT RECEPTION

A. Within one hour of arrival at your facility, is there a plan for multiple patients to be:  
[check all that apply]

- |                                     |                                   |  |
|-------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Identified | <input type="checkbox"/> Triage   | <input type="checkbox"/> Registered              |
| <input type="checkbox"/> Treated    | <input type="checkbox"/> Admitted | <input type="checkbox"/> Transferred/transported |

B. When your facility receives confirmation of a disaster, does the plan provide for:  
[check all that apply]

- Canceling elective admissions and procedures
- Clearing all visitors and non-emergency patients from the emergency department (ED)
- Converting spaces in your facility to patient-care areas
- Determining the number of readily available beds
- Identifying which patients can be discharged or transferred

C. Does the plan include strategies for segregating potentially infected or contaminated patients from the rest of your facility?

- Yes                       No

If yes, describe these strategies. [short answer]

D. Does the plan identify a triage area for receiving and sorting large numbers of incoming patients?

- Yes                       No

If yes, where is the triage area? [short answer]

Is it easily accessible and in close proximity to the areas of your facility in which patients will be given definitive care?

- Yes                       No

Some items are sub-questions, and appear based on the response to the previous answer.

## 12. PATIENT RECEPTION

E. Does the plan include a telephone triage system for transferring patients into your facility from another?

- Yes  No

If yes, describe this system. [short answer]

F. Does the plan include strategies for shifting healthcare delivery outside the hospital (e.g., alternate care sites, urgent care sites)?

- Yes  No

If yes, describe these strategies. [short answer]

G. Does your facility have sufficient equipment and supplies organized and available to permit prompt and efficient patient movement?

- Yes  No

If yes, where are these equipment and supplies located? [short answer]

H. Does your facility coordinate patient tracking with local partners such as the public health department, emergency management agency, or American Red Cross chapter?

- Yes  No

If yes, how do you coordinate patient tracking? [short answer]

List organizations, names, titles, and contact information for these partners.

I. Does the plan address admissions and recordkeeping during surge?

- Yes  No

If yes, how will admissions and recordkeeping be handled? [short answer]

J. Are methods for recordkeeping sufficient to retroactively establish services rendered during an event for billing purposes?

- Yes  No

Some items are sub-questions, and appear based on the response to the previous answer.

## 12. PATIENT RECEPTION

K. Does the plan address keeping family members (such as a parent and child) together?

Yes

No

If yes, how will family members be kept together? [short answer]

L. How will patients' personal items be stored for safekeeping? [short answer]

M. Is there a process in place to quickly identify vulnerable populations and patients such as the elderly, children, those with chronic diseases, the disabled, and non-English speaking people?

Yes

No

If yes, describe this process. [short answer]

O. Does the plan include a process to discharge large numbers of patients on short notice?

Yes

No

If yes, describe how large numbers of patients will be discharged. [short answer]

Some items are sub-questions, and appear based on the response to the previous answer.

### 13. EVACUATING HORIZONTALLY AND VERTICALLY

A. Does the plan identify an area of safe refuge within your facility?

- Yes  No

If yes, where is the area of safe refuge? [short answer]

Have provisions been made for the care and comfort of patients and staff in this area, including during inclement weather?

- Yes  No

If yes, describe these provisions. [short answer]

B. Who is responsible for coordinating evacuation and/or relocation of patients?

[repeating field – additional contacts can be added]

Title:

C. Will elevators be staffed during evacuation?

- Yes  No

If yes, who will staff them?

[repeating field – additional contacts can be added]

Title:

D. Has elevator usage been prioritized during evacuation (e.g., casualties, supplies)?

- Yes  No

If yes, list this prioritization schedule. [short answer]

Some items are sub-questions, and appear based on the response to the previous answer.

### 13. EVACUATING HORIZONTALLY AND VERTICALLY

E. Are agreements in place with other facilities to relocate patients if your facility is unable to provide patient care?

- Yes  No

If yes, list these facilities and their contact information.

[repeating field – additional contacts can be added]

Facility:

Name:

Title:

Telephone number:

E-mail address:

F. Does the plan identify temporary locations for housing patients and staff should evacuation be necessary?

- Yes  No

If yes, where are these locations? [short answer]

G. Has your facility designated evacuation routes?

- Yes  No

If yes, have these routes been exercised and practiced?

- Yes  No

H. Does the plan designate transportation requirements for the movement of patients and staff?

- Yes  No

If yes, describe what transportation needs will be required. [short answer]

Some items are sub-questions, and appear based on the response to the previous answer.

### 13. EVACUATING HORIZONTALLY AND VERTICALLY

I. Have transportation vendors been identified to assist with evacuation if necessary?

- Yes  No

If yes, list these vendors.

[repeating field – additional contacts can be added]

Vendor:

Telephone number:

Is this vendor capable of transporting patients on ventilators or connected to other specialized equipment?

- Yes  No

If yes, will this vendor be available if multiple facilities in your area are affected and also require transportation assistance?

- Yes  No

J. Does the plan include provisions for moving patient records and documents during an evacuation?

- Yes  No

If yes, who is responsible for overseeing the movement of patient records and documents?

[repeating field – additional contacts can be added]

Title:

K. Does the plan include timelines for moving patients?

- Yes  No

If yes, describe these timelines. [short answer]

Some items are sub-questions, and appear based on the response to the previous answer.

### 13. EVACUATING HORIZONTALLY AND VERTICALLY

L. Will patients to be moved be prioritized during an evacuation?

- Yes  No

If yes, how will patients be prioritized? [short answer]

M. Does the plan include provisions for discharging patients to their homes if possible?

- Yes  No

If yes, describe these provisions. [short answer]

N. Have alternate care sites been identified and equipped with material and staff?

- Yes  No

If yes, list these alternate care sites and their addresses.

When will food, water, shower and toilet facilities, and other essential provisions be available at these alternate care sites? [short answer]

What staff positions will be needed at these alternate care sites?

[repeating field – additional contacts can be added]

Position:

What measures are in place to provide patients and staff with mental health support, communication with the outside, and entertainment? [short answer]

Has this information been communicated to public health, healthcare entities, and emergency management?

- Yes  No

Some items are sub-questions, and appear based on the response to the previous answer.

#### 14. SHELTERING-IN-PLACE

A. Does your facility have defined criteria for deciding whether to shelter-in-place or evacuate?

- Yes  No

If yes, describe these criteria. [short answer]

B. Have local authorities been involved in the discussions about sheltering-in-place and evacuation?

- Yes  No

C. Are there procedures for sheltering-in-place?

- Yes  No

If yes, describe these procedures. [short answer]

Some items are sub-questions, and appear based on the response to the previous answer.

### 15. ISOLATED OR OUT OF COMMUNICATION

A. If your facility is isolated, cut off from resources or out of communication, does the plan designate responsibility for overseeing: [check all that apply]

- |   |   |
|---|---|
| <input type="checkbox"/> Food and water rationing             | <input type="checkbox"/> Laundry                  |
| <input type="checkbox"/> Rationing of medication and supplies | <input type="checkbox"/> Reserve power            |
| <input type="checkbox"/> Rest and rotation of staff           | <input type="checkbox"/> Staff and patient morale |
| <input type="checkbox"/> Waste and garbage disposal           |   |

B. Is there a system in place to manage patient tracking and documentation if electronic systems fail?

- Yes                       No

If yes, describe this system. [short answer]

Who is responsible for overseeing this system?

[repeating field – additional contacts can be added]

Title:

C. Is there a system in place to manage resource tracking and documentation if electronic systems fail?

- Yes                       No

If yes, describe this system. [short answer]

Who is responsible for overseeing this system?

[repeating field – additional contacts can be added]

Title:

Some items are sub-questions, and appear based on the response to the previous answer.

### 15. ISOLATED OR OUT OF COMMUNICATION

D. Does the plan address the use of visitors to assist staff with duties in the event your facility is cut off from resources?

Yes

No

If yes, how will visitors be used? [short answer]

Who is responsible for overseeing the utilization of patients and visitors?

[repeating field – additional contacts can be added]

Title:

Some items are sub-questions, and appear based on the response to the previous answer.

## 16. VISITORS

A. Does the plan include a process for modifying visitation policies during events?

Yes  No

If yes, how will visitation policies be modified? [short answer]

B. Does the plan address logistical issues associated with an increased number of visitors (e.g., parking, waiting room space)?

Yes  No

If yes, what are some of these issues, and how will they be handled? [short answer]

C. Has your facility designated waiting areas away from the emergency department (ED)?

Yes  No

If yes, where will the waiting areas be located? [short answer]

D. Will counseling be provided in waiting areas to relatives and friends of patients affected by the incident?

Yes  No

If yes, who will provide this counseling?

[repeating field – additional contacts can be added]

Title:

E. Does the plan include provisions for dealing with the "worried well?"

Yes  No

If yes, describe these provisions. [short answer]

Does the plan include provisions for dealing with the "mildly sick?"

Yes  No

If yes, describe these provisions. [short answer]

Some items are sub-questions, and appear based on the response to the previous answer.

## 17. COMMUNICATION AND MEDIA

A. Does your facility have a crisis or risk communication plan? \*

Yes

No

B. Is a system in place to communicate with and/or monitor other healthcare facilities' capabilities, supplies, and patient load during an event?

Yes

No

If yes, describe this system. [short answer]

C. Have plans and responsibilities for communicating with patients and their families been developed?

Yes

No

If yes, who is responsible for communicating with patients and their families?

[repeating field – additional contacts can be added]

Title:

D. Does the plan include methods for communicating with hospital staff, volunteers, and private medical staff?

Yes

No

If yes, who is responsible for communicating with hospital staff, volunteers, and private medical staff?

[repeating field – additional contacts can be added]

Title:

Some items are sub-questions, and appear based on the response to the previous answer.

## 17. COMMUNICATION AND MEDIA

E. Does the plan include strategies for communicating with people with visual, hearing, or other disabilities or language barriers?

Yes  No

If yes, who is responsible for communicating with the hearing impaired?

[repeating field – additional contacts can be added]

Title:

Who is responsible for communicating with the visually impaired?

[repeating field – additional contacts can be added]

Title:

Who is responsible for communicating with people with other disabilities?

[repeating field – additional contacts can be added]

Title:

Who is responsible for communicating with people with language barriers?

[repeating field – additional contacts can be added]

Title:

F. Have methods for communicating with the public, such as public service announcements (PSAs), been identified?

Yes  No

If yes, what are these methods? [short answer]

Some items are sub-questions, and appear based on the response to the previous answer.

## 17. COMMUNICATION AND MEDIA

G. Is there a procedure in place to release information about the event to external agencies?

- Yes  No

If yes, who is responsible for the release of information?

[repeating field – additional contacts can be added]

Title:

List the agencies to which that information will be released.

[repeating field – additional contacts can be added]

Agency:

Name:

Title:

Telephone number:

E-mail address:

H. Has an internal spokesperson or media contact been designated?

- Yes  No

If yes, who is the internal spokesperson(s)?

[repeating field – additional contacts can be added]

Title:

I. Does the plan identify procedures for handling information requests from the media?

- Yes  No

If yes, describe these procedures. [short answer]

Are these procedures coordinated with the public health, emergency management, and law enforcement agencies?

- Yes  No

Some items are sub-questions, and appear based on the response to the previous answer.

## 17. COMMUNICATION AND MEDIA

J. Does the plan include provisions for communicating and coordinating messages with the external spokespersons for the local and state health departments, local and/or regional emergency preparedness groups, and other lead agencies?

Yes  No

If yes, describe these provisions. [short answer]

K. Has an area been designated in which the media are permitted to work and receive information?

Yes  No

If yes, is this area located away from the emergency department (ED), command center, and waiting areas?

Yes  No

If yes, where is this area? [short answer]

L. Has a location(s) for holding press briefings been identified?

Yes  No

If yes, where is this location(s)? [short answer]

Some items are sub-questions, and appear based on the response to the previous answer.

## 18. RESOURCES

A. Does your facility have readily available: [check all that apply]

- |   |  |
|---|--|
| <input type="checkbox"/> Adult ventilators (disposable)     | <input type="checkbox"/> Adult ventilators (regular)     |
| <input type="checkbox"/> Beds                               | <input type="checkbox"/> IV pumps (including poles)      |
| <input type="checkbox"/> Neonate ventilators (disposable)   | <input type="checkbox"/> Neonate ventilators (regular)   |
| <input type="checkbox"/> Pediatric ventilators (disposable) | <input type="checkbox"/> Pediatric ventilators (regular) |
| <input type="checkbox"/> Stretchers                         | <input type="checkbox"/> Suction machines                |
| <input type="checkbox"/> Wheelchairs                        |  |

B. Does the plan identify local medical equipment suppliers?

- Yes                       No

If yes, list local suppliers and their contact information.

[repeating field – additional contacts can be added]

Supplier:

Telephone number:

Do these suppliers have a 24-hour contact number?

- Yes                       No

If yes, are these same suppliers being used by other facilities?

- Yes                       No

Some items are sub-questions, and appear based on the response to the previous answer.

## 18. RESOURCES

C. Does your facility maintain a specific level of medical supplies, particularly personal protective equipment (PPE), such as N95 respirators and gloves, readily available or easily accessible?

Yes  No

If yes, how many days' worth of medical supplies does your facility maintain? [short answer]

D. Does the plan designate responsibility for ensuring adequate amounts of PPE?

Yes  No

If yes, who has this responsibility?

[repeating field – additional contacts can be added]

Title:

E. Does the plan include strategies for monitoring the level of equipment and supplies during an event?

Yes  No

If yes, describe these strategies. [short answer]

F. Does the plan include procedures for communicating critical supply, equipment, or personnel needs to the local and/or state emergency operations center?

Yes  No

If yes, describe these procedures. [short answer]

Some items are sub-questions, and appear based on the response to the previous answer.

## 18. RESOURCES

G. Does the plan identify sources of pharmaceuticals, equipment, and supplies outside your immediate area that may be available if needed?

- Yes  No

If yes, list these sources.

Pharmaceuticals: [short answer]

Equipment: [short answer]

Supplies: [short answer]

H. Are shipping containers readily available to safely transport specimens as requested by agencies such as the state public health department, law enforcement, or the Centers for Disease Control and Prevention (CDC)?

- Yes  No

I. Does your facility use a linen service?

- Yes  No

If yes, is there a contract in place for delivery during disaster situations?

- Yes  No

How many days' supply of linen does your facility have readily available? [short answer]

Are disposable sets of linen readily available?

- Yes  No

J. Does the plan include provisions for: [check all that apply]

- Bandages and dressings  Bed arrangements, including linens  
 Personnel needs  Pharmaceuticals

Some items are sub-questions, and appear based on the response to the previous answer.

## 19. PHARMACEUTICALS

A. Does your facility have a pharmaceutical distribution plan?

- Yes  No

If yes, how will medications be distributed to patients? [short answer]

How will patients be followed or monitored for adverse reactions? [short answer]

B. Does your facility maintain a record of pharmaceutical supplies?

- Yes  No

If yes, do those supplies include: [check all that apply]

- Bronchial dilators
- Chronic disease medications, such as insulin and corticosteroids
- Intravenous ciprofloxacin
- Intravenous fluoroquinolones
- Oral ciprofloxacin
- Oral doxycycline
- Oral fluoroquinolones
- Oseltamivir
- Zanamivir

Some items are sub-questions, and appear based on the response to the previous answer.

## 19. PHARMACEUTICALS

C. Does the plan include provisions for staff prophylaxis?

- Yes  No

If yes, does the plan include provisions for prophylaxis of staffs' household members?

- Yes  No

Does the plan include provisions for volunteer prophylaxis?

- Yes  No

D. Does the plan outline how pharmaceuticals can be safely procured, transported, and delivered to your facility while keeping and maintaining secure and appropriate environmental conditions?

- Yes  No

If yes, describe this plan. [short answer]

E. Does the plan include strategies for monitoring pharmaceutical expiration dates?

- Yes  No

If yes, describe these strategies. [short answer]

Some items are sub-questions, and appear based on the response to the previous answer.

## 20. SURVEILLANCE

A. Is a plan in place for surveillance and detection of illness in patients?

Yes  No

If yes, describe this plan. [short answer]

Is surveillance based on symptoms?

Yes  No

If yes, what is it based on? [short answer]

B. Is a plan in place for surveillance and detection of illness in staff?

Yes  No

If yes, describe this plan. [short answer]

Is surveillance based on symptoms?

Yes  No

If yes, what is it based on? [short answer]

C. Does the plan describe a method for reporting surveillance?

Yes  No

If yes, who reports surveillance results to public health? [short answer]

How often are results reported? [short answer]

Some items are sub-questions, and appear based on the response to the previous answer.

## 20. SURVEILLANCE

D. Does the plan include monitoring public health advisories and notifying hospital staff of potential disease outbreaks?

- Yes  No

If yes, who is responsible for monitoring public health advisories?

[repeating field – additional contacts can be added]

Title:

Who is notified of potential disease outbreaks?

[repeating field – additional contacts can be added]

Title:

E. Is a system in place for monitoring and internally reviewing healthcare-associated transmission of illness among patients and staff?

- Yes  No

If yes, briefly describe this system. [short answer]

What actions are taken as a result of healthcare-associated transmission of illness?  
[short answer]

Some items are sub-questions, and appear based on the response to the previous answer.

## 21. INFECTION CONTROL

A. Is there a plan to communicate to all hospital staff about the appropriate need for and use of infection control measures?

- Yes  No

If yes, describe this plan. [short answer]

B. Does the plan require healthcare personnel to use, at a minimum, standard precautions and droplet precautions with patients symptomatic with a communicable disease?

- Yes  No

C. Does the plan address the use of respiratory protection (i.e., N95 or higher rated respirator)?

- Yes  No

If yes, are staff fit-tested for respirators?

- Yes  No

How frequently is fit-testing done within each department?

- Annually  Other [short answer]

D. Does the plan address the use of personal protective equipment (PPE) such as gloves, goggles, or gowns?

- Yes  No

E. Does the plan include strategies for implementing respiratory hygiene/cough etiquette throughout your facility?

- Yes  No

If yes, describe these strategies. [short answer]

Some items are sub-questions, and appear based on the response to the previous answer.

## 21. INFECTION CONTROL

F. Does the plan include measures to ensure the ability to provide hand-washing/hand-sanitizing measures?

- Yes  No

If yes, what are these safety measures? [short answer]

G. Does the plan include regularly monitoring accepted websites (e.g., [www.cdc.gov](http://www.cdc.gov)) for updates/revisions to infection control recommendations and implementation of these recommendations?

- Yes  No

If yes, who is responsible for monitoring these websites? [short answer]

Who is responsible for implementing recommendations? [short answer]

H. Does the plan address cohorting patients with known or suspected communicable diseases?

- Yes  No

If yes, describe this plan. [short answer]

I. Does the plan include strategies for identifying and tracking contacts of people infected with communicable diseases?

- Yes  No

If yes, describe these strategies. [short answer]

J. Are infectious disease notification procedures in place 24 hours a day and 7 days a week?

- Yes  No

Some items are sub-questions, and appear based on the response to the previous answer.

## 21. INFECTION CONTROL

K. Does your facility have isolation or protective environment (negative pressure, positive pressure) rooms?

Yes

No

If yes, how many isolation or protective environment rooms does your facility have? [short answer]

Where are these rooms located? [short answer]

Are these locations clearly identified and readily available?

Yes

No

Does your facility have the ability to convert standard rooms to isolation or protective environment rooms?

Yes

No

If yes, how many Emergency Department rooms can be converted? [short answer]

How many standard rooms can be converted? [short answer]

Where are these rooms located? [short answer]

Are these locations clearly identified and readily available?

Yes

No

Some items are sub-questions, and appear based on the response to the previous answer.

## 22. STAFF EDUCATION AND TRAINING

A. Does the plan include methods for just-in-time training for new and altered roles?

- Yes  No

If yes, what are these methods? [short answer]

B. Does your facility have ongoing disaster training and education programs?

- Yes  No

If yes, training is mandatory for: [check all that apply]

- Administrative staff  Housekeeping and food service staff  
 Laboratory and radiology staff  Medical and nursing students  
 Medical staff  Nursing staff  
 Residents  Security staff  
 Other [short answer]

How frequently is training provided?

- Annually  Other [short answer]

C. Who is responsible for developing and conducting the training program?

[repeating field – additional contacts can be added]

- Develops  Conducts

Title:

Some items are sub-questions, and appear based on the response to the previous answer.

## 22. STAFF EDUCATION AND TRAINING

D. Does your facility distribute disaster education material in order to facilitate awareness of current procedures?

- Yes  No

If yes, when is disaster education material distributed? [check all that apply]

- At staff orientation  At trainings or exercises  Annually  
 Other [short answer]

E. Does your facility conduct joint training programs with other external organizations involved in disaster response?

- Yes  No

If yes, list these organizations. [short answer]

F. Has your facility considered incorporating disaster procedures into day-to-day operations so that staff can become familiar with them?

- Yes  No

Some items are sub-questions, and appear based on the response to the previous answer.

### 23. POST-MORTEM CARE

A. Has a contingency plan been developed for managing a surge in post-mortem care and disposition of deceased patients?

Yes  No

If yes, describe this contingency plan. [short answer]

B. Has a temporary or overflow morgue been identified?

Yes  No

If yes, where is it located? [short answer]

C. What is your facility's stock level for body bags? [short answer]

D. How will bodies be identified during an event? [short answer]

E. Does the plan identify individuals who have the authority to certify deaths?

Yes  No

If yes, who are these persons?

[repeating field – additional contacts can be added]

Title:

F. Does the plan consider particular safety needs such as decontaminating staff who may be assisting in mortuary response?

Yes  No

If yes, how does the plan address strategies for decontaminating bodies, if needed?  
[short answer]

G. Does the plan consider the psychosocial needs of staff members who may be assisting in mortuary response?

Yes  No

If yes, describe this plan. [short answer]

Some items are sub-questions, and appear based on the response to the previous answer.

### 23. POST-MORTEM CARE

H. Will organ donation be maintained during a disaster?

Yes

No

If yes, describe how organ donation will be handled during a disaster. [short answer]

I. How will your facility address cultural and religious differences in dealing with death during a disaster, when space may be limited? [short answer]

Some items are sub-questions, and appear based on the response to the previous answer.

## 24. RECOVERY PROTOCOLS

A. Does your facility have a recovery plan?

- Yes  No

If yes, describe this plan. [short answer]

B. Is recovery part of the incident command system (ICS) team's responsibility or has this responsibility been designated to a different team?

- ICS team  Other team

If other team, what team has been designated responsibility for recovery? [short answer]

C. Does the recovery plan include provisions for: [check all that apply]

- |   |  |
|---|--|
| <input type="checkbox"/> Cleanup, including hazard removal    | <input type="checkbox"/> Equipment repair                |
| <input type="checkbox"/> Garbage and waste disposal           | <input type="checkbox"/> Incident documentation          |
| <input type="checkbox"/> Patient records                      | <input type="checkbox"/> Physical repair and restoration |
| <input type="checkbox"/> Re-supplying inventory and resources | <input type="checkbox"/> Reimbursement                   |

D. Does the recovery plan include the following programs? [check all that apply]

- |  |   |
|--|---|
| <input type="checkbox"/> Employee Assistance Program | <input type="checkbox"/> Family support program |
| <input type="checkbox"/> Group counseling            | <input type="checkbox"/> Individual counseling  |
| <input type="checkbox"/> Incident debriefing         | <input type="checkbox"/> Other [short answer]   |

E. Does the plan assign responsibility for tracking expenses during an incident?

- Yes  No

If yes, who is responsible for tracking expenses during an incident?

[repeating field – additional contacts can be added]

Title:

Some items are sub-questions, and appear based on the response to the previous answer.

## 24. RECOVERY PROTOCOLS

F. Does your facility have a process to complete an after-action report of the incident?

- Yes  No

If yes, describe this process. [short answer]

Who is responsible for submitting the after-action report?

[repeating field – additional contacts can be added]

Title:

To whom does your facility submit an after-action report? List the authorities and/or agencies.

- Internal  External

Name:

G. Does your facility have a process to complete corrective actions after the incident?

- Yes  No

If yes, describe this process [short answer]

Who is responsible for overseeing implementation and tracking of completed corrective actions?

[repeating field – additional contacts can be added]

Title:

Some items are sub-questions, and appear based on the response to the previous answer.

## 24. RECOVERY PROTOCOLS

H. Is there a process for formally acknowledging assistance received during an incident from:  
[check all that apply]

Emergency management                       Federal personnel                       Local personnel

Healthcare providers                       Public health                       Staff

State personnel                       Volunteers

Other community partners [short answer]

Describe this process. [short answer]

Some items are sub-questions, and appear based on the response to the previous answer.

## 25. EXERCISING THE PLAN

A. Does your facility conduct an exercise to test the plan at least annually?

- Yes  No

If yes, what type(s) of exercise(s) do you conduct? [check all that apply]

- Drill  Tabletop Exercise  Functional Exercise  
 Full-Scale Exercise  Response to a hoax  
 Response to a real event

B. Does the exercise ensure all key participants are familiar with the contents of the plan?

- Yes  No

C. Are specific aspects of the plan tested separately?

- Yes  No

If yes, describe how specific aspects are tested. [short answer]

D. Are exercise results reviewed and evaluated to identify strengths and areas for improvement?

- Yes  No

If yes, is the evaluation shared with exercise participants?

- Yes  No

E. Who tracks whether recommendations in the corrective action plan have been implemented?

- Safety Management Committee  Other [short answer]

Some items are sub-questions, and appear based on the response to the previous answer.

## 26. INFRASTRUCTURE

A. Can your facility's outside air intakes be shut down, if needed?

Yes

No

B. What is your microbiology laboratory's current biosafety level capability?

Level 1

Level 2

Level 3

Level 4

No biosafety laboratory capabilities

C. Does the plan designate responsibility for contacting local utilities should services like water and power need to be restored?

Yes

No

If yes, list contact information for local utilities.

Utility:

Telephone number:

Who has the responsibility for contacting these utilities?

[repeating field – additional contacts can be added]

Title:

D. Have arrangements been made with local utility providers to ensure that your facility should be prioritized for restoration should services be interrupted?

Yes

No

**Some items are sub-questions, and appear based on the response to the previous answer.**

## **Resource List**

If you answered "no" to the questions below, here are some resources you may find helpful. Additional resources are also included.

### **Section 1: Planning Framework**

**Question A:** Has your facility conducted a hazard vulnerability analysis to identify potential emergencies and the resulting effects on your ability to provide services?

Kaiser Permanente's Hazard Vulnerability Analysis Tool: <http://www.calhospitalprepare.org/category/content-area/planning-topics/healthcare-emergency-management/hazard-vulnerability-analysis>

**Question C:** Does your facility coordinate with the state or local health department (SHD/LHD) and local or regional emergency preparedness groups as part of the planning process (e.g., hospital associations, Metropolitan Medical Response System, emergency management agency)?

US Department of Health and Human Services' Metropolitan Medical Response System: <http://www.bt.cdc.gov/planning/CoopAgreementAward/presentations/mmrs-oep10minbriefing-jim11.pdf>

**Question D:** Does your facility have a written, all-hazards disaster or emergency operations plan?

- Joint Commission Home Page: <http://www.jointcommission.org/>
- Joint Commission's Emergency Standards Update (2011): [http://www.jointcommission.org/assets/1/6/Hospital\\_Pre-Pubs\\_for\\_CoP\\_Changes\\_20110110.pdf](http://www.jointcommission.org/assets/1/6/Hospital_Pre-Pubs_for_CoP_Changes_20110110.pdf)

### **Section 2: Command and Control**

**Question A:** Does your facility use a National Incident Management System (NIMS) compliant incident command system (ICS) during disaster scenarios?

- California Emergency Medical Services Authority's Hospital Incident Command System (HICS): <http://www.emsa.ca.gov/hics/default.asp> and <http://www.heics.com/index.html>
- Center for HICS Education and Training, sponsored by Washington Hospital Center and Kaiser Permanente: <http://www.hicscenter.org/>
- The Center for Preparedness Education Hospital Preparedness Resources: <http://www.preped.org/Resources/HICS-JAS-Forms.htm>

**Some items are sub-questions, and appear based on the response to the previous answer.**

## **Section 17:**

**Question A:** Does your facility have a crisis or risk communication plan?

- American Hospital Association: <http://www.aha.org/aha/issues/Emergency-Readiness/crisiscomprimer.html>
- Federal Communications Commission, Public Safety and Homeland Security Bureau: <http://publicsafety.fcc.gov/pshs/clearinghouse/index.htm?section=Communication%20Plans>
- Colorado Nonprofit Association's Crisis Communication Plan Toolkit: <http://www.coloradononprofits.org/crisiscomm.pdf>

## **General Resources**

- American Hospital Association Emergency Readiness Resources  
<http://www.aha.org/aha/issues/Emergency-Readiness/resources.html>
- Centers for Disease Control and Prevention, Division of Healthcare Quality Promotion  
Preparedness Resources for Hospitals, Primary Care, Pediatrics, Call Centers, Long-Term Care, and Community Planners <http://emergency.cdc.gov/healthcare/>
- Centers for Disease Control and Prevention, Office of Emergency Preparedness and Response  
Preparedness Resources for Hospitals <http://www.bt.cdc.gov/healthcare/hospitals.asp>
- Federal Emergency Management Agency  
National Incident Management System (NIMS) Resource Center <http://www.fema.gov/emergency/nims/>
- Federal Communications Commission, Public Safety and Homeland Security Bureau  
Emergency Planning for the Health Care Sector <http://www.fcc.gov/pshs/emergency-information/guidelines/health-care.html>

**Some items are sub-questions, and appear based on the response to the previous answer.**

- US Department of Health and Human Services, National Library of Medicine (NLM)

Disaster Information Management Research Center <http://sis.nlm.nih.gov/dimrc.html>

- US Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response (ASPR)

Public Health Emergency Preparedness <http://www.phe.gov/preparedness/pages/default.aspx>