Module 8

The Emergency Management Program
Module 8: Objectives

- Overview the elements of the Emergency Management Program
- Describe key roles and responsibilities
- Identify external partners to coordinate with on planning, training and exercising
- Describe the role of training and exercises in emergency preparedness
The Emergency Management Program (1)

- The Emergency Management Program (EMP) addresses the four phases of emergency management
  - Mitigation
  - Preparedness
  - Response
  - Recovery
The Emergency Management Program (2)

• The EMP provides the basic framework for
  – Planning
  – Training
  – Exercising

• The EMP assists hospitals
  – To be adequately prepared for incidents
  – To be compliant with pertinent
    • Regulations
    • Standards
    • Guidelines

• The EMP can include prevention-related activities, when appropriate
EMP Development

- Use existing resources
  - National Incident Management System (NIMS)/Incident Command System (ICS)
  - The National Response Plan (NRP)
  - Federal Preparedness Circular 65 (FPC 65) on continuity of operations
  - Appropriate state, local, and nongovernmental regulatory standards
  - Current disaster research and best practices
Veteran’s Health Administration Emergency Management Program for Healthcare Facilities

• Veteran’s Health Administration (VHA) outlines an EMP’s
  – Development
  – Maintenance
  – Evaluation

• The VHA’s *Emergency Management Program Guidebook* outlines a nine step process
VHA EMP: Nine Step Process

1. Designate an Emergency Program Manager
2. Establish the Emergency Management Committee
3. Develop the “all risk” Emergency Operations Plan (EOP)
4. Conduct a Hazards Vulnerability Analysis (HVA)
5. Develop incident specific guidance or “planning guides”
VHA EMP: Nine Step Process

6. Coordinate with external entities
7. Train key staff
8. Exercise the EOP
9. Conduct program review and evaluation and plan for improvement
Emergency Program Manager

- Role and Responsibilities
  - Provide overall support to the hospital’s preparedness efforts
    - Develop needed procedures
    - Coordinate production or revision of the Emergency Operations Plan
    - Planning and executing training and exercises
    - Writing After Action Reports (AAR)
  - Represent the hospital at preparedness meetings at the local, regional, and state levels
Emergency Program Manager (2)

- Manager qualifications
  - Formal and informal training, education, and/or experience in
    - Emergency management
    - Incident command
    - Hospital operations
    - Local healthcare system design and emergency response procedures
The Emergency Management Committee (1)

- EMC should be comprised of
  - Multidisciplinary hospital representatives
    - Clinical
    - Non-clinical
- EMC should include external response partners
  - Law Enforcement
  - Fire and Emergency Medical Services (EMS)
  - Emergency Management
  - Public Health
  - Other key response partners
The Emergency Management Committee

• Key focused activities include:
  – Developing and annually updating a comprehensive “all hazards” Emergency Management Program
  – Conducting an annual HVA
  – Developing an EOP and standard operating procedures for identified hazards
The Emergency Management Committee (3)

- Key focused activities include:
  - Developing hospital continuity of operations plans
  - Conducting training for all employees and medical staff in their roles and responsibilities during emergency response and recovery
  - In accordance with hospital requirements and regulatory guidelines
The Emergency Management Committee (4)

- Report committee progress, challenges and successes to
  - Hospital employees and medical staff
  - Hospital’s Chief Executive Officer
  - Senior Administrators
  - Healthcare corporation officials
“All Hazards”
Emergency Operations Plan (1)

- The EOP outlines the hospital’s strategy for
  - Response
  - Recovery
- The EOP provides overall direction and coordination of
  - The response structure
  - The processes and procedures used
  - Implementation of the Incident Command System
  - Communication and coordination
“All Hazards”
Emergency Operations Plan (2)

- Critical EOP elements
  - Management and planning
  - Departmental/organizational roles and responsibilities before, during, and after emergencies
  - Health and medical operations
  - Communication (internal and external)
  - Logistics
  - Finance
“All Hazards” Emergency Operations Plan (3)

- Critical EOP elements
  - Equipment
  - Patient tracking
  - Fatality management
  - Decontamination
  - Plant, facility and utility operations
  - Safety and security
  - Coordination with external agencies
“All Hazards”
Emergency Operations Plan (4)

- The EOP must
  - Be consistent with local, state, and regional Emergency Operations Plans
  - Adhere to the fundamental tenets found in the National Response Plan (NRP)
  - Include hazard- or incident-specific guidance documents
    - These articulate how the EOP is applied to a particular hazard or incident
    - The hazards of significance to the hospital are identified through the HVA
The Hazard Vulnerability Analysis (1)

- The HVA
  - Is a key element of the EOP
  - Drives incident specific/threat planning
    - Identifies, prioritizes and defines threats that may impact business operations
    - Guides specific steps to reduce the impact of threat occurrence
    - Ensures ongoing business functions
The Hazard Vulnerability Analysis (2)

• The hazard analysis includes:
  – Probability
    • The likelihood of an event occurrence
    • Calculated by retrospective assessment of event frequency
    • Predicted by estimation of risk factors
  – Impact
    • The severity or damage caused by a threat and the effect on
      – Human lives
      – Business operations and infrastructure
      – Environmental conditions
The Hazard Vulnerability Analysis (3)

- The hazard analysis includes:
  - Risk
    - The calculated score of the interactions between probability and impact for each threat
    - Can be reduced by threat-mitigation activities
The Hazard Vulnerability Analysis (4)

- Review and update the HVA
  - Annually
  - When a new threat emerges
- Revise the EOP to reflect the changing or emerging threat
The Hazard Vulnerability Analysis (5)

- Develop the hospital HVA in conjunction with community responders
  - Improves preparedness and response activities
  - Enhances multidisciplinary and agency coordination
  - Maximizes use and effectiveness of limited resources

- Hospital encouraged to participate on the Local Emergency Planning Committee (LEPC)
Incident Planning Guides (1)

- Incident Planning Guides (IPG) assist hospitals to
  - Assist hospitals to plan for potential disaster-related incidents
  - Evaluate existing EOPs
  - Develop needed plans and procedures

- HICS provides scenario-based IPGs
  - External scenarios based on the National Planning Scenarios – 14 IPGs
  - Internal hospital scenarios – 13 IPGs
Incident Planning Guides (2)

- IPGs include planning considerations for operational periods and response phases
  - Immediate: 0 to 2 hours
  - Intermediate: 2-12 hours
  - Extended: Greater than 12 hours
  - Demobilization/System Recovery

- IPGs promote planning and standardization
External Coordination and Integration (1)

- Effective emergency preparedness and response requires consistent and effective integration and exercising with the other members of the response community
  - Law Enforcement
  - Fire and Emergency Medical Services
  - Public Health
  - Emergency Management and local EOC
  - Behavioral Health
  - Medical Examiner/Coroner
  - Media
  - Governmental and tribal entities
  - Other public and private agencies
External Coordination and Integration (2)

- Plan and exercise with community healthcare providers
  - Hospitals
  - Healthcare facilities
    - Long term care facilities
    - Psychiatric facilities
  - Primary care clinics
  - MD offices and private providers
External Coordination and Integration (3)

- Community coordination and planning efforts should consider specialized care centers including:
  - Off-site facilities (alternate care sites)
  - Acute Care Centers or Neighborhood Emergency Health Clinics
  - Screening Facility Family Assistance Centers
  - Points of Distribution/Mass Prophylaxis Centers
  - Federal Medical Stations
  - Regional Hospital Coordination Centers (RHCC)
External Coordination and Integration (4)

- Planning should consider state and federal resources
  - State Emergency Operations Center
  - State response teams
  - Emergency Management Assistance Compact
  - Federal response teams
    - Disaster Medical Assistance Teams
    - Disaster Mortuary Teams
    - National Medical Burn Teams
    - National Pharmacy and Nurse Response Teams
  - American Red Cross and other non-governmental organizations
Education, Training and Exercises (1)

- Fundamental Requirements to implement HICS
  - Administrative support is imperative
    - The Chief Executive Officer
    - Key senior level administrators
  - An individual with authority and respect within the hospital must be assigned the implementation
  - Implementation of HICS must be viewed as a high priority
    - The importance and value of implementation realized by all staff
Education, Training and Exercises

(2)

• Fundamental requirements to implement HICS
  – Emphasize the importance of emergency planning and exercising to all employees
    • During new employee orientation
    • Annual/recurring training
  – Educate employees on their roles in emergency response and recovery and self/family preparedness
Education, Training and Exercises

(3)

• Fundamental Requirements to implement HICS
  – Training should
    • Meet established national standards
    • Promote the hospital’s integration into a community-based response
  – HICS training
    • Will require a cadre of qualified instructors
    • Should be creative
    • Use multiple presentation formats and methods of instruction to maximize interest and participation
    • Provide continuing education units as incentives
Education, Training and Exercises

(4)

• Other emergency management training resources
  – Emergency Management Institute
  • Independent Study Courses
    – ICS 100: Introduction to ICS
    – ICS 200: Basic Incident Command
    – ICS 200 HC: Basic Incident Command for Healthcare Personnel
    – IS 700: NIMS
    – IS 800: NRP
  • Community, state and federal trainings
    – Classroom training
    – Web-based training
    – Independent study
Review: Module 8
Key Points (1)

- A comprehensive and effective Emergency Management Program addresses the four phases of emergency management
  - Mitigation
  - Preparedness
  - Response
  - Recovery
Review: Module 8

Key Points (2)

- Key planning elements for the EMP
  - Appointing an Emergency Program Manager
  - Establishing an Emergency Management Committee
  - Conducting a Hazard Vulnerability Analysis
  - Developing an “all-hazards” Emergency Operations Plan and supporting policies and procedures
  - Collaborating and coordinating planning and preparedness with community response partners
Review: Module 8
Key Points (3)

• Key planning elements for the EMP
  – Educating administration and employees on the EMP and EOP
  – Conducting trainings and exercises
    • Internal drills, table tops and seminars for all employees
    • External exercises with community response partners