Alabama Healthcare

Disaster Planning Guide

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Guide to Emergency Planning

EVERY RESPONSE IS LOCAL AND PLANNING SHOULD START WITHIN YOUR COMMUNITY.

H O W   T O   U S E   T H I S   G U I D E

T he Alabama Healthcare Disaster Planning Guide is the result of many discussions with healthcare organizations across the state. This guide was developed to help healthcare organizations in Alabama coordinate and create emergency operations plans (EOP) specific for their organization.

The first section includes all of the resources that are available from the Alabama Department of Public Health (ADPH) to be utilized by healthcare agencies in support of state emergency planning efforts. The guide is divided into three segments essential to emergency response:

- ➢ **Planning**

- ➢ **Training**

- ➢ **Exercises**

At the beginning of each segment there is an explanation that relates to the emergency response need. All issues pertaining to that segment are listed below along with:

- ➢ Who it is **required by** (i.e. The Joint Commission, Federal Emergency Management Agency, U.S. Department of Health and Human Services (HHS);

- ➢ Who it is **supported by** (i.e. agencies or committees that are available to assist in planning efforts); and

- ➢ **Planning tools** (i.e. links to helpful websites and documents).

The end of the guide includes a list of acronyms. Please note that the guide will change as planning continues. The most current version of this Alabama Healthcare Disaster Planning Guide will be available through on the ADPH Healthcare Planning webpage.

►Alabama Department of Public Health (ADPH) Resources

Center for Emergency Preparedness

The ADPH Center for Emergency Preparedness (CEP) coordinates Alabama's health, medical, and social services in the event of public health threats and emergencies. Under the state Emergency Operations Plan (EOP), Emergency Support Function (ESF) 8 includes all medical aspects of an emergency response. ADPH is the lead agency in ESF 8 and the support agency for healthcare organizations that provide direct patient care in an emergency response. Each of the 11 public health areas has an Emergency Preparedness (EP) team devoted to preparedness planning. Team members include some combination of the following:

> ➢ Emergency Preparedness (EP) Coordinator;
>
> ➢ Disease Intervention Director (DID);
>
> ➢ Senior Environmentalist;
>
> ➢ Surveillance Nurse;
>
> ➢ Administrative Support Assistant; and/or
>
> ➢ Social Worker

For more information please visit ADPH CEP or call 334-206-3394. For local contacts please visit the EP Team webpage.

ALERT: Alabama Emergency Response Technology

The Alabama Emergency Response Technology (ALERT) system is a secure, Internet-based emergency alert notification system. When emergencies such as disease outbreaks, bioterrorism, natural disasters, or large-scale accidents occur, the ALERT system notifies participating first responders and emergency preparedness teams. Each user sets up a profile and specifies up to five methods of contact for each of the three priority levels of alerts.

ALERT contains over 5,000 participants from state and local health departments, hospitals, clinics, and many other critical first responders across the state. It also includes many of Alabama's state government agencies. If you are interested in utilizing the ALERT system in your organization, please visit ADPH ALERT or call 334-206-3394 or your local EP team.

Stakeholders Help, Advice, and Recommendations Exchange (SHARE)

SHARE was created to facilitate pandemic influenza and all-hazards planning for the healthcare, business, first responders, education, government, faith-based/community, and communications sectors in Alabama. Emergency planners from all sectors collaborate on innovative solutions to all-hazards including a potentially overwhelming event, such as a pandemic influenza outbreak. Emergency plans ensure the citizens of Alabama are better prepared for any disaster in the future.

SHARE, a listserv, is an effective communication tool that offers its subscribers the opportunity to post suggestions or questions to a large number of people at the same time. When questions or planning ideas are submitted to SHARE, the information is then distributed to all the subscribers of SHARE.

Participants have the ability to identify e-mails from the SHARE listserv with the words [SHARE] that will automatically appear in the subject line of all emails from the listserv. To send a message to all people currently subscribed to the list, just send an e-mail to share@share.adph.state.al.us. This is called "sending mail to the list," because mail is sent to a single address and the listserv makes copies for all the people who have subscribed. When sending out an e-mail to the listserv group, type the sector name (e.g., healthcare, business) in the subject line so that those from other sectors can choose whether to open the email or not, according to their sector.

For more information please visit the ADPH SHARE webpage for instructions or call 334-206-3394.

AIMS: Alabama Incident Management System

The Alabama Incident Management System (AIMS) is a computer software program that allows the ADPH to monitor hospitals, nursing homes, ambulance resources, medical needs shelters, and community health centers during times of disaster. If an emergency situation occurs that warrants the standing up of the State Incident Command System (ICS), a healthcare provider may be asked to logon to the AIMS website and enter requested resource data.

ADPH, in conjunction with the Governor's Office and Alabama Emergency Management Agency (AEMA), will use this data to assist healthcare organizations and coordinate the emergency medical response. For information regarding liability please refer to the "Emergency Management Act," *Code of Ala.1975* Sections 31-9-1, *et seq.*

The log-in is located at AIMS. For more information please call 334-206-3394.

Mobile Medical Assets and Pandemic Influenza Supplies

Mobile Medical Assets: ADPH has purchased seven Mobile Medical Stations each capable of supporting 50 patients for seven days. Additionally, ADPH has granted funds to the Poarch Band of Creek Indians to purchase three Mobile Medical Stations each capable of supporting 50 patients for seven days. This gives ADPH, with its in-state partners, the capability of supporting 500 patients for seven days or a total of 3,500 patient days. ADPH has also purchased 700 portable medical cots with disposable linen sets which can be used to establish alternate care sites such as Medical Needs Shelters (MNS), Comfort Care Centers to support hospital surge capacity, or increased capacity at the Mobile Medical Stations. Some examples of other available supplies are generators, water purification systems, and a communications trailer. These supplies are limited and available on a first-come basis. Requesting and receipt of these assets **must** go through normal local emergency procedures. Please call the local ADPH EP Team and/or Emergency Management Agency (EMA) for assistance.
Local EP Team
Local EMA

Pandemic Influenza (PI) Supplies: ADPH resources that have been stockpiled include: 1,000,000 surgical masks, 400,000 N95 masks, 500,000 antiviral treatment courses, 200,000 syringes, 100,000 biological hazard kits, 2,000 body bags, 80 ventilators (these ventilators will be prepositioned in hospitals around the state), general clinic supplies, EP team "go-kits", lab specimen collection kits, and Strategic National Stockpile (SNS) and PI federal assets.

Healthcare Sector Committee

ADPH has taken steps to mitigate the risks and vulnerabilities related to emergency events with the formation of a Healthcare Sector Committee. This committee includes representation from all 11 ADPH areas. Each area has three or more representatives. This representation includes at least one ADPH member and two non-ADPH members that serve as a guidance body for all-hazards and PI planning. Examples of committee representation include: hospital, local and state public health, community health centers, emergency management, private physicians, infection control, safety, mental health, volunteer, home health, nursing homes, pharmacy, universities, and emergency medical services. The committee is divided into four subcommittees:

➢ **Healthcare Coordination/Operational Planning** - The purpose of this subcommittee is to:
  o Focus on hospital staffing (i.e., physicians, pharmacists, respiratory therapist, nurses), bed capacity, and alternative care sites while collaborating with various agencies to encourage cooperation and mutual aid agreements; and
  o Develop standards and operational protocols and/or plans that can be implemented during emergency conditions in cooperation

with all aspects of healthcare including the business portion of healthcare and continuity of operations planning;

> **Pharmacy Issues** – The purpose of this subcommittee is to:
>   o Focus on the issues regarding prescription medications during disaster conditions;

> **Training and Exercise Planning** – The purpose of this subcommittee is to:
>   o Focus on educating healthcare staff; and coordinating exercises between agencies.

> **Review Board** - All the physicians in the Healthcare Sector Committee participate on the **Review Board.** This board evaluates all policies and procedures developed in the Healthcare Sector Committee prior to submission to the Assistant State Health Officer for Disease Control and Prevention and the State Health Officer.

Information regarding this committee (i.e., meeting times, planning tools) is distributed through the SHARE system. For more information please view the **ADPH Pandemic Influenza Healthcare Sector: How is Alabama Working on Surge Capacity and Other Health Issues?** presentation, visit the Healthcare Sector Committee webpage or call 334-206-3394.

Strategic National Stockpile

Centers for Disease Control and Prevention (CDC's) Strategic National Stockpile (SNS) has large quantities of medicine and medical supplies to protect the American public if there is a public health emergency (e.g., terrorist attack, flu outbreak [including pandemic], and earthquake) severe enough to deplete local supplies. Once Federal and local authorities agree that the SNS is needed, medicines will be delivered to any state in the U.S. within 12 hours. Each state has plans to receive and distribute SNS medicine and medical supplies to local communities as quickly as possible.

The SNS is a national repository of antibiotics, chemical antidotes, antitoxins, life-support medications, IV administration, airway maintenance supplies, and medical/surgical items. The SNS is designed to supplement and re-supply state and local public health agencies in the event of a national emergency anywhere and at anytime within the U.S. or its territories.

The SNS is organized for flexible response. The first line of support lies within the immediate response 12-hour Push Packages. These are caches of pharmaceuticals, antidotes, and medical supplies designed to provide rapid delivery of a broad spectrum of assets for an ill-defined threat in the early hours of an event. These Push Packages are positioned in strategically located, secure warehouses ready for

immediate deployment to a designated site within 12 hours of the federal decision to deploy SNS assets. CDC sends a Technical Advisory Response Unit (TARU), a team of experts, with the SNS assets to assist and advise the state.

If additional pharmaceutical or medical supplies are needed, a smaller unit called Vendor Managed Inventory (VMI) will be shipped within 24 - 36 hours of request. If the agent is identified, VMI can be tailored to provide pharmaceuticals, supplies and/or products specific to the suspected or confirmed agent(s). In this case, the VMI could act as the first option for immediate response from the SNS Program.

Alabama has extensively planned with CDC for the receipt and distribution of the SNS. CDC will deliver the supplies to a Receiving, Staging, and Storage (RSS) site identified by ADPH. ADPH will break the assets down based on need and/or population, and then distribute/transport the supplies to the Regional Distribution Sites (RDS) located in Birmingham, Huntsville, Montgomery, Mobile, and Dothan. The supplies are then divided again for their catchment area (surrounding counties) based on the same rationale (need and/or population). From each RDS, the supplies are then transported to Point of Dispensing (POD) sites in each county in the various catchment areas. PODs are setup for operation by local EMAs prior to ADPH.

Simulation exercises conducted in Alabama have shown that ADPH can dispense at a rate of 450 people per hour through a traditional POD setting. This simulation allows for 15-20 express stations, along with the other necessary special stations (in venues like a school gym) with a patient/worker ratio of 10:1.

The Alabama Emergency Management Agency (EMA) and county EMA supports the SNS in the following manor:
> POD setup
> Transportation (TARU to POD)
> Staging sites (for credentialing workers, name badges and registration)
> Feeding and care (i.e., food, water). Restrooms are a requirement for POD locations.
> Communications (from distribution all the way down to dispensing)
> Security (RSS, RDS, and POD)

ADPH also provides the staff for lead positions in the RSS and operates the POD. We also provide any paperwork necessary and the pharmaceuticals and/or supplies.
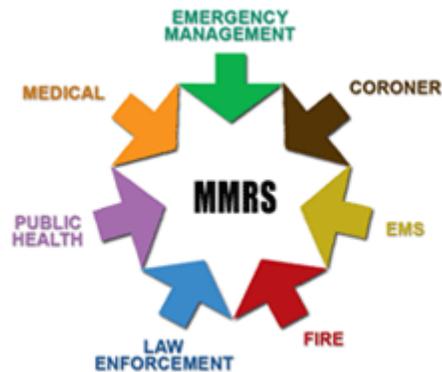
Metropolitan Medical Response System (MMRS)

Figure 1. MMRS Logo

The Metropolitan Medical Response System (MMRS) Program was created in 1996, in response to the Tokyo mass transit Sarin gas attack by Aum Shinrikyo and the domestic terrorist bombing of the Alfred P. Murrah Building in Oklahoma City, both having occurred in 1995.

The MMRS program assists 124 highly populated jurisdictions to develop plans, conduct training and exercises, and acquire pharmaceuticals and personal protective equipment, to achieve the enhanced capability necessary to respond to a mass casualty event caused by a weapon of mass destruction (WMD) terrorist act. This assistance supports the jurisdictions' activities to increase local response capabilities during the first hours crucial to lifesaving and population protection, with their own resources, until significant external assistance can arrive.

Gaining these capabilities also increases the preparedness of the jurisdictions for a mass casualty event caused by an incident involving hazardous materials, an epidemic disease outbreak, or a natural disaster. MMRS fosters an integrated, coordinated approach to medical response planning and operations, as well as medical incident management at the local level.

There are four MMRS cities in Alabama: Birmingham, Mobile, Montgomery, and Huntsville. Each MMRS city has a committee with representatives from pertinent organizations (fire, utilities, police, and public health). Each MMRS committee meets quarterly to address and support planning efforts in their region.

Cities Ready Initiative (CRI)

The Cities Readiness Initiative (CRI) is a federally funded effort to prepare major US cities and metropolitan areas to effectively respond to a large scale bioterrorist event by dispensing antibiotics to their entire identified population within 48 hours of the decision to do so.

Alabama has one CRI at this time, which is the Birmingham/Hoover Metropolitan Statistical Area (MSA). CRI in Alabama will be designed to operate

the same way as any other SNS event, but with the use of alternate dispensing methods. Examples of these methods include: "drive-thru pharmacy" where ADPH provides medications to local pharmacies who can dispense through their drive-thru; "closed Point of Dispensing (POD)"; or "business POD" where ADPH has a Memorandum of Understanding (MOU) with a large business through which ADPH provides medications for the business to distribute to its employees.

CHEMPACK

Terrorist organizations may have access to many different types of chemical agents to use in WMD attacks. The likely choice may be nerve agents. Depending on the dose, nerve agents can cause immediate nervous system failure and death. Nerve agent antidotes include:

> ➤ Atropine sulfate, which blocks the effects of excess acetylcholine at its site of action;
> ➤ Pralidoxime chloride (2PAM), which reactivates acetyl cholinesterase, and therefore reduces the levels of acetylcholine; and
> ➤ Diazepam, which reduces the severity of acetylcholine-induced convulsions that can contribute to death or long-term neurological effects in survivors.

The SNS Program has numerous caches of medical equipment, pharmaceuticals including medicines described above, and vaccines in strategic locations throughout the United States. Under its mandate, the SNS program has a maximum 12-hour response time. However, this response time is inadequate for a nerve agent event, where treatment must be accomplished quickly in order to save as many lives as possible. As a result, the Centers for Disease Control and Prevention (CDC) established a voluntary participation project (CHEMPACK) for the forward placement of sustainable repositories of nerve agent antidotes in numerous locations throughout the United States.

Alabama is a partner in the CHEMPACK project directed by the ADPH SNS Coordinator. The material includes about 32 containers housed in hospitals and Emergency Medical Service (EMS) stations strategically stationed throughout the state. The EMS container is specifically for first responders and includes kits for self treatment. The hospital containers include medications that would be administered by the staff in the emergency department. The containers are maintained by the facility at a secure, temperature controlled room. The CDC monitors each location by way of a "sensaphone" which measures temperature and security. CDC will call the point of contact for the facility if there is an alert from either of them. The SNS Coordinator will be called if the problem/issue has not been resolved after a certain amount of time or if the point of contact for the facility can not be reached. As long as the medications in the containers are not used, and are maintained correctly, the CDC will replace the supplies when

necessary. CDC annually performs a "sustainment", replacing the medications that are nearing expiration.

GET 10

Emergencies arrive unexpectedly, so the time to prepare is immediate. Preparing requires gathering basic emergency and disaster supplies. Preparing healthcare workers and the general public to plan for emergencies is essential to the state response.

Through the GET 10 campaign persons are urged to collect and store these 10 essential items to get ready for an emergency.

1. Water
2. Food
3. Can Opener
4. Medications
5. First Aid
6. Flashlight
7. Radio
8. Clothes
9. Personal Care Items
10. Important Documents

The GET 10 materials can help healthcare organizations promote personal preparedness with staff and patients. These materials are free at the ADPH GET 10 webpage. Please call 1-866-264-4073, 1-800-ALA-1818, or 334-206-3394 for more information.

ADPH Division of Epidemiology

The mission of the ADPH Division of Epidemiology is to protect the residents of Alabama through constant monitoring of the incidence and prevalence of communicable, zoonotic and environmentally-related human diseases.
Through the Communicable Disease, Zoonotic Disease, Infection Control, and Risk Assessment and Toxicology branches, supported by Epidemiology's Public Health Information Network Branch, the division is working to accomplish the following:

 ➢ To provide a statewide network of disease surveillance for the early detection and response to disease threats both naturally occurring and terrorist-sponsored;

 ➢ To develop interventions and educational programs that will prevent illness and reduce the negative effects on individuals;

 ➢ To be a resource to the ADPH's bureaus, offices, centers, divisions and its many county programs and clinics, as well as to populations throughout the state;

> ➤ To provide technical assistance and consultation to both health professionals and lay persons; and

> ➤ To protect citizens from diseases caused by environmental contaminants through education, alerts, and warnings.

> ➤ To contribute to the National Electronic Disease Surveillance System (NEDSS).

For more information please visit the ADPH Epidemiology Division webpage or call 334-206-5971.

National Electronic Disease Surveillance System (NEDSS)

The **National Electronic Disease Surveillance System** (NEDSS) is an initiative that promotes the use of data and information system standards to advance the development of efficient, integrated, and interoperable surveillance systems at federal, state and local levels. It is a major component of the Public Health Information Network (PHIN).

This broad initiative is designed to:
1. Detect outbreaks rapidly and to monitor the health of the nation
2. Facilitate the electronic transfer of appropriate information from clinical information systems in the health care system to public health departments
3. Reduce provider burden in the provision of information
4. Enhance both the timeliness and quality of information provided

Surveillance Systems collect and monitor data for disease trends and/or outbreaks so that public health personnel can protect the nation's health.

Every public health area has surveillance staff that is connected to the NEDSS system. Please visit the ADPH Area Field Surveillance Staff webpage for a map with contact information.

Learning Content Management System (LCMS)

The Learning Content Management System (LCMS) is a learner support system as well as the main source of information of ADPH-sponsored trainings and exercises. LCMS is a web-based system that utilizes an on-line registration process, creating an efficient method of providing information and training. LCMS is a secure central database containing contact/deployment information of ADPH employees and volunteers, health professionals, hospital staff, community-based agencies, and other volunteer health organizations. It allows anytime access

(24/7) to many of ADPH's training opportunities with easy registration and enrollment. There are a variety of courses available, and user transcripts reflect completion of those trainings.

The LCMS combines this training system with enhanced capabilities in the advanced registration and credentialing of volunteer healthcare personnel. This important component of the LCMS, the ability to capture healthcare volunteer information electronically, allows ADPH to better engage its volunteer workforce, track credentialing of our volunteers for emergencies, and provide the means for a coordinated response by qualified licensed healthcare professionals in the event of an emergency.

Please visit the LCMS website to access this system. For more information please call 334-206-3394.

Emergency Services Advanced Registry of Volunteer Health Care Professionals (ESAR-VHP)

The Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) Program is a Department of Health and Human Services (HHS) initiative for state development of a standardized database of healthcare personnel who volunteer to provide aid in an emergency. The guidelines for systems are to include verifiable and up-to-date information regarding the volunteer's identity, licensure, credentialing, and accreditation and privileging, in hospitals and other medical facilities. This secure system will give each state the ability to quickly identify and better utilize health professional volunteers during emergencies and disasters. The goal of the ESAR-VHP Program is to eliminate critical problems encountered when utilizing volunteers. The ultimate goal of the ESAR-VHP Program is to link the ESAR-VHP Programs in all states, forming a national database of volunteers.

As part of the ADPH professional credentialing and certification, volunteers are required to register in the ADPH Volunteer Network Registry within the ADPH LCMS which is the ESAR-VHP database for the State of Alabama. The ADPH ESAR-VHP is a web-based volunteer registry that contains a list of community members and health professionals that have pre-registered as ADPH volunteers to assist during disasters. The pre-registration of the volunteers allows the volunteer to indicate their abilities, interests, and deployment commitments. This pre-registration in turn allows ADPH to verify a volunteer's credentials and privileges

in advance of an event and to identify volunteers that match the skill level requirements of a request from the local, county, statewide or the federal level.

In the event of an accidental, natural or intentional public health emergency, or other disaster, the registry will be used not only to identify but also to contact appropriate volunteers. The system allows volunteers to login and update their information. When volunteers register, they are required to set up login information with a user name and password. Current contact information is essential. Outdated information limits the efficiency of the database.

The registry can query volunteers on an individual and on a team basis (e.g., for those already members of Community Emergency Response Teams (CERT), Disaster Medical Assistance Teams (DMAT), Disaster Relief Forces, and Fire Corps. Team formation can be determined prior to an incident or be established at the incident staging area, facility check-in location, and/or at the organization where volunteers are being used (i.e., with hospital staff members).

Shelters During Emergencies

There are several different types of shelters (Mass Care Shelter, Medical Needs Shelters, Comfort Care Center, and Alternative/Alternate Care Sites) that could be opened during emergencies. Below is a description of each type of shelter and the lead agency that is responsible. It is essential that specific shelter planning start at the local level and involve healthcare facilities. A local community working together can combine and maximize resources.

Mass Care Shelter (MCS)

Mass care includes sheltering, feeding operations, emergency first aid, bulk distribution of emergency items, and collecting and providing information on victims to their family members ([FEMA](#)). The lead agencies for the state are Alabama Department of Human Resources (DHR) with support from the American Red Cross (ARC) and ADPH. Characteristics of the MCS include the following:

- ➢ General Population Shelter

- ➢ Short Term Housing

- ➢ Frequently in churches or schools

- ➢ Eat, sleep, receive Health Services

- ➢ Considerations for persons with disabilities (PWD)

- ➢ ADPH provides a supportive role for medical issues

- ➢ Address Mental Health Issues

Medical Needs Shelter (MNS)

ADPH in conjunction with the AEMA and the DHR coordinates the services of the Medical Needs Shelter (MNS). This type of shelter was formally referred to as a "Special Needs Shelter". The mission of a MNS is to provide a shelter of last resort during emergency conditions for persons with conditions requiring medical/nursing oversight who cannot be accommodated in a general population shelter (MCS). The MNS is housed in a secure facility with sustainable power, water, sanitation, and limited food services. **Staff can provide medical oversight to persons who bring their own caregiver, medical supplies, equipment, and special dietary supplies.**

A MNS is designed to allow for the care of people with the following types of needs:

➢ People with health/medical conditions that require professional observation, assessment, and maintenance but who do not require institutional care. (Examples – People who need to take medications, have vital signs monitored and who are unable to complete these tasks without assistance, or people who require oxygen therapy).

➢ People with chronic stable conditions who may require assistance with the activities of daily living (ADL) but who do not require institutional care. (Examples – Diabetics needing assistance with ADL or ostomy patients).

➢ People with contagious health conditions that require precautions or isolation and who cannot be cared for in a general/public shelter environment (MCS). MNS may be equipped to handle standard contact and in some instances droplet precautions. Patients with known or suspected conditions requiring airborne isolation (e.g. active tuberculosis) should not be housed in MNSs. If this is unavoidable, a mask (preferably an N95) without an exhalation valve can be placed on the patient.

Comfort Care Center (CCC)

A Comfort Care Center (CCC) was developed for use during a pandemic influenza event. The CCC is operated by a faith-based/community or business organization which volunteers to provide non-hospital care to individuals in the community who are sick with the flu and have no one to care for them at home. A CCC is a component of a county's pandemic influenza operational plan. A CCC will offer basic home services to reduce fever, pain and dehydration by providing over-the-counter medications and simple supportive measures.

ADPH will provide:
➢ Start-up comfort care supplies (see example below)
➢ Offer volunteer training to include, but not limited to, CPR, First Aid, and National Incident Management System (NIMS) compliance
➢ Limited liability protection through ADPH's LCMS Volunteer Database.
➢ Emergency preparedness recommendations

The CCCs will provide:
- ➢ Healthcare professional(s) willing to oversee the center
- ➢ Operational plan
- ➢ Assurance all members are educated on personal preparedness
- ➢ Secure storage location
- ➢ Nutrition for staff and patients

ADPH start-up supplies include but are not limited to:
- ➢ Fever/pain reducer medications
- ➢ Electrolyte replacement for children
- ➢ Antidiarrheal medications
- ➢ Inflatable mattresses
- ➢ Disposable pillows and blankets
- ➢ Bedpans
- ➢ Adult and baby diapers
- ➢ N95 masks for staff
- ➢ Spill kit with bleach

Alternative/Alternate Care Site (ACS)

According to the 2008 Office of the Assistant Secretary for Preparedness and Response (ASPR) guidance, the terms alternate and alternative care sites are interchangeable. Please refer to the Altered Standards of Care section for additional guidance.

The Joint Commission (TJC) -Standard EM.02.01.01, EP 7. "The Emergency Operations Plan identifies alternative sites for care, treatment, and services that meet the needs of its patients during emergencies."

U.S. Department of Health and Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response (ASPR), Office of Preparedness and Emergency Operations (OPEO), Division of National Healthcare Preparedness Programs (DNHPP) – Alternate Care Sites "(ACS) planning must be conducted by closely working with HHS Regional Emergency Coordinators (RECs), local health departments, State public health agencies, State Medicaid Agencies, State Survey Agencies, provider associations, community partners, State mental health and substance abuse authorities and neighboring and regional healthcare facilities."

►Planning

National Incident Management System (NIMS) and Incident Command System (ICS)

Healthcare Issue - Develop specific measures and program for training hospital staff in regard to National Incident Management System (NIMS) and Incident Command Systems (ICS)

Required by:

  ➢ TJC Standard EM.01.01.01, EP 7

  ➢ FEMA – Objective 1, 5, 6, and 7

  ➢ HHS, ASPR, OPEO, DNHPP

Supported by:

  ➢ Alabama Department of Public Health (ADPH)

  ➢ Alabama Hospital Association (AlaHA)

  ➢ Alabama Emergency Management Agency (AEMA)

  ➢ ADPH Healthcare Sector Committee – Training and Exercise Planning Subcommittee

Planning Tools:

  1. Refer to documents - FY 2007 NIMS Implementation Activities for Hospitals and Healthcare Systems and the FY 2008 AND 2009 NIMS IMPLEMENTATION OBJECTIVES FOR HEALTHCARE ORGANIZATIONS. Also, visit the FEMA NIMS Compliance and Technical Assistance website.

  2. Refer to document- The Joint Commission - Revisions to Emergency Management Standards for Critical Access Hospitals, Hospitals, and Long Term Care. These requirements are from 2008 and should be used as reference material only. The 2009 requirements are similar to the 2008 requirements; however TJC has changed all the reference

numbers and removed emergency management from Environmental Control to create an Emergency Management chapter. 2009 requirements are available for purchase at Joint Commission.

3. Refer to the document - **Joint Commission 2009/NIMS Crossover**

4. Visit the FEMA NIMS Resource Center.

5. Visit the Advanced Regional Response Training Center (ARRTC).

6. Contact your local Alabama Department of Public Health (ADPH) Emergency Preparedness (EP) Team.

7. Contact your local Emergency Management Agency (EMA).

8. Refer to the ADPH Training Calendar.

9. Refer to the AEMA Training Calendar.

<u>*Hazard Vulnerability Analysis*</u>

Healthcare Issue – Compile planning tools to assist healthcare facilities in the development and completion of hazard vulnerability analyses.

Required by:

- ➤ TJC -Standard EM.01.01.01, EP 2 & 3

- ➤ HHS, ASPR, OPEO, DNHPP

Supported by:

- ➤ [Alabama Department of Public Health (ADPH)](#)

- ➤ [Alabama Hospital Association (AlaHA)](#)

- ➤ [Alabama Emergency Management Agency (AEMA)](#)

Planning Tools:

1. Refer to document- [The Joint Commission - Revisions to Emergency Management Standards for Critical Access Hospitals, Hospitals, and Long Term Care](#). These requirements are from 2008 and should be used as reference material only. The 2009 requirements are similar to the 2008 requirements; however TJC has changed all the reference numbers and removed emergency management from Environmental Control to create an Emergency Management chapter. 2009 requirements are available for purchase at [Joint Commission](#).

2. Visit the [Advanced Regional Response Training Center (ARRTC)](#).

Infection Control

Guidelines and Plans

Healthcare Issue - Develop template infection control guidelines and plans including all-hazards and pandemic influenza.

Required by:

> ➢ [TJC - 2009 National Patient Safety Goals - Infection Control Initiatives](#)

Supported by:

> ➢ [Alabama Department of Public Health (ADPH)](#)
>
> ➢ [Alabama Hospital Association (AlaHA)](#)
>
> ➢ [Alabama Emergency Management Agency (AEMA)](#)
>
> ➢ ADPH [Healthcare Sector Committee](#) – Healthcare Coordination/Operational Planning Subcommittee

Planning Tools:

1. Refer to [TJC -2009 National Patient Safety Goals Infection Control Initiatives](#)

2. Refer to the document - **[Joint Commission 2009/NIMS Crossover](#)**

3. Include your infection control staff in emergency planning.

4. Contact your local [ADPH Field Surveillance Staff](#).

5. Refer to the [Alabama State PI Operational (Op) Plans](#).

6. Refer to [CDC PI Healthcare Planning Checklists](#).

7. Refer to [CDC Infection Control in Healthcare Setting](#).

8. [Association for Professionals in Infection Control and Epidemiology, Inc. (APIC)](#) offers a wealth of resources and tools to enhance the professionalism of infection prevention and control, promote standards of the practice, and advance the cause of patient safety in the healthcare setting. Some resources require membership.

9. Refer to the [Division of Epidemiology](#) section for more information regarding surveillance systems and infection control.

10. Refer to [U.S. Department of Labor, Occupational Safety & Health Administration infection control planning tools](#).

N95 Protocols

Healthcare Issue - Develop N95 protocol including identification of methods to increase life span of N95 masks

Required by:

- ➤ TJC – Standard EM.01.01.01, EP 8; EM.02.02.03, EP 2, 4 & 5

Supported by:

- ➤ [Alabama Department of Public Health (ADPH)](#)

- ➤ [Alabama Hospital Association (AlaHA)](#)

- ➤ [Alabama Emergency Management Agency (AEMA)](#)

- ➤ ADPH [Healthcare Sector Committee](#) – Healthcare Coordination/Operational Planning Subcommittee

Planning Tools:

1. Refer to document- [The Joint Commission - Revisions to Emergency Management Standards for Critical Access Hospitals, Hospitals, and Long Term Care](#). These requirements are from 2008 and should be used as reference material only. The 2009 requirements are similar to the 2008 requirements; however TJC has changed all the reference numbers and removed emergency management from Environmental Control to create an Emergency Management chapter. 2009 requirements are available for purchase at [Joint Commission](#).

2. Refer to the document - **[Joint Commission 2009/NIMS Crossover](#)**

3. Include your infection control staff in emergency planning.

4. Refer to the [Interim Guidance on Planning for the Use of Surgical Masks and Respirators in Health Care Settings during an Influenza Pandemic](#).

5. Contact your local Alabama Department of Public Health (ADPH) [Emergency Preparedness (EP) Team](#).

6. Refer to the [Division of Epidemiology](#) section for more information regarding surveillance systems and infection control.

7. Refer to [U.S. Department of Labor, Occupational Safety & Health Administration infection control planning tools](#).

8. Refer to the [OSHA Proposed Guidance on Workplace Stockpiling of Respirators and Facemasks for Pandemic Influenza](#).

Limiting Healthcare Workers Exposure

Healthcare Issue - Develop guidelines to limit healthcare workers exposure in a Pandemic Influenza event or other contagious diseases outbreaks.

"Each awardee (ADPH and healthcare organizations receiving Federal funding) must ensure adequate types and amounts of personal protective equipment (PPE) to protect current and additional trained healthcare personnel expected in support of the events of highest risk and identified through a State-based HVA or assessment."
Retrieved from: **FY 2008 Hospital Preparedness Program - DEPARTMENT OF HEALTH AND HUMAN SERVICES**.

Required by:

> ➢ HHS, ASPR, OPEO, DNHPP

Supported by:

> ➢ [Alabama Department of Public Health (ADPH)](#)

> ➢ [Alabama Hospital Association (AlaHA)](#)

> ➢ [Alabama Emergency Management Agency (AEMA)](#)

> ➢ ADPH [Healthcare Sector Committee](#) – Healthcare Coordination/Operational Planning & Pharmacy Issues Subcommittees

Planning Tools:

1. Include your infection control staff in emergency planning.

2. Contact your local Alabama Department of Public Health (ADPH) [Emergency Preparedness (EP) Team](#).

3. Contact your [local Emergency Management Agency (EMA)](#).

4. Refer to the [Division of Epidemiology](#) section for more information regarding surveillance systems and infection control.

5. Refer to [U.S. Department of Labor, Occupational Safety & Health Administration infection control planning tools](#).

Resource/Surge Issues

Healthcare Issue - Some hospitals never recovered financially after Hurricane Katrina. Planning is the key. Using the tools in this guide and developing an EOP will help you plan, prepare, and minimize the impact on your facility.

Continuity of Operations Planning (COOP)

Healthcare Issue - Develop templates for Continuity of Operations Plans (COOP) in healthcare facilities (96 hours)

Required by:

> ➢ TJC -Standard EM.02.01.01, EP 3

> ➢ HHS, ASPR, OPEO, DNHPP

Supported by:

> ➢ Alabama Department of Public Health (ADPH)

> ➢ Alabama Hospital Association (AlaHA)

> ➢ Alabama Emergency Management Agency (AEMA)

> ➢ ADPH Healthcare Sector Committee – Healthcare Coordination/Operational Planning Subcommittee

> ➢ HHS Operational Plan

Planning Tools:

1. Refer to document- The Joint Commission - Revisions to Emergency Management Standards for Critical Access Hospitals, Hospitals, and Long Term Care. These requirements are from 2008 and should be used as reference material only. The 2009 requirements are similar to the 2008 requirements; however TJC has changed all the reference numbers and removed emergency management from Environmental Control to create an Emergency Management chapter. 2009 requirements are available for purchase at Joint Commission.

2. Refer to the document - **Joint Commission 2009/NIMS Crossover**

3. Contact your local Alabama Department of Public Health (ADPH) Emergency Preparedness (EP) Team.

4. Utilize AIMS in your facility.

5. Contact your local Emergency Management Agency (EMA).

6. COOP planning resources are available through the FEMA Continuity of Operations (COOP).

Reimbursement

Healthcare Issue - Assistance in reimbursement of ED/Hospital care in disaster or PI event for economic impact.

Required by:

➢ TJC -Standard EM.02.01.01, EP 4

Supported by:

➢ Alabama Department of Public Health (ADPH)

➢ Alabama Hospital Association (AlaHA)

➢ Alabama Emergency Management Agency (AEMA)

➢ ADPH Healthcare Sector Committee – Healthcare Coordination/Operational Planning Subcommittee

➢ FEMA PI Policy

Planning Tools:

1. Refer to document- The Joint Commission - Revisions to Emergency Management Standards for Critical Access Hospitals, Hospitals, and Long Term Care. These requirements are from 2008 and should be used as reference material only. The 2009 requirements are similar to the 2008 requirements; however TJC has changed all the reference numbers and removed emergency management from Environmental Control to create an Emergency Management chapter. 2009 requirements are available for purchase at Joint Commission.

2. Refer to the document - **Joint Commission 2009/NIMS Crossover**

3. Include your business/financial staff in emergency planning.

4. Utilize AIMS in your facility.

5. Contact your local Alabama Department of Public Health (ADPH) Emergency Preparedness (EP) Team.

6. Contact your local Emergency Management Agency (EMA).

Inclusion of Business Staff

Healthcare Issue - Encourage participation of healthcare business staff in planning efforts

Required by:

- TJC –Standard EM.02.01.01, EP 1

- FEMA – Objectives 1, 2, & 11

- HHS, ASPR, OPEO, DNHPP

Supported by:

- Alabama Department of Public Health (ADPH)

- Alabama Hospital Association (AlaHA)

- Alabama Emergency Management Agency (AEMA)

- ADPH Healthcare Sector Committee – Healthcare Coordination/Operational Planning Subcommittee

Planning Tools:

1. Refer to document- The Joint Commission - Revisions to Emergency Management Standards for Critical Access Hospitals, Hospitals, and Long Term Care. These requirements are from 2008 and should be used as reference material only. The 2009 requirements are similar to the 2008 requirements; however TJC has changed all the reference numbers and removed emergency management from Environmental Control to create an Emergency Management chapter. 2009 requirements are available for purchase at Joint Commission.

2. Refer to the document - **Joint Commission 2009/NIMS Crossover**

3. Refer to documents - FY 2007 NIMS Implementation Activities for Hospitals and Healthcare Systems and the FY 2008 AND 2009 NIMS IMPLEMENTATION OBJECTIVES FOR HEALTHCARE ORGANIZATIONS. Also, visit the FEMA NIMS Compliance and Technical Assistance website.

4. Include your business/financial staff in emergency planning.

5. Utilize AIMS in your facility.

6. Contact your local Alabama Department of Public Health (ADPH) Emergency Preparedness (EP) Team.

7. Contact your local Emergency Management Agency (EMA).

Medical Supplies

Healthcare Issue - Develop an inventory of medical supplies for potential use during emergencies on local and statewide levels

Required by:

➢ TJC -Standard EM.01.01.01, EP 8; EM.02.01.01, EP 3

➢ FEMA – Objectives 3 & 8

➢ HHS, ASPR, OPEO, DNHPP

Supported by:

➢ Alabama Department of Public Health (ADPH)

➢ Alabama Hospital Association (AlaHA)

➢ Alabama Emergency Management Agency (AEMA)

➢ ADPH Healthcare Sector Committee – Healthcare Coordination/Operational Planning Subcommittee

Planning Tools:

1. Refer to document- The Joint Commission - Revisions to Emergency Management Standards for Critical Access Hospitals, Hospitals, and Long Term Care. These requirements are from 2008 and should be used as reference material only. The 2009 requirements are similar to the 2008 requirements; however TJC has changed all the reference numbers and removed emergency management from Environmental Control to create an Emergency Management chapter. 2009 requirements are available for purchase at Joint Commission.

2. Refer to the document - **Joint Commission 2009/NIMS Crossover**

3. Refer to documents - FY 2007 NIMS Implementation Activities for Hospitals and Healthcare Systems and the FY 2008 AND 2009 NIMS IMPLEMENTATION OBJECTIVES FOR HEALTHCARE ORGANIZATIONS. Also, visit the FEMA NIMS Compliance and Technical Assistance website.

4. Utilize AIMS in your facility.

5. ADPH has resources that can be utilized during an emergency. Please refer to the Mobile Medical Assets for more information.

6. Please refer to the draft document **Healthcare Sector Facility Needs**.

7. Contact your local Alabama Department of Public Health (ADPH) Emergency Preparedness (EP) Team.

8. Contact your local Emergency Management Agency (EMA).

Alternative Planning for Supplies

Healthcare Issue - Address surge supply issues and develop alternative plans to minimize impact

Required by:

➤ TJC -Standard EM.01.01.01, EP 8; EM.02.01.01, EP 3

➤ FEMA – Objectives 3 & 8

➤ HHS, ASPR, OPEO, DNHPP

Supported by:

➤ Alabama Department of Public Health (ADPH)

➤ Alabama Hospital Association (AlaHA)

➤ Alabama Emergency Management Agency (AEMA)

➤ ADPH Healthcare Sector Committee – Healthcare Coordination/Operational Planning Subcommittee

Planning Tools:

1. Refer to document- The Joint Commission - Revisions to Emergency Management Standards for Critical Access Hospitals, Hospitals, and Long Term Care. These requirements are from 2008 and should be used as reference material only. The 2009 requirements are similar to the 2008 requirements; however TJC has changed all the reference numbers and removed emergency management from Environmental Control to create an Emergency Management chapter. 2009 requirements are available for purchase at Joint Commission.

2. Refer to the document - **Joint Commission 2009/NIMS Crossover**

3. Refer to documents - FY 2007 NIMS Implementation Activities for Hospitals and Healthcare Systems and the FY 2008 AND 2009 NIMS IMPLEMENTATION OBJECTIVES FOR HEALTHCARE ORGANIZATIONS. Also, visit the FEMA NIMS Compliance and Technical Assistance website.

4. Utilize AIMS in your facility.

5. ADPH has resources that can be utilized during an emergency. Please refer to the Mobile Medical Assets for more information.

6. Contact your local Alabama Department of Public Health (ADPH) Emergency Preparedness (EP) Team.

7. Contact your local Emergency Management Agency (EMA).

8. Please refer to the draft document **Healthcare Sector Facility Needs**.

Healthcare Facility Support

Healthcare Issue - Plan for assistance to support healthcare facilities

Required by:

> ➢ TJC – Standard EM.02.02.01, EP 10; EM.02.02.03, EP 4 & 5

> ➢ FEMA – Objective 4

> ➢ HHS, ASPR, OPEO, DNHPP - Emergency System for Advance Registration of Volunteer Health Professions (ESAR-VHP)

Supported by:

> ➢ Alabama Department of Public Health (ADPH)

> ➢ Alabama Hospital Association (AlaHA)

> ➢ Alabama Emergency Management Agency (AEMA)

> ➢ ADPH Faith Based/Community and Other Volunteers Sector & Healthcare Sector Committees – Healthcare Coordination/Operational Planning Subcommittee

Planning Tools:

1. Refer to document- The Joint Commission - Revisions to Emergency Management Standards for Critical Access Hospitals, Hospitals, and Long Term Care. These requirements are from 2008 and should be used as reference material only. The 2009 requirements are similar to the 2008 requirements; however TJC has changed all the reference numbers and removed emergency management from Environmental Control to create an Emergency Management chapter. 2009 requirements are available for purchase at Joint Commission.

2. Refer to the document - **Joint Commission 2009/NIMS Crossover**

3. Refer to documents - FY 2007 NIMS Implementation Activities for Hospitals and Healthcare Systems and the FY 2008 AND 2009 NIMS IMPLEMENTATION OBJECTIVES FOR HEALTHCARE ORGANIZATIONS. Also, visit the FEMA NIMS Compliance and Technical Assistance website.

4. Utilize AIMS in your facility.

5. Enter all medical staff and volunteers in the LCMS - ESAR-VHP system.

6. ADPH has resources that can be utilized during an emergency. Please refer to the Mobile Medical Assets for more information.

7. Contact your local Alabama Department of Public Health (ADPH) Emergency Preparedness (EP) Team.

8. Contact your local Emergency Management Agency (EMA).

Interdependencies of Healthcare facilities

Healthcare Issue - Identify and address interdependencies of healthcare facilities

Required by:

- TJC -Standards EM.01.01.01, EP 3, 4 & 7; EM.02.02.03, EP 4; EM.02.02.09

- FEMA – Objective 4

- HHS, ASPR, OPEO, DNHPP

Supported by:

- Alabama Department of Public Health (ADPH)

- Alabama Hospital Association (AlaHA)

- Alabama Emergency Management Agency (AEMA)

- ADPH Healthcare Sector Committee – Healthcare Coordination/Operational Planning Subcommittee

Planning Tools:

1. Refer to document- The Joint Commission - Revisions to Emergency Management Standards for Critical Access Hospitals, Hospitals, and Long Term Care. These requirements are from 2008 and should be used as reference material only. The 2009 requirements are similar to the 2008 requirements; however TJC has changed all the reference numbers and removed emergency management from Environmental Control to create an Emergency Management chapter. 2009 requirements are available for purchase at Joint Commission.

2. Refer to the document - **Joint Commission 2009/NIMS Crossover**

3. Refer to documents - FY 2007 NIMS Implementation Activities for Hospitals and Healthcare Systems and the FY 2008 AND 2009 NIMS IMPLEMENTATION OBJECTIVES FOR HEALTHCARE ORGANIZATIONS. Also, visit the FEMA NIMS Compliance and Technical Assistance website.

4. Utilize AIMS in your facility.

5. Enter all medical staff and volunteers in the LCMS - ESAR-VHP system.

6. Contact your local Alabama Department of Public Health (ADPH) Emergency Preparedness (EP) Team.

7. Contact your local Emergency Management Agency (EMA).

Staffing/Licensure

Healthcare Issue - Work with licensure boards to ensure staffing issues are in place prior to a disaster

Required by:

- TJC – Standard EM.02.02.07, EP 2 & 9; EM.02.02.13 and EM.02.02.15

- HHS, ASPR, OPEO, DNHPP - ESAR-VHP

Supported by:

- Alabama Department of Public Health (ADPH)

- Alabama Hospital Association (AlaHA)

- Alabama Emergency Management Agency (AEMA)

- ADPH Faith Based/Community and Other Volunteers Sector Committee & Healthcare Sector Committees – Healthcare Coordination/Operational Planning Subcommittee

Planning Tools:

1. Enter all medical staff and volunteers in the LCMS - ESAR-VHP system.

2. Refer to document- The Joint Commission - Revisions to Emergency Management Standards for Critical Access Hospitals, Hospitals, and Long Term Care. These requirements are from 2008 and should be used as reference material only. The 2009 requirements are similar to the 2008 requirements; however TJC has changed all the reference numbers and removed emergency management from Environmental Control to create an Emergency Management chapter. 2009 requirements are available for purchase at Joint Commission.

3. Refer to the document - **Joint Commission 2009/NIMS Crossover**

4. Utilize AIMS in your facility.

Volunteers

Linking Volunteer Resources

Healthcare Issue - Link medical volunteer resources

Required by:

- TJC EM.02.02.13 and EM.02.02.15

- HHS, ASPR, OPEO, DNHPP - ESAR-VHP

Supported by:

- Alabama Department of Public Health (ADPH)

- Alabama Hospital Association (AlaHA)

- Alabama Emergency Management Agency (AEMA)

- ADPH Faith Based/Community and Other Volunteers Sector & Healthcare Sector Committees

Planning Tools:

1. Refer to document- The Joint Commission - Revisions to Emergency Management Standards for Critical Access Hospitals, Hospitals, and Long Term Care. These requirements are from 2008 and should be used as reference material only. The 2009 requirements are similar to the 2008 requirements; however TJC has changed all the reference numbers and removed emergency management from Environmental Control to create an Emergency Management chapter. 2009 requirements are available for purchase at Joint Commission.

2. Enter all medical staff and volunteers in the LCMS - ESAR-VHP system.

3. Contact your local Alabama Department of Public Health (ADPH) Emergency Preparedness (EP) Team.

4. Contact your local Emergency Management Agency (EMA).

Recruiting Efforts

Healthcare Issue - Enhance recruiting efforts

Required by:

- TJC EM.02.02.13 and EM.02.02.15

> HHS, ASPR, OPEO, DNHPP - ESAR-VHP

Supported by:

> Alabama Department of Public Health (ADPH)

> Alabama Hospital Association (AlaHA)

> Alabama Emergency Management Agency (AEMA)

> ADPH Faith Based/Community and Other Volunteers Sector & Healthcare Sector Committees

Planning Tools:

1. Refer to document- The Joint Commission - Revisions to Emergency Management Standards for Critical Access Hospitals, Hospitals, and Long Term Care. These requirements are from 2008 and should be used as reference material only. The 2009 requirements are similar to the 2008 requirements; however TJC has changed all the reference numbers and removed emergency management from Environmental Control to create an Emergency Management chapter. 2009 requirements are available for purchase at Joint Commission.

2. Enter all medical staff and volunteers in the LCMS - ESAR-VHP system.

3. Contact your local Alabama Department of Public Health (ADPH) Emergency Preparedness (EP) Team.

4. Contact your local Emergency Management Agency (EMA).

<u>Communications</u>

Healthcare Issue - Expand communications between volunteers, volunteer agencies, emergency management, public health, and healthcare facilities

Required by:

- ➤ TJC –Standard EM.02.02.01, EP 1-17

- ➤ FEMA – Objectives 8, 9, & 10

- ➤ HHS, ASPR, OPEO, DNHPP - ESAR-VHP

Supported by:

- ➤ Alabama Department of Public Health (ADPH)

- ➤ Alabama Hospital Association (AlaHA)

- ➤ Alabama Emergency Management Agency (AEMA)

- ➤ ADPH Faith Based Community and Other Volunteers Sector, Communications Sector, and Healthcare Sector Committees

Planning Tools:

1. Enter all medical staff and volunteers in the LCMS - ESAR-VHP system.

2. Refer to document- The Joint Commission - Revisions to Emergency Management Standards for Critical Access Hospitals, Hospitals, and Long Term Care. These requirements are from 2008 and should be used as reference material only. The 2009 requirements are similar to the 2008 requirements; however TJC has changed all the reference numbers and removed emergency management from Environmental Control to create an Emergency Management chapter. 2009 requirements are available for purchase at Joint Commission.

3. Refer to the document - **Joint Commission 2009/NIMS Crossover**

4. Refer to documents - FY 2007 NIMS Implementation Activities for Hospitals and Healthcare Systems and the FY 2008 AND 2009 NIMS IMPLEMENTATION OBJECTIVES FOR HEALTHCARE ORGANIZATIONS. Also, visit the FEMA NIMS Compliance and Technical Assistance website.

5. Contact your local Alabama Department of Public Health (ADPH) [Emergency Preparedness (EP) Team](#).

6. Contact your [local Emergency Management Agency (EMA)](#).

Pharmaceuticals

Emergency Proclamation

Healthcare Issue - Written pharmaceutical proclamation to activate in an emergency

Supported by:

> ➢ Alabama Board of Pharmacy

> ➢ Alabama Department of Public Health (ADPH)

> ➢ Alabama Hospital Association (AlaHA)

> ➢ Alabama Emergency Management Agency (AEMA)

> ➢ ADPH Healthcare Sector Committee – Pharmacy Issues Subcommittee

Planning Tools:

> 1. Contact your local Alabama Department of Public Health (ADPH) Emergency Preparedness (EP) Team.

> 2. Contact your local Emergency Management Agency (EMA).

> 3. Refer to the **Pharmacists Disaster Checklist**.

Alternative Formulary

Healthcare Issue - Develop an alternative formulary for replacement of essential medications

Required by:

> ➢ TJC –Standard EM.01.01.01, EP 8; EM.02.02.03, EP 1, 9, & 10

> ➢ HHS, ASPR, OPEO, DNHPP

Supported by:

> ➢ Alabama Board of Pharmacy

> ➢ Alabama Department of Public Health (ADPH)

> ➢ Alabama Hospital Association (AlaHA)

- Alabama Emergency Management Agency (AEMA)

- ADPH Healthcare Sector Committee – Pharmacy Issues Subcommittee

Planning Tools:

1. Refer to document- The Joint Commission - Revisions to Emergency Management Standards for Critical Access Hospitals, Hospitals, and Long Term Care. These requirements are from 2008 and should be used as reference material only. The 2009 requirements are similar to the 2008 requirements; however TJC has changed all the reference numbers and removed emergency management from Environmental Control to create an Emergency Management chapter. 2009 requirements are available for purchase at Joint Commission.

2. Refer to the document - **Joint Commission 2009/NIMS Crossover**

Antiviral Shelf-life Extension Planning

Healthcare Issue - Discuss options for potential antiviral shelf-life extension planning

Supported by:

- Alabama Board of Pharmacy

- Alabama Department of Public Health (ADPH)

- Alabama Hospital Association (AlaHA)

- Alabama Emergency Management Agency (AEMA)

- ADPH Healthcare Sector Committee – Pharmacy Issues Subcommittee

Planning Tools:

1. For more information refer to the presentation: **Who Holds the Key? Developing Antiviral Treatment Strategies for Healthcare Workers During an Influenza Pandemic**.

Antiviral Treatment Plans

Healthcare Issue - Develop a template for antiviral treatment distribution plans for healthcare facility staff

Required by:

> ➢ TJC –Standard EM.01.01.01, EP 8; EM.02.02.03, EP 1, 9, & 10

> ➢ HHS, ASPR, OPEO, DNHPP

Supported by:

> ➢ Alabama Board of Pharmacy

> ➢ Alabama Department of Public Health (ADPH)

> ➢ Alabama Hospital Association (AlaHA)

> ➢ Alabama Emergency Management Agency (AEMA)

> ➢ ADPH Healthcare Sector Committee – Healthcare Coordination/Operational Planning & Pharmacy Issues Subcommittees

Planning Tools:

1. Refer to document- The Joint Commission - Revisions to Emergency Management Standards for Critical Access Hospitals, Hospitals, and Long Term Care. These requirements are from 2008 and should be used as reference material only. The 2009 requirements are similar to the 2008 requirements; however TJC has changed all the reference numbers and removed emergency management from Environmental Control to create an Emergency Management chapter. 2009 requirements are available for purchase at Joint Commission.

2. Refer to the document - **Joint Commission 2009/NIMS Crossover**

3. For more information refer to the presentation: **Who Holds the Key? Developing Antiviral Treatment Strategies for Healthcare Workers During an Influenza Pandemic**.

4. Contact your local Alabama Department of Public Health (ADPH) Emergency Preparedness (EP) Team.

5. Contact your local Emergency Management Agency (EMA).

Chempack and Strategic National Stockpile

Healthcare Issue - Healthcare planning for CRI, Chempack, and Strategic National Stockpile deployment

Required by:

- TJC –Standard EM.02.02.03, EP 1

- FEMA – Objective 4

- HHS, ASPR, OPEO, DNHPP

Supported by:

- Alabama Board of Pharmacy

- Alabama Department of Public Health (ADPH)

- Alabama Hospital Association (AlaHA)

- Alabama Emergency Management Agency (AEMA)

- ADPH Healthcare Sector Committee – Healthcare Coordination/Operational Planning & Pharmacy Issues Subcommittees

Planning Tools:

1. Refer to document- The Joint Commission - Revisions to Emergency Management Standards for Critical Access Hospitals, Hospitals, and Long Term Care. These requirements are from 2008 and should be used as reference material only. The 2009 requirements are similar to the 2008 requirements; however TJC has changed all the reference numbers and removed emergency management from Environmental Control to create an Emergency Management chapter. 2009 requirements are available for purchase at Joint Commission.

2. Refer to the document - **Joint Commission 2009/NIMS Crossover**

3. Refer to documents - FY 2007 NIMS Implementation Activities for Hospitals and Healthcare Systems and the FY 2008 AND 2009 NIMS IMPLEMENTATION OBJECTIVES FOR HEALTHCARE ORGANIZATIONS. Also, visit the FEMA NIMS Compliance and Technical Assistance website.

4. Refer to the sections on the Strategic National Stockpile and the CHEMPACK for more information.

5. Contact your local Alabama Department of Public Health (ADPH) Emergency Preparedness (EP) Team.

6. Contact your local Emergency Management Agency (EMA).

Altered Standards of Care

Altered Standards of Care Planning Guidance - According to the 2008 ASPR guidance, the terms alternate and alternative care sites are interchangeable. Level of care will be specific to the availability of resources within a community (e.g., hospital, community health center.). ADPH is the lead agency for coordination of medical resources during an emergency; however this is a coordinated effort between healthcare facilities and EMA. Coordination of planning efforts is stated in TJC, HHS, ASPR, CDC, and FEMA requirements. Coordination of services is essential for urban and rural areas. During emergencies, supplies will be limited and plans for sharing of resources must be developed prior to an emergency event. The TJC Rationale for EC.4.11 states "An emergency in a health care organization or in its community can suddenly and significantly affect demand for its services or its ability to provide those services. Therefore, it is important that organizations define a comprehensive approach to identifying risks and mobilizing an effective response within the organization as well as in collaboration and coordination with essential response partners in the community".

First, healthcare facilities working with local EMA and ADPH should determine what level of care the local community will be able to support (i.e. MCS, MNS, CCC, or ACS and the type of event (i.e. hurricane, PI, tornado, WMD). It is essential that collaborative discussions begin on a local level due to the fact that during emergency situations resources could be limited. Basically, the way a coordinated response should progress is local, regional, state, and then national. ADPH is supporting the local level by working on statewide adopted altered standards of care and state level emergency proclamations.

Based upon issues and concerns expressed by healthcare facilities related to altered standards of care, groundwork for the development of statewide altered standards of care has begun with the ventilator triage. The **Final Draft Criteria for Mechanical Ventilator Triage Following Proclamation of Mass Casualty Respiratory Emergency** was created by the Healthcare Sector Review Board is the foundation for all altered standards of care and will be presented to the six hospital regions for input in 2009.

Emergency Department

Healthcare Issue - Develop altered hospital triage template protocols that will decompress the emergency departments (ED)

Required by:

> ➤ TJC -Standard EM.02.02.11, EP 2

> ➤ HHS, ASPR, OPEO, DNHPP

Supported by:

- ➢ Alabama Department of Public Health (ADPH)

- ➢ Alabama Hospital Association (AlaHA)

- ➢ Alabama Emergency Management Agency (AEMA)

- ➢ ADPH Healthcare Sector Committee – Healthcare Coordination/Operational Planning Subcommittee

Planning Tools:

1. Refer to document- The Joint Commission - Revisions to Emergency Management Standards for Critical Access Hospitals, Hospitals, and Long Term Care. These requirements are from 2008 and should be used as reference material only. The 2009 requirements are similar to the 2008 requirements; however TJC has changed all the reference numbers and removed emergency management from Environmental Control to create an Emergency Management chapter. 2009 requirements are available for purchase at Joint Commission.

2. Refer to the document - **Joint Commission 2009/NIMS Crossover**

3. Contact your local Alabama Department of Public Health (ADPH) Emergency Preparedness (EP) Team.

4. Contact your local Emergency Management Agency (EMA).

5. The **Final Draft Criteria for Mechanical Ventilator Triage Following Proclamation of Mass Casualty Respiratory Emergency** was created by the Healthcare Sector Review Board is the foundation for all altered standards of care and will be presented to the six hospital regions for input in 2009.

Mass Casualty

Healthcare Issue - Develop altered standards of care

Required by:

- ➢ TJC -Standard EM.02.02.11, EP 2

- ➢ HHS, ASPR, OPEO, DNHPP

Supported by:

- ➢ Alabama Department of Public Health (ADPH)

- ➢ [Alabama Hospital Association (AlaHA)](#)

- ➢ [Alabama Emergency Management Agency (AEMA)](#)

- ➢ ADPH [Healthcare Sector Committee](#) – Healthcare Coordination/Operational Planning Subcommittee

Planning Tools:

1. Refer to document- [The Joint Commission - Revisions to Emergency Management Standards for Critical Access Hospitals, Hospitals, and Long Term Care](#). These requirements are from 2008 and should be used as reference material only. The 2009 requirements are similar to the 2008 requirements; however TJC has changed all the reference numbers and removed emergency management from Environmental Control to create an Emergency Management chapter. 2009 requirements are available for purchase at [Joint Commission](#).

2. Refer to the document - **[Joint Commission 2009/NIMS Crossover](#)**

3. Contact your local Alabama Department of Public Health (ADPH) [Emergency Preparedness (EP) Team](#).

4. Contact your [local Emergency Management Agency (EMA)](#).

5. The **[Final Draft Criteria for Mechanical Ventilator Triage Following Proclamation of Mass Casualty Respiratory Emergency](#)** was created by the Healthcare Sector Review Board is the foundation for all altered standards of care and will be presented to the six hospital regions for input in 2009.

Ventilator and Oxygen

Healthcare Issue - Develop ventilator and oxygen protocols

Required by:

- ➢ TJC -Standard EM.01.01.01, EP 6 & 8; EM.02.01.01, EP 2 & 3; EM.02.02.01, EP10; EM.02.02.03, EP 1-6

- ➢ HHS, ASPR, OPEO, DNHPP

Supported by:

- ➢ [Alabama Department of Public Health (ADPH)](#)

- ➢ [Alabama Hospital Association (AlaHA)](#)

- ➢ Alabama Emergency Management Agency (AEMA)

- ➢ ADPH Healthcare Sector Committee – Healthcare Coordination/Operational Planning Subcommittee

Planning Tools:

1. Refer to document- The Joint Commission - Revisions to Emergency Management Standards for Critical Access Hospitals, Hospitals, and Long Term Care. These requirements are from 2008 and should be used as reference material only. The 2009 requirements are similar to the 2008 requirements; however TJC has changed all the reference numbers and removed emergency management from Environmental Control to create an Emergency Management chapter. 2009 requirements are available for purchase at Joint Commission.

2. Refer to the document - **Joint Commission 2009/NIMS Crossover**

3. Contact your local Alabama Department of Public Health (ADPH) Emergency Preparedness (EP) Team.

4. Contact your local Emergency Management Agency (EMA).

5. The **Final Draft Criteria for Mechanical Ventilator Triage Following Proclamation of Mass Casualty Respiratory Emergency** was created by the Healthcare Sector Review Board is the foundation for all altered standards of care and will be presented to the six hospital regions for input in 2009.

Alternative/Alternate Care Sites

Healthcare Issue - Develop alternative/alternate care site protocol templates including pairing hospitals with pre-identified sites

Required by:

- ➢ TJC -Standard EM.02.01.01, EP 7. "The Emergency Operations Plan identifies alternative sites for care, treatment, and services that meet the needs of its patients during emergencies."

- ➢ HHS, ASPR, OPEO, DNHPP – Alternate Care Sites "(ACS) planning must be conducted by closely working with HHS Regional Emergency Coordinators (RECs), local health departments, State public health agencies, State Medicaid Agencies, State Survey Agencies, provider associations, community partners, State mental health and substance abuse authorities and neighboring and regional healthcare facilities."

Supported by:

- [Alabama Department of Public Health (ADPH)](#)

- [Alabama Hospital Association (AlaHA)](#)

- [Alabama Emergency Management Agency (AEMA)](#)

- ADPH [Healthcare Sector Committee](#) – Healthcare Coordination/Operational Planning Subcommittee

Planning Tools:

1. Refer to document- [The Joint Commission - Revisions to Emergency Management Standards for Critical Access Hospitals, Hospitals, and Long Term Care](#). These requirements are from 2008 and should be used as reference material only. The 2009 requirements are similar to the 2008 requirements; however TJC has changed all the reference numbers and removed emergency management from Environmental Control to create an Emergency Management chapter. 2009 requirements are available for purchase at [Joint Commission](#).

2. Refer to the document - **[Joint Commission 2009/NIMS Crossover](#)**

3. Refer to the [Shelters During Emergencies](#) section for more information.

4. Contact your local Alabama Department of Public Health (ADPH) [Emergency Preparedness (EP) Team](#).

5. Contact your [local Emergency Management Agency (EMA)](#).

6. Utilize [AIMS](#) in your facility.

7. Enter all medical staff and volunteers in the [LCMS](#) - [ESAR-VHP](#) system.

8. ADPH has resources that can be utilized during an emergency. Please refer to the [Mobile Medical Assets](#) for more information.

9. The [County of Santa Clara](#) offers a toolkit regarding implementation of alternative care sites.

►Training

Volunteers

Standardization of Volunteer Training

Healthcare Issue - Standardization of required training for volunteers

Required by:

- ➢ TJC EM.02.02.13 and EM.02.02.15

- ➢ HHS, ASPR, OPEO, DNHPP - ESAR-VHP

Supported by:

- ➢ Alabama Department of Public Health (ADPH)

- ➢ Alabama Hospital Association (AlaHA)

- ➢ Alabama Emergency Management Agency (AEMA)

- ➢ ADPH Faith Based Community and Other Volunteers Sector, Communications Sector, and Healthcare Sector Committees

Planning Tools:

1. Refer to document- The Joint Commission - Revisions to Emergency Management Standards for Critical Access Hospitals, Hospitals, and Long Term Care. These requirements are from 2008 and should be used as reference material only. The 2009 requirements are similar to the 2008 requirements; however TJC has changed all the reference numbers and removed emergency management from Environmental Control to create an Emergency Management chapter. 2009 requirements are available for purchase at Joint Commission.

2. Enter all medical staff and volunteers in the LCMS - ESAR-VHP system.

3. Contact your local Alabama Department of Public Health (ADPH) Emergency Preparedness (EP) Team.

4. Contact your local Emergency Management Agency (EMA).

5. Refer to the ADPH Training Calendar.

6. Refer to the AEMA Training Calendar.

Volunteer Training

Healthcare Issue - Develop and offer volunteer training programs

Required by:

> ➢ TJC EM.02.02.13 and EM.02.02.15
>
> ➢ HHS, ASPR, OPEO, DNHPP - ESAR-VHP

Supported by:

> ➢ Alabama Department of Public Health (ADPH)
>
> ➢ Alabama Hospital Association (AlaHA)
>
> ➢ Alabama Emergency Management Agency (AEMA)
>
> ➢ ADPH Faith Based Community and Other Volunteers Sector, Communications Sector, and Healthcare Sector Committees

Planning Tools:

1. Refer to document- The Joint Commission - Revisions to Emergency Management Standards for Critical Access Hospitals, Hospitals, and Long Term Care. These requirements are from 2008 and should be used as reference material only. The 2009 requirements are similar to the 2008 requirements; however TJC has changed all the reference numbers and removed emergency management from Environmental Control to create an Emergency Management chapter. 2009 requirements are available for purchase at Joint Commission.

2. Enter all medical staff and volunteers in the LCMS - ESAR-VHP system.

3. Contact your local Alabama Department of Public Health (ADPH) Emergency Preparedness (EP) Team.

4. Contact your local Emergency Management Agency (EMA).

5. Refer to the ADPH Training Calendar.

6. Refer to the AEMA Training Calendar.

Preparedness Training

Cross Training/Non-licensed Staff

Healthcare Issue - Develop procedures and protocols for cross training of non-licensed staff to be utilized in disaster conditions (e.g., non-pharmacy personnel to dispense, students)

Required by:

- ➤ TJC EM.02.02.13 and EM.02.02.15

- ➤ HHS, ASPR, OPEO, DNHPP - ESAR-VHP

Supported by:

- ➤ Alabama Department of Public Health (ADPH)

- ➤ Alabama Hospital Association (AlaHA)

- ➤ Alabama Emergency Management Agency (AEMA)

- ➤ ADPH Healthcare Sector Committee – Healthcare Coordination/Operational Planning & Pharmacy Issues Subcommittees

Planning Tools:

1. Refer to document- The Joint Commission - Revisions to Emergency Management Standards for Critical Access Hospitals, Hospitals, and Long Term Care. These requirements are from 2008 and should be used as reference material only. The 2009 requirements are similar to the 2008 requirements; however TJC has changed all the reference numbers and removed emergency management from Environmental Control to create an Emergency Management chapter. 2009 requirements are available for purchase at Joint Commission.

2. Refer to the document - **Joint Commission 2009/NIMS Crossover**

3. Utilize AIMS in your facility.

4. Enter all medical staff and volunteers in the LCMS - ESAR-VHP system.

5. Contact your local Alabama Department of Public Health (ADPH) Emergency Preparedness (EP) Team.

6. Contact your local Emergency Management Agency (EMA).

7. Refer to the ADPH Training Calendar.

8. Refer to the AEMA Training Calendar.

Healthcare Workers

Healthcare Issue - Develop plans and programs to educate healthcare staff

Required by:

➤ TJC -Standard EM.02.02.07, EP 7

➤ FEMA – Objective 5, 6, & 7

➤ HHS, ASPR, OPEO, DNHPP - ESAR-VHP

Supported by:

➤ Alabama Department of Public Health (ADPH)

➤ Alabama Hospital Association (AlaHA)

➤ Alabama Emergency Management Agency (AEMA)

➤ ADPH Healthcare Sector Committee – Training and Exercise Planning Subcommittee

Planning Tools:

1. Refer to document- The Joint Commission - Revisions to Emergency Management Standards for Critical Access Hospitals, Hospitals, and Long Term Care. These requirements are from 2008 and should be used as reference material only. The 2009 requirements are similar to the 2008 requirements; however TJC has changed all the reference numbers and removed emergency management from Environmental Control to create an Emergency Management chapter. 2009 requirements are available for purchase at Joint Commission.

2. Refer to the document - **Joint Commission 2009/NIMS Crossover**

3. Refer to documents - FY 2007 NIMS Implementation Activities for Hospitals and Healthcare Systems and the FY 2008 AND 2009 NIMS IMPLEMENTATION OBJECTIVES FOR HEALTHCARE ORGANIZATIONS. Also, visit the FEMA NIMS Compliance and Technical Assistance website.

4. Contact your local Alabama Department of Public Health (ADPH) Emergency Preparedness (EP) Team.

5. Contact your local Emergency Management Agency (EMA).

6. Utilize the GET 10 program with your staff to promote personal preparedness.

7. Enter all medical staff and volunteers in the LCMS - ESAR-VHP system.

8. Refer to the ADPH Training Calendar.

9. Refer to the AEMA Training Calendar.

General Public

Healthcare Issue - Develop educational protocols for general public preparedness training

Required by:

➢ HHS, ASPR, OPEO, DNHPP

Supported by:

➢ Alabama Department of Public Health (ADPH)

➢ Alabama Hospital Association (AlaHA)

➢ Alabama Emergency Management Agency (AEMA)

➢ ADPH Healthcare Sector Committee – Training and Exercise Planning Subcommittee

Planning Tools:

1. Refer to document- The Joint Commission - Revisions to Emergency Management Standards for Critical Access Hospitals, Hospitals, and Long Term Care. These requirements are from 2008 and should be used as reference material only. The 2009 requirements are similar to the 2008 requirements; however TJC has changed all the reference numbers and removed emergency management from Environmental Control to create an Emergency Management chapter. 2009 requirements are available for purchase at Joint Commission.

2. Refer to the document - **Joint Commission 2009/NIMS Crossover**

3. Contact your local Alabama Department of Public Health (ADPH) Emergency Preparedness (EP) Team.

4. Contact your local Emergency Management Agency (EMA).

5. Utilize the GET 10 program with your patients.

►Exercises

Coordination of Exercises

Healthcare Issue - Develop procedures and plans for coordination of exercises between all emergency response and healthcare entities

Required by:

- ➢ TJC -Standard EM.03.01.03, EP 1-17

- ➢ FEMA – Objective 7

- ➢ HHS, ASPR, OPEO, DNHPP

Supported by:

- ➢ Alabama Department of Public Health (ADPH)

- ➢ Alabama Hospital Association (AlaHA)

- ➢ Alabama Emergency Management Agency (AEMA)

- ➢ ADPH Healthcare Sector Committee – Training and Exercise Planning Subcommittee

Planning Tools:

1. Refer to document- The Joint Commission - Revisions to Emergency Management Standards for Critical Access Hospitals, Hospitals, and Long Term Care. These requirements are from 2008 and should be used as reference material only. The 2009 requirements are similar to the 2008 requirements; however TJC has changed all the reference numbers and removed emergency management from Environmental Control to create an Emergency Management chapter. 2009 requirements are available for purchase at Joint Commission.

2. Refer to the document - **Joint Commission 2009/NIMS Crossover**

3. Refer to documents - FY 2007 NIMS Implementation Activities for Hospitals and Healthcare Systems and the FY 2008 AND 2009 NIMS IMPLEMENTATION OBJECTIVES FOR HEALTHCARE ORGANIZATIONS. Also, visit the FEMA NIMS Compliance and Technical Assistance website.

4. Contact your local Alabama Department of Public Health (ADPH) Emergency Preparedness (EP) Team.

5. Contact your local Emergency Management Agency (EMA).

6. Notify your local EMA and ADPH EP Team of scheduled exercises in your facility.

7. Refer to the ADPH Training Calendar.

8. Refer to the AEMA Training Calendar.

9. Refer to Homeland Security Presidential Directive 8 "*National Preparedness*" (HSPD-8).

10. Refer to the Department of Homeland Security National Exercise Program.

11. Refer to the Homeland Security Exercise and Evaluation Program (HSEEP).

Healthcare Sector Questions

Healthcare Question - **Are surveillance systems in place?**
Answer – Yes, please refer to the <u>ADPH Division of Epidemiology</u> section.

Healthcare Question - **What is the ADPH Learning Content Management System (LCMS) and Volunteer Registry Database?**
Answer – Please refer to the <u>Learning Content Management System (LCMS)</u> section.

Healthcare Question - **What is the Emergency Services Advanced Registry of Volunteer Health Care Professionals (ESAR-VHP)?**
Answer – Please refer to the <u>ESAR-VHP</u> section.

Healthcare Question - **Many hospitals share nurses, pharmacy techs, respiratory techs, etc. How are we going to deal with the workforce?**
Answer – This will required coordinated planning efforts on a local level. ADPH has tools to assist including LCMS – ESAR-VHP. Please refer to the following Healthcare Issues for help:
<u>Healthcare Facility Support</u>;
<u>Interdependencies of Healthcare Facilities</u>;
<u>Staffing/Licensure</u>;
<u>Planning Volunteers</u>; and
<u>Training Volunteers</u>.

Healthcare Question - **How are hospitals going to operate with a 30-40% decrease of the workforce during a pandemic?**
Answer – This will require coordinated local planning efforts and development of altered standards of care on a statewide basis. Please refer to the following Healthcare Issues for help:
<u>Healthcare Facility Support</u>;
<u>Interdependencies of Healthcare Facilities</u>;
<u>Staffing/Licensure</u>;
<u>Planning Volunteers</u>; and
<u>Training Volunteers</u>.
Other pertinent sections within the document:
<u>Communications</u>; and

Altered Standards of Care.

Healthcare Question - How are we going to deal with pediatric surge capacity?
Answer –Special populations is addressed in the **FY 2008 Hospital Preparedness Program - Department of Health and Human Services** – ASPR document. Discussions are ongoing on how ADPH can support and plan with healthcare facilities regarding the pediatric and pregnant populations. Consult and include your pediatric and obstetric physicians and staff in emergency planning efforts within your facility. Each facility must address this issue within their facility's EOP.

Healthcare Question - Can the names alternative and alternate be changed to avoid confusion?
Answer – According to the 2008 ASPR guidance, the terms alternate and alternative care sites are interchangeable. Please refer to the Altered Standards of Care Planning Guidance and Shelters During Emergencies sections for more information.

Healthcare Question - When do we implement alternative care sites and/or alternate care sites – what would be each area/county/community triggers?
Answer –Triggers could be determined by the hospital and the local partners and/or a statewide emergency proclamation by the Governor and the State Health Officer. Triggers could include but are not limited to: how many patients are coming in, how many beds are available, available staff, available community partners to assist in event. A mass casualty incident is often referred to as "one more patient than a facility can handle". This will be different in each community and facility. Please refer to the Altered Standards of Care Planning Guidance and Shelters During Emergencies sections for more information.
Please refer to the following Healthcare Issues for help:
Mass Casualty
Alternative Care Sites

Healthcare Question - What criteria would be used to determine admission to an Alternative Care Site (ACS)?   An Alternate Care Site?
Answer – Please refer to the Altered Standards of Care Planning Guidance and Shelters During Emergencies sections for more information. Also, refer to the following Healthcare Issue for help:
Alternative Care Sites

Healthcare Question - What level of care is provided in both Alternative and Alternate Care Sites? Would expanding Home Health Care be a more viable option?

Answer – According to the 2008 ASPR guidance, the terms alternate and alternative care sites are interchangeable. Some hospitals have home health and/or hospice services as a part of their system. This could work in some communities; however this decision would have to be determined on a local community/facility basis. Please refer to the Altered Standards of Care Planning Guidance and Shelters During Emergencies sections for more information. Please refer to the following Healthcare Issue for help:
Alternative Care Sites

Healthcare Question - Who is responsible for staffing, supplies, meds, etc. for the ACS?

Answer – The answer to this question depends upon what type of shelter the community plans to support. A facility EOP and ACS planning should address the above issues. Please refer to the Altered Standards of Care Planning Guidance and Shelters During Emergencies sections for more information. Please refer to the following Healthcare Issue for help:
Alternative Care Sites
Please refer to the following section for help:
Resource/Surge Issues

Healthcare Question - Could this be a location to also house pre-hospital triage and/or community distribution center for SNS?

Answer – This could be a possibility; however this would have to be determined on a local level. Each county has predetermined sites for SNS. Please refer to the Altered Standards of Care Planning Guidance and Shelters During Emergencies sections for more information. Please refer to the following Healthcare Issues for help:
Alternative Care Sites
Chempack and Strategic National Stockpile

Healthcare Question - Who is responsible for the operation of the Alternative and Alternate Care Sites?

Answer – According to the 2008 ASPR guidance, the terms alternate and alternative care sites are interchangeable. The agency responsible for the operation will vary depending on the type of facility (i.e. MNS lead is ADPH, MCS lead is Alabama Department of Human Resources (DHR)). Please refer to the Altered Standards of Care Planning Guidance and Shelters During Emergencies sections for more information and the following Healthcare Issue for help:
Alternative Care Sites

Healthcare Question - **Who would be responsible for provision of meals at both kinds of sites (alternative and alternate)?**

Answer – According to the 2008 ASPR guidance, the terms alternate and alternative care sites are interchangeable. The agency responsible for the operation will vary depending on the type of facility. For example, in the MCS and the MNS the DHR is responsible for non public health/medical services of the shelter. (i.e., food). Please refer to the Altered Standards of Care Planning Guidance and Shelters During Emergencies sections for more information and the following Healthcare Issue for help:

Alternative Care Sites

Please refer to the following section for help:

Resource/Surge Issues

Healthcare Question - **Who is responsible for medical waste?**

Answer – The agency responsible for medical waste of the operation will vary depending on the type of facility and level of care. Local emergency planners can work toward solutions and make decisions regarding medical waste. For example, in the MNS in Baldwin County during Hurricane Katrina, medical waste was managed by a local hospital. Pl ease refer to the Altered Standards of Care Planning Guidance and Shelters During Emergencies sections for more information and the following Healthcare Issue for help:

Alternative Care Sites

Please refer to the following section for help:

Resource/Surge Issues

Healthcare Question - **Who would be responsible for management of the facility, payment of utility cost, etc?**

Answer – The agency responsible for operation expenses will vary depending on the type of facility. For example, in the MCS and the MNS the Alabama Department of Human Resources (DHR) is responsible for non public health/medical services of the shelter. Please refer to the Altered Standards of Care Planning Guidance and Shelters During Emergencies sections for more information and the following Healthcare Issue for help:

Alternative Care Sites

Please refer to the following section for help:

Resource/Surge Issues

Healthcare Question - Who is financially responsible for provision of services for patients in Alternative and Alternate Care Sites?
Answer – According to the 2008 ASPR guidance, the terms alternate and alternative care sites are interchangeable. The agency financially responsible for the operation will vary depending on the type of facility. For example, in the MCS and the MNS the Alabama Department of Human Resources (DHR) is responsible for non public health/medical services of the shelter. (i.e., food). Please refer to the Altered Standards of Care Planning Guidance and Shelters During Emergencies sections for more information and the following Healthcare Issue for help:
Alternative Care Sites
Please refer to the following section for help:
Resource/Surge Issues

Healthcare Question - What would be the level of documentation required for patients?
Answer – Documentation required for the operation will vary depending on the type of facility. For example, there are specific documentation forms for the MCS through the American Red Cross (ARC) and MNS through ADPH. Please refer to the Altered Standards of Care Planning Guidance and Shelters During Emergencies sections for more information and the following Healthcare Issue for help:
Alternative Care Sites

Healthcare Question - In urban areas with multiple hospitals and facilities, how would they coordinate and who would take the lead in this?
Answer – Please refer to the Altered Standards of Care Planning Guidance and Shelters During Emergencies sections for more information and the following Healthcare Issue for help:
Alternative Care Sites

Healthcare Question - In rural areas and some urban with one hospital, should the hospital take the lead/responsibility?
Answer – Please refer to the Altered Standards of Care Planning Guidance, Shelters During Emergencies, and the Center for Emergency Preparedness sections for more information and the following Healthcare Issue for help:
Alternative Care Sites

Healthcare Question - How many ACS per county/community would need to be established?
Answer – Please refer to the Altered Standards of Care Planning Guidance and Shelters During Emergencies sections for more information and the following Healthcare Issue for help:
Alternative Care Sites

Healthcare Question - Who needs to take the lead in counties without a hospital?
Answer –Please refer to the Altered Standards of Care Planning Guidance and the Shelters During Emergencies sections for more information

Healthcare Question - In areas with "shuttered/closed" hospitals, do we need to have pre-arranged agreements with owners or should there be the "right of eminent domain" by local government?
Answer – It is best to have pre-arranged agreements. In emergency situations the Governor has the ability to make use of property for the emergency response; however this utilizes precious time during an emergency response effort. Poor planning on the forefront can lead to a disastrous situation such as the example of Hurricane Katrina. Please refer to the Altered Standards of Care Planning Guidance and Shelters During Emergencies sections for more information and the following Healthcare Issue for help:
Alternative Care Sites

Healthcare Question - Does there need to be pre-established "ACS Minimal Facility Standards" established that could ensure patient safety, etc?
Answer – There should be pre-established standards specific for each type of facility. For example, protocols are established for the MCS, MNS, and are in-progress for the CCC. After the level of care is established, then discussions would proceed towards developing the minimal facility standards. Please refer to the Altered Standards of Care Planning Guidance and Shelters During Emergencies sections for more information and the following Healthcare Issue for help:
Alternative Care Sites

Acronyms

ACS – Alternative/Alternate Care Site

ADPH - Alabama Department of Public Health

ADEM – Alabama Department of Environmental Management

ADL – activities of daily living

ADN - Area Distribution Nodes

AEMA - Alabama Emergency Management Agency

AGI - Alabama Department of Agriculture and Industries

AIMS - Alabama Incident Management System

AlaHA - Alabama Hospital Association

ALERT - Alabama Emergency Response Technology

APIC - Association for Professionals in Infection Control and Epidemiology

ARC - American Red Cross

ARRTC - Advanced Regional Response Training Center

ASPR - Office of the Assistant Secretary for Preparedness and Response

BREMSS - Birmingham Regional Emergency Medical Services System

BPSS - Bureau of Professional and Support Services

BSL - Biosafety Level

CAH - Critical Access Hospital

CCC – Comfort Care Center

CDC - Centers for Disease Control and Prevention

CERT - Community Emergency Response Team

CEP - Center for Emergency Preparedness

DMAT - US Disaster Medical Assistance Teams

DHR – Department of Human Resources

DNHPP – Division of National Healthcare Preparedness Programs

DOE - Department of Education

EAPC - East Alabama Planning Commission

EMA - Emergency Management Agency

EMOC - Emergency Medical Operations Center

EMS - Emergency Medical Services

EOC - Emergency Operations Center

EOP - Emergency Operations Plan

EP - Emergency Preparedness

EpiX - Epidemic Information Exchange

ESAR-VHP - Emergency System for Advance Registration of Volunteer Health Professionals

ESF - Emergency Support Function

HAP –Hospital

HAN - Health Alert Network

HHS - U.S. Department of Health and Human Services

HRSA - Health Resources and Services Administration

FEMA – Federal Emergency Management Agency

ICS - Incident Command System

ILI - Influenza Like Illness

JCHD – Jefferson County Health Department

LCMS - Learning Content Management System

LE - Law Enforcement

LEPC - Local Emergency Planning Committee

MCHD - Mobile County Health Department

MMRS - Metropolitan Medical Response System

MNS - Medical Needs Shelter

MOU – Memorandum of Understanding

MSA - Metropolitan Statistical Area

MVC - Mass Vaccination Clinic

NDMS - National Disaster Medical System

NEDSS - National Electronic Disease Surveillance System

NIMS - National Incident Management System

OP - Operational

OPEO - Office of Preparedness and Emergency Operations

OSHA – U.S. Department of Labor, Occupational Safety & Health Administration

PCR - Polymerase Chain Reaction

PH - Public Health

PI – Pandemic Influenza

PIO - Public Information Officer

PHIN – Public Health Information Network

POD - Point of Dispensing

PPE - Personal Protective Equipment

PSA - Public Service Announcement

PWD – Persons with Disability

RC - Risk Communication

Ro - The average number of secondary infections caused by a single typical infected individual among a completely susceptible population.

RSS – Receiving, Staging, and Storage

SHARE - Stakeholders Help, Advice, and Recommendations Exchange

SNS - Strategic National Stockpile

SOG - Standard Operating Guideline

TARU - Technical Advisory Response Unit

TJC - The Joint Commission

UAB - University of Alabama at Birmingham

USAMRIID - United States Army Research Institute of Infectious Diseases

USB - Universal Serial Bus

USDA - United States Department of Agriculture

VMI – Vendor Managed Inventory

VOAD - Volunteers Organized and Active in Disasters

WHO - World Health Organization

WIC - Women Infants and Children

WMD – Weapon of Mass Destruction

Resources

"**Emergency Management Act,**" Code of Ala. 1975 Sections 31-9-1, *et seq* located at:
http://www.alabamaadministrativecode.state.al.us/docs/emer/1emer.htm

Centers for Disease Control and Prevention (CDC's) Strategic National Stockpile (SNS). Retrieved from: http://www.bt.cdc.gov/stockpile/

FEMA Metropolitan Medical Response System (MMRS) Program. Retrieved from: http://www.fema.gov/mmrs/

Cities Readiness Initiative (CRI). Retrieved from: http://www.bt.cdc.gov/cri/

CHEMPACK. Program Description. Retrieved from:
http://emergency.cdc.gov/planning/continuationguidance/pdf/chempack-attachj.pdf

National Electronic Disease Surveillance System (NEDSS). Retrieved from:
http://www.cdc.gov/NEDSS/

Mass Care Shelter information. Retrieved from: www.fema.gov.

FY 2008 Hospital Preparedness Program - DEPARTMENT OF HEALTH AND HUMAN SERVICES

The Joint Commission - Revisions to Emergency Management Standards for Critical Access Hospitals, Hospitals, and Long Term Care