Kentucky Primary Care Association
Disaster Planning Assessment Checklist

Emergency management for healthcare facilities includes elements of mitigation, preparedness, response, and recovery. These plans should take into account such factors as the appropriateness and adequacy of physical facilities, organizational structures, human resources, and communication systems.

The checklist is designed to provide health centers with questions that stimulate assessment and dialogue with the major stakeholders both within the facilities as well as at the local level and beyond. Utilizing this checklist, healthcare facilities have the ability to begin the process of developing an emergency response plan. Although the list divides the assessment into sections, many of them overlap and may be grouped in differing manners according to the organization and operation of individual facilities. Although comprehensive, the facility assessment will undoubtedly identify new questions and considerations.

Key players should include the city or community agency that deals with community emergencies. This agency may be known as the Emergency Management Agency (EMA). First responder groups are also essential, and they are named Emergency Medical Services (EMS) in the document. Other key players include local and state health departments. Each health center is in the best position to identify any additional groups or individuals that should be part of their Emergency Response Plan.

Health Center Emergency Management Program Expectations

Health centers must have risk management policies in place that proactively and frequently classify and plan for potential risks to the health center regarding its facilities, staff, clients/patients, financial, clinical, and organizational well-being. Methods and procedures for emergency management must be integrated into a health center's risk management approach to assure that suitable guidelines are established and followed so that it can respond efficiently and appropriately to an emergency.

Health centers are diverse organizations. Therefore, each health center will require an emergency management approach that considers the center's size, location, resources, as well as current State, local, or community/regional plans. Location and size of the facility, the number of staff, and the type of operations are key factors to consider in developing an appropriate emergency management strategy. Small health centers might have relatively basic emergency management strategies whereas centers with multiple sites, greater variability in operations, or large numbers of staff may develop more sophisticated approaches.

The emergency management expectations for health centers addressed in this guidance are as follows:

- Emergency management planning—health centers should be engaged in an ongoing, continuous process to ensure that emergency management plans (EMP) are appropriate.
- Linkages and collaborations—health centers should maximize their linkages and collaborations.
- Communications and information sharing—health centers should have policies and procedures for communicating and sharing information with internal and external stakeholders.
- Maintaining financial and operational stability—health centers' business plans should address financial viability in the event of an emergency.

The expectations outlined in this guidance are intended to be broad to ensure applicability to the diverse range of health centers and ease in integrating them into what health centers are already doing related to emergency and risk management. In addition to developing, implementing, and maintaining an EMP, health centers should continually look for opportunities to enhance awareness, educate and train boards and staff, evaluate and test procedures, and integrate emergency management into what the health center does on a daily basis. A well-developed and appropriate emergency management strategy which reflects the unique characteristics, circumstances, and environment for the health center, will assure that it will be able to recover quickly and continue to provide essential services in their community.

U.S. Department of Health and Human Services
Bureau of Primary Health Care

1. FOUNDATIONAL CONSIDERATIONS:	Assessment	Action Plan	Accountability Contact
A. Does the facility have a disaster plan			
B. Is there an emergency planning committee? Is it multidisciplinary and include administrative members?			
C. Is there currently a collaborative relationship with local Emergency Medical Services (EMS) Agencies, local Emergency Management Agency and the local Health Department as part of the planning operation?			
D. Does the plan detail actions to be taken for both internal and external disasters?			
E. Does the plan detail how it links with the local EMS Agencies and local Emergency Management Agency and local/state health officials?			
F. Is the program widely distributed and readily available throughout the health center? Distribution should include hard copies of program or an automated method that is readily available			

2. SURVAILANCE	Assessment	Action Plan	Accountability Contact
A. Does the facility currently have a baseline established for numbers of patients seen in the health center according to clinical symptoms and diagnosis?			
B. Is there currently a process to evaluate and track 100% of all microbiology results and stratify according to organism?			
C. Does a process exist to notify the State Department of Public health and local health department 24 hours a day, seven days a week?			
D. Does the health center participate in the EM system			

3. IDENTIFICATION OF AUTHORIZED PERSONNEL	Assessment	Action Plan	Accountability Contact
A. Is there an individual designated as a disaster coordinator on a 24-hour per day basis?			

	Assessment	Action Plan	Accountability Contact
B. Has the health center designed a medical commander who will be responsible for the health centers medical responses during the time the plan is activated?			
C. Have other key position holders who have a role in disaster management been identified? This could be identified in the disaster plan.			
D. Is a notification system in place that can alert personnel to a potential disaster situation?			
E. Does the plan include lines of authority, role responsibilities, and provide for succession/redundancy?			
F. Are those who are expected to implement and use the plan familiar with it?			
G. Have job action sheets or role cards been developed for all personnel involved in disaster response			
H. Can staff gain access to the health center when called back on duty?			
I. Has the staff a family disaster plan/personal emergency plan prepared id called back or required by the emergency to remain at work?			
J. Is there designation of assembly points to which all the staff report and does it change if staff is involved in patient care or have administrative responsibilities?			

4. ACTIVATION OF THE PLAN	Assessment	Action Plan	Accountability Contact
A. Does the plan specify the circumstances under which the plan can be activated?			

		Assessment	Action Plan	Accountability Contact
B. Does the plan stipulate the position holder who has the authority to activate, deactivate the plan including nights, weekends and holidays?				
C. Have activation stages been established and roles outlined with each stage?				
Alert	Disaster situation possible: there is an increased level of preparedness			
Stand out	Disaster situation probable: available for immediate deployment			
Call out	Disaster situation exists: there is deployment			
Stand down	Disaster situation is contained			

5. ALERTING SYSTEM:	Assessment	Action Plan	Accountability Contact
A. Does the plan provide for activation within 1-2 hours during normal as well as off hours including weekends and holidays?			
B. Does the plan specify how notification within the health center facility will be carried out?			
C. Does the plan specify the chain of command to notify internal staff and appropriate external personnel indicating the status of the health center?			
D. Does the plan detail responsibility to initiate a system for recalling staff back to duty?			
E. Does the plan provide for alternative systems of notification that considers people, equipment, and procedures?			
F. Does the plan provide mechanisms to retain staffing according to their skill levels ad availability?			

6. RESPONSE:	Assessment	Action Plan	Accountability Contact
A. Has the health center developed internal disaster plans for internal emergencies?			

B. Has the health center developed plans indicating how the health center will be to supply resources and personnel in response to an external disaster? Is there an evaluation of current supply and equipment levels that are kept on hand during normal facility operation?			
C. Have provisions been made for activating a health center medical team in response to both internal and external disasters? Can this team be composed of physicians, nurses and other staff as needed?			
D. Does the plan include procedures for incorporating and managing volunteers and unexpected medical services responders who want to help? Has risk management been involved in developing a process with the facility insurer to provide insurance, liability, and safety for volunteers?			
E. Has the health center established standard operating procedures to reflect how the department will continue to provide services in a timely and 24-hour manner? These services may include:			
1. Administrative			
2. Medical and/or Clinical Services			
3. Radiology			
4. Laboratory			
5. Pharmacy			
6. Maintenance and Engineering			
7. Security			
8. Food and Nutrition			
9. Housekeeping			
10. Social Services			
F. In the event of the necessity for quarantine for patients is the following detailed in the plan?			
1. Is there a separate entrance to the Health Center for contaminated patients, if necessary?			
2. Is there a dedicated room or area for quarantine of patients, if needed?			

	Assessment	Action Plan	Accountability Contact
3. Is there a hot and cold water supply to the quarantine area?			
4. Can water run-off from the quarantine area be contained?			
5. Can the ventilation system in the health center quarantine area be isolated from the rest of the facility, if necessary?			
G. Is a communication method established within the health center so communication can be established and maintained with local EMS Agencies, Emergency Management Agency, Federal Bureau of Investigation; local/state Health Department?			
H. Has jurisdictional control been discussed and staff informed of the hierarchy in the event outside law enforcement assistance is requested or required?			

7. HEALTH CENTER CONTROL/COMMAND CENTER	Assessment	Action Plan	Accountability Contact
A. Does the plan indicate what room in the health center will be control?			
B. Has an alternative/backup room been designated			
Has a chain of command and methods of communication been established?			
D. Have key positions been identified			
E. Have key position holders and backups been identified?			

8. SECURITY	Assessment	Action Plan	Accountability Contact
A. Does the facility have the ability to lock down so entry and exit all parts of the facility can be controlled? Has this process been tested?			
B. Have steps been taken to minimize and control points of ingress and egress in buildings and areas without utilization of lockdown procedures?			
C. Is there a plan to control vehicular traffic and pedestrians			
D. Have arrangements been made to meet and escort responding emergency service personnel			

	Assessment	Action Plan	Accountability Contact
E. Does the facility have the ability to communicate with individuals immediately outside the facility in the event lock down is initiated			
F. Can staff gain access to the health center when called back on duty?			
G. Is there designation of assembly points to which all personnel report and does it change if staff is involved in patient care or have administrative responsibilities?			
H. Does the facility security plan recognize the extent of the security problem for the individual facility? These considerations include the uniqueness of the physical plant, geographic location, entrances, etc.			
I. Does the facility have an established process to credential health care workers from outside the individual network to facilitate safe and qualified patient care?			

9. COMMUNICATIONS SYSTEMS:	Assessment	Action Plan	Accountability Contact
A. Does the plan include provisions in the event that normal systems (e.g., telephone, facsimile, cellular phones, and paging) may be overloaded and rendered unserviceable during disasters?			
B. Is there provision for alternative communication arrangements in circumstances where the health center system fails/overloads (e.g., unlisted numbers, pay phones, walkie-talkie sets)?			
C. Is there an organized runner, messenger system as a backup for a communication system and power failures?			
D. Has a plan been developed to utilize runner personnel and have they been provided with schematic area layout maps showing key areas for disaster operations? Do these schematics currently exist and are they readily available in hard copy?			
E. Has health center communication networks with the local EMS Agency and Emergency management Agency & local/state health officials.			

10. INTERNAL TRAFFIC FLOW AND CONTROL	Assessment	Action Plan	Accountability Contact

	Assessment	Action Plan	Accountability Contact
A. Have provisions been made for internal traffic that allows for movement of patients through corridors and staff movement throughout their areas?			
B. Have egress routes for patients and staff been provided for evaluation purposes?			
C. Will elevators be manned and controlled			
D. Has elevator usage been prioritized (e.g., casualties, supplies)?			
E. Have movement routes been designated within the health center?			
F. Have traffic flow charts been prepared and posted?			

11. EXTERNAL TRAFFIC FLOW AND CONTROL	Assessment	Action Plan	Accountability Contact
A. Have arrangements been made for both vehicular and people entrance to and exit from the health center?			
B. Have the following been established			
1. Access and egress control of authorized vehicles			
2. Authorized vehicle parking			
3. Direction for authorized personnel and visitors to proper entrances			
C. Have arrangements been made for police support in maintaining order in the vicinity of the facility?			
D. Does the plan include a method to manage the convergence of people and vehicles on the health center?			

12. VISITORS:	Assessment	Action Plan	Accountability Contact
A. Does the plan include mechanisms to deal with anticipated increases in visitors and curious onlookers seeking to gain entrance during disasters?			

	Assessment	Action Plan	Accountability Contact
B. Has provision been made to handle medical and emotional situations resulting from the anxiety and shock of the disaster situation? This includes dealing with the worried well.			
C. Has a position holder been designated to control and take care of housekeeping issues that arise due to visitors?			

13. Media	Assessment	Action Plan	Accountability Contact
A. Does the plan identify an internal spokesperson as a Media contact?			
B. Does the plan determine the communication tree connecting the internal spokesperson with the external spokespersons for the emergency management agency or other lead agency?			
C. Have provisions been made to identify the procedures for handling information requests from the media?			
D. Have these provisions been made to work in concert with local/state health officials and law enforcement personnel?			
E. Have provisions been made to identify the procedures for handling requests for information from the media? Have these provisions been made to work in concert with the State Health department and the FBI?			
F. Have locations been identified for press briefings?			

14. RECEPTION OF CASUALTIES AND VICTIMS	Assessment	Action Plan	Accountability Contact
A. Is the reception area equipped with portable auxiliary power for illumination and other electrical equipment, or can power be supplied from another source?			
B. Does the reception area allow for retention, suggestion, and processing of incoming casualties?			
C. Are sufficient equipment, supplies, and apparatus available, in an organized manner, to permit prompt and efficient casualty movement?			

	Assessment	Action Plan	Accountability Contact
D. Can radiologist monitors and radiation detection instruments be assigned to the area, if required?			

15. RELOCATION OF PATIENTS AND STAFF:	Assessment	Action Plan	Accountability Contact
A. Have agreements been made with other healthcare facilities for the relocation of patients should the facility be unable to support patient care			
B. Have satellite locations been pre-determined and confirmed for the housing of patients should the facility be unable to support patient care?			
C. Have transportation requirements been pre-designed for movement of people>			
D. Has provision been made for the movement of patient records and documents?			
E. Is there a time sequence built into the plan designing appropriate moving times, assigned personnel including professional staff assignment and priority of patients when moving to specific locations.			
F. Is there a sequence for patient transfer along pre-established routes?			
G. If applicable, are there procedures established for the orderly disposition of patients to their homes?			
H. Has provisions been made for immediate refuge, care and comfort for the patients and staff at the health center during inclement and winter weather?			

16. HEALTH CENTER OUT OF COMMUNICATION OR CUT FROM RESOURCES	Assessment	Action Plan	Accountability Contact

A. In the event, the health center is completely out communication or cut from resources, has the plan assigned position holders responsible for the following:			
1. Auxiliary power?			
2. Rationing of food and water?			
3. Waste of garbage disposal?			
4. Rest and rotation of staff?			
5. Rationing of medication and supplies?			
6. Staff and patient morale?			
B. Has consideration been given to utilization of patients and visitors to assist staff with duties?			

17. EQUIPMENT, SERVICES, FACILITY, AND LABORATORY ASSESMENT	Assessment	Action Plan	Accountability Contact
A. Current number of the following pieces of equipment readily available within the facility:			
1. IV pumps			
2. IV poles			
3. Suction Machines			
4. Wheelchairs			
B. Current level of medical supplies maintained and readily available within the facility (days), particularly items that provide personal protection (i.e., masks, gloves, eye protection)			
C. Are local suppliers of medical equipment identified? Are there 24-hour contact numbers for these suppliers?			
D. Are shipping containers readily available to safety transport State health department specimens as requested by CDC, FBI?			
E. Does the plan include measures to ensure the ability to provide hand washing/hand sanitizing measures?			
F. Does the plan include measures to ensure adequate amounts of personal protective equipment			

18. PHARMACEUTICALS	Assessment	Action Plan	Accountability Contact
A. What is the current level of stock for the following pharmaceuticals?			
1. Ciprofloxacin, oral and intravenous			
2. Doxycycline, oral			
3. Bronchial dilator			
4. Other fluoroquinolones, oral and intravenous			
5. Bulk Atropine and Pralidoxime Chloride (2-PAM CL)			
B. Does the pharmaceutical allocation plan make provision for prophylaxis of caregiving staff and their immediate family? Have these job categories been defined?			
C. Has the plan identified and established relationships with another healthcare facility outside the immediate region as a means to identify potential sources of needed pharmaceuticals as well as equipment, supplies, and staff.			
D. Does the plan identify pharmaceutical warehouses within the local area?			
E. Does the plan outline how pharmaceuticals can be procured, transported, and delivered to the facility while within a secure environment?			

19. POST-DISASTER RECOVERY	Assessment	Action Plan	Accountability Contact
A. Does the plan designate who will be in charge of recovery operations?			
B. Does the plan make provision for the following during recovery?			
1. Documentation			
2. Financial matters			
3. Inventory and resupply			
4. Record preservation			
5. Cleanup			
6. Hazard removal and cleanup			
7. Salvage			

		Assessment	Action Plan	Accountability Contact
8.	Garbage and waste disposal			
9.	Utility and equipment servicing			
10.	Physical plant restoration and renovation			
C.	Does the plan address the following programs?			
1.	Critical incident Stress debriefing program			
2.	Employee Assistance Program			
3.	Group/Individual counseling services			
4.	Family Support Program			

	20. EDUCATION AND TRAINING	Assessment	Action Plan	Accountability Contact
A.	Does the plan specify who is responsible for the training program			
B.	Does the plan include methods for ramp up and extemporaneous training for new and altered roles?			
C.	Does the health center have ongoing, mandatory disaster training programs?			
D.	Has the health center considered adapting disaster procedures for application when dealing with routine procedures so the personnel can become familiar with them?			
E.	Does the program provide ongoing disaster education material at staff orientation to facilitate staff awareness?			
F.	Does the program provide ongoing disaster training to promote staff knowledge and currency of procedures?			
G.	Does the program have inter-organization joint training sessions that deal with everyday aspects of disaster response?			

21. KEY INTERNAL PERSONNEL	TELEPHONE/ MOBILE PHONE

Facility CEO	
Administrator on call	
Administrator Supervisor	
Director of Security	
Nursing Director	
Medical Director	
Risk Manager	
Public Relations	
Information Services/Communications	
Product Resources	
Director of Pharmacy	
Social Services	

22. KEY EXTERNAL PERSONNEL/AGENCIES	TELEPHONE/ MOBILE PHONE
Local Emergency Management Agency	
Local EMS Agencies	
Local Health Department	
State Health Department	
Local Law Enforcement Agencies	
FBI Field Office	
National Disaster Medical System (NDMS) Contact	
CDC Emergency Response Office	
CDC Hospital Infections Program	
Other area hospital/Health Centers	

23. INCIDENT COMMAND SYSTEM

If utilizing an Incident Command System, as your framework for hierarchy in a disaster scenario, have you identified positions, not individuals to fill each role? If not utilizing this system, have you determined the areas you will need to fill in case of disaster?

COMMAND STAFF

Incident Commander

Safety | Information

Liaison

Operations | Planning | Logistics | Finance and Administration

Incident Command System (ICS) is a standardized organizational structure used to command, control, and coordinate the use of resources and personnel that have responded to the scene of emergency. The concepts and principles for ICS include common terminology modular organization, integrated communication, unified command structure, consolidated action plan, manageable span of control, designated incident facilities, and comprehensive resource management.

Synonyms: Incident Management System

ICS Position	Current Position	Job Action Completed? Y or N
Incident Commander		

Public Information Officer		
Liaison officer		
Safety and Security Officer		
Logistics Chief		
Planning Chief		
Finance Chief		
Operations Chief		
Medical Care Director		
Ancillary Services Director		
Human Services Director		
Medical Staff Director		

24. EXERCISING THE DISASTER PLANNING PROGRAM	Assessment	Action Plan	Accountability Contact
A. Does the Health Center conduct an annual exercise?			
B. Does the exercise ensure all key participants are familiar with contents of the plan			
C. Are specific aspects of the plan tested			
D. Is a formal critique performed with results distributed to all key individuals and participating groups?			