



**EMERGENCY PREPAREDNESS ASSESSMENT
SHORT SURVEY & RESOURCE INVENTORY**

General Information:

Name of Agency: _____

Address: _____

Phone: _____

Party Responsible for Survey/Inventory Completion:

Name _____ Title: _____

Phone #: _____ Email: _____

(Persons completing individual sections should be identified on the appropriate section.)

Emergency Preparedness Coordinator:

Name _____ Title: _____

Phone #: _____ Email: _____

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SURVEY INSTRUCTIONS & DEFINITIONS

The Emergency Preparedness Assessment Survey and Resource Inventory is formatted to allow different individuals to complete each part. Obviously many of the questions are quite technical, and, as your response is for your entire facility, it is recommended that individuals with expertise in these areas be consulted on the more technically oriented items.

The **Assessment Survey**, which is primarily composed of yes/no questions, makes up the first four components (Part I – IV) of this tool:

- I. Planning and Incident Command
 - A. General Planning Questions
 - B. Emergency Command Structure
 - C. Plan Implementation & Staff Notification/Responsibilities

- II. Operations and Logistics
 - A. Personnel Augmentation
 - B. Decontamination & Quarantine Capability
 - C. Pharmaceuticals & Medical Equipment

- III. Education and Training
- IV. Communications Technology

Part V, the **Resource Inventory** is also divided into several component parts, including:

- A. Essential Services
 - B. Pharmaceuticals and Medical Supplies & Personal Protective Equipment
 - C. Communication Equipment.
-
- VI. Emergency Management and Local Coordination

If you have questions regarding any aspect of the survey please contact the team member as indicated below:

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DEFINITIONS

Common Command Structure – A command system to coordinate the efforts of individual agencies for responding to and recovering from all types of hazards (emergencies). This command structure is also responsible for coordination of agency activities with those of the local/county emergency management system.

Drills – Rather small-scale, internally conducted, activities aimed at providing a more “hands-on” teaching environment to familiarize staff with actual procedures necessary for emergency operations. They may be stopped and restarted in order to clarify a point, provide instruction, allow for observations from the evaluator and evaluatee, or to permit the evaluatee a second chance to perform a procedure or activity.

Emergency Preparedness Coordinator – The person in charge of the Emergency Management Plan and director of the agency’s emergency preparedness efforts.

Exercises – Larger-scale and more formal events. They are usually developed and evaluated by an external agency. The end result is some sort of grade as well as a formal critique. An exercise is a test of knowledge and is not to be interrupted except for safety concerns or for a true emergency situation.

Hazard Vulnerability Analysis – The identification of potential emergencies and the direct and indirect effects these emergencies may have on the health care organization’s operations and demand for service.

Internal Disaster Response Medical Team – A “code team” designated and trained to treat victims of biological, chemical, and radiological emergencies.

Isolation – The separation of a person or group of persons from other people to prevent the spread of infection.

Key Players – All staff members who hold an ICS position of section chief or higher.

Mitigation - To moderate (a quality or condition) in force or intensity; alleviate.

Mutual Medical Aid Agreement – A voluntary agreement among facilities for the purpose of providing mutual aid at the time of a medical disaster. Examples include health care facilities linking to a designated facility or facilities as the “first call of help” during a disaster; establishing a partner-network prior to any medical disaster including methods for coordinating communicating between themselves and responding to the media.

National Disaster Management System (NDMS) – A federally coordinated system that augments the Nation's emergency medical response capability. The overall purpose of the NDMS is to establish a single, integrated national medical response capability for assisting state and local authorities in dealing with the medical and health effects of major peacetime disasters

and providing support to the military and Veterans Health Administration medical systems in caring for casualties evacuated back to the U.S. from overseas armed conflicts.

Quarantine – The restriction of activities or limitation of freedom of movement of those presumed exposed to a communicable disease in such a manner as to prevent effective contact with those not so exposed. Although quarantine measures may be instituted and enforced for both individuals and populations, the term is used more frequently to discuss measures undertaken at the population-wide level.

Recovery Actions – Recovery actions begin almost concurrently with response activities and are directed at restoring essential services and resuming normal operations. Depending on the emergency's impact on the organization, this phase may require a large amount of resources and time to complete. Recovery not only includes activities related to the facility, but loss of revenues, support of staff, dealing with community reaction, and so forth.

State “All-Hazard” Emergency Operations Plan – This plan, prepared by the New Mexico Department of Public Safety, establishes State Government's response to emergencies/disasters that provides for the safety and welfare of citizens. It outlines the responsibilities, tasks, and interface between State organizations, local governments, and the Federal Government. It also addresses the need for mitigation, preparedness, response, and recovery activities that increase the State's capability to cope with emergencies or disasters.

Surge Capacity - Surge capacity is a term that relates to an institution or system's ability to rapidly expand the number of patients. The idea stems from a system's ability to absorb a "surge" of patients during a disaster. There are many variables to calculating your surge capacity, the most important being the availability of the clinical staff. There is no formula or protocol that is being used nationwide or even locally for determining surge capacity. For the purposes of this survey, try your best to calculate your surge capacity based on what you know of your agency's historical capabilities.

QUESTIONS CODED JC

Many of the questions in this survey are based on Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requirements. Those questions are coded (**JC**).

I. PLANNING & EMERGENCY COMMAND STRUCTURE

This first section of the Assessment Survey includes three parts. Each part can be completed by a different individual, if appropriate. Space is provided on the top of each new section for the name of the person completing that section.

- A. General Planning Questions – general contents of the Emergency Management Plan, Hazard Vulnerability Assessment (HVA) information, specific plan topics.
- B. Emergency Command Structure – Coordination with local or county emergency management planning , assignment of agency emergency preparedness coordinator
- C. Plan Implementation & Staff Notification/Responsibilities – Implementation1 procedures, staff alert mechanisms, staff roles and responsibilities.

Agency _____

Name of Person Completing Part I.A _____

Title of Person Completing Part I.A _____

A. General Planning Questions

	Yes	No
1. Does your agency have an Emergency Management Plan ? (JC)		
2. Does your agency conduct an annual evaluation of its Emergency Management Plan, including its objectives, scope, functionality and effectiveness? (JC)		
3. Does your plan address management of the following under emergency conditions		
a. scheduling of patient visits? (JC)		
b. modifying agency services? (JC)		
c. discontinuing services? (JC)		
d. control of patient information? (JC)		
e. patient referral? (JC)		
f. patient transfer? (JC)		
4. In the event mass prophylaxis medication/vaccination is indicated does your plan address a process for patient notification?		
a. Does your plan identify what assistance will be provided to your patients if mass prophylaxis medication/vaccination is required?		
b. Do you plan to provide the prophylaxis medication/vaccination for your patients?		
5. Does the plan include a plan for recovery after an emergency? (JC)		
6. Is someone authorized to oversee recovery and return to normal operations after an emergency? (JC)		
7. Does your plan address management of modifying agency services under emergency conditions?		
8. Does your agency participate in local drills to familiarize staff with procedures spelled out in the Emergency Management Plan in a "hands-on" setting?		

Comments about General Planning Questions:

Agency _____
Name of Person Completing Part I.B _____
Title of Person Completing Part I.B _____

B. Emergency Command Structure

	Yes	No
1. Does your Emergency Management Plan define a common command structure for responding to and recovering from emergencies? (see definitions) (JC)		

Comments about Emergency Command Structure:

Agency _____

Name of Person Completing Part I.C _____

Title of Person Completing Part I.C _____

C. Plan Implementation and Staff Notification/Responsibilities

	Yes	No
1. Can your agency implement the plan within 1-2 hours of alert, regardless of time of day, weekends, and holidays?		
2. Is there a method in place for notifying internal personnel when emergency response measures are initiated? (JC)		
3. Is there a backup notification system in case normal channels are unavailable?		

Comments about Plan Implementation & Staff Notification/Responsibilities:

II. OPERATIONS & LOGISTICS

This section of the Assessment Survey includes three parts. As with Section I, each part of Section II could be completed by a different individual, if appropriate. Space is provided on the top of each new section for the name of the person completing that section.

- A. Personnel Augmentation – policies and procedures to recall staff and incorporate outside personnel when needed in an emergency.
- B. Decontamination & Quarantine Capability – protocols for contaminated patients, decontaminating equipment disposal of contaminated items and quarantine.
- C. Pharmaceuticals & Medical Equipment – protocols for acquiring pharmaceuticals and medical equipment as needed, and policies for dispensing pharmaceuticals.

Agency _____
Name of Person Completing Part II.A _____
Title of Person Completing Part II.A _____

A. Personnel Augmentation

	Yes	No
1. Does your emergency management plan include a protocol for calling staff back to work?		
2. Does your plan have a procedure for staff augmentation in the event of an unusual surge of patients?		

Comments about Personnel Augmentation:

Agency _____
Name of Person Completing Part II.B _____
Title of Person Completing Part II.B _____

B. Decontamination, and Quarantine Capacity

	Yes	No
1. Does your plan include protocols for handling and disposing of hazardous materials and medical wastes?		
2. Does the plan include protocols for contaminated patients?		
3. Does the plan include protocols for patients with communicable diseases?		

Comments about Decontamination, and Quarantine:

Agency _____
Name of Person Completing Part II.C _____
Title of Person Completing Part II.C _____

C. Pharmaceuticals and Medical Equipment

	Yes	No
1. Do you have a plan for working with pharmaceutical suppliers and DME vendors during an emergency or after hours?		

Comments about Pharmaceuticals and Medical Equipment:

Agency _____

Name of Person Completing Part III _____

Title of Person Completing Part III _____

III. Education/Training

	Yes	No
1. Does your Emergency Management Plan include an orientation and education program for all staff who participate in the implementation of the plan? (JC)		
2. Has your agency identified internal / external personnel and resources capable of providing emergency preparedness training to the staff?		
3. Has your agency conducted training on the use of the Personal Protective Equipment (PPE).		

Comments about Education/Training:

Name of Person Completing Part IV _____
Title of Person Completing Part IV _____

IV. Communications Technology

	Yes	No
1. Does your Emergency Management Plan include procedures for communication with patients during an emergency? (JC)		
2. Does your agency have a designated communications coordinator?		

Comments about Communications Technology:

Agency _____
Name of Person Completing Part VI _____
Title of Person Completing Part VI _____

VI. Emergency Management and Local Coordination

	Yes	No
1. Is your Emergency Management Plan integrated and consistent with:		

Comments about Emergency Management and Local Coordination: