

*Michigan Hospital Guide to Emergency Management: Linking the
Hospital Preparedness Program with Joint Commission Success*

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*Michigan Department
of Community Health*



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Michigan Hospital Guide to Emergency Management:
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Introduction

This toolkit is designed to be an information source for hospitals. It provides opportunities, resources and examples of how participation in the Hospital Preparedness Program (HPP) can support hospitals in demonstrating compliance with the Joint Commission Emergency Management (EM) Standards. When compared with NIMS and HSEEP, Joint Commission requirements may seem almost identical on paper; however, in practice the scope and granularity of expectations varies. For some requirements there is an exact match, others are complementary, and for a small number of requirements there is no similar expectation. In all cases, only the on-site survey of the Elements of Performance (EPs) by a Joint Commission (JC) surveyor can actually validate compliance with the EM EPs for the purposes of accreditation.

There are three parts to the toolkit. Each is designed to assist hospital personnel who are responsible for the hospital emergency management program. The “Terminology” section provides definitions of important concepts and resources resulting from hospital participation in the HPP. The “Concept” paper is a longer, in-depth, descriptive review of each Emergency Management Standard with opportunities, resources and examples of how HPP participation can support hospitals in their compliance with the JC EM standards. The Michigan Hospital Field “Guide to Emergency Management” (GEM) is a matrix containing brief description of each standard with a checklist of accompanying examples that may provide support for compliance. The toolkit is meant to provide assistance for hospitals regardless of size.

The toolkit will help hospitals at the time of the Joint Commission on-site survey by providing information to the surveyors demonstrating their planning and preparedness activities and response capabilities. It is important to remember that this information source will be useful in streamlining a surveyor’s questions, but will not eliminate the need for questions altogether. The toolkit may assist those hospitals meeting other accreditation organization standards that, while different from the Joint Commission, have similar expectations placed on the hospital.

Matrix Terminology

Participation in Regional Coalition

The Hospital Preparedness Program (HPP) has supported creation and participation in activities that extend beyond local communities into regions and states. Michigan has implemented the HPP through the Michigan Department of Community Health (MDCH) Office of Public Health Preparedness (OPHP) and the eight emergency preparedness regions, called the Regional Healthcare Coalitions. Each region has developed a regional coalition that has representation from many community partners, both locally and from across the region. The regional coalition includes a regional planning board with committees/workgroups representing hospitals, Medical Control Authorities and EMS agencies, local public health, and Emergency Management. Some of these workgroups/committees assist emergency preparedness in Mass Fatality, Long Term Care, Disaster Mental Health and the Modular Emergency Medical Systems (MEMS) that encompass many disciplines. The groups include many community partners that allow the hospitals to work beyond their individual institution to include necessary partners in their community. This creates an environment facilitating information sharing on their Emergency Operations Plan (EOP), After Action Reports (AAR)/Improvement Plans (IP), and Hazard Vulnerability Assessments (HVA) across the region. This atmosphere supports a “best practices and lessons learned” approach that is taken from the regional coalition meetings back to the individual hospitals and shared with hospital leadership and medical staff. It provides each participating hospital with collaborative data that can be used for mitigation and preparedness. Hospital representatives in the regional coalition can inform the surveyor how their local planning is integrated and part of the regional and statewide planning. In addition, hospital representatives have opportunities to observe, participate in, and evaluate many of their regional partners’ exercises providing additional collaborative information on lessons learned and best practices that may be included in their planning. The HPP has provided members of the regional coalition a forum to discuss education and training needs that are provided locally, regionally, and statewide.

Conduct Homeland Security Exercise and Evaluation Program (HSEEP) Exercises

This is a capabilities and performance based exercise program providing a standardized approach for exercise design, development, conduct, evaluation, and improvement planning. The HPP supports this program and hospitals that follow this structure meet many of the Joint Commission standards for community collaboration and preparation based on hazards and vulnerabilities. The program has planning considerations during the exercise design that can enable the hospital to assess the six key areas required by the Joint Commission (Communications, Resources and Assets, Safety and Security, Staff Responsibilities, Utilities, and Patient Clinical and Support activities). Hospitals have the opportunity to participate in other regional exercises that can assist them with refining their EOP and HVA. The AAR and IP are also used to assist hospitals with meaningful information to refine their EOP. The HSEEP process also provides an opportunity for hospitals to receive education and training to help prepare them for their exercise.

National Incident Management System (NIMS)

Homeland Security Presidential Directive-5 (HSPD-5) created NIMS and is designed to provide a framework for interoperability and compatibility among the many members of the response community.

Hospital Incident Command System (HICS)/ Incident Command System (ICS)

HICS is a comprehensive ICS used by hospitals to assist them in emergency and non-emergency situations. The HICS management team charts (wallboards and identification vest) show hospital command function and the distribution of authority and responsibility. The ICS is a flexible, standardized, on scene, all hazards incident approach used by both government and non-government organizations.

E Team/Michigan Health Alert Network (MIHAN)

These are internet based systems that can be used for alerting, notification, and situation awareness of incidents. They integrate health care, public health, and emergency management. ETeam is an Incident Management and Reporting system that facilitates decision-making. It assists in providing situational awareness and supporting information and data sharing. The MIHAN is used by over 4,000 users for immediate alerting and notification. Alerts can be sent through landline and cell phones, text pagers, 800MHz radios, and email. The MIHAN also provides a large document library that can be used to assist hospitals in their planning and response to health related incidents.

Regional Medical Coordination Center (RMCC)

The RMCC provides hospitals a connection between the hospitals in their region, across regions, and with the state Community Health Emergency Coordination Center (CHECC). The RMCC can access resources and supplies that hospitals could have available to them during an emergency situation. The RMCC provides the hospital access to a regional and state resource supply and integrates them into the National Response Plan Framework Emergency Support Function - 8. Each region in Michigan has an RMCC. There are different models that are used across the state to support this resource.

EMResource

This is an internet based system that hospitals can use to see bed and medical resource availability in both their region and other regions. Alerts can be used to seek up to date bed availability that hospitals could utilize to assist during emergency situations.

Health Care Memorandum of Understanding (MOU)

There are different MOUs that are in use across the state allowing hospitals access to caches of resources and personnel that could be utilized during an emergency. This allows hospitals to have a larger capacity and capability to provide service to their communities during emergency incidents.

Hospital Preparedness Program Joint Commission

Background

The Joint Commission (formerly known as the Joint Commission on Accreditation of Healthcare Organizations or JCAHO) accredits a large number of hospitals and health care organizations in the country. The accreditation process, although voluntary, is conducted on a three year cycle and considered to be a necessity in the health care industry. Although not the only accreditation agency, a majority of hospitals get their accreditation through the Joint Commission survey process. Accreditation is recognized as a standard of excellence in providing high quality, safe and effective care.

The Hospital Preparedness Program (HPP) has provided participating hospitals the opportunity to satisfy many elements of performance under the Joint Commission Emergency Management Standards. This document will include a step by step explanation of each Standard and Element of Performance in the Emergency Management section found in the 2010 Hospital Accreditation Standards (HAS). The document will provide examples of how participation in the Hospital Preparedness Program supports compliance with the elements of performance. This document, the hospital field Guide to Emergency Management (GEM), and accompanying Matrix may be used by individuals or groups to support hospitals in demonstrating compliance in their Joint Commission survey for Emergency Management.

The HPP enhances hospitals and healthcare systems to prepare for and respond to bioterrorism and other public health emergencies. The Pandemic and All Hazards Preparedness Act of 2006 transferred the HPP from the Health Resources and Services Administration (HRSA) to the Assistant Secretary for Preparedness and Response (ASPR). The focus of the program is all-hazards and not solely bioterrorism. The Michigan Department of Community Health (MDCH) Office of Public Health Preparedness (OPHP) provides the coordination and oversight of the ASPR program through eight Regional Healthcare Coalitions that are located throughout the state. This regional program was established to follow the defined areas that have been in use by the Michigan State Police (MSP) Emergency Management and Homeland Security Division (EMHSD). Each region has a medical director, healthcare coordinator and assistant healthcare coordinator. The regional staffs serve as the contact point for hospitals and Medical Control Authorities (oversight for EMS agencies) with the OPHP. The Regional Healthcare Coalitions bring together healthcare facilities and assets to collaborate on strategic issues and coordinate incident planning, response and recovery activities. Each Region maintains a Regional Medical Coordination Center (RMCC), which is a National Incident Management System (NIMS) compliant Multi-Agency Coordination System (MAC). The RMCC supports, but does not supplant, incident response activities of individual healthcare organizations and jurisdictional authorities.

Since 2002, the HPP has provided many benefits to healthcare facilities, in particular, hospitals. The HPP provides a mechanism that assists hospitals in meeting the Joint Commission Emergency Management Standards. This can provide added incentive for participation in the program. By having defined expectations for performance, planning, and preparedness, as shown through meeting the standards and elements of performance,

hospitals can justify the benefit of active participation in the HPP during this challenging economic climate. In 2009, the Joint Commission placed its Emergency Management standards into their own chapter, reflecting the increased emphasis on evaluating how hospitals plan to respond during a wide range of potential emergencies. The Joint Commission has identified six critical emergency response areas that they expect hospitals to preserve while confronting a disaster:

1. Communications
2. Resources and assets
3. Safety and security
4. Staff responsibilities
5. Utilities
6. Patients clinical and support activities

These critical areas are represented by six performance standards, supported by four standards addressing the planning process, the emergency operations plan, and emergency management exercises. There are two additional standards that support the privileging of disaster volunteers. When hospitals consider their capabilities in these areas they are adopting the “all-hazards” approach to emergency preparedness. This is consistent with the Department of Homeland Security (DHS) Target Capabilities that are used to measure preparedness at the local community level (Source: Target Capabilities List A Companion to the National Preparedness Guidelines, Department of Homeland Security, September 2007). A capability is the ability to perform an action or generate an outcome.

Hospital Preparedness Program (HPP) Value

Emergency management and preparedness in hospitals requires staff time and expense. The HPP has been able to provide many resources to assist hospitals in maintaining the readiness required by the Joint Commission. The participating hospital will be able to provide information to the JC site surveyor that describes the relationship of individual hospitals to the local community, region, and state in planning and preparedness. This guide examines the Joint Commission Emergency Management Standards and how participation in the HPP helps satisfy those standards. All Emergency Management (EM) Standards and corresponding Elements of Performance are covered. The description includes guidance and examples of compliance with that element.

EM .01.01.01 The hospital engages in planning activities prior to developing its written Emergency Operations Plan. **HPP & TJC Linkage**

The HPP supported multidisciplinary, regional approach for planning considerations that coordinates discipline specific issues and concerns with different funding initiatives (e.g., ASPR, DHS, and CDC) encourages hospitals to consider issues beyond their individual facility. It combines opportunities from other programs and ensures active planning prior to developing the EOP. The information sharing and best practices discussions that occurs in meetings enables members to take critical, refined information back to their medical staffs and administrative leadership.

Hospitals who receive ASPR funding for planning, training and exercising are required to conduct HSEEP exercises. HSEEP compliance involves many different local, regional and state partners. This participation is encouraged by the complexity and diversity of the planning process in addressing areas of concern in the “all- hazards” approach. The HSEEP program ensures that aspects of planning that may not be addressed by an individual hospital, are covered using this inclusive exercise design and development process. This process also enhances participation in the different scenarios that may involve diverse community partners. An example is a winter ice storm that removes power for three days. In this example, the involvement with local emergency management would be critical to assist in utility support. During a prolonged infectious disease outbreak, hospitals would have more collaboration with local public health.

Hospitals that conduct HPP supported, HSEEP exercises identify strengths and areas for improvement which are documented in an After Action Report (AAR). The AAR is a valuable tool for engaging hospital leadership in the improvement planning and corrective action plan (CAP) development.

Hospitals conduct a Hazard Vulnerability Analysis (HVA) to identify potential hazards, threats or emergencies that could negatively impact on the ability of that hospital to provide services. The assessment is conducted in coordination with the community HVA and local emergency management agencies. The relationship developed by members at the Regional Planning Board and Operations /Advisory Committee has developed both working relationships and integrated planning between hospitals and emergency management. Each Emergency Management Homeland Security (EMHS) Region conducted a HVA that listed the most probable incidents for planning purposes for that particular area.

The hospitals and community partners use the HVA to prioritize organizational and community hazards and threats in preparation for both developing and modifying the EOP. The hospital determines which partners are integral to these plans. Participation in the HPP supports this process and assists hospitals in accurately planning for surge incidents, and developing processes that may be needed to obtain required resources.

The HPP has funded and facilitated HVA based exercises that can be used/implemented by multiple hospitals. This allows hospitals to direct more time and resources, which may be very limited, toward the preparedness and mitigation initiatives rather than designing, developing, conducting, and evaluating exercises on their own.

Hospitals have used the HVA for mitigating or reducing risk potential hazards and threats. Planning is the primary mechanism for hospitals to mitigate their risk during an unplanned incident. Over the past three years, the HPP has supported planning and mitigation of weather created disasters that result in prolonged power failure (beyond five days). As a result, hospitals have reached out farther for resource procurement (across regional and state lines), and began surge planning exercises that include shelter in place and evacuation. The planning has included the financial impact, community impact, and patient impact, both short and long term. Mitigation of the risks (e.g. access to additional fuel for generators to prevent the power loss, establishing priority power service, repair of telephone service etc.) and coordination with their local emergency management seeking a prompt “emergency declaration”, establishes a foundation for maximizing cost recovery post incident. This aspect was not given much emphasis prior to the HPP. Now, hospitals use mitigation needs to assist regions in prioritizing funding to maximize benefit to all hospital partners. Communications challenges during disasters are well known. The Telecommunications Service Priority (TSP), which is supported by the HPP, allows hospitals to receive priority service repair from their local agencies for communications restoration.

The HPP has supported Incident Command System (ICS)/Hospital Incident Command System (HICS) integration into hospitals. The HPP requires hospitals to be NIMS compliant to be eligible to receive federal funding for emergency preparedness and response grants, contracts, or cooperative agreements. The Homeland Security Presidential Directive 5 (HSPD-5) provides the framework of command and control standardization that is consistent with the community command structure. HICS, supported by the HPP, takes this one step further. By being NIMS compliant, the hospital meets Elements 1 and 2 of the NIMS Implementation Activities and provides the organizational and management structure for emergency incidents.

Having an accurate inventory at the regional level is critical to proper planning and financial accountability. The HPP, regional planning board, emergency management and the Homeland Security Planning Board together have made having an accurate inventory a preparedness priority. The hospital has access to regional, state, and federal medical and healthcare resources that might otherwise be cost prohibitive for an individual hospital, through their RMCC. During the 2009 H1N1 pandemic influenza incident, hospitals were required to provide real-time accurate bed census, ventilator status, and PPE availability. This assisted the regions and the state with planning, resource acquisition and prioritization. Conducting HSEEP exercises will provide evaluation of the resource inventory and descriptions of regional minimum levels to assist in further planning.

EP 1 The hospital’s leaders, including leaders of the medical staff, participate in planning activities prior to developing an Emergency Operations Plan.

Opportunities, Resources, and Examples

- Participation by hospital leaders in Regional Coalitions and activities including:
 - Pre-hospital, Pharmacy, LTC and Hospital workgroups for planning from local and regional perspectives
- Regional Planning Board consisting of leadership from all hospitals and Medical Control Authorities, local emergency management and public health
- Conduct HPP funded HSEEP Compliant exercises
 - All HPP funded HSEEP Compliant exercises must have multidisciplinary after action reviews and development of corrective action plans to guide future improvements and exercises

EP 2 The hospital conducts a hazard vulnerability analysis (HVA) to identify potential emergencies that could affect demand for the hospital’s services or its ability to provide those services, the likelihood of those events occurring, and the consequences of those events. The findings of this analysis are documented.

Opportunities, Resources, and Examples

- Hazard Vulnerability Assessment Templates have been provided to hospitals by the HPP for use by their multidisciplinary emergency management committees

EP 3 The hospital, together with its community partners, prioritizes the potential emergencies identified in its hazard vulnerability analysis (HVA) and documents these priorities.

Opportunities, Resources, and Examples

- Relationships between hospitals and EM agencies have been strengthened
- Collaboration at Regional Planning Boards enables hospitals to receive the highest priority hazard and threat incident information identified by community and regional emergency management agencies
- The HPP has requested each region to identify a minimum of two most likely disaster threats and plan a response to each. Plans must involve the major disciplines and community partners. Hospitals are encouraged to integrate into these community plans and identify any situations unique to their facilities.
- The HPP provides support to develop and conduct the exercise in accordance with Homeland Security Exercise and Evaluation Program (HSEEP) guidelines. Many of the specific training and equipment needs that are identified in the IP/CAP, (e.g., hospital decontamination training and specified equipment) are specifically supported by the HPP and included in the specific “sub-capability” under the ASPR program.
- The exercise program allows hospitals to identify planning, training and equipment needs for a hazard/threat that is identified in the HVA

- Through HPP funded exercises, a mechanism for demonstrating competence in managing disaster response operations and performing critical tasks such as using specific equipment is established

EP 4 The hospital communicates its needs and vulnerabilities to community emergency response agencies and identifies the community's capability to meet its needs. This communication and identification occur at the time of the hospital's annual review of its Emergency Operations Plan and whenever its needs or vulnerabilities change.

Opportunities, Resources, and Examples

- Hospital needs and vulnerabilities are discussed with community partners at regional planning board and workgroups
- Needs are identified during organizational, community and regional planning activities and HPP supported HSEEP exercises
- Needs are also identified when AARs and CAPs are developed, HSEEP exercises require multidisciplinary participation in exercise planning and AARs

EP 5 The hospital uses its hazard vulnerability analysis as a basis for defining mitigation activities (that is, activities designed to reduce the risk of and potential damage from an emergency).

Opportunities, Resources, and Examples

- Planning is the primary mechanism for risk mitigation. The HPP supports planning and mitigation activities. Over the past three years, the HPP has supported planning and mitigation activities for several weather related disasters.
- The HPP has funded and facilitated HVA based exercises that can be used/implemented by multiple hospitals
- The HPP and region supports facilities wishing to exercise risks that are unique to their facility and community. The hospital identifies the need and presents it to the regional planning board. The HVA is their basis for need.
- Telecommunications Service Priority (TSP) allows hospitals to receive priority service repair from local agencies for communications restoration

EP 6 The hospital uses its hazard vulnerability analysis as a basis for defining the preparedness activities that will organize and mobilize essential resources.

Opportunities, Resources, and Examples

- Collaboration on regional planning board and workgroups allows the HVA to assist in planning and prioritizing preparedness initiatives
- HPP has funded development of exercises that can be used by multiple hospitals based on their hospital or community HVAs
- HPP and the region support exercises that have been identified in HVAs that are unique to individual facilities and communities

- Hospitals are active in local and regional exercises that test and assess current EOPs. Observation and evaluation of plans during exercises are the foundation for IP/CAP. Many training and equipment needs are identified in the IP/CAP that are supported by the HPP and included in the specific “sub-capability” under the ASPR program.
- Hospitals have been provided with tools and training to conduct facility specific HVAs to aid in EOP development

EP 7 The hospital’s incident command structure is integrated into and consistent with its community’s command structure.

Opportunities, Resources, and Examples

- The HPP has supported Hospital Incident Command System (HICS)
- Hospitals are required to be NIMS compliant to receive federal emergency preparedness response grants, contracts or cooperative agreements (e.g. HPP, DHS grants)
- HICS is NIMS compliant and integrates hospitals into the community command structure. HICS is scalable and ensures that a common command structure and terminology is used.
- The HPP supports training at all levels in the NIMS compliance standards for hospitals and HICS

EP 8 The hospital keeps a documented inventory of the resources and assets it has on site that may be needed during an emergency, including, but not limited to, personal protective equipment, water, fuel, and medical, surgical, and medication-related resources and assets.

Opportunities, Resources, and Examples

- Inventory of resources and assets maintained by hospitals can be placed on ETeam and EMResource, which can be used to verify the inventory of hospital disaster resources during an exercise or actual incident
- The hospital has access to regional and state medical and health care resources through their RMCC. The RMCC has access to an inventory of medical assets available that would be cost prohibitive for many individual hospitals to purchase individually.



Quick Summary of EM.01.01.01

A hospital begins its hazard vulnerability analysis with a careful examination of the risks and hazards that threaten or potentially threaten its facility or its ability to provide care to its patients. Hospitals have been provided with tools that assist them in conducting annual hospital specific HVAs to identify risks and hazards and threats to their specific facility and location. In addition, participation in regional

planning board and workgroups provides each hospital interaction with many different emergency response partners, including other hospitals, to facilitate EOP development. Local hazards, threats or emergencies with the potential for negative impact on hospitals and healthcare services are discussed at the regional healthcare coalition level which can then be adapted to individual hospitals if appropriate to their specific location and not already considered. Information sharing of “lessons learned and best practices” assists hospitals in advance in writing or revising their EOP.

Participation in HPP supported, HSEEP exercises facilitates identification of potential hospital vulnerabilities. After Action Reports by hospital leaders, including medical staff, and subsequent Improvement Plans (IP)/ Corrective Action Plans (CAP) guide revisions to the EOP and provide an improvement map for individual hospitals. The HPP provides funding for equipment and supplies identified through the HVA or HSEEP exercises. HPP funded hospital disaster supplies and equipment inventories are maintained through EMResource and E Team to generate a region-wide inventory that is maintained by the RMCC. The RMCC can facilitate access to a variety of regional and state emergency supply caches.

HPP support of NIMS compliance and HICS for hospitals has led to a consistent approach for management and command of emergency incidents in hospitals and their local community. Hospitals that participate in HSEEP exercises are required to engage their local community in planning for extreme incidents. These training and exercise activities collectively assure that the hospital has the opportunity to be involved in many planning activities with its medical staff and leadership prior to writing or updating the EOP. Having medical staff involvement is a requirement and can be difficult. This process can be very helpful in providing lessons learned from other hospitals maximizing the time investment by the medical staff. It can assist medical staff leadership to prepare planning discussions with their own colleagues and staff.

EM.02.01.01 The hospital has an Emergency Operations Plan.

HPP & TJC Linkage

Hospital or health system leadership collaborates with regional partners through regional planning boards to develop “best practice” models for developing their EOPs. They are provided education on developing an EOP and benefit from both the AAR and IP/CAP

provided from their participation in the HPP supported exercises. This mechanism creates a flexible plan that may be applied to many different situations. This comparison also encourages updating and modifying plans and processes when gaps are identified at their institution.

Hospitals participating in the HPP have access to regional and state templates that enable them to either create or modify their existing EOP. Information presented at workshops, symposiums, and listed on the Michigan Health Alert Network (MIHAN) Documents Library have provided hospitals a variety of resources for EOP development. Specific exercises have been developed for Medical Surge Capacity and Capability (MSCC). The HPP has supported the Modular Emergency Medical System (MEMS) as a model for surge capacity expansion in Michigan. Hospitals have been educated on the mechanism to develop, activate, and sustain these systems during various disaster incidents. State and regional requirements for hospital evacuation/shelter in place has led to comprehensive plans that include horizontal, vertical, and total evacuation. For hospitals that have minimal plans, the HPP supports and provides guidance to enhance plans. For hospitals with more robust plans, extensive exercising and results from both AARs and IP/CAPs has allowed positive changes to existing plans.

The HPP has supported building redundant hospital communication since 2002. Hospitals have developed communication systems that can be used with existing infrastructure. The state and regions have developed regional and state communications assets that are mobile and can be requested through their RMCC. This equipment which is cost inhibitive on an individual basis is a shared asset that can be requested by any hospital or community.

HPP regional initiatives have supported planning for and acquisition of resources and assets to support hospitals for a 96 hour period during a disaster. Although The Joint Commission does not require hospitals to stockpile 96 hours of supplies, the HPP has developed regional, state, and national resources that can assist hospitals in sustaining capabilities for 96 hours. Hospitals have access to a hierarchy of local, regional, and state caches that can be included in a hospital EOP for accessible resources during a prolonged incident.

By participating with the HPP and regional processes and planning, hospitals have an understanding of the resources and the processes to request and receive. They also participate in reviewing what changes may be necessary in the caches. As an example, during the 2009 H1N1 Pandemic Influenza outbreak, all hospitals received supplies from the Strategic National Stockpile (SNS). This federal asset is another resource that had been exercised in the past and became a reality for hospitals with the 2009 H1N1 Pandemic Influenza incident.

Through the HPP, Regional collaboration has facilitated hospital consideration of alternative plans for physical support for a variety of security and safety incidents. Planning including “rapid facility lockdown”, prioritized and limited access points, and enhanced security identification have all been introduced and supported by the HPP.

Collaboration with the local planning team, which includes law enforcement, enables alternative plans for mobilizing security resources.

The MI Volunteer Registry provides hospitals a mechanism to access an identified group of volunteers that may be needed to support hospitals during prolonged disaster incidents. This resource is supported by the HPP and provides a pre-credentialed list of people with various skill sets.

Participation in the HPP supported Regional Planning Board and workgroups has enabled hospitals to develop relationships outside of their local communities that facilitate obtaining additional alternative utility supplies for inclusion in their EOP.

With HPP support, hospitals have exercised evacuation and shelter in place over the past three years. This process helps hospitals develop plans stopping or prioritizing essential services and establishing steps for reactivating the services/operations. The collaboration at the regional planning boards, that includes members from local public health and Emergency Management, helps establish the plan framework.

HICS implementation has been supported by the HPP through planning, training, and exercise activities. HICS Education to hospitals has increased awareness of the four phases of emergency management. Mitigation, preparedness, response, and recovery were terms previously utilized outside of most hospitals by the emergency management system. Now these phases of emergency management are included in hospital EOP. Through HPP supported regional collaboration, the NIMS compliant HICS program brings standardized role definitions, job action sheets, and incident action plans to the hospital.

The HPP has facilitated collaboration between hospitals and other community partners to develop medical surge plans including alternate care sites (ACS) and Neighborhood Emergency Help Centers (NEHC). The HPP has provided regional and state resources that are available to implement medical surge plans through their RMCC. Without these additional outside resources, it is unlikely that individual hospitals would have the resources to activate and sustain an ACS in their community.

HPP activities have enabled hospitals to implement all areas of their EOP. An example of this occurred during the peak of the H1N1 pandemic influenza incident. Many hospitals had to activate certain elements of their EOP to include limited access to hospital visitors and through restricted entry points. Hospitals were provided a Prioritized Respirator Use Policy that would maximize limited PPE resources, and also allow them access to regional and state caches. Many had their HCC activated during this incident and had direct communication with their RMCC. The RMCC coordinated with each of their hospitals to assess hospital bed and supply status, and determine if additional supplies or resources may be needed.

EP 1 The hospital's leaders, including leaders of the medical staff, participate in the development of the Emergency Operations Plan.

Opportunities, Resources, and Examples

- HSEEP compliant exercises require an after action report to be developed with input from all levels. Included in the After Action Report are Corrective Action Plans. Minutes, summaries, updates contain documentation of the participants and should include executive level leaders including medical staff leadership.
- Each hospital continues to engage executive leadership in the development of the EOP

EP 2 The hospital develops and maintains a written Emergency Operations Plan that describes the response procedures to follow when emergencies occur. (See also EM.03.01.03, EP 5) Note: The response procedures address the prioritized emergencies but can also be adapted to other emergencies that the hospital may experience. Response procedures could include the following: Maintaining or expanding services; conserving resources; curtailing services; supplementing resources from outside the local community; closing the hospital to new patients; staged evacuation; total evacuation.

Opportunities, Resources, and Examples

- Hospital EOPs outline the process for contacting the RMCC to obtain additional resources during a response
- Regional participation in planning and exercise activities reinforces hospital staff awareness of the RMCC and the assets available to deal with medical surge
- Hospitals participating in the HPP have opportunities to participate in activation of the Modular Emergency Medical System (MEMS) to address medical surge through implementation of ACSs , these plans are included in hospital EOPs
- Hospital SNS request plans utilizing the MI Sharepoint Request are included in hospital EOPs
- Many hospitals have received equipment for evacuation and have practiced utilizing the equipment.

EP 3 The Emergency Operations Plan identifies the hospital's capabilities and establishes response procedures for when the hospital cannot be supported by the local community in the hospital's efforts to provide communications, resources and assets, security and safety, staff, utilities or patient care for at least 96 hours.

Opportunities, Resources, and Examples

- The EOP identifies hospital capabilities and establishes the response procedures when it is unable to support itself from both within its bricks and mortar and surrounding community assets
- The Hospital Command Center Planning Section staff incorporates procedures for contingency planning to monitor event capabilities and resources over time to

make decisions related to seeking support from the RMCC and local EOC as appropriate, and to make determinations about how much longer they can safely continue to care for patients.

- Hospitals have been supported to build new and/or enhance existing relationships with amateur radio operators (RACES) including the purchase of radio equipment and antennas
- Use of the state 800 MHz system (MPSCS) has expanded throughout Michigan hospitals including support of annual system fees. There is continual training for this initiative.
- Satellite phone technology has been delivered to hospitals to provide another layer of redundant service
- The HPP supports continuing education encouraging hospitals to use the Government Emergency Telephone System (GETS), Wireless Emergency Phone System (WEPS), and the Telephone Priority Service (TPS). These resources are readily available low cost communication assets available to all hospital partners.
- The HPP has provided hospitals with onsite caches that include PPE, pharmaceuticals, ventilators, surge beds, and ventilators. Hospitals can access larger regional caches through their RMCC.
- The HPP has also provided access to resources for mass fatality incidents. An example of an available asset is the Disaster Portable Morgue Unit (DPMU). As a participating hospital, pre-incident awareness of available assets allows for inclusion in their hospital EOP when local resources are exhausted.
- Card entry system, electronic locking systems, and regional collaboration has allowed all hospitals to benefit from equipment and shared plans from across the state
- In addition, the Health Care Mutual Aid Agreement and Memorandum of Understanding provide a framework for neighboring regional hospitals providing access to personnel, supplies, and equipment for a hospital during a disaster incident. These agreements are included in hospital planning as resources that may be accessed during an incident.
- Supplemental and alternate power supplies that have been purchased or identified have allowed hospitals to include these resources in their plan

EP 4 The hospital develops and maintains a written Emergency Operations Plan that describes the recovery strategies and actions designed to help restore the systems that are critical to providing care, treatment, and services after an emergency.

Opportunities, Resources, and Examples

- By participating in the HPP hospitals have identified Alternate Care Sites (ACS) as a part of the hospital/community/medical surge/MEMS plan
- ACSs have been assessed through exercises. The AAR and IP/CAPs from those exercises are available for all hospitals to review on the MIHAN.
- Hospitals have been offered opportunities for business continuity planning

- Participation in the HPP has provided opportunities to identify process to communicate healthcare recovery strategies and priorities to local, regional and state agencies for recovery assistance

EP 5 The Emergency Operations Plan describes the process for initiating and terminating the hospital's response and recovery phases of an emergency, including under what circumstances these phases are activated.

Opportunities, Resources, and Examples

- The HICS has been supported and used by hospitals as a mechanism to assist NIMS compliance
- The HICS is a system based on the Incident Command System (ICS) that assists hospitals in improving their emergency management planning, response, and recovery capabilities
- The HICS is consistent with the ICS and NIMS and strengthens hospital disaster preparedness to coordinate with community response agencies and allows hospitals to understand the 14 objectives of healthcare NIMS. These objectives are detailed in the **NIMS Alert, June 10, 2008 – NIMS Implementation Objectives for Healthcare Organizations**. These objectives can be met by the 14 activities designed to address each objective, all being supported by the HPP.
- Hospitals have been provided many opportunities for HICS training to develop trained staff and identify lessons learned
- Through the HPP, hospitals have utilized the HICS and have made the adjustments to their EOPS based on the IP/CAP from those exercises

EP 6 The Emergency Operations Plan identifies the individual(s) who has the authority to activate the response and recovery phases of the emergency response.

Opportunities, Resources, and Examples

- As mentioned above, hospitals that receive federal funding for emergency preparedness and response through grants, contracts, or cooperative agreements are required to be NIMS compliant
- The HICS is compatible with NIMS and uses Incident Management Team (IMT) charts that display each role
- Participation in Regional Exercises has provided opportunities to identify and test triggers for all phases from activation through recovery for their hospital EOPs

EP 7 The Emergency Operations Plan identifies alternative sites for care, treatment, and services that meet the needs of the hospital's patients during emergencies.

Opportunities, Resources, and Examples

- Hospitals have included ACSs in surge planning and many have identified alternate locations

- Many hospitals have used these plans and locations in exercises to familiarize hospital staff and the community in the actual logistical and operational needs to operate these centers
- Hospitals are able to plan for the ACSs utilizing regional and state resources that are available to them through their RMCC

EP 8 If the hospital experiences an actual emergency, the hospital implements its response procedures related to care, treatment, and services for its patients.

Opportunities, Resources, and Examples

- Participation in the HPP supported Regional Planning Boards and workgroups has facilitated hospital planning and preparation for emergencies and disasters, they are in a position to activate all, or parts of their EOP as evidenced by the response to the 2009 H1N1 Pandemic Influenza. Hospitals activated their HCCs during H1N1 and had direct contact with their RMCCs to monitor hospital bed and supply status and to request additional supplies and medications.
- Many hospitals were afforded an opportunity to activate their HCCs for a large winter storm that blanketed Michigan in the late winter of 2011



Quick Summary of EM.02.01.01

The first standard describes the prior planning a hospital needs to implement when developing an EOP. This standard details the elements required in the overall plan. Benefits from the HPP include the coordination and information exchange from participating on the regional planning boards and workgroups/committees. When conducting an HSEEP exercise, for example evacuation or an emergency that requires medical surge expansion, many of the resources provided by the HPP have been used to satisfy the elements. Specifically, the HPP has provided:

Communications support by purchasing equipment for all levels of the hospital (HCC, ACC sites, and on the campus). This support can be fixed or mobile (trailers and mobile units). The RMCC has been established as the connection point of communications outside their facility that coordinates and communicates needs, concerns, and overall situational awareness. Patient and bed tracking equipment for in facility and field use has been provided. Support for the GETS, WPS, and TSP systems have been provided to hospitals through the HPP.

Resources and assets such as antibiotic caches, ACC pharmaceutical caches, chemical poisoning antidotes, Michigan Emergency Drug Delivery and Utilization Network (MEDDRUN), and CHEMPACK, PPE, surge beds and cots, mass casualty mobile caches, evacuation and shelter in place equipment, mass fatality surge units and the Disaster Portable Morgue Unit (DPMU) are all accessible to hospitals.

Safety and security have been supported by inclusion in HSEEP exercises in addition to the equipment provided to individual hospitals. Card access and rapid lockdown are examples. The need to have support from outside law enforcement has been tested through the exercises and relationships on the regional planning boards and workgroups/committees.

Staff responsibilities have been practiced and supported by the HSEEP exercises, NIMS Compliance program, and HICS.

Utility support has been provided. Purchase of backup electrical generators and infrastructure enhancements are examples. Exercise support that develops realistic back up plans (MOUs), and advance planning for external resources through the RMCC and their local EOC.

Patient clinical and support activities have been supported through the education in the HSEEP program that have reviewed service limiting (cancel elective surgery, early discharge) and closing of a facility, provisions to evacuate and transfer patients and staff from that location, and a process to begin recovery.

Many of the elements here are also covered in more detail in other areas but the HPP exercise support and interaction of staff with regional planning boards and workgroups/committees has provided many resources to assist individual hospitals with developing their EOP. By planning and exercising they have been able to refine their plan. As reflected in the 2009 *Public Health Preparedness Resource Inventory* (Michigan Department of Community Health, Office of Public Health Preparedness), hospitals have enhanced their plans to include Alternate Care Sites (ACS), isolation surge, staff call back, care for at risk populations, and addressing specific disasters. Most importantly, of the 58% of hospitals that exercised their evacuation plan, 92% had implemented a CAP.

EM .02.02.01 As part of its Emergency Operations Plan, the hospital prepares for how it will communicate during emergencies.

HPP & TJC Linkage

The HPP has provided Michigan Health Alert Network (MIHAN) licenses to all hospitals. Hospitals can use the MIHAN system to alert and post information to the documents library. They can also review shared documents such as other regional plans, and have access to templates such as the state Mass Fatality Plan and other important

plans. Another communications resource supported through the HPP is the Codespear system, which has an interoperable communications box that has the ability to link all forms of communication to communicate with each other (e.g. cell phones being able to communicate with VHF radios). In addition the HPP has begun to support Voice-Over Internet Protocol (VOIP) that allows for communication over an internet line.

The HPP has supported the TSP, GETS, WEPS, MPSCS, UHF and VHF, Satellite Phones, fax, and amateur radio as redundant methods of communication. Hospitals can request their RMCC to communicate their facility status to regional hospitals and EMS if needed. The RMCC can also communicate directly to the Community Health Emergency Coordination center (CHECC). Hospital CCs can also communicate directly to the local EOC for outside resources utilizing the HPP supported E Team system.

Participation in the regional planning boards and workgroups has facilitated coordination between hospitals, local emergency management and local public health office for consistent public information. The HICS and ICS education and training supported by the HPP have educated hospitals on Multi-Agency Coordination System (MAC).

HPP supported HSEEP exercises test communications systems at all levels. In addition, the role of the Public Information Officer (PIO) has also been exercised. The HPP has supported PIO training as well.

There has been discussion at regional planning boards and workgroups surrounding areas in the EOP that provides the steps for releasing patient information to third parties. They have received education and discussed within the workgroups, examples of when HIPPA requirements may be suspended, and under what conditions. During the 2009 H1N1 Pandemic Influenza incident hospitals were provide 1135 waiver information regarding both CMS and HIPPA compliance and enforcement during disaster and emergency incidents.

HSEEP Exercises have tested the communications components and provided the guidance for real time implementation of specific components that need advance preparation. For example, during simulated weather related power outages hospitals needed to prepare in advance which communications would require existing phone lines or electrical supply. If amateur radio is needed, the hospital should have a call-in system to secure a radio operator for communication challenges. During the 2009 H1N1 Pandemic Influenza incident, hospitals coordinating with regional partners and their RMCC made the determination which components needed advance preparation and made changes to their EOP. An example of this was setting up external call lines for citizen questions specific to vaccination. This was done in coordination with the local public health. Some hospitals also created a mechanism to transfer those calls to a common phone line or agency outside the hospital to assist in information sharing.

EP 1 The Emergency Operations Plan describes the following: How staff will be notified that emergency response procedures have been initiated.

Opportunities, Resources, and Examples

- MIHAN and Codespear are two of the alerting mechanisms in place that can serve as staff notification in addition
- Some hospitals have received other redundant communication systems that can be used for conventional phone calling trees
- Many of the Alternate Care Sites (ACS) have access to mobile communications that can be used for notification of staff at off campus sites

EP 2 The Emergency Operations Plan describes the following: How the hospital will communicate information and instructions to its staff and licensed independent practitioners during an emergency.

Opportunities, Resources, and Examples

- TSP, GETS, WEPS
- Radios: Two way radios, MPSCS 800 MHz, UHF, VHF
- Phones: Satellite, land line and cell
- Fax
- RACES
- Codespear smart messaging
- HICS job action sheets are utilized to provide instructions for specific roles

EP 3 The Emergency Operations Plan describes the following: How the hospital will notify external authorities that emergency response measures have been initiated.

Opportunities, Resources, and Examples

- As indicated in EPs 1 & 2
- Hospitals can request their RMCC communicate their response status to regional hospitals and EMS. The RMCC can also communicate directly to the state Community Health Emergency Coordination Center (CHECC).

EP 4 The Emergency Operations Plan describes the following: How the hospital will communicate with external authorities during an emergency.

Opportunities, Resources, and Examples

- As in EPs 1,2,& 3

EP 5 The Emergency Operations Plan describes the following: How the hospital will communicate with patients and their families, including how it will notify families when patients are relocated to alternative care sites.

Opportunities, Resources, and Examples

- Regional Coalition can assist with coordination through the PIO with local emergency management agency and health department
- NIMS compliance (JIC)
- HSEEP exercises which evaluate all aspects of communication which allows for corrective action and improvement plans to be included in their plans. The corrective action can also be exercised in the future.

EP 6 The Emergency Operations Plan describes the following: How the hospital will communicate with the community or the media during an emergency.

Opportunities, Resources, and Examples

- NIMS/HICS PIO role utilizing mechanisms described above
- Education has been provided on the Multi-Agency Coordination System (MAC)

EP 7 The Emergency Operations Plan describes the following: How the hospital will communicate with suppliers of essential services, equipment, and supplies during an emergency.

Opportunities, Resources, and Examples

- As a result of the HPP supported exercises, the hospital EOP will include communication points of contact for essential services
- The HPP has supported the ability for the HCC to contact the local EOC and the RMCC using the redundant modalities above
- E Team can be utilized to request supplies and resources from outside agencies

EP 8 The Emergency Operations Plan describes the following: How the hospital will communicate with other health care organizations in its contiguous geographic area regarding the essential elements of their respective command structures, including the names and roles of individuals in their command structures and their command center telephone numbers.

Opportunities, Resources, and Examples

- The hospitals can communicate with other health care organizations utilizing the directory that is located on the MIHAN and regional websites
- The RMCC can also be used as a conduit to provide information to other health care organizations
- E Team access has been provided to all hospitals, and this web based resource is also utilized by the state, local public health and emergency management. Contact information associated with roles is entered into E Team.

EP 9 The Emergency Operations Plan describes the following: How the hospital will communicate with other health care organizations in its contiguous geographic area regarding the essential elements of their respective command centers for emergency response.

Opportunities, Resources, and Examples

- The hospitals can use the HPP supported systems including the MIHAN, Codespear, EMResource, EMTrack, MPSCS and other redundant communication methods as mentioned in **EP 3**

EP 10 The Emergency Operations Plan describes the following: How the hospital will communicate with other health care organizations in its contiguous geographic area regarding the resources and assets that could be shared in an emergency response.

Opportunities, Resources, and Examples

- In addition to resources in **EP 9**, hospitals have access to E Team and other Mobile Medical Support Units, which have the aforementioned communications and the Codespear integration box on them. These resources vary by region and can be included in the EOP and requested through the RMCC.

EP 11 The Emergency Operations Plan describes the following: How and under what circumstances the hospital will communicate the names of patients and the deceased with other health care organizations in its contiguous geographic area.

Opportunities, Resources, and Examples

- Through their participation on the regional planning board and workgroups the hospitals have access to the state Mass Fatality Plan and other regional plans that are found on the MIHAN
- Many have attended educational sessions where these topics have been discussed for inclusion their EOP
- The hospitals have developed and submitted facility specific mass fatality plans that link to local medical examiner plans

EP 12 The Emergency Operations Plan describes the following: How, and under what circumstances, the hospital will communicate information about patients to third parties (such as other health care organizations, the state health department, police, and the Federal Bureau of Investigation [FBI]).

Opportunities, Resources, and Examples

- Education has been provided through the regional planning boards and workgroups regarding HIPAA requirements during disaster and emergency incidents
- Significant redundant lines of communication have been established and integrated into hospital EOPs. This includes: external communication with other

entities such as the Michigan Immunization Registry database, Michigan Disease Surveillance System, and assistance through MI Labor and Regulatory Agency assistance for 1135 waivers

- The HPP provides support for the Telephone Service Priority (TSP) restoration program

EP 13 The Emergency Operations Plan describes the following: How the hospital will communicate with identified alternative care sites.

Opportunities, Resources, and Examples

- Hospitals have received funding to establish redundant communications system. Internet, GETS, WEPS, MPSCS, VOIP, UHF, VHF, and support for amateur radio have all occurred.
- Hospitals can utilize mobile resources that can be brought to their facility during an incident
- The HPP has supported the development of ACS Command Centers that include many of the modalities referenced above
- The ACS communications have been exercised frequently and the EOP should address the limitations or deficiencies from the AAR

EP 14 The hospital establishes backup systems and technologies for the communication activities identified in EM.02.02.01, EPs 1-13.

Opportunities, Resources, and Examples

- All of the redundant communications referenced above have been supported by the HPP for participating hospitals
- The State Resource Inventory Survey (initial and most recent)

EP 17 The hospital implements the components of its Emergency Operations Plan that require advance preparation to support communications during an emergency.

Opportunities, Resources, and Examples

- HSEEP Exercises have been conducted in which simulated weather related power outages occurred. This has enabled hospitals to prepare in advance which communications mechanisms would work best and what support would be needed for communication, i.e. satellite phones, amateur radio etc.
- The 2009 H1N1 incident provided opportunities to evaluate what worked well and what changes were required to their EOPs



Quick Summary of EM.02.02.01

The HPP has provided hospitals many different methods for communication as listed above. They have been provided with the MIHAN and other alerting systems

such as the Codespear smart messaging system that provides staff call back, alerting, and information sharing capabilities. The MIHAN provides access to a resource library that provides information on resources from all levels. As a result of the HPP, all hospitals can contact their RMCC. The RMCC was not present before the HPP. A majority of hospitals have been added to the state MPSCS system and received equipment to utilize the RACES system in their hospital. Hospitals have had the opportunity to receive satellite phones as another means of backup communication. Hospitals have received access to the GETS, WPS, and the TSP communication program which have been supported by the HPP.

EM.02.02.03 As part of its Emergency Operations Plan, the hospital prepares for how it will manage resources and assets during emergencies.

HPP and TJC Linkage

The HPP has supported development of individual hospital caches of emergency resources including medications, equipment and supplies in addition to providing access to regional and state supply caches. Through HPP Support, the regions have developed specific caches to support an ACC for up to 72 hours without outside support. The regions have also provided supply caches that hospitals can access that include trauma and burn caches that contain additional supplies that can assist hospitals for the 72-96 hour period prior to arrival of SNS resources if available. All of the caches can be requested through the corresponding RMCC and included as back up assets in the hospital EOP. Additional HPP caches available to hospitals include the MEDDRUN and CHEMPACK programs. While CHEMPACK is a federal asset managed by the state, these caches of nerve agent antidotes are stored at selected hospitals in Michigan; they (MEDDRUN and CHEMPACK) are requested using the same procedure found at each hospital.

The RMCC can also be utilized by hospitals to request EMS Mobile Support Units that can provide basic supplies to support essential evaluation and treatment of patients. There are regional assets for mass fatality incidents, and each hospital has access to regional caches that includes body bags and other essential supplies needed to manage a mass fatality incident. Working with their RMCC, hospitals may also request deployment through the CHECC of the Michigan Mortuary Response Team (MI-MORT) and the Disaster Portable Morgue Unit (DPMU) that can be transported to any area within the state.

Through participation in the regional Mutual Aid Agreements (MAA) and MOUs, hospitals are able to request their RMCC contact other facilities within the region to assist in locating and moving supplies to the area of need. The RMCC may query other regions to determine if additional resources are available. These resources supported by the HPP

are out of the reach of most individual hospitals due to cost, but should be included in the hospital EOP.

Hospitals can also access necessary federal resources and assets such as the Strategic National Stockpile (SNS) when local and regional supplies are depleted.

Participation in their regional planning board and workgroups has provided hospitals with an understanding of vendor managed inventory, and working with local, private businesses to develop MOUs which will help secure resources if needed during an emergency. The HPP has encouraged these workgroups and exercised these processes over the duration of the program.

HPP supported E Team and EMResource provide the ability to capture resource availability. EMResource is used to monitor active bed status by type (critical care vs. pediatric) and certain equipment (ventilators). It can be used to determine similar information for any hospital within the state. The communication with the RMCC will provide a mechanism that allows the hospital to provide information on both current and expected needs. For example the hospital could communicate to the RMCC that they only have two available ventilators, and at the current admission rate will require six more over the next eight hours. The RMCC would begin the process of deploying surge ventilators to the hospital and inform the CHECC of the status. This process was used during the response to H1N1 for N-95 and surgical mask availability and projected need. As part of the ICS training supported through the HPP, the hospital will have a logistics section chief that will either task the duty or maintain the inventory directly.

The HPP has supported the development and implementation of the MEMS model to address medical surge. Components include Alternate Care Centers, Neighborhood Emergency Help Centers and Casualty Transportation Systems. The hospital can coordinate with the local EOC to arrange for local transportation needs of patients and equipment that would involve transport to an ACS. The hospital can use the RMCC for assistance in many roles. They may be asked to recruit additional EMS agencies to assist local agencies in transporting patients from the facility or to provide backup care to the local community. The RMCC may be asked to assist with providing resources to be placed at the ACS. This would include the mobile 50 bed pods, ACS pharmaceutical caches, and other mobile supply caches. If that need could not be met, the RMCC on behalf of the hospital could query the other RMCCs in the state for additional resources before asking the CHECC for state or federal assets. The hospital could also request the RMCC assist in additional staff support, either through the state ESAR-VHP program, MI Volunteer Registry, or the state Healthcare Mutual Aid MOU. In addition hospitals would utilize the hospital evacuation plan that has been updated as a result of the HPP exercise support for shelter in place/evacuation exercises. The patient tracking system would be used to track where patients were being transferred.

Information technology supported by the HPP has been made available, and hospitals have been encouraged to participate in the Michigan Disease Surveillance System and the Emergency Department Syndromic Surveillance System. These systems provide data that helps determine projected needs. During the 2009 H1N1 pandemic influenza, the

collection of Influenza Like Illness (ILI) and hospital identified H1N1 cases enabled hospitals to anticipate potential supply, equipment and staffing needs.

EP 1 The Emergency Operations Plan describes the following: How the hospital will obtain and replenish medications and related supplies that will be required throughout the response and recovery phases of an emergency, including access to and distribution of caches that may be stockpiled by the hospital, its affiliates, or local, state, or federal sources.

Opportunities, Resources, and Examples

- Individual hospital antibiotic caches have been purchased allowing the hospital the ability to treat inpatients and all employees and up to three family members for 3-5 days
- There are also regional supply caches that can be requested through the RMCC that includes portable surge pods (50 beds with three days of basic supplies in a trailer)
- EMS Mobile Support Units that can provide basic supplies that can be used to support essential evaluation and treatment requested through the RMCC
- Regional trauma and burn caches with specialty supplies to last 72-96 hours prior to arrival of SNS if available requested through the RMCC
- MEDDRUN PPE, antidotes, antibiotics requested through the RMCC
- MI Mort HPP funded mass fatality resource requested through the RMCC through the CHECC
- Strategic National Stockpile, when local, regional and state supplies are depleted requested via the SharePoint program and RMCC

EP 2 The Emergency Operations Plan describes the following: How the hospital will obtain and replenish medical supplies that will be required throughout the response and recovery phases of an emergency, including personal protective equipment where required.

Opportunities, Resources, and Examples

- The HPP has provided hospitals individual caches of Powered Air Purifying Respirators (PAPR)
- Individual hospital caches of N-95 and surgical masks with additional gloves and gowns have been purchased with HPP funds. Regional and state caches of these supplies and LTV 1200 ventilators are housed throughout the state and are available by requesting them through the RMCC.
- Regional Mutual Aid Agreements facilitate sharing or moving supplies to the area of need with RMCC coordination
- Involvement in regional planning boards and workgroups provides an understanding of the proper procedure for requests coordinated through the RMCC

EP 3 The Emergency Operations Plan describes the following: How the hospital will obtain and replenish nonmedical supplies that will be required throughout the response and recovery phases of an emergency.

Opportunities, Resources, and Examples

- Vendor managed inventory and MOUs with businesses to secure resources that may be required during an emergency
- HSEEP exercises have tested resources acquisition to determine the most efficient responses in advance

EP 4 The Emergency Operations Plan describes the following: How the hospital will share resources and assets with other health care organizations within the community, if necessary.

Opportunities, Resources, and Examples

- Sharing can occur inside and outside of the local community. The RMCC can provide coordination within the region and with the CHECC at the state level.
- The RMCC can determine where the needed assets (e.g. PPE, ventilators, medical equipment) may be located
- The hospital can request their local EOC to facilitate transport and provide other resources (e.g. fuel, transportation). The hospital can make the request through ETeam and EMResource.

EP 5 The Emergency Operations Plan describes the following: How the hospital will share resources and assets with other health care organizations outside of the community, if necessary, in the event of a regional or prolonged disaster.

Opportunities, Resources, and Examples

- As indicated in EP4
- There will be reliance on the RMCC for resources that go outside the local community and across regional boundaries
- The RMCC can also contact the CHECC for health care resources statewide

EP 6 The Emergency Operations Plan describes the following: How the hospital will monitor quantities of its resources and assets during an emergency.

Opportunities, Resources, and Examples

- ETeam and EMResource capture resource availability
- EMResource is used to monitor active bed status by type (critical care vs. pediatrics) and ventilator availability

EP 9 The Emergency Operations Plan describes the following: The hospital's arrangements for transporting some or all patients, their medications, supplies, equipment, and staff to an alternative care site(s) when the environment cannot support care, treatment, and services. (See also EM.02.02.11, EP 3)

Opportunities, Resources, and Examples

- Coordination with local EOC to arrange for local transportation of patients and equipment
- RMCC may be asked to recruit additional EMS agencies to assist the local agencies with transportation needs of patients, medical supplies
- RMCC may be requested to assist with transportation of resources to be placed at ACS, including mobile 50 bed pods, pharmaceuticals and other mobile supply caches
- If that need could not be met, the RMCC on behalf of the hospital, could query the other RMCCs in the state for additional resources before asking the CHECC for state or federal assets
- Additional staff support can be requested through the RMCC through the MI Volunteer Registry or state Healthcare Mutual Aid MOU

EP 10 The Emergency Operations Plan describes the following: The hospital's arrangements for transferring pertinent information, including essential clinical and medication-related information, with patients moving to alternative care sites. (See also EM.02.02.11, EP 3)

Opportunities, Resources, and Examples

- Hospitals use the information from AARs on evacuation/shelter in place to develop minimum records desired on a patient transfer under emergency conditions
- The use of jump drives, and brief EMS notes have been included in some plans
- Included in the EOP, assigning a staff member with that task ensures the process is done consistently
- Hospitals have been provided guidance under the HPP on situations where Health Insurance Portability and Accountability Act (HIPAA) compliance may be waived or relaxed

EP 12 The hospital implements the components of its Emergency Operations Plan that require advance preparation to provide for resources and assets during an emergency.

Opportunities, Resources, and Examples

- Hospitals implemented components during the H1N1 pandemic influenza incident that were necessary in advance
- Hospital Command Centers (HCC) were activated to determine hospital needs and requests in advance of actual need, based on probability and surge that came from information provided by the MDSS and ED Syndromic Surveillance System

- Internal policies of staff vacation cancellation, postponing elective surgeries and procedures, and adding staff hours were implemented by some hospitals during the H1N1 pandemic influenza incident
- Hospitals requested SNS supplies during the H1N1 pandemic, and implemented other policies that had been prepared in advance such as visitor restriction policies
- HSEEP Exercises have been conducted with AARs/IP and CAPs for a variety of incidents



Quick Summary of EM.02.02.03

The HPP has supported many different levels of emergency caches. Hospitals have received their own antibiotic and nerve agent caches, which are supplemented by regional and state caches for ACS/surge supplies. The state resource MEDDRUN and federal CHEMPACK caches for chemical incidents combine with SNS resources at the state/federal level. Additional hard assets such as PPE, ventilators, surge beds and portable HEPA units can all be requested through their RMCC.

The use of the MIHAN, E Team, and EMResource can be used to list their assets, query for additional, and provide information on a variety of other resources. Hospitals have been provided access to regional and state mass fatality resources and hospital evacuation templates.

The HPP has provided support for developing the Healthcare Mutual Aid MOU and RMCC MOU that provides hospital support in the event of a disaster or emergency incident. In summary, significantly more hospitals can meet their surge (average daily census (ADC) plus 20%), have supplies to activate and support an ACC for 72 hours, and have the capability to increase isolation beds in response to disaster incidents, and have the ability through their RMCC to acquire a much larger pool of assets that would be impossible for individual facilities to maintain. As a result of the HPP, Michigan hospitals have been able to increase their ability to be self sufficient for longer periods (72 hours), and reaching to 96 hours with their ability to use outside support.

EM.02.02.05 As part of its Emergency Operations Plan, the hospital prepares for how it will manage security and safety during an emergency.

HPP & TJC Linkage

The HPP has supported hospitals in managing security and safety during emergencies through a variety of activities. Many hospitals have tightened access control with funding from the HPP. Carded access by staff, simple locked door systems and

automatic electronic locking mechanisms to enable entire hospital lock down or zone lockdowns from a central location have been implemented based on the need for the individual hospital and community. The hospitals have been involved with many exercises that have required a security lockdown from a variety of incidents for protection of infrastructure, to prevent people from entering, or in the situation of child abduction, control of people leaving. This is also helpful in the event of preventing contaminated or infectious patients from entering through uncontrolled entrances.

Closed caption cameras have been supported to assist in establishing visibility of triage areas and to support perimeter control. By participating in the regional planning boards and workgroups the hospitals have been able to share security models with each other and compare different “lock down” protocols. The participation of public safety and emergency management in the workgroups has increased understanding of the local jurisdictional priorities of law enforcement and the availability to each hospital during an emergency. The collaboration and HSEEP exercises that have included local law enforcement have also assisted hospitals in their awareness of community vulnerabilities.

Hospitals have expanded their resources to go beyond the local jurisdiction during the regional planning meetings. Many have used the HPP supported HSEEP exercises to determine supplemental staff needs and alternatives as many institutions do not have 24 hour onsite security. ICS training under NIMS compliance identifies the role and task the Safety Officer under their EOP. By utilizing their regional contact developed through the exercises and regional meetings, accurate point of contact for additional security support can be maintained.

The HPP has provided hospitals with the opportunity to perform decontamination trainings and exercises in coordination with local officials that may assist in the clean up and removal. These processes are reviewed and exercised to develop HAZMAT management procedures to be included in the hospital EOP. Each hospital has access to the state MIHAN Document Library that has a reference list on Managing HAZMAT incidents, HAZMAT for the Community, and the OSHA requirements.

HPP has provided funding for all hospitals to purchase identical decontamination tents and receive initial and refresher training on the unit. Hospitals received the Chemical Terrorism Kit, chemical testing paper, and different types of radiation detection devices that enhance onsite identification. The hospitals have also received first receiver level-C PPE that would be used in a decontamination incident. They have received training and exercise opportunities to use this equipment and to be evaluated on performance and areas to improve. Some regions have identified minimum levels of trained staff that would comprise a decontamination team. Many are done in tandem with community HAZMAT teams, but most have been trained to operate on their own.

The biological emergency has been supported by the above mentioned PPE that includes hospital caches of the PAPR units. Additional N95 respirators and protective gowns have been stockpiled by the hospitals and regionally for their use. HPP support has included funding to existing infrastructure to allow for increases to isolation room capacity and capability for surge. Additional funding has supported development of surge isolation

areas by providing portable HEPA filtration units that can be moved to an individual room or area. This portable system has augmented every hospital to achieve a minimum of at least one isolation room in their Emergency Department.

The HPP supported each region to utilize a part-time Pandemic Influenza Coordinator who reviewed existing pan flu plans and assisted hospitals in updating existing plans. Participation in regional and state pandemic influenza planning, training, and exercising over the past few years allowed for an enhanced mitigation and response to the actual 2009 H1N1 Pandemic Influenza incident.

In response to Exercise AAR, the hospitals have received support to provide emergency directional signs and redundant internal communications for making overhead announcements. The movement routes have been exercised during the past three years' evacuation/shelter in place exercises that have refined hospital plans on preferred routes during specific emergencies. For example, hospitals have created different routes that may be used with varying amounts of electrical power, and variations in response to the time available (immediate vs. hours). The hospitals have been provided identification vests that may be distributed by the hospital Safety Officer to staff to assist in route control.

Hospitals have been supported with traffic flow equipment (signs, pylons, barriers, lighting) and participation of the regional planning board and workgroups has allowed for interaction with public safety officials to develop appropriate plans to be included in the EOP. This relationship with public safety also expands to coordinate with the community agencies to extend traffic routes beyond the hospital property.

EP 1 The Emergency Operations Plan describes the following: The hospital's arrangements for internal security and safety.

Opportunities, Resources, and Examples

- Emergency lockdown and access control devices have been provided
- Best practices shared at Regional Planning Board and workgroups
- Closed Caption video monitoring equipment
- HSEEP exercises

EP 2 The Emergency Operations Plan describes the following: The roles that community security agencies (for example, police, sheriff, National Guard) will have in the event of an emergency.

Opportunities, Resources, and Examples

- Inclusion of local law enforcement in HSEEP exercises
- Role of Safety Officer in HCC

EP 3 The Emergency Operations Plan describes the following: How the hospital will coordinate security activities with community security agencies (for example, police, sheriff, National Guard).

Opportunities, Resources, and Examples

- The coordination of outside security assistance is done following the ICS, with that role being provided by the Safety Officer in coordination with the hospital Liaison Officer and may function as a Unified Command
- By participating in the regional planning board and workgroups, hospitals have discussed the scenario that the hospital is the scene of a terrorist incident. In this scenario, the FBI will assume control and command of the scene.
- HSEEP Exercises have provided many opportunities for hospitals to test internal security and how it will interact with the outside resources when called

EP 4 The Emergency Operations Plan describes the following: How the hospital will manage hazardous materials and waste.

Opportunities, Resources, and Examples

- Decontamination trainings and exercises in coordination with local officials that may assist in the clean up and removal
- Each hospital has access to the MIHAN Document Library that has a reference list on Managing HAZMAT incidents

EP 5 The Emergency Operations Plan describes the following: How the hospital will provide for radioactive, biological, and chemical isolation and decontamination.

Opportunities, Resources, and Examples

- Hospitals received the Chemical Terrorism Kit, chemical testing paper, and different types of radiation detection devices that enhance onsite identification
- The hospitals have also received first receiver level-C PPE that would be used in a decontamination incident (PAPR units)
- HSEEP Exercises
- Decontamination team development and training
- Standardized decontamination tents provided to all hospitals
- HEPA filtration units to support achievement of a minimum of at least one isolation room in the ED
- Participation in regional and state pandemic influenza planning, training, and exercising

EP 7 The Emergency Operations Plan describes the following: How the hospital will control entrance into and out of the health care facility during an emergency.

Opportunities, Resources, and Examples

- Hospitals have received support and participated in exercises demonstrating equipment, processes and personnel capabilities to control and limit access and exit from a facility as appropriate to the threat
- The perimeter control methods have been supported with the closed caption television systems in some facilities
- These activities have been exercised by hospitals to refine their existing plans in the EOP

EP 8 The Emergency Operations Plan describes the following: How the hospital will control the movement of individuals within the health care facility during an emergency.

Opportunities, Resources, and Examples

- Emergency directional signs and redundant internal communications for making overhead announcements have been funded
- The movement routes have been exercised during the past three years' evacuation/shelter in place exercises that have refined hospital plans on preferred routes during specific emergencies

EP 9 The Emergency Operations Plan describes the following: The hospital's arrangements for controlling vehicles that access the health care facility during an emergency.

Opportunities, Resources, and Examples

- Hospitals have been supported in exercises that bring additional vehicle volume into and out of their facilities. Preferred entry points and staging points are included in the activities. The hospitals have also had the opportunity to exercise where certain areas are either damaged or not available for a staging or drop site.
- Traffic flow equipment (signs, pylons, barriers, lighting) have been funded
- Participation in the regional planning board and workgroups has allowed for interaction with public safety officials to develop appropriate plans to be included in the EOP

EP 10 The hospital implements the components of its Emergency Operations Plan that require advance preparation to support security and safety during an emergency.

Opportunities, Resources, and Examples

- MIHAN and/or Codespear alert and notification system that can call security staff back or early to prepare in advance of an emergency
- Facility lock down and perimeter control systems can allow hospitals to prepare for limited access into and out of the hospital in advance of an emergency

- As a response to a community hazardous waste incident they may place the hospital decontamination team on standby, prepare the decontamination tent in the identified site, activate the HCC, or establish a safe zone with security
- HSEEP exercises all for testing of all of these processes in advance



Quick Summary of EM.02.02.05

The HPP has supported hard assets for security such as card access control, electronic locking, closed camera TV, and reinforcing existing security systems. Training has been provided for hospital security staff through awareness, operations level, and specialty security training for response. Each hospital has received decontamination tents and training on how to use them for diverse situations (for example: decontamination, external triage site, temporary isolation) and portable HEPA filtration units that can be placed in areas for temporary or surge use with a biologic outbreak that require additional negative pressure areas. Hospitals have received training and supplies to provide decontamination teams on a 24/7 schedule. Hospitals have received funding support to exercise the decontamination teams by participating in HSEEP exercises. Through the program they have access to regional and state AARs that allow hospitals the ability to enhance their programs from reviewing lessons learned and following a best practices model. The MIHAN and ETeam online tools provide access to the Agency for Toxic Substances and Disease Registry (ATSDR), while the RMCC can provide access to many other resources that can be made available on request.

EM.02.02.07 As part of its Emergency Operations Plan, the hospital prepares for how it will manage staff during an emergency.

HPP & TJC Linkage

Staff roles and responsibilities for the six “critical areas” applicable to disaster and emergency response are determined in the planning phase by hospital participation in the training and education programs supported by the HPP. All six critical areas, or specific identified critical areas, may be included in HPP funded HSEEP exercises to identify what role or roles an individual may perform. The HPP has supported many different disaster exercises that are based on an all-hazards approach to preparedness. Staff assignments are practiced during exercises and staff may be involved in various roles depending on the exercise scenario, for example an acute mass casualty incident with a sudden influx of emergency patients, versus a power outage that requires hospital evacuation over days. The exercise program has also assisted hospitals to determine what is considered as essential staff function in both standard and disaster settings. Surge planning tools such as the Disaster Surge Tool, (www.emrocch.org/disastersurge) have

been provided to hospitals to help identify essential services during a surge or anticipate surge incident.

The HPP has supported education on HICS. The use of the job action sheets included in the HICS program provides clear delineation of staffing roles. Large “dry erase whiteboards” have been provided to hospitals to visibly display the HICS organizational charts and allow for the name of the individual to be written on it. Also, the command staff vests supported by the HPP, identifies command staff members by title/role to who staff report. This process has been reinforced many times at HPP supported hospital exercises that involve activation of the HCC.

Hospitals who have participated in the HPP supported exercises have had to determine different strategies to support staff needs during an incident. For example, during evacuation/shelter in place exercises, hospitals have had to plan for sustainment of the staff lodging and supplies, and determine means of transportation to get staff to their hospitals. The provision of child care also has been approached for inclusion into the EOP. This area has had considerable discussion over the past few years regarding biological incidents. As a result of that planning, hospital antibiotic caches have reflected resources to cover their employees and up to three family members. Hospitals have determined that different sites for employee lodging are needed depending on the incident.

The HPP has supported development of regional and state disaster mental health workgroups that participate on the regional planning boards and workgroups. Evacuation/shelter in place exercises address this need under the surge capability for exercise evaluation. Hospitals have been exercising measures to address staff mental health needs. The exercise evaluation tool also requires the hospital have a “behavioral health plan” in place. There are specific evaluations given to staff on the availability of in house, incident stress management support. If hospitals are unable to meet these tasks, they can include the changes in the CAP to guide future planning. Critical Incident Stress Management (CISM) debriefing has been supported in the HPP and offered to many of the hospitals for additional staff training.

In addition to above, hospitals through HPP supported exercises have made many additions and changes to their existing EOP to address the needs of staff family members. This has been a focus in the HPP supported exercises. The reality of prolonged incidents will require reduced staff numbers to work much longer hours. Staff will be more likely to report to work if there is family support provided at the hospital. Family support services are evaluated as part of the HPP supported exercises as a specific task. The evaluation requires identification of the specific support agencies, family support resources, and evidence that the HCC coordinates with families to ensure they know how and where to get support. The HCC coordinates this support with their local EOC. Any deficiencies can be made either to the CAP or directly into their EOP.

As written previously, the HPP has supported redundant communications including phones, cell phones, fax machines, radios and computerized smart messaging. These

many mechanisms have enabled hospitals to have different notification methods that work in their culture and environment. Licensed Independent Practitioners can be notified where and to whom to report in an emergency through these HPP supported methods. The HICS system also provides job action sheets which can be provided to responders.

Hospitals have been supported to encourage their staff to become members of the MI Volunteer Registry network. This program includes Michigan based criminal background checks and credential verification. This can be accessed by the Regional Healthcare Coordinator or the local health department Emergency Preparedness Coordinator for the hospital during an emergency incident when volunteers may be needed at their site. When notified, the Regional MI Volunteer Coordination system can provide information to the volunteer staging area. In addition, some hospitals have purchased onsite ID makers to provide a picture ID assisting in onsite identification. In each hospital disaster exercise, evaluators verify the hospitals have a disaster privileging and credentials process in place. The Healthcare Mutual Aid MOU also allows hospitals to utilize staff from a different facility. The patient tracking system upgrade that has been provided to most hospitals also has an upgrade available that allows a picture to be taken when a staff member registers. This can be done to record a picture of the responder, their license level, and a bar code identifier.

Hospitals have exercised surge incidents that will require outside assistance, an increased workload on their staff, and staff family support. During ACS exercises the consideration for staff lodging and family day care is a part of the evaluation program. The implementation of certain components (child care, family antibiotic prophylaxis) may be introduced before the entire surge plan has been activated. The 2009 H1N1 Pandemic Influenza incident had hospitals developing plans to provide isolation areas for their employees who have sick family members at home, while activating certain roles of the HICS chart. The HCC may have remained activated but required only certain roles when activated.

EP2 The Emergency Operations Plan describes the following: The roles and responsibilities of staff for communications, resources and assets, safety and security, utilities, and patient management during an emergency.

Opportunities, Resources, and Examples

- Participation in regional planning boards and workgroups in which HSEEP exercises are planned
- HICS
- HSEEP Exercises

EP3 The Emergency Operations Plan describes the following: The process for assigning staff to all essential staff functions.

Opportunities, Resources, and Examples

- HICS

- HSEEP Exercises

EP 4 The Emergency Operations Plan identifies the individual(s) to whom staff report in the hospital's incident command structure.

Opportunities, Resources, and Examples

- Using the HSEEP tool for exercise evaluation verifies and requires that staff is briefed by the Incident Commander (IC) upon their arrival to the HCC. The inclusion of the HICS 201 form guides the IC to provide a brief to the reporting staff.
- HICS wall charts provide a place to document who is assigned to each role

EP 5 The Emergency Operations Plan describes how the hospital will manage staff support needs (for example, housing, transportation, and incident stress debriefing).

Opportunities, Resources, and Examples

- Hospital participation in multidisciplinary and multiagency work groups has provided opportunities for hospitals to network with local staff support resources such as community mental health providers, critical incident stress debriefing, and grief counselors and incorporate these staff support resources into the hospital EOPs
- Local Critical Incident Stress Management teams have been supported by the HPP and CISM training opportunities have been offered to hospital staff
- HSEEP Exercises that address staff support and CISM
- Antibiotic caches for staff and family members in a biological event
- Relationships have been developed with emergency management and other response agencies, the HCC can communicate with the local EOC to arrange for transportation in some instances

EP 6 The Emergency Operations Plan describes how the hospital will manage the family support needs of staff (for example, child care, elder care, pet care, communication).

Opportunities, Resources, and Examples

- In addition to above, hospitals through HPP supported exercises have made many additions and changes to their existing EOPs to address the needs of staff family members. Personnel have been a focus in the HPP supported exercises. recognizing that prolonged incidents will require reduced staff numbers to work much longer hours. Staff will be more likely to report to work if there is family support provided at the hospital. Family support services are evaluated as part of the HPP supported exercises as a specific task. Ongoing evaluation requires identification of the specific support agencies, family support resources, and evidence that the HCC coordinates with families to ensure they know how and where to get support. The HCC coordinates this support with their local EOC. Any deficiencies can be made either to the CAP or directly into their EOP.

- Hospital antibiotic caches have been provided to cover their employees and up to three family members

EP 7 The hospital trains staff for their assigned emergency response roles.

Opportunities, Resources, and Examples

- Hospitals have trained command staff in the HICS system
- HPP exercise program to have staff assume different roles and different shifts for different incidents
- Incident Management Team Training for command staff
- NIMS education

EP 8 The hospital communicates, in writing, with each of its licensed independent practitioners regarding his or her role(s) in emergency response and to whom he or she reports during an emergency.

Opportunities, Resources, and Examples

- Fax machines
- Computer messaging through MIHAN, Codespear, MI Volunteer Registry
- HICS, job action sheets provide documented roles and responsibilities, including to whom he or she reports during a response

EP 9 The Emergency Operations Plan describes how the hospital will identify licensed independent practitioners staff, and authorized volunteers during emergencies. (See also EM.02.02.13, EP 3; EM.02.02.15, EP 3)

Opportunities, Resources, and Examples

- State ESAR-VHP MI Volunteer Registry
- Some hospitals have purchased onsite ID makers to provide a picture ID assisting in onsite identification
- HSEEP Exercises
- Healthcare Mutual Aid MOUs

EP 10 The hospital implements the components of its Emergency Operations Plan that require advance preparation to manage staff during an emergency.

Opportunities, Resources, and Examples

- HSEEP ACS exercises that have include consideration for staff lodging and family day care is a part of the evaluation program
- The implementation of certain components (child care, family antibiotic prophylaxis) may be introduced before the entire surge plan has been activated



Quick Summary of EM .02.02.07

The HPP has supported many programs that will facilitate compliance for hospitals that address how staff is managed during an emergency. Education and training of the HICS program and support to become and remain NIMS compliant, allows for an understanding of the common terminology across both hospitals and other disciplines. Hard assets such as large white boards that may be used to display the command chart on a wall, identification vests that show roles, and the job action sheets, define the role and responsibilities of each position. Additional equipment such as HICS books, HCC go kits which helped standardize and simplify the various essential positions, computers, fax machines, and communications support are all used in managing staff. The HPP supported exercises have provided the opportunity to practice these roles and provide the basis for improvements in the CAP. Evaluation of exercises has provided the mechanism for hospitals to plan for staff support. This would include rest facilities and child care for staff, prophylaxis for family members, transportation, notification, and communication with staff and volunteers. The exercise program has allowed hospitals to consider planning for incidents in advance, prepare an AAR, and develop a CAP with a modest amount of time and cost. This process enables hospitals to satisfy these elements with documented activities that are proactive and ongoing.

EM.02.02.09 As parts of its Emergency Operations Plan, the hospital prepares for how it will manage utilities during an emergency.

HPP & TJC Linkage

Hospitals involved with HPP supported exercises have planned for alternative means of electricity. Some hospitals have received support to make enhancements to their existing electric system, such as switches, that allow for safe and prompt conversion to back up generator supply. Battery caches and extended use flashlights have all been supported through the HPP program. They have received HPP support for providing backup generator power to their ACC sites. The exercises and discussions at the regional planning boards have assisted the hospitals with developing redundant backup plans, coordinated through their local EOC.

Lessons learned from HSEEP exercises, have prompted hospitals to develop multiple layers of redundancy with fuel suppliers that go beyond their local area. Hospitals have exercised their backup generators and alternatives for electricity in the setting of long term power outages. They have also tested their existing MOUs with suppliers. This has allowed the hospitals to see if a supplier may be stretched beyond their real capability, which is the case in many exercises. This is an example of preplanning that drove the need for more distant alternative suppliers. In one example, the local fuel supplier was

the emergency supplier for not only the hospital, but many of the other essential services in the city. This was well beyond their capability. The exercise allowed this shortcoming to be recognized in advance and ensured better coordination within the local community.

The expertise of local emergency managers has aided the hospitals in planning for alternate sources of water through the regional planning boards and workgroups. Exercises have also addressed the issue of water for consumption and essential care activities along with water for toilets and sanitary purposes.

The HPP supported exercise program has developed many opportunities to exercise and refine the plans for fuel for building operations, generators, and essential transport services. As a result of the exercises conducted, hospitals have participated with many of the transportation systems that are available. Examples include local school buses, municipal transport services, and private charter companies.

EP 2 As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Electricity.

Opportunities, Resources, and Examples

- Hospitals have developed multiple layers of redundancy with fuel suppliers that go beyond their local area
- Some hospitals have received support to make enhancements to their existing electric system, such as switches, that allow for safe and prompt conversion to back up generator supply
- Battery caches and extended use flashlights have all been supported through the HPP program
- Support for providing backup generator power to their ACC sites
- The exercises and discussions at the regional planning boards have assisted the hospitals with developing redundant backup plans, coordinated through their local EOC

EP 3 As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Water needed for consumption and essential care activities.

Opportunities, Resources, and Examples

- Participation in regional planning board and workgroups, strengthening relationships with local emergency managers who are aware of a wide range of available resources
- MOUs
- HSEEP exercises to test MOUs and develop AAR/IP, CAP

EP 4 As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Water needed for equipment and sanitary purposes.

Opportunities, Resources, and Examples

- As documented in **EP 3**
- The Target Capability List used in HSEEP exercises requires hospitals to have these resources in place, and in many instances, make contacts to verify the resources could be received

EP 5 As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Fuel required for building operations, generators, and essential transport services that the hospital would typically provide.

Opportunities, Resources, and Examples

- The HPP supported exercise program has developed many opportunities to exercise and refine the plans for fuel for building operations, generators, and essential transport services
- As documented in **EPs 3 & 4**

EP 6 As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Medical gas/vacuum systems.

Opportunities, Resources, and Examples

- As documented in **EPs 3,4,& 5**
- Supply resource management and establishment of redundant vendors

EP 7 As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Utility systems that the hospital defines as essential (for example, vertical and horizontal transport, heating and cooling systems, and steam for sterilization).

Opportunities, Resources, and Examples

- HPP supported exercise program. Evacuation/shelter in place exercises have evaluated the determination of essential services. The HSEEP program evaluates involvement with hospital engineering and maintenance that can address these needs and make recommendations to clinical staff.
- Exercises that include the scenario of severe weather leading to widespread and prolonged (beyond five days) power loss, has helped hospitals prioritize components of their facility to receive limited services
- Received training and equipment to facilitate both vertical and horizontal movement of patients and services in the event all power is unable to be provided
- AARs from these exercises and their CAPs have been used to update hospital EOPs. Lessons learned from exercises include developing evacuation routes that require limited, or no power availability in the hospital.

EP 8 The hospital implements the components of its Emergency Operations Plan that require advance preparation to provide for utilities during an emergency.

Opportunities, Resources, and Examples

- By participating in HPP supported exercises, hospitals have been exposed to different scenarios that would create a need for advance preparation of utilities management, conservation, and procurement. HSEEP exercises evaluate hospital MOUs for alternate fuel supplies or transportation and the ability to prioritize and conserve scarce resources. Hospitals have practiced through simulation, calling for these resources in advance and making an actual disaster request a learned skill.



Quick Summary of EM .02.02.09

By participating in HPP supported exercises, hospitals have had the opportunity to test their plans and include how they would be able to provide alternative means of basic supplies (water, sanitation, fuel, medical gases). Exercises drive the creation of MOUs in not only the local community, but distant communities as well. The sharing of lessons learned from participating in the workgroups and planning boards allow for open information sharing that benefits all members, not just the hospitals who have conducted the exercise. The NIMS requirements create the framework for assisting hospitals in facing the obstacles identified above in advance by using the all-hazards approach. The evacuation/shelter in place exercises allows hospitals to plan in advance and prioritize essential services, secure supplies, and know when, how, and who to call during an escalating emergency.

EM.02.02.11 As parts of its Emergency Operations Plan, the hospital prepares for how it will manage patients during emergencies.

HPP & TJC Linkage

The Disaster Life Support Program has been supported by the HPP and includes the Core, Basic, and Advanced Disaster Life Support training. These programs also address the treatment and transfer components involved. This standard has been exercised at many HPP supported HSEEP exercises that require triage, treatment, and transfer of victims. For example, in a large MCI exercise, the evaluator would see if the hospital either cancelled or prioritized elective surgeries to increase their immediate surgical capability and capacity. The same would apply to unit managers, triaging existing patients for early discharge to free up existing bed space. Bed availability both onsite, and in distant facilities, can be determined by using the EMResource tool that has been provided by the HPP to all hospitals.

Hospitals have been provided access to use the EMResource system which incorporates bed tracking and resource availability features. The transfer component has been exercised during evacuation/shelter in place events that include other elements of triage, treatment, and admission. They have also included a more in-depth look at the transfer component. Hospital EOPs have been revised based on the CAPs developed from their exercises. The specific role of personnel for a task (e.g. triage, treatment, admission, discharge) is identified on the HICS white boards and provided on assigned job action sheets.

Multiple HPP funded HSEEP exercises in a region utilizing different pieces of evacuation equipment, supported group consensus from the combined AARs to guide regional standardization. This allowed for more available resources, and allowed for staff across the region to be trained on identical evacuation equipment that is not site specific. This increases the staff resources under the Hospital MOU available to all participating hospitals. Although mentioned prior, hospitals benefit from regional planning board participation by discussing the lessons learned and best practices for planned events through exercise, and real incidents.

The HPP exercise program has identified consideration of high risk groups such as pediatric, geriatric, disabled, and those having chronic conditions, to be a priority in exercise evaluations. Hospitals have to plan for surge requirements in these populations. Specific examples include home ventilator and home dialysis populations. These groups have been included in exercises that necessitate pre-planning and coordination with outpatient facilities that may not be part of the hospital. This has driven MOUs with these agencies, developing a reciprocal two-way partnership by providing surge for each other. One last example includes patients in Long Term Care facilities, many who have chronic conditions. Hospitals are well accustomed to receiving patients from these facilities but are now planning to include them in exercises as potential surge beds for the hospital. These groups have been added to Hospital EOPs.

Hospitals have received HPP funding to support in house and community resource development to address mental health needs including training, development of regional on-call resources for mental health care and the creation of disaster response teams. HSEEP exercises specifically targeted toward disaster mental health needs have assisted in the development of regional mental health triage protocols. The state ESAR-VHP program MI Volunteer Registry has created a mechanism to access mental health worker volunteers.

Mass fatality planning has been identified as Sub Capability Level 1 by the ASPR Cooperative Agreement HPP. As a result, hospitals have had support in many areas. Hospitals have been provided training to assist in their mass fatality plans that include their mortuary services. All hospitals are required to have a fatality management plan and submit them to the regional office. Hospitals have had the opportunity to attend workshops with their local medical examiners and many have exercised mass fatality exercises as provided under the HPP. HPP funding has provided statewide and regional resources such as the regional mass fatality push pack and the MI MORT resource, the

DPMU housed by MDCH OPHP. This resource greatly expands each hospital's ability to provide mortuary services. The HPP has also supported regional mass fatality templates that may be used by hospitals and are posted on the MIHAN. They can utilize both regional and state support staff if they need assistance in developing their plan. The hospitals, through their participation in the regional advisory committee and planning boards and workgroups, have become familiar with the federal asset, DMORT. Prior to this HPP supported initiative, many of these key participants had little interaction with medical examiners, funeral directors, or forensic services beyond their local community and hospital. The HPP has developed key partnerships in the area of mass fatality that did not previously exist.

The HPP has provided funding for a patient tracking system that was provided to each hospital. Training and education on the use of this system has been supported by the HPP since its inception. The use of the HPP supported state triage tag allows for standardized tracking of patients. It can be used to manually follow patients if the internet or power supply is compromised. Mobile patient tracking units can be brought to a hospital or ACC if requested through the RMCC.

EP2 The Emergency Operations Plan describes the following: How the hospital will manage the activities required as part of patient scheduling, triage, assessment, treatment, admission, transfer, and discharge.

Opportunities, Resources, and Examples

- HICS, White boards and job action sheets
- Disaster Life Support Courses
- HSEEP Exercises
- EMResource bed tracking
- Education regarding MI-START, START and SALT triage programs for mass casualty incidents

EP 3 The Emergency Operations Plan describes the following: How the hospital will evacuate (from one section or floor to another within the building or, completely outside the building) when the environment cannot support care, treatment, and services. (See also EM.02.02.03, EPs 9 and 10).

Opportunities, Resources, and Examples

- HSEEP Evacuation/Shelter in Place exercises that have included partial, full, vertical and horizontal evacuation
- Evacuation equipment has been provided to hospitals along with training on the use of the equipment. Equipment provided is similar for hospitals in the region, which would allow for sharing supplies.
- ACS planning and exercises have been conducted to prepare for surge capacity

EP 4 The Emergency Operations Plan describes the following: How the hospital will manage a potential increase in demand for clinical services for vulnerable populations served by the hospital, such as patients who are pediatric, geriatric, disabled, or have serious chronic conditions or addictions.

Opportunities, Resources, and Examples

- HSEEP exercise evaluations include plans for care provision for identified vulnerable populations
- Expanded participation in emergency pre-planning coordination with outpatient facilities that may not be part of the hospital such as LTC and dialysis units

EP 5 The Emergency Operations Plan describes the following: How the hospital will manage the personal hygiene and sanitation needs of its patients.

Opportunities, Resources, and Examples

- Hospitals have received funding to purchase and stockpile hand sanitizer and other personal sanitation kits and resources
- Hospitals have been encouraged to establish MOUs during pre-incident times with local vendors to provide those resources. A specific example is one hospital establishing a MOU with a local superstore to provide food, waterless hand sanitizer, and antiseptic wipes that can be supplied out of their stock during an emergency incident.
- Many of the large commercial vendors have large disaster caches that hospitals can access

EP 6 The Emergency Operations Plan describes the following: How the hospital will manage its patients' mental health service needs that occur during an emergency.

Opportunities, Resources, and Examples

- Mental health needs are identified in the evaluation of HSEEP exercises
- Regional mental health triage protocols have been developed
- Collaboration with mental health resources
- MI Volunteer registry has provided a mechanism to access mental health volunteers in an emergency
- CISM training

EP 7 The Emergency Operations Plan describes the following: How the hospital will manage mortuary services.

Opportunities, Resources, and Examples

- Hospitals can access the mass fatality plan template on the MIHAN
- Regional MI MORT push packs available with supplies to manage fatalities when hospital supplies are depleted

- Access to MI MORT DPMU through pre-identified request channels in HSEEP exercises that include mass fatalities
- Participation on mass fatality workgroups or task forces that bring together Medical Examiners and hospitals, funeral directors, & forensic services

EP 8 The Emergency Operations Plan describes the following: How the hospital will document and track patients' clinical information.

Opportunities, Resources, and Examples

- Use of patient tracking equipment in HSEEP exercises or real disasters

EP 11 The hospital implements the components of its Emergency Operations Plan that require advance preparation to manage patients during an emergency.

Opportunities, Resources, and Examples

- HSEEP exercises that require advance notification of certain elements of the plan. For example, early request to the RMCC from the HCC in response to a MCI with many fatalities could bring the mass fatality “push packs” before the entire mass fatality plan is implemented.
- Partial activation of the HCC in advance with just an IC, and the critical branch directors
- A final example would be the need for an ACS in advance of sending patients to the site. The setup, supplying, and operation of the ACS requires extensive planning and preparation before becoming operational. These steps have been exercised in detail by many hospitals as a result of the support given to hospitals through the HPP.



Quick Summary EM.02.02.11

Many, if not all of the above elements would be satisfied by a hospital who has participated in an HSEEP exercise (evacuation/shelter in place, MCI, mass fatality, pandemic influenza) and developed a CAP as a result of their AAR. Hospitals have exercised all levels of evacuation (vertical, horizontal, partial, complete) and received equipment and training on how to perform evacuation safely and efficiently. The Stair Chair, Evacusled, and PARASLYDE systems have been provided by the HPP to hospitals.

All of the JC required elements of performance are specifically addressed and evaluated during exercises. The HPP has supported standardized triage tools and patient tracking systems in addition to triage tags that are used by every hospital and pre-hospital provider. The program has resulted in considering in advance, what patient information is critical if scarce resources exist. The exercise program has allowed hospital management to become familiar with HICS, and understand the prioritization necessary for a complete evacuation.

Special Needs populations have been a focus area for the program and hospitals have received many opportunities for education and training aimed at providing care for these groups. The HPP provided the uniform patient tracking and bed tracking systems that can be accessed throughout the state by all partners. Mental health and mortuary response have been areas supported by the HPP through workgroup development, response plans, exercises, and acquisition of state caches and resources that are available to every hospital. These resources would be cost prohibitive for most, if not all hospitals during these economic times. The HPP has supported hospitals to include these groups in planning, exercising, and collaborating at the Regional Planning Boards and workgroups.

EM .02.02.13 During disasters, the hospital may grant disaster privileges to volunteer licensed independent practitioners.

HPP & TJC Linkage

The HPP has provided hospitals with many opportunities under different exercise situations to activate their EOP, and practice disaster privileging of health care staff. These plans were put into actual use by some hospitals in response to the H1N1 pandemic influenza incident. The MEMS model supported through the HPP has encouraged hospitals to pre-plan for privileging staff that may be required to support an ACS. The HPP has implemented the requirements of the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) in Michigan. Hospital participation in the Regional planning boards and workgroups and in the MI Volunteer Registry (ESAR-VHP) program has increased the available numbers of licensed practitioners. The HPP has provided state and regional support to develop, promote, and increase volunteer membership and provide recommendations on developing coordinated protocols for volunteer use.

Through HSEEP exercises, hospitals have prepared for proper staging and receiving areas for volunteers and licensed independent practitioners. Hospitals have been educated through the HPP on state and federal staffing resources that are available in dire situations, such as the Disaster Medical Assistance Teams (DMAT), Disaster Mortuary Operational Response Teams (DMORT) and MI MORT, the state mortuary response team. Both teams are already credentialed and accessible to the state to assist hospitals through the National Disaster Medical System (NDMS), requests are made through the CHECC. During a disaster, hospitals may also request the RMCC to have the Regional Healthcare coordinator query the MI Volunteer Registry for staff assistance.

The HSEEP exercise program has facilitated hospital pre-planning to determine under which circumstances specific methods of oversight will occur. For example, during a MEMS activation exercise, some hospitals have felt that in the ACS, direct observation

of the care and oversight provided during the first shift has been beneficial to ensuring that the appropriate care and services are provided. Most hospitals who have participated in these exercises have wanted to provide initial mentoring if time and staffing allowed. The process for oversight has been discussed at many HPP supported regional meetings with examples from the group on how plans may be written. This discussion provides assistance for the hospital to develop procedures regarding oversight responsibilities. These groups also have had great discussions and identified lessons learned for each other that have benefited recent Joint Commission visits.

HSEEP exercises have enabled hospitals to test their procedures for verifying LIP credentials within 72 hours of arrival. In extraordinary circumstances, the State will ensure that disaster declarations are appropriately sought. The relationships developed between emergency management, public health and hospitals as a result of participation in regional planning boards and workgroups has facilitated understanding and a coordinated approach to disaster declarations and activation of hospital EOPs. Oversight of volunteers and volunteer LIPs has been tested in HPP funded HSEEP exercises. Exercising this capability has enabled hospitals to develop corrective action plans in the AAR to guide policy, by-law and/or EOP revisions. The MI Volunteer Registry provides pre-credentialing for licensed volunteers through licensure verification and criminal background checks. The enhanced partnership with emergency management and public health has created many options that provide different levels of liability protection to volunteers under a declared disaster incident.

EP 1 The hospital grants disaster privileges to volunteer licensed independent practitioners only when the Emergency Operations Plan has been activated in response to a disaster and the hospital is unable to meet immediate patient needs.

Opportunities, Resources, and Examples

- HSEEP exercises have encouraged hospitals to pre-plan for emergency credentialing
- MI Volunteer Registry (ESAR-VHP) provides licensure verification and criminal background checks for registered volunteers

EP 2 The medical staff identifies, in its bylaws, those individuals responsible for granting disaster privileges to volunteer licensed independent practitioners.

Opportunities, Resources, and Examples

- The MI Volunteer Registry is the State Emergency System for the Advanced Registration of Volunteer Health Professionals (ESAR-VHP), and is available as a tool for hospitals to include in policies and by-laws related to disaster privileging of voluntary licensed independent practitioners

EP 3 The hospital determines how it will distinguish volunteer licensed independent practitioners from other licensed independent practitioners. (See also EM.02.02.07, EP 9)

Opportunities, Resources, and Examples

- Hospitals have been provided different resources and mechanisms to distinguish volunteer licensed individuals from other independent licensed individuals
- The Medical Reserve Corp (MRC) and MI Volunteer Registry have both been supported by the HPP and available to hospitals as a mechanism to utilize, and organize additional staff during a disaster
- HSEEP compliant exercises in which staging and receiving areas for volunteers are tested
- Education regarding state and federal teams (DMAT, DMORT, MI MORT)

EP 4 The medical staff describes, in writing, how it will oversee the performance of volunteer licensed independent practitioners who are granted disaster privileges (for example, by direct observation, mentoring, medical record review).

Opportunities, Resources, and Examples

- HSEEP compliant exercises and MEMS activation have provided opportunities to exercise direct observation and oversight of volunteer licensed independent practitioners.

EP 5 Before a volunteer practitioner is considered eligible to function as a volunteer licensed independent practitioner, the hospital obtains his or her valid government-issued photo identification (for example, a driver's license or passport) and at least one of the following: A current picture identification card from a health care organization that clearly identifies professional designation; a current license to practice; primary source verification of licensure; identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), the Medical Reserve Corps (MRC), the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other recognized state or federal response organization or group; identification indicating that the individual has been granted authority by a government entity to provide patient care, treatment, or services in disaster circumstances; confirmation by a licensed independent practitioner currently privileged by the hospital or a staff member with personal knowledge of the volunteer practitioner's ability to act as a licensed independent practitioner during a disaster.

Opportunities, Resources, and Examples

- HSEEP compliant exercises to test this EP and inclusion of corrective action included in the AAR to guide future EOP and policy revisions
- Inclusion of MI Volunteer Registry (ESAR-VHP) and use of other federal or state supported staffing resources may also be included in the EOP. Volunteers mobilized through the MI volunteer Registry have real-time, primary source license verification

EP 6 During a disaster, the medical staff oversees the performance of each volunteer licensed independent practitioner.

Opportunities, Resources, and Examples

- Participation in functional and full scale HPP supported exercises utilizing volunteer licensed independent practitioners have provided hospitals the opportunity to oversee performance of volunteer licensed independent practitioners and make any corrective actions to be included in the EOP based on real and exercised emergencies.

EP 7 Based on its oversight of each volunteer licensed independent practitioner, the hospital determines within 72 hours of the practitioner's arrival if granted disaster privileges should continue.

Opportunities, Resources, and Examples

- The enhanced partnership with emergency management and public health has created many options that provide different levels of liability protection to volunteers under a declared disaster incident

EP 8 Primary source verification of licensure occurs as soon as the immediate emergency situation is under control or within 72 hours from the time the volunteer licensed independent practitioner presents him- or herself to the hospital, whichever comes first. If primary source verification of a volunteer licensed independent practitioner's licensure cannot be completed within 72 hours of the practitioner's arrival due to extraordinary circumstances, the hospital documents all of the following: Reason(s) it could not be performed within 72 hours of the practitioner's arrival; evidence of the licensed independent practitioner's demonstrated ability to continue to provide adequate care, treatment, and services; evidence of the hospital's attempt to perform primary source verification as soon as possible.

Opportunities, Resources, and Examples

- As documented in previous EPs 5, 6, & 7 above

EP 9 If, due to extraordinary circumstances, primary source verification of licensure of the volunteer licensed independent practitioner cannot be completed within 72 hours of the practitioner's arrival, it is performed as soon as possible.

Opportunities, Resources, and Examples

- In addition to EPs 5, 6, 7, & 8 above the relationships developed between emergency management, public health and hospitals as a result of participation in regional planning boards and workgroups has facilitated understanding and a coordinated approach to disaster declarations and activation of hospital EOPs



Quick Summary of EM.02.02.13

The preceding section has benefited primarily from the support provided in three areas: exercises, education and volunteer registry support. The HSEEP has provided an opportunity for hospitals to simulate areas that may never be tested in actual emergencies. The lessons learned from hurricanes Katrina and Rita showed having procedures in place familiar to hospitals in advance, can mitigate the large volunteer response that may occur following disaster incidents. This situation can be handled much more efficiently and safely. Educational programs have been promoted at the state and regional levels to enhance volunteer registration and deployment. The support for the state and regional volunteer champions has allowed for expansion of volunteer recruitment and refining of the processes that affect the activation and deployment of these volunteers. The regions have been supported with education and training to develop strike teams that could be mobilized to distant regions that provide assistance during a disaster incident. The Michigan Transportable Emergency Surge Assistance (MI TESA) Medical Unit project, a 140-bed mobile field hospital, provides a template for staff training. This training standardizes credentialing that can simplify the disaster privilege process while maintaining the care and safety for patients under emergency conditions. The exercise program and discussion at regional meetings describe who and how the medical staff will provide oversight to volunteers.

EM.02.02.15 During disasters, the hospital may assign disaster responsibilities to volunteer practitioners who are not licensed independent practitioners, but who are required by law and regulation to have a license, certification, or registration.

HPP & TJC Linkage

Hospitals have been provided HPP support to request assistance from the MI Volunteer Registry. They may also have access to a MRC that they can activate to provide assistance when the EOP has been activated. At the Federal level, the DMAT may also provide support when requested through the state. The HPP has provided opportunities to the hospitals to participate in multiple disaster exercises that allow them to test those processes in place that include volunteers, determine if any corrective actions are needed, and incorporate them into the hospital EOP.

The HICS training provided includes hospital staff assignments and appropriate corresponding job action sheets, which ensures that individuals are assigned tasks within their capability to perform. HSEEP exercises allow hospitals to test this standard and create corrective actions plans if necessary.

EP 1 The hospital assigns disaster responsibilities to volunteer practitioners who are not licensed independent practitioners only when the Emergency Operations Plan has been activated in response to a disaster and the hospital is unable to meet immediate patient needs.

Opportunities, Resources, and Examples

- MI Volunteer registry can be used to obtain pre-credentialed volunteers in the needed category
- Medical Reserve Corps volunteers may be activated when the EOP has been activated
- At the federal level D-MAT may also provide support during a disaster when requested by the State

EP 2 The hospital identifies, in writing, those individuals responsible for assigning disaster responsibilities to volunteer practitioners who are not licensed independent practitioners.

Opportunities, Resources, and Examples

- The HPP supported exercise program has allowed hospitals to determine, under different scenarios, which staff will be responsible for volunteers in different areas
- The HICS training provided has reinforced these roles during exercises.

EP 3 The hospital determines how it will distinguish volunteer practitioners who are not licensed independent practitioners from its staff. (See also EM.02.02.07, EP 9)

Opportunities, Resources, and Examples

- The HPP exercises have supported the creation of standardized ID badges and that help to identify hospital staff from volunteers.

EP 4 The hospital describes, in writing, how it will oversee the performance of volunteer practitioners who are not licensed independent practitioners who are assigned disaster responsibilities. Examples of methods for overseeing their performance include direct observation, mentoring, and medical record review.

Opportunities, Resources, and Examples

- Participation in functional and full scale HPP supported exercises utilizing volunteer practitioners have provided hospitals the opportunity to oversee performance and make any corrective actions to be included in the EOP based on real and exercised emergencies.
- Methods of oversight may be role dependent and specified by each organization

EP 5 Before a volunteer practitioner who is not a licensed independent practitioner is considered eligible to function as a practitioner, the hospital obtains his or her valid government-issued photo identification (for example, a driver's license or passport) and one of the following: A current picture identification card from a health care organization that clearly identifies professional designation; a current license, certification, or registration; primary source verification of licensure, certification, or registration (if required by law and regulation in order to practice); identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), the Medical Reserve Corps (MRC), the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other recognized state or federal response organization or group; identification indicating that the individual has been granted authority by a government entity to provide patient care, treatment, or services in disaster circumstances; confirmation by hospital staff with personal knowledge of the volunteer practitioner's ability to act as a qualified practitioner during a disaster.

Opportunities, Resources, and Examples

- During the HPP supported HSEEP exercise, evaluation of this element is done to allow for pre-planning and review of the hospital. An example would be during a disaster exercise, the HCC would be queried to the different processes that can allow a volunteer licensed independent practitioner to become eligible.
- Inclusion of MI Volunteer Registry (ESAR-VHP) and use of other federal or state supported staffing resources may also be included in the EOP. Volunteers mobilized through the MI volunteer Registry have real-time, primary source license verification
- All Michigan Medical Reserve Corps Units volunteers are registered on and deployed through the MI Volunteer Registry. Hospitals can request registered volunteer support through the Regional Healthcare Coalition

EP 6 During a disaster, the hospital oversees the performance of each volunteer practitioner who is not a licensed independent practitioner.

Opportunities, Resources, and Examples

- The HICS training provided includes hospital staff assignments and appropriate corresponding job action sheets, which ensures that individuals are assigned tasks within their capability to perform
- HICS structure clearly identifies who each individual reports to up the chain of command

EP 7 Based on its oversight of each volunteer practitioner who is not a licensed independent practitioner, the hospital determines within 72 hours after the practitioner's arrival whether assigned disaster responsibilities should continue.

Opportunities, Resources, and Examples

- HSEEP exercises to test this EP and inclusion of corrective action included in the AAR to guide future EOP and policy revisions

EP 8 Primary source verification of licensure, certification, or registration (if required by law and regulation in order to practice) of volunteer practitioners who are not licensed independent practitioners occurs as soon as the disaster is under control or within 72 hours from the time the volunteer practitioner presents him- or herself to the hospital, whichever comes first. If primary source verification of licensure, certification, or registration (if required by law and regulation in order to practice) for a volunteer practitioner who is not a licensed independent practitioner cannot be completed within 72 hours due to extraordinary circumstances, the hospital documents all of the following: Reason(s) it could not be performed within 72 hours of the practitioner's arrival; evidence of the volunteer practitioner's demonstrated ability to continue to provide adequate care, treatment, or services; evidence of the hospital's attempt to perform primary source verification as soon as possible.

Opportunities, Resources, and Examples

- HSEEP exercises to test this EP and inclusion of corrective action included in the AAR to guide future EOP and policy revisions

EP 9 If, due to extraordinary circumstances, primary source verification of licensure of the volunteer practitioner cannot be completed within 72 hours of the practitioner's arrival, it is performed as soon as possible. Note: Primary source verification of licensure, certification, or registration is not required if the volunteer practitioner has not provided care, treatment, or services under his or her assigned disaster responsibilities.

Opportunities, Resources, and Examples

- HSEEP exercises to test this EP and inclusion of corrective action included in the AAR to guide future EOP and policy revisions
- MI Volunteer Registry performs primary licensure verification for Michigan licenses health professionals according to national ESAR-VHP guidelines

**Quick Summary of EM .02.02.15**

This standard is very similar to the prior section (EM. 02.02.13) but differs in that addresses volunteer practitioners who are not licensed independent practitioners. The same initiatives provided under EM.02.02.13 can also be used to satisfy these elements. The interaction and discussion at the AAR conference, regional workgroups, and by regional leadership at the state level provide a “best practice” model that is available to all participating hospitals. It also creates an environment where all hospitals have the same disaster privileging process that allows better understanding of volunteers who respond and the requesting hospital. In addition,

The HICS training provided to hospitals includes hospital staff assignments and appropriate corresponding job action sheets, which ensures that individuals are assigned tasks within their capability to perform.

EM.03.01.01 The hospital evaluates the effectiveness of its emergency management planning activities.

 **HPP & TJC Linkage**

Hospitals have had the opportunity to test many facets of their EOPs by participating in the HPP HSEEP exercise program. This provides hospitals with an AAR and CAP, allowing them to make changes to their EOP. The regional advisory committee and planning boards and workgroups have had lengthy discussions on “best practices” within specific areas included in the EOP. This allows all hospitals to benefit from this discussion and feedback. This open discussion also encourages hospitals to review their plan prior to presenting it to the larger group at their own hospital. By participating in the regional initiatives the hospitals have used information from their local emergency management’s HVA combining it with their hospital HVA. Because of this relationship, the HPP is encouraging and supporting hospitals to exercise against the highest priorities as identified in their HVA. The HPP has supported education and training of hospital staff to become more knowledgeable on emergency management concepts. Another example includes supporting staff to attend the Center for Domestic Preparedness in Anniston, Alabama. This provides more opportunities to learn from national subject matter experts on HSEEP exercises and their application to hospital.

The HPP has supported education and training regarding HICS and other programs to become NIMS compliant.

Hospitals have been provided many resources through participation in the HPP that are also part of regional inventories. Hospitals are frequently queried by regions for additional needs assisting them in their annual inventory review. During the 2009 H1N1 Pandemic Influenza incident hospitals had many requests from the regions to determine certain inventory quantities. This frequency of requests helped hospitals have better situational awareness of their existing supplies, and helped them become more comfortable with using the EMResource inventory and bed tracking tools.

EP 1 The hospital conducts an annual review of its risks, hazards, and potential emergencies as defined in its hazard vulnerability analysis (HVA). The findings of this review are documented. (See also EM.01.01.01, EPs 2 and 4)

Opportunities, Resources, and Examples

- Hospitals work with local Emergency Management on HVAs
- Hospitals have been provided templates to use for guidance when conducting HVAs

EP 2 The hospital conducts an annual review of the objectives and scope of its Emergency Operations Plan. The findings of this review are documented.

Opportunities, Resources, and Examples

- Regional coalitions routinely provide updated resources, processes and protocols that can assist hospitals with annual internal review of the EOP
- HPP has provided training and education on many of the objectives that hospitals include in their EOP
- HSEEP exercises, provides the opportunity to test the annual objectives in the EOP

EP 3 The hospital conducts an annual review of its inventory. The findings of this review are documented.

Opportunities, Resources, and Examples

- Regional inventories supplement hospital inventories of supplies and equipment and are updated at least annually
- Regional coalitions routinely provide updated resources, processes and protocols that can assist hospitals with annual internal review of the EOP
- Regional queries are conducted requesting supply, equipment and bed availability via the EMResource
 - During the H1N1 pandemic influenza incident this occurred frequently as stocks were running low in certain Personal Protective Equipment, and hospitals were not able to readily purchase the supplies in need due to the manufacturer. This resulted in accessing federal supplies through the SNS
- HSEEP exercises are conducted during which logistics and planning sections may need to provide information on supplies on hand and future needs
- Hospitals have additional HPP funded caches of supplies and medications that must be kept up to date in case they are requested by the region



Quick Summary of EM.03.01.01

The HPP has provided support to hospitals to complete and update their HVA working with their local community to ensure coordination with local plans. For example, the interaction and exercising of the regional coalition/workgroups and planning boards identify similar risks in the community. The most common risks and hazards are usually very similar and planned for in advance. Prior to the HPP, many hospitals were unaware of existing community HVAs. The other major program that enables hospitals to meet these elements can be related to the HPP support for NIMS compliance. Although felt to be burdensome in the beginning by many hospitals, the lessons learned from disasters has shown the benefits of being NIMS compliant. Hospitals are required to be NIMS compliant to receive federal

emergency preparedness funds and satisfy the 3 elements as a result of being NIMS compliant. Hospital inventories are necessary to assess current and future needs from the preparedness funds. This program is a mutual benefit for the hospital and the region in determining needs.

EM.03.01.03 The hospital evaluates the effectiveness of its Emergency Operations Plan.

HPP & TJC Linkage

By participating in the HPP funded HSEEP exercises hospitals have opportunities to practice their EOP and test different components, including influxes of simulated patients and escalating community-wide disasters that push through many components of the EOP. This has raised the awareness of regional, state, and federal resources that are available and the processes to request and receive them. Michigan has adopted an all-hazards approach which is consistent with NIMS. HSEEP exercises require evaluation of various components of an exercise and development of AARs including IPs and CAPs. These activities serve as a tool for evaluating the effectiveness of EOPs. The 2009 H1N1 Pandemic Influenza incident had many hospitals activating their HCC and using their EOPs. By having previous opportunities with drills and exercising, hospitals have become much more accustomed to activating their HCC and EOP. The HPP has been able to support full scale exercises that allow a more realistic application and test for their EOP.

Hospitals had exercised pandemic influenza many times over the past few years simulating mass vaccination clinics, widespread prophylaxis, and preparing for the massive influx of surge care with real patients. This process became a standard simulation during seasonal influenza vaccination clinics. The HPP has assisted hospitals in combining efforts to maximize staff participation in a cost effective manner.

The HPP HSEEP exercise program requires both controllers and evaluators for each exercise. To evaluate the Target Capabilities in HSEEP, multiple people are required for these roles. Through their participation in the regional planning board and workgroups the hospitals have developed a mutual aid type of system for bringing in additional evaluators. For example, the regional hospital pool can be queried for volunteers at a specific site. In return, the volunteer site can expect to receive evaluators from other regional hospitals when they have a similar request. By using the HSEEP format, the evaluation tool is similar and consistent across all hospitals.

HPP has provided prioritizations on specific types of exercises (for example evacuation/shelter in place and decontamination) and also supports a hospital request for qualified items in response to the AAR. For example, a hospital performs an evacuation/shelter in place and determines they need additional evacuation supplies and

specific training by their staff on this equipment. These things may not be immediately provided to the hospital but can be included in the interim report that may be included in the EOP until the measures can be met. This process also allows for hospitals to have the documentation to support a request under the HPP for specific equipment, i.e. AAR from their exercise recommended amateur radio communication for the HCC as the exercise revealed the hospital could not communicate if they lost electric power to the local EOC). By participating in the regional coalition hospitals have opportunities to participate, observe, and evaluate many of their regional and state exercises. This provides the opportunity to deliver lessons learned through observation and evaluation, to be taken back to their own facility.

EP 1 As an emergency response exercise, the hospital activates its Emergency Operations Plan twice a year at each site included in the Plan.

Note 1: If the hospital activates its Emergency Operations Plan in response to one or more actual emergencies, these emergencies can serve in place of emergency response exercises. Note 2: Staff in freestanding buildings classified as a business occupancy (as defined by the Life Safety Code) that do not offer emergency services nor are community designated as disaster-receiving stations need to conduct only one emergency management exercise annually. Note 3: Tabletop sessions, though useful, are not acceptable substitutes for these exercises.

Opportunities, Resources, and Examples

- HSEEP Exercises, AAR/IPs and CAPs
- Evaluations and AARs for real events such as the 2009 H1N1 pandemic influenza incident, or weather related emergencies in which the HCC has been activated

EP 2 For each site of the hospital that offers emergency services or is a community-designated disaster receiving station, at least one of the hospital's two emergency response exercises includes an influx of simulated patients. Note 1: Tabletop sessions, though useful, cannot serve for this portion of the exercise. Note 2: This portion of the emergency response exercise can be conducted separately or in conjunction with EM.03.01.03, EPs 3 and 4.

Opportunities, Resources, and Examples

- HSEEP exercise with simulated patients for a wide variety of scenarios have been conducted including: mass vaccination clinics, trauma, mass prophylaxis of staff and families
- Moulage supplies and training have been provided to assist hospitals in making exercises more realistic

EP 3 For each site of the hospital that offers emergency services or is a community-designated disaster receiving station, at least one of the hospital's two emergency response exercises includes an escalating event in which the local community is unable to support the hospital. Note 1: This portion of the emergency response exercise can be conducted separately or in conjunction with EM.03.01.03, EPs 2 and 4. Note 2: Tabletop sessions are acceptable in meeting the community portion of this exercise.

Opportunities, Resources, and Examples

- Examples are the evacuation/shelter in place scenarios that are all-hazards in origin (usually weather related producing extended power failure) that escalate to a complete evacuation of the hospital
- The HSEEP exercises have specifically tested the surge capacity and capability of the hospital to coordinate with the local community. The exercises have progressed to require hospitals to go beyond their local community and utilize resources through their local EOC and the RMCC.
- The HPP has assisted hospitals by providing coordinators who can assist hospitals in developing broader networks of support, and understanding the resources that are available to them

EP 4 For each site of the hospital with a defined role in its community's response plan, at least one of the two emergency response exercises includes participation in a community-wide exercise. Note 1: This portion of the emergency response exercise can be conducted separately or in conjunction with EM.03.01.03, EPs 2 and 3. Note 2: Tabletop sessions are acceptable in meeting the community portion of this exercise.

Opportunities, Resources, and Examples

- The HPP supported HSEEP, creates incidents that evaluate a hospital's ability to coordinate with local partners within the community. It has become the standard for hospitals to reach outside their bricks and mortar using this program\
- The HPP has included many of the community partners in the workgroups and includes them in the planning and design of the exercise

EP 5 Emergency response exercises incorporate likely disaster scenarios that allow the hospital to evaluate its handling of communications, resources and assets, security, staff, utilities, and patients. (See also EM.02.01.01, EP 2)

Opportunities, Resources, and Examples

- As previously documented HSEEP Exercises utilizing HICS. If a hospital does not meet a requirement (for example security, or a communications deficiency) it will be identified in the AARs/IP and CAPs.

EP 6 The hospital designates an individual(s) whose sole responsibility during emergency response exercises is to monitor performance and document opportunities for improvement. Note 1: This person is knowledgeable in the goals and expectations of the exercise and may be a staff member of the hospital. Note 2: If the response to an actual emergency is used as one of the required exercises, it is understood that it may not be possible to have an individual whose sole responsibility is to monitor performance. Hospitals may use observations of those who were involved in the command structure as well as the input of those providing services during the emergency.

Opportunities, Resources, and Examples

- The HPP HSEEP exercise program requires both controllers and evaluators for each exercise
- Through their participation in the regional planning board and workgroups the hospitals have developed a mutual aid type of system for bringing in additional evaluators

EP 7 During emergency response exercises, the hospital monitors the effectiveness of internal communication and the effectiveness of communication with outside entities such as local government leadership, police, fire, public health officials, and other health care organizations.

Opportunities, Resources, and Examples

- The HPP supported exercises have placed emphasis on effective use of redundant communications to both inside staff and outside agencies. This is included in every HSEEP exercise that involves hospitals.
- Many layers of communications exist and during the exercise it is common to remove some of the methods from use. For example, removing phone communication, or UHF. This prepares the hospital to test satellite phones or amateur radio for this element.

EP 8 During emergency response exercises, the hospital monitors resource mobilization and asset allocation, including equipment, supplies, personal protective equipment, and transportation.

Opportunities, Resources, and Examples

- The HPP exercise program includes evaluating hospitals to monitor their resources. Depending on the scenario, different aspects are evaluated. During the 2009 H1N1 Pandemic Influenza incident hospitals were having daily monitoring of specific PPE and antiviral quantities, ventilators, and hospital beds.

EP 9 During emergency response exercises, the hospital monitors its management of the following: Safety and security.

Opportunities, Resources, and Examples

- The HPP supported HSEEP has specific tasks that are evaluated in response to the safety element, which are specified under the Safety officer
- This Target Capability is in the Responder Safety and Health area. It includes communications to the hospital units and departments, conducting a safety analysis, and use of specific forms (ICS-215A) to conduct that analysis.
- The security management is also tested during different phases of the exercise program. Examples would include evaluating security camera access, entry points staffed with personnel, and the “lock down procedures.
- In addition, during exercises that establish their command center the role of “Security Branch Director” is evaluated. This role and its job action sheets provide guidance to hospitals on the tasks required and expected for the safety and security roles during and exercise.

EP 10 During emergency response exercises, the hospital monitors its management of the following: Staff roles and responsibilities.

Opportunities, Resources, and Examples

- The HICS model provides consistent role identification. A key aspect of this program is the inclusion of the job action sheet that describe staff roles and responsibilities that satisfy this element.
- The HPP has supported the training and education of this model which is used by all hospitals in Michigan
- HSEEP evaluates this element during activities that activate the HCC

EP 11 During emergency response exercises, the hospital monitors its management of the following: Utility systems.

Opportunities, Resources, and Examples

- Monitoring hospital utilities has become a frequent evaluation point in the HPP supported HSEEP exercise program
- The hospitals are evaluated on their ability to provide alternate electrical power, water, and sanitation

EP 12 During emergency response exercises, the hospital monitors its management of the following: Patient clinical and support care activities.

Opportunities, Resources, and Examples

- During an HSEEP exercise program there are different scenarios that require specific actions regarding clinical and support care activities. For example, having the command team prepare for a shelter in place or evacuation necessitates

- each unit providing situational awareness to the command staff with initial and updated reports
- Cancellation of elective surgeries or early discharges of inpatients are all items evaluated during the exercises
 - Another example would be the standing up an ACC that would require continued updating of supply resources and staff support

EP 13 Based on all monitoring activities and observations, the hospital evaluates all emergency response exercises and all responses to actual emergencies using a multidisciplinary process (which includes licensed independent practitioners).

Opportunities, Resources, and Examples

- The HPP exercise program has encouraged a multidisciplinary process that includes independent licensed practitioners, nursing, environmental services, transporters, diagnostic imaging, x-ray, pharmacy, health information technology, medical records etc. in the response. Examples of these would include hospitals having roles for these individuals in their ACSs or in a disaster incident that exceeds the response capability for that hospital. Exercises have included mental health professionals, medical and nursing staff from outpatient facilities and home health care that is included in the event.

EP 14 The evaluation of all emergency response exercises and all responses to actual emergencies includes the identification of deficiencies and opportunities for improvement. This evaluation is documented.

Opportunities, Resources, and Examples

- The HSEEP exercise program that requires critical evaluation of the exercise and after action reporting that identifies deficiencies and opportunities for improvement. This process is the foundation for the corrective action plans.

EP 15 The deficiencies and opportunities for improvement, identified in the evaluation of all emergency response exercises and all responses to actual emergencies, are communicated to the improvement team responsible for monitoring environment of care issues. (See also EC.04.01.05, EP 3)

Opportunities, Resources, and Examples

- HSEEP exercises include after action meetings to review the AAR and provide a corrective action plan in response to identified deficiencies
- The NIMS is very clear on the guidance to reflect all participating departments and representatives in the corrective action plan process. This includes identification of the corrective action, the responsible person or party to correct the issue or action, a due date to complete the action, follow up and inclusion of the corrective action into the EOP once completed.

EP 16 The hospital modifies its Emergency Operations Plan based on its evaluation of emergency response exercises and responses to actual emergencies. Note: When modifications requiring substantive resources cannot be accomplished by the next emergency response exercise, interim measures are put in place until final modifications can be made.

Opportunities, Resources, and Examples

- Hospitals that participate in the HPP are expected to modify their EOP in response to the AAR and Corrective Action recommendations found during the exercise program
- HPP has provided prioritizations on specific types of exercises (for example evacuation/shelter in place and decontamination) and also supports a hospital request for qualified items in response to the AAR. For example, a hospital performs an evacuation/shelter in place and determines they need additional evacuation supplies and specific training by their staff on this equipment. These things may not be immediately provided to the hospital but can be included in the interim report that may be included in the EOP until the measures can be met. This process also allows for hospitals to have the documentation to support a request under the HPP for specific equipment, i.e. AAR from their exercise recommended amateur radio communication for the HCC as the exercise revealed the hospital could not communicate if they lost electric power to the local EOC).

EP 17 Subsequent emergency response exercises reflect modifications and interim measures as described in the modified Emergency Operations Plan.

Opportunities, Resources, and Examples

- The HPP exercise program has encouraged and supported hospitals to repeat exercises so they are able to refine processes and test modifications made
- Some of the regions have assisted hospitals in this element by supporting a graduated exercise program for the hospital. For example, a hospital would perform a table top exercise, followed by either a functional or full scale exercise covering the same event. This allows hospitals to include the necessary modifications into their EOP and work on a progressive exercise schedule that builds upon each event, rather than having separate individual exercises that are their own entity that requires a longer time interval to meet this element.



Quick Summary of EM.03.01.03

This final standard overlaps significantly with NIMS requirements. Included in the NIMS element 3 is the guidance for using the all-hazards approach to emergency preparedness. The availability of HPP funding for the HSEEP exercise dovetails into both the Joint Commission standards and NIMS elements. Hospitals have access to a full range of training and education on exercises and the EOP. In conducting a full scale exercise targeting a high risk area as identified through the HVA, hospitals have the ability to test their EOP and push the plan beyond normal limits. They are able to identify the strengths

and weaknesses as determined during the evaluation and subsequent CAP. Although they can appear labor intensive, the HSEEP process ensures that the proper steps are taken when developing the exercise, evaluating the exercise, and following up with an AAR and CAP. The HPP support for this process prevents hospitals from taking shortcuts that may occur as staff time and costs are considered. By allowing the hospitals to be participants allows them to experience the limitations on certain parts of their EOP, and have the discussion amongst their leadership to formulate changes and improvements to the EOP.

Hospital Field Guide to Emergency Management (GEM) Standard Checklist

Please use this checklist as a reference resource only. Use of or participation with the opportunities and resources listed can support hospitals in their compliance with Joint Commission emergency management standards, but this checklist should not be treated as validation of standards compliance.

Emergency Management Standard	Standard Description	Hospital Preparedness Program Opportunities and Resources
01.01.01	The Hospital engages in planning activities prior to developing its written Emergency Operations Plan.	
01.01.01-1	The hospital's leaders, including leaders of the medical staff, participate in planning activities prior to developing an Emergency Operations Plan.	<ul style="list-style-type: none"> <input type="checkbox"/> Participation in Regional Coalition <input type="checkbox"/> Conduct HSEEP exercise and review AAR
01.01.01-2	<p>The hospital conducts a hazard vulnerability analysis (HVA) to identify potential emergencies that could affect demand for the hospital's services or its ability to provide those services, the likelihood of those events occurring, and the consequences of those events. The findings of this analysis are documented. (See also EM.03.01.01, EP 1)</p> <p>Note 1: Hospitals have flexibility in creating either a single HVA that accurately reflects all sites of the hospital, or multiple HVAs. Some remote sites may be significantly different from the main site (for example, in terms of hazards, location, and population served); in such situations a separate HVA is appropriate.</p> <p>Note 2: If the hospital identifies a surge in infectious patients as a potential emergency, this issue is addressed in the "Infection Prevention and Control" chapter.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Participation in Regional Coalition (share HVA and lessons learned from hospitals and Emergency Management to include in the EOP)
01.01.01-3	The hospital, together with its community partners, prioritizes the potential emergencies identified in its hazard vulnerability analysis (HVA) and documents these priorities. Note: The hospital determines which community partners are critical to helping define priorities in its HVA. Community partners may include other health care organizations, the public health department, vendors, community organizations, public safety and public works officials, representatives of local municipalities,	<ul style="list-style-type: none"> <input type="checkbox"/> Participation in Regional Coalition <input type="checkbox"/> Conduct HSEEP Exercise (AAR and IP)

Emergency Management Standard		Standard Description		Hospital Preparedness Program Opportunities and Resources	
		and other government agencies.			
01.01.01-4		The hospital communicates its needs and vulnerabilities to community emergency response agencies and identifies the community's capability to meet its needs. This communication and identification occur at the time of the hospital's annual review of its Emergency Operations Plan and whenever its needs or vulnerabilities change. (See also EM.03.01.01, EP 1)		<ul style="list-style-type: none"> <input type="checkbox"/> Participation in Regional Coalition <input type="checkbox"/> Conduct HSEEP Exercise (IP/CAP reflected in the EOP) <input type="checkbox"/> NIMS Compliance 	
01.01.01-5		The hospital uses its hazard vulnerability analysis as a basis for defining mitigation activities (that is, activities designed to reduce the risk of and potential damage from an emergency). Note: Mitigation, preparedness, response, and recovery are the four phases of emergency management. They occur over time; mitigation and preparedness generally occurring before an emergency and response and recovery occurring during and after an emergency.		<ul style="list-style-type: none"> <input type="checkbox"/> HSEEP Exercise (weather related disasters) <input type="checkbox"/> Participation in Regional Coalition (coordinated planning with Emergency Management) <input type="checkbox"/> HPP supported training on HVA and Emergency Management principles 	
01.01.01-6		The hospital uses its hazard vulnerability analysis as a basis for defining the preparedness activities that will organize and mobilize essential resources. (See also IM.01.01.03, EPs 1-4)		<ul style="list-style-type: none"> <input type="checkbox"/> Participation in Regional Coalition (information sharing and needs procurement) <input type="checkbox"/> Conduct HSEEP Exercise (all hazards using HVA) 	
01.01.01-7		The hospital's incident command structure is integrated into and consistent with its community's command structure. Note: The incident command structure used by the hospital should provide for a scalable response to different types of emergencies. Note: The National Incident Management System (NIMS) is one of many models for an incident command structure available to health care organizations. The NIMS provides guidance for common functions and terminology to support clear communications and effective collaboration in an emergency situation. The NIMS is required of hospitals receiving certain federal funds for emergency preparedness.		<ul style="list-style-type: none"> <input type="checkbox"/> HICS/ICS training and courses <input type="checkbox"/> NIMS Compliance <input type="checkbox"/> Conduct HSEEP Exercise 	
01.01.01-8		The hospital keeps a documented inventory of the resources and assets it has on site that may be needed during an emergency, including, but		<ul style="list-style-type: none"> <input type="checkbox"/> E Team training and access (asset inventory) 	

Emergency Management Standard		Standard Description		Hospital Preparedness Program Opportunities and Resources	
		not limited to, personal protective equipment, water, fuel, and medical, surgical, and medication-related resources and assets. (See also EM.02.02.03, EP 6)		<input type="checkbox"/> EMResource (bed and hospital resource inventory) <input type="checkbox"/> RMCC (regional asset inventory) <input type="checkbox"/> HSEEP Exercise	
		DOCUMENTATION IS REQUIRED			
02.01.01		The Hospital has an Emergency Operations Plan.			
	02.01.01-1	The hospital's leaders, including leaders of the medical staff, participate in the development of the Emergency Operations Plan.		<input type="checkbox"/> Participation in Regional Coalition <input type="checkbox"/> Conduct HSEEP Exercise (AAR and IP are used by hospital leadership to refine EOP)	
	02.01.01-2	The hospital develops and maintains a written Emergency Operations Plan that describes the response procedures to follow when emergencies occur. (See also EM.03.01.03, EP 5) Note: The response procedures address the prioritized emergencies, but can also be adapted to other emergencies that the hospital may experience. Response procedures could include the following: Maintaining or expanding services, Conserving resources, Curtailing services, Supplementing resources from outside the local community, Closing the hospital to new patients, Staged evacuation and total evacuation.		<input type="checkbox"/> MIHAN has examples of hospital EOPs <input type="checkbox"/> Conduct HSEEP Exercise (surge capacity) <input type="checkbox"/> MEMS support (ACC/NEHC) <input type="checkbox"/> RMCC access <input type="checkbox"/> Hospital Evacuation Template	
	02.01.01-3	The Emergency Operations Plan identifies the hospital's capabilities and establishes response procedures for when the hospital cannot be supported by the local community in the hospital's efforts to provide communications, resources and assets, security and safety, staff, utilities, or patient care for at least 96 hours. Note: Hospitals are not required to stockpile supplies to last for 96 hours of operation		<input type="checkbox"/> GETS/WPS/TPS participation <input type="checkbox"/> Back-up communications (RACES, radios, satellite phones) <input type="checkbox"/> RMCC to access caches (ventilators, pharmaceuticals, beds, PPE) and SNS, and Mass Fatality caches <input type="checkbox"/> Facility Lockdown System/Card Access System	

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		<ul style="list-style-type: none"> <input type="checkbox"/> MI Volunteer Registry participation <input type="checkbox"/> Supplemental Power Supplies (generators, planning to include distant suppliers)
02.01.01-4	<p>The hospital develops and maintains a written Emergency Operations Plan that describes the recovery strategies and actions designed to help restore the systems that are critical to providing care, treatment, and services after an emergency.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Participate in Regional Coalition <input type="checkbox"/> Conduct HSEEP Exercise <input type="checkbox"/> MEMS support
02.01.01-5	<p>The Emergency Operations Plan describes the processes for initiating and terminating the hospital's response and recovery phases of an emergency, including under what circumstances these phases are activated. Note: Mitigation, preparedness, response, and recovery are the four phases of emergency management. They occur over time; mitigation and preparedness generally occur before an emergency and response and recovery occur during and after the emergency.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> NIMS Compliance <input type="checkbox"/> HICS program <input type="checkbox"/> Conduct HSEEP Exercise
02.01.01-6	<p>The Emergency Operations Plan identifies the individual(s) who has the authority to activate the response and recovery phases of the emergency response.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> HICS program <input type="checkbox"/> NIMS Compliance <input type="checkbox"/> Whiteboard Command Charts/ Command Staff vests
02.01.01-7	<p>The Emergency Operations Plan identifies alternative sites for care, treatment and services that meet the needs of its patients during emergencies.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> MEMS support <input type="checkbox"/> Conduct HSEEP Exercise (emphasize surge)
02.01.01-8	<p>If the hospital experiences an actual emergency, the hospital implements its response procedures related to care, treatment, and services for its patients.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> 2009/10 H1N1 event (including regional AAR) <input type="checkbox"/> RMCC coordination (SNS resources) <input type="checkbox"/> Adopted "Prioritized Respirator Use Policy" during peak of H1N1

Emergency Management Standard		Standard Description		Hospital Preparedness Program Opportunities and Resources	
02.02.01	As part of its Emergency Operations Plan, the hospital prepares for how it will communicate during emergencies.				
02.02.01-1	The Emergency Operations Plan describes the following: How staff will be notified that emergency response procedures have been initiated.	<ul style="list-style-type: none"> <input type="checkbox"/> MIHAN <input type="checkbox"/> CODESPEAR <input type="checkbox"/> E Team Smart Message <input type="checkbox"/> Automated phone dialing systems 			
02.02.01-2	The Emergency Operations Plan describes the following: How the hospital will communicate information and instructions to its staff and licensed independent practitioners during an emergency.	<ul style="list-style-type: none"> <input type="checkbox"/> MIHAN <input type="checkbox"/> CODESPEAR <input type="checkbox"/> E Team Smart Message <input type="checkbox"/> Automated phone dialing systems <input type="checkbox"/> Voice over Internet Protocol <input type="checkbox"/> Various hand-held radios (two way radio, MPSCS 800 MHz, UHF, VHF) 			
02.02.01-3	The Emergency Operations Plan describes the following: How the hospital will notify external authorities that emergency response measures have been initiated.	<ul style="list-style-type: none"> <input type="checkbox"/> MIHAN <input type="checkbox"/> CODESPEAR <input type="checkbox"/> E Team Smart Message <input type="checkbox"/> Automated phone dialing systems <input type="checkbox"/> Internet Protocol <input type="checkbox"/> TSP/GETS/WPS <input type="checkbox"/> Various hand-held radios (two way radio, MPSCS 800 MHz, UHF, VHF) <input type="checkbox"/> Amateur Radio (RACES) 			

Emergency Management Standard		Standard Description	Hospital Preparedness Program Opportunities and Resources
			<input type="checkbox"/> Satellite Phones <input type="checkbox"/> Mobile Communications/RMCC/CODESPEAR
02.02.01-4	The Emergency Operations Plan describes the following: How the hospital will communicate with external authorities during an emergency.	<input type="checkbox"/> MIHAN <input type="checkbox"/> CODESPEAR <input type="checkbox"/> E Team Smart Message <input type="checkbox"/> Automated phone dialing systems <input type="checkbox"/> Voice over Internet Protocol <input type="checkbox"/> TSP/GETS/WPS <input type="checkbox"/> Various hand-held radios (two way radio, MPSCS 800 MHz, UHF, VHF) <input type="checkbox"/> Amateur Radio (RACES) <input type="checkbox"/> Satellite Phones <input type="checkbox"/> Mobile Communications/RMCC/CODESPEAR	
02.02.01-5	The Emergency Operations Plan describes the following: How the hospital will communicate with patients and their families, including how it will notify families when patients are relocated to alternative care sites.	<input type="checkbox"/> Regional Coalition (assists coordination through PIO with local EM and health department) <input type="checkbox"/> NIMS Compliance (JIC) <input type="checkbox"/> HICS/ ICS <input type="checkbox"/> Conduct HSEEP Exercise	
02.02.01-6	The Emergency Operations Plan describes the following: How the hospital will communicate with the community or the media during an emergency.	<input type="checkbox"/> NIMS Compliance (JIC) <input type="checkbox"/> HICS/ICS <input type="checkbox"/> Conduct HSEEP Exercise	
02.02.01-7	The Emergency Operations Plan describes the following: How the hospital will communicate with suppliers of essential services,	<input type="checkbox"/> E Team	

Emergency Management Standard		Standard Description		Hospital Preparedness Program Opportunities and Resources	
		equipment, and supplies during an emergency.		<input type="checkbox"/> Hospital HCC training and equipment <input type="checkbox"/> HSEEP Exercise	
02.02.01-8		The Emergency Operations Plan describes the following: How the hospital will communicate with other health care organizations in its contiguous geographic area regarding the essential elements of their respective command structures, including the names and roles of individuals in their command structures and their command center telephone numbers.		<input type="checkbox"/> RMCC <input type="checkbox"/> Regional/State Directories (regional website, MIHAN) <input type="checkbox"/> NIMS compliance/HICS/ICS <input type="checkbox"/> State Incident Management System E Team <input type="checkbox"/> 800 MHz radios	
02.02.01-9		The Emergency Operations Plan describes the following: How the hospital will communicate with other health care organizations in its contiguous geographic area regarding the essential elements of their respective command centers for emergency response.		<input type="checkbox"/> MIHAN <input type="checkbox"/> CODESPEAR <input type="checkbox"/> E Team Smart Message <input type="checkbox"/> Automated phone dialing systems <input type="checkbox"/> Voice over Internet Protocol <input type="checkbox"/> TSP/GETS/WPS <input type="checkbox"/> Various hand-held radios (two way radio, MPSCS 800 MHz, UHF, VHF) <input type="checkbox"/> Amateur Radio (RACES) <input type="checkbox"/> Satellite Phones <input type="checkbox"/> Mobile Communications/RMCC/CODESPEAR <input type="checkbox"/> EMTrack, EMResource	
02.02.01-10		The Emergency Operations Plan describes the following: How the hospital will communicate with other health care organizations in its contiguous geographic area regarding the resources and assets that		<input type="checkbox"/> MIHAN <input type="checkbox"/> CODESPEAR	

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	<p>could be shared in an emergency response.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> E Team Smart Message <input type="checkbox"/> Automated phone dialing systems <input type="checkbox"/> Voice over Internet Protocol <input type="checkbox"/> TSP/GETS/WPS <input type="checkbox"/> Various hand-held radios (two way radio, MPSCS 800 MHz, UHF, VHF <input type="checkbox"/> Amateur Radio (RACES) <input type="checkbox"/> Satellite Phones <input type="checkbox"/> Mobile Communications/RMCC/CODESPEAR <input type="checkbox"/> EMTrack, EMResource <input type="checkbox"/> Mobile communications units (if applicable) <input type="checkbox"/> CODESPEAR integration box <input type="checkbox"/> RMCC
<p>02.02.01-11</p>	<p>The Emergency Operations Plan describes the following: How and under what circumstances the hospital will communicate the names of patients and the deceased with other health care organizations in its contiguous geographic area.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Regional Coalition <input type="checkbox"/> MIHAN (Mass Fatality Plans)
<p>02.02.01-12</p>	<p>The Emergency Operations Plan describes the following: How, and under what circumstances, the hospital will communicate information about patients to third parties (such as other health care organizations, the state health department, police, and the Federal Bureau of Investigations [FBI]).</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Regional Coalition <input type="checkbox"/> Conferences (HIPPA/EMTALA with disasters) <input type="checkbox"/> H1N1 response 2009/2010 (CMS and HIPPA waivers)
<p>02.02.01-13</p>	<p>The Emergency Operations Plan describes the following: How the hospital will communicate with identified alternative care sites.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> MIHAN <input type="checkbox"/> CODESPEAR <input type="checkbox"/> E Team Smart Message <input type="checkbox"/> Automated phone dialing systems <input type="checkbox"/> Voice over

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		<p>Internet Protocol</p> <ul style="list-style-type: none"> <input type="checkbox"/> TSP/GETS/WPS <input type="checkbox"/> Various hand-held radios (two way radio, MPSCS 800 MHz, UHF, VHF <input type="checkbox"/> Amateur Radio (RACES) <input type="checkbox"/> Satellite Phones <input type="checkbox"/> Mobile Communications/RMCC/CODESPEAR <input type="checkbox"/> EMTrack, EMResource <input type="checkbox"/> Mobile communications units (if applicable) <input type="checkbox"/> CODESPEAR integration box <input type="checkbox"/> RMCC <input type="checkbox"/> Mobile communication units <input type="checkbox"/> HSEEP MEMS exercises
<p>02.02.01 -14</p>	<p>The hospital establishes backup systems and technologies for the communication activities identified in EM.02.02.01, EPs 1 - 13.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> MIHAN <input type="checkbox"/> CODESPEAR <input type="checkbox"/> E Team Smart Message <input type="checkbox"/> Automated phone dialing systems <input type="checkbox"/> Voice over Internet Protocol <input type="checkbox"/> TSP/GETS/WPS <input type="checkbox"/> Various hand-held radios (two way radio, MPSCS 800 MHz, UHF, VHF <input type="checkbox"/> Amateur Radio (RACES) <input type="checkbox"/> Satellite Phones <input type="checkbox"/> Mobile Communications/RMCC/CODESP

Emergency Management Standard		Standard Description		Hospital Preparedness Program Opportunities and Resources	
02.02.01-17	The hospital implements the components of its Emergency Operations Plan that require advance preparation to support communications during an emergency.	<ul style="list-style-type: none"> <input type="checkbox"/> H1N1 (Citizen call lines for vaccination questions) <input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> Bed tracking and communications tests 			
02.02.03	As part of its Emergency Operations Plan, the hospital prepares for how it will manage resources and assets during emergencies.				
02.02.03-1	The Emergency Operations Plan describes the following: How the hospital will obtain and replenish medications and related supplies that will be required throughout the response and recovery phases of an emergency, including access to and distribution of caches that may be stockpiled by the hospital, its affiliates, or local, state, or federal sources.	<ul style="list-style-type: none"> <input type="checkbox"/> Hospital antibiotic/antiviral caches <input type="checkbox"/> ACC/medical surge caches <input type="checkbox"/> RMCC <input type="checkbox"/> EMTrack/EMResource/E Team <input type="checkbox"/> MEDDRUN/CHEMPACK <input type="checkbox"/> SNS Request Process/SharePoint Training 			
02.02.03-2	The Emergency Operations Plan describes the following: How the hospital will obtain and replenish medical supplies that will be required throughout the response and recovery phases of an emergency, including personal protective equipment where required.	<ul style="list-style-type: none"> <input type="checkbox"/> RMCC <input type="checkbox"/> EMResource/E Team <input type="checkbox"/> Individual hospital PPE/PAPR cache <input type="checkbox"/> Health Care Memorandum of Understanding 			
02.02.03-3	The Emergency Operations Plan describes the following: How the hospital will obtain and replenish non-medical supplies that will be required throughout the response and recovery phases of an emergency.	<ul style="list-style-type: none"> <input type="checkbox"/> Regional Coalition/Local EOC <input type="checkbox"/> RMCC <input type="checkbox"/> HSEEP Exercise 			
02.02.03-4	The Emergency Operations Plan describes the following: How the hospital will share resources and assets with other health care organizations within the community, if necessary. Note: Examples of	<ul style="list-style-type: none"> <input type="checkbox"/> RMCC <input type="checkbox"/> EMResource/ E Team 			

Emergency Management Standard		Standard Description		Hospital Preparedness Program Opportunities and Resources	
		resources and assets that might be shared include beds, transportation, linens, fuel, personal protective equipment, medical equipment and supplies.		<input type="checkbox"/> Regional Coalition/Local EOC	
02.02.03-5		The Emergency Operations Plan describes the following: How the hospital will share resources and assets with other health care organizations outside of the community, if necessary, in the event of a regional or prolonged disaster. Note: Examples of resources and assets that might be shared include beds, transportation, linens, fuel, personal protective equipment, medical equipment and supplies.		<input type="checkbox"/> RMCC <input type="checkbox"/> EMResource/ E Team <input type="checkbox"/> Regional Coalition/Local EOC <input type="checkbox"/> Healthcare MOU	
02.02.03-6		The Emergency Operations Plan describes the following: How the hospital will monitor quantities of its resources and assets during an emergency. (See also EM.01.01.01, EP 8)		<input type="checkbox"/> HICS/ICS (logistics section) <input type="checkbox"/> EMResource/ EMTrack/ E Team <input type="checkbox"/> HSEEP exercise	
02.02.03-9		The Emergency Operations Plan describes the following: The hospital's arrangements for transporting some or all patients, their medications, supplies, equipment, and staff to an alternative care site(s) when the environment cannot support care, treatment, and services. (See also EM.02.02.11, EP 3)		<input type="checkbox"/> RMCC <input type="checkbox"/> MEMS (Casualty Transportation System) <input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> NIMS Compliance <input type="checkbox"/> Patient tracking system	
02.02.03-10		The Emergency Operations Plan describes the following: The hospital's arrangements for transferring pertinent information, including essential clinical and medication-related information, with patients moving to alternative care sites. (See also EM. 02.02. 11, EP 3)		<input type="checkbox"/> HSEEP Exercise (Evacuation/SIP)	
02.02.03-12		The hospital implements the components of its Emergency Operations Plan that require advance preparation to provide for resources and assets during an emergency.		<input type="checkbox"/> H1N1(Prioritized Respirator Policy from MDCH/Influenza Like Illness (ILI)) <input type="checkbox"/> EMResource Bed Tracking <input type="checkbox"/> MDSS	

Emergency Management Standard		Standard Description		Hospital Preparedness Program Opportunities and Resources	
				<input type="checkbox"/> ED Syndromic Surveillance <input type="checkbox"/> Regional Coalition	
02.02.05	As part of its Emergency Plan, the hospital prepares for how it will manage security and safety during an emergency.			<input type="checkbox"/> Access Control Systems <input type="checkbox"/> Regional Coalition <input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> Closed Caption Security Camera <input type="checkbox"/> Region-wide consistent Emergency Codes	
02.02.05-1	The Emergency Operations Plan describes the following: The hospital's arrangements for internal security and safety.			<input type="checkbox"/> NIMS Compliance/HICS (safety officer) <input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> Regional Coalition	
02.02.05-2	The Emergency Operations Plan describes the following: The roles that community security agencies (for example, police, sheriff, National Guard) will have in the event of an emergency.			<input type="checkbox"/> NIMS Compliance/HICS (safety officer) <input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> Regional Coalition	
02.02.05-3	The Emergency Operations Plan describes the following: How the hospital will coordinate security activities with community security agencies (for example, police, sheriff, National Guard).			<input type="checkbox"/> Decontamination Training and Equipment <input type="checkbox"/> MIHAN (Document Library)/ E Team (ATSDR) <input type="checkbox"/> Regional Coalition (RRTN) <input type="checkbox"/> Hospital chemical terrorism kit/chemical test paper	
02.02.05-4	The Emergency Operations Plan describes the following: How the hospital will manage hazardous materials and waste.			<input type="checkbox"/> Decontamination Training and Equipment <input type="checkbox"/> MIHAN (Document Library)/ E Team (ATSDR) <input type="checkbox"/> Regional Coalition (RRTN)	
02.02.05-5	The Emergency Operations Plan describes the following: How the hospital will provide for radioactive, biological, and chemical isolation and decontamination.			<input type="checkbox"/> Decontamination Training and Equipment <input type="checkbox"/> MIHAN (Document Library)/ E Team (ATSDR) <input type="checkbox"/> Regional Coalition (RRTN)	

When compared with NIMS and HSEEP, Joint Commission requirements may seem almost identical on paper; however, in practice the scope and granularity of expectations varies. For some requirements there is an exact match, others are complementary, and for a small number of requirements there is no similar expectation. In all cases, only the on-site survey of the Elements of Performance (EPs) by a Joint Commission (JC) surveyor can actually validate compliance with the EM EPs for the purposes of accreditation.

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Hospital Preparedness Program Opportunities and Resources

		<ul style="list-style-type: none"> <input type="checkbox"/> Hospital chemical terrorism kit/chemical test paper <input type="checkbox"/> Radiation detection devices and training <input type="checkbox"/> State Laboratory Kits and protocol for use <input type="checkbox"/> Portable Hepa Filtration units/existing system enhancements to increase isolation capacity <input type="checkbox"/> Zumro decontamination tents <input type="checkbox"/> Equipment to test negative pressure has been purchased by some hospitals
<p>02.02.05-7</p>	<p>The Emergency Operations Plan describes the following: How the hospital will control entrance into and out of the health care facility during an emergency.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Access Control Systems <input type="checkbox"/> Regional Coalition <input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> Closed Caption Security Camera <input type="checkbox"/> Region-wide consistent Emergency Codes <input type="checkbox"/> Traffic flow equipment for vehicles and pedestrians <input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> NIMS Compliance/HICS (safety officer)
<p>02.02.05-8</p>	<p>The Emergency Operations Plan describes the following: How the hospital will control the movement of individuals within the health care facility during an emergency.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Access Control Systems <input type="checkbox"/> Regional Coalition <input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> Closed Caption Security Camera <input type="checkbox"/> Region-wide consistent Emergency Codes <input type="checkbox"/> Traffic flow equipment for vehicles and pedestrians <input type="checkbox"/> HSEEP Exercise

Emergency Management Standard		Standard Description		Hospital Preparedness Program Opportunities and Resources	
				<ul style="list-style-type: none"> <input type="checkbox"/> NIMS Compliance/HICS (safety officer) 	
02.02.05-9		The Emergency Operations Plan describes the following: The hospital's arrangements for controlling vehicles that access the healthcare facility during an emergency.		<ul style="list-style-type: none"> <input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> Regional Coalition <input type="checkbox"/> Traffic flow equipment 	
02.02.05-10		The hospital implements the components of its Emergency Operations Plan that require advance preparation to support security and safety during an emergency.		<ul style="list-style-type: none"> <input type="checkbox"/> MIHAN (alerting and notification) <input type="checkbox"/> CODESPEAR <input type="checkbox"/> Decontamination training (predetermined site and placing team on standby) <input type="checkbox"/> Access Control Systems <input type="checkbox"/> HSEEP Exercises 	
02.02.07		As part of its Emergency Operations Plan, the hospital prepares for how it will manage staff during an emergency.			
02.02.07-2		The Emergency Operations Plan describes the following: The roles and responsibilities of staff for communications, resources and assets, safety and security, utilities, and patient management during an emergency.		<ul style="list-style-type: none"> <input type="checkbox"/> Regional Coalition <input type="checkbox"/> NIMS Compliance/HICS/ICS <input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> HICS Wallboard and Job Action Sheets 	
02.02.07-3		The Emergency Operations Plan describes the following: The process for assigning staff to all essential staff functions.		<ul style="list-style-type: none"> <input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> Incident Management team training <input type="checkbox"/> NIMS Compliance/HICS/ICS 	
02.02.07-4		The Emergency Operations Plan identifies the individual(s) to who staff report in the hospital's incident command structure.		<ul style="list-style-type: none"> <input type="checkbox"/> HICS Wallboards and Command Staff Vests <input type="checkbox"/> HSEEP Exercise 	

Emergency Management Standard		Standard Description		Hospital Preparedness Program Opportunities and Resources	
				<input type="checkbox"/> NIMS/HICS/ICS (HICS 201 form)	
02.02.07-5	The Emergency Operations Plan describes how the hospital will manage staff support needs (for example, housing, transportation, and incident stress debriefing).			<input type="checkbox"/> HSEEP Exercise (Evacuation/SIP and Pandemic Influenza) <input type="checkbox"/> Regional Coalition (mental health workgroups/CISM/mental health triage tool) <input type="checkbox"/> Hospital antibiotic caches (includes employee plus up to 3 family members)	
02.02.07-6	The Emergency Operations Plan describes how the hospital will manage the family support needs of staff (for example, child care, elder care, and communication).			<input type="checkbox"/> HSEEP Exercise (Evacuation/SIP and Pandemic Influenza) <input type="checkbox"/> Regional Coalition (mental health workgroups/CISM/mental health triage tool) <input type="checkbox"/> Hospital antibiotic caches (includes employee plus up to 3 family members) <input type="checkbox"/> Hospital Command Center training	
02.02.07-7	The hospital trains staff for their assigned emergency response roles.			<input type="checkbox"/> NIMS Compliance/HICS/ICS <input type="checkbox"/> Incident Management Team (IMT) Training <input type="checkbox"/> HSEEP Exercise	
02.02.07-8	The hospital communicates in writing with each of its licensed independent practitioners regarding his or her role(s) in emergency response and to whom he or she reports during an emergency. DOCUMENTATION IS REQUIRED			<input type="checkbox"/> Hospital Command Center (HCC) fax machines <input type="checkbox"/> E Team <input type="checkbox"/> MIHAN/CODESPEAR	
02.02.07-9	The Emergency Operations Plan describes how the hospital will identify licensed independent practitioners, staff, and authorized volunteers during emergencies. (See also EM.02.02.13, EP 3; EM.02.02.15, EP 3) Note: This identification could include identification cards, wristbands,			<input type="checkbox"/> MI Volunteer Registry <input type="checkbox"/> On-site Identification Equipment <input type="checkbox"/> HSEEP Exercise	

Emergency Management Standard		Standard Description		Hospital Preparedness Program Opportunities and Resources	
		vests, hats, or badges.			
02.02.07-10		The hospital implements the components of its Emergency Operations Plan that require advance preparation to manage staff during an emergency.		<input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> H1N1 Incident from 2009/2010	
02.02.09		As parts of its Emergency Operations Plan, the hospital prepares for how it will manage utilities during an emergency			
02.02.09-2		As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Electricity.		<input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> Equipment (generators, battery caches, electrical system upgrades) <input type="checkbox"/> Regional Coalition <input type="checkbox"/> NIMS Compliance (elements 3-4)	
02.02.09-3		As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Water needed for consumption and essential care activities		<input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> Equipment (generators, battery caches, electrical system upgrades) <input type="checkbox"/> Regional Coalition <input type="checkbox"/> NIMS Compliance (elements 3-4)	
02.02.09-4		As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Water needed for equipment and sanitary purposes.		<input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> Equipment (generators, battery caches, electrical system upgrades) <input type="checkbox"/> Regional Coalition <input type="checkbox"/> NIMS Compliance (elements 3-4) “	
02.02.09-5		As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Fuel required for building operations, generators, and essential transport services that the hospital		<input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> Equipment (generators, battery caches, electrical system upgrades)	

Emergency Management Standard		Standard Description	Hospital Preparedness Program Opportunities and Resources
	would typically provide.		<ul style="list-style-type: none"> <input type="checkbox"/> Regional Coalition <input type="checkbox"/> NIMS Compliance (elements 3-4) “
02.02.09-6	As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Medical gas/vacuum systems.	<ul style="list-style-type: none"> <input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> Equipment (generators, battery caches, electrical system upgrades) <input type="checkbox"/> Regional Coalition <input type="checkbox"/> NIMS Compliance (elements 3-4) 	
02.02.09-7	As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: Utility systems that the hospital defines as essential (for example, vertical and horizontal transport, heating and cooling systems, and steam for sterilization).	<ul style="list-style-type: none"> <input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> Equipment (generators, battery caches, electrical system upgrades) <input type="checkbox"/> Regional Coalition <input type="checkbox"/> NIMS Compliance (elements 3-4) “ 	
02.02.09-8	The hospital implements the components of its Emergency Operations Plan that require advance preparation to provide for utilities during an emergency.	<ul style="list-style-type: none"> <input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> Equipment (generators, battery caches, electrical system upgrades) <input type="checkbox"/> Regional Coalition <input type="checkbox"/> NIMS Compliance (elements 3-4) 	
02.02.11	As parts of its Emergency Operations Plan, the hospital prepares for how it will manage patients during emergencies.		
02.02.11-2	The Emergency Operations Plan describes the following: How the hospital will manage the activities required as part of patient scheduling, triage, assessment, treatment, admission, transfer, and discharge.	<ul style="list-style-type: none"> <input type="checkbox"/> National Disaster Life Support (NDLS) Classes <input type="checkbox"/> Mass Casualty Incident Training <input type="checkbox"/> HSEEP Exercise 	

When compared with NIMS and HSEEP, Joint Commission requirements may seem almost identical on paper; however, in practice the scope and granularity of expectations varies. For some requirements there is an exact match, others are complementary, and for a small number of requirements there is no similar expectation. In all cases, only the on-site survey of the Elements of Performance (EPs) by a Joint Commission (JC) surveyor can actually validate compliance with the EM EPs for the purposes of accreditation.

Emergency Management Standard		Standard Description		Hospital Preparedness Program Opportunities and Resources	
				<input type="checkbox"/> EMResource/Patient Tracking Systems <input type="checkbox"/> HICS training and education	
02.02.11-3	The Emergency Operations Plan describes the following: How the hospital will evacuate (from one section or floor to another within the building, or, completely outside the building) when the environment cannot support care, treatment, and services. (See also EM.02.02.03, EPs 9 and 10)	<input type="checkbox"/> HSEEP Exercise (Evacuation/Shelter in Place) <input type="checkbox"/> Regional Coalition <input type="checkbox"/> MEMS Program (ACC) <input type="checkbox"/> Equipment (evacuation, medical surge) <input type="checkbox"/> RMCC (coordinate access to caches)			
02.02.11-4	The Emergency Operations Plan describes the following: How the hospital will manage a potential increase in demand for clinical services for vulnerable populations served by the hospital, such as patients who are pediatric, geriatric, disabled, or have serious chronic conditions or addictions.	<input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> Regional Coalition <input type="checkbox"/> Education (conferences targeted at specific group)			
02.02.11-5	The Emergency Operations Plan describes the following: How the hospital will manage the personal hygiene and sanitation needs of its patients.	<input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> NIMS Compliance (elements 3, 4)			
02.02.11-6	The Emergency Operations Plan describes the following: How the hospital will manage its patient's mental health service needs that occur during an emergency	<input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> Regional Coalition (mental health workgroups) <input type="checkbox"/> Education and Training (CISM) <input type="checkbox"/> MI Volunteer Registry			
02.02.11-7	The Emergency Operations Plan describes the following: How the hospital will manage mortuary services.	<input type="checkbox"/> Education and training to develop plan <input type="checkbox"/> Regional Coalition <input type="checkbox"/> HSEEP Exercise			

Emergency Management Standard		Standard Description	Hospital Preparedness Program Opportunities and Resources
			<ul style="list-style-type: none"> <input type="checkbox"/> RMCC (coordinate MI Mort, DPMU)
02.02.11-8		The Emergency Operations Plan describes the follo wing: How the hospital will document and track patients' clinical information.	<ul style="list-style-type: none"> <input type="checkbox"/> Patient Tracking System (standard triage tag) <input type="checkbox"/> HSEEP Exercise
02.02.11-11		The hospital implements the components of its Emergency Operations Plan that require advance preparation to manage patients during an emergency.	<ul style="list-style-type: none"> <input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> EMResource Bed Tracking System
02.02.13		During disasters, the hospital may grant disaster privileges to volunteer licensed independent practitioners.	
02.02.13-1		The hospital grants disaster privileges to volunteer licensed independent practitioners only when the Emergency Operations Plan has been activated in response to a disaster and the hospital is unable to meet immediate patient needs.	<ul style="list-style-type: none"> <input type="checkbox"/> Regional Coalition <input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> MEMS <input type="checkbox"/> MI Volunteer Registry
02.02.13-2		The medical staff identifies, in its bylaws, those individuals responsible for granting disaster privileges to volunteer licensed independent practitioners.	<ul style="list-style-type: none"> <input type="checkbox"/> Regional Coalition <input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> Education and Training (conferences/workshops)
02.02.13-3		The hospital determines how it will distinguish volunteer licensed independent practitioners from other licensed independent practitioners. (See also EM.02.02.07, EP 9)	<ul style="list-style-type: none"> <input type="checkbox"/> Regional Coalition <input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> MI Volunteer Registry
02.02.13-4		The medical staff describes, in writing, how it will oversee the performance of volunteer licensed independent practitioners who are granted disaster privileges (for example, by direct observation, mentoring, medical record review).	<ul style="list-style-type: none"> <input type="checkbox"/> Regional Coalition <input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> Education and Training

Emergency Management Standard

Standard Description

Hospital Preparedness Program Opportunities and Resources

	<p>Before a volunteer practitioner is considered eligible to function as a volunteer licensed independent practitioner, the hospital obtains his or her valid government-issued photo identification (for example, a driver's license or passport) and at least one of the following:</p> <ul style="list-style-type: none"> - A current picture identification card from a health care organization that clearly identifies professional designation. A current license to practice. Primary source verification of licensure. Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), the Medical Reserve Corps (MRC), and the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other recognized state or federal response hospital or group. - Identification indicating that the individual has been granted authority by a government entity to provide patient care, treatment, or services in disaster circumstances. Confirmation by a licensed independent practitioner currently privileged by the hospital or a staff member with personal knowledge of the volunteer practitioner's ability to act as a licensed independent practitioner during a disaster. 	<ul style="list-style-type: none"> <input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> MI Volunteer Registry <input type="checkbox"/> Education and Training (DMAT/DMORT awareness) <input type="checkbox"/> Medical Reserve Corps (creation and support, and registration on the MI Volunteer Registry)
02.02.13-6	<p>During a disaster, the medical staff oversees the performance of each volunteer licensed independent practitioner.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> Regional Coalition
02.02.13-7	<p>Based on its oversight of each volunteer licensed independent practitioner, the hospital determines within 72 hours of the practitioner's arrival if granted disaster privileges should continue.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> MI Volunteer Registry <input type="checkbox"/> Education and Training (DMAT/DMORT awareness) <input type="checkbox"/> Medical Reserve Corps
02.02.13-8	<p>Primary source verification of licensure occurs as soon as the immediate emergency situation is under control or within 72 hours from the time the volunteer licensed independent practitioner presents him - or herself to the hospital, whichever comes first. If primary source verification of a</p>	<ul style="list-style-type: none"> <input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> MI Volunteer Registry <input type="checkbox"/> Education and Training (DMAT/DMORT awareness)

Emergency Management Standard

Standard Description

Hospital Preparedness Program Opportunities and Resources

	<p>volunteer licensed independent practitioner's licensure cannot be completed within 72 hours of the practitioner's arrival due to extraordinary circumstances, the hospital documents all of the following: Evidence of the licensed independent practitioner's demonstrated ability to continue to provide adequate care, treatment, and services. Evidence of the hospital's attempt to perform primary source verification as soon as possible.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Medical Reserve Corps
<p>02.02.13-9</p>	<p>If, due to extraordinary circumstances, primary source verification of licensure of the volunteer licensed independent practitioner cannot be completed within 72 hours of the practitioner's arrival, it is performed as soon as possible. Note: Primary source verification of licensure is not required if the volunteer licensed independent practitioner has not provided care, treatment of services under the disaster privileges.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> MI Volunteer Registry <input type="checkbox"/> Education and Training (DMAT/ DMORT awareness) <input type="checkbox"/> Medical Reserve Corps
<p>02.02.15</p>	<p>During disasters, the hospital may assign disaster responsibilities to volunteer practitioners who are not licensed independent practitioners, but who are required by law and regulation to have a license, certification, or registration</p>	
<p>02.02.15-1</p>	<p>The hospital assigns disaster responsibilities to volunteer practitioners who are not licensed independent practitioners only when the Emergency Operations Plan has been activated in response to a disaster and the hospital is unable to meet immediate patient needs.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> MI Volunteer Registry <input type="checkbox"/> Medical Reserve Corps <input type="checkbox"/> Education and Training (DMAT Awareness)
<p>02.02.15-2</p>	<p>The hospital identifies, in writing, those individuals responsible for assigning disaster responsibilities to volunteer practitioners who are not licensed independent practitioners.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> HICS
<p>02.02.15-3</p>	<p>The hospital determines how it will distinguish volunteer practitioners who are not licensed independent practitioners from its staff. (See also EM.02.02.07, EP 9)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> HICS <input type="checkbox"/> On site picture ID creator/ maker

Emergency Management Standard

Standard Description

Hospital Preparedness Program Opportunities and Resources

<p>02.02.15-4</p>	<p>The hospital describes, in writing, how it will oversee the performance of volunteer practitioners who are not licensed independent practitioners who are assigned disaster responsibilities. Examples of methods for overseeing their performance include direct observation, mentoring, and medical record review).</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Regional Coalition <input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> Education and Training
<p>02.02.15-5</p>	<p>Before a volunteer practitioner who is not a licensed independent practitioner is considered eligible to function as a practitioner, the hospital obtains his or her valid government-issued photo identification (for example, a driver's license or passport) and one of the following:</p> <ul style="list-style-type: none"> - A current picture identification card from a health care organization that clearly identifies professional designation. - A current license, certification, or registration. - Primary source verification of licensure, certification, or registration (if required by law and regulation in order to practice). - Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), the Medical Reserve Corps (MRC), the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other recognized state or federal response hospital or group. - Identification indicating that the individual has been granted authority by a government entity to provide patient care, treatment, or services in disaster circumstances. - confirmation by hospital staff with personal knowledge of the volunteer practitioner's ability to act as a qualified practitioner during a disaster. 	<ul style="list-style-type: none"> <input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> HICS <input type="checkbox"/> MI Volunteer Registry
<p>02.02.15-6</p>	<p>During a disaster, the hospital oversees the performance of each volunteer practitioner who is not a licensed independent practitioner.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> Regional Coalition

Emergency Management Standard		Standard Description	Hospital Preparedness Program Opportunities and Resources
02.02.15-7	Based on its oversight of each volunteer practitioner who is not a licensed independent practitioner, the hospital determines within 72 hours after the practitioner's arrival whether assigned disaster responsibilities should continue.	<ul style="list-style-type: none"> <input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> MI Volunteer Registry <input type="checkbox"/> Education and Training (DMAT/ DMORT awareness) <input type="checkbox"/> Medical Reserve Corps 	
02.02.15-8	Primary source verification of licensure, certification, or registration (if required by law and regulation in order to practice) of volunteer practitioners who are not licensed independent practitioners occurs as soon as the immediate disaster is under control or within 72 hours from the time the volunteer practitioner presents him - or herself to the hospital, whichever comes first. If primary source verification of licensure, certification, or registration (if required by law and regulation in order to practice) for a volunteer practitioner who is not a licensed independent practitioner cannot be completed within 72 hours due to extraordinary circumstances, the hospital documents all of the following: Reason(s) why it could not be performed within 72 hours of the practitioner's arrival.- Evidence of the volunteer practitioner's demonstrated ability to continue to provide adequate care, treatment, or services.- Evidence of the hospital's attempt to perform primary source verification as soon as possible.	<ul style="list-style-type: none"> <input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> MI Volunteer Registry <input type="checkbox"/> Education and Training (DMAT/ DMORT awareness) <input type="checkbox"/> Medical Reserve Corps 	
02.02.15-9	If, due to extraordinary circumstances, primary source verification of licensure of the volunteer practitioner cannot be completed within 72 hours of the practitioner's arrival, it is performed as soon as possible. Note: Primary source verification of licensure, certification, or registration is not required if the volunteer practitioner has not provided care, treatment, or services under his or her assigned disaster responsibilities.	<ul style="list-style-type: none"> <input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> MI Volunteer Registry <input type="checkbox"/> Education and Training (DMAT/ DMORT awareness) <input type="checkbox"/> Medical Reserve Corps 	
03.01.01	The hospital evaluates the effectiveness of its emergency management planning activities.		

When compared with NIMS and HSEEP, Joint Commission requirements may seem almost identical on paper; however, in practice the scope and granularity of expectations varies. For some requirements there is an exact match, others are complementary, and for a small number of requirements there is no similar expectation. In all cases, only the on-site survey of the Elements of Performance (EPs) by a Joint Commission (JC) surveyor can actually validate compliance with the EM EPs for the purposes of accreditation.

Emergency Management Standard		Standard Description		Hospital Preparedness Program Opportunities and Resources	
03.01.01-1	The hospital conducts an annual review of its risks, hazards, and potential emergencies as defined in its hazard vulnerability analysis (HVA). The findings of this review are documented. (See also EM.01.01.01, EPs 2 and 4)	<ul style="list-style-type: none"> <input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> Regional Coalition <input type="checkbox"/> Education and Training (Emergency Management Concepts) <input type="checkbox"/> ACAMS surveys 			
03.01.01-2	The hospital conducts an annual review of the objectives and scope of its Emergency Operations Plan. The findings of this review are documented.	<ul style="list-style-type: none"> <input type="checkbox"/> NIMS Compliance (element 3) <input type="checkbox"/> HSEEP Exercise 			
03.01.01-3	The hospital conducts an annual review of its inventory. The findings of this review are documented.	<ul style="list-style-type: none"> <input type="checkbox"/> HSEEP Exercise 			
03.01.03	The hospital evaluates the effectiveness of its Emergency Operations Plan.				
03.01.03-1	<p>As an emergency response exercise, the hospital activates its Emergency Operations Plan twice a year at each site included in the Plan.</p> <p>Note 1: If the hospital activates its Plan in response to one or more actual emergencies, these emergencies can serve in place of emergency response exercises.</p> <p>Note 2: Staff in freestanding buildings classified as a business occupancy (as defined by the Life Safety Code) that do not offer emergency services nor are community-designated as disaster-receiving stations need to conduct only one emergency management exercise annually.</p> <p>Note 3: Tabletop sessions, though useful, are not acceptable substitutes for these exercises.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> HSEEP Exercises <input type="checkbox"/> NIMS Compliance (elements 3 and 7) <input type="checkbox"/> H1N1 2009/2010 incident 			
03.01.03-2	For each site of the hospital that offers emergency services or is a community-designated disaster receiving station, at least one of the	<ul style="list-style-type: none"> <input type="checkbox"/> HSEEP Exercise 			

When compared with NIMS and HSEEP, Joint Commission requirements may seem almost identical on paper; however, in practice the scope and granularity of expectations varies. For some requirements there is an exact match, others are complementary, and for a small number of requirements there is no similar expectation. In all cases, only the on-site survey of the Elements of Performance (EPs) by a Joint Commission (JC) surveyor can actually validate compliance with the EM EPs for the purposes of accreditation.

Emergency Management Standard

Standard Description

Hospital Preparedness Program Opportunities and Resources

	<p>hospital's two emergency response exercises includes an influx of simulated patients.</p> <p>Note 1: Tabletop sessions, though useful, cannot serve for this portion of the exercise.</p> <p>Note 2: This portion of the emergency response exercise can be conducted separately or in conjunction with EM.03.01.03 EPs 3 and 4.</p>	
<p>03.01.03-3</p>	<p>For each site of the hospital that offers emergency services or is a community-designated disaster receiving station, at least one of the hospital's two emergency response exercises includes an escalating event in which the local community is unable to support the hospital.</p> <p>Note 1: This portion of the emergency response exercise can be conducted separately or in conjunction with EM.03.01.03, EPs 2 and 4.</p> <p>Note 2: Tabletop sessions are acceptable in meeting the community portion of this exercise.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> Regional Coalition (opportunity to observe, participate and evaluate other regional exercises) <input type="checkbox"/> Local, Regional and State Modular Emergency Medical System (MEMS) for Alternate Care Sites (ACS), Neighborhood Emergency Help Centers (NEHCs) and Casualty Transportation Systems (CTS) activation
<p>03.01.03-4</p>	<p>For each site of the hospital with a defined role in its community's response plan, at least one of the two emergency response exercises includes participation in a community-wide exercise.</p> <p>Note 1: This portion of the emergency response exercise can be conducted separately or in conjunction with EM.03.01.03, EPs 2 and 3.</p> <p>Note 2: Tabletop sessions are acceptable in meeting the community portion of this exercise.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Regional Coalition <input type="checkbox"/> HSEEP Exercise
<p>03.01.03-5</p>	<p>Emergency response exercises incorporate likely disaster scenarios that allow the hospital to evaluate its handling of communications, resources and assets, security, staff, utilities, and patients. (See also EM.02.01.01, EP 2)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> NIMS Compliance (element 3)
<p>03.01.03-6</p>	<p>The hospital designates an individual(s) whose sole responsibility during emergency response exercises is to monitor performance and document</p>	<ul style="list-style-type: none"> <input type="checkbox"/> HSEEP Exercise

Emergency Management Standard

Standard Description

Hospital Preparedness Program Opportunities and Resources

	<p>opportunities for improvement.</p> <p>Note 1: This person is knowledgeable in the goals and expectations of the exercise and may be a staff member of the hospital.</p> <p>Note 2: If the response to an actual emergency is used as one of the required exercises, it is understood that it may not be possible to have an individual whose sole responsibility is to monitor performance. Hospitals may use observations of those who were involved in the command structure as well as the input of those providing services during the emergency.</p>	
03.01.03-7	<p>During emergency response exercises, the hospital monitors the effectiveness of internal communication and the effectiveness of communication with outside entities such as local government leadership, police, fire, public health officials, and other health care organizations.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> HSEEP Exercise
03.01.03-8	<p>During emergency response exercises, the hospital monitors resource mobilization and asset allocation, including equipment, supplies, personal protective equipment, and transportation.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> HICS <input type="checkbox"/> EMResource/EMTrack/E Team
03.01.03-9	<p>During emergency response exercises, the hospital monitors its management of safety and security.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> HICS/NIMS Compliance
03.01.03-10	<p>During emergency response exercises, the hospital monitors its management of staff roles and responsibilities.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> HICS/NIMS Compliance
03.01.03-11	<p>During emergency response exercises, the hospital monitors its management of utility systems.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> HICS/NIMS Compliance
03.01.03-12	<p>During emergency response exercises, the hospital monitors its</p>	<ul style="list-style-type: none"> <input type="checkbox"/> HSEEP Exercise

Emergency Management Standard		Standard Description		Hospital Preparedness Program Opportunities and Resources	
		management of patient clinical and support care activities.		<input type="checkbox"/> HICS/NIMS Compliance	
03.01.03-13		Based on all monitoring activities and observations, the hospital evaluates all emergency response exercises and all responses to actual emergencies using a multidisciplinary process (which includes licensed independent practitioners).		<input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> NIMS Compliance (element 3)	
03.01.03-14		The evaluation of all emergency response exercises and all responses to actual emergencies includes the identification of deficiencies and opportunities for improvement. This evaluation is documented.		<input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> NIMS Compliance (element 3)	
03.01.03-15		The deficiencies and opportunities for improvement, identified in the evaluation of all emergency response exercises and all responses to actual emergencies, are communicated to the improvement team responsible for monitoring environment of care issues. (See also EC:04.01.05, EP 3)		<input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> NIMS Compliance (element 3) <input type="checkbox"/> Regional Equipment/Supply requests based on AARs/IP, CAPs	
03.01.03-16		The hospital modifies its Emergency Operations Plan based on its evaluation of emergency response exercises and responses to actual emergencies. Note: When modifications requiring substantive resources cannot be accomplished by the next emergency response exercise, interim measures are put in place until final modifications can be made.		<input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> NIMS Compliance (element 3) <input type="checkbox"/> Regional Coalition (observe and evaluate best practices from other exercises)	
03.01.03-17		Subsequent emergency response exercises reflect modifications and interim measures as described in the modified Emergency Operations Plan.		<input type="checkbox"/> HSEEP Exercise <input type="checkbox"/> NIMS Compliance (element 3)	

LINKING THE HOSPITAL PREPAREDNESS PROGRAM WITH JOINT COMMISSION SUCCESS

TOOLKIT FEEDBACK

This toolkit was designed to be a dynamic document. We welcome and encourage you to provide your suggestions and feedback to the Michigan Department of Community Health/Office of Public Health Preparedness. If you have any suggestions or comments on how to make this toolkit more user friendly, or ideas of other projects to include in the examples, please contact us by sending your suggestion(s) by mail or email to: Linda Scott, BSN, MA, Healthcare Preparedness Program Manager, Michigan Department of Community Health Office of Public Health Preparedness, 201 Townsend Street, Lansing, MI 48913, or scottL12@michigan.gov.

Standard No.	Element of Performance #	Comment/Suggestions

Additional suggestions for improvement or activities that demonstrate compliance:

Signature & Contact Information: _____

Regional Healthcare Coalitions

Region 1

5020 Northwind Drive, Ste. 104
East Lansing MI 48823
Office: 517-324-4404
Fax: 517-324-4406
<http://www.d1rmrc.org>

Region 2N

1000 W. University Drive
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Fax: 248-759-4751
<http://www.region2north.com>

Region 2S

6754 Brandt Street
Romulus MI 48174
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Fax: 734-902-6000
<http://www.2south.org>

Region 3

1600 N. Michigan Avenue
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Saginaw MI 48602
Office: 989-758-3712
Fax: 989-758-3714
<http://www.region3hpn.org>

Region 5

1000 Oakland Drive
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Fax: 269-337-6476
<http://www.5dirmc.org>

Region 6

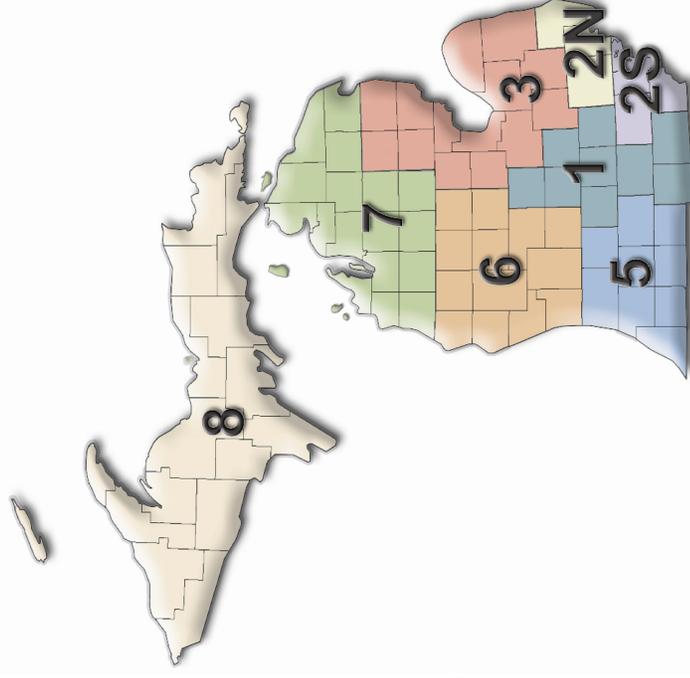
1675 Leahy Street, Ste. 308B
Muskegon MI 49442
Office: 231-728-1967
Fax: 231-728-1644
<http://www.miregion6.org>

Region 7

2464 Silver Fox Trail, Ste. A
Gaylord MI 49735
Office: 989-731-4975
Fax: 989-732-6793
<http://www.portal.miregion7.org>

Region 8

420 W. Magnetic Street
Marquette MI 49855
Office: 906-225-7415
Fax: 906-225-3038
<http://www.reg8.org>



For additional information on preparedness initiatives and programs in Michigan, go to

<http://www.michigan.gov/michiganprepares>