

Additional Guidance: Emergency Management Standards

112301

*Department of Veterans Affairs
Veterans Health Administration
Emergency Management Strategic Healthcare Group
Education & Research*

Table of Contents

<u>NFPA 1600 Program Elements</u>	<u>EC 1.4</u>	<u>Page</u>
Chapter 1. Introduction.		
Scope		4
Purpose		5
Chapter 2. Program Management		
Policy		6
Program Coordinator		9
Program Committee		10
Program Assessment	q.	12
Chapter 3. Program Elements		
General	Intent	13
Laws and Authorities		14
Hazard Identification & Risk Assessment	a.	15
Hazard Management		19
Resource Management		20
Planning	c.	22
Direction, Control & Coordination	b., f., g., h., o.	25
Communications & Warning	d., e., m.	28
Operations & Procedures	(h.), i., j., k.	30
Logistics & Facilities	(h.), l., n.	34
Training	p.	37
Exercises, Evaluations & Corrective Actions	r., 2.9	38
Public Education & Information	(h.)	40
Finance & Administration		42
Definitions		43

Emergency Management Standards: Additional Guidance

NOTE: This document includes the additional material found in the appenices and footnotes of the three emergency management standards listed below:

- NFPA 1600, Standard for Disaster/Emergency Management (2000):
- Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), Environment of Care (EC) 1.4 (2001), and
- National Fire Protection Association (NFPA), Health Care Facility Emergency Management (99, Chapter 11) (2001).

Chapter 1. Introduction.

1.1 Scope.

This standard establishes a common set of criteria for disaster and emergency management programs in both the public and private sectors.

NFPA 1600, Additional Information	
	<p>The disaster / emergency management community is comprised of many different entities including the government at federal, state, and local levels; business and industry; non-governmental organizations; and individual citizens. Each of these entities has its own focus, unique missions and responsibilities, varied resources and capabilities, and operating principle and procedures. Each entity can have its own definition of disaster. Examples of disaster definitions used by entities include the following:</p> <ul style="list-style-type: none">(a) An occurrence or imminent threat to the entity of widespread or severe damage, injury, loss of the life or property resulting from natural or human causes(b) An emergency that is beyond the normal response resources of the entity and would require the response of outside resources and assistance for recovery.© A suddenly occurring or unstoppable developing event that <ol style="list-style-type: none">1. Claims loss of life, suffering, loss of valuables, or damage to the environment.2. Overwhelms local resources or efforts.3. Has a long-term impact on social or natural life that is always negative in the beginning

NFPA 99/11

11-1 This chapter establishes minimum criteria for health care facility emergency management in the development of a program for effective disaster preparedness, mitigation, response, and recovery.

NFPA 99/11, Additional Information	
A-11-1	Since no single model of an emergency management plan is feasible for every health care facility, this chapter is intended to provide criteria in the preparation and implementation of an individual plan. The principles involved are universally applicable; the implementation needs to be tailored to the specific facility.

Chapter 1. Introduction (con't)

1.2 Purpose.

The purpose of this standard is to provide those with the responsibility for emergency management the criteria to assess current programs or to develop, implement and maintain a program to mitigate, prepare for, response to, and recover from disasters and emergencies.

NFPA 99/11

11-2 *The purpose of this chapter is to provide those with the responsibility for emergency management planning in health care facilities with a framework to assess, mitigate, prepare for, respond to, and recover from, disasters. This chapter is intended to aid in meeting requirements for having an emergency management plan.*

11-3 *This chapter is applicable to any health care facility that is intended to provide medical care during an emergency or maintain services for patients during a disaster.*

NFPA 99/11, Additional Information	
A-11-3	Since facilities include, but are not limited to, hospitals, clinics, convalescent or nursing homes, and first-aid stations (disaster receiving stations). Such facilities could be formally designated by a government authority as disaster treatment centers. Such facilities would not normally include doctors' or dentists' offices, medical laboratories, or school nurseries, unless such facilities are used for treatment of disaster victims.

Chapter 2. Program Management.

2.1 Policy.

- 2.1.1 The entity has a written emergency management policy that defines:
- a. The enabling authority,
 - b. Vision, mission statement, goals and objectives.
 - c. Management policies and procedures.
 - d. Applicable legislation, regulations, and industry codes of practice.

NFPA 1600, Additional Information

Sample Policy Statements

Sample Private Sector Policy Statement

I. Purpose and Scope.

It is _____'s policy to conduct its operations with the highest regard for the safety and health of its employees and the public and for the protection and preservation of property and the environment. _____'s disaster / emergency management program is a coordinated function encompassing the areas of safety and health, fire protection, environmental control, security, training, public affairs, communications, quality control maintenance, and operations. The program provides an effective state of readiness to respond to, prepare for, mitigate, and recover from a range of credible or potential emergencies / disasters at its facilities. Such capability is considered a fundamental responsibility of this _____.

Disaster / emergency management procedures provide a clear, concise description of the overall disaster / emergency response entity. They designate responsibilities, demonstrate interface between organizations, and describe notification procedures necessary to cope with all aspects of disasters. Planning documents are available containing detailed program requirements.

II. General Data

Disaster / emergency management encompasses the area of personnel training and acquisition or resources as well as the evaluating and testing of plans and procedures to mitigate and prepare for credible disasters. Should a disaster occur, the disaster / emergency management plan provides for effective response and rapid recovery.

Effective response includes those actions in areas such as warning, personnel safety, property protection, security, and restoration taken to prevent or minimize the effects of a disaster. Once a disaster has occurred, every effort will be taken to safely ameliorate the situation. Facility response plans provide for the implementation of disaster / emergency management requirements.

Chief Executive Officer _____

Sample Public Sector Policy Statement

Government at all levels has the responsibility to plan for and respond to disasters resulting from hazards that are known to threaten the jurisdiction. In view of this fact, the city has established a disaster / emergency management program to provide overall planning and coordination for emergencies. The disaster / management coordinator is the (insert title), and duties are further delegated to department directors and the Disaster / Emergency Management Committee.

Disasters might require the city government to operate in a manner different from normal day-to-day routines and might seriously overextend city resources. This disaster / emergency management plan provides specific guidance to city departments during disasters. The plan will also serve as an indicator of city capability; if the city is unable to provide adequate coverage for a particular resource or potential hazard, alternate sources or contingency plans should be developed within political and budgetary constraints.

The accomplishment of disaster / emergency management goals and objective depends on the development and maintenance of competent program staff, adequate funding, and the familiarization of other city personnel with their disaster responsibilities and this plan. It is hereby directed that review of this plan and overall disaster responsibilities by all city department directors and the Disaster / Emergency Management Committee be accomplished prior to July 1, annually, or as indicated through plan activation or exercise. Thorough familiarity with this plan will result in the efficient and effective execution of disaster responsibilities and in better service to the citizens.

Government entities complying with this plan should not be liable for injury, death, or loss of property except in cases of willful misconduct or gross negligence.

NFPA 99/11

11-4.1 *The Authority Having Jurisdiction (AHJ) shall be cognizant of the requirements of a health care facility with respect to its uniqueness for continued operation of the facility in an emergency.*

NFPA 99/11, Additional Information

A-11-4.1 In time of disaster all persons are subject to certain constraints or authorities not present during normal circumstances. All emergency management plans written by a health care facility should be reviewed and coordinated with such authorities so as to prevent confusion. Such authorities include, but are not limited to, civil authorities (such as fire department, police department, public health department, or emergency medical service councils), and civil defense or military authorities.

Further, an authority having jurisdiction can impose upon the senior management of the facility the responsibility for participating in a community emergency management plan.

11-4.2 It shall be the responsibility of the senior management to provide its staff with plans necessary to respond to a disaster or an emergency. Senior management shall appoint an emergency management committee, as appropriate, with the authority for writing, implementing, exercising, and evaluating the emergency management plan.

Chapter 2. Program Management (con't)

2.2 Emergency Management Program Coordinator

- 2.2.1 The emergency management program coordinator is authorized to administer and keep current the emergency management program in consultation with the Emergency Management Program Committee.

NFPA 1600, Additional Information

it is not the intent of the Technical Committee on Disaster Management to restrict the users to these exact titles. It is recognized that different entities use various forms and names from their disaster / emergency management coordinator that performs the functions identified in the standard. An example of a title for the public sector include disaster / emergency manager, and an example of a title for the private sector includes business continuity manager.
--

Chapter 2. Program Management (con't)

2.3 Emergency Management Program Committee

- 2.3.1 The Emergency Management Program Committee is established by the entity in accordance with its policy.
- 2.3.2 The committee includes the emergency management program coordinator and others having the appropriate expertise and knowledge of the entity and the authority to commit resources from all key functional areas within the entity and solicits applicable external representatives from public and private entities.
- 2.3.3 The committee advises the emergency management program coordinator on the emergency management program activities.

NFPA 1600, Additional Information

Members of the Disaster / Emergency Management Committee should be appointed with the clear understanding that the appointment is long term and the objective is to minimize turnover of committee members to maintain an effective committee. Within the private sector, representatives can include but are not limited to information technology, plant operations, transportation, maintenance, engineering, personnel, public relations, environment, legal, finance, risk management, health and safety, security, and fire fighting / rescue. Within the public sector, representatives can include but are not limited to police, fire, emergency medical services, engineering, public works, environmental protection, public health, finance, education, disaster / emergency management, legal, airport, port authorities, and the military (e.g., the National Guard). When determining the representation on the committee, consideration should be given to public sector representation on committee, consideration should be given to public sector representation on a private sector committee and vice versa. This will help to establish a coordinated and cooperative approach to disaster / emergency management.

A-2-3.1 Though the disaster / emergency management coordinator, appointed by the entity, has the final authority in deciding the course of the program through its day-to-day administration, it is assumed that major decisions will be made in consultation with the Disaster / Emergency Management Committee. The task of the Disaster / Emergency Management Committee is to ensure the preparation, implementation, and evaluation of and to keep current the disaster / emergency management program. The disaster / emergency management coordinator and the Disaster / Emergency Management Committee need to be in agreement concerning priorities and resource allocation in the day-to-day operations of the disaster / emergency management program. Decisions made and actions taken in the day-to-day administration of the program in crucially affects the ultimate implementation of the program in times of disaster. Therefore, since the Disaster / Emergency Management Committee is composed of those representing key functional areas, both within and external to the entity,

it is imperative that the disaster / emergency management coordinator and the Disaster / Emergency Management Committee consult together on important administrative matters to ensure the goals of the program are indeed met.

NFPA 99/11

11-4.3 *The emergency management committee shall have the responsibility for the overall disaster planning and emergency management within the facility, under the supervision of designated leadership.*

Chapter 2. Program Management (con't)

2.4 Program Assessment.

- 2.4.1 A comprehensive assessment of the emergency management program elements listed in the following section is conducted periodically to determine the overall effectiveness of the emergency management program.

JCAHO EC 1.4

- (q.) *The plan establishes on-going monitoring of performance regarding actual or potential risk related to one or more of the following:*
- a. *Staff knowledge and skills;*
 - b. *Level of staff participation;*
 - c. *Monitoring and inspection activities;*
 - d. *Emergency and incident reporting; or*
 - e. *Inspection, preventive maintenance, & testing equipment.*

Chapter 3. Program Elements.

3.1 General.

- 3.1.1 The emergency management program includes the following elements, the scope of which shall be determined by the hazards affecting the entity. These elements are applicable to the phases of mitigation, preparedness, response and recovery.

NFPA 1600, Additional Information	
A-3-1	General. Key program elements cross boundaries during each of the four phases of disaster / emergency management. Each element should be considered in relation to each of the four phases. (See Table A-3-1 (not included)).

JCAHO EC 1.4

Intent Statement:

The emergency management plan describes how the organization will establish and maintain a program to ensure effective response to disasters or emergencies affecting the environment of care. The plan should address four phases of emergency management activities: mitigation, preparedness, response, and recovery.

Chapter 3. Program Elements (con't)

3.2 Laws and Authorities.

- 3.2.1 The emergency management program complies with applicable legislation, regulations and industry codes of practice.
- 3.2.2 The entity implements a strategy for addressing needs for legislative and regulatory revisions that occur over time.

NFPA 1600, Additional Information

A-3-2.2 If through exercise or incident analysis, program evaluation, and corrective action, limitations in the necessary laws and applicable authorities are discovered, a formal process should exist to amend them.

In the case of public entities, consideration should be made for periodic review of existing legislation to determine whether adequate flexibility exists to accommodate evolving programmatic policy or if new legislation should be developed and introduced through a legislative initiative. This is particularly relevant as program requirements change to comply with changing roles and relationships in and among varying levels of government.

As an example, the entity might have the appropriate authority to conduct disaster / emergency operations but lack authority to take action prior to an event to mitigate the occurrence or the recurrence of a disaster / emergency. In other cases, additional authorities could be needed to generate the necessary revenue to sustain a viable program, and additional authority could be required to create a standing contingency fund to adequately support a disaster operation.

In the private sector, the governing factors can be industry codes or practice or regulations rather than statutory restrictions. A process should be established for periodic review of industry practices for compliance with the strategy, goals, and objectives of the entity. Evolving best practices should be incorporated into industry codes as applicable.

Chapter 3. Program Elements (con't)

3.3 Hazard Identification and Risk Assessment

- 3.3.1 The entity identifies hazards, the likelihood of their occurrence, and the vulnerability of people, property and the environment to those hazards. Hazards to be considered as a minimum include but are not be limited to the following:
- a. Natural events
 - b. Technological events
 - c. Human events

NFPA 1600, Additional Information	
<p>A complete hazard assessment will identify the range of possible risks that have or might impact the entity and / or surrounding area. The system should address, and the entity should be prepared to manage, disasters from the most to least serious within the identified range.</p> <p>A-3-3.1 The hazard identification and risk assessment will determine “what” can occur, “when” (how often) it is likely to occur, and “how bad” the effects could be. For certain of the hazards identified, it will be determined after this preliminary analysis that it is not necessary to carry out a full analysis. These are hazards for which no further action is required.</p> <p>The hazard identification should include, but is not limited to, the following types of potential hazards:</p>	
(a)	<i>Natural event</i>
	<ol style="list-style-type: none"> 1. Drought 2. Fire (forest, range, urban) 3. Avalanche 4. Snow / ice / hail 5. Tsunami 6. Windstorm / tropical storm 7. Hurricane / typhoon cyclone 8. Biological 9. Extreme heat / cold 10. Flood / wind-driven water 11. Earthquakes / land shifts 12. Volcanic eruption 13. Tornado 14. Landslide / mudslide 15. Dust / sand storms 16. Lightning storm
(b)	<i>Technological events:</i>
	<ol style="list-style-type: none"> 1. Hazardous material releases 2. Explosions / fire 3. Transportation accident

<ol style="list-style-type: none"> 4. Building / structure collapse 5. Power / utility failure 6. Extreme air pollution 7. Radiological accidents 8. Dam / levee failure 9. Fuel / resource shortages 10. Strikes 11. Business interruption 12. Financial collapse 13. Communication
--

(c)	<i>Human events</i>
-----	---------------------

<ol style="list-style-type: none"> 1. Economic 2. General strike 3. Terrorism (eco, cyber, nuclear, biological, and chemical) 4. Sabotage 5. Hostage situation(s) 6. Civil unrest 7. Enemy attack 8. Arson 9. Mass hysteria 10. Special events
--

These are a number of methodologies and techniques for risk assessment that range from the very simple to the very complex. These techniques include, but are not limited to, the following:

<ol style="list-style-type: none"> (a) What-if (b) Checklist. (c) Hazop, hazard, and operability studies (d) Failure modes and effect analysis (e) Fault tree (f) Failure-logic diagrams (g) Dow and bond indices (h) Event tree analysis (i) Human reliability analysis (j) Capability assessment readiness for state and local governments
--

3.3.2 The entity conducts a consequence analysis to determine the potential for detrimental impacts of the hazards on the following items, including but not limited to:

- a. Health and safety of persons in the affected area at the time of the incident (injury and death).
- b. Health and safety of personnel responding to the incident.
- c. Continuity of operations.
- d. Property, facilities and infrastructure.
- e. Delivery of services.
- f. The environment.
- g. Economic and financial condition.
- h. Regulatory and contractual obligations.
- i. Reputation of the entity.

NFPA 1600, Additional Information

A-3-3.2 The consequence analysis is a broad description of a potential event that can impact an entity. This analysis should give a clear idea of what hazards are most likely to occur, what entity functions or services are affected, and what actions will most effectively protect them.

Within the consequence analysis, the entity should consider the impact external to its area of influence that can impact the entity's ability to cope with a disaster. One example is the cascade effects of a hurricane. Direct impacts can include wind and flood damage. Secondary impacts can include communications, power, and transportation disruptions, both inside and outside the direct impact area.

A-3-3.2(g) An economic and financial impact analysis allows the quantification of the impacts without considering the cause of the disaster. This analysis is closely related to the process of defining critical functions or processes and helps decide where to place the emphasis in the planning efforts.

The analysis examines potential economic and / or financial loss resulting from disruption of the functions, processes, or services over time. The purpose of an economic and financial impact analysis is to arrive at a general loss expectancy that demonstrates what is at risk and to guide measures to mitigate the effects of a disaster.

JCAHO EC 1.4

The plan includes processes for:

- (a) *Identifying specific procedures in response to a variety of disasters based on a hazard vulnerability analysis performed by the organization.*

NFPA 99/11

11-5.1 Planning shall be based on realistic conceptual events and operating capacity thresholds that necessitate activation of the plan.

NFPA 99/11, Additional Information

A-11-5.1 Hazard identification and risk assessment should determine whether the following types of hazards are applicable:

- (a) Natural disasters
- (b) Technological/industrial disasters
- © Civil/political disasters.

For further information on disaster management, see NPFA 1600.

A-11-5.2 By basing the planning of health care emergency management on realistic conceptual events, the plan reflects those issues or events that are predictable for the environment the organization operates in. Thus, such conceptual planning should focus on issues, such as severe weather typical in that locale; situations that may

occur due to close proximity of industrial or transportation complexes; or earthquake possibilities due to local seismic activity. Planning for these events should also focus on the capacity of the health care organization to provide services in such an emergency. Capacity thresholds are different for all facilities, but have to do with issues such as the availability of emergency departments, operating suites and operating beds, as well as logistical response and facility utilities. There is no way to plan for all possible emergencies, but by focusing on logical conceptual events and operating capacity thresholds, the health care organization can develop realistic plans as well as guidelines for staff to activate those plans.

Chapter 3. Program Elements (con't)

3.4 Hazard Management.

3.4.1 The entity implements a strategy for eliminating hazards or mitigate the effects of hazards that cannot be eliminated.

3.4.2 The mitigation strategy is based upon the results of the hazard identification and risk assessment, consequence analysis, program assessment and operational experience.

NFPA 1600, Additional Information

A-3-4.2 The mitigation strategy should establish interim and long-term actions to reduce the risks from hazards.
--

3.4.3 The mitigation strategy shall consider but not be limited to the following:

- a. The use of appropriate building construction standards.
- b. Hazard avoidance through appropriate land use practices.
- c. Relocation, retrofitting or removal of structures at risk.
- d. Removal or elimination of the hazard.
- e. Reduction of limitation of the amount or size of the hazard.
- f. Segregation of the hazard from that which is to be protected.
- g. Modification of the basic characteristics of the hazard.
- h. Control of the rate of release of the hazard.
- i. Provision of protective systems or equipment.
- j. Establishment of hazard warning and communications procedures.
- k. Redundancy or duplication of critical systems, equipment, information, operations, or materials.

Chapter 3. Program Elements (con't)

3.5 Resource Management.

- 3.5.1 The entity establishes program performance objectives for each hazard identified in Section 1. The program performance objectives consider but are not limited to the following:
 - a. Personnel, equipment, training, facilities, funding, expert knowledge, materials, and the timeframes within which they will be needed.
 - b. Quantity, response time, capability, limitations, costs, and liability connected with using the involved resources.
- 3.5.2 An assessment is conducted to identify the resource capability shortfalls and the steps necessary to overcome any shortfalls.
- 3.5.3 A current inventory of internal and external resources is maintained.
- 3.5.4 The capability assessment addresses voluntary donations.
- 3.5.5 The need for mutual aid is determined and agreements established. Mutual aid agreements are referenced in the emergency management plan.

NFPA 1600, Additional Information
<p>A-3-5 Resources for program administration as well as disaster operations should be specifically identified. These resources include, but are not limited to the following:</p> <ul style="list-style-type: none">(a) The locations, quantities, accessibility, operability, and maintenance of equipment (e.g., heavy duty, protective, transportation, monitoring, decontamination, response)(b) Supplies (e.g., medical, personal hygiene, consumable, administrative)© Sources of energy (e.g., electrical, fuel, generators)(d) Communications systems(e) Food, water, and ice(f) Technical information(g) Clothing(h) Shelter(i) Specialized personnel (e.g. medical, religious, volunteer organizations, disaster / emergency staff, utility workers, morticians)(j) Specialized volunteers groups (e.g., Red Cross, amateur radio, religious relief organizations, charitable agencies)(k) External federal, state, and local agencies (e.g., Federal Response Plan and the Federal Radiological Emergency Response Plan (FRERP) agencies, state National Guards, private contractors) <p>(continued)</p>

A resource should be available in a timely manner and should have the capability to do its intended function. Restriction on the use of the resource should be taken into account, and application of the resource should not incur more liability than would failure to use the resources. Finally, the cost of the resource should not outweigh the benefit.

A-3-5.5 Mutual aid agreements between entities are an effective means to obtain resources and should be developed whenever possible. Mutual aid agreements should be in writing, be reviewed by legal counsel, be signed by a responsible official, define liability, and detail funding and cost arrangements. The term “mutual aid agreement” as used here includes cooperative assistance agreements, intergovernmental compacts, or other commonly used terms for the sharing of resources.

Chapter 3. Program Elements (con't)

3.6 Planning.

3.6.1 A emergency management program includes the development of plans in accordance with Section 3.3. An emergency management program includes, but is not limited to a strategic plan, an emergency operations plan, a mitigation plan, and a recovery plan that are contained in either single or multiple documents.

3.6.2 Plans

NFPA 1600, Additional Information	
A-3-6.2	The extent of planning requirements will depend on the program's objectives and hazards, corporate culture and philosophy, regulations, and so forth. Types of plans include but are not limited to business continuity plans, communications plans, continuity of government plans, continuity of operations plans, disaster / emergency operation plans, disaster / emergency response assistance plans, disaster / emergency field operating guides, mitigation plans, pre-incident plans, recovery plans, standard operating procedures (SOPs), and strategic plans.

Strategic/Program management plans

3.6.2.1 The strategic plan defines the vision, mission, goals and objectives of the emergency management program as it relates to the policy of the entity as defined in Section 2.1.

Response plans

3.6.2.2 The emergency operations/response plan assigns responsibilities to organizations and individuals for carrying out specific actions at projected times and places in an emergency or disaster.

JCAHO EC 1.4

The plan includes processes for:

(c.) *Defining, and when appropriate, integrating the organization's role with communitywide emergency response agencies (including the identification of who is in charge of what activities and when they are in charge) to promote interoperability between the health care organization and the community;*

Mitigation plans

- 3.6.2.3 The mitigation plan establishes interim and long-term actions to eliminate hazards or to reduce the impact of those hazards if they cannot be eliminated.

Recovery/Continuity of Operations plans

- 3.6.2.4 A recovery plan identifies the short-term and long-term strategic priorities, processes, vital resources and acceptable timeframes and procedures for restoration.

NFPA 1600, Additional Information	
A-3-6.2.4	In developing plans, short-term goals and objective should be established and should include but not be limited to the following: <ul style="list-style-type: none">(a) Vital personnel, systems, operations, & equipment identified in Sec. 3-5.(b) Priorities for restoration and mitigation© Acceptable downtime before restoration to a minimum level(d) Minimum resources needed to accomplishing the restoration <p>In developing plans, consideration should be given to long-term goals and objectives, which should include but not be limited to the following:</p> <ul style="list-style-type: none">(a) The entity's strategic plan(b) Management and coordination of activities© Funding and fiscal management(d) Management of volunteer, contractual, and entity resources(e) Opportunities for disaster mitigation

NFPA 99/11

- 11-5.3.10 *Operational Recovery. Plans shall reflect measures needed to restore operational capability to pre-disaster levels. Fiscal aspects shall be considered because of restoral costs and possible cash flow losses associated with the disruption.*

NFPA 99/11, Additional Information	
A-11-5.3.10	Recovery measures could involve a simple repositioning of staff, equipment, supplies, and information services; or recovery could demand extensive cleanup and repair. It can, under certain circumstances, present an opportunity to evaluate long-range ideas concerning modifications to the facility. Filing of loss claims might require special approaches. Finance. Health care facilities should have access to cash or negotiable instruments to procure immediately needed supplies.

3.6.3 Common Plan Elements

- 3.6.3.1 The functional roles and responsibilities of internal and external agencies, organizations, departments, and individuals during mitigation, preparedness, response and recovery shall be identified.
 - 3.6.3.2 Lines of authority for those agencies, organizations, departments and individuals shall be established/identified.
-

NFPA 99/11

11-5.3 The emergency management plan, as a minimum, shall include the following:

- 3.1 Identification of Emergency Response Personnel.*
- 3.2 Continuity of Essential Building Systems.*
- 3.3 Staff Management.*
- 3.4 Patient Management.*
- 3.5 Logistics.*
- 3.6 Security.*
- 3.7 Public Affairs.*
- 3.8 Staff Education.*
- 3.9 Drills.*
- 3.10 Operational Recovery.*

Chapter 3. Program Elements (con't)

3.7 Direction, Control, and Coordination

3.7.1 The entity develops the capability to direct, control, and coordinate response and recovery operations.

3.7.2 An incident management system is utilized.

NFPA 1600, Additional Information

A-3-7.2 In small incidents, incident management functions can be handled by one person, the incident commander. In disasters, an incident management system would be used to systematically identify management functions assigned to various personnel. The system used varies among entities and among jurisdictions within entities; however, it is always a systematic approach to incident management in which authority is delegated to perform various functions. Management functions no longer reside in one individual who can easily become overloaded with all the duties of management.
--

3.7.3 The specific organizational roles, titles and responsibilities are identified for each incident management function as specified in the emergency operations plan.

NFPA 1600, Additional Information

A-3-7.3 Organizational Crossover Matrix. The incident management system represents functions to be accomplished by the incident management system. Other organizations can be used, but equivalent titles should be cross-referenced and functional deficiencies addressed.

3.7.4 A mechanism is identified to determine the level of implementation of the incident management system according to the magnitude of the incident and the capabilities of the entity.

3.7.5 The incident management system is communicated to and coordinated with internal and external agencies identified earlier.

JCAHO EC 1.4

The plan includes processes for:

- (b.) *Initiating the plan (including a description of how, when, and by whom the plan is activated);*
- (f.) *Identifying personnel during emergencies;*
- (g.) *Assigning available personnel in emergencies to cover all necessary staff positions;*
- (h.) *Managing the following during emergencies and disasters:*
 - *Patients' activities including scheduling, modifying, or discontinuing services, control of patient information, and*

- patient transportation.*
 - *Managing security (for example, access, crowd control, traffic control).*
- (o.) *Alternate roles and responsibilities of personnel during emergencies, including who they report to within a command structure that is consistent with that used by the local community.*

NFPA 99/11

11-4.3 *The emergency management committee shall model the emergency management plan on the incident command system (ICS) in coordination with local emergency response agencies.*

NFPA 99/11, Additional Information

A-11-4.3 Emergency Planning Committee. The Incident Command System (ICS) is a system having an identified chain of command that adapts to any emergency event. ICS establishes common terminology and training for incident management. This allows emergency responders from hospitals and all involved organizations to respond to an incident and be familiar with the management concepts and terminology of other responders. It also facilitates the request and processing of mutual aid requests.

A widely accepted structure of an ICS is illustrated in Figure A-11-4.3 (not included).

A policy group consists of senior managers constituted to provide decisions related to items or incident decisions not in the emergency management plan.

The command staff consists of the incident commander and support staff. This support staff consists of the public information officer, liaison officer, and safety officer.

In addition to the command staff, there are four sections, each with a section chief responding directly to the incident commander: plans section, logistics section, operations section, and finance section.

Due to the nature of a health care facility, one deviation from the traditional ICS is made to show a line of medical control. Note the advisory position of the "medical staff officer."

NFPA 99/11

11-5.1 *When a facility declares itself in a disaster mode, or when the authority having jurisdiction (AHJ) declares a state of disaster exists, the emergency management plan shall be activated.*

11-5.2 *The decision to activate the emergency management plan shall be made by the authority designated within the plan, in accordance with the*

facility's activation criteria. The decision to terminate shall be made by the designated authority in coordination with the authority having jurisdiction and other civil or military authorities involved.

- 11-5.3.1 *Identification of Emergency Response Personnel. All personnel designated or involved in the emergency management plan of health care facility shall be supplied with a means of identification, which shall be worn at all times in a visible location. Specific means of identification for incident command system (ICS) personnel shall be provided, such as vests, baseball caps or hard hats.*

NFPA 09/11, Additional Information

<p>A-11.5.3.1 Where feasible, photo identifications or other means to assure positive identification should be used.</p>
--

<p>Visitor and crowd control create the problem of distinguishing staff from visitors. Such identification should be issued to all facility personnel, including volunteer personnel who might be utilized in disaster functions.</p>

<p>NOTE: Care should be taken to assure that identification cards are recalled whenever personnel terminate association with the health care facility.</p>
--

<p>Members of the news media should be asked to wear some means of identification, such as the press card, on their outside garments so that they are readily identifiable by security guards controlling access to the facility or certain areas therein. Clergy also will frequently accompany casualties or arrive later for visitations and require some means of identification.</p>

Chapter 3. Program Elements (con't)

3.8 Communications and Warning.

- 3.8.1 Communications systems and procedures are established to support the emergency management program.
- 3.8.2 The entity develops and maintains a reliable capability to alert officials and emergency response personnel. The system developed is capable of issuing a warning of an actual or impending emergency to those potentially affected.

NFPA 1600, Additional Information

A-3-8.2 Procedures should be established for the following:

- (a) Processing disaster / emergency calls
- (b) Conducting a situation analysis
- (c) Activation of the disaster / emergency management plan
- (d) Notifying personnel who have disaster or disaster / emergency management duties.

JCAHO EC 1.4

The plan includes processes for:

- (d.) *Notifying external authorities of emergencies;*
- (e.) *Notifying personnel when emergency response measures are initiated;*
- (m.) *Backup internal and external communication systems in the event of failure during disasters and emergencies;*

NFPA 99/11

11-5.3.2 *Continuity of Essential Building Systems. When designated by the emergency management plan to provide continuous service in a disaster or emergency health care facilities shall establish contingency plans for the continuity of essential building systems, as applicable:*

- (g) *Communication systems) (See 3.10)*

NFPA 99/11, Additional Information

A-11-5.3.2(g) Telecommunication Systems. Emergency internal and external communication systems should be established to facilitate communication with security forces and other authorities having jurisdiction as well as internal patient care and service units in the event normal communication methods are rendered inoperative.

The basic form of communication in a disaster is the telephone system. As part of the contingency plan to maintain communication, a plan for restoring

telephone systems or using alternate systems is necessary. Typically, the first line of internal defense for a system outage is strategically placed power-failure telephones that are designed to continue to function in the event of system failure. Plans for external outages and load control should include the use of pay phones that have first priority status in external system restoration.

Contingency plans should also contain strategies for the use of radio-frequency communications to supplement land-line usage. The plan should include a means to distribute and use two-way radio communication throughout the facility. A plan for the incorporation and use of amateur radio operators should also be considered.

It should be recognized that single-channel radio communication is less desirable than telephone system restoration due to the limited number of messages that can be managed. Cellular telephones, although useful in some disaster situations, should not be considered a contingency having high reliability due to their vulnerability to load control schemes of telephone companies.

Chapter 3. Program Elements (con't)

3.9 Operations and Procedures.

- 3.9.1 The entity develops, coordinates and implements operational procedures to support the emergency management program.
- 3.9.2 Particular attention is paid to considerations of life safety.
- 3.9.3 Standard operating procedures are established and implemented for response to those hazards identified in Section 3.3.
- 3.9.4 A recovery situational analysis is conducted that includes a damage assessment and the identification of resources needed to support recovery operations.
- 3.9.5 Procedures are established for maintaining the continuity of response activities that must continue into recovery and mitigation.
- 3.9.6 Procedures are established for continuity of management/government.

NFPA 1600, Additional Information

A-3-9 Procedures should include but not be limited to the following:

- (a) Control of access to the area affected by the disaster / emergency.
- (b) Identification of personnel engaged in activities at the incident.
- (c) Accounting for personnel engaged in incident activities.
- (d) Accounting for persons affected, displaced, or injured by the disaster/emergency.
- (e) Mobilization and demobilization of resources.
- (f) Provision of temporary, short or long-term housing, feeding, and care of populations displaced by a disaster / emergency.
- (g) Recovery, identification, and safeguarding of human remains. The National Foundation of Mortuary Care has recommended practices of mass casualty events.
- (h) Provision for the mental health and physical well-being of individuals affected by the disaster / emergency.
- (i) Provision for managing critical incident stress. There are a number of public and private mental health programs that specialize in critical incident stress management. Psychological after-effects occur in three distinct stages, as follows:

1. In the first 24 hours, employees can react in two ways. They can exhibit symptoms of numbness or denial, be physically sick or anxious, or can withdraw from contact with others. Alternatively, they can increase performance and suppress their anxiety in order to deal with the demands of the immediate crisis.
2. During the first week as the initial reactions wear off, employees can begin to feel isolated or alienated, anxious about the future, or angry at the situation. They can also withdraw from contact with each other or can exhibit demanding behavior.

3. The long-term effects depend on how well employees have come to grips with the disaster / emergency. Employees who feel that the organization has responded well to both the disaster / emergency and to their individual needs will show more commitment to the organization and more hardiness future demands. Employees who have not come to grips with the disaster / emergency will be more prone to burning out, working with low levels of commitment, or leaving the company.

All of these symptoms are common after any crisis, personal or professional. They have the potential to disrupt operations long after the apparent crisis has passed.

JCAHO EC 1.4

The plan includes processes for:

- (h.) *Managing security (e.g. access, crowd control, traffic control);*
- (i.) *Evacuating the entire facility (both horizontally and, when applicable, vertically) when the environment cannot support adequate patient care and treatment;*
- (j.) *Establishing an alternative care site(s) that has the capabilities to meet the clinical needs of patients when the environment cannot support adequate patient care including processes that address (when appropriate)*
- *Management of patient necessities (for example, medications and medical records) to and from the alternative care site,*
 - *Patient tracking to and from the alternative care site*
 - *Interfacility communication between the organization and the alternative care site*
 - *Transportation of patients, staff, and equipment to the alternative care site.*
- (k.) *Continuing and/or reestablishing operations following a disaster.*

NFPA 99/11, Additional Information

C-11.3.3 Evacuation. Evacuation can be partial or total. It might involve moving from one story to another, one lateral section or wing to another, or moving out of the structure. Even partial evacuations can involve all categories of patients; where these are people who would not routinely be moved, extraordinary measures might be required to support life. It is also necessary to ensure movement of supplies in conjunction with any evacuation. Decisions to evacuate might be made as a result of internal problems or under menace of engulfing external threats. In all cases, the following considerations govern:

- (a) Move to pre-designated areas, whether in the facility, nearby, or in remote zones. Evacuation directives will normally indicate destinations.

NOTE: It is recommended to predesign a mutual aid evacuation plan with other health care facilities in the community (See B-1.2 for one document on the

subject of health care community mutual aid and evacuation planning.)

(b) Ensure movement of equipment, supplies, and medical records to accompany or meet patients and staff in the new location.

(c) Execute predetermined staffing plans. Some staff will accompany patients; others will rendezvous in the new location. Maintenance of shifts is more complex than normal, especially when (1) some hard-to-move patients stay behind in the threatened location, and (2) staff might be separated from their own relocated families.

(d) Protection of patients and staff (during and after movement) against the threatening environment must be provided.

(e) Planning must consider transportation arrangements and patient tracking.

NFPA 99/11

11-5.3.4 *Patient Management. Plans shall include provisions for management of patients, particularly with respect to clinical and administrative issues.*

NFPA 99/11, Additional Information

A-11-5.3.4 The plans should focus also on modification or discontinuation of nonessential patient services, control of patient information, and admission/discharge and transfer of patients. Emergency transfer plans need to consider the proper handling of patient personal property and medical records that will accompany the patient as well as assurance of continuity of quality care. Evaluation of space, patient transport resources, and a process to ensure patient location information should be included.

NFPA 99/11

11-5.3.6 *Security. Security plans shall be developed to meet the needs of the facility.*

NFPA 99/11, Additional Information

A-11-5.3.6 **Security and Traffic Control.** Facilities should formally coordinate their security needs during a disaster with local law enforcement agencies. This action could be necessary as a means to supplement the facility security capabilities, or to provide all security needs when the facility lacks its own internal security forces. The health care institution will find it necessary to share its disaster plans with local law enforcement agencies, or better still involve them in the process of planning for security support during disasters. The information should at least include availability of parking for staff, patients, and visitors, and normal vehicular, emergency vehicular, and pedestrian traffic flow patterns in and around the facility. The extent of the security and traffic control problems for any given health care facility will depend upon its geographical location, physical

arrangement, availability of visitor parking areas, number of entrances, and so forth.

(a) *Crowd Control.* Visitors can be expected to increase in number with the severity of the disaster. They should not be allowed to disrupt the disaster functioning of the facility. Ideally, a visitor's reception center should be established away from the main facility itself, particularly in major disasters. Volunteer personnel such as Red Cross, Explorer Scouts, or other helpers can be utilized as liaisons between the visitors and the health care facility itself. Normal visiting hours on nursing units should be suspended where possible.

(b) *Vehicular Traffic Control.* Arrangement for vehicular traffic control into and on the facility premises should be made in the disaster planning period. It will be necessary to direct ambulances and other emergency vehicles carrying casualties to triage areas or the emergency vehicles carrying casualties to triage areas or the emergency room entrance, and to direct incoming and outgoing vehicles carrying people, supplies, and equipment. Charts showing traffic flow and indicating entrances to be used, evacuation routes to be followed, and so forth, should be prepared and included in the Health Care Disaster Plan. Parking arrangements should not be overlooked.

© *Internal Security and Traffic Control.* Internal security and traffic control are best conducted by facility trained personnel, that is, regular health care facility trained security forces, with reinforcements as necessary. Additional assistance from the local law enforcement agencies should be coordinated in the disaster planning phase. Upon activation of the Health Care Disaster Plan, security guards should be stationed at all unlocked entrances and exits, as necessary. Entrance to the facility should be restricted to personnel bearing staff identification cards and to casualties. In the case of major access corridors between key areas of the facility, pedestrian traffic should be restricted to one side of the corridor free of movement of casualties. Traffic flow charts for internal traffic should be prepared in the planning phase, as with external traffic control.

- (d) *Other Considerations.*
- (1) *Notification protocols.*
 - (2) *Response criteria.*
 - (3) *Maintaining sensitive area security.*
 - (4) *Safeguarding property/equipment.*
 - (5) *Backup communications.*
 - (6) *Maintaining critical security systems.*
 - (7) *Alternate site security.*
 - (8) *Security to/from evacuated/alternate sites.*
 - (9) *Security at evacuated facilities.*

Chapter 3. Program Elements (con't)

3.10 Logistics and Facilities

- 3.10.1 The entity establishes procedures to locate, acquire, distribute and account for services, resources, materials and facilities procured or donated to support the emergency management program.
- 3.10.2 A facility capable of supporting response and recovery operations is established, equipped and maintained.

NFPA 1600, Additional Information	
A-3-10.2	The facility should be capable of accommodating any combination of essential representatives who are identified in the entity's disaster / emergency management plan. The facility should have adequate work space, communications, and back-up utilities and should meet other basic human needs for each representative. Essential functions include gathering essential information capable of providing centralized direction and control, and warning for response and recovery actions.

JCAHO EC 1.4

The plan includes processes for managing the following during emergencies and disasters:

- (h.)
- Staff activities (for example, housing, transportation, and incident stress debriefing)
 - Staff-family support activities.
 - Logistics of critical supplies (for example, pharmaceuticals, medical supplies, food supplies, linen supplies, water supplies);

The plan identifies:

- (l.) *An alternative means of meeting essential building utility needs (for example, electricity, water, ventilation, fuel sources, and medical gas/vacuum systems) when the organization is designated by its emergency plan to provide continuous service during a disaster or emergency;*
- (n.) *Facilities for radioactive or chemical isolation and decontamination;*

NFPA 99/11

11-5.3.2 *Continuity of Essential Building Systems. When designated by the emergency management plan to provide continuous service in a disaster or emergency health care facilities shall establish contingency plans for the continuity of essential building systems, as applicable:*

- (a) *Electricity*
- (b) *Water*

- © Ventilation
- (d) Fire protection systems
- (e) Fuel sources
- (f) Medical gas and vacuum systems (if applicable)
- ((g) Communication systems)

NFPA 99/11, Additional Information

A-11-5.3.2 For essential building systems, consideration should be given to the installation of exterior building connectors to allow for the attachment of portable emergency utility modules.

Water storage systems should be inventoried and protected to the greatest extent possible.

A-11-5.3.2(a) See Sections 3-4, 3-5, and 3-6 for types of essential electrical systems for health care facilities.

NFPA 99/11

11-5.3.3 Staff Management. Planning shall include the alerting and managing of all staff and employees in a disaster, as well as consideration of (1) housing, (2) transportation of staff and staff family, and (3) critical incident stress management.

NFPA 99/11, Additional Information

A-11-5.3.3 Management of staff and employees allows for the best and most effective use of the entity's human resources during disaster operations. Consideration should be given to both personnel on-hand and those that can be altered. Specifically, staff management includes the following:

- (a) Assignments of roles and responsibilities
- (b) Method for identifying human resource needs to include status of families
- © Method for recalling personnel and augmenting staff
- (d) Management of space (housing, day care, etc.)
- (e) Management of transportation
- (f) Critical incident stress debriefing (Many case histories show that not only victims but also rescuers and treatment/handler staff bear serious emotional or even mental scars from their traumatic experiences. Emergency room and ambulance staff can also benefit from such help when stress have been acute.)

NFPA 99/11

11-5.3.5 Logistics. Contingency planning for disasters shall include as minimum stockpiling or ensuring immediate or at least uninterrupted access to critical materials such as the following:

- (a) Pharmaceuticals
- (b) Medical Supplies

- © *Food Supplies*
- (d) *Linen supplies*
- (e) *Industrial and potable (drinking) waters*

NFPA 99/11, Additional Information

A-11-5.3.5 Logistics. It will be essential to assess these kinds of resources currently available within the health care facility itself, and within the local community as a whole. Community sources identification can be effectively performed by the local disaster council, through the cooperation of local hospitals individually or collectively through local hospital associations, nursing homes, clinics, and other outpatient facilities, retail pharmacies, wholesale drug suppliers, ambulances services, and local medical/surgical suppliers and their warehouses.

Knowing the location and amount of in-house and locally available medical and other supply sources, a given health care facility could then desire to stockpile such additional critical material and supplies as could be needed to effectively cope with the disaster situation. Stockpiling of emergency management supplies in carts should be considered as they facilitate stock rotation of outdated supplies, provide a locally secured environment, and are easily relocated to alternate site locations both within and outside the facility.

Chapter 3. Program Elements (con't)

3.11 Training

- 3.11.1 The entity performs an assessment of training needs and shall develop and implement a training/educational program to support the emergency management program. The training and educational program complies with all applicable regulatory requirements.
- 3.11.2 The objective of the training is to create awareness and enhance the skills required to develop, implement, maintain and execute the emergency management program.
- 3.11.3 Frequency and scope of training is identified in the emergency management program.
- 3.11.4 Personnel are trained in the entity's incident management system.
- 3.11.5 Records are maintained documenting training conducted.

JCAHO EC 1.4

- (p.) *The plan establishes an orientation and education program for personnel who participate in implementing the emergency management plan. Education addresses:*
1. *Specific roles and responsibilities during emergencies,*
 2. *The information and skills required to perform duties during emergencies,*
 3. *The backup communication system used during disasters and emergencies, and*
 4. *how supplies and equipment are obtained during disasters or emergencies;*

NFPA 99/11

- 11-5.3.8 *Staff Education. Each health care facility shall implement an educational program. This program shall include an overview of the components of the emergency management plan and concepts of the Incident Command System. Education concerning the staff's specific duties and responsibilities shall be conducted upon reporting to their assigned departments or position.*
- General overview education of the Emergency Management Plan and the Incident Command System shall be conducted at the time of hire. Department/staff specific education shall be conducted upon reporting to their assignments or position and annually thereafter.*

Chapter 3. Program Elements (con't)

3.12 Exercises, Evaluations and Corrective Actions

- 3.12.1 The entity evaluates the emergency management plans, procedures, and capabilities through a program of periodic reviews, post-incident reports, performance evaluations and exercises.
- 3.12.2 Exercises are designed to test individual essential elements, inter-related elements or the entire program.
- 3.12.3 Procedures are established to ensure that corrective action is taken on any deficiency identified in the evaluation process and to revise the emergency management plan.

NFPA 1600, Additional Information

A-3-12.1 A disaster / emergency management plan is a dynamic document that is continually impacted by various internal and external factors. It should be evaluated through a regular program of tests, drills, and exercises to ensure that affected personnel are knowledgeable and proficient with their tasks under the plan.

The plans should be reviewed annually and updated as necessary. It should also be re-evaluated when any of the following occur:

- (a) Regulatory changes
- (b) New hazards are identified or existing hazards change
- © Resources or organizational structures change
- (d) After tests, drills, or exercises
- (e) After disaster responses
- (f) Infrastructure changes
- (g) Funding or budget-level changes.

Strategic planning identifies the long-term recovery goals, using broad general statements of desired accomplishments. From these goals are developed objectives that are tactical in nature and that include measurable activities that must be accomplished to meet those goals.

A-3-12.2 Exercises should include but not be limited to tabletops, simulations, and full operational exercises.

JCAHO EC 1.4

The plan establishes:

- (r.) *How an annual evaluation of the emergency management plan's objectives, scope, performance, and effectiveness will occur.*

JCAHO EC 2.9

Drills are regularly conducted to test emergency preparedness.

The emergency management plan is executed twice a year, either in response to an emergency or in planned drills. Organizations that offer emergency services or are designated as disaster receiving stations perform at least one drill yearly that includes an influx of volunteer or simulated patients. Drills are conducted at least four months apart and no more than eight months apart.

Note:

- 1. Drills that involve packages of information that simulate patients, their family and visitors are acceptable.*
 - 2. Tabletop exercises, though useful in planning or training, are not acceptable substitutes for a drill.*
 - 3. Staff in each free-standing building classified as a business occupancy as defined by the Life Safety Code that do not offer emergency services nor are designated as disaster receiving stations need only participate in one emergency preparedness drill annually. Staff in areas of the building that the organization occupies must participate in such drills.*
-

NFPA 99/11

11-5.3.9 Drills. Each organizational entity shall implement one or more specific responses of the emergency management plan at least semi-annually. At least one semi-annual drill shall rehearse mass casualty response for health care facility with emergency services, disaster receiving stations, or both.

NFPA 99/11, Additional Information
<p>A-11-5.3.9 Experiences show the importance of drills to rehearse the implementation of all elements of a specific response including the entity's role in the community, space management, staff management, and patient management activities.</p> <p>To consider an exercised a drill, the following aspects are typically incorporated and documented: a general overview of the scenario, activation of the disaster plan, evaluation of all involved participants/departments, a critique session following the drill, and any identified follow-up training to correct or improve any deficiencies.</p>

Chapter 3. Program Elements (con't)

3.13 Public Education and Information

3.13.1 The entity develops procedures to disseminate and respond to requests for pre-disaster, disaster, and post-disaster information, including procedures to provide information to the media and deal with their inquiries.

3.13.2 Where the public is potentially impacted by a hazard, a public education program is implemented.

NFPA 1600, Additional Information

A-3-13.1 The entity should establish and maintain a disaster / emergency public information capability that includes but not limited to the following:

- (a) A central contact facility for the media
- (b) A disaster / emergency information handling system
- © Pre-scripted information bulletins
- (d) A method to coordinate and clear information for release
- (e) The capability of communicating with special needs populations

This information can be accessed, both internally and externally, in many ways. There can be formal education programs established to reach the populations that could be impacted by a disaster / emergency. In turn, these same populations might request information of the entity with regard to the hazards and the disaster / emergency management program in place. In both cases the entity should establish procedures to disseminate this information to (or educate and inform) its own members and, if applicable, the public. Also, it should establish procedures to respond to internal and external request for such information, which can be done through pamphlets, speakers bureaus, the internet, community meetings, newsletters, and so forth.

This information should be tailored to the appropriate audience or population. For example, internal members will need to know more about their role in the disaster / emergency management program. They will need to know how to respond, where to respond, and to prevent or minimize the impact of the hazard. The public, on the other hand, will need to know how they will be notified of a disaster / emergency, the potential effect of the hazard, and how to protect themselves from the impact of the hazard.

JCAHO EC 1.4

(h.) *The plan includes processes for managing the following during emergencies and disasters:*

- *Managing the Interaction with the news media;*

NFPA 99/11

11-5.3.7 *Public Affairs.*

- 7.1 *Health care facilities shall have designated media spokesperson to facilitate news releases.*
- 7.2 *An area shall be designated where media representatives can be assembled, where they will not interfere with the operations of the health care facility.*

NFPA 99/11, Additional Information

<p>A-11-5.3.7 News Media. Because of the intense public interest in disaster casualties, news media representatives should be given as much consideration as the situation will permit. Ideally, news media personnel should be provided with a reception area, with access to telephone communication and, if possible, an expediter who, though not permitted to act as spokesman for news releases, could provide other assistance to those individuals. News media personnel should not be allowed into health care facility without proper identification. To alert off-duty health care staff and for reassuring the public, use of broadcast media should be planned. Media representatives should have access to telephone communications. Media representatives should be requested to wear some means of identification for security purposes.</p>
--

Chapter 3. Program Elements (con't)

3.14 Finance and Administration.

- 3.14.1 The entity develops financial and administrative procedures to support the emergency management program before, during, and after an emergency or disaster.

NFPA 1600, Additional Information	
A-3-14	<p>In addition to having sound financial and administration procedures for daily operations, it is equally important to have disaster / emergency procedures in place that will allow an entity to expedite financial decision-making and ensure proper accounting procedures, the following steps should be taken:</p> <ul style="list-style-type: none">(a) The financial department should be included as a member of the Disaster / Emergency Management Program Committee(b) The finance department should be actively involved with identifying, prioritizing, and purchasing internal and external resources.© The entity's financial opportunities and / or limitations should be identified within the strategic plan that defines the vision, mission, goals, and objectives of the disaster / emergency management program.(d) Disaster / emergency procedures should be established to ensure fiscal decisions can be expedited and will be in accordance with established authority levels and accounting principles. The procedures should include the following:
	<ul style="list-style-type: none">1. Establishing and defining responsibilities for the disaster / emergency finance authority, including its reporting relationships to the disaster / emergency management program coordinator.2. Disaster / emergency procurement procedures.3. Payroll.4. Accounting systems to track and document costs

Definitions.

Approved. Acceptable to the authority having jurisdiction.

NFPA 1600, Additional Information. The National Fire Protection Association does not approve, inspect, or certify any installations, procedures, equipment, or materials; nor does it approve or evaluate testing laboratories. In determining the acceptability of installations, procedures, equipment, or materials, the authority having jurisdiction may base acceptance on compliance with NFPA or other appropriate standards. In the absence of such standards, said authority may require evidence of proper installation, procedure, or use. The authority having jurisdiction may also refer to the listings or labeling practices of an organization that is concerned with product evaluations and is thus in a position to determine compliance with appropriate standards for the current production of listed items.

Authority having Jurisdiction. The organization, office or individual responsible for approving equipment, and installation, or a procedure.

NFPA 1600, Additional Information. The phrase “authority having jurisdiction” is used in NFPA documents in a broad manner, since jurisdictions and approval agencies vary, as do their responsibilities. Where public safety is primary, the authority having jurisdiction may be a federal, state, local, or other regional department or individual such as a fire chief; fire marshal; chief of a fire prevention bureau, labor department, or health department; building official; electrical inspector; or others having statutory authority. For insurance purposes, an insurance inspection department, rating bureau, or other insurance company representative may be the authority having jurisdiction. In many circumstances, the property owner or his or her designated agent assumes the role of the authority having jurisdiction; at government installations, the commanding officer or departmental official may be the authority having jurisdiction.

Damage Assessment. An appraisal or determination of the effects of the disaster on human, physical, economic and natural resources.

Disaster. (JCAHO) A natural or man-made event that significantly disrupts the environment of care, such as damage to the organization’s buildings and grounds due to severe wind storms, tornadoes, hurricanes or earthquakes. Also an event that disrupts care and treatment, such as loss of utilities (power, water, telephones) due to floods, civil disturbances, accidents, or emergencies within the organization or in the surrounding community. Disasters are sometimes referred to as “potential injury creating events.”

Disaster/Emergency Management Program. A program that implements the mission, vision, and strategic goals and objectives, as well as the management framework of the program and organization.

Entity. A governmental agency or jurisdiction, private or public company, partnership, non-profit organization, or other organization that has disaster/emergency management responsibilities.

Hazards Vulnerability Analysis. (JCAHO) The identification of hazards and the direct and indirect effects these hazards may have on the health care organization.

Incident Management System. The combination of facilities, equipment, personnel, procedures and communications operating within a common organizational structure with responsibility for the management of assigned resources to effectively accomplish stated objectives pertaining to an incident.

Mitigation. Activities taken to eliminate or reduce the degree of risk to life and property from hazards, either prior to or following a disaster/emergency.

Mitigation activities. (JCAHO) Those activities a health care organization undertakes in attempting to lessen the severity and impact a potential disaster or emergency may have on its operation while preparedness activities are those an organization undertakes to build capacity and identify resources that should be utilized should a disaster or emergency occur.

Mutual Aid Agreement. A pre-arranged agreement developed between two or more entities to render assistance to the parties of the agreement.

Preparedness. Activities, programs and systems developed prior to a disaster/emergency that are used to support and enhance mitigation of, response to, and recovery from disasters/emergencies.

Recovery. Activities and programs designed to return the entity to an acceptable condition.

Response. Activities designed to address the immediate and short-term effects of the disaster/emergency.

Situation Analysis. The process of evaluating the severity and consequences of an incident and communicating the results.