Emergency Operations Plan and Medical Transportation Gap Analysis Tool

A planning resource for hospitals evaluating their response to COVID-19

Version 1.0

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Contents

Introduction

Throughout the pandemic, hospitals were faced with many challenges from COVID-19. This spurred the initiation of hospital incident command and necessitated numerous emergency measures to ensure that safety and compliance were maintained. The Hospital and Healthsystem Association of Pennsylvania (HAP), through a grant opportunity with the Administration for Strategic Preparedness and Response (ASPR), has worked to develop an assessment tool for hospitals to evaluate their emergency operations plan (EOP) and plans for providing intrastate and interstate transportation. The goal is to determine the extent to which existing plans adequately address the management of individuals with Highly Infectious Diseases (HID).

This tool is intended to assist hospitals with identifying planning gaps and incorporating best practices in emergency management gleaned from the response to the COVID-19 pandemic. It can be used to highlight opportunities for improvement that your hospital can adopt to effectively continue the pandemic response as well as prepare for future infectious disease emergencies. While the assessment tool should enable hospitals to pinpoint any shortcomings and assimilate learnings from the pandemic into their plans, it is not intended to be a comprehensive evaluation of the all-hazard EOP, the emergency management program, or the medical transportation infrastructure. For a more in-depth all-hazards analysis, we suggest evaluating your planning using the requirements of the Centers for Medicare & Medicaid Services (CMS) or an accrediting body such as The Joint Commission or the Commission on Accreditation of Medical Transport Systems (CAMTS).

How to Use This Tool

The tool is intended for use by hospital emergency managers, risk management, environment of care, infection control, and other personnel with a responsibility for their facility's EOP and infectious disease response and transport procedures.

The tool is designed to generate insight, discussion, and analysis regarding the COVID-19 planning and procedures currently in place. The tool is divided into two sections—the first dealing with elements of the hospital's EOP, and the second dealing with the hospital's medical transportation capability. Each section contains a list of questions intended to assist the user to evaluate the degree to which their facility has planned and prepared in these areas. Generally, a "Yes" response to a question indicates a potential strength, whereas a "No" response indicates a potential gap and area for additional focus.

The checklist format allows the user to keep track of the specific planning and response considerations their hospital has addressed. Additional resources to assist with the development of an emergency operations plan are available in the appendices of this document.

**For the "Total" line below each subsection, only include those questions from the prompts which are preceded by a filled in bullet.

Section 1—Emergency Operations Plan (EOP) Gap Assessment

Administration / Human Resources

Does your facility's current EOP:	YES	NO
• Reference existing human resources policies or procedures that address emergency staffing? Include vendor contact information?		
• Identify various options for employee/volunteer behavioral health management or crisis needs?		
• List the appropriate contact information for local and state health departments? Local emergency management agencies?		
○ Include pertinent contact information for other regional, state, and federal partners like regional health care coalitions, OSHA, Centers for Disease Control?		
• Address emergency staffing and/or work schedule changes?		
○ Discuss employee notification methods, callback procedures, or any mandatory reporting requirements based on facility critical needs?		
○ Reference collective bargaining agreements, including the presence of any 'Emergency Clause' within employee contract language?		
Total		

Alternate Care Sites (ACS)

Does your facility's current EOP:	YES	NO
• Address the creation and use of ACS?		
• Identify and document specific locations that may be utilized as an ACS?		
• Identify staffing, resource/equipment, and financial requirements associated with establishing and operating an ACS?		
• Establish criteria for the demobilization and/or decommissioning of ACS?		
Total		

Continuity of Operations / Business Continuity

Does your facility's current EOP:	YES	NO
• Reference or include a Continuity of Operations Plan (COOP)?		
○ If yes, is the COOP included or referenced directly in your EOP?		
○ If yes, have you identified your facility's threshold to which point outside staffing will need to be called in to assist the facility?		
• Identify specific departments or service lines that can be shut down, scaled back, limited, or realigned?		

	YES	NO
• Designate who in your organization has the authority to make changes to the availability of services?		
• Reference or include the results of a Business Impact Analysis (BIA)?		
Total		

Crisis Communications

Does your facility's current EOP:	YES	NO
• Include a Crisis Communication plan and/or annex?		
○ If yes, does it use a "message mapping" template?		
○ If yes, does it include notification templates for your most likely hazards that use clear, easily interpreted language?		
○ If yes, does it include a method and schedule for evaluation?		
• Contain plans for providing regular updates to patients and their families regarding the specific crisis at hand?		
• Contain plans for providing regular updates to employees and vendors regarding the specific crisis at hand?		
• Identify multiple methods of communicating (Internet, videoconferencing) capabilities?		
Total		

Disaster Privileging and Volunteers

Does your facility's current EOP:	YES	NO
• Outline a process to grant licensed independent practitioners' privileges for practice?		
• Outline a process to permit licensed non-independent practitioners (registered nurses, respiratory therapists, etc.) to provide care at your facility?		
• Outline a process to permit non-licensed personnel to assist your facility in times of need?		
• Include information pertaining to record retention policies and processes for those individuals granted emergency privileges?		
○ If yes, does this include liability waivers, hold harmless agreements, or any other required documentation in accordance with your facility's legal procedures/protections?		
Total		

Mass Prophylaxis / Points of Dispensing (POD)

Does your facility's current EOP:	YES	NO
• Include a plan for mass vaccination operations and/or Points of Dispensing (POD)?		

	YES	NO
o If yes, do you have executed and current Memorandums of Understanding (MOU) with the mass vaccination/POD sites identified?		
• Include a template of the intended process flow, proposed site map, outline hours of operation and shifts for staff, and address potential impacts or service interruptions to other normal operations?		
o Include position descriptions and/or job action sheets for all staffed positions of the POD?		
• Include logistical prompts around static inventory, resupply plans, vendor agreements, and burn rates/anticipated daily volume?		
o If yes, does it discuss cost tracking procedures and spending thresholds?		
o If yes, does it engage your financial stakeholders?		
• Involve a Safety Plan for outdoor and/or indoor activities that outlines a sampling of potential threats and directs engagement with security (or other response partners) in both the planning and operation phases?		
Total		

Personal Protective Equipment (PPE)

Does your facility's current EOP:	YES	NO
• Address contingency and/or crisis use of PPE?		
• Address supply chain disruption for PPE?		
• Reference a plan to perform emergency stockpiling and rotation of PPE during normal operations?		
• Include PPE fitting procedures or any specialized equipment required to outfit staff appropriately?		
o If so, does your plan call for the creation of any donning and doffing training materials, ideally those that can be created in advance and delivered in a just-in-time manner as needed?		
Total		

Post Mortem Care / Mass Fatality

Does your facility's current EOP:	YES	NO
• Identify your morgue capacity during normal operations?		
• Contain plans for additional emergency morgue capacity?		
• Contain MOUs with vendors or suppliers for additional auxiliary morgue capacity?		
o If so, have you vetted your suppliers/distributors to determine their actual ability to support your facility during a crisis?		

	YES	NO
• Detail the appropriate procedure and point(s) of contact for engaging with your local emergency management agency should the need arise to request additional resources?		
Total		

Succession Planning / Delegation of Authority

Does your facility's current EOP:	YES	NO
• Identity and recommend the appropriate leader(s) to fill each role in the Incident Command System?		
• Identify additional lines of authority for key roles within your administration and Incident Command System?		
• Reference a "Delegation of Authority" document to coordinate business continuity during disaster operations?		
• Identify the procedure and responsible party able to make the necessary appointments to fill any vacant position should a situation arise requiring the inaction of your facility's succession plan?		
○ If so, does it address any limitations to the authority of individuals in the performance of their temporarily assigned duties?		
Total		

Telemedicine Capabilities

Does your facility's current EOP:	YES	NO
• Consider the use of telemedicine to augment the delivery of care during a crisis?		
○ If so, does the plan include information pertaining to the anticipated number of patients able to be contacted via this service including during times of high system-wide usage (i.e., pandemic)?		
• Identify methods to reach vulnerable populations who do not have access to or the ability to use telemedicine programs?		
• Consider IT support for telemedicine capabilities during an emergency?		
• Ensure that network securities are in place for a secure network?		
Total		

Section 2—Intrastate and Interstate Transportation Planning Gap Assessment

Transportation Resource Availability

	YES	NO
• Does your facility maintain its own emergency medical services (EMS) transportation (ambulance) system?		
○ If no, do you have contracts or agreements in place to provide EMS transportation to your facility?		
• Does your facility maintain its own non-emergency medical transportation system?		
○ If no, do you have contracts or agreements in place to provide non-emergency medical transportation (wheelchair van, invalid coach) to your facility?		
• Does your facility maintain its own mass transportation system (i.e., buses or shuttles)?		
○ If no, do you have contracts or agreements in place to provide mass transportation service to your facility?		
○ If yes, have you evaluated their ability to provide emergency transportation services to your facility in the event of a disaster?		
• Does your facility have ready access to any of the following types of transportation infrastructure?		
○ Interstate highways?		
○ Airports?		
○ Heliports?		
Total		

Transportation Contracts and Agreements

	YES	NO
• Does your plan address capacity-increasing agreements (ideally pre-planned) that could allow for transport of patients to in-party or external partner facilities should the primary facility need to enact its Business Continuity/COOP plan(s)?		
• If you have contracts or agreements to provide transportation resources of any type to or from your facility, have you vetted your suppliers to determine their actual ability to support your facility during a crisis?		
○ If yes, is the volume and frequency of the services outlined in the contract or agreement?		

	YES	NO
o If yes, are the expectations of both parties outlined in the contract or agreement?		
• Does your facility maintain its own medical transportation service that has the capability to provide the proper equipment, supplies, and trained staff to transport and care for an individual with a HID?		
o If no, do you have contracts or agreements in place with a medical transportation service that has this capability?		
o If yes, is the volume and frequency of the services outlined in the contract or agreement?		
o If yes, are the expectations of both parties outlined in the contract or agreement?		
Total		

EMS Agency Capability and Capacity to Transport

	YES	NO
• Has your facility identified medical transportation agencies or services that have the capability in place to transport individuals with a HID?		
o If yes, does the medical transportation agency or service have the capability to handle patients that require high-flow oxygen treatment during transport?		
o If yes, does the medical transportation agency or service have the capability to provide HID isolation systems during transport?		
• Have the personnel from your designated medical transportation agency or service been properly trained on your facility's PPE donning and doffing procedures?		
• Does your transportation plan address the transportation of documents, belongings, and supplies?		
o If yes, does it provide an inventory/log or any chain of custody documentation for liability purposes?		
o If yes, does it recommend limiting those items to only the essential needs?		
• Does your primary medical transportation service have an identified procedure for decontamination of ambulance after use?		
• Does your medical transportation plan account for any additional documentation requirements pertaining to individuals with confirmed diagnosis of a HID or simplified documentation that may be permissible during high-volume patient surge scenarios?		
Total		

Administrative / Infection Control Procedures

	YES	NO
• Does your EOP, infection control plan, and/or human resource policy identify procedures to recover and return the facility to normal operations after an infectious disease outbreak?		
o If so, is this information updated and kept consistent with policy outlined within your facility's COOP Plan (if such a plan exists)?		
• Does the EOP or infection control plan identify post-transport procedures for disinfection?		
o If yes, does it identify high touch and cross contamination areas?		
o If yes, does it address gross decontamination of the treatment room?		
o If yes, are checklists and/or step-by-step instructions available?		
• Does your EOP or infection control plan identify post-exposure and staff monitoring procedures?		
o If yes, are checklists and/or step-by-step instructions available?		
o If yes, does the plan address any reporting requirements and who is the identified Infection Control Officer (employee health or occupational health professional) within each department as well as their current contact information?		
• Have your staff and other caregivers been properly trained on donning and doffing procedures?		
• Does your facility maintain a HID transportation plan?		
o If yes, does your HID transportation plan identify and consider the approved medications and treatments that the medical transport services and agencies are permitted to transport with the patient?		
o If yes, does your plan address proper communication procedures with the receiving facility and caregivers?		
Total		

SELF-EVALUATION

The goal of a self-evaluation or self-assessment is to provide honest insights into how you perceive the plan's performance and to reflect on how others perceive its performance and functionality during real world events.

It is important to seek regular performance feedback from yourself, your coworkers, and leadership team, but also from internal and external stakeholders. Remember, feedback is a process—not just a single event. It can help you identify blind spots you may have developed and even uncover strengths you didn't know you had. This will allow for continuous performance improvements and the enhancement of your plan(s), which will contribute greatly to your facility's level of overall preparedness.

Section 1—Emergency Operations Plan (EOP)

Sub-Section Name	Total – Yes	Total – No
Administration / Human Resources		
Alternate Care Sites (ACS)		
Continuity of Operations / Business Continuity		
Crisis Communications		
Disaster Privileging and Volunteers		
Mass Prophylaxis / Points of Dispensing (POD)		
Personal Protective Equipment (PPE)		
Post Mortem Care / Mass Fatality		
Succession Planning / Delegation of Authority		
Telemedicine Capabilities		
Overall Total		

Section 2—Intrastate and Interstate Transportation Planning

Sub-Section Name	Total – Yes	Total – No
Transportation Resource Availability		
Transportation Contracts and Agreements		
EMS Agency Capability and Capacity to Transport		
Administrative / Infection Control Procedures		
Overall Total		

SUMMARY

An emergency management program performs at its best when subjected to regular evaluation, ideally informed by the lessons learned by key stakeholders during real-world events. The voices of those in safety and security, plant operations, information technology, clinical, finance, and administration, as well as external users of the program all carry immense weight which is bolstered further by the support and encouragement of senior leadership. This companion document is intended to function as a reference tool to prompt programmatic growth through honest evaluation. The target beneficiaries of these enhancements are your residents, visitors, staff, and overall, your organization.

Essentially, one must understand and agree that the process of improvement is not brief nor is it linear. We must strive to continuously seek out ways in which our plans, trainings, and exercises, and even our own professional knowledge/skills/abilities can adapt to the ever-changing landscape of potential threats that an all-hazard emergency management program may in time be faced with. Utilize this document to assist your program along the path in this journey toward the creation of an emergency preparedness culture within your organization and amongst those you serve each day.

SUGGESTIONS AND UPDATES

If you have any suggestions for improvements or updates to this tool, the HAP Emergency Management Team would like to hear from you. Please send any corrections or additions to:

HAPEM@HAPonline.org

ACRONYMNS

ACS   Alternate Care Site

ASPR   Assistant Secretary for Preparedness and Response, U.S. Department of Health & Human Services

BIA   Business Impact Analysis

CAMTS Commission on Accreditation of Medical Transport Systems

CMS   Centers for Medicare & Medicaid Services

COOP   Continuity of Operations

EM   Emergency Management

EMS   Emergency Medical Services

EOP   Emergency Operations Plan

ETA   Expanded Treatment Area

FEMA   Federal Emergency Management Agency

HAP   The Hospital and Healthsystem Association of Pennsylvania

HID   Highly Infectious Disease

POD   Points of Dispensing

PPE   Personal Protective Equipment

IT   Information Technology

MOU   Memorandum of Understanding

ADDITIONAL RESOURCES

1. FEMA.gov: *Developing and Maintaining Emergency Operations Plans—Comprehensive Preparedness Guide (CPG) 101, Version 2*: https://www.fema.gov/sites/default/files/2020-05/CPG_101_V2_30NOV2010_FINAL_508.pdf

2. CMS.gov: *1135 Waiver—At a Glance*: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/1135-Waivers-At-A-Glance.pdf

3. MOU: https://www.calhospitalprepare.org/memoranda-understanding

4. PPE optimization strategies: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html

5. Contract evaluation: page 72. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_a_hospitals.pdf

6. Delegation of authority/succession planning: https://www.jointcommission.org/-/media/tjc/documents/newsletters/qs-41-continuity-of-ops-5-22-18-final2.pdf

7. Donning and Doffing of PPE: https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html

8. Telehealth considerations: https://www.cdc.gov/coronavirus/2019-ncov/hcp/telehealth.html

9. Cleaning of COVID-19 treatment area: https://www.ahe.org/project-firstline

10. Drexel Message Map Training: https://drexel.edu/dornsife/research/centers-programs-projects/center-for-public-health-readiness-communication/video-training-series/message-map/

11. *Kedzierewicz et al (2021) Logistical Challenge with Prehospital Use of High-Flow Nasal Oxygen Therapy in COVID-19-Induced Respiratory Distress: A Case Report*: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7934666/

12. ASPR TRACIE: *Guidance on Use of High Flow Nasal Cannulas for COVID-hospitalized Patients*: https://files.asprtracie.hhs.gov/documents/aspr-tracie-ta---guidance-on-high-flow-nasal-cannulas---11-17-2020.pdf

13. FEMA.gov: Introduction to the Incident Command System (IS-100)

14. FEMA.gov: Basic Incident Command System for Initial Response (IS-200)

15. FEMA.gov: An Introduction to the National Incident Management System (IS-700)

16. FEMA.gov: National Response Framework, An Introduction (IS-800)

17. Provide training for an identified Public Information Officer (PIO) for the facility. Several basic training opportunities are available through FEMA Independent Study: https://training.fema.gov/programs/pio/g289.aspx

18. Commission on Accreditation of Medical Transport Systems: *CAMTS Standards, Best Practices, and Policies*: https://www.camts.org/standards/

EMERGENCY PREPAREDNESS
EXPERTISE TO HANDLE THE UNEXPECTED

HAPevolve

Failure to plan is planning to fail, especially when it comes to disasters. Lives can be lost and facilities forced to shut their doors. HAPevolve has decades of expertise in helping health care facilities anticipate and prepare for the unexpected. HAPevolve is experienced in developing state- and nation-wide emergency preparedness initiatives that provide health care organizations leadership, response, and support in the moments leading up to a disaster and beyond.

HAPevolve serves as a "go-to" company to guide emergency preparedness and response based on a facility's unique needs, while meeting the requirements of the Centers for Medicare & Medicaid Services (CMS), The Joint Commission, and other accrediting bodies.

AGILE   CLIENT-CENTERED   CONNECTED

OUR OFFERING

Are you prepared to manage and respond to the next disaster? Make HAPevolve your partner for emergency preparedness and incident response.

Our Emergency Preparedness Team provides comprehensive support to help you build a resilient framework to prepare for and recover from natural and human-caused disasters, infrastructure failures, medical surge events, evacuations, and other crises.

OUR SERVICES

Planning and Preparedness

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Customized Training

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