

NATURAL DISASTER – MAJOR HURRICANE

SCENARIO

The National Weather Services predicts that a Category 5 Hurricane will hit the coast of your city, with sustained winds at 160 miles per hour and a storm surge greater than 20 feet above flood stage. City, county and state officials issue mandatory evacuations of the coastal and low lying areas.

As the storm approaches, rain is heavy and low-lying escape routes are flooded, making evacuation more difficult.

Your hospital is located approximately 10 miles from the coast, the hospital is on high ground and the facility is hardened to withstand a major hurricane. While you do not plan to evacuate, you limit admissions, discharge appropriate patients and cancel elective surgeries, procedures and treatments.

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INCIDENT PLANNING GUIDE

Does your Emergency Management Plan Address the following issues?

Mitigation & Preparedness

1. Does your hospital reside in a safe location (higher ground) to maintain operations during the hurricane and flooding?
2. Does your hospital regularly monitor pre-event weather forecasts and projections?
3. Does your hospital participate in pre-event local response planning with emergency management officials, including meetings/conference calls to plan and share status?
4. Does your facility have a plan to initiate pre-event facility hardening actions: protect windows; secure outside loose items; test back up generators; bring in supplemental supplies of essential items (food, water, medications, lighting); protect basement high risk areas; relocate at-risk items to higher levels; evacuate research animals/facility; secure surveillance cameras; prepare staff sleep/rehab areas; activate amateur radio operators; top off fuel tanks, etc.?
5. Does your hospital have contingency staff utilization and support plans?
6. Does your hospital have a plan to reduce census with cooperating inland and unaffected hospitals?
7. Does your facility have a plan to accommodate pregnant women who report to facility before and during the storm?
8. Does your facility have an established list of medical staff specialties and backup/relief staff that will need to be in the hospital to continue care during the storm?
9. Does your facility plan to provide child care for staff so that they can report to and remain on duty?
10. Does your facility have a list of non-essential staff that may be used in alternate roles?
11. Does your facility have a plan to distribute radios, auxiliary phones, and flashlights to appropriate people and hospital areas?
12. Does your facility have a plan to maintain water and sanitation systems during the storm, including providing personal hygiene/sanitation supplies (i.e., hand wipes, portable toilets, potable water)?
13. Does your hospital have a process to determine daily clinical and non-clinical services to be continued or modified before and during the storm?
14. Does your facility have a plan to accommodate community boarders that includes services provided, a designated area(s) and triggers for activation and deactivation of the boarding?
15. Does your hospital have a surge capacity plan that includes triggers and criteria for activation?
16. Does your hospital have a security plan to manage the patient surge and facility security before, during and after the storm?
17. Does your hospital have criteria and plans to evacuate the facility (partial/complete) for different category storms?

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18.	Does your hospital have a plan for alternate care sites including set up, equipment, staffing and signage?
19.	Does your facility have MOUs with inland hotels/motels, supply vendors, alternate care site venues, and transportation providers to provided needed services before, during or after the storm?
20.	Does your facility have MOUs with fuel suppliers to ensure a supply of fuel for emergency generators and vehicles?
21.	Does your facility have a plan to modify staffing and hours of work?
22.	Does your facility have plans to maintain infrastructure during and after the storm including power, water, sewer, medical gases, facility repair, etc.?
23.	Does your hospital identify and/or have MOUs with contractors that can perform repairs after the storm?
24.	Does your hospital have a process to consider relocating hazardous materials/chemical agents to prevent contamination in case of flooding?
Response & Recovery	
1.	Does your hospital have procedures to perform damage assessment (interior and exterior), report damage to the HCC and initiate appropriate repairs during and after the storm?
2.	Does your hospital have a plan to supplement staffing?
3.	Does the facility have a plan to transport staff and their families living in potentially flooded areas or without transportation to the hospital to ensure staffing?
4.	Does the hospital have a procedure to inventory equipment, supplies and medications?
5.	Does your hospital have a plan and back up (redundant) systems to maintain communications with the local EOC and other officials during and after the storm?
6.	Does your hospital have a process to evaluate the need for further evacuation (partial/complete) of areas of the hospital as a result of structural damage or flooding during the storm?
7.	Does your hospital evacuation/relocation plan include notification of family members when patients are moved to other facilities?
8.	Does your hospital have a plan to manage an increase in numbers of people presenting to the facility for non-medical, general assistance (food, medicine, diapers)?
9.	Does your hospital have procedures to regularly evaluate infrastructure and operational needs and implement appropriate actions to meet the needs?
10.	Does your hospital have a fatality management plan that integrates with law enforcement, medical examiner/coroner?
11.	Does your hospital have a plan to house staff and their families that cannot return to or lose their homes in the storm?

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12.	Does the facility have protocols to notify local public health of patient status and medical/health problems presenting by types of illness or injury?
13.	Does your hospital have a protocol to monitor severity of damage and progress of repairs?
14.	Does your hospital have a process to monitor contractor services (work quality, costs, etc.)?
15.	Does your hospital have procedures to monitor environmental issues, water safety, and biohazardous waste disposal during and after the storm, for an extended period?
16.	Does your hospital have a plan to maintain essential contract services (e.g., trash pick up, food service delivery, linen and laundry, etc.)?
17.	Does your hospital have a plan to provide rest/sleep, nutrition, and hydration to staff before, during and after the event?
18.	Does your hospital have a plan to repatriate evacuated patients and staff?
19.	Does the facility have criteria and decision-making processes to prioritize service restoration activities?
20.	Does your hospital have protocols and criteria for restoring normal non-essential service operations (e.g., gift shop)?
21.	Does your hospital have procedures to ensure equipment, medications and supplies are reordered to replace stock supplies?
22.	Does your hospital have procedures to return borrowed equipment after proper cleaning and supplies?
23.	Does your hospital have a process to recognize and acknowledge appreciation to staff, patients, solicited and unsolicited volunteers, and local, state and federal personnel sent to help?

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INCIDENT RESPONSE GUIDE

Mission: To maintain hospital operations for a minimum of 72 hours or for a prolonged period following a major storm event that may impact the structural integrity of the facility or availability of services, and to ensure the continuation of care for patients, visitors, and those seeking care post event?

Directions

- Read this entire response guide and review incident management team chart
 - Use this response guide as a checklist to ensure all tasks are addressed and completed
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Objectives

- Pre-event hardening of facility and decreasing inpatient census
 - During and post-event damage assessment and repairs
 - Patient care and management
 - Safety of staff, patients, community boarders, visitors, families and facility
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Immediate (Operational Period 0-2 Hours from Warning)

COMMAND

(Incident Commander):

- Appoint Command Staff and Section Chiefs for pre-event planning and decision-making
- Activate the Emergency Operations Plan
- Attend community event planning meetings and relay information to Command Staff, Section Chiefs and CEO/hospital board for decision-making
- Determine need for evacuation or transfer of patients to inland hospitals

(Liaison Officer):

- Communicate with local EOC to establish routine and ongoing communications and attend community pre-event planning meetings

(PIO):

- Develop staff, patient and community storm preparedness and response messages to convey hospital preparations, services and response

(Safety Officer):

- Conduct facility and safety assessments of the facility and perform facility hardening protective measures
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INCIDENT RESPONSE GUIDE

OPERATIONS

- Develop storm staffing plan and triggers for activation
 - Assess status of security systems, determine access and egress traffic flows, and timeline for facility lockdown
 - Initiate facility hardening activities
 - Designate an area(s) to accommodate community boarders including those who may be electrically dependent or have medical needs
 - Designate staff rest and sleeping areas, plan for food and water for feeding patients, staff, boarders and visitors
 - Designate an area(s) and staffing for a staff child care area, if appropriate
 - Distribute appropriate equipment throughout the facility (i.e. portable lights)
 - Determine timeline and criteria for discontinuation of non-essential services and facility lockdown
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PLANNING

- Establish operational periods, incident objectives and develop Incident Action Plan, in collaboration with the Incident Commander
 - Conduct a hospital census and identify potential discharges, in coordination with Operations Section
 - Initiate tracking system for patients and arriving community boarders and visitors that will remain in the facility during the storm
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LOGISTICS

- Conduct equipment, supply, medication and personnel inventories and obtain additional supplies to sustain the facility for a minimum of 72 hours after the storm
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FINANCE

- Establish pay codes for personnel to track hours associated with storm
 - Assist with and facilitate procurement activities for supplies, equipment, medications and personnel
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INCIDENT RESPONSE GUIDE

Intermediate (Operational Period 2-12 Hours – During Storm)

COMMAND

(Incident Commander):

- Meet frequently with Command Staff and Section Chiefs to assess situation and facility status
- Ensure revision/update of the Incident Action Plan

(PIO):

- Continue briefings to media, staff, patients and community boarders to update them on storm and hospital status
 - Coordinate risk communication messages with the Joint Information Center, if able

(Liaison Officer):

- Maintain contact with local EOC other area hospitals to relay status and critical needs, and to receive storm and community updates

(Safety Officer):

- Maintain safety of patients, staff, community boarders and family to the best possible extent

OPERATIONS

- Continue patient care and management activities
 - Provide assistance to community boarders, as needed
 - Conduct regular facility and infrastructure evaluations/assessments and respond immediately to damage or problems

PLANNING

- Continue to track patient, bed, personnel and materiel and report status
 - Update and revise the Incident Action Plan and distribute to Command Staff and Section Chiefs

FINANCE

- Track and monitor all expenditures, response and storm damage/repair costs
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INCIDENT RESPONSE GUIDE

Extended (Operational Period Beyond 12 Hours – Post Storm)

COMMAND

(Incident Commander):

- Continue regular briefings and action planning meetings and modify incident objectives as needed to meet the current situation
- (PIO):
 - Continue regularly scheduled briefings to media, patients, staff, family and community boarders
 - Communicate regularly with the JIC to update hospital status and coordinate public information messages

OPERATIONS

- Continue patient care and management activities
- Provide mental health support to staff, patients, families and community boarders, as needed
- Conduct frequent facility re-assessments and initiate facility repairs and operations restoration plans
- Provide food, water and rest periods for staff
- Once storm is over and it is safe to do so, begin repatriation of boarders and expectant mothers to home; evaluate need to continue child care
- Determine when to resume normal activities and services

PLANNING

- Prepare plans to provide housing and other assistance for those staff displaced by the storm
- Update and revise the Incident Action Plan

LOGISTICS

- Continue to monitor and ration, if necessary, on-hand inventories of supplies, equipment, medications, food, and water
- Provide mental health support to staff, as needed
- Maintain internal and external communication systems and/or redundant communication systems
- Continue providing family care and day care services
- Determine, in collaboration with Operations Section, when to resume normal activities and services

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INCIDENT RESPONSE GUIDE

FINANCE

- Continue to track and monitor response and facility repair costs and expenditures and report to the Incident Commander
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Demobilization/System Recovery

COMMAND

(Incident Commander):

- Determine hospital status and declare termination of the incident

(Liaison Officer):

- Communicate final hospital status and termination of the incident to local EOC, area hospital and officials

- Assist with the repatriation of patients transferred during the storm

(PIO):

- Conduct final media briefing and assist with updating staff, patients, community boarders, families and others of the termination of the event

(Safety Officer):

- Ensure facility safety and restoration of normal operations
 - Ensure facility repairs are completed, in conjunction with the Operations Section
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OPERATIONS

- Restore normal patient care operations
 - Ensure restoration of utilities and communications
 - Complete a facility damage report, progress of repairs and estimated timelines for restoration of facility to pre-event condition
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PLANNING

- Complete a summary of operations, status, and current census
 - Conduct after-action reviews and debriefings
 - Develop the after-action report and improvement plan for approval by the Incident Commander
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INCIDENT RESPONSE GUIDE

LOGISTICS

- Restock supplies, equipment, medications, food and water to pre-storm inventories
 - Ensure communications and IT/IS operations return to normal
 - Provide stress management and mental health support to staff
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FINANCE

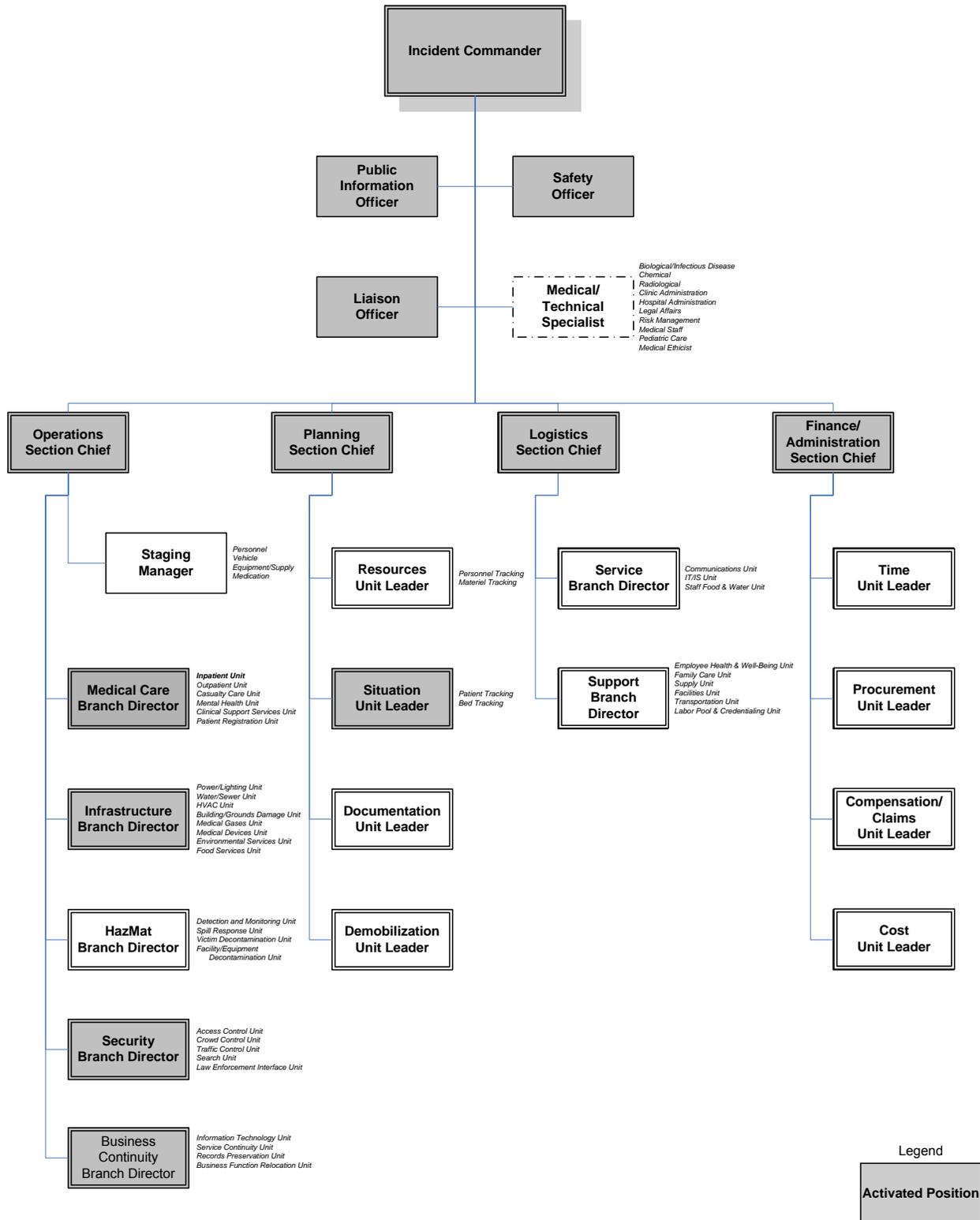
- Compile a final report of response and facility repair costs for approval by the Incident Commander
 - Work with local, state, and federal emergency management to begin reimbursement procedures for cost expenditures related to the event
 - Contact insurance carriers to assist in documentation of structural and infrastructure damage and initiate reimbursement and claims procedures
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Documents and Tools

- Hospital Emergency Operations Plan
 - Hospital Damage Assessment Procedures and Documentation Forms
 - Discharge Policy
 - Emergency Procurement Policy
 - Patient Tracking Policy
 - Staff activity forms
 - Interoperable Communications Plan
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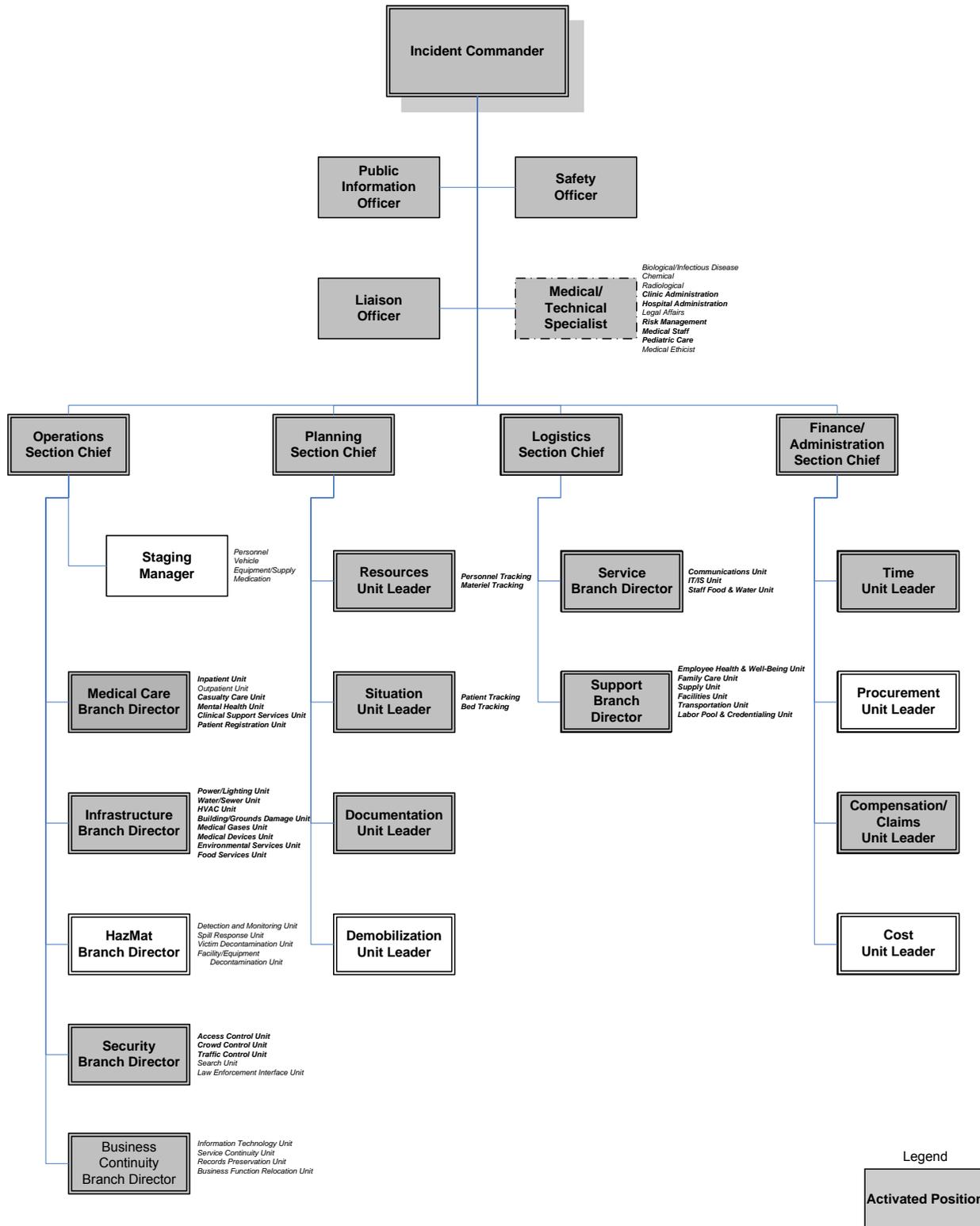
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INCIDENT MANAGEMENT TEAM CHART -- IMMEDIATE



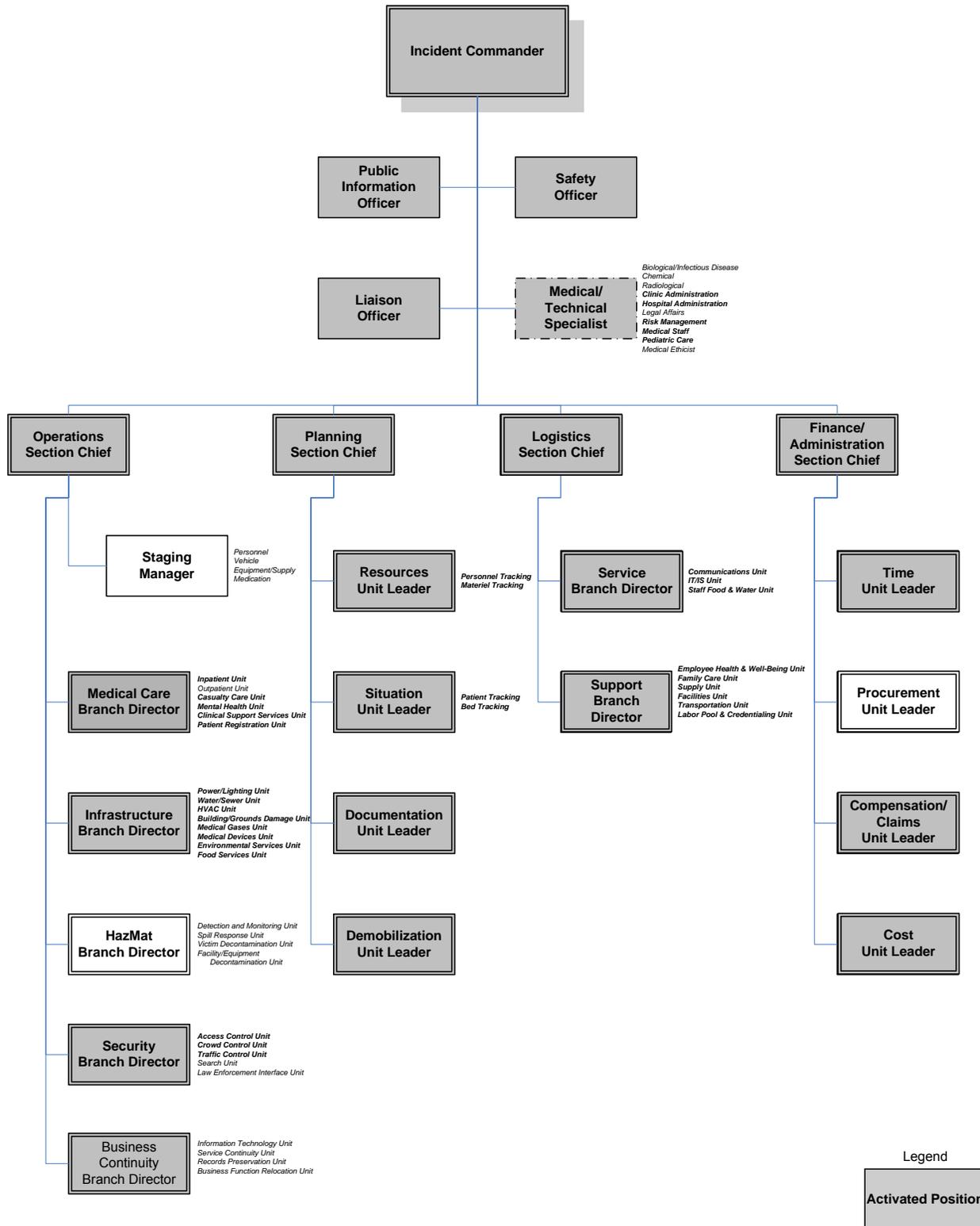
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INCIDENT MANAGEMENT TEAM CHART -- INTERMEDIATE



NATURAL DISASTER – MAJOR HURRICANE

INCIDENT MANAGEMENT TEAM CHART -- EXTENDED



NATURAL DISASTER – MAJOR HURRICANE

INCIDENT MANAGEMENT TEAM CHART -- DEMOBILIZATION

