

EM 108R: Emergency Preparedness for Health Care with NIMS



Revised 2016

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Emergency Preparedness for Health Care with NIMS

Glossary

Introduction

Introduction

•**EM 108: Emergency Preparedness for Health Care with NIMS** is an awareness-level course that helps healthcare workers understand their role in providing continuous care for existing patients and additional patients in the event of an emergency.

•This course includes the National Incident Management System (NIMS) requirements for IS-700.

•The program is intended to be completed annually by healthcare facility personnel and is aligned with The Joint Commission and the Center for Medicare and Medicaid Services (CMS).



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Emergency Preparedness for Health Care with NIMS

How to use the course:

Moving through the course
 Navigate through this course using the previous or next arrows in navigation bar on the bottom of the screen.

To exit
 This course is designed to be completed in a single sitting. You may use the "EXIT" button, located in the header bar at the upper right corner of the screen, to leave the program. When you return, you are taken to where you left off.

Glossary
 A complete Glossary for the course can be reached from each page, excluding the quiz, by selecting the "Glossary" button at the upper right of the page.

Glossary highlighting
 Glossary terms are highlighted on course pages in Blue. To view the definition of a glossary term, hover your mouse pointer over the highlighted text. A small window will appear with a definition of the term.

Table of Contents (TOC)
 The Table of Contents allows you to move between the pages you've previously visited. It will not allow you to move forward in the course. You can view the Table of Contents by clicking the button in the navigation bar. Clicking the TOC button a second time will hide the Table of Contents window.

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Emergency Preparedness for Health Care with NIMS




Introduction

Course Objectives

- This course is designed to help healthcare workers (HCW) understand their role in providing continuous care for patients in the event of an emergency and to meet the federal requirements for ICS 700.

At the completion of the course, learners will:

- Recognize the types of emergencies and disasters that can impact healthcare facilities
- Recognize the benefits of the National Incident Management System (NIMS)
- Understand the components of the Incident Command System (ICS)
- Understand HCW roles and responsibilities
- Review steps for personal preparedness planning

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Emergency Preparedness for Health Care with NIMS

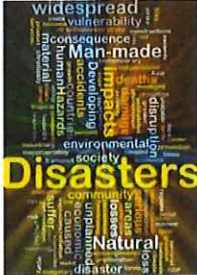
Emergencies and Disasters

Glossary

Overview

This section provides:

- An overview of what defines an emergency versus a disaster
- A review of The Joint Commission (TJC) Hospital Accreditation Standards (HAS) for emergency management (EM)
- An overview of the types of emergency and/or disaster events



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Emergencies and Disasters

Definition of Emergency

•An emergency is a sudden, unexpected event requiring immediate action due to a potential threat to an individual's health and safety, the environment or property.

•In addition, The Joint Commission 2016 HAS-EM also states "An emergency... disrupts the organization's ability to provide care, or the environment of care, or that results a sudden, significantly changed or increased demand for the organization's services. Emergencies can either be human-made or natural, or a combination of both, and they exist on a continuum of severity."

[The Joint Commission: A Closer Look](#)



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Glossary


Emergencies and Disasters

Definition of Disaster

•The Joint Commission 2016 HAS-EM states "A disaster is a type of emergency that, due to its complexity, scope, or duration, threatens the organization's capabilities and requires outside assistance to sustain patient care, safety, or security functions."

•It is also a point in time when the hospital incident management team decides to divert from normal operations and activate its emergency operations plan (EOP), incident management system (IMS) and hospital command center (HCC).

•Although many disaster events occur at any local level, they can easily expand to a statewide, regional, national or even international level.



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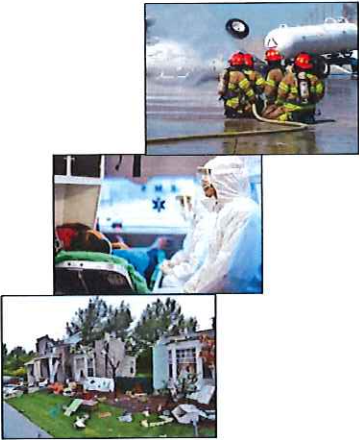
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Emergencies and Disasters

Types of Events

•Many types of disaster events impact communities and healthcare organizations and include those generated by:

- *Environmental factors* such as tornadoes, floods and winter storms
- *Intentional acts* such as hostage situations, bomb threats, terrorism, or active-shooter situations
- *Biological or hazardous materials incidents* like chemical spills, high impact pathogens and radiological disasters
- *Infrastructure failures* due to water, electrical, gas and fuel loss
- *Technological disruptions* such as those that impact communication and information technology or cyber terrorism



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Emergency Preparedness for Health Care with NIMS

Glossary

NIMS

Overview

This section examines:

- Benefits of NIMS for healthcare
- NIMS components

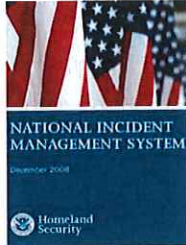


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Emergency Preparedness for Health Care with NIMS

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NIMS

What is NIMS?

- The Incident Command System is now part of a larger federal program of emergency preparedness and response, the National Incident Management System (NIMS).
- NIMS is a comprehensive, national approach to emergency management that applies to all levels of government and across response organizations (healthcare, public health, EMS, etc).
- This system covers emergency management through the individual phases of **preparedness**, **response**, **recovery** and mitigation.

NIMS Components

- Preparedness
- Communications and Information Management
- Resource Management
- Command and Management
- Ongoing Management and Maintenance

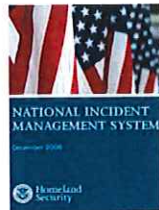


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The National Response Framework, or NRF (formerly the National Response Plan) is built upon NIMS. This framework details how federal resources will integrate with and support local resources in the event of a large disaster.

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NIMS

NIMS Requirements

•Homeland Security Presidential Directive (HSPD)-5, "Management of Domestic Incidents", requires that all Federal Departments and agencies make adoption of NIMS by State, tribal, and local organizations a condition to receive federal preparedness assistance.

•To that end, the U. S. Department of Health and Human Services (HHS) requires that healthcare organizations implement NIMS in order to be eligible to apply for preparedness funding through the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) grant program.



Photo credit: DHS; CDC and TAC

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NIMS

NIMS Implementation Objectives for Healthcare

•Adopt NIMS throughout the healthcare organization to include appropriate departments and business units.

•Revise and update emergency operations plans (EOPs), standard operating procedures (SOPs), and standard operating guidelines (SOGs) to incorporate NIMS and National Response Framework (NRF) components, principles and policies, to include planning, training, response, exercises, equipment, evaluation, and corrective actions.

•Promote and integrate, as appropriate, NIMS concepts and principles (i.e. the Incident Command System) into all healthcare organization-related training and exercises.

•Promote and ensure that hospital processes, equipment, communication, and data interoperability facilitates the collection and distribution of consistent and accurate information with local and state partners during an incident or event.

•Apply common and consistent terminology as promoted in NIMS, including the establishment of plain language communications standards.

•Compliance is mandated by the federal Departments of Homeland Security and Health and Human Services, as well as by many state statutes in accordance with federal preparedness grants and cooperative agreements supporting NIMS Implementation.

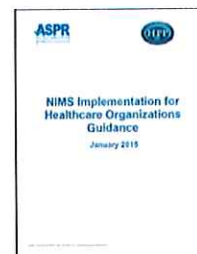


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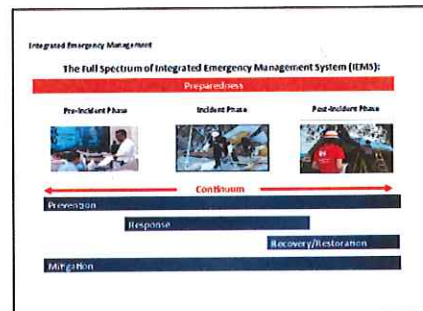
Emergency Preparedness for Health Care with NIMS Integrated Emergency Management

Glossary

Overview

This section examines:

- Overview of an Integrated Emergency Management System
- A continuum of preparedness
- Integration of emergency response
- Emergency plans and procedures
- Communications & Information management
- Resource management



Emergency Preparedness for Health Care with NIMS Integrated Emergency Management

Glossary

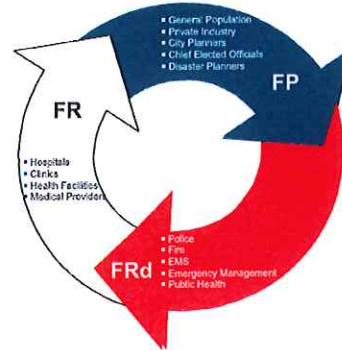
Integrated Emergency Management System

•The idea of an Integrated Emergency Management System (IEMS) began in 1981 with the Federal Emergency Management Agency (FEMA).

•Taking an all-hazard approach to the coordination, command and control of disaster events no matter their type, origin, size and complexity are foundational goals of an IEMS.

•IEMS' are found at federal, state and local levels of government (public) and also include the private sector partners like hospitals and healthcare organizations.

•Within an IEMS all partners at the first preparer (FP), first responder (FRd) and first receiver (FR) levels must work together during each of the phases of preparedness.



Emergency Preparedness for Health Care with NIMS Integrated Emergency Management

Glossary

Continuum of Preparedness

- A key element of an IEMS is development of a continuum of emergency preparedness.
- This requires working through the various phases of disasters and emergency preparedness.
- The phases include preparedness, mitigation, **prevention**, response and recovery/restoration.

Phases of Preparedness



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Glossary

Integrated Emergency Management

Phases of Disaster Continuum

Preparedness

- Preparedness is the range of deliberate, critical tasks and activities necessary to build, sustain and improve operations and the capacity to prevent, protect against, respond to and recover from disasters. Preparedness is a *continuous process* involving efforts to identify threats, determine vulnerabilities and identify required *resources*.
- Preparedness occurs at all levels of government and between government and private-sector and nongovernmental organizations, including healthcare organizations of all types.
- Preparedness is critical to the success of disaster prevention and response.
- Preparedness involves actions that can include:
 - Developing, testing and maintaining emergency plans and protocols
 - Integrating and coordinating with the emergency preparedness activities and jurisdictions in the area
 - Setting up guidelines and protocols with local agencies to work together and manage resources
 - Training and exercises to ensure plans are effective and understood by all employees



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Phases of Disaster Continuum

Mitigation

- Mitigation consists of activities designed to reduce or eliminate risks to persons or property or to lessen the actual or potential effects or consequences of an incident.
- Mitigation measures may be implemented prior to, during or after an incident.
- Mitigation measures are often developed in accordance with lessons learned from prior incidents.
- Mitigation involves ongoing actions to reduce exposure to, probability of or potential loss from hazards.
- Measures may include zoning variances, building codes, hospital life safety codes, floodplain buyouts and analysis of hazard-related data to determine where it is safe to build or locate temporary facilities.



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Integrated Emergency Management

Phases of Disaster Continuum

Prevention

- Prevention consists of actions taken to avoid an incident, minimize risk or stop an incident that is about to occur.
- Prevention involves actions taken to protect lives and property, and specific to healthcare prevention involves....
 - Deterrence operations
 - Heightened Inspections
 - Improved surveillance and security operations
 - Investigations to determine the full nature and source of the threat
 - Public health and agricultural surveillance and testing processes
 - Immunizations, isolation or quarantine
 - Specific law enforcement operations aimed at deterring, preempting, interdicting or disrupting illegal activity and apprehending potential perpetrators and bringing them to justice.



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Integrated Emergency Management

Phases of Disaster Continuum

Response

- Activities that address the short-term, direct effects of an incident.
- Response includes immediate actions to save lives, protect property, and meet basic human needs.
- Response also includes the execution of emergency operations plans, incident management systems and activation of emergency operations centers designed to respond to the crisis
- The goal is to limit the loss of life, personal injury, property damage, and other unfavorable outcomes.
- As indicated by the situation, response activities include:
 - Applying intelligence and other information to lessen the effects or consequences of an incident
 - Increased security (public health, law enforcement or homeland security) operations
 - Continuing investigations into the nature and source of the threat
 - Ongoing public health and agricultural surveillance and testing processes
 - Distribution of immunizations, establishment of isolation or quarantine procedures
 - Hospital medical surge operations as dictated by the situation



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Integrated Emergency Management


Phases of Disaster Continuum

Recovery/Restoration

*Recovery or restoration consists of the development, coordination and execution of service- and site-restoration plans for impacted communities and organizations, both private and public.

*Recovery is the reconstitution of government and non-governmental operations and services through individual, private-sector, nongovernmental and public assistance programs that:

- Identify needs and define resources
- Provide housing, health and promote restoration
- Address long-term care and treatment of affected persons
- Implement additional measures for community and organizational restoration
- Incorporate mitigation measures and techniques, as feasible
- Evaluate the incident to identify lessons learned
- Develop initiatives to mitigate the effects of future incidents



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Integrated Emergency Management

Plans and Procedures

- All hazards planning is a foundation of emergency preparedness.
- It is a process which insures that organizations develop plans and are prepared for any type of emergency or disaster.
 - An **Emergency Operations Plan (EOP)** is developed by each healthcare organization and describes who will do what, when, with what resources and by what authority--before, during and immediately after an emergency.
 - This is a tactical plan that can serve as the basis for the Incident Action Plan during a specific disaster.
 - An **Incident Action Plan (IAP)** is developed when an incident occurs.
 - This describes exactly how your organization will respond to the needs created by the incident including objectives, strategies and roles needed.
 - The IAP is based on the resources, training and policies that were originally detailed in the EOP during the "preparedness phase," and may be revised as new information becomes available.



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Integrated Emergency Management

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Communications & Information Management

- Communications and information management are components of NIMS and are essential to the success of any disaster response and recovery effort.
- Inter-organizational communication is also an essential component of a organization's disaster response and recovery plan.
- Effective communication and information sharing during a disaster require:
 - Common operating picture – gathering information such as public health, traffic, weather, damage assessment and resource availability in order to make decisions during an incident
 - Interoperability – equipment, operating guidelines and terminology standards to ensure that public and private agencies/organizations can communicate and share equipment with partners and other responding agencies
 - Reliability, scalability and portability – equipment and information systems should function in any type of incident regardless of size, location or complexity
 - Resiliency and redundancy – in the event of a disaster, communication systems may become overloaded and fail, which makes backup systems a best practice if the healthcare organization is to continue providing services



The specifics on how your organization will address these principles, as well as public information, is captured in your organization's Communications Plan.

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Integrated Emergency Management

Glossary

Types of Communication

- Standardized communication types include:
 - **Strategic communications** Involves high level communication within and between organizations/agencies. It can also include command and control determinations, prioritizing resource decision-making and overall incident management.
 - **Tactical communications** involves messaging, requests and commands that are generated within the Incident command system (ICS) team. Examples where tactical communication is used frequently include emergency departments, EMS, the fire service, law enforcement or the military.
 - **Crisis communication** can include a declaration of a disaster by the healthcare organization's leadership or ICS team, the gathering and synthesizing of critical information for the ICS team decision-making and the dissemination of key communication dispatches to both internal and external partners.
 - **Risk communication** Involves information sharing between government agencies, private organizations and non-governmental organizations (NGO) about risks that can include the level and significance of a particular health or environmental risk and support for decision-making aimed at managing or controlling these health or environmental risks.



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Communications & Information Management Challenges

- Communication is consistently identified as an issue encountered by healthcare during a disaster.
- Specific communications issues that may occur include:
 - Lack of accurate facts and information
 - Failure to share the right information
 - Overload or failure of communications equipment
 - Miscommunication with external audiences
 - Competition with social media



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Resource Management

- Resource management involves tools, processes and systems that provide the healthcare organization ICS team with timely and appropriate resources during a disaster.
- During a disaster event, resource management will include inventorying, requesting, securing and tracking resources.
- The following are the resource management activities that may be executed:
 - Identify what and how much is needed, where and when it is needed and who will be receiving it
 - Order and acquire resources
 - Mobilize resources
 - Track and report resources
 - Recover, demobilize and restock resources
 - Seek reimbursement, where available
 - Credentialing and inventorying resources




Photo credit: DHS-FEMA

The underlying concepts of effective resource management include:

- Consistency
- Standardization
- Coordination
- Inclusion
- Information Management
- Credentialing

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Integrated Emergency Management

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Resource Management Preplanning

The foundations of resource management are based on the following five principles:

- Planning
- Agreements
- Categorized resources
- Resource identification and ordering
- Resource management




Photo credit: DHS-FEMA

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Emergency Preparedness for Health Care with NIMS

Incident Command System

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Overview

This section examines:

- Description and history of the ICS
- Requirements to use ICS
- The Joint Commission Emergency Management Hospital Accreditation Standards (HAS)
- Benefits of ICS
- Basic features of ICS
- Business Continuity Planning




Photo credit: Bridgeport Hospital

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Emergency Preparedness for Health Care with NIMS

Glossary

Incident Command System

The Need for ICS

- ICS provides an organizational management structure that supports the integration and coordination of personnel (staff), facilities (space), equipment (stuff), and procedures (systems) with a consistent communications system.
- Every year healthcare organizations are impacted by emergencies and disasters as the result of natural events (tornadoes, floods, storms, etc.), technological events (power disruptions, information technology, etc.) and man-made events (active shooter, terrorism, etc.).
- ICS provides leaders of healthcare organizations with an understanding of the steps needed *prior to* and *during* an incident to ensure the organization is prepared to respond and recover successfully.
- Ensuring success of a disaster response and recovery effort for healthcare facilities requires the development, implementation, training and exercising of an incident management structure.



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Incident Command System

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Glossary

Incident Command System

ICS Features

• ICS is a proven effective leadership and management process when planning for, responding to or recovering from a wide range of emergency and disaster situations.

• ICS contains the following features:

- **Common terminology** - Pre-selected words/phrases used to describe positions, actions and equipment used by all involved organizations and agencies, facilitating communication and coordination.
- **Modular organization** - ICS is a structure that resembles an organizational flow chart. It has supervisory lines and can be expanded and contracted as needed. Each position is assigned only as it is needed and is removed once those services are no longer required.
- **Management by objectives** - Those in leadership and management roles establish and adhere to specific, measurable objectives to resolve the incident.
- **Incident action planning** - One comprehensive plan guides all response activities.



Emergency Preparedness for Health Care with NIMS

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Incident Command System

ICS Features (continued)

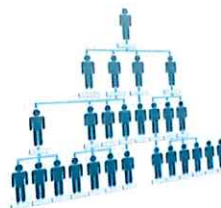
•**Span of control** - Each ICS leader/manager has only 3-7 direct reports in order to effectively function in a disaster environment. Deputies may need to be put in place for large departments. Limiting the number of direct reports ensures that information and decision-making flows smoothly in a bi-lateral direction.

•**Unity of command** - Each ICS team member reports to one and only one supervisor during a disaster response. Team members at all levels take their instructions from their supervisor, and the title of the person supervising them is defined by ICS.

•**Accountability** - A clear chain of command is established, and job actions sheets (JAS) such as check-in/out, key functions and responsibility, span of control and resource tracking are clearly specified.

•**Integrated communications** - Development and use of a common communications plan and interoperable processes and equipment.

•**Transfer of command** - The command function must be clearly established from the beginning of the operation and carried through each operational period. In the early stages of the incident, command may need to be transferred as more qualified personnel become available and arrive on scene.



Emergency Preparedness for Health Care with NIMS

Glossary

Incident Command System

Benefits of ICS

An Incident Command System, when implemented correctly, provides the following benefits during a disaster exercise or response:

•**Greater efficiency:** Using ICS allows healthcare organizations to use an effective and proven incident management system when responding to emergencies and disasters.

•**Better coordination:** Coordinating with outside organizations and governmental agencies during a crisis will be improved through the use of a consistent incident management approach.

•**More effective communication:** When using common terminology, communicating with external organizations and governmental agencies is more effective.

- Within the healthcare facility, ICS also streamlines communications by using common titles and standard lines of communication.



Emergency Preparedness for Health Care with NIMS Incident Command System

Glossary

ICS Roles and Activation

- The Incident Commander (IC) is a pivotal role that is in place for every activation of ICS.

- Leadership of the Incident resides with the IC and is supported with critical thinking, effective communications, critical decision-making and shared leadership of the Command Staff and General Staff Sector Chiefs.

- This helps to clearly define the lines of authority and communication processes between the IC and the ICS leadership team that has been activated.

- Utilizing the management skills of the ICS leadership team provides the IC the ability to perform critical decision-making and evaluation duties.



Photo credit: Bridgeport Hospital

Emergency Preparedness for Health Care with NIMS Incident Command System

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Incident Commander

- The IC must have the authority to make critical decisions and request additional assets during response and recovery efforts.
- IC qualifications should be based on an individual's ability to manage the event based on the *size and scope of the disaster*.
- While the IC role has often been assigned to a member of the healthcare facility senior executive team, it is not necessary that it be the senior most person.
- In many large healthcare organizations the CEO continues to support the day-to-day administrative affairs of the organization and the IC role is delegated to a member of the senior staff.

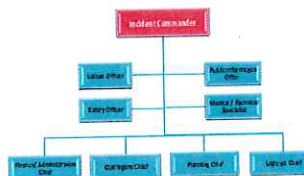


Emergency Preparedness for Health Care with NIMS Incident Command System

Glossary

ICS Command Staff

- ICS Command Staff report to the IC, and can be pre-assigned through the healthcare organization's EOP.
- In other situations ICS Command Staff positions are assigned by the IC based on the needs of the event and/or an individual's availability during disaster response and recovery efforts.
- Each member of the Command Staff (Liaison Officer, Safety Officer, Public Information Officer (PIO) and Medical technical Specialists) may have additional staff reporting to them.



Emergency Preparedness for Health Care with NIMS Incident Command System

Glossary

ICS Command Staff

- The **Safety Officer (SO)** assesses hazards and ensures the safety of staff, patients and visitors and will also prepare a healthcare facility Safety and Health Plan.
 - The SO must also be prepared to take appropriate action to mitigate or eliminate unsafe conditions, operations or hazards.
- The **Liaison Officer (LO)** is the point of contact between the healthcare organization and external response agencies/organizations.
 - This role frees up the IC to focus on directing the disaster response and recovery efforts rather than also having to coordinate with other agencies.
- The **Public Information Officer(PIO)** is responsible for providing information to staff, the media, patients and visitors.
 - The PIO is also responsible to coordinate with other response partners to ensure consistency of the messaging.
- Medical/Technical Specialists** provide expertise in specific areas relevant to the disaster response and recovery efforts.
 - This role may also be placed within the Planning Section. [Learn more.](#)



Photo credit: Bridgeport Hospital

Emergency Preparedness for Health Care with NIMS Incident Command System

Glossary

General Staff (Sections)

- Under the Command Staff are four General Staff sections:
 - **Operations**
 - **Planning**
 - **Logistics**
 - **Finance/Administration**
- Each General Staff section is lead by a Section Chief.
- Upon initiation of the healthcare facility EOP and ICS, each functional area is activated as needed.
- Functional areas also may have support staff assigned, depending on the size and scope of the Incident.



Emergency Preparedness for Health Care with NIMS Incident Command System

Glossary

General Staff (Sections)

•The Operations Section, the "Doers," are responsible for the management of all operations directly applicable to the primary mission during response and recovery efforts.

- The Operations Section directs the execution of the IAP.

•The Planning Section, the "Thinkers," establish the IAP and determine what resources will be needed.

- The Planning Section compiles and disseminates incident status summary information.

•The Logistics Section, the "Getters," organize and direct the logistical service and support activities needed to ensure the material needs for the healthcare facility's response and recovery from a disaster are available when needed.

- The Logistics Section participates in the development and implementation of the IAP.

•The Finance and Administration Section, the "Payers," are responsible to fiscally manage all financial, administrative and cost analysis aspects of the incident, including claims processing, contracting and administrative functions.

- The Finance/Administration Section collaborate closely with all sections to ensure that all costs are documented.



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Emergency Preparedness for Health Care with NIMS Incident Command System

Glossary

Unified Command

•Unified Command is often established for larger more complex disaster events that require collaboration and combining the resources of the healthcare facility with several response organizations/agencies to resolve the incident.

•Unified Command enables all of the partner organizations/agencies to manage an incident together through "shared leadership" and by establishing a common set of objectives and coordination of resources.

•Benefits of using Unified Command include:

- A coordinated response effort
- Each organization can still focus on achieving their mission
- Improved information flow
- Understanding of joint priorities and restrictions
- No entity's legal authorities will be compromised or neglected
- A single IAP is developed to optimize efforts and resources



Examples of when Unified Command is beneficial include...

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Emergency Preparedness for Health Care with NIMS Incident Command System

Glossary

Area Command

• The other multi-jurisdictional management structure is called Area Command.

• This structure is used to oversee multiple incidents that are each being managed by their own ICS.

• An Area Command organization has the responsibility to:

- Set overall strategy and priorities, and ensure they do not conflict with agency policies or regulations
- Allocate critical resources according to priorities
- Ensure that incidents are properly managed
- Ensure that objectives are met and strategies followed



Examples of when Area Command is beneficial include a disaster when multiple incidents are occurring at the same time, such as a weather event that creates a number of separate emergencies. Area command is also useful during public health emergencies, which can often involve a large geographic area.

Emergency Preparedness for Health Care with NIMS Incident Command System

Glossary

Multiagency Coordination Systems

• Multiagency Coordination Systems (MACS) are a combination of facilities, equipment, personnel, procedures and communications integrated into a common framework for coordinating and supporting incident management.

• The primary function of a MACS is to coordinate activities above the field level and to prioritize the incident demands, thereby assisting operations in the field.

• This is accomplished through the following tasks:

- Support incident management policies and priorities
- Facilitate logistics support and resource tracking
- Make resource allocation decisions
- Coordinate incident-related information
- Coordinate interagency and intergovernmental issues



Photo credit: DHS-FEMA

Emergency Operations Centers (EOC) are the most common MACS.

Emergency Preparedness for Health Care with NIMS

Glossary

Incident Command System

ICS Command and Support Facilities

•ICS activities may require the establishment of command and support facilities in response to disaster operation and recovery efforts. Examples include:

- Emergency Operations Center (EOC)
- Hospital Command Center (HCC)
- Communications Center
- Media Center
- Family Assistance Center
- Patient Staging Area
- Field Command Post
- Helibase/Helispot

•ICS command and support facilities are often located within a healthcare facility or may be found in other locations within the campus.

•ICS command and support facilities can also be located off-campus or co-located with other agency facilities.

•ICS command and support facilities are activated by the IC based on the complexity of the Incident.

•Each facility is activated only when needed.



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Emergency Preparedness for Health Care with NIMS

Glossary

Incident Command System

Emergency Operations Center (EOC)/ Hospital Command Center (HCC)

•An EOC/HCC is the location where ICS Command and General Staff work during disaster response and recovery operations.

•EOC/HCCs must be accessible, flexible, sustainable, secure, survivable and interoperable.

•When choosing a location for the EOC/HCC consider the following:

- Primary working area large enough to support the ICS Command and General Staff
- Additional conference room space (executive briefing, private meetings)
- Accessibility for internet, communications and media connectivity
- Storage area for electronic equipment and supplies

•Each organization must have plans, policies and procedures for activating EOC/HCCs.

•Your facility's EOC/HCC is often a location that is used as a conference or meeting room during normal operations, but is converted to an EOC/HCC when it is activated in response to a disaster.



Photo credit: Bridgeport Hospital

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Emergency Preparedness for Health Care with NIMS Incident Command System

Glossary

Business Continuity Planning

•Business Continuity Planning (BCP) is the development of systematic step-by-step plans and processes for a continuation of clinical and business operations for the healthcare facility.

•BCP entails outlining possible hazards, as well as the healthcare facility's risk and vulnerabilities and integrating them with the results of a business impact analysis. A BCP program determines how each of the risks, hazards and vulnerabilities identified in the Hazard Vulnerability Analysis (HVA) will affect clinical and business operations, implementing safeguards and procedures designed to mitigate them.

•This includes the internal emergency response, backup operations and post-disaster recovery steps so as to minimize the level of downtime for a particular service line or the entire facility. BCP helps ensure the availability of critical resources and facilitate the continuity of clinical, technical and business operations in an emergency situation.

•The goal of BCP is a swift return to full operations.

•Comprehensive BCP is important to all healthcare workers because BCP makes it more likely that your organization will continue or resume operations during or after a disaster, and that you will be able to continue working during or after a disaster.



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Emergency Preparedness for Health Care with NIMS Roles & Responsibilities

Glossary

Overview

•This section examines:

- Why prepare
- Responsibilities and roles of healthcare workers
- Healthcare training, drills and exercises
- Emergency notification
- HIPAA
- Safety and security
- Mental health
- Special populations



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Emergency Preparedness for Health Care with NIMS Roles & Responsibilities

Glossary

Why Prepare?

Poorly prepared healthcare organizations:

- Suffer an inability to manage supply shortages and loss of services
- Face long term economic impacts
- Experience the loss of life
- Endure the loss of business

Prepared healthcare organizations:

- Utilize an ICS approach to incident management
- Develop and support leaders who are critical thinkers and decision-makers
- Anticipate and have a plan for shortages or inadequacies before they occur especially when it comes to personnel (staff), facilities, (space), equipment (stuff) and procedures (systems)
- Experience shorter downtimes and quicker turn-around times for partial or full recovery
- Exude improved trust
- Embody a culture that does everything it can to ensure operational sustainability of the healthcare facility



Emergency Preparedness for Health Care with NIMS Roles & Responsibilities

Glossary

Responsibilities of Healthcare Workers

- A healthcare worker's (HCW) primary responsibility is to understand their role and the relationship that their department or unit plays in the overall hospital EOP.
- Each HCW should know their facility's disaster activation codes and how to quickly locate a copy of the organization's EOP at all times, either in electronic or paper format.
- HCWs should check with their supervisor to determine the most readily accessible copy of the EOP.



Emergency Preparedness for Health Care with NIMS Roles & Responsibilities

Glossary

Flexible Roles

•Regardless of a HCW's current role in daily operations, during disaster response and recovery events, individuals may be called upon to perform work that is not ordinarily part of their normal job duties.

•For example, during a disaster, a unit clerk for a pediatrics unit might be asked to function as a registrar and help register patients in the emergency department.

•HCWs will not be asked to take on roles that place them or patients in an unsafe environment.



Emergency Preparedness for Health Care with NIMS Roles & Responsibilities

Glossary

Training

•Key points for HCWs include:

- Know the limits of your knowledge and skill.
- Understand that during disaster and recovery efforts, HCWs are still required to function within their **scope of practice**.
- Learn about and discuss with supervisory personnel your role before the disaster occurs.
- Understand that the healthcare organization may require additional training to help its staff prepare for a disaster event.
- Annual refresher training and role-specific education may also be required.
- Access to additional training opportunities can be obtained by contacting your supervisory staff.



Emergency Preparedness for Health Care with NIMS Roles & Responsibilities

[Glossary](#)

Disaster Drills and Exercises

- Disaster drills and exercises are mock events that help HCWs understand and practice their roles during a response or recovery effort.
- HCWs should participate in a disaster drill or exercise as an active player and respond as if the event were real.
 - This provides HCWs a better understanding of their role, and the healthcare organization can discover potential areas for improvement before a real disaster occurs.
- Disaster drills and exercises are often conducted with representatives of other healthcare organizations, public health, fire service, law enforcement, emergency management, EMS and others who may be involved in the response to an actual disaster.



Photo Credit: CDP-DHS

Emergency Preparedness for Health Care with NIMS Roles & Responsibilities

[Glossary](#)

Emergency Notification

- Emergency notification is the process of informing HCWs who will be involved in or impacted by an emergency response that an emergency has occurred.
- Emergency notification includes both systems and procedures.
- Some of the common systems used in healthcare include:
 - Pager
 - Cell phone
 - Email
 - Office phone
 - Home phone
 - Message boards
 - Automated emergency notification systems
 - Overhead announcements at the healthcare facility



[Click here to see a list of types of events that all healthcare workers are required to report immediately.](#)

Emergency Preparedness for Health Care with NIMS Roles & Responsibilities

Glossary

HCW Response

- HCWs have several responsibilities when a disaster occurs.
- Upon notification of the event, HCWs should return to their department as soon as possible. If you a HCW is not able to leave their current location, make contact with an immediate supervisor as soon as possible.
- HCW should remain on duty until told otherwise and may be assigned to other duties based on the needs of the healthcare organization.
- HCWs who are home during a disaster should report to work for *their usual shift* unless requested to report earlier.



Emergency Preparedness for Health Care with NIMS Roles & Responsibilities

Glossary

HIPAA

- HCWs are required to respect patient privacy.
- The Health Insurance Portability and Accountability Act (HIPAA) of 1996 states that personal health information must be kept confidential.
- During a disaster event, HCWs must be careful not to talk about the patients, their illnesses or injuries or any other information, unless the information is specifically needed by the patient's medical provider to support treatment.
- Since a disaster environment may make this difficult, HCWs should discuss options with their supervisor prior to an incident.



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Emergency Preparedness for Health Care with NIMS

Roles & Responsibilities

[Glossary](#)

Safety and Security

- A HCW's personal safety as well as the safety of patients, visitors and co-workers is critical.
- Once becoming aware of a life-threatening situation, a HCW should direct patients and visitors who can walk to the nearest safe exit.
- HCWs should then help to move others who need assistance.
- Be sure to contact the security office as quickly as possible.
- You will need to communicate:
 - Your name, department and phone number
 - The nature of the emergency
 - Where the emergency is located
 - What kind of assistance is needed



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Emergency Preparedness for Health Care with NIMS

Roles & Responsibilities

[Glossary](#)

Psychological First Aid

- All HCWs can play an important role in managing mental health needs by offering support, called "psychological first aid", and helping to identify those who might benefit from additional mental health support.
- Some of the areas where psychological first aid can be helpful for victims include:
 - Caring for an individual's basic needs
 - Providing comfort as much as possible
 - Contacting family or friends
 - Assisting with permanent or temporary housing/lodging
 - Identification of common signs and symptoms of stress
 - Identifying possible ways to cope and adjust, including using existing social networks



[Click here to see additional resources on psychological first aid.](#)

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Emergency Preparedness for Health Care with NIMS

[Glossary](#)


Roles & Responsibilities

Other Mental Health Considerations

•Some disaster events produce large numbers of people who do not have serious physical injuries, but who reach out to healthcare organizations for comfort, reassurance and information.

•For example, there are numerous real-life examples of disaster events where large numbers of "worried well" victims overwhelmed local emergency departments.

•In addition to offering medical screenings, HCWs also need to meet the emotional needs of patients, families, visitors and co-workers by being empathetic to the current turn-of-events they are experiencing.



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Emergency Preparedness for Health Care with NIMS

[Glossary](#)

Roles & Responsibilities



Special Populations

•The Centers for Disease Control and Prevention (CDC) defines special populations as those groups that may require additional attention or assistance beyond what is needed by a healthy adult.

•This definition applies to a large number of the patients served by a healthcare organization at any given time, and must be considered during disaster planning.

•During a disaster, care may need to be modified for:

- Pediatric patients
- Psychiatric patients
- Patients with dementia
- Patients in police custody
- Patients who are hearing impaired
- Patients who do not understand English
- Medically dependent patients



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Emergency Preparedness for Health Care with NIMS

Glossary

Personal Preparedness

Overview

This section examines:

- Why personal preparedness is important
- Creating a personal preparedness plan
- Planning with family members
- Making arrangements for the care of others
- Additional community resources



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Emergency Preparedness for Health Care with NIMS

Glossary

Personal Preparedness

Common Obstacles to Preparedness

I don't like to think about disasters



- Anxiety is not uncommon, but experience shows that preparing for emergencies may actually reduce anxiety.

I don't have time



- Take small steps – preparations do not need to be completed all at once.

I don't live in a high risk area



- According to a report by CBS Money Watch in June of 2014, greater than 50% of all homes throughout the United States reside in areas that are subject to hurricanes, earthquakes and tornado.
- In 2005 The World Bank published a report that identified almost 3.5 billion of the world's population live in an area where they may be impacted by at least one hazard.

I can't afford to buy extra supplies right now



- You can gather supplies over time, even 6-8 months.
- Just a little extra food and water at home can help make your family more self-sufficient during a disaster.
- And communication plans are just as important as supplies, and they cost no money to put in place.

Emergency preparedness is the responsibility of the government



- In an article published in Disaster Medicine and Public Health Preparedness in 2012.
- Citizens should be prepared for maintaining partial or full self-sufficiency for up to 72 hours following a disaster.

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Emergency Preparedness for Health Care with NIMS

Glossary

Personal Preparedness

Personal/Family Preparedness Plan

•All HCWs should have a personal or family preparedness plan for emergencies and disasters.

•A plan not only helps prepare and protect HCWs and their family during events, but can lower anxiety leading up to and during a disaster response and recovery effort.

•HCWs should explain to family in advance about their potential role in a disaster event and how it could affect them.

•HCWs may be asked to work late or arrive early.

•In large large-scale and complex disaster and recovery efforts, HCWs may even be asked to remain at the healthcare facility or disaster site.



Packing a go bag for work is helpful for many people. Items to bring to work during a disaster situation should include: badge, toiletries, personal medication, contact lenses or glasses and a change of clothes.

[Click here to download a helpful planning tool](#)

Emergency Preparedness for Health Care with NIMS

Glossary

Personal Preparedness

Personal Preparedness Plan

The following activities will help you have "PEACE" of mind at home or at work in case a disaster strikes.

P Prepare your plan and review it with family members and contacts

E Emergency preparedness kits

A Arrange for the care of others

C Contact numbers and locations

E Exercise and evaluate your plan



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Emergency Preparedness for Health Care with NIMS


Glossary

Personal Preparedness

PEACE – Prepare your plan and review it with family members and contacts

Follow these steps to prepare your plan:

- HCWs should familiarize themselves with disaster response and recovery services available in their community
- HCWS should meet with family to discuss the types of disasters that could occur and how to respond
- Prepare and record your plan



Additional planning resources are available at:

- <http://www.redcross.org>
- <http://www.ready.gov>
- <http://www.hhs.gov/emergency>

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Emergency Preparedness for Health Care with NIMS

Glossary

Personal Preparedness

PEACE – Emergency Preparedness Kits

- Water, food and clean air are essential for survival.
- Customize each individual or family kit to meet specific needs, such as medications and infant formula.
- Include copies of important family documents in the kit or in a safety deposit box.



Click here for a downloadable list of emergency preparedness kit items.

Click here for a downloadable list of car preparedness kit items.

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Emergency Preparedness for Health Care with NIMS

Personal Preparedness

PEACE – Arrange for the care of others

If unable to get home during a disaster, ensure the care of your dependents.

- Familiarize yourself with work and children's school emergency plans and notification process
- Make plans for children or elder care in case you cannot get home at your usual time
- Make arrangements for care of family pets
- Consider how you could help neighbors or family members with special needs



Do not bring your family to work during a disaster unless you have confirmed that your organization has arranged for space and dependent care.

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Emergency Preparedness for Health Care with NIMS

Personal Preparedness

PEACE – Contact numbers and locations

HCWs should plan how family will stay in contact and receive care if separated by a disaster.

- HCWs should choose two meeting places: a location a safe distance from their home in case of fire and a place outside the neighborhood in case the community is impacted by a disaster
- HCWs should designate a third party for family members to contact as a backup, such as a relative who lives out of town or a neighbor and be sure this person is aware of plans before an emergency occurs
- Post emergency telephone numbers on every phone and program into cell phones
- Include emergency contacts provided by schools, day care or long term care facilities, if needed
- HCWs should assign the phone number of their emergency contact to the name ICE (In Case of Emergency) on cell phones to assist emergency responders if injured or need to reach personal contacts



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Emergency Preparedness for Health Care with NIMS

Personal Preparedness

Glossary

PEACE – Exercise and evaluate your plan

- Personal preparedness plans and supplies should not sit in a corner gathering dust.
- HCWs should practice and update personal preparedness plans and supplies.
- Conduct emergency drills with family and friends
- Make sure family members know how and when to turn off main utility access
- Keep contact information current in each personal preparedness plan
- Test fire extinguishers, smoke detectors and batteries often and refresh or replace as needed
- Maintain access to cash
- Replace depleted food and water supplies
- Maintain prescription medications

The image shows a 'Personal Preparedness Plan (PEACE)' template. It is a form with a header section containing a small illustration of a family and the title. Below the header, the form is organized into several sections, each with a large letter and a corresponding heading: 'P' for Plan, 'E' for Exercise, 'A' for Assemble, 'C' for Communicate, and 'E' for Evaluate. Each section contains a list of questions or prompts followed by lines for handwritten answers. For example, under 'P', it asks 'What is your family's emergency plan?' and 'What supplies do you have?'. The form is designed to be filled out by an individual to assess and improve their personal emergency preparedness.

[Click here to download a Personal Preparedness Plan template](#)

Glossary

Overview

*Emergency management activities cover preparedness, response, recovery and mitigation.

- A HCW's primary responsibility is to know their role in the organization's emergency operations plan (EOP).

•HCWs should become familiar with their role in BCP, attend any training offered, review their department's BCP and provide updated contact numbers.



Glossary

About the Test

•The test consists of 11 questions.

***You will be informed of your result upon completion of the test.**



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www.healthstream.com/content/Yale_New_Haven/EM106R_101216/EM106R.htm

During a disaster response and recovery effort, which of the following may be experienced by a healthcare facility?

- ☐ A) Changes to, or increases in demand for, healthcare services
- ☐ B) Increased need for on-duty staff
- ☐ C) Shortages of resources
- ☐ D) All of the above

Question 1 of 11

Submit

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Which of the following would most likely impact the daily activities of a healthcare organization and require additional staff be called in to work during a disaster response and recovery effort?

- ☐ A) An overturned truck on a highway that leaks chemicals into the air, causing hundreds of people to seek medical care
- ☐ B) A fire in a small apartment building with several injuries
- ☐ C) Several cases of chickenpox in a local elementary school
- ☐ D) An earthquake in a remote area, not near any cities or towns

Question 2 of 11

Submit

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Large disaster response and recovery incidents may require activation of the HICS Operations, Planning, Logistics and Finance/Administration functions. Within the HICS table of organization, the people who perform these four incident management functions are designated as the:

- ☐ A) Command Staff
- ☐ B) General Staff
- ☐ C) Support Staff
- ☐ D) Deputy Staff

Submit

Question 3 of 11

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The roles and responsibilities for healthcare workers and that of their department or unit can be located:

- ☐ A) In a memo from your supervisor
- ☐ B) In a manual, locked in your supervisor's office
- ☐ C) In your organization's emergency operations plan (EOP)
- ☐ D) In your orientation packet from human resources

Submit

Question 4 of 11

www.healthstream.com/content/Yale_New_Haven/EM106R_101216/EM106R.htm

Which of the following is a benefit of using NIMS in a healthcare setting?

- ☐ A) Using NIMS always results in full reimbursement of disaster expenses
- ☐ B) NIMS establishes a clear focus on objectives and lines of authority
- ☐ C) NIMS is an entirely new approach to emergency management
- ☐ D) Using NIMS means that not everyone in the healthcare organization needs to be involved in disaster preparedness efforts

Submit

Question 5 of 11

www.healthstream.com/content/Yale_New_Haven/EM106R_101216/EM106R.htm

NIMS is based on the following component(s):

- ☐ A) Resource Management
- ☐ B) Psychological First Aid
- ☐ C) Nurse Integration
- ☐ D) All of the above

Submit

Question 6 of 11

www.healthstream.com/content/Yale_New_Haven/EM106R_101216/EM106R.htm

Which of the following is not a feature of ICS?

- ☐ A) Accountability
- ☐ B) Unity of command
- ☐ C) Common terminology
- ☐ D) Time management

Submit

Question 7 of 11

www.healthstream.com/content/Yale_New_Haven/EM106R_101216/EM106R.htm

In addition to seeking emergency medical treatment, individuals may reach out to a healthcare facility after a disaster event in order to:

- ☐ A) Find comfort, reassurance and information
- ☐ B) Get food
- ☐ C) Be with their friends and neighbors
- ☐ D) Have a place to sleep

Submit

Question 8 of 11

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Pediatric patients, patients in custody and non-English speaking patients considered to be special populations because:

- ☐ A) They are more likely to have mental health needs
- ☐ B) They can only be treated by doctors with specialized training and experience in working with these groups
- ☐ C) They are more likely to need additional assistance during a disaster
- ☐ D) There are special laws governing care of these populations

Submit

Question 9 of 11

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When developing a personal preparedness plan, why is it important for all family members to have backup contact information and methods?

- ☐ A) It may not be possible to reach the preferred point of contact during an emergency
- ☐ B) Not all forms of communication may be accessible during an emergency, including overloaded phone lines, cell towers disabled or technology failure
- ☐ C) Family members may not all be together when an emergency occurs, and will need to coordinate where to meet up
- ☐ D) All of the above

Submit

Question 10 of 11

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The overall goal of Business Continuity Planning (BCP) is to:

- ☐ A) Ensure the short-term and long-term survival of the healthcare facility
- ☐ B) Identify local businesses in the community to form a joint venture on production
- ☐ C) Promote communication channels with the Centers for Disease Control (CDC)
- ☐ D) Foster positive chaos

Submit

Question 11 of 11