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# OPERATIONS
## Planning & Assessment Tool
A Healthcare Guide for Pandemic Flu Planning

## PLANNING TODAY
## FOR A PANDEMIC TOMORROW

NJHA
NEW JERSEY HOSPITAL ASSOCIATION

Supported by a grant from Roche Pharmaceuticals

# Operations
# Planning & Assessment Tool:
# A Healthcare Guide for Pandemic Flu Planning

## Planning Today For A Pandemic Tomorrow
## Publication Series

Prepared by the New Jersey Hospital Association

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November 2008

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# INTRODUCTION

Through the use of a detailed assessment and planning tool, hospitals can review existing policies and procedures, identify gaps, adopt new policies and procedures and generate a pandemic influenza plan that will facilitate a more effective response during a crisis. This tool will assist hospitals in developing and adopting new policies that will be required to protect employees, patients and the hospital itself. The planning and assessment tool identifies critical elements within each module related to hospital operations during an emergency situation. In addition, the tool provides a variety of sample policies and procedures that facilities may elect to use in their planning process.

Critical areas to address when planning for a pandemic include:

| | |
|---|---|
| Clinical Care | Leadership |
| Communication | Legal/Regulatory |
| Ethics | Operations |
| Finance | Psycho-Social |
| Human Resources | Supplies/Logistics/Support Services |

How to Use This Module

Hospitals should form multi-disciplinary work teams to develop policies and procedures relating to each of the critical areas identified above. Diverse perspectives will help ensure that all issues or concerns that may be raised during a pandemic can be brought to the table while in the planning process.

The modules are to be used as a guide to facilitate discussion and to ensure that key points related to a topic such as human resources are identified and addressed in the planning process. Sample policies and/or procedures are provided; these policies and procedures are by no means all inclusive, and hospitals should not interpret the sample policies as what *must* be adopted. Sample policies are provided to assist a hospital in developing a policy that is consistent with the culture and values of the organization. Hospitals are not required to adopt any of the sample policies and procedures; they are intended simply to serve as a resource and guide in the planning process. *They are not reflective of a standard of care.*

Upon completion of the 10 modules reflected in *Planning Today for a Pandemic Tomorrow,* a "cross-walk" will be developed. This cross-walk will provide guidance for other module areas that should be referenced when developing policies and procedures. For example, when examining a Human Resources policy, the Legal and Regulatory module may need to be reviewed.

And finally, the information reflected in the planning and assessment tool modules is intended to be used as a fluid and flexible resource in dealing with the problems associated with a pandemic influenza outbreak. It is based on existing information, therefore hospitals should routinely review their plan to ensure new information is incorporated into policies and procedures as necessary.

# OPERATIONS MODULE

NOTE: Many areas in the "Operations" module overlap with the "Clinical Operations" module. They may be mentioned more than once.

In the sections that follow, a series of planning/policy tasks are broken down by operations expertise areas. They are discretionary and are representative of the issues that *should* be considered. These tasks include:

A. Organizing a Pandemic Planning Committee
B. Creating an Emergency Management Plan (EMP)
C. Establishing an Emergency Operations Center (EOC)
D. Adopting a NIMS-Compliant Incident Management System
E. Risk Assessment and Business Impact Analysis
F. Community Planning Integration
G. Resource Sharing
H. Stockpile Development
I. Alternate Care Sites
J. Securing the Facility
K. Mortuary Services
L. Post-Pandemic Recovery

Associated with each section are appendices and/or suggestions to refer to other toolkit modules that offer additional details, tips and/or further explanation of important considerations for each task. Careful planning in these areas will assure that operations run smoothly under the extreme conditions of a pandemic.

# A. ORGANIZING A PANDEMIC PLANNING COMMITTEE

***In your plan, consider the following:***

| | ASSIGNMENT | COMPLETED | IN PROGRESS | NOT STARTED | DATE TO BE COMPLETED | LEAD STAFF MEMBER |
|---|---|---|---|---|---|---|
| 1 | Identify staff to serve on the facility's pandemic flu planning committee such as:<br>✓ Emergency preparedness coordinator<br>✓ Chief finance officer<br>✓ Human resources executive<br>✓ Public information officer<br>✓ Facility management executive<br>✓ Security executive<br>✓ VP of nursing<br>✓ Senior management executive<br>✓ Medical staff representative<br>✓ Ethics representative<br>✓ Employee health representative<br>✓ General counsel<br>✓ Supplies representative<br>✓ Pharmacy representative<br>✓ Information systems representative<br>✓ Infection control professional | | | | | |
| 2 | Ensure the charge of the pandemic flu planning committee includes deadlines for completion. | | | | | |
| 3 | Ensure inclusion of staff that are fully educated about state and federal regulations/guidelines that are applicable to a pandemic. | | | | | |


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## B. CREATING AN EMERGENCY MANAGEMENT PLAN (EMP)

***In your plan, consider the following:***

| | ASSIGNMENT | COMPLETED | IN PROGRESS | NOT STARTED | DATE TO BE COMPLETED | LEAD STAFF MEMBER |
|---|---|---|---|---|---|---|
| 1 | Develop an emergency management plan (EMP) that is compliant with the National Incident Management System (NIMS). | | | | | |
| | | | | | | |
| 2 | Ensure the EMP outlines:<br>✓ Initial assessment process<br>✓ EMP implementation triggers<br>✓ The process for implementing the EMP including:<br>• Who has authority to activate<br>• Who gets notified and how<br>• Initial steps to be taken<br>✓ An implementation matrix detailing triggers and associated key actions to be taken by departments across the facility<br>✓ Activation of the emergency operations center (EOC – physical or virtual, depending upon the situation) and activation of the Incident Management System<br>✓ Process for maintaining prolonged EOC operations<br>✓ A secondary location for EOC<br>✓ De-escalation of event and shutting down of EOC | | | | | |
| | | | | | | |
| 3 | Ensure facility exercises its EMP as required by established standards within the healthcare community. | | | | | |

## B. Creating An Emergency Management Plan (EMP) continued

| | ASSIGNMENT | COMPLETED | IN PROGRESS | NOT STARTED | DATE TO BE COMPLETED | LEAD STAFF MEMBER |
|---|---|---|---|---|---|---|
| 4 | Ensure plan has explicit policies/procedures for communicating with patients, staff, etc. (See Communications module) | | | | | |
| | | | | | | |
| 5 | Encourage staff to develop personal emergency response plans. (See HR module) | | | | | |


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## C. Establishing An Emergency Operation Center (EOC)

***In your plan, consider the following:***

| | ASSIGNMENT | COMPLETED | IN PROGRESS | NOT STARTED | DATE TO BE COMPLETED | LEAD STAFF MEMBER |
|---|---|---|---|---|---|---|
| 1 | Identify primary and secondary locations for your EOC. | | | | | |
| 2 | Ensure EOC is equipped with:<br>✓ Multiple phone lines<br>✓ Fax – both incoming and outgoing<br>✓ Computers and printers<br>✓ E-mail capabilities<br>✓ Internet and web access<br>✓ Any necessary radio communication devices<br>✓ Cell phone service, if possible<br>✓ Office supplies to sustain a prolonged operation<br>✓ Backup supplies of toner, printer cartridges, copy paper, etc. | | | | | |
| 3 | Ensure EOC can completely operate on emergency power. | | | | | |
| 4 | Develop specific triggers identifying when to open your EOC. | | | | | |
| 5 | Develop processes for standing up the EOC, including:<br>✓ Who has the authority to open the EOC<br>✓ How to set up the room<br>✓ How to set up required equipment<br>✓ Who to notify when the EOC is opened | | | | | |


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## C. ESTABLISHING AN EMERGENCY OPERATION CENTER (EOC) CONTINUED

| | ASSIGNMENT | COMPLETED | IN PROGRESS | NOT STARTED | DATE TO BE COMPLETED | LEAD STAFF MEMBER |
|---|---|---|---|---|---|---|
| 6 | Establish positions within the EOC (e.g., public information officer, safety officer, etc.) ensure the are consistent with Incident Command System or Hospital Incident Command System (ICS/HICS) and ensure:<br>✓ People filling the positions have had adequate training<br>✓ Responsibilities for each officer position is reflected in corresponding job action sheet<br>✓ All positions have staff assigned to ensure three deep coverage<br>See Appendix C | | | | | |
| | | | | | | |
| 7 | Develop processes to run a virtual EOC when face-to-face meetings are not allowed due to social distancing. Include:<br>✓ Identification of required technology and equipment<br>✓ Protocols on how to conduct virtual meetings<br>✓ Practice exercises for virtual EOC operation | | | | | |


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## C. ESTABLISHING AN EMERGENCY OPERATION CENTER (EOC) CONTINUED

| | ASSIGNMENT | COMPLETED | IN PROGRESS | NOT STARTED | DATE TO BE COMPLETED | LEAD STAFF MEMBER |
|---|---|---|---|---|---|---|
| 8 | Maintain a current contact list for other important EOCs in the area, including:<br>✓ Emergency contact names and numbers for surrounding health care organizations and their EOC numbers<br>✓ Contact information for regional EOCs and local and regional emergency management offices (OEM's)<br>✓ Critical health department contact names and telephone numbers<br>✓ Contact information for EOCs at key suppliers (if available) | | | | | |
| 9 | Discuss and agree upon policies and procedures to support other facility EOCs. | | | | | |
| 10 | Develop arrangements/memoranda of understanding (MOUs) to share staff and supplies with other facility EOCs. | | | | | |
| 11 | Develop system to document all decisions, processes and pathways used and developed in the EOC. | | | | | |
| 12 | Develop process to efficiently share critical decisions, processes and pathways developed in the EOC. | | | | | |
| 13 | Develop procedures to provide support to EOC staff for prolonged periods of time (e.g., food, sleeping areas, bathroom and shower facilities, etc.). | | | | | |

## D. ADOPTING A NIMS-COMPLIANT INCIDENT MANAGEMENT SYSTEM

***In your plan, consider the following:***

| | ASSIGNMENT | COMPLETED | IN PROGRESS | NOT STARTED | DATE TO BE COMPLETED | LEAD STAFF MEMBER |
|---|---|---|---|---|---|---|
| 1 | Adopt an emergency management plan that is National Incident Management System (NIMS)-compliant that includes:<br>✓ Adoption of a formalized incident management system (e.g, ICS or HICS) for use in managing a pandemic<br>✓ Training for all staff to the level required by NIMS<br>✓ Pre-identification of command staff and section chief positions that are at least three people deep (four-to-six deep is better as a pandemic will be a prolonged event)<br>✓ Development of job action sheets or checklists for all positions within the EOC<br>✓ Development of a plan to internally exercise the incident management system at least twice a year.<br>✓ Development of a plan to externally exercise the incident management system with community partners at least once a year. This includes the concept of unified command.<br>See Appendix D | | | | | |
| | | | | | | |
| 2 | Cross-train staff to assume command and general staff positions. | | | | | |
| | | | | | | |
| 3 | Ensure staff knows how to integrate the facility ICS structure into the city/county/state structure. | | | | | |
| | | | | | | |
| 4 | Ensure staff exercises their ICS structure with their community partners at least annually. | | | | | |

## D. ADOPTING A NIMS-COMPLIANT INCIDENT MANAGEMENT SYSTEM CONTINUED

| | ASSIGNMENT | COMPLETED | IN PROGRESS | NOT STARTED | DATE TO BE COMPLETED | LEAD STAFF MEMBER |
|---|---|---|---|---|---|---|
| 5 | Unified command is discussed with community partners; roles should be identified and agreed upon. | | | | | |
| | | | | | | |
| 6 | Create effective system to document all decisions, processes and pathways for use in the EOC, including:<br>✓ Procedure to share critical decisions, processes and pathways with management, staff, patients and visitors<br>✓ Procedures to share critical decisions with media/outside agencies<br>✓ Staff practice exercises of ICS<br>✓ Operational briefings and change of command exercises | | | | | |


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# E. RISK ASSESSMENT AND BUSINESS IMPACT ANALYSIS

***In your plan, consider the following:***

| | ASSIGNMENT | COMPLETED | IN PROGRESS | NOT STARTED | DATE TO BE COMPLETED | LEAD STAFF MEMBER |
|---|---|---|---|---|---|---|
| 1 | Ensure pandemic flu is addressed in the facility's hazard vulnerability analysis (HVA). | | | | | |
| 2 | Develop and perform a business impact analysis (BIA) to address upstream and downstream dependencies for critical services that will be maintained during a pandemic, including:<br>✓ Questionnaire development<br>✓ Information collection<br>✓ Interviews with key stakeholders<br>See Appendix E-1 | | | | | |
| 3 | Ensure that information technology (IT) systems are addressed. Develop recovery time objectives (RTOs) and recovery point objectives (RPOs) for critical clinical systems, processes and data.<br>See Appendix E-2 | | | | | |

# F. COMMUNITY PLANNING INTEGRATION

***In your plan, consider the following:***

| | ASSIGNMENT | COMPLETED | IN PROGRESS | NOT STARTED | DATE TO BE COMPLETED | LEAD STAFF MEMBER |
|---|---|---|---|---|---|---|
| 1 | Ensure facility participates in community planning efforts so that facility plans are integrated into community plans. | | | | | |
| 2 | Participate in local emergency planning committee (LEPC) activities. | | | | | |
| 3 | Participate in state, county/parish and local government planning activities. | | | | | |
| 4 | Coordinate planning efforts with local law enforcement. | | | | | |
| 5 | Participate in regional public health pandemic planning activities. | | | | | |
| 6 | Include public health representation on the facility's pandemic planning committee. | | | | | |
| 7 | Collaborate with city, county and state officials in developing public service announcements. | | | | | |
| 8 | Determine most appropriate contact and most effective means of communication with city, county and state officials. | | | | | |


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## F. COMMUNITY PLANNING INTEGRATION CONTINUED

| | ASSIGNMENT | COMPLETED | IN PROGRESS | NOT STARTED | DATE TO BE COMPLETED | LEAD STAFF MEMBER |
|---|---|---|---|---|---|---|
| 9 | Collaborate with local law enforcement to develop plans that address the increased security needs for the hospital during a pandemic and the police resources that would be available to meet those needs. For example, increased security needs may result from agitated family members, stressed staff members, shortages of critical supplies, etc. Community law enforcement resources may be stretched thin by absenteeism and other pressing community needs. | | | | | |

# G. RESOURCE SHARING

***In your plan, consider the following:***

| | ASSIGNMENT | COMPLETED | IN PROGRESS | NOT STARTED | DATE TO BE COMPLETED | LEAD STAFF MEMBER |
|---|---|---|---|---|---|---|
| 1 | Develop process and associated policies for sharing resources with other health care facilities in the region. | | | | | |
| | | | | | | |
| 2 | Ensure resource sharing policies address:<br>✓ Methods for sharing resources<br>✓ Training on the safe use of shared resources (include internal training for incoming items and external training for recipients of your resources)<br>✓ Liability issues for shared equipment (i.e., if someone is injured by equipment, who assumes responsibility – the sending or receiving facility?)<br>✓ Insurance concerns (e.g., will coverage or warranties apply if equipment or other resources/supplies are utilized by another facility at an alternate location?)<br>✓ Care and upkeep of shared equipment<br>✓ Financial considerations for shared equipment (e.g., will there be a charge for using borrowed equipment; if items are destroyed or lost, what is the reimbursement policy, etc.) | | | | | |
| | | | | | | |
| 3 | Develop an inventory of resources that could be shared with other health care organizations during a pandemic. | | | | | |

## H. STOCKPILE DEVELOPMENT

***In your plan, consider the following:***

| | ASSIGNMENT | COMPLETED | IN PROGRESS | NOT STARTED | DATE TO BE COMPLETED | LEAD STAFF MEMBER |
|---|---|---|---|---|---|---|
| 1 | Assess the needs and develop plan for personal protective equipment (PPE), including:<br>✓ Identify which PPE would be in high demand for your facility (i.e., masks, respirators [N-95, PAPRs, etc.], gloves, gowns, goggles, face shields) and estimating what that demand would be<br>✓ Identify if facility will stockpile PPE<br>✓ Develop procedures for rotation and maintenance of stockpiled PPE<br>✓ Maintain current inventory of stockpiled PPE<br>✓ Identify alternate/backup PPE suppliers<br>✓ Ensure discussion of emergency response plans with PPE vendors and pre-submission of emergency orders with suppliers. (See Supplies, Logistics and Support Services module) | | | | | |

## H. STOCKPILE DEVELOPMENT CONTINUED

| | ASSIGNMENT | COMPLETED | IN PROGRESS | NOT STARTED | DATE TO BE COMPLETED | LEAD STAFF MEMBER |
|---|---|---|---|---|---|---|
| 2 | Assess the need to stockpile antiviral medications for use during a pandemic (see Clinical and HR modules):<br>✓ Identify whether facility will maintain an antiviral stockpile<br>✓ Develop policy on how medications will be used (i.e. treatment vs. prophylaxis)<br>✓ Determine who will be prioritized to potentially receive antiviral medications (e.g., critical employees, all employees, employee families, etc.)<br>✓ Ensure transparent policies regarding stockpiling and distribution of anti-viral medication has been shared with all staff<br>✓ Ensure funds have been budgeted for purchase of antiviral medications<br>✓ Determine when antiviral medications would be distributed<br>✓ Develop plans for distribution of antiviral medications<br>✓ Practice antiviral distribution plans<br>✓ Establish employee screening and education programs for those receiving antiviral medications<br>✓ Ensure coordination of facility antiviral stockpile program with the health department<br>✓ Develop a plan to receive and utilize state or federal stockpiled medications. Determine who will participate in the process (e.g., security, armed guards, pharmacists, public health officials, etc.)<br>✓ Develop and exercise process to break down multidose bottles into individual treatment courses (Note: State and federal stockpiled antiviral medications are stored in large multidose bottles and must be broken down into treatment or prophylaxis courses prior to distribution) | | | | | |


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## H. STOCKPILE DEVELOPMENT continued

| | ASSIGNMENT | COMPLETED | IN PROGRESS | NOT STARTED | DATE TO BE COMPLETED | LEAD STAFF MEMBER |
|---|---|---|---|---|---|---|
| 3 | Ensure facility develops plans to address the need for medical/surgical equipment for use during a pandemic. (See Supplies, Logistics and Support Services module) | | | | | |
| | | | | | | |
| 4 | Ensure facility develops plans to augment the supply of patient surge related supplies, including:<br>✓ Linens<br>✓ Cots<br>✓ Charts, forms, documents<br>✓ Admission kits<br>✓ Disposable plates, cups, utensils<br>✓ Body bags for the deceased | | | | | |

# I. COMMUNITY ALTERNATE CARE SITES

***In your plan, consider the following:***

| | ASSIGNMENT | COMPLETED | IN PROGRESS | NOT STARTED | DATE TO BE COMPLETED | LEAD STAFF MEMBER |
|---|---|---|---|---|---|---|
| 1 | Address issues related to risks and liabilities when running an alternate care site. Develop policies surrounding:<br>✓ EMTALA issues on moving patients without performing a complete medical screening exam. (See Legal module)<br>✓ HIPPA issues on sharing information with alternate care sites outside the facility. (See Legal module)<br>✓ Liability issues when providing patient care in a non-facility setting (i.e., providing patient care in a location that does not have the usual environment of care and life safety protections in place)<br>✓ Worker compensation and other worker issues when working in a non-facility setting. (See Legal module) | | | | | |
| | | | | | | |
| 2 | Address finance issues related to alternate care sites. (See Finance module) | | | | | |
| | | | | | | |
| 3 | Address clinical issues related to alternate care sites. (See Clinical Care module) | | | | | |
| | | | | | | |
| 4 | Address alternate care site logistics and setup policies and procedures (see Clinical Care module), including:<br>✓ Site selection<br>✓ Staffing<br>✓ Supply/equipment<br>✓ Establishing and closing site<br>✓ Site security | | | | | |

# J. SECURING THE FACILITY

***In your plan, consider the following:***

| | ASSIGNMENT | COMPLETED | IN PROGRESS | NOT STARTED | DATE TO BE COMPLETED | LEAD STAFF MEMBER |
|---|---|---|---|---|---|---|
| 1 | Assess security needs to maintain a safe and secure facility in the event of patient surge resulting from pandemic. | | | | | |
| 2 | Ensure all security policies have been shared with staff. | | | | | |
| 3 | Ensure staff is trained in lockdown/controlled access policies. | | | | | |
| 4 | Practice lockdown or controlled access situations. | | | | | |
| 5 | Ensure all security policies are authorized by facility administration or board of directors. | | | | | |
| 6 | Develop appropriate signage to facilitate patient flow during a pandemic:<br>✓ Signage for use during a patient surge<br>✓ Signage reflecting the role the facility will play in the community response<br>✓ Signage for redirecting patients to alternate sites, screening locations, and/or medication distribution centers<br>✓ Signage to route patients, ambulances, visitors, staff and vendors/contractors when access to facility buildings is limited | | | | | |
| 7 | Determine how facility will augment its security force should there be gaps. This may be accomplished through:<br>✓ Utilizing outside security guards<br>✓ Agreements with local police<br>✓ Deputizing staff members<br>✓ Engaging community groups | | | | | |


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## J. SECURING THE FACILITY CONTINUED

| | ASSIGNMENT | COMPLETED | IN PROGRESS | NOT STARTED | DATE TO BE COMPLETED | LEAD STAFF MEMBER |
|---|---|---|---|---|---|---|
| 8 | Address who will be permitted access during various phases of "lock down" or limited building access. Groups to be considered include patients, patient families, staff, vendors/contractors, etc. | | | | | |
| 9 | Address facility lockdown issues, including:<br>✓ Ability to limit access to buildings<br>✓ Specific triggers for various stages of limiting access to facility buildings<br>✓ Specific procedures to be followed when implementing various stages of limiting access<br>✓ EMTALA issues when denying patients access to emergency services by locking down your facility<br>✓ Integrating volunteers and people enrolled in government-sponsored programs into your facility such as MRC, CERT Teams, ESAR-VHP. (See Clinical Care module). | | | | | |
| 10 | Define methods for requesting outside assistance or supplies. Collaborate with local law enforcement to refine the procedures used to request additional resources and to gain a better understanding of what law enforcement resources will be available. | | | | | |
| 11 | Coordinate with community health and emergency management authorities to design government assistance request process(es). | | | | | |


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## K. MORTUARY SERVICES

***In your plan, consider the following:***

| | ASSIGNMENT | COMPLETED | IN PROGRESS | NOT STARTED | DATE TO BE COMPLETED | LEAD STAFF MEMBER |
|---|---|---|---|---|---|---|
| 1 | Develop working relationships with local funeral homes and county/state coroners. Identify emergency procedures to remove deceased from facility, including 24/7 contact information. | | | | | |
| 2 | Identify procedures that may be needed/changed/waived regarding autopsies and death registration. Ensure changes are reflected in policy and that authorized personnel and procedures have been discussed with all responsible agencies. | | | | | |
| 3 | Develop procedures to obtain death certificates 24/7 once stock is exhausted. | | | | | |
| 4 | Establish MOUs with local agencies to assist with deceased storage. | | | | | |
| 5 | Identify security measures for morgue area. | | | | | |
| 6 | Develop procedures to disinfect/sanitize/clean morgue surge area. Ensure procedures are created with the assistance of the infection control professional and local health department. | | | | | |


*The policies and procedures included herein are not reflective of a standard of care.*

# L. POST-PANDEMIC RECOVERY

***In your plan, consider the following:***

| | ASSIGNMENT | COMPLETED | IN PROGRESS | NOT STARTED | DATE TO BE COMPLETED | LEAD STAFF MEMBER |
|---|---|---|---|---|---|---|
| 1 | Perform facility capabilities assessment when pandemic wave has passed. | | | | | |
| 2 | Develop plan and process to allow pandemic activities de-escalation and move to post-pandemic wave operations. This includes:<br>✓ Restarting clinical service lines that were suspended<br>✓ Restoring administrative functions that were suspended<br>✓ Addressing outstanding human resources issues<br>✓ Planning for next pandemic wave<br>✓ Replenishing supplies and equipment | | | | | |
| 3 | Develop plan to address financial recovery:<br>✓ Bill for services rendered<br>✓ Obtain reimbursement from relevant government entity (may include the Federal Emergency Management Agency (FEMA), HHS, DHS, state government, etc.)<br>✓ Resolving wage and benefit issues (union and non-union)<br>✓ Resolving workers compensation issues | | | | | |
| 4 | Develop records management policy to limit legal exposure. | | | | | |
| 5 | Develop process to clean and recover areas used for patient surge to return them to their previous function (e.g, cafeterias, conference rooms, offices, etc.). | | | | | |

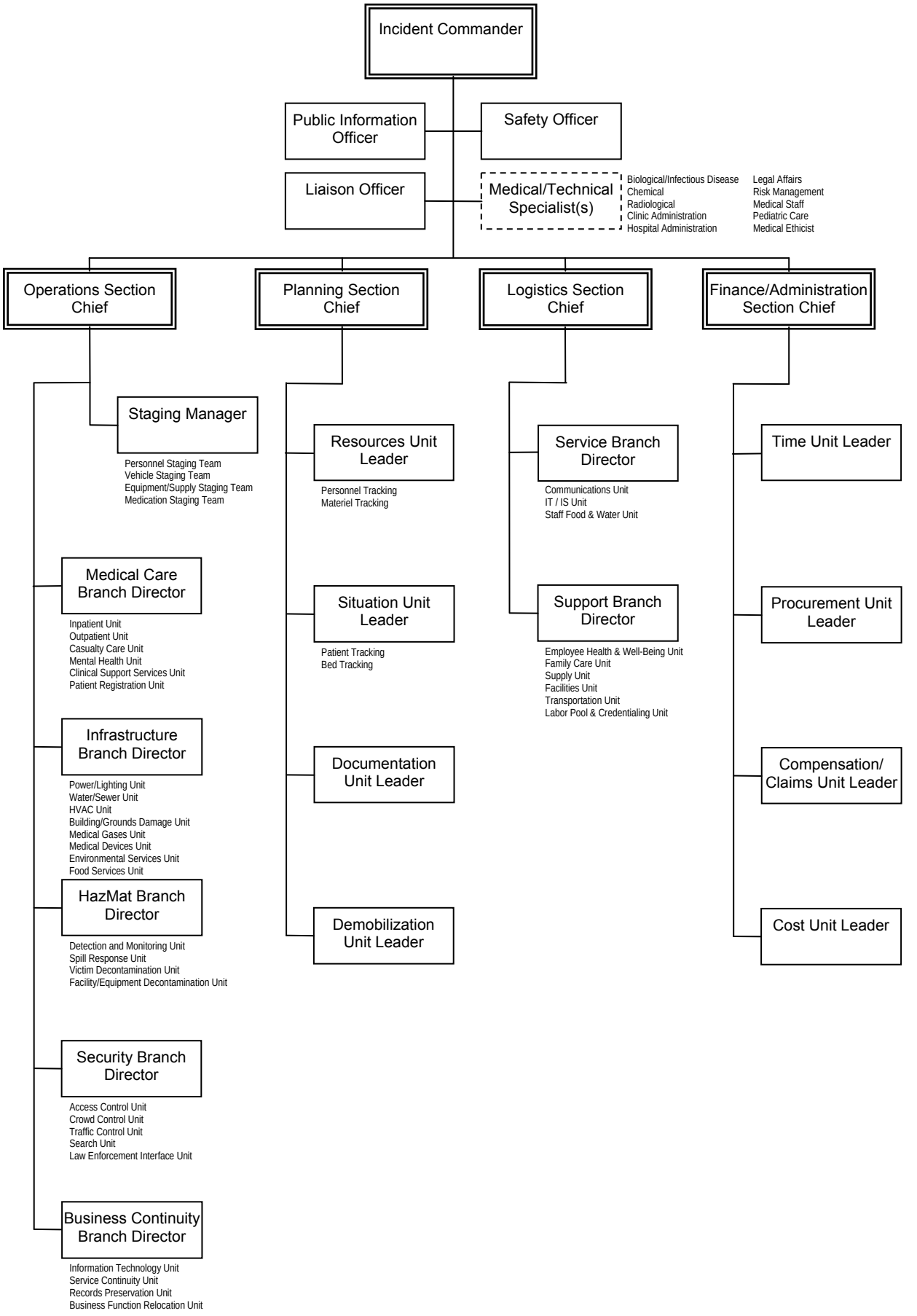
## L. Post-Pandemic Recovery continued

| | ASSIGNMENT | COMPLETED | IN PROGRESS | NOT STARTED | DATE TO BE COMPLETED | LEAD STAFF MEMBER |
|---|---|---|---|---|---|---|
| 6 | If an alternate care site was established, develop process to safely and efficiently shut down site, keeping in mind that a subsequent pandemic wave may require site to be re-opened. | | | | | |
| | | | | | | |
| 7 | Collaborate with community health or emergency management planners to develop plan for decommissioned alternate care site. | | | | | |


*The policies and procedures included herein are not reflective of a standard of care.*

# APPENDIX C

# HICS Team Chart


HOSPITAL INCIDENT COMMAND SYSTEM
Incident Commander
Public Information Officer
Safety Officer
Liaison Officer
Medical/Technical Specialist(s)
Biological/Infectious Disease
Chemical
Radiological
Clinic Administration
Hospital Administration
Legal Affairs
Risk Management
Medical Staff
Pediatric Care
Medical Ethicist
Operations Section Chief
Planning Section Chief
Logistics Section Chief
Finance/Administration Section Chief
Staging Manager
Personnel Staging Team
Vehicle Staging Team
Equipment/Supply Staging Team
Medication Staging Team
Medical Care Branch Director
Inpatient Unit
Outpatient Unit
Casualty Care Unit
Mental Health Unit
Clinical Support Services Unit
Patient Registration Unit
Infrastructure Branch Director
Power/Lighting Unit
Water/Sewer Unit
HVAC Unit
Building/Grounds Damage Unit
Medical Gases Unit
Medical Devices Unit
Environmental Services Unit
Food Services Unit
HazMat Branch Director
Detection and Monitoring Unit
Spill Response Unit
Victim Decontamination Unit
Facility/Equipment Decontamination Unit
Security Branch Director
Access Control Unit
Crowd Control Unit
Traffic Control Unit
Search Unit
Law Enforcement Interface Unit
Business Continuity Branch Director
Information Technology Unit
Service Continuity Unit
Records Preservation Unit
Business Function Relocation Unit
Resources Unit Leader
Personnel Tracking
Materiel Tracking
Situation Unit Leader
Patient Tracking
Bed Tracking
Documentation Unit Leader
Demobilization Unit Leader
Service Branch Director
Communications Unit
IT / IS Unit
Staff Food & Water Unit
Support Branch Director
Employee Health & Well-Being Unit
Family Care Unit
Supply Unit
Facilities Unit
Transportation Unit
Labor Pool & Credentialing Unit
Time Unit Leader
Procurement Unit Leader
Compensation/ Claims Unit Leader
Cost Unit Leader

# APPENDIX D

# FEMA NIMS Alert

# NIMS *Alert*

June 10, 2008
NA: 07-08
Incident Management
Systems Integration
202-646-3850

## FY 2008 AND 2009 NIMS IMPLEMENTATION OBJECTIVES FOR HEALTHCARE ORGANIZATIONS

The Incident Management Systems Integration (IMSI) Division, formerly the NIMS Integration Center, in collaboration with the Department of Health and Human Services (HHS) is pleased to announce the release of the *FY 2008 and 2009 NIMS Implementation Objectives for Healthcare Organizations.* On September 16, 2006, IMSI released the FY 2007 NIMS Implementation Activities for Hospitals and Healthcare Systems, which were made up of 17 objectives (activities), of which four were required to be eligible for FY 2007 Assistant Secretary for Preparedness and Response (ASPR) funding by HHS.

IMSI and HHS have received many comments and suggestions regarding the 17 objectives. As a result, a healthcare working group—composed of Federal, State, local, and private sector stakeholders—was stood up to further define the objectives. From the existing objectives, the stakeholders identified 14 activities for FY 2008 and 2009 that clarified language to ensure the 14 objectives are most applicable to healthcare organizations. These implementation objectives are intended for all hospitals regardless of size, location, or financial support.

As with the *FY 2007 NIMS Implementation Activities for Hospital and Healthcare Systems* we continue to strive towards a cohesive working relationship between hospitals and their respective local government, public health, and other emergency management and response agencies. Healthcare organizations are strongly encouraged to coordinate with local public health agencies to work through these implementation activities. The ASPR Program, administered through State Departments of Health, has clearly outlined the components that healthcare organizations are required to meet during the FY 2008 and 2009 funding cycles. Furthermore, developing a relationship with local public health and emergency management agencies enables hospitals and healthcare systems to gain further insight regarding the availability of training as well as capabilities (equipment and procedures) provided by local agencies.

The 14 *NIMS Implementation Objectives for Healthcare Organizations* are as follows:

- **Adoption**
  - Adoption of NIMS
  - Federal Preparedness Awards
- **Preparedness Planning**
  - Revise and Update Plans
  - Mutual-Aid Agreements
- **Preparedness Training and Exercises**
  - IS 700 NIMS, ICS 100 and 200
  - IS 800B NRF (National Response Framework)
  - Training and Exercises
- **Communication and Information Management**
  - Interoperability incorporated into Acquisition Programs
  - Standard and Consistent Terminology
  - Collect and Distribute Information

- **Command and Management**
  - Incident Command System (ICS)
  - Include Incident Action Planning and Common Communication Plans
  - Adopt Public Information principles
  - Public Information can be gathered, verified, coordinated and disseminated

Questions and comments can be directed to the Incident Management Systems Integration Division at: FEMA-NIMS@dhs.gov or 202-646-3850.

*There is no requirement for healthcare personnel who have completed IS-800A – National Response Plan to also complete IS-800.B – National Response Framework. It is suggested that healthcare personnel complete IS-800.B – National Response Framework in order to be informed of current information regarding response for all levels of government, as well as the private sector. It is the decision of the healthcare organization's administration to issue this requirement to staff.

# APPENDIX E-1

# Business Impact Analysis Definition

# Business Impact Analysis

Business impact analysis (BIA) is a tool that examines your business processes (in this case, your clinical service lines) and looks at all the items that must be in place to ensure you can continue providing that service (upstream dependencies) and looks at all of the people and processes that depend on this service (downstream dependencies). For example, if you choose to maintain your surgical services, the upstream dependencies that would allow you to continue to operate would include electricity, suture materials, sterilization capability, water, etc. Downstream dependencies would include your post-anesthesia care unit (PACU) and the community. In order to maintain this service, you must carefully analyze the upstream dependencies and the downstream dependencies when making the decision to maintain or shut down a clinical service.

# APPENDIX E-2

# Recovery Time Objectives Definition

# Recovery Time Objectives

A recovery time objective (RTO) lays out the maximum acceptable downtime for a process. For example, if the clinical registration system goes down, you may have an RTO of one hour to get it back up.

A recovery point objective (RPO) is the maximum amount of allowable data loss following an unplanned IT event, such as a critical disk failure or a flood in your data center. The RPO helps you decide how often you will backup your data. If your RPO is one week, then you could backup up your data once a week so the maximum amount of data you would lose is all data since the last backup. If it is unacceptable to lose any data and your RPO is one millisecond, then you would require a mirrored site so that data is simultaneously present on your primary system and your backup system.