Emergency Management in Health Care
An All-Hazards Approach
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Introduction

• The September 11, 2001, terrorist attacks
• The blackout of 2003
• A 2004 hurricane season that pounded Florida
• Hurricanes Katrina and Rita that struck the Gulf Coast in 2005
• A Hawaiian earthquake
• The 2007 bridge collapse in Minnesota
• A series of at least 14 tornadoes that whipped across Georgia in 2007

This series of highly visible events has demonstrated the pressing need for enhanced emergency management that will allow health care organizations to adequately respond to incidents that create mass casualties. Whether the emergency results from nature (such as hurricanes, earthquakes, floods, blizzards, or tornadoes), from unintentional occurrences (such as train or plane accidents; power failures; or accidents involving nuclear, biological, or chemical contamination), or from intentional terrorist attacks (such as biological or chemical attacks or massive bombings), adequate preparation by health care organizations is critical to the nation as a whole and to the communities in which the organizations operate. Communities turn to health care organizations to provide medical care to those injured following an emergency or a disaster. Often, however, the organizations themselves and their staffs are also victims of the disaster. Organizations must be prepared to provide care to those injured in the community while at the same time be able to protect their own staff and facilities.

Recent disasters have also made it clear that it is not enough for health care organizations to plan for individual emergency events. Instead, organizations committed to serving their communities must demonstrate the ability to respond to combinations of escalating events. With this in mind, The Joint Commission revised its emergency management standards for hospitals, critical access hospitals, and Medicare- and Medicaid-based long term care organizations in 2008.

Specifically, the standard that requires organizations to address emergency management was broadened into eight new standards that became effective January 1, 2008.

The revised standards are designed to help health care organizations cope with a major destructive incident that could present an overwhelming number of patients and that could affect or disrupt their own environments of care and the lives in surrounding communities. Since September 11, 2001, much media attention has focused on health care organizations’ preparedness to respond to mass casualty incidents. Public health experts, industry officials, and the Joint Commission’s work in this area all indicate that health care organizations need practical guidance to prepare for, respond to, and recover from emergencies.

Using Lessons Learned
In formulating the revised emergency management standards, The Joint Commission sought input from health care organizations affected by disasters, engaged emergency management experts, served on national emergency management panels, and reviewed current literature on emergency management. From these studies, The Joint Commission concluded that it is not sufficient to require health care organizations to plan for a single event; rather, they should be able to demonstrate sufficient flexibility to respond effectively to combinations of escalating events.

Since the inception of the Joint Commission’s accreditation programs for health care organizations, compliance with the Joint Commission emergency management standards has helped to ensure organization readiness to respond to both internal and external emergencies. Given recent national experience with natural and man-made disasters, The Joint Commission is committed to reinforcing a comprehensive approach, recommended through the emergency management planning standards (see Chapters 1 through 10).
What's New

Specific revisions to the emergency management standards (effective January 1, 2008) include the following:

- The previous single emergency management–related standard has been replaced by a series of stand-alone emergency management standards. Although some of the elements of performance in this series of standards are new, many are existing expectations that have been relocated or moderately edited. The edits were made to provide clear guidance to organizations in their emergency management planning efforts.
- The addition of requirements for managing the following six critical areas regardless of the cause(s) of an emergency situation:
  1. Communication
  2. Resources and assets
  3. Safety and security
  4. Staff responsibilities
  5. Utilities management
  6. Patient clinical and support activities
- The addition of requirements for evaluating the performance of these six critical areas during planned exercises
- The addition of a requirement for conducting at least one exercise per year to evaluate how effectively the organization performs when it cannot be supported by the local community

The revisions to the emergency management standards reflect an “all-hazards” approach that permits flexible and effective responses. The standards emphasize a scalable approach that can help manage the variety, intensity, and duration of the disasters that can affect a single organization, multiple organizations, or an entire community. The revised standards also promote the importance of planning and testing response plans for emergencies during conditions when the local community cannot support the health care organization.

Overview of Contents

*Emergency Management in Health Care: An All-Hazards Approach* has been developed as a practical guide to help health care organizations plan for managing the critical areas of emergency response by assessing their needs and preparing staff to respond to events most likely to occur, regardless of the cause(s) of the emergency situation. This publication is directed to facility managers, performance improvement coordinators, survey coordinators, medical staff directors, directors of nursing, emergency department staff, safety managers and staff, and risk managers in health care organizations. The book will also be of interest to consultants and medical librarians.

This book guides hospitals, critical access hospitals, and long term care organizations in planning for the management of the six crucial areas of emergency response and encourages and enables them to assess their needs and prepare staff to respond to events that are likely to occur. With a sound understanding of and specific plans for their responses to these six areas, organizations can develop an all-hazards approach that supports a level of preparedness sufficient to address a range of emergencies. Specifically, the book is arranged as follows:

- Chapter 1 provides an overview of the six critical functions of emergency management.
- Chapter 2 provides guidance on addressing emergency management planning issues that are crucial to establishing a comprehensive emergency management strategy.
- Chapter 3 addresses the development of an emergency operations plan.
- Chapter 4 guides organizations in establishing emergency communications strategies, both within and outside the organization.
- Chapter 5 addresses how to establish strategies for managing resources and assets that are necessary to adequately respond to an emergency.
- Chapter 6 examines how to manage the safety and security of patients, which is the primary responsibility of an organization during an emergency.
- Chapter 7 provides guidance for defining and managing staff roles and responsibilities during an emergency that could require adapting roles as new demands arise. This chapter also addresses preparation and response strategies for the human and organization impact of emergencies.
- Chapter 8 addresses strategies to manage essential utilities such as electricity, water, fuel, ventilation, and so forth.
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- Chapter 9 covers how to have clear and reasonable plans in place that address the clinical and other needs of patients and residents when an organization's resources are taxed by an emergency.
- Chapter 10 describes how organizations can test their emergency operation plans.

Throughout the book, there are case examples of effective emergency management plans and responses of health care organizations that have dealt with real-life emergencies.

Use of This Publication
The examples, checklists, tips, and documents included in this book come from a wide range of sources and address numerous types of disasters. Some of the information might be relevant to your organization or program; some might not. Staff in each organization must create emergency management processes, policies, and documents that are best suited to the organization's specific needs based on its hazard vulnerability analysis, as described in Chapter 2. You should use the information included here as a reference and starting point and adapt it to meet your organization's specific needs for an all-hazards emergency operations plan.

Note: This publication is designed to provide accurate and authoritative information regarding emergency management planning. Every attempt has been made to ensure accuracy at the time of publication; however, please note that laws, regulations, and standards are subject to change. Also note that some of the examples in this publication are specific to the laws and regulations of the organization's locality. The information and examples in this publication are provided with the understanding that the publisher is not engaged in providing medical, legal, or other professional advice. If any such assistance is desired, the services of a competent professional person should be sought.

Terminology and Taxonomy
Some clarification on the use of the term emergency throughout this book is in order. The Joint Commission's environment of care standards for accredited critical access hospitals, hospitals, and long term care organizations require an emergency operations plan that describes the organization's approach to responding to emergencies within the organization or in its community that would suddenly and significantly affect the need for the organization's services or its ability to provide those services. In this context, an emergency is a natural, unintentional, or intentional incident that significantly disrupts the environment of care (for example, damage to the organization's building(s) and grounds due to severe winds, storms, or earthquakes). An emergency is also an incident that significantly disrupts care and treatment (for example, loss of utilities, such as power, water, or telephones, due to floods, civil disturbances, accidents, or emergencies within the organization or its community) or results in sudden, significantly changed, or increased demands for the organization's services (for example, bioterrorist attack, building collapse, or plane crash in the organization's community).

Beyond The Joint Commission, emergencies have been classified in many different ways. Some systems, particularly in the health care literature, define two categories: internal emergencies and external emergencies. Internal emergencies are those that damage an organization's infrastructure (for example, a power failure or roof collapse), making it difficult, if not impossible, to provide care and services. External emergencies are those that occur beyond the organization's walls and that threaten to overwhelm the organization with a greatly increased patient volume. External and internal emergencies can happen simultaneously, such as when an earthquake damages a health care facility and results in large-scale casualties in the community.

Some classification systems use three categories: natural disasters (such as floods and hurricanes), technological disasters (such as transportation accidents, structural collapses, and chemical releases), and sociological and public health disasters (such as civil disturbances, arson, bombing, and bioterrorism). Others define the three categories a bit differently: natural disasters (such as tornadoes, forest fires, and earthquakes), unintentional disasters (such as airplane or other mass transportation accidents or nuclear accidents), and intentional disasters (such as biological or chemical attacks, massive explosions, or bombings).

Finally, throughout the publication, the words patient and resident are used interchangeably to describe the care recipient, consumer, individual receiving care, or the person who actually receives health care services.

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