

Emergency Preparedness
SOLUTIONS

THE
EMERGENCY
MANAGEMENT
Handbook

MARY RUSSELL, EdD, MSN

The
EMERGENCY
MANAGEMENT
HANDBOOK

Mary Russell, EdD, MSN

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About the Author

Mary Russell, EdD, MSN

Mary Russell, EdD, MSN, has been involved in a spectrum of emergency preparedness planning at the local, county, and state levels, including serving on several national committees. Her background includes sustained active practice as an emergency nurse at Boca Raton Regional Hospital in Boca Raton, Florida; as an emergency preparedness coordinator during multiple disaster events; as a chairperson and steering committee member for the Healthcare Emergency Response Coalition (HERC) in Palm Beach County, Florida; and as an author of multiple emergency management books.

Russell's experiences have included emergency responses to events such as a hospital explosion and fires resulting in evacuation, major hurricanes, wildfires, tornadoes, chemical incidents, transportation-related mass-casualty incidents, a terrorist attack involving anthrax, contamination of food and water supplies, and outbreaks of influenza, norovirus, and other biological agents, among other threats.

As an emergency room nurse who has also served in the Hospital Incident Command System structure of her hospital, she is fully aware of the need to constantly prepare, conduct exercises, and learn from every experience. She also volunteers for Palm Beach County's Medical Reserve Corps. Her perspective allows her to understand federal and state guidance and to align it with local planning and response.

Russell has a multidisciplinary educational background, including a bachelor's degree in physical therapy from Russell Sage College in Troy, New York; a master's in nursing from the Lienhard Graduate School of Nursing at Pace University in Pleasantville, New York, and a doctorate in education from Florida International University in Miami. She has worked in numerous settings, including critical care, burn units, community health settings, and other areas of practice beyond the emergency department setting.

In addition, Russell is certified in the Department of Homeland Security's Homeland Security Exercise and Evaluation Program (HSEEP) training and has multiple National Incident Management System certifications. She has completed a range of basic through advanced disaster courses, including basic awareness-level, operations-level, and advanced courses in disaster burn care, disaster life support, psychological first aid, hazardous materials, biological prevention and response, radiological response, triage training, and incident response to terrorist bombings.

Introduction

Hospital emergency management coordinators (EMC), you are needed now more than ever.

In the past few years alone, substantive advancements in accreditation, regulatory standards, and federal guidance have set high expectations for hospitals to advance their level of all-hazards and hazard-specific planning, response, and recovery capabilities. Deciphering these changes—let alone implementing them at your facility—may seem like a daunting task. This handbook has two goals: to clarify what is expected of hospitals in today’s environment, and to establish the role of EMC as an effective way for hospitals to achieve compliance and a higher level of capabilities at the same time.

Perhaps you are already in the role of EMC. Maybe your institution doesn’t use that particular title, or maybe your facility divides emergency management responsibilities among you and other individuals within your organization, and emergency management is not your only concern. Such shared responsibility for emergency management will compete for your time, but it may also be more effective in helping you reach organizational goals, as you’ll see in later chapters.

Whatever the case may be, you are reading this book because you are searching for information to help you do your job well. Undoubtedly, you are interested in learning more about the field of hospital emergency management, what skills you’ll need to prepare yourself for such a role, and what accomplishments will be expected of you once you are in it.

This handbook is intended to highlight the EMC as the person in the hospital setting who is always thinking about preparedness, both as the point person within the organization as well as the liaison to external emergency response partners. The Joint Commission wants hospitals to be in a constant state of readiness, and the EMC role embodies this philosophy.

The role is a dynamic one. You are never really finished with your work. There will continue to be new threats, new guidance, new equipment, and new training, and there is always another level of preparedness your organization can achieve. The upside of the role is that you’ll never be bored, and you just might become the hero within your organization. Staff members appreciate when leaders demonstrate their commitment to safety by making sure that they get the training and support they need. This includes conducting enough exercises for employees to gain competency in various emergency response skills, and ensuring that responders’ health and safety needs are paramount during a major response.

To all current EMCs and to those interested in becoming EMCs, this book is for you.

Chapter overview

Chapter 1 gives an overview of the current emergency management expectations for hospitals. It explains the latest National Preparedness Guidelines from the U.S. Department of Homeland Security, in addition to the latest Joint Commission accreditation standards. This chapter also includes an explanation of common terminology used in emergency management.

Chapter 2 details the role and responsibilities of a hospital EMC, and it includes a sample job interview form to help readers explore their own level of preparedness for such a position. Chapter 2 also details ways to quickly get up to speed on emergency management issues, including recommended resources, websites, and online courses that offer certification programs.

Chapter 3 defines essential core planning documents such as the hospital's hazard vulnerability analysis, emergency management plan, emergency operations plan, and hazard-specific standard operating guidelines that you'll need to review and update in order to meet the new standards. It will also help you review how your hospital implements the National Incident Management System objectives and uses the Hospital Incident Command System response model.

Chapter 4 focuses on communications as a critical area within the hospital. A checklist of available technologies will help you summarize your facility's current equipment capabilities to support both internal and external communication needs. Chapter 4 also describes alert notification methods and event notification systems.

Chapter 5 explores how to gauge your hospital's current par levels of resources and assets, discusses agreements for resupply, and suggests alternative strategies you can use when your access to resupply becomes restricted.

Chapter 6 emphasizes that hospitals' safety and security are everyone's responsibility and that situational awareness training will help staff members detect unauthorized access and suspicious objects, as well as understand threats to which the organization might be vulnerable. It discusses measures for controlling access onto the hospital campus and within the building, managing hazardous materials incidents, and surging security support.

Chapter 7 discusses staff responsibilities, specifically the role of the EMC in preparing departments and the organization overall in terms of personal and family preparedness, specific competencies, readiness to manage a partial or total patient evacuation (including relocation to other sites), and how to support staff members with credentialed and prepared volunteers.

Chapter 8 is dedicated to utilities management, including the EMC's need to prepare the organization for a loss of power, HVAC, or water and for critical shortages (e.g., fuel).

Chapter 9 summarizes the major issues associated with patient clinical and support activities in terms of rapidly and appropriately caring for the ill and injured in a disaster and maintaining continuity of care for inpatients.

Chapter 10 offers guidance on approaching your administration to ensure support for your emergency management program, and discusses grant opportunities to support training and necessary equipment. A self-evaluation checklist will help you gauge your own level of performance.

Emergency Management: Guiding Authorities

Communities recognize hospitals as critical infrastructure because they serve the vital function of caring for the ill and injured on an everyday basis, as well as during disasters. A number of agencies provide proactive recommendations and standards for hospitals to advance emergency response and preparedness capabilities, as well as to manage any kind of incident ranging from small to catastrophic, also known as a *scalable approach*. These agencies include but are not limited to the following:

- U.S. Department of Homeland Security (DHS), www.dhs.gov
- Federal Emergency Management Agency (FEMA), www.fema.gov
- U.S. Department of Health & Human Services (HHS), www.hhs.gov
- Office of the Assistant Secretary for Preparedness and Response (ASPR), www.phe.gov
- Centers for Disease Control and Prevention (CDC), www.cdc.gov
- Centers for Medicare & Medicaid Services (CMS), www.cms.gov
- Occupational Safety & Health Administration (OSHA), www.osha.gov
- National Fire Protection Association (NFPA), www.nfpa.org
- National Institute for Occupational Safety and Health (NIOSH), www.cdc.gov/niosh
- The Joint Commission (TJC), www.jointcommission.org
- Agency for Healthcare Research and Quality (AHRQ), www.ahrq.gov
- American Hospital Association (AHA), www.aha.org

The Joint Commission

Hospitals are most familiar with the accreditation requirements that The Joint Commission posts annually. Starting in 2009, emergency management has had its own chapter within the *Comprehensive*

Accreditation Manual for Hospitals: It includes requirements that involve the entire organization. The Elements of Performance have evolved since then, with requirements to identify a leader within the organization to oversee emergency management and to evaluate exercises and responses to real events with input from staff. Additionally, there are requirements for senior hospital leadership to review the organization's emergency planning activities and to practice performance and responses to incidents to facilitate corrective action planning and performance improvement.¹

The Joint Commission continues to list four phases of emergency management planning:

- Mitigation: Actions taken to reduce the organization's vulnerability to an incident by lessening the severity and impact
- Preparedness: Actions taken to advance both capacity (space and resources) and capability (trained and exercised staff members who can carry out the plans for their organization)
- Response: Actions taken during an emergency to manage treatment of casualties, maintain responder health and safety, and protect the organization
- Recovery: Actions taken to restore the organization to normal operations and services

Both mitigation and preparedness actions take place prior to a disaster: response occurs during the incident, and recovery happens after the event. It is no longer enough to simply prepare for emergencies and disaster events. The Joint Commission requires hospitals to define planning through the continuum of an event, including before it occurs (pre-event phase), during the incident (event phase), and throughout the recovery period (post-event phase). Hospitals keep themselves in business by being able to continue to offer services during a disaster. Having a strong continuity of operations plan or business recovery plan will help you anticipate issues associated with complex disasters that can put extreme stress on an organization.

The Joint Commission has defined a number of critical areas for hospitals to manage during an emergency response, regardless of the type of event:

- Communication
- Resources and assets
- Safety and security
- Staff roles and responsibilities (including disaster volunteers)
- Utilities management
- Patient clinical and support activities

Subsequent chapters of this handbook will discuss each of these critical areas in detail. Emergency management coordinators (EMC) should review Joint Commission materials in addition to federal agency

resources specific to emergency preparedness and specific health and medical information within those sites. There are other accreditation agencies, but the majority of U.S. hospitals earn their accreditation through The Joint Commission, and their standards align with federal guidance.

The U.S. Department of Homeland Security

The U.S. Department of Homeland Security (DHS) and the Federal Emergency Management Agency (FEMA) promote national preparedness for all hazards across the “whole community.” The term is used to encourage participation and coordination among public sector organizations including federal, state, local, tribal and territorial governments, private and nonprofit sectors (including non-governmental organizations), faith-based organizations, and the general public. Increased collaboration within communities will serve to meet needs and foster resilience and recovery from disasters. The majority of health-care organizations and providers are private and include both for-profit and nonprofit organizations.

DHS has provided direction to states through the National Preparedness Goal to use a capabilities-based planning process that defines critical tasks and activities in order to achieve the national mission areas of “Prepare, Prevent, Protect, Respond, and Recover.”² Those tasks and activities include the following:

- Preparation for unexpected events and response missions
- Prevention of injuries and property damage due to unintentional or intentional mechanisms
- Protection of citizens, visitors, and critical infrastructure
- Response in an immediate, effective, and coordinated manner, focused on the victims
- Recovery, quickly and with continuity of operations

The DHS guidelines are similar to The Joint Commission’s phases of emergency management, including mitigation, preparedness, response, and recovery. In order to achieve national preparedness, the core capabilities that will be needed at all levels (local, regional, tribal, state, federal) include planning, public information and warning, operational coordination, intelligence and information sharing, access control and identity verification, cybersecurity, physical protective measures, risk management for protection programs, supply chain integrity and security, threats and hazard identification, operational communications, situational assessment, health and social services, and public health and medical services, among others.³

DHS developed the National Response Framework (NRF) as a guide for all response agencies at every level in the United States, including hospitals, so that they have common training, language, and responses as part of an all-hazards approach to disasters.⁴ The goal of developing a unified national response to disasters supports a more effective response among agencies, including hospitals. The NRF includes 15 Emergency Support Functions (ESF) that group capabilities into an organizational structure.

The U.S. Department of Health and Human Services (HHS) is the lead agency for Emergency Support Function 8 (ESF-8)—Health and Medical. The Secretary of HHS delegates, to the Office of the Assistant Secretary for Preparedness and Response (ASPR), the leadership role for all health and medical services support function in a health emergency or public health event. ASPR focuses on preparedness planning and response, which includes building federal emergency medical operational capabilities, countermeasures research, and grants to strengthen the capabilities of hospitals and healthcare systems in public health emergencies and medical disasters. The office also provides federal support, including medical professionals through the National Disaster Medical System, to augment state and local capabilities during an emergency or disaster.

There is an increased emphasis on a shift away from hospital-centric preparedness toward building capabilities for large-scale disasters that will need the support of the entire healthcare system and the community infrastructure. Healthcare coalitions can provide the framework to accomplish this goal. Healthcare coalitions are defined as a collaborative network of healthcare organizations and their respective public and private sector response partners that serve as a multi-agency coordinating group to assist with preparedness, response, recovery, and mitigation activities related to healthcare organization disaster operations.⁵

Healthcare coalition members should include representatives from the following:

- Acute care hospitals, specialty hospitals, rehabilitation hospitals, mental health hospitals
- Long-term care facilities
- Emergency medical services
- Law enforcement
- Emergency management from your local emergency operations center
- Public health
- Medical reserve corps
- Private sector and non-governmental organizations (e.g., Red Cross, blood centers, dialysis, businesses)
- Other partners, including universities, medical examiner's office, and faith community representatives

Hospital EMCs who are members of a healthcare coalition benefit from gaining situational awareness of potential threats, being included with multidisciplinary disaster training and exercises, sharing local and regional risk assessment information, and being part of a critical mass for planning for healthcare delivery services in disasters and during public health emergencies. Identification of collective resources and assets, as well as gaps in capabilities, is part of the process of advancing systemwide preparedness. Regional and

local level healthcare coalitions are present and maturing in every state. ASPR has established a goal that, by 2017, 100% of communities will have local or regional coalitions representing them.

ASPR has defined two priority capabilities for healthcare systems: medical surge and continuity of operations.

- *Medical surge* refers to the rapid and appropriate triage and treatment of incoming ill or injured casualties, while maintaining care for those preexisting patients (both inpatient and outpatient) already within the system
- *Continuity of operations* relates to planning to ensure sustainability of core business operations and ability to continue to offer essential services provided by healthcare organizations during an emergency or disaster event that disrupts or exceeds normal capacity and capability

Medical surge accommodation should occur across the spectrum of healthcare providers and organizations. Hospitals have a role in providing lifesaving care for the highest acuity level patients—those triaged as emergent and urgent. Patients who are determined to need minor care can be accommodated in urgent care centers, physician provider offices, or alternate care sites, or they can receive self-care instructions through call centers or media messaging.

The Homeland Security Presidential Directive (HSPD)-5 enables coordination and mutual assist partnerships through the implementation of the National Incident Management System (NIMS) across federal, state, tribal, and local responder levels.⁶ Responders work together using a unified approach to incident management, a standard organizational command structure, standardized interoperable and coordinated communications, joint training, and an emphasis on preparedness and mitigation by reducing vulnerabilities to threats.

This strengthens a systemwide common process for incident management and continual readiness for any type, size, or cause of disaster. Readiness enables more effective communication, collaboration, and coordination among partners to be able to work efficiently together.

The National Incident Management System

The National Incident Management System (NIMS) is flexible and scalable for all types of hazards, including disasters that may have multiple incidents occurring at the same time. NIMS employs standardized communication terms that responders across all agencies can understand, allowing for unified area command.

Objectives

NIMS implementation objectives for healthcare organizations include the following categories:⁷

1. Adoption, including the following:

- A formal CEO-signed statement of NIMS adoption (see Figure 1.1 at the end of this chapter for a sample statement)
 - Federal preparedness awards:
 - Hospitals need to comply with NIMS objectives if they receive federal preparedness and response grants, contracts, or cooperative agreement funds
2. Preparedness planning, including the following:
- Revising and updating plans:
 - Chapter 3 of this handbook discusses components for planning
 - Mutual aid agreements:
 - Agreements need to be updated regularly, including supply vendor agreements, hospital coalition agreements that include sharing of resources and assets during disasters, and inter-hospital agreements that include accommodations for space to support patient evacuation, staff relocation, and supplies
3. Preparedness training and exercises, including the following:
- ICS-100.b (Introduction to Incident Command System) or IS 100.HCb (Introduction to the Incident Command System, IS100, for Healthcare/Hospitals)
 - ICS-200.b (ICS for Single Resources and Initial Action Incidents) or IS 200.HCa (Applying ICS to Healthcare Organizations)
 - IS-700.a (NIMS: An Introduction), and
 - IS-800.b (National Response Framework (NRF), An Introduction)
 - These foundation courses are recommended for Hospital Incident Command System (HICS)-designated and alternate positions, nursing supervisors/administrative coordinators, and staff members who support hospital emergency response. The HC designation refers to curriculum developed specifically for healthcare organizations.
 - Homeland Security Exercise and Evaluation Program (HSEEP)
 - This is a standardized method to plan and evaluate exercises, as well as to identify performance improvement measures, corrective actions, and evaluation of those actions
 - HSEEP is the standard for all community-wide and regional exercises and is a good structure to also use for hospital internal training and exercises
4. Communication and information management, including the following:
- Interoperability incorporated into acquisition of equipment or programs:

- Includes purchase of equipment, programming, and emergency notification, surveillance, and management software systems
 - Standard and consistent terminology
 - Collection and distribution of information
5. Command and management, including the following:
- Incident command system (ICS):
 - The Hospital Incident Command System (HICS) structure is an accepted methodology for hospitals to use in emergencies and disasters and is consistent with the principles of NIMS in terms of command practices, language and communication terms, supporting documentation for job actions, an all-hazards approach, and training expectations⁸
 - Incident action planning and common communication plans:
 - There are common forms that all response agencies use, including hospitals⁹
 - Adoption of public information principles:
 - Hospital public information officers need to coordinate public information with the joint information center of their local, county, or regional emergency operations center
 - Gathering, verification, coordination, and dissemination of public information

Preparing Your Facility

Hospitals and other emergency response agencies need to prepare for an assortment of incidents and threats. These can range from everyday emergencies to events that could be broad in scope and potentially catastrophic. Becoming prepared for smaller incidents will help preparedness for large-scale events. Fifteen DHS national planning scenarios are listed within the National Preparedness Guidelines that include terrorist attacks, major disasters, and other emergencies.¹⁰ Fourteen of these scenarios apply to hospitals in terms of the potential for receiving a surge of casualties, and these same scenarios are those recommended for HICS planning and preparedness activities.

The following is a list of the 14 national planning scenarios that apply to hospitals:

1. Improvised nuclear device
2. Aerosol anthrax
3. Pandemic influenza
4. Plague

5. Blister agent
6. Toxic industrial chemicals
7. Nerve agent
8. Chlorine tank explosion
9. Major earthquake
10. Major hurricane
11. Radiological dispersal device
12. Bombing using improvised explosive device
13. Food contamination
14. Cyber attack

Internal and external factors

Hospitals should not be preparing their organizations in isolation but rather in coordination with their healthcare coalition members.

In a major disaster or catastrophic event, there is potential for a wide impact area. HICS team members, also known as the Hospital Incident Management Team (HIMT), must know the chain of communication and pathways for emergency response. The field has developed and established proven methods for information-sharing and response, and the expectation is for hospitals to use the same processes. Hospitals can serve as host or receiving facilities to receive patients and staff members from hospitals within an impact area that has suffered major or catastrophic damage. Your staff will need to understand the major concerns facing the survivors and be prepared for such an occurrence. Exercise your hospital through a catastrophic scenario as a hospital within an impact area and, alternatively, as a receiving hospital.

On a local level, your hospital organization is a stakeholder within your state's planning as part of a unified national response. Your hospital plans need to align with your county, regional, and state plans, just as state plans are aligning with federal planning. Your state already lists your hospital among the state's assets as critical infrastructure. Be proactive by volunteering as a hospital representative to your state's work groups associated with hospital emergency preparedness and disaster capabilities planning. It is now a requirement for receiving grant funding that your hospital will be in compliance with state and federal emergency management standards.

No longer can hospitals and EMCs plan only for their own organization—they need to be aware of local, county, regional, state, and federal planning activities and agencies that can provide resources to them in a major disaster. Knowing the appropriate pathways for communication with your local, county, or

regional emergency operations center is critical to request help or to report updates on your hospital's status. EMCs have an internal hospital or healthcare organization (HCO)-specific role, but they are also the representative of the hospital who interacts with external agencies, as well as other HCOs and emergency response services.

Needless to say, there is already established guidance for hospitals to advance their planning. Organizations are leaning on their EMCs now more than ever to prepare their facilities.

Figure 1.1 Sample NIMS resolution

A resolution affirming the commitment of [insert name of your hospital] to authorize the adoption of the National Incident Management System (NIMS) as the basis for all incident management as required by Homeland Security Presidential directive (HSPD)-5.

WHEREAS, the President of the United States of America in his HSPD-5 directed the secretary of the Department of Homeland Security to develop and administer an NIMS, which would provide a consistent nationwide approach for federal, state, local, and tribal governments to work more efficiently, and effectively to prevent, prepare for, respond to, and recover from domestic incidents, regardless of cause, size, or complexity; and

WHEREAS, the NIMS establishes a single, comprehensive approach to disaster incident management to ensure that all levels of government and responding agencies across the nation have the capacity to work efficiently and effectively together using a national approach to disaster incident management;

WHEREAS, it is necessary and desirable that all federal, state, local, and tribal homeland security partner agencies and personnel coordinate their efforts to effectively and efficiently provide the highest levels of incident management;

WHEREAS, NIMS provides a core set of concepts, principles, terminology, and technology for the most efficient and effective incident management between federal, state, local, and tribal organizations and responding agencies;

WHEREAS, the NIMS standardized procedures for managing personnel, communications, facilities, and resources will improve the hospital's ability to utilize federal funding to enhance agency readiness, maintain personnel safety, and streamline incident management processes;

WHEREAS, the incident command system components of NIMS are already an integral part of various incident management activities throughout the hospital, including current emergency management training programs; and

Figure 1.1 Sample NIMS Resolution (cont.)

Now, therefore, be it resolved by the senior executive administration of [insert name of your hospital] that:

1. [Insert name of your hospital] adopts the National Incident Management System (NIMS) as its system for preparing and responding to disaster or emergency incident(s).
2. Employees of [insert name of your hospital] with specific command and control responsibilities will complete the required NIMS training appropriate to their level of assigned responsibilities, and maintain that level of training by certification within the time frames established by the federal requirements for NIMS.

Passed, adopted, and approved, this _____ day of _____, [insert year].

Senior executive for [insert name of your hospital]

By: _____
[Insert title: CEO, COO, other]

Source: Adapted for hospital use from FEMA's Sample Executive Orders, Implementation Plan Templates

Endnotes

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THE EMERGENCY MANAGEMENT Handbook

Mary Russell, EdD, MSN

This book is a road map for all healthcare staff tasked with coordination of emergency management. It examines how to work with clinicians, solicit funds and buy-in from the C-suite, and ensure staff are trained on emergency preparation efforts.

Mary Russell has taken her years of experience and crafted an essential guide to help you navigate the stressful role of emergency management coordination.

Meet the author: **Mary Russell, EdD, MSN**, has been involved in a spectrum of emergency preparedness planning at the local, county, and state levels, including serving on several national committees. Her background includes sustained active practice as an emergency nurse at Boca Raton (Florida) Regional Hospital; as an emergency preparedness coordinator during multiple disaster events; and as a chairperson and steering committee member for the Healthcare Emergency Response Coalition in Palm Beach County, Florida.

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