To The Point
Emergency Management for Hospitals

Emergency management describes the pre-planning procedures and training implemented by an organization to cope with a disaster, ranging from a hurricane, flood, or earthquake to a power outage, fire, or terrorist attack. The lives of patients, staff, visitors, and the surrounding community can be at risk during these events. During emergency and disaster events, healthcare organizations often experience considerable difficulty protecting patients and staff, or even maintaining basic and critical services.

The Joint Commission

Founded in 1951, The Joint Commission seeks to continuously improve care for the public by evaluating healthcare organizations. The Joint Commission evaluates and accredits more than 22,000 healthcare organizations and programs in the United States. To earn and maintain accreditation, a hospital must undergo an on-site survey by a Joint Commission survey team at least every three years. Part of this survey process involves the evaluation of pre-planning for disasters. During accreditation surveys, Joint Commission clinical and/or life safety surveyors conduct an audit of the healthcare facility's emergency management planning efforts and capabilities. The emergency management efforts of the hospital are reviewed as part of the Joint Commission Environment of Care standards and account for at least three hours of the accreditation survey.

It should be noted that other organizations provide accreditation and/or certification of healthcare organizations, such as Accreditation Association for Ambulatory Health Care (AAAHC) and Accreditation Commission for Health Care (ACHC). The requirements related to emergency management of these entities are not discussed as part of this document.

All Hazards Approach

The Emergency Operations Plan should take an all-hazards approach and address all foreseeable events that may occur. The plan cannot be geared toward a single event. The structure should be designed to respond to any type of emergency because of the wide array of possible emergencies and the impossibility of predicting all emergencies that could occur within or around a hospital. Per Joint Commission requirements, the assessment of these events is completed using a Hazard Vulnerability Analysis. This risk assessment process challenges the healthcare organization to identify the events that may impact the facility.

The organization's Hazard Vulnerability Analysis should include, but is not limited to:

- Natural hazards (e.g., floods or wildfires)
- Human-caused hazards (e.g., bomb threats or cyber-attacks)
- Technological hazards (e.g., utility or information technology outages)
- Hazardous materials (e.g., radiological or chemical)
- Emerging infectious diseases (e.g., new or rapidly increasing and community or widespread diseases)

Once identified, the hospital will assess the relative probability, impact to the facility and staff, and the readiness of the organization to counteract the impact of these events. For example, a fire within the facility is considered a low probability, but it could have a high impact on facility and staff. Conversely, water damage may be considered a high probability event but may or may not lead to a high severity impact, depending on the extent and location of the water intrusion. The vulnerability and readiness of the organization depends on the:

- Extent of operational hazards (e.g., critical services or equipment, laboratories, kitchens, etc.).
- Protection features of the facility (e.g., storage of flammables, sprinkler systems, fire detection, etc.).
- Training of staff to identify emergency situations, respond to alerts, and execute appropriate emergency response procedures.

Emergency Operations Plan

A written Emergency Operations Plan (EOP) describes the response procedures to follow when an emergency occurs. The plan outlines the recovery strategies and actions designed to restore and maintain six critical function areas common to healthcare organizations: communication, resources and assets, safety and security, staff responsibilities, utilities management, and clinical and support activities.

An Incident Command Structure (ICS) enables coordinated response, effective communication, and efficient resource management during emergencies by establishing a clear organizational structure with defined roles and responsibilities. The location of a primary and alternate command center is established prior to an event and is activated once a disaster is declared to provide guidance during an emergency. This nerve center receives reports regarding the condition of the facility (damage assessment), monitors staff available to respond to the event, and tracks the number of patients under care. Using the ICS, authority levels and the composition of the various response teams are established in advance for each emergency event or disaster anticipated in the Hazard Vulnerability Analysis.

Six Critical Areas of an Emergency Operations Plan

Communications

The Emergency Operations Plan identifies how critical functions such as communications are maintained. Effective communication during an event will determine how well the hospital responds. The facility should test the planned methods of communication on a routine basis. On-duty and off-duty staff should be contacted within a few minutes of a significant event to ensure they are advised of the situation as quickly as possible. Staff's availability to respond should also be discerned in testing the planned methods of communication. External authorities should be kept advised of the situation unfolding within the facility and the steps taken to mitigate adverse effects of the event.

Serious consideration should be given to a backup means of communication, as severe storms or electrical failure may cause the loss of land lines or cellular phone service. Two-way radio or satellite phone systems are alternatives that should be considered as part of the organization's greater communications strategy.

Resources and Assets

A hospital typically receives supplies to replenish its stocks on a frequent basis, often daily. When a disaster cuts off the supply chain, this may put patients and staff at risk. The Joint Commission requires that provisions be made to assure that 96 hours of supplies are on-site and external resources are identified prior to the disaster, in accordance with current consumption calculations. Remote suppliers need to be identified since the local suppliers may be impacted by the same event, such as a power outage, wildfire, or flood. Fuels for generators, medical gases, and food are a few of the many essential supplies to keep the facility's occupants safe and protected. Additional resources on-site and off-site that should be considered in the management component of the Emergency Operations Plan include medication and related supplies, medical/surgical supplies, potable or bottled water, non-potable water, personal protective equipment, and other equipment required to sustain operations.

Safety and Security

The organization should have a plan for safety and security measures to take during an emergency or disaster incident, such as identifying a location to shelter during severe weather or clear signage for evacuating the building safely. The organization should consider prioritized hazards identified as part of the Hazard Vulnerability Analysis when developing a plan for safety and security during an emergency or disaster event.

An annual evaluation of safety and security management plans is required as part of the Joint Commission Environment of Care standards. Regular risk assessments are useful tools to recognize changes that have occurred in the environment and to identify additional safety and security controls that might be warranted when the Hazard Vulnerability Analysis and Emergency Operations Plan is reviewed.

Staff Responsibilities

The organization should develop a staffing plan for managing all staff and volunteers to meet patient care needs during the duration of an emergency or disaster incident. The organization's staffing plan should encompass the management of all staff and volunteers, detailing reporting processes, roles, and responsibilities for essential functions. It should also include the integration of staffing agencies or volunteer staff, if applicable.

The organization should have a written education and training program that is based on the prioritized risks identified as part of the Hazard Vulnerability Analysis, Emergency Operations Plan, communication strategy, and policies and procedures. The organization should provide documented initial education and training in emergency management to all new and existing staff, individuals providing services under arrangement, and volunteers, ensuring that the training aligns with their specific roles and responsibilities during an emergency.

Emergency preparedness and response is a continuum of effort which requires ongoing education and training. The organization should provide ongoing training that is consistent with specific roles and responsibilities in an emergency. This should be provided when roles or responsibilities change, when there are significant revisions to the Emergency Operations Plan, when procedural changes are made during an emergency or disaster incident requiring just-in-time education, or at least annually.

Staff should be able to demonstrate knowledge of emergency procedures through participation in drills and exercises, as well as post-training tests or other methods determined and documented by the organization.

Utilities

The organization's plan for managing utilities should include a list of utility systems that it considers essential or critical to be able to continue to provide care, treatment, and services during an emergency or disaster event. Essential or critical utilities to consider may include systems for electrical distribution, emergency power, plumbing and steam boilers, medical gas, medical/surgical vacuums, and communication systems.

The organization's plan for managing utilities should include alternate sources for maintaining energy to the following critical areas:

- Heating and cooling systems to protect patient health and integrity of provisions.
- Emergency lighting throughout the facility.
- Fire detection, extinguishing, and alarm systems.
- Sewage and waste disposal systems.

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Clinical and Support Activities

A healthcare organization's plan must consider how to provide patient care and clinical support activities. This should include written procedures and arrangements with other organizations and providers for how it will share patient care information and medical documentation and how it will transfer patients to other health care facilities to maintain continuity of care. The sharing of patient care information and medical documentation must also be in accordance with law and regulation.

Because The Joint Commission requires the facility to plan for evacuating some or all patients prior to or during an emergency, alternative care sites should be identified in the local area to accommodate receiving transferred patients. These sites should be reviewed to establish their capacity and capabilities. This pre-planning step helps with the difficult decisions of when to evacuate patients and where. For facilities located in hurricane prone areas, evacuations are required to reduce the patient count within their facilities prior to landfall.

Emergency Exercises

Two exercises per year are required for hospitals. Response to an actual event is counted toward this requirement. Beyond facility-based exercises, at least one of these exercises must be community-wide and result in an influx of patients to the hospital. Community-wide events generally involve other healthcare facilities and local responders such as fire and police departments or other local governmental emergency management offices. The term 'influx' generally refers to enough victims to stress the hospital and require adapting to overload situations within the Emergency Department. The Joint Commission requires these exercises be tied to the prioritized emergencies established within the Hazard Vulnerability Analysis.

To be effective, an assessment of how the facility responded during the exercise or actual event should be completed in the days immediately after the event. In the best-case scenario, outside observers would help make this assessment. These nonparticipating observers should be made aware of the goals of the exercise. The emergency management plan should be revised to correct identified deficiencies. When capital expenditure is required, a written proposal should be immediately submitted to top management. In some cases, Department of Homeland Security funding may be available.

Recovery and Continuity

The scope of the Emergency Operations Plan does not extend to all areas of continuity of operations, disaster recovery, and business continuity. A Disaster Recovery Plan is a documented, structured approach that describes how the organization will quickly restore services such as electricity, water, communications, and information technology to resume operations. The Continuity of Operations Plan outlines how the organization will continue to provide essential or critical services until full operations are restored. A Business Continuity Plan encompasses a broader range of operations to ensure continuity across all aspects of the organization. Response, recovery, and continuity procedures are often conducted concurrently but individually address different elements to a holistic plan and restore the organization back to its pre-incident state. Without these additional plans, there may be significant financial impacts to the entity.

Resources

The Joint Commission Resources provide a number of aids, including publications and training seminars to help prepare for the Joint Commission's Emergency Management requirements. Local groups and health associations may provide useful tools, articles, and interpretations of current Joint Commission requirements.