

Weathering the Storm:

A Hurricane Planning, Response and Recovery Toolkit

Updated September 2010

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INTRODUCTION

Purpose and Scope

The New Jersey Hospital Association's Hurricane Planning, Response and Recovery Toolkit is designed to assist hospitals in preparing for, responding to and recovering from the potential consequences of a hurricane impacting the Garden State. More specifically, this toolkit focuses on sheltering-in-place planning and planning for recovery. It enhances current hospital all-hazards disaster plans and is not to be used in lieu of existing plans, but rather as a primer for a facility preparing for the specific challenges presented by a hurricane. It is intended for use by those already familiar with their hospital's all-hazards disaster plan and the fundamental concepts of disaster planning. In addition, hospitals are encouraged to consider their emergency management infrastructure, availability of community resources and site-specific hazard vulnerabilities when developing a facility-specific hurricane plan. Hurricane season begins June 1 and ends Nov 30 each year.

Once you begin the disaster planning process, it is important to have a comprehensive planning team with clearly defined roles and responsibilities. Planning teams should have representatives from all levels of management and most departments within the hospital. All-hazards planning and hurricane planning needs to address all four phases of emergency management: mitigation, preparedness, response and recovery. For example, a hospital not only plans for response actions but also for recovery actions. Plans are living documents and need to be maintained through an ongoing planning, training and exercise cycle. The Homeland Security Exercise and Evaluation Program (HSEEP) provides guidance and tools that can assist with exercises and improvement planning.

In addition to planning for the hospital's response and recovery to a hurricane, it is important also to plan for how the hospital will support its staff through all phases of an event such as a hurricane. The toolkit includes a focus on employee support and provides guidance on what hospitals can do to better prepare and mitigate the impact a hurricane will have on staff. Many of us have experienced how challenging it can be to focus on our work if we are worried about our home and family. Therefore, hospitals should consider providing staff with tools and resources to prepare for, respond to and recover from a hurricane so that they may be more productive when on duty. The latter sections of this toolkit focus on recovery. Facilities will need to conduct an impact assessment first to help guide recovery decisions and actions.

Hurricanes can be unpredictable as to intensity and path. You will need to develop and be prepared to implement plans for worst-case scenarios. The more intense the storm, the more damage to infrastructure you can expect, resulting in longer recovery time and greater delays for re-supply and access to supportive resources. Due to the unpredictability and the geography (size and location) of New Jersey, all hospitals in the state may need to take preparedness actions if any portion of New Jersey is in the path of a storm. When watching weather forecasts, it is important to note the entire "cone" or width of a storm, not just the line path for the eye of the storm. Hurricanes that threaten New Jersey have the potential to have a statewide impact.

Hospitals sheltering-in-place for a hurricane will take similar steps for each threat level, again bearing in mind the more intense the storm, the longer the facility will need to be self-sustaining. Though the focus of this toolkit is to assist hospitals with developing plans to shelter-in-place for a storm, it is imperative these hospitals also have an evacuation plan. Hurricanes categorized as 4 or 5 on the Saffir-Simpson Scale are catastrophic in nature. Hospitals projected to be impacted by a Category 4 or 5 storm will need to consider evacuation. In some cases, hospitals may need to evacuate for a Category 1 storm. This depends upon your facility's location and specific vulnerabilities.

Decisions regarding what category storm you should plan to evacuate for can be made in advance of an event. The results of your hazard vulnerability analysis, the emergency management system, community infrastructure and resources where your facility is located and the information in this toolkit[1] can assist you with the decision-making process.

[1] See *Evacuate or Shelter-In-Place Decision Guide*, Appendix #5

PART I. TYPES OF HURRICANES

Storm Definitions

Information from the National Hurricane Center at ***http://www.nhc.noaa.gov/***

Nor'easter - A strong low pressure system that affects the Mid Atlantic and New England states. It can form over land or over the coastal waters. These winter weather events are notorious for producing heavy snow, rain and tremendous waves that crash onto Atlantic beaches, often causing beach erosion and structural damage. Wind gusts associated with these storms can exceed hurricane force in intensity. A nor'easter gets its name from the continuously strong northeasterly winds blowing in from the ocean ahead of the storm and over the coastal areas.

Please note: *Tornadoes frequently are associated with hurricanes, so there is always the potential for wind-blown debris and downed trees with any storm category.*

Tropical Storm – Winds 39-73 mph. There is potential for flooding and loss of utilities, with minor wind-blown debris and a few downed trees.

Watches and Warnings

Hurricane Watch – A watch is announced when hurricane conditions are possible within 36 hours for a particular area.

Hurricane Warning – A warning that sustained winds 64kt (74mph or 119km/h) or higher associated with a hurricane are expected in a specified coastal area in 24 hours or less. A hurricane warning can remain in effect when dangerously high water or a combination of dangerously high water and exceptionally high waves continue, even though winds may be less than hurricane force.

The Saffir-Simpson Hurricane Scale is a 1-5 rating system used to define a hurricane's intensity. It gives an estimate of the potential property damage and flooding expected along the coast from a hurricane landfall. Wind speed is the determining factor in the scale, as storm surge values are highly dependent on the slope of the continental shelf and the shape of the coastline in the landfall region. Note that all winds are defined using the US National Weather Service's definition of sustained winds which is the average winds over a period of one minute.

Category 1 Hurricane – Winds 74-95 mph (64-82 kt). Storm surge is generally 4-5 feet above normal. No real damage to building structures. Expect damage primarily to unanchored mobile homes, shrubbery and trees and some damage to poorly constructed signs. Also, expect some coastal road flooding and minor pier damage.

Examples: *Gaston 2004, Lili 2002, Irene 1999 and Allison 1995*

Category 2 Hurricane – Winds 96-110 mph (83-95 kt). Storm surge is generally 6-8 feet above normal. Expect some roofing material, door and window damage of buildings and considerable damage to shrubbery and trees with some trees blown down. Considerable damage to mobile homes, poorly constructed signs and piers. Coastal and low-lying escape routes flood 2-4 hours before arrival of the hurricane center. Small craft in unprotected anchorages break moorings.

Examples: *Frances 2004, Isabel 2003, Bonnie 1998, Georges 1998 and Gloria 1985*

Category 3 Hurricane – Winds 111-130 mph (96-113 kt). Storm surge is generally 9-12 feet above normal. Expect some structural damage to small residences and utility buildings with a minor amount of power failures, and damage to shrubbery and trees with foliage blown off trees and large trees blown down. Mobile homes and poorly constructed signs are destroyed. Low-lying escape routes are cut by rising water 3-5 hours before arrival of the center of the hurricane. Flooding near the coast destroys

smaller structures with larger structures damaged by battering from floating debris. Terrain continuously lower than 5 feet above mean sea level may flood inland up to 8 miles (13 km) or more. Evacuation of low-lying residences within several blocks of the shoreline may be required.

Examples: Katrina 2005, Jeanne 2004 and Ivan 2004

Category 4 Hurricane – Winds 131 – 155 mph (114-135kt). Storm surge is generally 13-18 feet above normal. Expect more extensive power failures, damage to doors and windows with some complete roof structure failures on small residences. Shrubs, trees and all signs are blown down. Complete destruction of mobile homes. Low-lying escape routes may be cut by rising water 3-5 hours before arrival of the center of the hurricane. Expect major damage to lower floors of structures near the shore. Terrain that is lower than 10 feet above sea level may be flooded, requiring massive evacuation of residential areas as far inland as 6 miles (10 km).

Examples: Dennis 2005 (Cuba) and Charley 2004

Category 5 Hurricane – Winds 156 mph and up (135+kt).Storm surge is generally greater than 18 feet above normal. Expect complete roof failure on many residences and industrial buildings and other complete building failures with small utility buildings blown over or away. All shrubs, trees and signs may be blown down. Complete destruction of mobile homes. Expect severe and extensive window and door damage. Low-lying escape routes are cut by rising water 3-5 hours before arrival of the center of the hurricane. Major damage to lower floors of all structures located less than 15 feet above sea level and within 500 yards of the shoreline. Massive evacuation of residential areas on low ground within 5-10 miles (8-16 km) of the shoreline may be required.

Examples: The Labor Day Hurricane of 1935, Hurricane Camille (1969) and Hurricane Andrew (1992). The 1935 Labor Day Hurricane struck the Florida Keys with a minimum pressure of 892 mb—the lowest pressure ever observed in the United States. Hurricane Camille struck the Mississippi Gulf Coast causing a 25-foot storm surge, which inundated Pass Christian.

PART II. WHAT TO EXPECT[2]

WHAT HOSPITALS CAN EXPECT: PRE-STORM[3]

96 - 72 HOURS IN ADVANCE. During this time, there is much uncertainty regarding the path and intensity of a storm. This is a good time to review plans, implement just-in-time training and finalize staffing plans. Notifications and communication plans and systems should be tested and implemented and emergency operation centers may be partially activating. Since hurricanes may expand over large areas and their paths are uncertain, it is likely that all hospitals in the state will need to prepare to implement their hurricane plans. For those hospitals that may need to evacuate, this is the time to assess the potential situations and begin making evacuation decisions.

72 - 48 HOURS IN ADVANCE. During this time, there may still be some uncertainty, but you will have a better sense of what you may be facing. Hurricane response plans should be activated and final preparations made. Supplies need to be secured and staff assignments need to be confirmed. Staff and the community should be implementing their personal and family preparedness plans. Buildings and homes will be boarded up and sandbags may be filled and appropriately placed. You can expect crowded roadways and stores due to people gathering supplies. Evacuations may begin during this time. The Emergency Operations Center may be fully operational and holding briefings on a frequent basis.

36 HOURS IN ADVANCE. Final preparations are being made, evacuations have begun and supplies and resources are being staged. Response plans should be activated, including Incident Command. Briefings with multiple stakeholders will be occurring. For example, you may have regularly scheduled briefings with the Emergency Operation Center (EOC), the State and other hospitals/hospital association. Planning meetings may become more frequent. Additional communication devices may be distributed at this time. Unmet just-in-time training needs should be addressed.

24 HOURS IN ADVANCE. At this time, all of your preparedness plans should be activated and implemented. Any unmet needs should be addressed. Staff (and family) that will be staying at the hospital during the storm will be arriving. Keep in mind storm conditions set in before the actual landfall of the eye of the hurricane. You need to make sure that staff is at the hospital prior to the onset of storm conditions. Community shelters should be open, and residents will be traveling to check into the shelters. Storms may stall, change course or increase/decrease in intensity prior to landfall. Once you have activated your response plan and everything is in place, there may be a period of time where you are simply waiting for the storm to hit. Incidents of panic may exist as stress builds from the waiting.

WHAT HOSPITALS CAN EXPECT: POST-STORM

FIRST 24 HOURS POST EVENT. Once severe weather has subsided, and it is daylight, you can begin assessing the damage to your facility and the status of staff and resources. Search and rescue operations may be conducted in your surrounding communities, and community damage/impact assessments may also be underway. Facility and partner incident management teams should already be in full operation. Staff will be anxious to connect with loved ones and to know the status of their homes. During this time consider the following:

- Conduct impact assessment and prioritize needs. It is during this time that evacuation decisions may be made contingent on operational capacity. If you are not evacuating and operating at a severely diminished capacity, you also may need to consider requesting additional resources such as a Disaster Medical Assistance Team (DMAT) and/or Medical Reserve Corps support.
- Identify additional resources needed and make requests accordingly.

[2] See *NJHA's Key Resources for Inclement Weather Preparedness,* Appendix #4

[3] See *Shelter-In-Place Checklists,* Appendix #6, for specific actions that may be taken during specified time intervals prior to storm onset.

- Assess status and need to activate continuity of operations plan (COOP). Has it been activated? Are any areas of your facility experiencing or are going to experience diminished capacity due to the effects of the severe weather event? Hospitals may need to activate COOP in appropriate units of hospital during recovery operations.
- Remove debris. When planning for recovery, consider pre-staging resources such as front loaders, salt and sand. Ensure vendor contracts are in place to promptly remove debris and/or snow promptly following an event.

24 – 48 HOURS POST EVENT. Depending on the severity of the event and the amount of time it takes to clear roads for safe travels, staff should be able to be rotated during this time. Hospitals need to be prepared to assist staff with the hardship they may face from damaged homes and the closures of schools and childcare centers. Community resources and activities are most likely still discontinued, placing additional burden on hospitals to meet the needs of the community and staff.

During this time period, you may see an influx of acute injury patients from people trying to tend to damaged homes and remove debris from their properties (i.e. broken bones from falling off of a roof). In addition, if there is significant damage to the community, security may need to be increased to address the influx of persons seeking shelter, food, air conditioning/heat and other basic human needs.

The hurricane planning, response and recovery toolkit provides information on examples of staff support. For example, if banks are closed and it is pay day, can you pay staff in cash? Will you provide administrative leave to staff who need to take time off from work to meet with insurance claims processors? Will you loan funds to employees to help them pay upfront high deductible costs? If possible, consider setting up in-house banks and providing space for FEMA and insurance processors to service staff.

48 – 72 HOURS POST EVENT. Hospitals should plan for the worst and still be able to be self-sufficient during this time. What to expect during this time can vary significantly, depending on the severity of the event and the state of community resources. If there is significant damage to community infrastructure including widespread power outages and damage to homes making them not habitable, you will continue to have delays with patient discharges, most likely be operating on generator power, begin running low on supplies, and the media may be present with continued inquiries on the status of your facility's operations. In addition, if dialysis centers are not operational, dialysis patients will begin seeking treatment at hospitals.

For less severe events, you may be able to begin demobilizing and standing down your incident command team.

72 HOURS PLUS POST EVENT. If the event is severe enough and you have not yet demobilized, you will continue to be handling the above mentioned issues but perhaps at a higher level of intensity. Fuel will be in high demand by all, not just for facility generators but also for transportation for staff. Generator use in the community also leads to concerns of carbon monoxide poisoning. Generators may have been running long enough now that maintenance tasks will need to be performed (i.e. change filters, change/add oil). Staff may be growing weary, and if schools are still closed, childcare/elder care for family members of staff will continue to be a concern. Emotional and mental health support will need to be provided to healthcare workers and family members in the coming days and months. Hospitals need to plan to be self-sufficient for 96 hours or implement evacuation plans.



PART III. ASSESSMENT TOOL: *Planning, Response and Recovery*

In the sections that follow, hurricane planning tasks and policy considerations are broken down into the following areas:

A. Leadership

B. Internal (Hospital) Department Plans

C. Employee Expectations

D. Employee Support

E. Supplies — Special Considerations for Hurricanes

F. Utilities

G. Patient Issues

H. Communications Issues

I. Facility Management and Security

J. External Resources and Mutual Aid

K. Recovery — Demobilization

L. Recovery — Patient Transfer & Discharge

M. Recovery — Financial Resources

The following sections may refer you to other NJHA disaster planning modules and appendices that contain additional information and supporting documents.

A. LEADERSHIP

Assignment	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
1. Ensure plan development includes a diverse and representative group of employees (e.g. employee representatives from facility management; nurse management, medical leadership, security, etc.)					
2. Establish disaster planning as a priority for your facility (e.g. include updates/reports at every management meeting; present periodic updates to Board of Trustees). Ensure all leaders understand that disaster planning is an ongoing process.					
3. Assign specific hurricane planning issues and responsibilities to appropriate staff and ensure they understand that accountability for completion of tasks will be a priority for the CEO.					
4. Incorporate hurricane preparedness into the "all-hazards" approach.					
5. Lead long-term care planning initiative in your community. Host planning meeting with stakeholders to ensure proper triage and placement of long-term care and home health patients in recovery. Include OEM, EMS, DHSS, and MCC in recovery planning.					
6. Plan for recovery.					
7. Define triggers and identify who has authority for plan activation.					
8. Ensure appropriate legislation and regulations, i.e., State Emergency Health Powers Act, disaster declarations, are reviewed for any implications they may have on the facility.					
9. Ensure any legal implications surrounding hurricane preparedness are addressed such as legal concerns regarding evacuation.					
10. Ensure capacity to address legal claims in a timely manner that may arise against the organization or its personnel. Ensure ability to contact insurers and legal council during adverse events.					
11. Identify Delegations of Authority and Orders of Succession at least three deep by position title for key personnel.					
12. Educate all employees on hurricanes, the facility's plan and what will be done to support staff and meet community needs.					

A. LEADERSHIP (CONTINUED)

Assignment	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
13. Determine in advance criteria/triggers for facility evacuation.[4]					
14. Assign appropriate staff to identify and know process and procedures for requesting additional resources.					
15. Ensure policy decisions regarding hazard pay and accommodations for family, pets, etc. during a storm are included in the plan.[5]					
16. Ensure processes regarding communication needs are addressed in the plan.[6] ■ During response and recovery, communicate at regularly scheduled intervals with partners such as OEM, MCC, DHHS and schedule media briefings.					
17. Ensure plan includes processes to address financial concerns, i.e., documentation for reimbursement.[7] ■ Document all expenses from the onset of the event. Ensure federal and state documentation standards are met. FEMA, HICS and other ICS forms may be used to assist with this task.					
18. Ensure a support system is established to address psychosocial issues and emotional distress experienced by staff, patients and their families. ■ Consider conducting on-line meetings or free conference calls. ■ Encourage an understanding of the effectiveness of alternate means of support.					
19. Establish and Implement Incident Command System (ICS)/Hospital Incident Command System (HICS). ■ Ensure all staff is trained for roles within the sytem. ■ Ensure delegation of authority and orders of succession at least three deep for key positions. ■ Follow documentation procedures outlined by ICS/HICS.					
20. Ensure roles and responsibilities are clearly defined and communicated to all staff pre-event and during response and recovery briefings.					

[4] See *Evacuate or Shelter-In-Place Decision Guide*, Appendix #5
[5] See Section D, *Employee Support*
[6] See Section H, *Communications Issues*
[7] See Section J, *External Resources and Mutual Aid*

A. LEADERSHIP (CONTINUED)

Assignment	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
21. Ensure the plan includes appropriate steps to resume operations following a hurricane. Restore essential services and physical plant. There may be "new normal" post severe events. The building must be safe, debris removed from campus, hazardous waste properly disposed of and operational capacity restored.					
22. Ensure the plan includes a process for drills that includes verification/ testing of all memorandums of understanding/mutual aid agreements and ensure contingency agreements/plans are identified should mutual aid not be available.					
23. In recovery, be prepared to activate memorandums of understanding and other response plans such as continuity of operations.					
24. Be prepared to identify clear goals for recovery. Clear goals provide direction for recovery objectives to be included in incident action plans (IAPs) and provide direction for prioritization of recovery activities and resource management.					
25. Ensure plans are exercised and improvements are made based on after-action reports. ■ Consider exercising plans in parts to reduce impact on daily operations.					
26. Provide Board of Trustees with final hurricane planning, response and recovery plan. Provide detailed information/education regarding specific policies/procedures including or affecting members of the Board.					
27. Ensure the Board is properly educated about hurricanes and their potential impact on hospital operations. ■ Educate the Board about the need for effective planning. ■ Ensure Board's support prior to active planning.					
28. Ensure Board has an understanding of local, state and federal authority during hurricane.					

A. LEADERSHIP (CONTINUED)

Assignment	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
29. Ensure a process is included to educate the Board of Trustees on their roles and responsibilities during a hurricane.					
30. Ensure procedures are established to keep Board of Trustees informed before, during and post event. ■ Determine multiple means of communication with Boards of Trustees. ■ Hold briefings, conference calls and share (via email, postings, etc.) IAPs and Situation Reports (SitReps) with Board of Trustees at regular intervals.					

B. INTERNAL (HOSPITAL) DEPARTMENT PLANS

Assignment	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
1. Identify who will be responsible for developing staffing plans.[8] ■ Staffing plans may be developed by department with review by the planning team to ensure viability of plans (i.e. duplication of assignments, etc). ■ Ensure medical staff is addressed or has its own staffing plan that is integrated into the facility plan. ■ Determine if staffing plan requirements need to be addressed in policy. If so, incorporate into policy. For example, the facility may redefine a work day, work week and/or overtime in response to a disaster/emergency in accordance with applicable state and federal wage laws. Staff may be assigned to perform duties they do not normally perform with respect to scope of practice.					
2. Identify and prioritize service requirements for your department. ■ Identify and list mission-critical (immediate) service requirements. ■ Identify and list mission-essential (delayed) service requirements.					
3. Identify number of staff necessary to implement service requirements. ■ Identify and list staff needed to implement mission-critical (immediate) service requirements. ■ Identify and list staff needed to implement mission-essential (delayed) service requirements. ■ Identify staff that may be diverted, cross trained and/or trained just-in-time to support mission-critical and mission-essential services.					
4. Identify staff teams by shift (i.e. one team per shift). ■ Example: PRE-storm, DURING storm and POST storm, or simply Teams A, B, C, D, or have teams create names for themselves. ■ Please note: Two shifts are required for the "DURING" storm team. Both shifts should arrive at the hospital prior to onset of dangerous driving conditions. Each shift will work 12 on and 12 off. It is important that staff are permitted and required to take rest periods to promote optimum well-being. No employee shall work more than 16 hours in a 24-hour period. ■ If staff is limited, you may use the same team to serve PRE storm and POST storm. ■ PRE-storm team(s) will need to be allotted time to implement their family preparedness plans prior to the start of their shifts.					

[8] See *Department Plan Template*, Appendix #1a

B. INTERNAL (HOSPITAL) DEPARTMENT PLANS (CONTINUED)

Assignment	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
5. Identify staff responsible for developing job descriptions and responsibilities/job action sheets for response roles.					
6. Ensure all staff knows and are trained on their roles and responsibilities before, during and after a storm. ■ Develop training plan to ensure staff receive appropriate training on their responsibilities, ICS/HICS and meet national training guidelines. For example, leadership employees will complete ICS 100, 200, IS 700, IS 800, and all employees will complete ICS 100 and IS 700. ■ Consider incorporating required training into new employee orientation and annual education reviews. ■ Develop and implement a training plan that incorporates drills, tabletop exercises and after-action reviews and improvement planning.					
7. Develop job action sheets as needed. ■ HICS provides job action sheets that may be used as an example for developing job action sheets for other types of duties/response roles.					
8. Develop just-in-time training as needed. ■ Example: Short, quick, refresher training modules for how to use the radios and other communications equipment.					
9. Identify protective measures for all work areas.[9] ■ Identify who is responsible for implementing protective measures upon plan activation. ■ Protect vital records. ■ Back-up of data systems and storage of records off-site. ■ Print hardcopies of important documents such as contact lists. ■ Define alternate procedures for essential job functions should equipment fail (i.e. use of paper and pencil, runners, etc.). ■ Move equipment away from vulnerable windows.					

[9] Ensure that information technology (IT) systems are addressed. Develop recovery time objectives (RTOs) and Recovery Point Objectives (RPOs) for critical clinical systems, processes and data.

B. INTERNAL (HOSPITAL) DEPARTMENT PLANS (CONTINUED)

Assignment	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
10. Train staff to provide Psychological First Aid to patients, family members and co-workers.[10] ■ Train staff to build resilience within themselves and recognize the need for Psychological First Aid in their co-workers. ■ Train organizational leadership to build resilience within the organization.					

[10] See *NJHA Pandemic Influenza Toolkit: Psycho-Social Module, http://www.njha.com/paninf/Pdf/Psychosocial_Final.pdf*

C. EMPLOYEE EXPECTATIONS

Assignment	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
1. Define employee work expectations for hurricanes.[11] ■ Sample Policies: • Employees are required to report to work unless an exemption has been granted in writing with supervisory signature. Failure to do so may result in discipline up to and including termination. • All staff (clinical and non-clinical) is considered essential and may be assigned to duties that are not performed regularly. • All licensures with regard to scope of practice will be honored. • All staff is responsible for maintaining correct and up-to-date contact information, maintaining and implementing personal/ family preparedness plans and knowing their role in a disaster.[12]					
2. Determine what considerations may or may not allow for employee exemption, for instance: ■ If staff is not permitted to bring children to work during a storm, then consider having single parents with small children as an exemption criterion. ■ If staff is not permitted to bring pets during a storm, then make it clear that owning a pet is not an acceptable reason for an exemption. The policy should note that it is the employee's responsibility to make arrangements for pets. ■ Consider how the facility will address the needs of staff that may live in an evacuation zone. For example, employees who live in evacuation zones may be well suited to serve on one of the shifts to stay at the hospital during the storm. ■ Address expectations for staff who work for more than one facility. ■ Develop employee exemption form.[13]					

[11] See *Preparing Your Work Area*, Appendix #2a
[12] See *Pre-season Employee Acknowledgement Form*, Appendix #2d
[13] See *Work Exemption Form*, Appendix #2e

C. EMPLOYEE EXPECTATIONS (CONTINUED)

Assignment	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
3. Develop employee exemption from work policy including the process for granting exemptions. ■ *Sample Policy*: Exemptions will be handled on a case-by-case basis with requests made in advance and supervisor approval. Employees may be exempt from work if their spouse is required to work (i.e. law enforcement, EMS) and there are dependents at home such as children and/or adults with special needs. Prior to the start of hurricane season, employees are required to submit their exemption request to their supervisor upon annual review. Employees requesting an exemption must submit a form each year for review. It is understood that unforeseen circumstances may arise and employees are to notify their supervisor as soon as possible should they require a last-minute exemption.[14]					
4. Address issues surrounding employee compensation including: ■ Determine how staff will be compensated for hours they are required to be at the hospital but are resting/off-duty. For example, staff required to remain at the hospital for 24 hours or more will be given "on call pay" for hours not worked. ■ Determine how staff will be compensated for hours worked over 40 hours per week, i.e. compensatory leave time. ■ Address mandatory overtime. For example, employees will not be expected to work more than 16 hours in a 24-hour period in the event the Commissioner of Health waives licensing regulations such as state regulations regarding mandatory overtime during a state of emergency. ■ Verify requirements of union contracts and ensure compliance. ■ Ensure compliance with labor laws such as ADA, FMLA and NJ Family Work Act.					

[14] See *Childcare Enrollment Form*, Appendix #2f

C. EMPLOYEE EXPECTATIONS (CONTINUED)

ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
5. Define official forms of communication and include in policy. ■ *Example*: The following forms of communication will be considered official regarding work assignments: verbal order from supervisor, e-mail, radio announcements, TV announcements and text messages. Should telephone communications fail (cell and landline), or staff are unable to reach supervisor for any reason, staff are to listen to radio station (XYZ). Communications failure is not an acceptable reason not to report to work. Staff is expected to take steps to stay informed.[15]					
6. Establish employee training requirements for HR policies. ■ *Example:* Supervisors should review with all staff the hospital hurricane policy and employee roles and responsibilities each year prior to the start of Hurricane Season, which is June 1 – Nov 30. All personnel are to sign an acknowledgement form. Exemption and childcare enrollment forms are to be updated annually. Supervisors should review employees' expectations to work and their role and responsibilities as defined in the department plan.					

[15] See *Hurricane Preparedness Checklist*, Appendix #2c

D. EMPLOYEE SUPPORT

Assignment	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
1. Establish and identify areas for staff to sleep and shower. ■ Ensure staff has realistic expectations regarding shared showers and sleeping area. ■ Determine if staff is responsible for bringing their own linens, towels, toiletries and other supplies. This should be reflected on checklists developed for staff.[16]					
2. Establish procedures to provide a fuel source for employees to be able to commute to work in the event power outages are extensive making operable gas stations difficult to access. (*Special Note*: *If a fuel depot is established by emergency management in your area for first responders, hospitals, etc. ensure law enforcement is aware that non-clinical staff is essential at a hospital, not just doctors and nurses, and therefore will require access to fuel.)* ■ *Examples*: If hospitals elect to provide fuel onsite, establish an agreement with a nearby vendor or work with emergency management for establishing fuel depots. If working with a local vendor, verify the vendor's hurricane plan and ensure the terms of agreement can be met. ■ If the hospital provides fuel to employees, define the expectation for payment.					
3. Establish procedures for providing transportation for staff pre- and post-storm. ■ Identify transportation resources to assist staff with commuting to and from work if needed. Establish contracts as needed for services (e.g. rental car agencies). ■ Develop transportation logs with checklists. ■ Identify transportation resources suitable for adverse road conditions. ■ Ensure coordination with emergency management. ■ Ensure coordination with law enforcement for access to roads that may be restricted. ■ Determine, in concert with law enforcement, acceptable forms of identification (i.e. hospital ID) that will allow employees to access roads for commuting to and from work.					

[16] See *Sheltering Necessities*, Appendix #2b

D. EMPLOYEE SUPPORT (CONTINUED)

Assignment	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
4. Establish procedures to pay employees in cash, if necessary. (Extensive power outages make it difficult to purchase goods and services unless you have cash since credit card machines, ATMs, etc. do not work.) ■ Identify delegation of authority and orders of succession at least three deep for personnel authorized to carry out this duty. ■ Ensure adequate cash reserves prior to the onset of a storm. ■ Establish memorandums of agreement as necessary with banks.					
5. Ensure plans are coordinated with local emergency management. ■ Emergency management may be able to assist with logistics and resources such as transportation and fuel.					
6. Determine if employees required to work during the storm may have family members stay at the hospital. If so, consider the following in your policy: ■ Identify who qualifies as a family member or dependents, e.g. spouse, dependent children and dependent (on employee) parent/ elderly family members are permitted to stay with working staff members at the hospital. ■ Develop a checklist of items family members, including children, are to bring with them to the hospital.[17] ■ Clarify expectations regarding care for family members or dependents with special needs, e.g. the hospital will not provide care for family members and dependents. Develop waiver for those that elect to bring family members/dependents to the facility.[18] ■ Identify areas in the hospital where family members will stay, including sleeping and showering areas. ■ Identify areas for supervised care of children and adults with special needs. ■ Identify potential staff that may supervise children and adults with special needs. Consider having family members of staff volunteer. Consider partnering with local childcare agency. ■ Develop enrollment/waiver form that addresses liability protections for dependents.[19] ■ Require employees to complete the enrollment/waiver form and submit it to their supervisor each year, prior to the start of hurricane season, which is from June 1 – Nov 30. ■ Address parking needs.					

[17] See *Sheltering Necessities*, Appendix #2b
[18] See *Childcare Enrollment Form*, Appendix #2f
[19] See *Childcare Enrollment Form*, Appendix #2f

D. EMPLOYEE SUPPORT (CONTINUED)

Assignment	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
7. If space is unavailable at facility, consider working with local emergency management to identify a shelter for employee family members, including dependents. ■ Determine who will be in charge of preparations and shelter operations. ■ Establish memorandum of understanding as needed.					
8. If family members are not permitted to stay at the hospital, determine if child or dependent care will be available to caregivers. If so, consider the following in your policy: ■ Identify area of the hospital for supervised childcare and an area for adult dependents with special needs. ■ Identify potential staff that may supervise children and assist special needs adults. Consider using support staff from non-critical functions. ■ Consider partnering with a local childcare agency and an elder day care agency to assist you. ■ Develop an enrollment/waiver form that addresses liability protections.[20] ■ Require employees to complete the enrollment/waiver form and submit it to their supervisor prior to the start of hurricane season, which is June 1 – Nov 30 each year. ■ If family members are not permitted to stay at the hospital, consider developing a buddy system for child/dependent care. For example, two single parents could work opposite shifts and care for each other's children while the other is working. The hospital could assist with making these arrangements.					
9. If no family members are permitted at facility, consider negotiating contract services for child care and elder care for staff.					

[20] See *Childcare Enrollment Form*, Appendix #2f

D. EMPLOYEE SUPPORT (CONTINUED)

Assignment	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
10. Determine if employees required to work during the storm may bring pets. ■ *Example*: All animals must be crated and up-to-date on all vaccinations (i.e. rabies). Proper documentation of vaccinations is required at the time of check in. Owners/employees must provide all necessary items to care for their pet (i.e. food, water, litter, comfort items). Pet owners are responsible for cleaning up after and caring for their pet(s). ■ Identify areas of the hospitals where pets may stay. ■ Develop a checklist of items that must be brought to the hospital with the pet. ■ Ensure staff is aware of pet emergency preparedness information. [21]					
11. Ensure staff is trained on family preparedness. ■ Provide staff with tools and resources to help them develop their personal preparedness plan.[22]					

[21] See http://www.aspca.org/pet-care/disaster-preparedness/ and http://www.ready.gov/america/getakit/pets.html
[22] See http://www.ready.gov/

E. SUPPLIES - SPECIAL CONSIDERATIONS FOR HURRICANES

Assignment	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
1. Establish procedures to assess current supply inventory levels[23] and determine increased supply needs to shelter-in-place for one week.					
2. Determine how far in advance of a storm additional supplies need to be ordered to ensure delivery prior to storm impacts/evacuations. *Hospitals will need to make sure additional supplies are secured prior to interruptions of delivery services.* Include this information on facility checklist.					
3. Check with vendors to determine their limitations of delivery in the event of storm threats and/or evacuations. *In instances of intense storms, trucks may not make deliveries as scheduled for fear of being caught in evacuation traffic.*					
4. Identify alternate/additional vendors and develop purchasing procedures.[24] ■ Develop set of emergency purchase orders that may be quickly implemented (or activated with the vendor directly via phone) and file with vendors. ■ Develop emergency backup procedures to expedite purchasing of critical supplies should normal purchasing procedures be interrupted or delayed. ■ Explore alternate group purchasing agreements. ■ Determine who has authority to implement emergency purchasing orders and trigger points to activate, e.g., 72 hours prior to landfall. Ensure delegations of authority and orders of succession at least three deep.					
5. Review logistical needs and options for pre-positioning and distributing supplies within the hospital. Consider designating supply staging areas on each floor.					

[23] See *Consumable Supply Operational Impact Chart*, Appendix #8
[24] See *Sample Emergency Contact Form*, Appendix #1b

E. SUPPLIES - SPECIAL CONSIDERATIONS FOR HURRICANES (CONTINUED)

Assignment	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
6. Ensure use of Inventory Management System or identify alternate procedures for inventory management in the event of a power outage. ■ Verify capacity of Inventory Management System. Be aware of system limitations and the impact this may have on managing inventory during an event. Plan accordingly. ■ *Example*: A back-up system may be the use of Excel files on a battery back-up computer that can be plugged into an outlet powered by a generator. Also, paper and pencil work too. Consider pre-populating inventory forms and printing them pre-event to ease paper and pencil methods.					

F. UTILITIES

Assignment	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
1. Determine Recovery Time Objectives (RTO) for critical and support functions.[25] ■ An RTO lays out the maximum acceptable downtime for a process. For example, if the clinical registration system goes down, you may have an RTO of one hour to get it back up. A recovery point objective (RPO) is the maximum amount of allowable data loss following an unplanned IT event such as a critical disk failure or a flood in your data center. The RPO helps you decide how often you will backup your data. If your RPO is one week, then you could backup your data once a week so the maximum amount of data you would lose is only data since the last backup. If it is unacceptable to lose any data, and your RPO is one millisecond, then you would require a mirrored site so that data is simultaneously present on your primary system and your backup system.					
2. Establish alternate sources of power that are sustainable for at least 96 hours as required by the Joint Commission and up to one week. ■ Identify load requirements. ■ Identify and acquire appropriate equipment. ■ Identify immediate and delayed power needs for each department. Note: Short term power needs (<12 hours) differ from long term power needs. Prepare for an extensive power outage. For example, consider the need to power air conditioners/ventilation systems, water chillers, ancillary areas, access control/security systems, telephones and computer systems, in addition to clinical care operations. ■ Establish backup sources of power to main alternate source (i.e. portable generators to back up main generator, large batteries on wheels).					

[25] See *Utility Failure Operational Impact Chart*, Appendix #7

F. UTILITIES (CONTINUED)

Assignment	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
3. Establish procedures for maintaining alternate sources of power pre- and post-event. ■ Ensure alternate power sources are protected from flooding and wind. ■ Ensure maintenance supplies are available for generators (i.e. filters, spark plugs, oil, etc.). ■ Maintain capacity to make repairs and operate power sources (i.e. Engineer is considered critical personnel). ■ Ensure sufficient amounts of fuel for generators are available and secured pre-storm from wind and flooding.					
4. Establish procedures to secure additional supplies. ■ Food: Increase food ordering formulas to account for additional staff and family members; identify foods that do not require refrigeration; consider disposable products for serving food and eating. ■ Oxygen: Oxygen-dependent patients may have interruptions to their oxygen supply or electricity and may seek assistance at the hospital. ■ Linens: Plan for additional staff and potential interruptions to laundry services. ■ Pharmaceuticals: Community power outages may limit availability of prescription medication. Identify commonly used medications and increase inventory. ■ Blood supply: Reach out to blood centers/suppliers and verify their contingency plans for hurricanes to better determine blood inventories needed pre-storm to ensure an adequate blood supply through post-storm and recovery periods.					

F. UTILITIES (CONTINUED)

ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
5. Establish procedures to ensure an adequate supply of potable and non-potable water. ■ Identify uses of non-potable water (i.e. flushing toilets, cooling ventilation towers, fire suppression system). ■ Identify sources of non-potable water (i.e. Porta-Potty or well). ■ Establish contract with vendor[26] (i.e. water buffalo) ■ Identify sources of potable water (i.e. bottled water). ■ Establish contract with vendors as needed.					
6. Establish procedures to ensure adequate supplies to maintain ventilation system. ■ Maintain capacity to make repairs to system (i.e. Engineer is considered critical personnel). ■ Ensure (non-potable) water supply for cooling towers.					
7. Establish procedures to manage waste. ■ Waste collection services may be interrupted. ■ Identify additional storage capacity for waste. ■ Ensure proper handling of waste to prevent injury and the spread of disease.					

[26] See *Sample Emergency Contact Form*, Appendix #1b

G. PATIENT ISSUES

Assignment	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
1. Establish procedures to expedite patient transfers and patient tracking in a disaster. ■ *Note: Know criteria and establish protocols for when patient transfers are no longer allowed due to unsafe road conditions (Example: In sustained winds of > 45 mph, ambulances can no longer transport patients).* ■ Develop abbreviated forms and checklists for patient transfers and discharge, if needed. ■ Ensure patient tracking procedures are established and followed.					
2. Establish Memoranda of Understanding/Memoranda of Agreement (MOU/MOA) with facilities in and out of state for patient transfers and evacuations.					
3. Establish procedures to discharge patients. ■ Ensure all regulatory requirements are met when discharging patients. ■ Ensure patients are provided proper home care instructions and access to supporting medical equipment. ■ Ensure patients have sufficient supply of medications. ■ Ensure availability of transportation. If evacuations have started in your area, or a nearby area, roads may be jammed and usual transportation assets may not be available.					
4. Establish procedures for assisting oxygen-dependent patients that may present before or after a storm. ■ Coordinate with Emergency Management/Health Department to determine if any resources are available in the community to assist with oxygen-dependent patients. Are there special needs shelters available with established alternate sources of power? ■ Be prepared to assist oxygen-dependent patients. ■ Consider establishing partnerships with home health agencies and assisted living facilities to address this need. ■ Ensure adequate amounts of oxygen, tanks and supplies.					

G. PATIENT ISSUES (CONTINUED)

Assignment	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
5. Review existing resources to assist with planning for the needs of dialysis patients.[27] ■ Check with area dialysis centers regarding their hurricane plan and resources. ■ Be prepared to address dialysis patient needs post-storm. ■ Establish partnerships as needed. ■ Educate patients on plans and procedures. ■ Be prepared to increase water supply and pressure as needed.					
6. Establish procedures for managing pregnant women. ■ Coordinate with medical staff to determine criteria for admitting pregnant women prior to storm. ■ Ensure procedures are communicated clearly with patients.					
7. Establish procedures for limiting admissions when a storm is approaching. ■ *Example*: Establish procedures to cancel elective surgeries to reduce inpatient stays. ■ Be prepared for persons seeking admission that would not typically do so under normal circumstances. ■ Identify community resources to refer persons seeking shelter at your facility. Some people may want to use your facility as a safe haven. ■ Educate community on these resources and encourage persons with special needs to have preparedness plans. The hospital is NOT a shelter.					
8. Establish procedures for moving patients within facility when elevators are not working at full capacity, if at all. ■ Identify equipment needs and acquire appropriate equipment such as stretchers/litters. ■ Ensure staff is trained on procedures and equipment use.					

[27] See *Dialysis Concerns*, Appendix #9

H. COMMUNICATION ISSUES

Assignment	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
1. Ensure capability and capacity of redundant forms of communications. ■ Identify all forms of communications. (*Remember, paper, pencil and runners also are options.)* ■ Verify interoperability of communications equipment with partner agencies, response agencies and local and state agencies. ■ Test communication systems regularly. ■ Ensure adequate number of personnel is trained on how to operate equipment. ■ Identify community resources to assist with restoration of communication systems. For example, does your local emergency management agency have agreements with cell phone companies to bring in portable communication towers post-event?					
2. Ensure staff notification and activation processes are established and clearly defined. ■ Staff is to maintain current contact information. ■ Establish call down procedures and test regularly (i.e. call tree). ■ Should phone systems fail, identify alternate sources for employee information regarding when to report to work. For example, establish an agreement with a local radio station that will make announcements for your hospital.					
3. Establish procedures to keep staff and Board of Trustees informed pre-, during and post-event. ■ *Example:* Briefings for all staff will be held at regular intervals and Incident Action Plans (IAP) and Situation Reports (SitReps) will be distributed to all personnel via e-mail and posted on cafeteria bulletin board. ■ Establish procedures for an employee hotline. ■ Ensure staff briefings are held regularly during shifts and at shift change.					

H. COMMUNICATION ISSUES (CONTINUED)

Assignment	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
4. Establish procedures to keep community partners and community leaders informed. ■ Ensure coordination of information flow between hospital, community partners and other stakeholders. ■ Ensure contact lists for community partners are current. ■ Establish communication channels and protocols with partners and leadership. ■ Establish bed tracking/reporting procedures. ■ Consider having hospital representative at Emergency Operations Center. ■ Send IAP and SitReps to community leaders and partners.					
5. Establish procedures to ensure hospital receives information from community partners. ■ *Example*: Hospital representative attends EOC briefings, hospital on EOC e-mail distribution list to receive SitReps and IAPs and other important alerts from community partners/EOC.					
6. Establish procedures to ensure communication and coordination of patient care with medical staff. ■ Establish procedures to ensure communications among medical staff. ■ Establish procedures to assist medical staff with communicating needed information to patients. For example, a physician's office is severely damaged and establishes operations at an alternate location; hospitals may want to assist with providing this information to patients and the community.[28]					
7. Collaborate with local and state public health and emergency management to communicate with the community about resources available to support persons with special needs. ■ Encourage persons with special needs to have preparedness plans.					

[28] See *NJHA Pandemic Influenza Toolkit: Communications Module*,http://www.njha.com/paninf/Pdf/Communications_Planning_and_Assessment_Tool.pdf

H. COMMUNICATION ISSUES (CONTINUED)

Assignment	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
8. Establish and Implement ICS/HICS. ■ Ensure all staff is trained for their role within the system. ■ Ensure delegations of authority and orders of succession at least three deep for leadership positions. ■ Follow documentation procedures outlined by ICS/HICS.					
9. Establish procedures to communicate with the media.[29] ■ Ensure all staff know protocol for responding to media requests. For example, all staff are to refer media requests to the Public Information Officer (PIO). ■ Identify media staging areas to assist the media with setting up equipment and to have an established area for briefings. ■ Consider establishing regular briefing times with media.					
10. Establish procedures for communications between internal command center and staff. ■ *Example*: Consider using walkie-talkies for internal hospital use among staff.					

[29] See *NJHA Pandemic Influenza Toolkit: Communications Module,* http://www.njha.com/paninf/Pdf/Communications_Planning_and_Assessment_Tool.pdf

I. FACILITY MANAGEMENT AND SECURITY[30]

Assignment	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
1. Establish procedures to ensure access control to facility. ■ Establish procedures to restrict access points into the facility. ■ Coordinate with local law enforcement agencies on security plans. ■ Clarify role and responsibilities with local law enforcement regarding facility security. ■ Identify additional security personnel to remain at facility during the storm. ■ Establish contracts with private security companies as needed. ■ Test plans with private and public security agencies.					
2. Establish procedures to maintain access control when electronic security systems fail or are not powered. ■ Establish procedures to restrict access points. ■ Identify and drill low tech security measures such as use of a key log. ■ Ensure lighting at designated entrances. ■ Build security plan around pre-designated, restricted entrances for use during an event. ■ Identify RTO security systems (i.e., determine number of hours security system may be without power until the function must be resumed). ■ Coordinate needs for alternate sources of power with appropriate personnel.					
3. Establish procedures to ensure access control and protection of high-risk areas within the facility. ■ For example, ensure the pharmacy is secure and can remain secure when electronic systems fail. ■ Identify locations that need alternative low-tech security measures. ■ Identify and drill low-tech security measures such as use of locks and chains.					

[30] See *NJHA Healthcare Facility Management Readiness Assessment Tool*, http://www.njha.com/ep/pdf/612200891316AM.pdf

Assignment	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
4. Identify and document the procedures for requesting additional security resources. ■ Identify additional security personnel such as reserve officers with local law enforcement agencies. ■ Establish contracts with private security companies for additional security personnel. ■ Know the request process to access local, regional and state law enforcement officers through OEM. ■ Identify and drill the local EOC Point of Contact for the law enforcement emergency support function. ■ Use of improper request procedures may impact reimbursement, when available.					
5. Establish procedures to ensure adequate lighting of hospital campus in the event of extended power outages. ■ Identify resources for lighting parking areas and other hospital grounds to ensure safety. ■ Establish agreements with vendors as needed. Consider contingent contracts for self-powered portable lights. ■ Ensure sufficient lighting within facility when using alternate sources of power. ■ Ensure local power provider has facility properly prioritized for recovery.					
6. Establish procedures to facilitate employee access to restricted roads for commuting to and from work. ■ Determine, in concert with law enforcement, acceptable forms of identification (i.e. hospital ID) that will allow employees to access roads for commuting to and from work. Road access may be restricted to response personnel and may be restricted due to curfews. ■ Establish procedures for traffic control near facility. ■ Be prepared to adjust staffing schedules in concert with curfews. ■ Be prepared to adjust patient visiting hours in concert with curfews. Determine in advance if seriously ill patients may have an overnight visitor and if the parents of children may stay overnight.					

I. FACILITY MANAGEMENT AND SECURITY (CONTINUED)

Assignment	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
7. Develop and implement an action plan to mitigate flooding hazards and risks. ■ Know your flood hazards and risks.[31] Are you in a flood plane? What level of storm surge would cause flooding in your area? ■ Check on status of storm drains (e.g. clear of debris, drain effectively). ■ Check status of lift stations. Does the township have generators for lift stations? What is the impact on your facility if certain lift stations are not operational? ■ Check status of protective measures to prevent sewage backup (e.g.,installation of back-flow preventers).					
8. Identify and acquire necessary supplies to protect facility. ■ Be prepared to protect facility from strong winds and wind-borne debris. For example, window coverings/shutters may protect windows and sump pumps may assist with flooding in some areas. ■ Coordinate with vendors to address supply quality, e.g., fuel distributors should provide assurance that the fuel is not compromised due to age or sludge.					
9. Establish procedures for debris removal post-event. ■ Maintain trimming of trees and shrubs throughout the hurricane season to minimize debris post-event. For example, trim trees and shrubbery at entrances for visitors, medical staff and patients. ■ Identify vendor and establish contract in advance of an event for debris removal post-event.					

[31] See *Kaiser Permanente Hazard Vulnerability Analysis*, Appendix #3

J. EXTERNAL RESOURCES AND MUTUAL AID

Assignment	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
1. Identify process and procedures for requesting additional resources.					
2. Ensure appropriate request procedures are followed to assist with the recovery of costs from FEMA and other sources of funding. ■ Ensure appropriate documentation is maintained during the event to better support potential requests for reimbursement.					
3. Establish procedures to acquire additional staff as needed. ■ Develop mutual aid agreements with other facilities to provide staffing.[32] ■ Address compensation, liability and credentialing as part of mutual aid agreements. ■ Identify and know process to access staff through Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), Medical Reserve Corps (MRC) and Emergency Management Assistance Compacts (EMAC).					
4. Establish MOU/MOA with facilities in and out of state for patient transfers and evacuations.					
5. Verify/test all MOU/MOA and have contingency agreements/plans should mutual aid not be available.					
6. Have an understanding of the impacts of the State Emergency Health Powers Act and the potential implications for a facility. ■ Communicate this understanding with staff as appropriate.					
7. Have an understanding of disaster declarations at the local and state level and the potential implications for a facility. ■ Communicate this understanding with staff. ■ Identify rules and regulations that need to be addressed in declaration for hospitals to be able to implement their hurricane response plan.					
8. Ensure adequate hospital insurance coverage and establish procedures to maintain proper documentation for reimbursement. ■ Verify and understand insurance coverage. ■ Ensure appropriate documentation is maintained. ■ Take pictures and videotape hospital assets/property.					

[32] See *Sample Mutual Assistance Agreement*, Appendix #10

J. EXTERNAL RESOURCES AND MUTUAL AID (CONTINUED)

ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
■ Identify any potential reimbursable repair costs and determine required documentation and process to acquire reimbursement. ■ Ensure appropriate personnel have copies and know where to find a copy of policies. ■ Identify timeframes for legal recourse to be taken should that decision become required.					
9. Ensure capacity to address legal claims in a timely manner that may arise against the organization or its personnel. ■ Ensure ability to contact insurers and legal counsel during adverse events.					
10. Establish processes to ensure the documentation of all expenses associated with event. ■ When using ICS or HICS, this may be addressed through the Finance Section lead by the Finance Chief.					

K. RECOVERY – DEMOBILIZATION

Assignment	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
1. Ensure safe and efficient return of resources to original location or status.					
2. Indicators for demobilization: ■ No new resource orders and end of incident is in sight. ■ Resources available and not assigned. ■ Hospital has the ability to manage incoming patients and no additional surge is anticipated. ■ Partner agencies are demobilizing. ■ Community infrastructure is returning to normal operations.					
3. Demobilization unit is within the planning section and coordinates with procurement and documentation units.					
4. Maintain ICS and Incident Management Team chain of command.					
5. Identify release priorities. Consider the impact a function will have on other recovery operations or impact on return to normal operations. ■ Know recovery goals and priorities. ■ Know critical functions and critical needs. ■ Consider how long staff has been at hospital on sleep-work schedule.					
6. Communicate demobilization activities. Notify: ■ Hospital staff, patients and families; ■ Partners such as OEM, DOH and MCC; ■ General public; and ■ Media and note final briefing schedule.					

K. RECOVERY – DEMOBILIZATION (CONTINUED)

ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
7. Account for all deployed resources and associated expenses. ■ Ensure all incident documents are submitted to Documentation Unit. ■ Section chiefs should be aware of excess resources and notify Demobilization Unit. ■ Logistics is responsible for tracking supply resources (i.e. property and non-expendable equipment) deployment and return. ■ Operations is responsible for determining personnel needs. ■ Finance is responsible for personnel time records, injury reports, and claims reports.					
8. Notify staff of time to be released and check out procedures. ■ ICS forms may be helpful for demobilization checkout.[33]					
9. Coordinate transportation needs for personnel and equipment (Logistics).					
10. Return and re-stock unused items.					
11. Ensure all communications equipment that was distributed is returned and checked for damage/functionality (i.e. Ensure damaged radios are repaired prior to re-stocking.)					
12. Hold closeout briefing. A closeout briefing includes the following: ■ Incident summary; ■ Major events that have lasting ramifications; ■ Documentation, including what is not yet completed; ■ Opportunity to share concerns; and ■ Evaluation of actions.					

[33] See ICS Form 221, *Demobilization Checkout*, at http://www.fema.gov/pdf/emergency/nims/ics221.pdf

K. RECOVERY – DEMOBILIZATION (CONTINUED)

ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
13. Conduct After-Action Review ■ Discuss what you set out to do vs. what you actually did. ■ Discuss what actually happened and why. ■ Identify what will be done differently next time. ■ Identify lessons learned. ■ Determine what needs follow-up, by whom, and by when. ■ Consider giving staff the opportunity to share feedback anonymously. For example, consider having staff drop cards in a "debriefing box" that state what went well and what needs to be improved.					
14. Ensure emotional and mental health support for staff and their families.					

L. RECOVERY - PATIENT TRANSFER AND DISCHARGE

Assignment	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
1. Prepare to receive only pre-determined (i.e. vent-dependent) patients from long-term and long-term sub-acute care (LTC) facilities. ■ Coordinate plans in advance of event with LTC/sub-acute, including identifying which patients you will receive (i.e., vent-dependent). ■ Establish triage and acceptance process for patient transfers, to include patient tracking procedures. • Coordinate with medical shelters. ■ Identify in advance what must come with patient transfers. • Name & contact information • Medications • Medical record/chart – at a minimum note allergies					
2. Ensure EMS is aware of patient transfer and evacuation procedures.					
3. Establish procedures to credential and accept staff from LTC and home health agencies to come into hospital to care for their patients.					
4. Ensure the coordination of home checks for patient discharge. ■ Volunteer groups/law enforcement may assist with home checks.					
5. Consider having case worker in emergency department to assist with patient discharge.					
6. Ensure transportation of patients back to homes or to family.					
7. Coordinate with OEM closures of medical shelters. Hospital may need the medical shelters to stay open for an extended period of time to assist with care for those who do not need acute care but cannot yet return to their home or family. With OEM, hospitals will need to plan for shelter closures so that both community and hospital needs are met.					

L. RECOVERY - PATIENT TRANSFER AND DISCHARGE (CONTINUED)

Assignment	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
8. Prepare to have dialysis patients seeking treatment at your facility. ■ Plan in advance with End Stage Renal Disease (ESRD) network and OEM to establish transportation procedures for patients needing dialysis post-event should dialysis centers be closed or if public transportation is not yet running. ■ Establish points of contacts with dialysis networks for coordinating access to dialysis resources post-event.					
9. Establish procedures for physician support to care for patients in alternate locations. ■ Identify how the hospital will know when physician practices re-open and how hospitals can help communicate this to patients. ■ For example, you may want to have a "care coordinator" for patients seeking medical care at your facility that they would normally seek at a physician office. Care coordinators could be positioned in emergency departments and front entrance areas to provide information on physician access. ■ Consider a physician hotline to call in and notify of practice status.					

M. RECOVERY - FINANCIAL RESOURCES

The Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act) includes provisions for private nonprofit (PNP) facilities through the Public Assistance Grant Program. Go to *http://www.fema.gov/government/grant/pa/index.shtm* for details on policies, regulations, and how to apply for assistance. Applications must be coordinated with the local and state offices of emergency management.

Go to *http://www.fema.gov/library/viewRecord.do?id=2726* to access the form used to determine private nonprofit (PNP) eligibility.

Assignment	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
1. Review Public Assistance Guide. *http://www.fema.gov/government/grant/pa/pag07_t.shtm*					
2. Review application process. *http://www.fema.gov/government/grant/pa/process.shtm*					
3. Review policies and eligible costs. ■ Note eligibility for reimbursement in Categories A (Debris Removal), B (Protective Measures) and E (Buildings and Equipment).					
4. Review eligibility for snow assistance in the FEMA Public Assistance Guide: *http://www.fema.gov/pdf/government/grant/pa/paguide07.pdf* ■ See **Snow Removal**, page 76 ■ See **§206.227 Snow Assistance**, page B-29 Also, see FEMA Snow Assistance and Severe Winter Storm Policy at *http://www.fema.gov/pdf/government/grant/pa/9523_1.pdf*					
5. Review eligibility for debris removal in the FEMA Public Assistance Guide: *http://www.fema.gov/pdf/government/grant/pa/paguide07.pdf* ■ See **Debris Removal**, page 67 Also, see the following FEMA policies: ■ Debris Removal from Private Property, 9523.13 *http://www.fema.gov/government/grant/pa/9523_13.shtm* ■ Debris Operations- Hand-loaded Trucks and Trailers, 9523.12 *http://www.fema.gov/government/grant/pa/9523_12.shtm*					
6. Review eligibility for building safety inspections. *http://www.fema.gov/government/grant/pa/9523_2.shtm*					

M. RECOVERY - FINANCIAL RESOURCES (CONTINUED)

Assignment	Completed	In Progress	Not Started	Date to be Completed	Lead Staff Member
7. Review eligibility for damage to applicant-owned equipment performing emergency work (e.g., generators). *http://www.fema.gov/government/grant/pa/9525_8.shtm*					
8. Review eligibility for emergency medical care/medical evacuations. *http://www.fema.gov/government/grant/pa/9525_4.shtm*					
9. Review provision for temporary relocation facilities. *http://www.fema.gov/government/grant/pa/9523_3.shtm*					
10. Review provisions for labor costs. *http://www.fema.gov/government/grant/pa/9525_7.shtm*					
11. Review eligibility for child care services (i.e., for facilities planning to offer child care for employees when schools are closed). *http://www.fema.gov/government/grant/pa/9580_107.shtm*					
12. Ensure comprehensive, detailed and accurate documentation of events and costs associated with recovery activities. ■ Document who, what, where, when, why and how much.					
13. Complete a project worksheet for each project for which you seek reimbursement: *http://www.fema.gov/library/viewRecord.do?id=2620*					
14. Activate pre-established cost center for your time keeping, inventory and accounting systems to track costs associated with recovery operations. ■ Notify staff to code hours worked on recovery operations to appropriate cost center (i.e., not all work, especially the provision of medical care by physicians and nurses is eligible).					
15. Identify and use transportation logs to document transportation resources. If appropriate, document: ■ Mileage (i.e., transport of staff) ■ Time required for transportation (i.e., driver time)					
16. Document and track generator run times and load per hour.					
17. Use volunteer sign-in and sign-out sheets to track volunteer hours.					
18. Keep records for a minimum of three years.					

PART IV. APPENDICES & RESOURCE LINKS:

Planning & Response

You also may refer to accompanying CD for easy access to online links.

Planning & Response

These documents are included in this toolkit beginning on page 89.

1. *Hospital Departments:*	
a. Department Plan Template	*http://www.njha.com/ep/content.aspx?id=2391*
b. Sample Emergency Contact Form	*http://www.njha.com/ep/content.aspx?id=2392*
2. *Hospital Employees*:	
a. Preparing Your Work Area	*http://www.njha.com/ep/content.aspx?id=2393*
b. Sheltering Necessities	*http://www.njha.com/ep/content.aspx?id=2394*
c. Hurricane Preparedness Checklist	*http://www.njha.com/ep/content.aspx?id=2395*
d. Pre-season Employee Acknowledgement Form	*http://www.njha.com/ep/content.aspx?id=2396*
e. Work Exemption Form	*http://www.njha.com/ep/content.aspx?id=2397*
f. Childcare Enrollment Form	*http://www.njha.com/ep/content.aspx?id=2405*
3. *Kaiser Permanente Hazard Vulnerability Analysis*	*http://www.njha.com/ep/content.aspx?id=2411*
4. *Key Resources for Inclement Weather Preparedness*	*http://www.njha.com/ep/content.aspx?id=2377*
5. *Evacuate or Shelter-in-Place Decision Guide*	*http://www.njha.com/ep/content.aspx?id=2398*
6. *Shelter-in-Place Checklists*	
a. 96 – 72 Hours Prior to Onset	*http://www.njha.com/ep/content.aspx?id=2407*
b. 72– 48 Hours Prior to Onset	*http://www.njha.com/ep/content.aspx?id=2408*
c. 48 – 24 Hours Prior to Onset	*http://www.njha.com/ep/content.aspx?id=2409*
d. Less than 24 Hours Prior to Onset	*http://www.njha.com/ep/content.aspx?id=2410*
7. *Utility Failure Operational Impact Chart*	*http://www.njha.com/ep/content.aspx?id=2399*
8. *Consumable Supply Operational Impact Chart*	*http://www.njha.com/ep/content.aspx?id=2400*
9. *Dialysis Concerns*	*http://www.njha.com/ep/content.aspx?id=2401*
10. *Sample Mutual Assistance Agreement*	*http://www.njha.com/ep/content.aspx?id=2402*

Recovery

These documents are included in this toolkit beginning on page 183.

11. Sample Information for Departments	*http://www.njha.com/ep/content.aspx?id=2403*
12. Hospital Status Report Form	*http://www.njha.com/ep/content.aspx?id=2446*
13. Sample Demobilization Plan	*http://www.njha.com/ep/content.aspx?id=2404*

Additional Recovery Resources

These documents may be accessed via the links below.

AHRQ Hospital Assessment Recovery Tool	*http://www.ahrq.gov/prep/hosprecovery/hosprecovery.pdf*
Demobilization:	
a. ICS Form 214 Personnel Roster	*http://www.fema.gov/pdf/emergency/nims/ics214.pdf*
b. ICS Form 211 Check-In List	*http://www.fema.gov/pdf/emergency/nims/ics211.pdf*
c. ICS Form 221 Demobilization Checkout	*http://www.fema.gov/pdf/emergency/nims/ics221.pdf*
d. Demobilization Responsibilities Checklist	*http://www.osha.gov/SLTC/etools/ics/demo_lead.html#general*
Disaster Mental Health:	
a. Guidance for Managing Worker Fatigue During Disaster Operations *http://www.cdc.gov/niosh/topics/oilspillresponse/pdfs/NRT-Fatigue-for-Emergency-Workers.pdf*	
b. Coping with a Disaster or Traumatic Event	*http://www.bt.cdc.gov/mentalhealth/*
c. SAMHSA Disaster Kit	*http://store.samhsa.gov/product/SMA10-DISASTER*
d. Safety, Function, Action Checklist	*http://www.njha.com/ep/content.aspx?id=2447*
e. Disaster & Extreme Event Preparedness (DEEP) Center	*http://www.umdeepcenter.org/x32.xml*
Financial Resources:	
a. FEMA Grants and Assistance Programs	*http://www.fema.gov/government/grant/index.shtm*
b. FEMA Public Assistance Grant Program	*http://www.fema.gov/government/grant/pa/index.shtm*
c. FEMA Forms	*http://www.fema.gov/help/forms.shtm*
d. Grants – Catalog of Federal Domestic Assistance	*https://www.cfda.gov/*



APPENDICES

Please note: *Web sites presented here are for informational purposes and are presented without warranty, either express or implied. Their inclusion should not be considered an endorsement of the information provided nor the providing entity. Author does not attest to the content or quality of the information provided by these Web sites.*

Planning & Response

Appendix 1a
Hospital Departments:
Department Plan Template

DEPARTMENT PLAN TEMPLATE
Severe Weather/Hurricane Plan for [xxx] Department

DEPARTMENT MANAGER/SUPERVISOR: _____ **DATE** _____

LAST UPDATE: _____

SIGNATURE: _____

I. PURPOSE AND SCOPE

II. POLICIES AND PROCEDURES
- A. Expectation to work
- B. Exemptions
- C. Who may or may not stay at the hospital (family members)
- D. Childcare
- E. Personal/family preparedness
- F. Training, drills, exercises, plan updates

III. CONCEPT OF OPERATIONS
- A. Direction and control (e.g. who is in charge, ICS assignments)
- B. Delegations of authority (by position title, 3 deep)
- C. Orders of succession (by position title, 3 deep)
- D. Notifications and activation
- E. Roles and responsibilities

Mission critical and essential functions

MISSION CRITICAL (IMMEDIATE) FUNCTION	RESOURCES/EQUIPMENT REQUIRED	STAFF TO PERFORM FUNCTION/ STAFF ASSIGNMENT

- F. Protective Measures

IV. STAFFING
- A. Communications (e.g. official forms of communication, employee hotline, etc.)
- B. Staff assignments & shifts
- C. Sleeping
- D. Showering
- E. Eating
- F. Breaks

V. RECOVERY – Returning to normal operations.

Attachment 1 - Contact list & call-down procedures

Attachment 2 - Forms – exemption, childcare, etc.

Attachment 3 - Checklists

Planning & Response

Appendix 1B
Hospital Departments:
Sample Emergency Contact Form

Date Reviewed: _____

Date Completed: _____
(to be done annually)

EMERGENCY CONTACT FORM
HOUSEKEEPING SUPPLIES

PRIMARY VENDORS:

Company Name: _____

Contact Name: _____ Phone: _____

Title: _____ Cell: _____

Date Purchase Order Submitted: _____

Contact During an Emergency:
Work Phone: _____ Cell: _____

Company Name: _____

Contact Name: _____ Phone: _____

Title: _____ Cell: _____

Date Purchase Order Submitted: _____

Contact During an Emergency:
Work Phone: _____ Cell: _____

SECONDARY VENDORS:

Company Name: _____

Contact Name: _____ Phone: _____

Title: _____ Cell: _____

Date Purchase Order Submitted: _____

Contact During an Emergency:
Work Phone: _____ Cell: _____

TERTIARY VENDORS:

Company Name: _____

Contact Name: _____ Phone: _____

Title: _____ Cell: _____

Date Purchase Order Submitted: _____

Contact During an Emergency:
Work Phone: _____ Cell: _____

Planning & Response

Appendix 2a
Hospital Employees:
Preparing Your Work Area

PREPARING YOUR WORK AREA

Hurricanes can have a powerful impact on coastal and inland communities. To help you understand how (hospital name) responds in the event of a hurricane or severe weather situation, we've created the *(handbook name)* using information from New Jersey Office of Emergency Management Hurricane Preparedness Plan. This resource will inform you about what to expect during a hurricane and how our organization responds to ensure that the health needs of our community are met. Areas addressed include employee responsibility, storm communication, safety, sheltering, staffing of special needs shelters and more. We also recommend that you review our Hurricane Preparedness Plan for a more complete understanding of the topics in the handbook.

Please note: *Because each department is responsible for developing its own response in support of our Hurricane Preparedness Plan, be sure to check with your department director or supervisor for your specific responsibilities during a hurricane.*

(Hospital name) remains open and adequately staffed during a hurricane. The (hospital) Emergency Operations Center (EOC) is located here and directs the storm preparations of the entire organization. The team in the EOC will be in constant communication with county and state emergency officials for storm updates and will update the (internal hospital communication line) regularly. Patients ready for discharge will go home so additional beds are available for patients transferred from other facilities, area dialysis patients and others who require treatment. Additional quantities of medications, food, water, linen, medical/surgical supplies, etc. will be delivered. The facility will be secured, with access granted only to those authorized to be here.

Local, county and state EOCs also remain open in the event of a hurricane to help meet the emergency needs of the citizens in our area.

All departments fill a variety of roles during a hurricane situation, which may include working in different settings or job functions as needs are identified. Some members of (hospital) administrative team will report to the EOC during a storm, while others will provide post-storm relief. The Public Relations department representative will communicate our disaster preparations to local newspapers, radio and television media, update the (internal hospital communication line) and field the numerous calls about the status of our patients and medical center after a storm. Finance employees will work with our financial institutions to make sure funds are available to (the hospital) in the event of storm damage.

EDUCATION - June has been designated as "Hurricane Preparedness Month" at (the hospital) - a time to discuss hurricane preparedness and communicate our Hurricane Preparedness Plan with all employees at the start of hurricane season. Informing new employees and reminding a veteran about their roles during a hurricane is very important. That's why all new employees receive information on hurricane preparedness during their department or unit orientation and before the start of hurricane season (June 1) each year.

EXEMPTION FORMS – (The hospital) understands some employees may have extenuating circumstances that make it impossible for them to work during a storm. Because of these situations, an employee may be considered exempt and excused from working during a storm. To be eligible, the employee must submit an Exemption Form annually to his or her manager, review "Staffing under Emergency Situations" of the Hurricane Preparedness Plan and meet at least one of the following criteria:

- You provide care for an elderly, immediate relative who cannot care for himself or herself on a routine basis. There are no other adult family members to provide this care. This person would not otherwise qualify for a special needs shelter.
- You provide care that cannot otherwise be delivered for an immediate relative who is handicapped, or otherwise has a chronic illness.
- You are the sole caregiver of a child less than two years of age and cannot make other arrangements.
- When both parents of a child less than two years old, one of whom works for another emergency services employer (i.e. nursing, other medical center, law enforcement and fire/rescue and city

employee) are required to work and have simultaneous roles during a storm, the employee is exempt.

- When both parents of a child less than two years old work at (the hospital) and normally would have simultaneous roles during a storm, one is exempt.

Please note:

- While an approved Exemption Form excuses an employee from working during a storm, **the employee will be required to work in the pre- and/or post-storm phases.**
- (The hospital) also understands that sudden life changes occur, so emergency exemptions may be granted by your department director.
- If your situation doesn't fit into any of the categories above, you may be asked to work during a hurricane.

CHILDCARE ENROLLMENT FORMS - For employees who volunteer or are required to work during and/or after a storm, (the hospital) provides child care for children who are age 18 or younger. A Childcare Enrollment Form must be completed upon hire and annually in May each year. If you have children older than age 16, they may be allowed to volunteer in other areas of the medical center. If schools and daycare facilities aren't open post-storm, working employees who have no other childcare options may bring their children to the designated childcare area. (Check with the internal hospital communication line for details post-storm.)

STORM COMMUNICATIONS - Communication is the key to emergency preparedness. In the event of an impending storm, (the hospital) Intranet and hotline are revised on a regular basis to give employees up-to-date information on facility preparations, conditions and some work schedule expectations. However, these systems are not intended to replace communicating with your supervisor, manager or director, so be sure to check your home answering machine frequently and keep in touch with your department for your responsibilities during and after a storm. Arrangements have been made with local radio and television stations to transmit information for our employees. For the latest updates in the event of a hurricane, turn to any of the following:

LIST TV AND RADIO STATIONS

_____

_____

_____

_____

_____

_____

ALL RADIO STATIONS LISTED HAVE AGREED TO CARRY (HOSPITAL) ANNOUNCEMENTS.

STORM STAFFING - All employees play key roles in meeting the needs of our community when faced with a hurricane. While many of our employees work within the hospital setting, others work in ancillary and support departments and are not covered specifically under a hospital hurricane plan. Their roles in support of the organization plan may require them to work in other areas not specific to their regular jobs by staffing the "Labor Pool." Departments will usually request additional staffing support in May, before the start of hurricane season. The needs of clinical and non-clinical departments to assign work and respite areas are coordinated through the (insert responsible party). One challenge we face during a storm is facility security. Many don't understand that hospitals are <u>not</u> general population shelters. To ensure those inside our facilities truly belong there, employees working before, during or after a storm will be required to show their (hospital) ID badges before entering and exiting a facility. In addition, the ID badges also are used for employees to return to the hospital when roads are cleared for travel and a curfew is still in force.

(HOSPITAL)'S EMERGENCY OPERATIONS CENTER (EOC) – (The hospital) EOC ensures the adequacy of the hospital's storm preparations and provides the communications link with state and county emergency management officials. Preparations coordinated through the EOC include facility staffing, patient census, bed availability, computer system status, sleeping area designations, childcare and attaining 100 percent readiness before the storm hits. The EOC is located in the (insert location). EOC staffing is defined by the Hurricane Preparedness Plan with the facility being operational 12 to 24 hours prior to the expected arrival of the storm.

SLEEPING ARRANGEMENTS - Maintaining mental alertness during a stressful situation, especially a hurricane, is very important. Proper rest is paramount to having a sharp team, ready for anything. Because of this, respite hours and areas are assigned to all employees and physicians who are at the facility during the storm. These areas will be identified and assigned by _____. Personnel will receive their specific room assignments when they report for hurricane duty. Remember to bring your own pillows, linens, towels, soap, toilet articles, etc.

FACILITY SAFETY - A common question during a hurricane or severe storm is, "How safe is the facility?" While the nature of a disaster prevents a guarantee of total safety, as healthcare workers who stay during a storm, we accept a level of risk to serve our patients. (The hospital) performs regular vulnerability assessments to all facilities to make them as safe as possible. Experienced structural engineers assess each building's physical strengths and weaknesses.

VOLUNTEERS - To make sure we can accommodate a high demand for services should a hurricane directly impact our area, volunteers and auxiliaries are available after a storm. During the storm, they should seek other shelter or evacuate when directed to do so by the local and county Offices of Emergency Management.

SHELTERING - Caring for patients in the hospital, as well as those injured after hurricane arrival, requires a well-staffed facility. In the event roads are impassable after a storm, the hospital must have enough staff to operate without interruption for a few days. Each department is responsible for its own staffing plans, so be sure to talk with your department director, manager or supervisor.

Three distinct groups will be in the facility during a hurricane, each with unique circumstances. These include patients, employees and physicians. A great deal of planning has been directed toward this subject, and each group is addressed below:

Patients and their families: Patients are our primary concern and the reason we're here, so it's important to reassure them and their families during a hurricane. In the event of a storm, family members are always encouraged to seek the safety of an approved shelter.

However, if requested, one family member will be allowed to stay with each patient. The family member will be required to bring the same supplies for personal use as are (hospital) employees.

Employees and their families: Our employees are critical to (hospital) success in any emergency, especially a hurricane, and (hospital) understands the stress of preparing a home and family for a storm. We understand how important it is to ensure your family's safety, so the following services will be provided as needed:

- For employees who volunteer or are required to work during or post-storm, (hospital) provides child care for children age 20 or younger. A Childcare Enrollment Form must be completed upon hire and annually in May each year. Children older than 16 may be permitted to volunteer in other areas of the medical center, as appropriate.
- If schools and daycare facilities aren't open post-storm, working employees who have no other child care options may bring their children to designated childcare facilities.
- Employees working during a storm will be given information before the storm to prepare their homes. If your family members must evacuate, they should bring enough supplies to their shelter location to be comfortable for at least 72 hours.

- A list of approved shelters in (County Name) is available at (list resource).
- Employees scheduled to work post-storm should only evacuate when required and only go as far as necessary.

Physicians and their families: Volunteer physicians help maintain the readiness of our hospital during a hurricane. Without their assistance, we would not be prepared to care for our patients. In the event of a storm, physicians' families are always encouraged to seek the safety of an approved shelter. However, these physicians are not hospital employees, so if requested, the hospital allows them to bring their families to the facility during the storm. As with patients' family members, they must bring their own sleeping and food supplies.

Special Needs Shelters: Many individuals in our community require special assistance when they're evacuated, but not the acute care that's provided in hospitals. People with special needs may include those requiring 24-hour healthcare maintenance or medical equipment that requires 24-hour electrical power. Residents with special needs should register with the County Office of Emergency Management. When a hurricane is approaching, emergency officials will open the special needs shelters as designated for the particular season.

PREPARING YOUR WORK AREA - Even with the diverse types of departments within (the hospital), there are a number of work preparedness tasks that should be completed by everyone to prevent damage and loss, especially to protect electronic equipment. Your department plan/checklist may have additional tasks for you to complete. The following are general guidelines for all (hospital) departments. Please be sure to check with your department director, manager or supervisor to identify other items to be completed within your department before a storm:

Personal Computers (PCs)

- Disconnect your PC, monitor, keyboard and mouse from each other and the wall power outlets. Be sure to also disconnect the network cable on the back of your PC (it looks like a telephone cable). Please note that the Information Services department recommends that you disconnect the network cable from the PC, and not from the wall. This allows you or Information Services to more quickly get the equipment operating after a storm.
- If not already mounted above the floor, move any PC equipment off the floor at least 10 feet from a window, mark it with your name and wrap it in plastic. Do not use red biohazard bags for this process.

Telephones

- Please leave your phone connected.
- Wrap it in plastic and mark it with your name. As with PCs, do not use red biohazard bags in this process.

Fax machines, printers and copiers

- Please be sure all department fax machines, printers and copier are disconnected from outlets.
- Move them at least 10 feet away from windows and cover them in plastic. Once again, do not use red biohazard bags.

Miscellaneous desktop items

- Remove all papers, books, and loose materials from your desk.
- Place these materials in a box marked with your name and store it off the floor in a safe place.

Finally, please be sure to check with your fellow employees to see if they need any assistance preparing their areas or the department. Teamwork is the cornerstone of hurricane preparation.

Planning & Response

Appendix 2b
Hospital Employees:
Sheltering Necessities

FAMILY/STAFF CHECKLIST FOR STAYING AT HOSPITAL DURING A STORM

Family and staff are responsible for providing all of their own necessities.

- ☑ Medications
- ☑ Toiletries
- ☑ Clothing
- ☑ Towels
- ☑ Linens
- ☑ Sleeping bag
- ☑ Quiet games

Insert other appropriate items for your facility, with respect to facility/organization's policies. Note in policy what is NOT permitted and limitations of items.

Planning & Response

Appendix 2c
Hospital Employees:
Hurricane Preparedness Checklist

EMPLOYEE HURRICANE PREPAREDNESS CHECKLIST

Employees are to complete the following each year by May 30.

- ☑ Review Hurricane Human Resource Policy ##
- ☑ Complete Hurricane HR Policy ## acknowledgement form
- ☑ Complete other forms as needed: work exemption, childcare enrollment
- ☑ Review department hurricane plan
- ☑ Review hospital hurricane plan
- ☑ Check with supervisor regarding your role and responsibilities
- ☑ Know staffing (team) assignment
- ☑ Develop a family preparedness plan
- ☑ Have a disaster supply kit

Supervisors and above are to complete the following in addition to previous items:

- ☑ Update hurricane department plan as needed
- ☑ Update staffing plans
- ☑ Submit a copy of staffing plan to _____
- ☑ Identify and document any special equipment or supply needs you have for hurricanes and submit this information to ____
- ☑ Review Hurricane HR Policy ##, acknowledgement form and childcare enrollment form with staff
- ☑ Ensure staff have signed all appropriate forms
- ☑ Sign forms and submit as directed on form
- ☑ Update protective measures for your department/work area
- ☑ Ensure protective measures are clearly communicated to staff
- ☑ Post checklist of protective measures for staff

INSERT ADDITIONAL CHECKLIST ITEMS AS APPROPRIATE FOR YOUR FACILITY.

Planning & Response

Appendix 2d
Hospital Employees:
Pre-season Employee Acknowledgement Form

HURRICANE PRE-SEASON EMPLOYEE ACKNOWLEDGEMENT FORM

Complete form annually by May 30 and update as needed during hurricane season.

PLEASE PRINT

EMPLOYEE NAME _____

DEPARTMENT _____

SUPERVISOR _____

FACILITY (IF PART OF A SYSTEM) _____

I ____*(insert name)*_____ have read and acknowledge understanding of the Hurricane Policy ##, my department's hurricane plan and have checked with my supervisor and know my assignment per our department plan.

INITIAL ONE OF THE FOLLOWING:

_____ I understand that I am not exempt from working during a tropical storm or hurricane.

_____ I am exempt from working during a tropical storm or hurricane and have completed the exemption form.

In addition, I ____*(insert name)*_____ understand it is my responsibility to have a family preparedness plan (*and INSERT APPROPRIATE LANGUAGE FOR YOUR FACILITY i.e. I am not permitted to have family members come to work with me during a storm OR I may have my spouse and dependent children/dependent elderly parent come to work with me during a tropical storm or hurricane.)*

_____ I have completed the childcare enrollment form.

EMPLOYEE SIGNATURE _____ DATE _____

SUPERVISOR SIGNATURE _____ DATE _____

SUPERVISORS SUBMIT FORM TO _____

Planning & Response

Appendix 2e
Hospital Employees:
Work Exemption Form

HURRICANE WORK EXEMPTION FORM

Complete form annually by May 30 and update as needed during hurricane season.

PLEASE PRINT

EMPLOYEE NAME _____

DEPARTMENT _____

SUPERVISOR _____

FACILITY (IF PART OF A SYSTEM) _____

I _____ *employee name* am requesting an exemption from working at _____ *facility name* during a tropical storm or hurricane. I meet one or more of the following permissible exemptions:

_____ I provide care for an immediate family member who cannot care for him/herself, due to physical limitations, handicap or chronic illness, on a routine basis and there are no other family members who can provide this care.

_____ I have a child(ren) that is less than (_____) year(s) of age and no other family member is available to care for the child(ren).

INSERT APPROPRIATE CRITERIA FOR YOUR FACILITY

I _____ *employee name* certify that the above checked statement is true and understand that providing false information may result in discipline up to and including termination.

EMPLOYEE SIGNATURE _____ DATE _____

SUPERVISOR SIGNATURE _____ DATE _____

SUPERVISORS SUBMIT FORM TO _____

Planning & Response

Appendix 2f
Hospital Employees:
Childcare Enrollment Form

CHILDCARE ENROLLMENT FORM

Complete form annually by May 30 and update as needed during hurricane season.

PLEASE PRINT

EMPLOYEE NAME _____

DEPARTMENT _____ SUPERVISOR _____

FACILITY (IF PART OF A SYSTEM) _____

I am assigned to the ☐ pre ☐ during ☐ post storm staff team.

Seek legal counsel for facility for statement regarding liability protections

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR EACH CHILD.

NAME _____ BIRTH DATE _____

MEDICATIONS _____

ALLERGIES _____

SPECIAL CONCERNS _____

PHYSICIAN CONTACT: NAME _____ PHONE _____

NAME _____ BIRTH DATE _____

MEDICATIONS _____ ALLERGIES _____

SPECIAL CONCERNS _____

PHYSICIAN CONTACT: NAME _____ PHONE _____

NAME _____ BIRTH DATE _____

MEDICATIONS _____ ALLERGIES _____

SPECIAL CONCERNS _____

PHYSICIAN CONTACT: NAME _____ PHONE _____

EMPLOYEE SIGNATURE _____ DATE _____

SUPERVISOR SIGNATURE _____ DATE _____

SUPERVISORS: SUBMIT FORM TO _____

Planning & Response

Appendix 3
Kaiser Permanente Hazard Vulnerability Analysis

KAISER PERMANENTE®

Medical Center Hazard and Vulnerability Analysis

This document is a sample Hazard Vulnerability Analysis tool. It is not a substitute for a comprehensive emergency preparedness program. Individuals or organizations using this tool are solely responsible for any hazard assessment and compliance with applicable laws and regulations.

INSTRUCTIONS:

Evaluate potential for event and response among the following categories using the hazard specific scale. Assume each event incident occurs at the worst possible time (e.g. during peak patient loads).

Please note specific score criteria on each work sheet to ensure accurate recording.

Issues to consider for **probability** include, but are not limited to:

1 Known risk
2 Historical data
3 Manufacturer/vendor statistics

Issues to consider for **response** include, but are not limited to:

1 Time to marshal an on-scene response
2 Scope of response capability
3 Historical evaluation of response success

Issues to consider for **human impact** include, but are not limited to:

1 Potential for staff death or injury
2 Potential for patient death or injury

Issues to consider for **property impact** include, but are not limited to:

1 Cost to replace
2 Cost to set up temporary replacement
3 Cost to repair
4 Time to recover

Issues to consider for **business impact** include, but are not limited to:

1 Business interruption
2 Employees unable to report to work
3 Customers unable to reach facility
4 Company in violation of contractual agreements
5 Imposition of fines and penalties or legal costs
6 Interruption of critical supplies
7 Interruption of product distribution
8 Reputation and public image
9 Financial impact/burden

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Medical Center Hazard and Vulnerability Analysis

Issues to consider for **preparedness** include, but are not limited to:

1 Status of current plans
2 Frequency of drills
3 Training status
4 Insurance
5 Availability of alternate sources for critical supplies/services

Issues to consider for **internal resources** include, but are not limited to:

1 Types of supplies on hand/will they meet need?
2 Volume of supplies on hand/will they meet need?
3 Staff availability
4 Coordination with MOB's
5 Availability of back-up systems
6 Internal resources ability to withstand disasters/survivability

Issues to consider for **external resources** include, but are not limited to:

1 Types of agreements with community agencies/drills?
2 Coordination with local and state agencies
3 Coordination with proximal health care facilities
4 Coordination with treatment specific facilities
5 Community resources

Complete all worksheets including Natural, Technological, Human and Hazmat.
The summary section will automatically provide your specific and overall relative threat.

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HAZARD AND VULNERABILITY ASSESSMENT TOOL
NATURALLY OCCURRING EVENTS

KAISER PERMANENTE®

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	*Possibility of death or injury*	*Physical losses and damages*	*Interuption of services*	*Preplanning*	*Time, effectivness, resouces*	*Community/ Mutual Aid staff and supplies*	*Relative threat**
SCORE	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 - 100%*
Hurricane								0%
Tornado								0%
Severe Thunderstorm								0%
Snow Fall								0%
Blizzard								0%
Ice Storm								0%
Earthquake								0%
Tidal Wave								0%
Temperature Extremes								0%
Drought								0%
Flood, External								0%
Wild Fire								0%
Landslide								0%
Dam Inundation								0%
Volcano								0%
Epidemic								0%
AVERAGE SCORE	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0%**

**Threat increases with percentage.*

RISK = PROBABILITY * SEVERITY		
0.00	0.00	0.00

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HAZARD AND VULNERABILITY ASSESSMENT TOOL
TECHNOLOGIC EVENTS

KAISER PERMANENTE®

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	*Possibility of death or injury*	*Physical losses and damages*	*Interuption of services*	*Preplanning*	*Time, effectivness, resouces*	*Community/ Mutual Aid staff and supplies*	*Relative threat**
SCORE	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 - 100%*
Electrical Failure								0%
Generator Failure								0%
Transportation Failure								0%
Fuel Shortage								0%
Natural Gas Failure								0%
Water Failure								0%
Sewer Failure								0%
Steam Failure								0%
Fire Alarm Failure								0%
Communications Failure								0%
Medical Gas Failure								0%
Medical Vacuum Failure								0%
HVAC Failure								0%
Information Systems Failure								0%
Fire, Internal								0%
Flood, Internal								0%
Hazmat Exposure, Internal								0%
Supply Shortage								0%
Structural Damage								0%
AVERAGE SCORE	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0%**

**Threat increases with percentage.*

RISK = PROBABILITY * SEVERITY		
0.00	0.00	0.00

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HAZARD AND VULNERABILITY ASSESSMENT TOOL
HUMAN RELATED EVENTS

KAISER PERMANENTE®

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	*Possibility of death or injury*	*Physical losses and damages*	*Interuption of services*	*Preplanning*	*Time, effectivness, resouces*	*Community/ Mutual Aid staff and supplies*	*Relative threat**
SCORE	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 - 100%*
Mass Casualty Incident (trauma)								0%
Mass Casualty Incident (medical/infectious)								0%
Terrorism, Biological								0%
VIP Situation								0%
Infant Abduction								0%
Hostage Situation								0%
Civil Disturbance								0%
Labor Action								0%
Forensic Admission								0%
Bomb Threat								0%
AVERAGE	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0%**

**Threat increases with percentage.*

RISK = PROBABILITY * SEVERITY		
0.00	0.00	0.00

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HAZARD AND VULNERABILITY ASSESSMENT TOOL
EVENTS INVOLVING HAZARDOUS MATERIALS

KAISER PERMANENTE®

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	*Possibility of death or injury*	*Physical losses and damages*	*Interuption of services*	*Preplanning*	*Time, effectivness, resouces*	*Community/ Mutual Aid staff and supplies*	*Relative threat**
SCORE	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 - 100%*
Mass Casualty Hazmat Incident *(From historic events at your MC with >= 5 victims)*								0%
Small Casualty Hazmat Incident *(From historic events at your MC with < 5 victims)*								0%
Chemical Exposure, External								0%
Small-Medium Sized Internal Spill								0%
Large Internal Spill								0%
Terrorism, Chemical								0%
Radiologic Exposure, Internal								0%
Radiologic Exposure, External								0%
Terrorism, Radiologic								0%
AVERAGE	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0%**

**Threat increases with percentage.*

RISK = PROBABILITY * SEVERITY		
0.00	0.00	0.00

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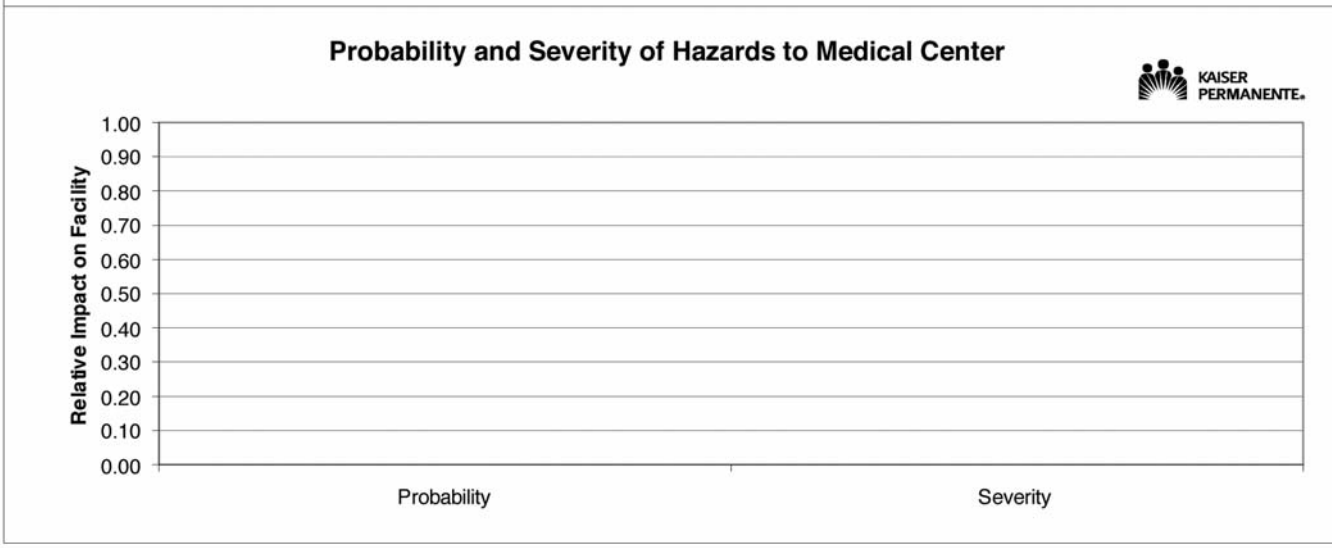
SUMMARY OF MEDICAL CENTER HAZARDS ANALYSIS

	Natural	Technological	Human	Hazmat	Total for Facility
Probability	0.00	0.00	0.00	0.00	0.00
Severity	0.00	0.00	0.00	0.00	0.00
Hazard Specific Relative Risk:	0.00	0.00	0.00	0.00	0.00



This document is a sample Hazard Vulnerability Analysis tool. It is not asubstitute for a comprehensive emergency preparedness program. Individuals or organizations using this tool are solely responsible for any hazard assessment and compliance with applicable laws and regulations.

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Appendix 4
NJHA Key Resources for Inclement Weather Preparedness

KEY RESOURCES FOR INCLEMENT WEATHER PREPAREDNESS

New Jersey

NJ Traffic
www.511nj.org or by calling 511

Description:
Real-time traffic information, including weather-related incidents.

Atlantic City Electric
http://www.atlanticcityelectric.com/home/emergency/

Description:
Outages and emergency preparedness resources. Maps provide snapshots of Atlantic City Electric's electrical outages and active work locations.

PSEG
http://www.pseg.com/outagecenter/index.jsp

Description:
Outage Center provides map and table view of customer outages throughout the state.

Jersey Central Power & Light (JCP&L)
http://www.firstenergycorp.com/outages/outages.do?state_code=NJ

Description:
Maps and other resources including power outage news and information are located in the **Outage Help** tab.

Orange & Rockland
http://www.oru.com/energyandsafety/storms/

Description:
Storm Information Center including outage map for Orange & Rockland clients.

Pennsylvania

PA Traffic
http://www.511pa.com/Traffic.aspx

Description:
Map providing information regarding winter road conditions.

Delaware

Delaware Department of Transportation (DELDOT)
http://www.deldot.gov/public.ejs?command=PublicLocatableMap

Description:
Interactive traffic map providing weather-related information.

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Appendix 5
Evacuate or Shelter-in-Place Decision Guide

It is imperative that all hospitals have an evacuation plan. Category 4 or 5 hurricanes are catastrophic in nature. Hospitals in the projected path of a Category 4 or 5 storm will need to strongly consider evacuation. In some cases, hospitals may need to evacuate for a Category 1 storm. This is dependent on your facility's location and specific vulnerabilities.

Decisions regarding what category would necessitate evacuation can be made in advance of an event. The results of your hazard vulnerability analysis, the emergency management system, community infrastructure and resources where your facility is located, and the information below may assist you with making this determination.

When making the decision to evacuate or shelter-in-place, consider the following *(*this list is not all-inclusive*):

- Nature of the event
  - What is the expected duration of the event?
  - What is the scope of the event? How broad of an area is expected to be impacted? *(Note: Given the size of New Jersey, it is likely that a hurricane will impact the entire state. Also, due to the uncertainty of the exact path and how far reaching the storm may be, it is likely that all facilities in the state will need to take preparedness measures.)*
  - What threats does the event pose to your facility?
  - What were the results of your facility's hazard vulnerability analysis relative to the event/ potential threats?
- Location of facility
  - Is your facility in a flood plane?
  - What is the expected storm surge associated with the storm? Is your facility in the storm surge zone?
- Integrity of facility based on facility assessments in respect to the effects of hurricanes
  - What is the structural integrity of the building? Has it been rated for safety relative to sustained wind speeds? If so, what is the safety rating and what are the expected wind speeds of the approaching storm?
  - Are the windows of your facility protected from wind-borne debris either with storm shutters or have storm windows with impact glass been installed?
- Availability of supplies pre- and post-event
  - Will you be able to access supplies post-event?
  - What is the length of time your facility can be self-sufficient without utilities and having sustained minor damage? Can your facility remain self-sufficient until outside resources will again be accessible? (*Note: the more intense the storm and the larger the area the storm impacts, the longer you will need to remain self-sufficient)*
- Impact on staff
  - Will staff be able to rotate shifts?
  - Will staff be able to stay at the hospital while they are not on duty?
  - What is the potential for major roadways to be flooded to and from your facility?
  - Will staff be able to travel on roads to and from the facility pre & post event?

- Impact on patients
  - What is the potential impact on standards of care due to the event?
  - Will you be able to sufficiently support the patient population in your facility with reduced operational capacity?

If it is appropriate for your facility to evacuate for a storm, evacuation plans need to consider the following *(*this list is not all-inclusive*):

- Plan in concert with local and state emergency management as appropriate
- Transportation of patients
  - Consider including the use of air assets for transporting patients
  - Consider transporting patients out- of-state
  - Be prepared to transport staff to multiple hospitals
- Patient tracking
  - Consider use of different color arm bands to designate triage level for transport
- Patient records transfer
  - Consider developing a patient evacuation checklist that includes basic patient information, medications, current diagnosis and treatment, physician name and contact information, etc.
  - Consider providing patient medications for transfer and establish procedures for doing so.
- Staff assignments and logistics
  - Will staff travel with patients? Will staff stay and work at accepting facility?
  - Staff transportation, lodging, etc
  - Staff privileges and licensure reciprocity with other states
- Mutual aid agreements and contracts for needed services and resources

Resources:

National Criteria for Evacuation Decision-making in Nursing Homes *http://www.fhca.org/news/evacsurvey.pdf*

GAO-06-443R, Disaster Preparedness: Preliminary Observations on the Evacuation of Hospitals and Nursing Homes Due to Hurricanes *http://www.gao.gov/new.items/d06443r.pdf*

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Appendix 6
Shelter-in-Place Checklists

SHELTER-IN-PLACE: Pre-storm Hours Checklists

Hurricanes can be unpredictable as to intensity and path; therefore you will need to be prepared to implement plans for worst case scenarios. The closer or more intense the storm, the more damage to infrastructure you can expect, resulting in longer recovery time and greater delays for re-supply and access to supportive resources. Due to the unpredictability and the geography (size and location) of New Jersey, all hospitals in the state may need to take preparedness actions if any portion of New Jersey is in the path of a storm. Hurricanes that threaten New Jersey have the potential to have a statewide impact.

Hospitals sheltering-in-place for a hurricane will take very similar steps for each threat, again bearing in mind the more intense the storm, the longer the facility will need to be self-sustaining. Though the focus of this toolkit is for hospitals planning to shelter in place for a storm, it is imperative hospitals also have an evacuation plan. Hurricanes categorized as 4 or 5 on the Saffir-Simpson Scale are catastrophic in nature. Hospitals projected to be impacted by a Category 4 or 5 storm will need to consider strongly evacuation. In some cases, hospitals may need to evacuate for a Category 1 storm. This is dependent upon your facility's location and specific vulnerabilities.

Decisions regarding what category storm will necessitate evacuation can be made in advance of an event. The results of your hazard vulnerability analysis, the emergency management system, community infrastructure and resources where your facility is located can assist you with the decision-making process.[34]

[34] See also *Evacuate or Shelter-in-Place Decision Guide*, Appendix #5

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Appendix 6A
Shelter-in-Place Checklist:
96-72 Hours Prior to Onset

96-72 HOURS PRIOR TO ONSET

TASK	COMPLETED	BY WHOM	WHEN
All administrative and supervisory staff review facility hurricane plan.			
All staff review department hurricane plan.			
Verify and update contact lists and information for all staff.			
Closely monitor weather reports and information provided by emergency operations officials.	ONGOING		
Finalize staffing plans.			
Notify staff of staffing plans.			
Activate hurricane disaster plan.			
Notify staff of plan activation.			
Activate all additional communication venues, i.e. employee hotline, Web page, etc.			
Activate ICS/HICS.			
Send briefs (i.e. Situation Reports/Incident Action Plans) regularly to all staff, stakeholders, partners, Board of Trustees, etc.			Note Time Intervals for briefs
Check inventory and order additional medical supplies. ■ Oxygen, oxygen tanks and associated supply parts ■ Pharmaceuticals – *make list in advance of commonly used medications such as maintenance type medications, medication for pain and antibiotics.* ■ *Insert items specific to your hospital's plan.*			
Order additional food inventory and supplies.			
Check inventory of other facility supplies and order additional supplies as needed			
■ Toilet paper ■ Fuel			

96-72 HOURS PRIOR TO ONSET (CONTINUED)

TASK	COMPLETED	BY WHOM	WHEN
■ Generator maintenance supplies ■ Linens ■ Water – potable and non-potable ■ *Insert additional items specific to your hospital's plan*			
Check alternate sources for power and address any unmet needs.			
Contact power company and ensure priority status.			
Check alternate sources for potable and non-potable water, and address any unmet needs.			
Verify patient discharge and transfer procedures. Address unmet needs.			
Verify patient tracking procedures. Address unmet needs.			
Check communications equipment; verify functionality of redundant forms of communication. Address unmet needs.			
Implement just-in-time and refresher training as needed (i.e. staff performing duties that they do not perform regularly). ■ Provide training on communications equipment. ■ Provide instructions on backing up computer files. ■ *Insert just-in-time training applicable to your hospital's plan.*			
Review safety and security procedures. Address unmet needs.			
Verify Memorandums of Understanding/Mutual Aid/Contract agreements.			
Verify documentation procedures and use of appropriate forms to track expenses associated with the event.			
Verify waste management procedures.			
Make evacuation decisions as appropriate.			

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Appendix 6B
Shelter-in-Place Checklist:
72-48 Hours Prior to Onset

72-48 HOURS PRIOR TO ONSET

Task	Completed	By Whom	When
Implement protective measures for facility (e.g. place shutters on windows).			
Implement protective measures in all work areas.			
Implement protective measures for computer systems and equipment.			
Secure additional medical supplies. ■ Oxygen, oxygen tanks and associated supply parts needed to support oxygen dependent patients. ■ Pharmaceuticals. ■ *List additional hospital-specific items.*			
Secure additional food inventory and supplies.			
Secure other facility supplies. ■ Toilet paper ■ Fuel ■ Generator maintenance supplies. Be able to maintain alternate sources of power. ■ Linens ■ Water – potable and non-potable ■ Sani bags ■ *List additional hospital-specific items.*			
Obtain and secure cash.			
Secure any loose items that may be blown by strong winds (e.g. unsecured outdoor furniture, statuary, debris, etc.)			
Begin review of patient discharge.			
Discharge patients that can be safely discharged.*			
Transfer patients that need to be transferred.*			

** Patient transfers and discharges will need to be coordinated in advance of when officials call for evacuations.*

72-48 HOURS PRIOR TO ONSET (CONTINUED)

TASK	COMPLETED	BY WHOM	WHEN
Ensure patient tracking procedures are followed.			
Implement limited admissions procedures as needed.			
Ensure all staff has an opportunity to implement personal preparedness plans.			
Notify media of briefing times.			Note briefing times.
Establish intervals to update employee hotline.			Note time intervals.
Update employee hotline regularly.			

Planning & Response

Appendix 6c
Shelter-in-Place Checklist:
48-24 Hours Prior to Onset

48-24 HOURS PRIOR TO ONSET

Task	Completed	By Whom	When
Begin limiting and/or canceling elective surgeries to avoid post-operative stays.			
Review security procedures with staff.			
Implement additional security measures.			
Back up all data and patient and employee records.			
Print hard copies of vital information that may be needed during the storm. ■ Contact lists ■ *Insert list of items specific to your hospital's plan.*			
Pre-position supplies throughout hospitals.			
Arrange and designate areas of hospitals for family, child care and pets (as appropriate based on your plan/policies).			
Report bed status regularly to emergency operations personnel.			
Continue to monitor weather reports and information from emergency operations personnel.			
Continue to provide updates to all staff, stakeholders, partners, emergency officials, etc.			
Ensure all protective measures have been implemented in all work areas.			
Ensure staffing schedules are completed and communicated to all staff.			

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Appendix 6D
Shelter-in-Place Checklist:
Less than 24 Hours Prior to Onset

LESS THAN 24 HOURS TO ONSET

Task	Completed	By Whom	When
Post signage to designate family, childcare and pet areas of hospital.			
Staff report as assigned (two shifts to stay through the storm).			
Support staff reporting to hospital for storm duty.			
Ensure proper forms, waivers, etc are complete.			
Distribute radios for internal hospital use.			
Keep media in designated media staging areas.			
Complete final patient transfers.			
Continue to monitor patient census.			
Ensure patient tracking procedures are being followed.			
Verify proper financial documentation procedures were implemented.			
Re-check pre-positioned supplies.			
Verify back up inventory tracking procedures.			
Verify back up of all data and data systems.			
Complete any actions listed above not yet completed.			

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Appendix 7
Utility Failure Operational Impact Chart

Utility Failure Operational Impact Chart

Utility

Hours after Utility Failure

	0	8	16	24	32	40	48	56	64	72	80	88	96
Normal power failure (winter) [1, 3, 8, 9,14,15]													
Normal power failure (summer) [2, 3, 8, 9,14,15]													
Emergency power failure [7, 8, 9]													
Fuel [3, 12]													
Entire loss of water pressure [4, 5, 8]													
Loss of steam (winter) [1, 8 ,9, 13]													
Loss of steam (summer) [2, 8, 9, 13]													
Loss of natural gas (winter) [1, 8, 13, 15]													
Loss of natural gas (summer) [2, 8, 13, 15]													
Chiller failure (winter) [2]													
Chiller failure (summer) [2, 8]													
Major air handler failure (winter) [1, 8, 9]													
Major air handler failure (summer) [2, 8, 9]													
Sewage system failure [8, 9]													
Sump pump failure [8, 9]													
Loss of bulk oxygen													
Loss of medical air													
Loss of bulk nitrous oxide													
Loss of medical vacuum [8, 9]													
Computer server failure [10]													
Telephone switch failure [10]													
Loss of elevators [6]													
Pneumatic tube system failure [10]													
Loss of Fire Alarm System [11]													
Loss of Fire protection/Sprinkler System [11]													

This chart must be completed with the notion that there will be no replenishment of product.

Green:
Indicates that all patient, staff and guest services can continue without impact or change in operation.

Yellow:
Indicates that selected patient, staff or guest services may be revised or terminated. Facility evacuation planning will begin. Indicates that new admissions will be denied. ED will be placed on divert. Elective surgeries and outpatient services will be canceled. Conservation measures will be required to conserve critical resources. Visitor hours will be limited or cancelled.

Red:
All but most critical, life saving procedures will be discontinued. Inpatients will be transferred to other facilities with transfer agreements according to need and critical status.

1 - Length of normal operations can be extended depending on outside temperature. The warmer the weather the longer we may be able to sustain operations beyond the 96 hours.
2 - Length of normal operations can be extended depending on outside temperature. The cooler the weather the longer we may be able to sustain operations beyond the 96 hours.
3 - Reducing the electrical load on the generator will reduce the fuel consumption and therefore extend the amount of fuel we have.
4 - Loss of water pressure will result in the loss of the following: MRI, Vacuum System, Boilers, Chillers, Fire Sprinkler System, SPD, lab, kitchen cooking and cleaning.
5 - Loss is weather dependant and may accelerate the entry into the red areas on the chart above.
6 - Loss of the elevators will result in the need for extra staff in the event of the necessity of an evacuation of an area, floor or building.
7 - Will result in the loss of all life safety and critical care emergency power if all 3 generators fail and normal power unavailable. Failure of 1 or 2 will require the evacuation of affected areas.
8 - A combination of loss of some of these utilities could result in the acceleration of going into the red areas on the chart above.
9 - Assuming the emergency generator are operational.
10 - Will need runners.
11 - Will need fire watches stationed throughout the facility.
12 - Loss of fuel will result in the loss of the emergency generator and back up fuel supply for the boilers.
13 - Boilers could run on fuel oil if available to provide steam.
14 - Hours of generator operation is determined by the generator that would run the least amount of hours. The 1050 kW generator would only be able to run 8 hours with full load and 2,000 gallons of fuel in the tank, the 600 kW generator could run 16 hours with 2,000 gallons of fuel in tank. The 600 and 1050 generators use a common tank. The 750kW generator could run 32 hour on 2,000 gallons in the tank if boilers are not running on fuel oil.
15 - Dependant on fuel supply in tanks and would be reduced by the need for emergency power from the 750 generator.

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Appendix 8
Consumable Supply Operational Impact Chart

This chart must be completed with the notion that there will be no re-stocking of supplies. Inventory of in house items can be obtained through Stock Status Report from Shipping & Receiving department.

Green: Indicates that all patient, staff and guest services can continue without impact or change in operation.

Yellow: Indicates that selected patient, staff or guest services may be revised or terminated. Facility evacuation planning will begin. Indicates that new admissions will be denied. ED will be placed on divert. Elective surgeries and outpatient services will be canceled. Conservation measures will be required to conserve critical resources. Visitor hours will be limited or cancelled.

Red: All but most critical, life saving procedures will be discontinued. Inpatients will be transferred to other facilities with transfer agreements according to need and critical status.

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Appendix 9
Dialysis Concerns

PATIENTS ON DIALYSIS

Several resources are available online to assist with planning for addressing the needs of dialysis patients. Hospitals should check with local dialysis centers to ensure coordination of emergency plans.

- Emergency Instructions for Dialysis Patients
  http://www.esrdnetwork.org/disaster-planning/patients/emergency-instructions.asp
- Preparing for Emergencies: A Guide for People on Dialysis
  http://www.medicare.gov/Publications/Pubs/pdf/10150.pdf
- Trans-Atlantic Renal Council - Disaster preparedness information for patients and providers
  http://www.tarcweb.org/quality_improvement/emergency_disaster.asp#informationforproviders
  http://www.tarcweb.org/treatmentlocations/newjersey.asp
- End Stage Renal Dialysis Network of Texas Web site has many links including:
  - Triage checklist to assess need for acute dialysis
  - Shelter triage checklist for Hemodialysis and Peritoneal Dialysis patients
  - List of high potassium foods to avoid

  http://www.esrdnetwork.org/disaster-planning/hurricane/hospitals-shelters.asp

Guidance for Dialysis Care Providers

- What to do when your municipal water supplier issues a "boil water advisory"
  http://www.cdc.gov/ncidod/dhqp/dpac_dialysis_boilwater.html
- Safe Use of "Tanker" Water for Dialysis
  http://www.bt.cdc.gov/disasters/pdf/watertanker.pdf
- Infection Control for Peritoneal Dialysis (PD) Patients
  http://www.bt.cdc.gov/disasters/pdf/icfordialysis.pdf
- DaVita Hurricane Hotline Number 800-400-8331

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Appendix 10

Sample Mutual Assistance Agreement

MUTUAL ASSISTANCE AGREEMENT

This Mutual Assistance Agreement is entered into by and among those hospitals executing it, effective as to each hospital on the date of its execution. The North Dakota Healthcare Association (NDHA) will advise each hospital executing this Agreement of the identity of other hospitals which have executed the Agreement, and the names, addresses and telephone numbers of each executing hospital's Designated Representative. Each executing hospital and the North Dakota Department of Health shall be a "party" to this Agreement.

RECITALS

- WHEREAS, hospital acknowledges that each party may from time to time find it necessary to evacuate and transfer patients due to the occurrence of an external or internal disaster; and
- WHEREAS, the parties further acknowledge that each party may from time to time lack the staff, equipment, supplies and other essential services to optimally meet the needs of patients due to the occurrence of an external or internal disaster; and
- WHEREAS, the parties recognize that certain of the equipment and supplies which may be used in meeting the needs of patients during an internal or external disaster were purchased through grant money provided by the Department; and
- WHEREAS, the parties have determined that a Mutual Assistance Agreement, developed prior to a sudden and immediate disaster is needed to facilitate communication between and among the parties to coordinate the transfer of patients and the sharing of staff, equipment, supplies and other essential services in the event of an external or internal disaster;
- NOW, THEREFORE, in consideration of the above recitals and for other good and valuable considerations, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

1. DEFINITIONS.

a. "Affected Hospital" is a party which is impacted by an External or Internal Disaster and requests to transfer patients to another party, or requests the assistance of another party.

b. "Assisting Hospital" is a party which is available upon request to receive the transfer of patients from an Affected Hospital.

c. "Designated Representative" is the individual or position designated by each party to communicate with another party and to determine the distribution of information within their own healthcare organization in the event of an External or Internal Disaster.

d. "External Disaster" means a disaster occurring or imminent in the community surrounding a party. An External Disaster may affect the entire facility or only a portion of the facility.

e. "Internal Disaster" means a disaster occurring within a party's facility that materially affects the party's ability to provide patient care. An Internal Disaster may affect the entire facility or only a portion of the facility.

f. "Lending Hospital" is a party which is available to provide staff, equipment, supplies and/or other essential services to another party in the event of an External or Internal Disaster. Each executing hospital recognizes and agrees that, depending on circumstances, it may be an Affected Hospital, an Assisting Hospital, or a Lending Hospital.

2. IDENTIFICATION OF DESIGNATED REPRESENTATIVE. Each party agrees to provide to the NDHA and the Department the name and contact information of its Designated Representative who will be available to perform the functions stated in the definition above, and at least one back-up individual to serve as the Designated Representative in the primary Designated Representative's absence. The names and contact information for the executing hospital's Designated Representative and back-up individual will be provided to each executing hospital by the NDHA.

3. TRANSFER OF PATIENTS. Each party is willing to accept patients transferred by another party under the terms and conditions set forth in this Agreement.

4. TRANSFER RESPONSIBILITIES OF AFFECTED HOSPITAL. The parties agree that in the event it becomes necessary to transfer patients from an Affected Hospital to an Assisting Hospital, the Affected Hospital shall

   a. Contact the Designated Representative at the Assisting Hospital as soon as the Affected Hospital becomes aware of the need to transfer patients;

   b. Comply with any limitations communicated to the Affected Hospital regarding the numbers and types/acuity of patients that the Assisting Hospital is able to accept;

   c. Triage all patients prior to transfer to verify that the types and acuity of services required are within any limitations communicated to the Affected Hospital regarding the numbers and types/acuity of patients that the Assisting Hospital is able to accept;

   d. Arrange for the transport of each patient to the Assisting Hospital, with support of such medical personnel and equipment as is required by the patient's condition;

   e. Deliver to the Assisting Hospital, with each patient transferred, to the extent available, the patient's medical records, or copies thereof, sufficient to indicate the patient's diagnoses, condition, and treatment provided and planned;

   f. Make available one or more physicians of the Affected Hospital to address questions from the medical staff at the Assisting Hospital; and

   g. If feasible, inventory the patient's personal effects and valuables transported to the Assisting Hospital with the patient. The Affected Hospital shall deliver the inventory and the patient's valuables to the personnel transporting the patient, and receive a receipt for such items. The Assisting Hospital shall, in turn, acknowledge and sign a receipt for the valuables delivered to it.

5. TRANSFER RESPONSIBILITIES OF ASSISTING HOSPITAL. The parties agree that in accepting the transfer of patients from an Affected Hospital, an Assisting Hospital shall:

   a. Ensure that the Designated Representative is available twenty-four (24) hours a day, seven (7) days a week to implement this Agreement and to communicate with the Affected Hospital regarding the numbers and types/acuity of patients who may be transferred.

   b. Accept all transfers from the Affected Hospital that are within the limitations communicated by the Designated Representative of the Assisting Hospital. An Assisting Hospital shall not be obligated to accept any patients which exceed its capacity or staffing, which shall be determined in the Assisting Hospital's sole discretion.

   c. Record in the clinical records of each transferred patient notations of the condition of the patient upon arrival at the Assisting Hospital.

   d. If personal effects and valuables of the patient are transported with the patient, check those items against the inventory prepared by the Affected Hospital, and issue a receipt for such items as are received by the Assisting Hospital to the personnel transporting the patient.

6. RETURN OF PATIENTS TO AFFECTED HOSPITAL. Once the internal or external disaster conditions that required the transfer have sufficiently resolved, and if medically appropriate for each individual patient, an Assisting Hospital shall make arrangements to transfer the patients back to the Affected Hospital as soon as practicable. Upon re-transfer to the Affected Hospital, the Assisting Hospital will return any original medical records, including x-ray films, transferred with the patient. The Assisting Hospital shall also provide copies of medical records regarding all care provided to the patient by the Assisting Hospital.

7. DISCHARGE BY ASSISTING HOSPITAL. If a transferred patient is discharged by an Assisting Hospital, the Assisting Hospital will return to the Affected Hospital any original medical records, including x-ray films, transferred with the patient. If the Affected Hospital is not then able to receive

the returned medical records, the Assisting Hospital will retain the records in its records department until requested by the Affected Hospital.

8. CHARGES FOR SERVICES. All charges for services provided at an Affected Hospital or at an Assisting Hospital for patients transferred pursuant to this Agreement shall be collected by the party providing such services directly from the patient, third party payor or other source normally billed by the party. The parties agree to cooperate with each other in billing and collecting for services furnished to patients pursuant to this Agreement. The billing and collection of charges for transportation of the patient from an Affected Hospital to an Assisting Hospital (and to return the patient to the Affected Hospital) shall be the responsibility of the Affected Hospital.

9. LOANS OF PERSONNEL. The parties agree that an Affected Hospital may, due to an external or internal disaster, require the need for additional personnel from a Lending Hospital. The Lending Hospital, in its sole discretion and consistent with paragraph 24 below, will identify personnel that it can make available to the Affected Hospital, the time periods during which the personnel are available, and the duration of time the Lending Hospital anticipates it can continue to make such personnel available to the Affected Hospital. If at any time the Lending Hospital determines the return of all or some of its loaned personnel is necessary for the proper staffing of the Lending Hospital, then upon notice to the Affected Hospital, the Lending Hospital may direct its personnel to return to work at the Lending Hospital and such action shall not be a breach of this Agreement.

10. COMMUNICATION OF REQUEST FOR PERSONNEL. A request for the loan of personnel can be made verbally. The request, however, must be followed up in writing. The Affected Hospital will identify to the Lending Hospital the following:
    a. The type (including required competencies) and number of requested personnel;
    b. An estimate of how quickly the response is needed;
    c. The location where such loaned personnel are to report; and
    d. A brief description of how the loaned personnel will be used.

11. IDENTIFICATION OF LOANED PERSONNEL. Arriving loaned personnel will present their identification at the site designated by the Affected Hospital. The Affected Hospital will be responsible for the following:
    a. Meeting the arriving loaned personnel; and
    b. Confirming the loaned personnel's identification with the list of personnel provided by the Lending Hospital.

12. SUPERVISION OF LOANED PERSONNEL. The Affected Hospital's Designated Representative will identify where and to whom the loaned personnel are to report. Professional staff of the Affected Hospital will supervise the loaned personnel.

13. CREDENTIALS OF LOANED PERSONNEL. The Affected Hospital agrees to accept the professional credentialing determination made by the Lending Hospital for those services for which such personnel are credentialed or certified by the Lending Hospital.

14. RETURN OF LOANED PERSONNEL. The Affected Hospital is responsible for providing the loaned personnel transportation necessary for their return to the Lending Hospital.

15. CHARGES. The Affected Hospital will reimburse to Lending Hospital all costs associated with the loaned personnel, including, without limitation, the wages and benefits of such personnel for the period loaned. The Lending Hospital will furnish to the Affected Hospital an invoice reflecting the costs, and upon request by the Affected Party will provide information as necessary to reasonably verify the claimed costs. All charges for patient care provided by loaned personnel will be billed by and shall be the property of the Affected Hospital.

16. LOANING SUPPLIES AND/OR EQUIPMENT. The parties agree that an Affected Hospital may, due to an external or internal disaster, need the use of additional supplies and equipment.

17. COMMUNICATION OF REQUEST FOR SUPPLIES AND EQUIPMENT. A request for supplies or the loan of equipment can be made verbally. The request, however, must be followed up in writing. The Affected Hospital will identify the following:

    a. The quantity and exact type of requested items;

    b. An estimate of how quickly a response is needed;

    c. Time period for which the supplies or equipment will be needed; and

    d. Location to which the supplies or equipment should be delivered.

    The Lending Hospital, in its sole discretion and consistent with paragraph 24 and subject to paragraph 25 below, will identify which requests it can meet, how long it will take to fulfill the request, and, in the case of loaned equipment, how long the equipment can be made available to the Affected Hospital. If at any time the Lending Hospital determines the return of all or some of the loan equipment is necessary for the proper operation of the Lending Hospital, then upon request by notice to the Affected Hospital, the Affected Hospital will return such equipment, and such request shall not be a breach of this Agreement.

18. DOCUMENTATION OF SUPPLIES AND EQUIPMENT. The Affected Hospital will use the Lending Hospital's standard order requisition form as documentation of the request and receipt of the materials. The Affected Hospital's Designated Representative will confirm the receipt of the material resources. The documentation will detail at least the following:

    a. The supplies and/or equipment involved; and

    b. The condition of the equipment prior to the loan (if applicable).

19. TRANSPORTATION OF SUPPLIES AND EQUIPMENT. When feasible, the Affected Hospital will be responsible for transporting the requested supplies and equipment. If the Affected Hospital is unable to transport such supplies or equipment, the Lending Hospital will arrange for shipping/transportation to and from the Affected Hospital. All expenses of shipping/transport shall be the responsibility of the Affected Hospital.

20. RESPONSIBILITY FOR SUPPLIES AND EQUIPMENT. The Affected Hospital is responsible for appropriate use and maintenance of all loaned supplies and equipment.

21. CHARGES FOR LOANED SUPPLIES AND EQUIPMENT. The Affected Hospital shall be responsible for all costs arising from the use, damage, or loss of requested supplies and loaned equipment. Charges for equipment shall be at actual lease rate prorated by the number of days of use, or by the fair market rental value of comparable equipment, as chosen by the Lending Hospital. Charges for supplies will be at the Lending Hospital's costs.

22. RESPONSIBILITY; INSURANCE. Each party shall be responsible for any and all property damage or personal injury caused by the acts or omissions of its employees acting within the scope of employment. Each party shall throughout the term of this Agreement maintain comprehensive general liability insurance, workers compensation insurance, property insurance and professional liability (malpractice) insurance to cover their activities hereunder and upon request of another party shall provide to the other party certificates evidencing the existence of such insurance coverage. Each party may at its option satisfy its obligations under this section through self-insurance programs and protections deemed by it to be comparable to the insurance coverage described herein, and upon request, provide to the other party information showing that the self-insurance programs offer such comparable protection.

23. INDEPENDENT RELATIONSHIP. None of the provisions of this Agreement are intended to create nor shall be deemed or construed to create a partnership, joint venture or any relationship between the parties other than that of independent entities contracting with each other solely for the purpose of effecting the provisions of this Agreement.

24. AFFILIATION WITH OTHER FACILITIES. Nothing in this Agreement shall be construed as limiting the right of the parties to affiliate or contract with any other entity operating a hospital or any other health care facility on either a limited or general basis while this Agreement is in effect. Each party acknowledges that, in the event of a large scale External Disaster, the ability of an Assisting Hospital to accept patients from the Affected Hospital may be affected by its receipt of patients from other sources, including direct admissions from the community and transfers of patients from other facilities, or other factors. This Mutual Assistance Agreement is not intended to establish a preferred status for patients of Affected Hospitals. All decisions regarding allocation of available personnel, equipment and supplies will be made by the Assisting Hospital and/or the Lending Hospital using its best judgment about its capabilities at the time and the needs of its community.

25. AUTHORITY OF DEPARTMENT. All parties to this agreement recognize that certain of the supplies and equipment available for use in any internal and external disaster have been purchased through a grant administered by the Department. In the event of an internal or external disaster requiring coordination at statewide level, as determined by an appropriate representative designated by the Governor, the Department may direct the distribution, utilization and location of use of any and all supplies and equipment owned by any party to this Agreement, which supplies and equipment were initially purchased with grant funds from the Department.

26. EFFECT OF AGREEMENT. The execution of this Agreement shall not give rise to any liability or responsibility for failure to respond to any request for assistance, lack of speed in answering such a request, inadequacy of equipment, or abilities of the responding personnel.

27. COPY OF AGREEMENT. A conformed copy of this Agreement, with all amendments, if any, together with a copy of any policies and procedures, referral forms or other documents adopted by the parties to implement this Agreement shall be kept in an administrative file of each of the parties for ready reference.

28. MODIFICATION OF AGREEMENT. This Agreement contains the entire understanding of the parties and shall not be modified except by an instrument in writing signed by the parties.

29. NO WAIVER. No waiver of a breach of any provision of this Agreement shall be construed to be a waiver of any breach of any other provision of this Agreement or of any succeeding breach of the same provision.

30. GOVERNING LAW. This Agreement, and the rights, obligations and remedies of the parties hereto, shall be governed by and construed in accordance with the laws of the State of North Dakota.

31. ACCESS TO RECORDS. If this Agreement is subject to Section 952 of the Omnibus Reconciliation Act of 1980, 42 U.S.C. § 1395-x (v)(1)(I) (the "Statute") and the regulations promulgated thereunder, 42 C.F.R. Part 420, Subpart D (the "Regulations"), the parties shall, until the expiration of four (4) years after furnishing of services pursuant to this Agreement, make available, upon proper request, to the Secretary of Health and Human Services and to the Comptroller General of the United States, or any of their duly authorized representatives, the Agreement and the books, documents and records of the parties that are necessary to certify the nature and extent of the cost of services furnished pursuant to the Agreement for which payment may be made under the Medicare program. If the Agreement is subject to the Statute and Regulations and any party carries out any of the duties of the Agreement through a subcontract, with a value or cost of $10,000 or more over a twelve (12) month period, with a related organization, that subcontract shall contain a clause to the effect that until the expiration of four (4) years after the furnishing of services pursuant to such subcontract, the related organization shall make available, upon proper request, to the Secretary and the Comptroller General, or any of their duly authorized representatives, the subcontract and the books, documents and records of such related organization that are necessary to verify the nature and extent of such costs.

32. TERMINATION OF AGREEMENT BY PARTY. Any party may terminate its participation in this Agreement by providing sixty (60) days written notice to the President of NDHA. The NDHA will notify all other parties of said termination.

DATE: _____

BY: _____

ITS: _____

IDENTIFICATION OF DESIGNATED REPRESENTATIVES: _____

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RECOVERY

Appendix 11
Sample Information Form for Departments

RECOVERY

SUPPORT SERVICES AND ASSISTANCE

After a major emergency or disaster, many people in our community will be distressed by personal and professional difficulties. It is likely that affected staff and physicians may need some scheduling flexibility or other temporary help in order to return to their customary activities. The following are only some of the resources available on campus and in our community:

Hospital Resources

- Counseling for employees
- Transportation information
- Child care referrals
- Pet care resources
- Special needs resources
- Medication resources
- ATM machines & other money sources

Community Resources

- Disaster relief & referrals
- Transportation information
- Counseling/mental health
- Claims information

DOCUMENTING EMERGENCY OUTCOMES

Once the safety and status of your staff has been assured and emergency conditions have subsided, assemble a Department Emergency Recovery Team to support the hospital Incident Command System and the Facilities Department in restoring your department's operations. Your team's earlier work on defining mission-critical operations and staffing will be a starting point for the recovery process.

It will be important to begin a timely and comprehensive assessment of the emergency's physical and operational effects. Plan ahead for how you will collect this important impact information. Be aware that

- Your department director will need ongoing status reports from your unit during the emergency to estimate when your program can be fully operational and to identify special facility, equipment and personnel issues or resources that will speed business resumption.
- The hospital may need detailed facilities data for the area to estimate temporary space reallocation needs and strategies.
- Most insurance and FEMA assistance claims will require extensive documentation of damaged facilities, lost equipment and resources and special personnel expenses. Workers' compensation claims may arise if there are injuries in your department.

The following forms provide formats for summarizing this crucial information.

- Take note that you also should plan to photograph or videotape facility or equipment damage in your department to provide a visual supplement for the written impact data.
- It is very important that you record the emergency's physical effects before you clean your area or make repairs.

(HOSPITAL NAME)
SUMMARY: DEPARTMENT EMERGENCY STATUS

DATE/TIME _____ # OF PAGES IN THIS REPORT _____

TO: ADMINISTRATOR: _____ FAX:_____

EOC: _____ FAX:_____

FROM: _____ FAX:_____

DEPT/BLDG _____

CURRENT OPERATIONAL SITUATION

IMMEDIATE FACILITY AND SPACE NEEDS: _____

_____

_____

_____

_____

URGENT EQUIPMENT REQUIREMENTS TO BECOME OPERATIONAL: _____

_____

_____

_____

_____

CRITICAL PERSONNEL ISSUES: _____

_____

_____

_____

_____

RECOVERY: DETAILED SPACE ASSESSMENT

Use this form to describe damage to utilities, fixtures, ceilings, walls, floors, windows, etc. in your department. Send the information to the Emergency Operation Center. The EOC will send a prioritized list to the Facilities Department and other designated departments with a signed cover memo.

DEPT/BLDG _____ ROOM _____

DAMAGE _____

_____

_____

DEPT/BLDG _____ ROOM _____

DAMAGE _____

_____

_____

DEPT/BLDG _____ ROOM _____

DAMAGE _____

_____

_____

DEPT/BLDG _____ ROOM _____

DAMAGE _____

_____

_____

DEPT/BLDG _____ ROOM _____

DAMAGE _____

_____

_____

RECOVERY: DETAILED EQUIPMENT ASSESSMENT

Use this form to describe all damaged furnishings, office-laboratory equipment, and materials expended during the emergency. Send the information to the EOC.

DEPT/BLDG ______________________ **ROOM** ______________________

ITEM ______________________ MANUFACTURER ______________________

MODEL# ______________________ HOSPITAL INVENTORY# __________ ORIGINAL COST __________

DAMAGE DESCRIPTION ____

____

EST. REPAIR $ ______________________ EST. REPLACEMENT $ ______________________

DEPT/BLDG ______________________ **ROOM** ______________________

ITEM ______________________ MANUFACTURER ______________________

MODEL# ______________________ HOSPITAL INVENTORY# __________ ORIGINAL COST __________

DAMAGE DESCRIPTION ____

____

EST. REPAIR $ ______________________ EST. REPLACEMENT $ ______________________

DEPT/BLDG ______________________ **ROOM** ______________________

ITEM ______________________ MANUFACTURER ______________________

MODEL# ______________________ HOSPITAL INVENTORY# __________ ORIGINAL COST __________

DAMAGE DESCRIPTION ____

____

EST. REPAIR $ ______________________ EST. REPLACEMENT $ ______________________

page _____of _____

RECOVERY: DETAILED PERSONNEL IMPACTS

(This should be coordinated through the HR Department)

Use this form to describe the emergency's impact on staffing. Describe personnel issues related to program resumption. Document employee overtime related to your emergency response and recovery. Send this information to the EOC

SUMMARY: Emergency Impacts to Department Staffing

_____

_____

_____

List Staff Overtime Hours Related to the Emergency and Emergency Duties Performed.

Include data for temps hired for emergency recovery.

Name _____ Employee# _____

Job Title _____ Hourly Rate _____

OT Rate _____ Benefits % _____

Date(s) Worked	Hours	Duties Performed

Name _____ Employee# _____

Job Title _____ Hourly Rate _____

OT Rate _____ Benefits % _____

Date(s) Worked	Hours	Duties Performed

SUMMARY

Roles and Responsibilities

List all staff names, addresses and phone numbers (regular and emergency) as well as position in the department.

For each person, list to whom that person reports, in order of responsibility. Be able to show at a glance who is in charge if someone above is unable to respond.

List roles and responsibilities in an emergency. Consider overlaps in case someone is not able to fulfill a role.

Be able to answer these questions:

- Who will provide first aid?
- Who will take any medications?
- Who will take the first aid kit?
- Who will take emergency information on each person?
- Who will call for help?
- Who will carry the cellular phone?
- Who will carry the emergency kits?
- Who makes sure everyone is out of the building?
- Who is responsible for backing up vital records/information?
- Where are copies of information stored?
- Who is responsible for equipment?

Share the list with the staff and discuss it so there is no surprise during an emergency. Everyone should know their primary and back-up responsibilities.

Maintain an attendance list at all times:

- Who is in the building?
- When did they arrive?
- When did they leave?

Have emergency information with the attendance list. Make sure you know health information and have permission for emergency medical treatment and know of any special requirements or medications for staff.

Below is a sample listing of common areas of interest to be covered when compiling your departmental plan:

- Who
  - Names/phone numbers of everyone in your department
  - Who is considered essential in times of emergency
  - Who will be responsible for contacting employees in times of emergency
  - Who will have access to vital information/records
  - Who will have access to equipment/supplies

- What
  - What equipment is in the department
  - What supplies are in the department
  - What equipment and supplies are needed in times of emergency
  - What role does your staff have on a day-to-day basis
  - What role will your staff have in an emergency situation
  - What vendors are available 24/7 in times of emergency
- When
  - When do you activate your departmental plan
  - When is your department considered unable to function due to lack of personnel/equipment/supplies
- Where
  - Where do people go when they evacuate
  - Where are emergency supplies and first aid kits
- How
  - How do employees find out about the status of the department
  - How do you disseminate information to your staff/students/departments
  - How will you backup your information
  - How you will contact employees in times of emergency
- How Many
  - How many personnel are needed to keep the department functioning
  - How many generators are needed for your area
  - How many flashlights are needed
  - How many employees will need shelter
  - How many employees will need daycare services
  - How many employees will need medication
  - How many animals are to be fed/when/how/by whom
  - How many people have cell phones/text messaging capability/numbers available

RECOVERY

APPENDIX 12
HOSPITAL STATUS REPORT FORM

HOSPITAL STATUS REPORT FORM

FACILITY NAME:	DATE:	TIME:
Contact Name:	Phone #:	Fax #:
Other Phone, Fax, Cell Phone, Radio:		

HOSPITAL OPERATIONAL STATUS	✓ ONE
1. FULLY FUNCTIONAL	
2. NOT FUNCTIONAL	
3. PARTIALLY FUNCTIONAL	

DAMAGE ASSESSMENT	YES	NO
4. EVACUATING HOSPITAL		
5. EXTENDED ER SET UP?		
6. LOSS OF GAS SUPPLY		
7. LOSS OF POWER		
8. LOSS OF TELEPHONES & PAGING		
9. LOSS OF WATER & SANITATION		
10. PARTIAL COLLAPSE		
11. SATELLITE CLINICS OPEN?		
12. STRUCTURAL DAMAGE		
13. TOTAL COLLAPSE		
14. TRANSPORTATION NEEDED TO EVACUATE		

CASUALTY INFORMATION	TOTAL
15. AMBULATORY PTs TO EVACUATE	
16. NON-AMBULATORY PTs TO EVACUATE	
17. PATIENTS ADMITTED (LAST 12 HOURS)	
18. PATIENTS NOT YET SEEN	
19. PATIENTS TREATED AND RELEASED	
20. OTHER INFORMATION:	
21.	

BED AVAILABILITY BY UNIT	8 HRS	✓ IF STAFFED	24 HRS
22. BURN			
23. CARDIAC INTENSIVE CARE			
24. GEN. MEDICAL (ADULT)			
25. GEN. MEDICAL (PEDIATRIC)			
26. GEN. SURGICAL (ADULT)			
27. GEN. SURGICAL (PEDIATRIC)			
28. NEONATAL INTENSIVE CARE			
29. OBSTETRICS			
30. OPERATING SUITES			
31. PEDIATRIC INTENSIVE CARE			
32. PSYCHIATRIC			
33. SKILLED CARE			
34. SUBACUTE CARE			

PERSONNEL ASSESSMENT	TOTAL
35. ANESTHESIOLOGISTS	
36. CLERICAL STAFF	
37. CRITICAL CARE RNs	
38. EMERGENCY DEPARTMENT PHYSICIANS	
39. EMERGENCY RNs	
40. GENERAL SURGEONS	
41. LAB TECHNOLOGISTS	
42. MAINTENANCE WORKERS	
43. MENTAL HEALTH WORKERS	
44. NEUROSURGEONS	
45. NURSE PRACTITIONERS	
46. OB-GYN	
47. OPERATING ROOM	
48. ORTHOPEDIC SURGEONS	
49. PEDIATRICIANS	
50. PEDIATRICS RN	
51. PHYSICIAN'S ASSISTANTS	
52. PLANT ENGINEERS	
53. RESPIRATORY THERAPISTS	
54. SECURITY WORKERS	
55. SOCIAL WORKERS	
56. TRAUMA SURGEONS	
57. VOLUNTEERS	

SERVICES	✓ AVAIL
58. EMERGENCY DEPARTMENT	
59. LABORATORY	
60. OPERATING ROOMS	
61. PHARMACY	
62. RADIOLOGY	

EQUIPMENT	EST # AVAIL
63. ATROPINE	
64. CT SCANNER	
65. DECON EQUIPMENT/ISOLATION ROOMS	
66. DIALYSIS MACHINES	
67. EXTERNAL PACEMAKERS	
68. HYPERBARIC CHAMBERS	
69. IV INFUSION PUMPS	
70. KEFZOL	
71. MRI	
72. VEHICLES FOR PATIENT TRANSPORT	
73. VENTILATORS	

Fax this form to the Public Health Department Operations Center (Jurisdiction DOC/EOC) at **[Insert Telephone Number Here]**. If telephones/fax are not working, use alternate means of communication (radio, messenger, cell phone, etc.) to reach the Jurisdiction DOC/EOC at **[Insert Telephone Number Here]**. Use the *Resource Request Form* to request resources.

HOSPITAL STATUS REPORT FORM

RECOVERY

APPENDIX 13
SAMPLE DEMOBILIZATION PLAN

DEMOBILIZATION

Sample Demobilization Plan

Facilities also may choose to capture their demobilization priorities and actions in an Incident Action Plan (IAP).

I. General Information – This section is to summarize the situation and demobilization priorities. This section also should include any unique considerations for the current event. General guidelines should be noted here:

A. General guideline example – personnel that has been on duty the longest should be released first.

B. General guideline example – operations will be restored according to COOP/DRP plan prioritization of critical functions.

II. Responsibilities

A. Planning Section

i. Ensure demobilization information is disseminated in sufficient time for an orderly downsizing of incident resources.

ii. Ensure command has approved demobilization plan.

iii. Ensure compliance with demobilization checkout form (ICS – 221).

iv. Ensure coordination with procurement and documentation units and coordination with other sections.

B. Operations Section

i. Identify and notify planning of excess personnel and equipment available for demobilization.

ii. Identify operational capacity status of various units in hospital. Notify which units can return to normal operations and which ones cannot. Determine impact of unit inter-dependencies relative to operational status.

C. Logistics Section

i. Coordinate all personnel and equipment transportation needs.

ii. Ensure communications equipment has been returned, checked for damage and ensure repairs as needed.

iii. Ensure resources have been tracked and accounted for, both consumables and non-consumables. Ensure completion of equipment tracking forms (ICS-211).

D. Finance Section

i. Ensure completion of personnel time reports and coding to appropriate cost centers.

ii. Ensure completion of equipment time reports and coding to appropriate cost centers.

iii. Ensure documentation requirements are met for application of relief under FEMA or private insurance policies.

III. Release Priorities – list release priorities.

IV. Release Procedures – procedures may be listed by section or by topic (i.e. personnel). For example, note how personnel are to check out and what the expectations are for returning to work. For example, staff are to schedule their next work shift with their supervisor or their supervisor's designee prior to going home.

V. Approvals

PREPARED BY:_____ DATE _____
Demobilization Unit Leader

CONCUR: _____ DATE _____
Planning Section Chief

CONCUR: _____ DATE _____
Logistics Section Chief

APPROVED:_____ DATE _____
Incident Commander