

Crosswalk of VHA Emergency Management Program Guidebook Steps to Relevant Standards

EMPG Step	JCAHO	NIMS Element	NFPA 1600	FPC 65
<p>Step One Establish an Emergency Management Committee</p>	<ul style="list-style-type: none"> • At a minimum, an emergency management plan (program) is developed with the involvement of the hospital’s leaders, including the medical staff. • Define a common (“all-hazards”) command structure in the hospital to respond to and recover from emergencies that links with the community’s command structure. • Alternate roles and responsibilities of staff during emergencies, including to whom they report in the hospital’s command structure and, when activated, in the command structure. 	<p>Element 1. Adoption of NIMS</p> <p>Element 5 – NIMS Implementation Tracking</p> <p>Element 6 – Preparedness Funding</p> <p>Element 17 – Standard and Consistent Terminology</p>	<p>Program Administration - 4.1; Program Coordinator - 4.2; Advisory Committee - 4.3; and Laws, Authorities and Regulations - 5.2.</p>	<p>Orders of Succession and Delegation of Authority.</p>
<p>Step Two Develop an Emergency Operations Plan</p>	<p>1) <u>Command or Management Functional Area</u></p> <ul style="list-style-type: none"> • Initiating the response and recovery phases of the plan, including how, when and 	<p>Element 2. Incident Command System</p> <p>Element 3 - Multi-agency Coordination System</p>	<p>Planning (emergency operations/response plan) - 5.7; Direction, control and coordination - 5.8; Communications and warning - 5.9; Logistics and finance -</p>	<p>Four elements from FPC #65 may be addressed during development of the EOP: Devolution of Control and Direction and Reconstitution (Management functional</p>

	<p>by whom the phases are to be activated.</p> <ul style="list-style-type: none"> • Notifying staff when emergency response measures are initiated. • Notifying external authorities of emergencies, including possible community emergencies identified by the hospital (for example, evidence of a possible bioterrorist attack). • Identifying and assigning staff to cover all essential staff functions under emergency conditions. • Managing communication with the news media. • Re-establishing usual operations after an emergency. • Under emergency conditions, managing activities related to modifying or discontinuing services and controlling information about patients. <p>2) <u>Planning Functional Area</u></p>	<p>Element 4 - Public Information Systems</p> <p>Element 7 – Review and Update Plans</p>	<p>5.11; Crisis communications and public information - 5.14; and, Finance and administration - 5.15.</p>	<p>area); and, Alternate Operating Facilities and Inter-operable Communications (Logistics functional area).</p>
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	<ul style="list-style-type: none">• Cooperative (<i>trans-event</i>) planning among healthcare organizations that together provide services to a contiguous geographic area (for example, among organizations serving a town or borough) to facilitate the timely sharing of information about:<ul style="list-style-type: none">- Essential elements of their command structures and control centers for emergency response.- Names, roles and telephone numbers of individuals in their command structure.- Resources and assets that could potentially be shared in an emergency.- Names of patients and deceased individuals brought to their hospitals to facilitate identifying and locating victims of the emergency.• Tracking patients to and from the alternative care site.• Identifying care			
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	<p>providers and other personnel during emergencies.</p> <p>3) <u>Logistics Functional Area</u></p> <ul style="list-style-type: none">• Backup internal and external communication systems in the event of failure during emergencies.• Managing the following under emergency conditions:<ul style="list-style-type: none">- Staff support activities (for example, housing, transportation, incident stress debriefing).- Staff family support activities.- Critical supplies (for example, pharmaceuticals, supplies, food, linen, water).• Establishing an alternative care site(s) that can meet the needs of patients when the environment cannot support adequate care, treatment or services, as well as procedures for, as applicable:<ul style="list-style-type: none">- Transporting			
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	<p>patients, staff and equipment to the alternative care site.</p> <ul style="list-style-type: none">- Transferring necessities of patients (for example, medications, medical records) to and from the alternative care site.- Interfacility communication between the hospital and the alternative care site.• Facilities for radioactive or chemical isolation and decontamination. <p>4) <u>Finance Functional Area</u> - The finance function is responsible for accounting for all incident-related personnel time and attendance, procurement, compensation/claims and costs incurred. (No JCAHO EC.4 standards apply to this function.)</p> <p><u>Operations Functional Area</u></p> <ul style="list-style-type: none">• Identifying and assigning staff to cover all essential staff			
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	<p>functions under emergency conditions.</p> <ul style="list-style-type: none">• Evacuation of the entire facility (both horizontally and, when applicable, vertically) when the environment cannot support adequate patient care and treatment.• Managing the following during emergencies (NOTE: in VHA's guidance, there are four functional areas that fall under the operations function: Business Continuity Equipment, Plant and Utilities Safety and Security Health and Medical). <p>6) <u>Business Continuity Functional Area</u> - No JCAHO EC.4 standards apply to this function.</p> <p>7) <u>Equipment, Plant and Utilities Functional Area</u> -</p> <ul style="list-style-type: none">• When the hospital is designated to provide continuous service during an emergency, an alternative means of			
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	<p>meeting essential building utility needs (for example, electricity, water, ventilation, fuel sources, medical gas/vacuum systems).</p> <ul style="list-style-type: none">• Re-establishing usual operations after an emergency. <p>8) <u>Safety and Security Functional Area</u> -</p> <ul style="list-style-type: none">• Security (for example, access, crowd control, traffic control).• Notifying external authorities of emergencies, including possible community emergencies identified by the hospital (for example, evidence of a possible bioterrorist attack). <p>9) <u>Health and Medical Functional Area</u> -</p> <ul style="list-style-type: none">• Activities related to care, treatment or services (of current patients as well as any event-generated casualties).• An influx of casualties of a number sufficient to stress the			
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	<p>capabilities of the hospital.</p> <ul style="list-style-type: none"> • Communications with patients. 			
<p>Step Three Conduct a Hazards Vulnerability Analysis</p>	<ul style="list-style-type: none"> • Conducting a hazard vulnerability analysis to identify potential emergencies that could affect the need for the hospital's services or its ability to provide those services. • Establishing, in coordination with community emergency management planning (where available), priorities among the potential emergencies identified in the hazard vulnerability analysis for which mitigation, preparation, response, and recovery activities will need to be undertaken. • Hazard vulnerability analysis: The identification of potential emergencies and the direct and indirect effects these emergencies may have on the healthcare organization's operations and the 		<p>Hazard Identification, Risk Assessment and Impact Analysis - 5.3.</p>	

	demand for its services.			
Step Four Develop Incident-specific Guidance	Identifying specific procedures to mitigate, prepare for, respond to and recover from the priority emergencies.	Element 7 – Review and Update Plans.	Planning (continuity of operations) - 5.7; and, Operations and Procedures - 5.10.	Four elements of FPC #65 can be addressed within this Step: Identification of Essential Functions; Identification of Vital Records and Databases; Human Capital planning; and, Developing Plans and Procedures.
Step Five Conduct Mitigation and Preparedness Activities		Element 15 - Resource Inventory. Element 16 – Resource Acquisition.	Hazard Mitigation - 5.4.	
Step Six External Coordination	<ul style="list-style-type: none"> Defining and, where appropriate, integrating the hospital’s role in relation to community-wide emergency response agencies, including identifying the community’s command structure. Cooperative (<i>pre-event</i>) planning among healthcare organizations that together provide services to a contiguous geographic area (for example, among organizations serving a town or borough) to facilitate the timely sharing about: 	Element 8 - Mutual-Aid Agreements.	Resource Management - 5.5; Mutual Aid - 5.6; and, Planning [strategic administrative (preparedness) plan; mitigation plan; and, recovery plan] - 5.7.	

	<p>a. Essential elements of their command structures and control centers for emergency response;</p> <p>b. Names, roles and telephone numbers of individuals in their command structures; and,</p> <p>c. Resources and assets that could potentially be shared in an emergency.</p>			
<p>Step Seven Provide Education and Training to Staff</p>	<p>Staff members, licensed independent practitioners, students and volunteers, as appropriate, can describe or demonstrate the following:</p> <ul style="list-style-type: none"> • Risks within the hospital's environment. • Actions to eliminate, minimize or report risks. • Procedures to follow in the event of an incident. <p>Reporting processes for common problems, failures and user errors.</p>	<p>Element 9 – IS-700 NIMS</p> <p>Element 10 – National Response Plan</p> <p>Element 11 – ICS 100 and 200 for Healthcare;</p> <p>Element 12 – Training and Exercises.</p>	<p>Training - 5.7.</p>	<p>Training.</p>
<p>Step Eight Implement the Emergency Operations Plan (Exercise or Actual Event)</p>	<ul style="list-style-type: none"> • The hospital conducts drills regularly to test emergency management. • The hospital tests 	<p>Element 12, Training and Exercises.</p> <p>Element 13 - All-Hazards Exercise</p>	<p>Exercises and Evaluations - 5.13.</p>	<p>Tests and Exercises.</p>

	<p>the response phase of its emergency management plan twice a year, either in response to an actual emergency or in planned drills.</p> <ul style="list-style-type: none"> • Drills are conducted at least four months apart and no more than eight months apart. • Hospitals that offer emergency services or are designated as disaster-receiving stations must conduct at least one drill a year that includes an influx of volunteer or simulated patients. <p>The hospital participates in at least one community-wide practice drill a year (where applicable) relevant to the priority emergencies identified in its hazard vulnerability analysis. The drill assesses the communication, coordination and effectiveness of the hospital's and community's command structures.</p>	Program		
Step Nine		Element 14 - Corrective	Program Evaluation –	

Performance and Program Reviews and Develop Recommendations for Corrective Action		Actions	4.4.	
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