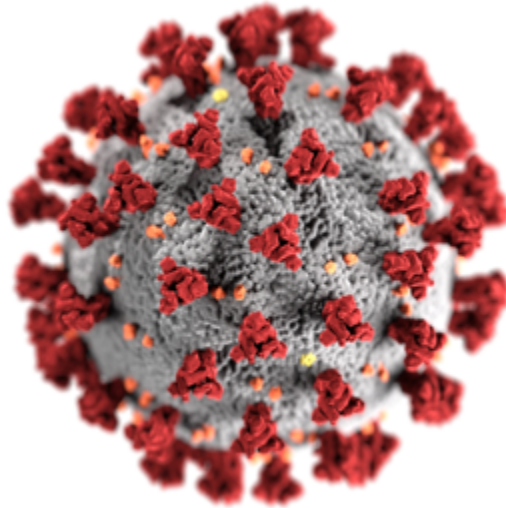


# COVID-19 RESPONSE PLAN TEMPLATE for LARGE ACUTE CARE HOSPITALS



THIS COVID-19 PLAN TEMPLATE FOR ACUTE CARE HOSPITAL WAS PREPARED  
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# Table of Contents

<b>Preface</b>	<b>3</b>
<b>Signature Page</b>	<b>4</b>
<b>Mission Statement</b>	<b>5</b>
<b>Purpose of the Plan</b>	<b>5</b>
<b>Facility Profile Document</b>	<b>6</b>
<b>Definitions &amp; Acronyms</b>	<b>8</b>
<b>Communications Plan</b>	<b>9</b>
<b>Internal Communication</b>	<b>9</b>
<b>External Communication</b>	<b>10</b>
<b>Other Hospital Capacities</b>	<b>10</b>
<b>Patient Care Capacity</b>	<b>11</b>
<b>Logistics and Facilities and Back-Up Plan</b>	<b>12</b>
<b>Emergency Power</b>	<b>12</b>
<b>Facilities Readiness</b>	<b>13</b>
<b>Continuity of Business Operations</b>	<b>14</b>
<b>Designation of Incident Commander and Succession</b>	<b>15</b>
<b>Training, Drills, and Exercise</b>	<b>16</b>
<b>Best Practices</b>	<b>17</b>
<b>Personal Protective Equipment</b>	<b>17</b>
<b>Use of PPE for COVID-19</b>	<b>18</b>
<b>Don and Doff Facemask:</b>	<b>18</b>
<b>Don and Doff Respirator:</b>	<b>18</b>
<b>Healthcare Professional Preparedness Checklist</b>	<b>18</b>
<b>Telehealth</b>	<b>19</b>
<b>Communications, Warning, and Notification</b>	<b>20</b>
<b>Sample Decision Tree for Evacuation vs shelter in place</b>	<b>23</b>
<b>Hospital Emergency Management &amp; Disaster Preparedness Committee</b>	<b>24</b>

<b>Appendices</b>	<b>28</b>
<b>Appendix A: HCP use of PPE</b>	<b>28</b>
<b>Appendix B: CDC Facemask Do's and Don'ts</b>	<b>29</b>
<b>Appendix C: CDC Respirator On and Off</b>	<b>30</b>
<b>Appendix D: Mental Health and Psychosocial Support (MHPSS) Needs</b>	<b>31</b>

## **Preface**

COVID-19 is a respiratory illness caused by the novel coronavirus, SARS-CoV-2. It is spread primarily by droplets, as well as aerosol and to a lesser extent by direct contact with contaminated inanimate objects. The presentation of the virus ranges from mild/moderate symptoms (80% of infections) similar to the common cold, to more severe illness (15% of infections) and finally to critical and possibly fatal conditions (5% of infections) requiring intensive treatment. The first case of COVID-19 was confirmed in Wuhan, China in late 2019; its rapid spread led to a declaration of a pandemic by the WHO in early March of 2020. While a source has not been definitively identified, data are strongly suggestive of its emergence from an animal source. Lack of vaccination, high transmissibility, high fatality in certain populations, and lack of established treatment has made this disease hard to manage.

As of July 11th, 2020, there have been approximately 13 million COVID-19 cases with 563 thousand deaths worldwide, and over 3 million cases and 135 thousand deaths in the United States (US). New York City (NYC) alone accounts for 223 thousand of the US cases and about 24 thousand deaths to date, putting it at the forefront of the COVID-19 pandemic in the US. New York City, with its high population density, poses significant challenges in managing disease outbreaks of this magnitude. Its residents are largely reliant on public transportation methods and, additionally, as a major tourist destination and transit hub, millions of people pass through the city annually, potentially increasing the spread within the city confines and beyond. NYC is home to over 60 acute care hospitals, including several that are large, state-of-the-art, nationally recognized medical centers. These hospitals, as well as others across the US and around the world, continue to be at the front line in delivery of care to COVID-19 patients. Few facilities have had the opportunity to prepare their own COVID-19 Disaster Plans. This Self-Assessment Tool is designed to help assist hospitals in the development or refinement of those plans.

# Signature Page

(Facilities should attach their own Organizational Chart as an Annex (Annex 1))

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Hospital Chief Executive Officer Date

---

Chief Financial Officer Date

---

Chief Medical Director Date

---

Chief Operating Officer Date

---

Chief Nursing Officer Date

---

Chief Legal Officer Date

---

Chief Emergency Manager Date

---

Chief of Facilities Management Date

---

Chief of Infection Control Date

---

Chief of Public Relations and Communications Date

---

Chief health Information Officer Date

---

Chief Public Safety Officer Date

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Chief of Human Resources	Date
Chief of Security	Date
Local Office of Emergency Management	Date
Local Fire Department	Date
Local Police Department	Date
Local Department of Health	Date
Local Hospital Association	Date

## Mission Statement

The mission of (insert facility name and tailor to your own mission statement) is to ensure that we provide highest possible quality of patient-centered care to the population that we serve; to provide a safe and healthy work environment for all employees; and to provide a fast, safe and effective response to the COVID-19 pandemic.

## Purpose of the Plan

### Statement of Purpose

The purpose of this plan is to ensure that (hospital name goes here) can safely and effectively meet the COVID-19-related healthcare needs of our community. This Plan provides best practices guidance that emphasizes elements of infection prevention and control programs that should be in place to prevent the transmission of any infectious agents including in healthcare settings. These recommendations are informed by published evidence-based infection prevention and control and occupational health and safety regulations and guidelines and the following considerations:

- Current lack of a safe and effective vaccine and any chemoprophylaxis
- A possible high rate of mortality among some infected patients
- High levels of community transmission in some locations
- Incompletely defined modes of transmission of SARS-CoV-2

- Past experience with patient surge that requires readiness for additional periods of surge

Due to the rapidly changing situation, we will continue to evaluate new information as it becomes available and will update or expand this plan as needed.

## Facility Profile Document

Directions: Fill in the information in accordance with your specific hospital's information.

<b>Hospital Name:</b>
<b>Total Licensed Beds (Based on NDMS definition):</b>

<b>Facility Information</b>
<b>Address:</b>
<b>Main Phone Number:</b>
<b>Main Fax Number:</b>
<b>Main Email:</b>

<b>Affiliations</b>	
<b>JCAHO Accreditation</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Year of Accreditation</b>	
<b>Facility Affiliation</b>	<input type="checkbox"/> As part of a medical center/school <input type="checkbox"/> Stand-alone or community <input type="checkbox"/> Part of a regional hospital system <input type="checkbox"/> Part of a national hospital chain <input type="checkbox"/> Military or Government
<b>National Disaster Medical System (NDMS) member?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If YES - Site of Federal Coordinating Center (FCC)</b>	

<b>Is Facility located in a Metropolitan Medical Response System Region</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
---	--

<b>Important Contact Information</b>	
<b>Patient Condition Information</b>	
<b>Page Operator</b>	
<b>Emergency Department</b>	

<b>Hospital Staffing</b>	<b># of FT/PT</b>
<b>Clinical</b>	
<b>Non-Clinical</b>	
<b>Licensed Practitioners</b>	
<b>Residents (if teaching hospital)</b>	
<b><u>Total Hospital Staff</u></b>	

<b>Non-Hospital or Satellite Clinics and Staffing</b>	
<b>Number of Clinics</b>	
<b>Clinic Staff</b>	
<b>Full-Time Staff</b>	
<b>Contract Staff</b>	
<b><u>Total Staff</u></b>	

<b><u>Helipad Access</u></b>	
Facility has on-site heliport or helipad?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>If YES</b>	
<b>Capacity of helipad</b>	Weight:
	Number of Pads:
<b>Lighted</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Access?</b>	
<b>Support?</b>	
<b>How is it coordinated?</b>	
<b>Temporary helipad available?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Landing zone maintained by?</b>	
<b>Crash Response provided by:</b>	
<b>Hospital Response Team (unit)</b>	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No <input type="checkbox"/> Unsure
<b>Local Fire Department (location)</b>	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No <input type="checkbox"/> Unsure

## Definitions & Acronyms

**ER-** Emergency Room

**ED-** Emergency Department

**EM+ER-** Emergency management + Enterprise Resilience

**ICU-** Intensive Care Unit

**SICU-** Surgical Intensive Care Unit

**MICU-** Medical Intensive Care Unit

**PPE-** Personal Protective Equipment

**Precaution Signs-** Signage placed in front of the door to alert medical personnel on the appropriate PPE to wear.

**N95-** a respiratory protective equipment created to have a close facial fit and effective air filtration



**Eye Protection-** eyewear barrier to protect eyes from splash back and droplets

**Isolation-** A hospital measure used to prevent the spread of a contagious disease from patient to patient

**RRT-** Rapid Response Team

**Negative Pressure-** Used as a giant vacuum for environmental contaminants, by sending more air out than the room takes in.

**Intubated-** an inserted tube commonly placed in trachea to help patient receive Oxygen

**Surge Space-** Additional spaces used in the medical center to accept a surplus of patients

**Command Center-** A touchdown space for the Emergency Management team and specialist

**OHS-** Occupational Health and Safety

**IPC-** Infection Prevention Control

**Hand Hygiene-** A practice that should be performed upon entry and exit of all patient care areas. This practice can be used with soap and water or with hand sanitizer.

## Communications Plan

Directions: In this section, describe how you will relay information to employees and to the public during a COVID-19 outbreak. You should use the Hospital Incident Command System to assign the responsibilities of Public Information Officer, Liaison Officer, and under the Logistics Section the Communication Unit Leader (see .

### Internal Communication

*[Please describe your hospital's internal communication plan and system in this section. For example, you can describe existing communication methods within your hospital such as the landline phone system, electronic paging system, overhead paging system, email, text message alerts, etc. Then describe how, in an emergency situation, the hospital will relay information to employees - examples include but are not limited to text, email, overhead page, or phone tree system. Determine what backup methods of communication you will have if the traditional methods are unavailable. For example, will team leaders receive radios, and do you have enough? Take this time to establish a Radio Channel or Frequency. Describe how frequently you will provide updates.*

1. Has a primary and backup person been assigned responsibility for internal communications with staff, patients, and their families regarding COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Primary Contact (name, title,	

contact information):	
b. Backup Contact (name, title, contact information):	

## External Communication

*[Similar to the above statements, describe how you will communicate with outside organizations and the media. For example, will you rely on a landline, cell phone, or email updates? Provide and guidelines for your Public Communication and Liaison officers and how they will interact with their respective parties. Additionally describe how you will communicate with outside MUA contacts including but not limited to other hospitals, fire departments, local governments, etc. Determine how you plan to communicate with patients and family members.]*

2. Has a primary and backup person been assigned responsibility for public health authorities (i.e. case counts and status updates)	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Primary Contact (name, title, contact information):	
d. Backup Contact (name, title, contact information):	

## Other Hospital Capacities

<b>Trauma Level Designation:</b>	I ___ II ___ III ___ IV ___ V ___
<b>Certified by:</b>	ACS ___ or STATE ___
<b>Laboratory Bio-Safety Level</b>	1 ___ 2 ___ 3 ___ 4 ___
<b>Ambulance/EMS</b>	Lease # ___ or Own # ___ Ground or Air? ___
<b>Morgue Capacity</b>	# _____
<b>Radiology (# machines)</b>	CT scan _____ X-Ray _____ MRI _____
<b>Ventilators (# portable machines)</b>	# _____
<b>Defibrillators (# machines)</b>	# _____
<b>Average ICU ventilator use</b>	% _____

<b>Ultrasound (# machines)</b>	# _____
<b>Portable cardiac monitors (# machines)</b>	# _____
<b>Pulse oximetry monitors (# machines)</b>	# _____
<b>Dialysis (# machines)</b>	# _____

## Patient Care Capacity

*Please fill in the with appropriate numbers for your hospital*

	Licensed Bed Capacity	Average Staffed Beds  (Avg. beds actually in use and staged in last 6 months)	Beds with Negative Air Flow  (For use in respiratory isolation)	Monitored Beds  (Beds equipped with cardiac and vital signs)	Ventilators  (number of ventilators owned or rented in each unit)	Surge Capacity  (# of additional beds that can be staffed & equipped w/in 12 hours)	Negative Pressure Beds/ Isolation
Ambulatory							
Behavioral Health							
Burn							
Emergency Department							
Intensive Care, Medical							

Intensive Care, Neonatal							
Intensive Care, Pediatric							
Intensive Care, Stepdown							
Intensive Care, Surgical							
Medical-Surgical							
Nursery							
Obstetric (Ante/post – partum, labor, delivery)							
Operating Room							
Pediatrics							

Post Anesthesia Care							
Skilled Nursing Facility Care							

## Logistics and Facilities and Back-Up Plan

<b>Emergency Power</b>	a. Emergency power duration is ____ hours.
	b. Emergency power generation capability is:
	c. Emergency power generator is located: (physical location) At grade   Above grade   Below grade
	d. Emergency power generator was last tested:
	e. How often is it tested?
	d. Do you have:          None          Partial Load of Operations Full Load of Operations
	e. How long can it be run without refueling?
	f. Does it power only Life Safety?   Yes      No
	g Does it power Life Safety and full facility?   Yes      No
	h. Does it power elevators?   Yes      No
	i. Does it power the critical branches?   Yes      No
	j. Load shed?
	k. Preservation of food?
<b>Water Supply</b>	a. Source of facility water is:   community      facility

	b. Secondary source of water if primary source is cutoff: Yes No      Capacity:
	c. Can you attach non-potable water to your facility? Yes    No
<b>Fuel</b>	a. Facility has      days of fuel on-hand.
	b. How does the facility get additional fuel?
	c. How long can boilers run?
	d. What is the amount of time (in hours) that boilers can operate w/o refueling?

## Facilities Readiness

Respiratory Protection Equipment Status	%
Percent of total clinic staff with fit-testing for N95 or N99 respirators annually	
Percent of non clinical staff with fit-testing for N95 or N99 respirators annually	
Quantity of powered air purifying respirators	

Disaster Readiness Training	%
Percent of total staff who have completed disaster response/preparedness training	
Percent of medical staff who have completed disaster response/preparedness training	
Percent of nursing staff who have completed disaster response/preparedness training	
Percent of total staff who have trained with facility's own disaster plan	
Percent of medical staff who have trained with facility's own disaster plan	
Percent of nursing staff who have trained with facility's own disaster plan	

## Continuity of Business Operations

Leadership succession plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facility has continuity of operations plan (COOP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has COOP been exercised in last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, when was it last exercised?	Date: _____
Facility has a business continuity plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Priority functions to be restored first?	1. _____ 2. _____ 3. _____
System in place to track use of financial resources?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Designation of Incident Commander and Succession

An Incident Command System (ICS) or Hospital Incident Command System is in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. ICS is exercised at least twice annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No Last Exercised: _____
b. ICS is coordinated by a United Command Structure coordinated appropriately with law enforcement, fire, EMS.	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Incident Commander is known by all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Incident Commander succession is in	<input type="checkbox"/> Yes

place.	<input type="checkbox"/> No
e. There is a procedure to designate an Incident Commander.	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Staff assigned to ICS leadership role are oriented to their responsibilities.	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Staff assigned to key roles wear identifying gear during an event.	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. All staff know where to report when the ICS is activated.	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Staff understands the flexibility of their position in the ICS if leadership is unavailable.	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. ICS or HICS is NIMS compliant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
l. After action reports are completed after all exercises?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Training, Drills, and Exercise

<b>TRAINING</b>	
Staff oriented to Emergency Management Plan (EMP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual training completed in chemical, biological, radiological, nuclear and explosive events (CBRNE) for all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ED department completes bi-annual training on CBRNE events?	<input type="checkbox"/> Yes <input type="checkbox"/> No
All other clinicians receive CBRNE training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
All non-clinical staff receive CBRNE training?	<input type="checkbox"/> Yes



	<input type="checkbox"/> No
All clinicians receive blood-borne pathogen training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
All clinicians maintain Basic Life Support (BLS) training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Percentage of staff who are NIMS certified or have taken course?	% _____

<b>DRILLS AND EXERCISES</b>	
Facility exercises EMP bi-annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Exercises are conducted at least 4 months apart and no less than 8 months apart	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Date of last exercise?	Date: _____
Influx of simulated patients included in exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facility participates in at least one community exercise per year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exercises take place on all shifts/all units?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Outside contractors included in exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facility has concluded casualty exercises?	
a. Exposed to a hazardous material?	<input type="checkbox"/> Yes
b. Agent requiring decontamination?	<input type="checkbox"/> No
	<input type="checkbox"/> Yes
c. Responded to a real event in the last 12 months?	<input type="checkbox"/> No
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

All ED staff participate in bi-annual mass casualty events?	<input type="checkbox"/> Yes <input type="checkbox"/> No
At least one exercise in the last year was announced?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facility has had patient and staff evacuation drill in the past 12 months?  a. Horizontal evacuation drill (to other units)? b. Vertical evacuation drill (to other floors)?	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

## Best Practices

### Personal Protective Equipment

#### Use of PPE for COVID-19

Please see Appendix A for visual guidance on use of PPE when caring for patients with confirmed or suspected COVID-19. Facilities may find it helpful to utilize a Burn Rate Calculator to continuously monitor and optimize their PPE use. A sample from the CDC can be accessed at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>

<b>Healthcare Providers must:</b>	
Have all received comprehensive training on when what PPE is necessary, how to don and doff PPE, limitation of PPE, proper care, maintenance and disposal of PPE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Demonstrate competency in performing appropriate infection control practices and procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### Don and Doff Facemask:

Please review the CDC's guide to donning and doffing facemasks (Appendix B).

## Don and Doff Respirator:

Please review the CDC's guide to donning and doffing respirators (Appendix C).

## Healthcare Professional Preparedness Checklist

The CDC recommends ensuring every healthcare personnel has reviewed the following best practices and protocols for each of the following areas for the transport and arrival of patients with confirmed or possible COVID-19. The hospital should frequently update the source of 'Best Practices' to ensure providers are using the most up to date information available.

1. Assessment and triage of patients with acute respiratory symptoms
2. Patient placement within hospital
3. Implementation of Standard, Contact, and Airborne Precautions, including the use of eye protection
4. Visitor management and exclusion
5. Source control measures for patients (e.g. put facemask on suspect patients)
6. Requirements for performing aerosol generating procedures
7. Identifying and being alert for patients with PUI
8. Reporting potential COVID-19 case or exposure to facility infection control leads and public health officials
9. Know who, when, and how to seek evaluation by occupational health following an unprotected exposure to a suspected or confirmed COVID-19 patient
10. Remain at home, and notify occupational health services if you are ill
11. Know how to contact receive information from you state and local public health agency

## Telehealth

When applicable and if services are available, the hospital will transition to telehealth practices.

The CDC recommends telehealth for the following situations:

- Screen patients who may have symptoms of COVID-19 and refer as appropriate
- Provide low-risk urgent care for non-COVID-19 conditions, identify those persons who may need additional medical consultation or assessment, and refer as appropriate
- Access primary care providers and specialists, including mental and behavioral health, for chronic health conditions and medication management
- Provide coaching and support for patients managing chronic health conditions, including weight management and nutrition counseling

- Participate in physical therapy, occupational therapy, and other modalities as a hybrid approach to in-person care for optimal health
- Monitor clinical signs of certain chronic medical conditions (e.g., blood pressure, blood glucose, other remote assessments)
- Engage in case management for patients who have difficulty accessing care (e.g., those who live in very rural settings, older adults, those with limited mobility)
- Follow up with patients after hospitalization
- Deliver advance care planning and counseling to patients and caregivers to document preferences if a life-threatening event or medical crisis occurs
- Provide non-emergent care to residents in long-term care facilities
- Provide education and training for HCP through peer-to-peer professional medical consultations (inpatient or outpatient) that are not locally available, particularly in rural areas

Please visit <https://www.matrc.org/matrc-telehealth-resources-for-covid-19/> for a comprehensive list of COVID-19 telehealth resources available.

Telehealth Service Utilized: _____	
Basic Telehealth Checklist	
<b>1. Telehealth Policies</b>	
a. Check federal and state laws and regulations governing telehealth and reimbursement	
b. Check professional license laws, regulations and guidance documents	
c. Check for professional ethics and guidelines and standards	
d. Check for professional practice guidelines	
<b>2. Reimbursement</b>	<b>Do the following reimburse for telehealth?</b>
a. Medicare (Fee for Service)	
b. Medicare Advantage	
c. Medicaid (Fee for Service)	
d. Medicaid (Managed Care)	
e. Shared Savings Plan	

f. Private (Commercial)	
g. Private (Self Insured)	
h. Tricare	
<b>3. Technology Needs</b>	
i. Is this a temporary stopgap measure or a longer term model	
j. What is my program model?	
k. What is the ideal workflow? (good patient and provider experience)	
<b>4. Plan and Test</b>	
l. Engaged and trained all applicable staff on telehealth platform	
m. Developed clear written protocols	
n. Pilot test?	

## Communications, Warning, and Notification

<b>FACILITY NOTIFICATION</b>	
Facility can send and receive emergency warning and notification information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facility can receive warnings of imminent emergency conditions from external agencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facility can send warnings to external agencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Redundant communication system is in place in the event the primary system fails?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>STAFF NOTIFICATION</b>	
Facility can notify on-duty and off-duty of emergency status and recall to duty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Facility has plan to notify on-duty and off-duty staff of emergency status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Staff notification system been tested in the past 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Facility has staff notification with up-to-date, verified phone and other contact information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Facility has either an automated call-back system or staff identified and dedicated to staff notification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Staff can receive warnings from the Digital Emergency Alert System by either voice or text messages on their wireless phones?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Facility keeps a current and updated list of staff that volunteer and are likely to be deployed during an emergency (NDMS, National Guard, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. The EMP takes into account staff backfill issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>COMMUNICATIONS</b>	
Command uses compatible radios for communications with local agencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Operations Center has a dedicated telephone trunk line?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Two-way radio communication (ex- walkie talkie) is available for all units and essential personnel?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Facility has access to communications on wheels (ex- COWS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facility has access to an amateur radio system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A backup communications system is in place in the event that the primary system fails?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If all technology-base communications fail, staff members who will serve as “runners” have been identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No

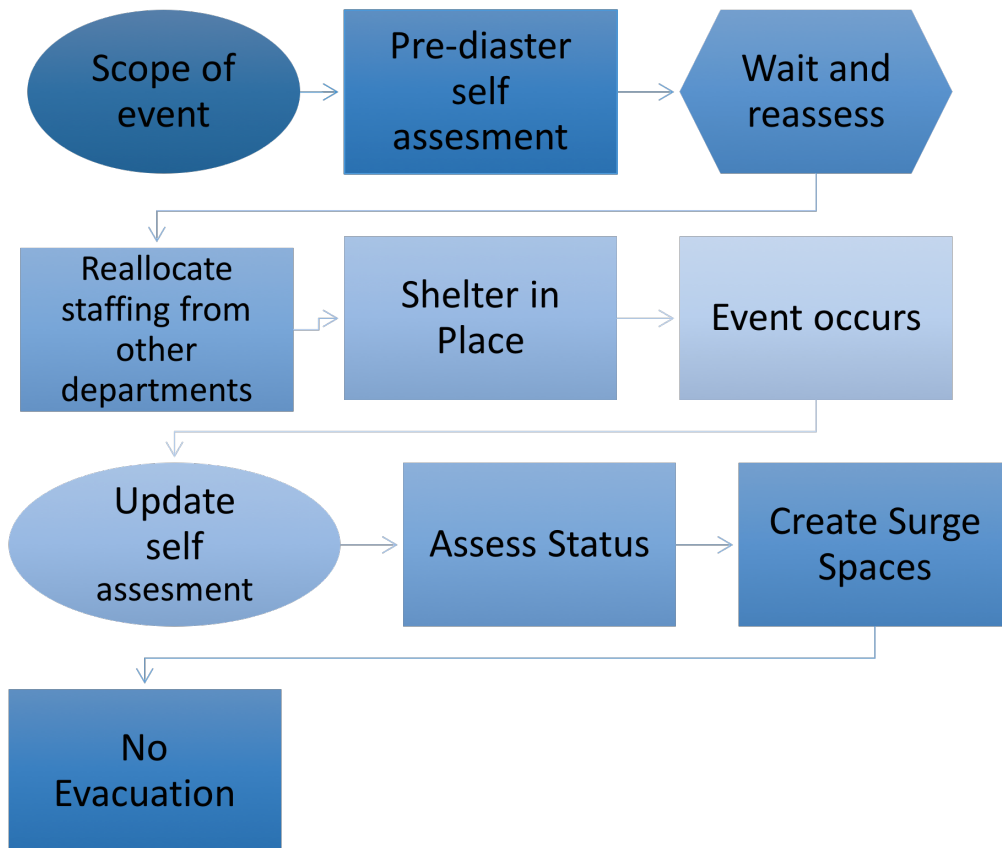
<b>INFORMATION MANAGEMENT/TELECOMMUNICATIONS</b>	
Essential information systems and data storage have offsite storage and recovery capabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Information management staff participate in facility emergency exercises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
System has protection from viruses and intentional attacks (hacking)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>PUBLIC INFORMATION AND MEDIA</b>	
Facility has a designated public information officer (PIO)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In the event of a multi-agency response, media activities will be coordinated through Joint Information Center (JIC)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. PIO has established relationships with counterparts in Public Health and emergency management agencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staff know where to and whom media inquiries are to be referred?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A site is designated for regular meetings with	<input type="checkbox"/> Yes

media?	<input type="checkbox"/> No
a. PIO has developed generic press releases about the facility and possible emergency conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. PIO has established relationships with local media?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The press conference location is outside the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Sample Decision Tree For Evacuations vs. Shelter in Place

(tailor decision tree according to your facility needs)





# Hospital Emergency Management & Disaster Preparedness Committee

		Details
A hospital emergency management/disaster preparedness committee exists and provides leadership and governance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. Committee is multidisciplinary? Which disciplines are represented?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Open meetings are held regularly? Frequency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Committee meeting minutes/action are available for review? Where?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d. Committee forwards critiques of all drills to appropriate services in a timely manner? Which services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e. Committee is knowledgeable of hospital "system" plans that could override local plans? What are these plans?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
f. Committee communicates with and/or cooperates with other hospitals in the community? Which hospitals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
g. Facility representative attends at least 75% of Local/Community Emergency Planning Committee meetings	<input type="checkbox"/> Yes <input type="checkbox"/> No	
h. Facility representative reports to governance of the hospitals on community planning, exercises and after-action reports	<input type="checkbox"/> Yes <input type="checkbox"/> No	
i. Facility participates in joint training exercises? With who?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## HOSPITAL COMMAND CENTER

A Hospital Command Center (HCC) is fully operational and integrated into local/county emergency planning and operations.	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In the HCC, telephone numbers are available for:	
i. Local health department	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. State health department	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. Local FBI held office	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv. CDC Emergency Preparedness office	<input type="checkbox"/> Yes <input type="checkbox"/> No
v. Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. HCC Is equipped with:	
i. Telephones	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Satellite phones	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. Fax	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv. Two way radios	<input type="checkbox"/> Yes <input type="checkbox"/> No
v. Generator	<input type="checkbox"/> Yes <input type="checkbox"/> No
vi. Maps of hospital	<input type="checkbox"/> Yes <input type="checkbox"/> No

vii. Maps of local area	<input type="checkbox"/> Yes <input type="checkbox"/> No
viii. Bullhorns	<input type="checkbox"/> Yes <input type="checkbox"/> No
ix. Flashlights	<input type="checkbox"/> Yes <input type="checkbox"/> No
x. Copy of the emergency management plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. HCC is located in a secure location	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. An alternate HCC site exists and can be used if the primary facility is not accessible	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. HCC can maintain 24 hr operations for a minimum of 1 week	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. HCC can monitor local media	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Each section chief has a designated telephone line	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. The ICS command staff has an adequate, predefined communications system	<input type="checkbox"/> Yes <input type="checkbox"/> No

## MUTUAL AID AGREEMENTS

Facility has current mutual aid Memorandum of Understanding (MOUs) in place	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Memorandum of understanding (MOUs) are in place with:	
i. Law enforcement	<input type="checkbox"/> Yes

	<input type="checkbox"/> No
ii. Fire	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. Emergency medical services	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv. Public safety	<input type="checkbox"/> Yes <input type="checkbox"/> No
v. Military installations	<input type="checkbox"/> Yes <input type="checkbox"/> No
vi. Other local and regional healthcare facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
vii. Burn center	<input type="checkbox"/> Yes <input type="checkbox"/> No
viii. Red Cross	<input type="checkbox"/> Yes <input type="checkbox"/> No
ix. MMRS	<input type="checkbox"/> Yes <input type="checkbox"/> No
x. CERT	<input type="checkbox"/> Yes <input type="checkbox"/> No
xi. Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Memorandum of understanding (MOUs) are in place with:	
i. Portable MRI	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Portable CT Scan	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. Portable Dialysis	<input type="checkbox"/> Yes <input type="checkbox"/> No

iv. Generators	<input type="checkbox"/> Yes <input type="checkbox"/> No
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## Appendix A: HCP use of PPE



# Appendix B: CDC Facemask Do's and Don'ts

## Facemask Do's and Don'ts

For Healthcare Personnel

### When putting on a facemask

Clean your hands and put on your facemask so it fully covers your mouth and nose.



DO secure the elastic bands around your ears.



DO secure the ties at the middle of your head and the base of your head.

### When wearing a facemask, don't do the following:



DON'T wear your facemask under your nose or mouth.



DON'T allow a strap to hang down. DON'T cross the straps.



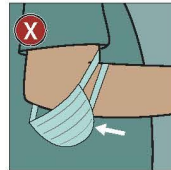
DON'T touch or adjust your facemask without cleaning your hands before and after.



DON'T wear your facemask on your head.



DON'T wear your facemask around your neck.



DON'T wear your facemask around your arm.

### When removing a facemask

Clean your hands and remove your facemask touching only the straps or ties.



DO leave the patient care area, then clean your hands with alcohol-based hand sanitizer or soap and water.



DO remove your facemask touching ONLY the straps or ties, throw it away\*, and clean your hands again.

\*If implementing limited-reuse: Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. Folded facemasks can be stored between uses in a clean, sealable paper bag or breathable container.

Additional information is available about how to safely put on and remove personal protective equipment, including facemasks:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>.



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[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

# Respirator On / Respirator Off

## When you put on a disposable respirator

Position your respirator correctly and check the seal to protect yourself from COVID-19.



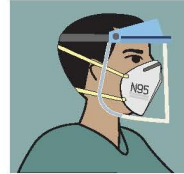
Cup the respirator in your hand. Hold the respirator under your chin with the nose piece up. The top strap (on single or double strap respirators) goes over and rests at the top back of your head. The bottom strap is positioned around the neck and below the ears.



Place your fingertips from both hands at the top of the metal nose clip (if present). Slide fingertips down both sides of the metal strip to mold the nose area to the shape of your nose.



Place both hands over the respirator, take a quick breath in to check the seal. Breathe out. If you feel a leak when breathing in or breathing out, there is not a proper seal.



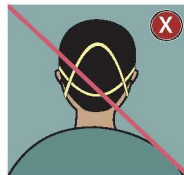
Select other PPE items that do not interfere with the fit or performance of your respirator.



Do not use a respirator that appears damaged or deformed, no longer forms an effective seal to the face, becomes wet or visibly dirty, or if breathing becomes difficult.



Do not allow facial hair, jewelry, glasses, clothing, or anything else to prevent proper placement or to come between your face and the respirator.



Do not crisscross the straps.



Do not wear a respirator that does not have a proper seal. If air leaks in or out, ask for help or try a different size or model.

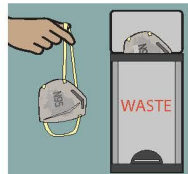


Do not touch the front of the respirator during or after use! It may be contaminated.

## When you take off a disposable respirator



Remove by pulling the bottom strap over back of head, followed by the top strap, without touching the respirator.



Discard in a waste container.



Clean your hands with alcohol-based hand sanitizer or soap and water.

Employers must comply with the OSHA Respiratory Protection Standard, 29 CFR 1910.134, which includes medical evaluations, training, and fit testing.

**Additional information is available about how to safely put on and remove personal protective equipment, including respirators:**  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>



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[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

## Appendix D: Mental Health and Psychosocial Support (MHPSS) Needs

Take the following steps to cope with a disaster and make this information available to employees, residents, and their family members:

- Take care of your body
  - Try to eat healthy well-balanced meals,
  - Exercise regularly
  - Try to get a good night's rest
  - Avoid alcohol, tobacco, and other drugs.
- Connect with others
  - Share your concerns and how you are feeling with a friend or family member.
  - Maintain healthy relationships and build a strong support system.
- Take breaks
  - Make time to unwind and remind yourself that strong feelings will fade.
  - Try taking in deep breaths.
  - Try to do activities you usually enjoy.
- Stay informed
  - Watch, listen to, or read the news for updates from officials.
  - Be aware that there may be rumors during a crisis, especially on social media.
  - Always check your sources and turn to reliable sources of information like your local government authorities.
- Avoid too much exposure to news
  - Take breaks from watching, reading, or listening to news stories. It can be upsetting to hear about the crisis and see images repeatedly.
- Seek professional psychological support if needed
  - If an employee is experiencing a difficult time at work, your SNF site should provide you access to a professional psychologist or counselor
  - If a resident is exhibiting signs of stress or loneliness, your SNF site should connect them with a psychologist or counselor and try to incorporate technology to allow them to interact with friends and family
  - In the event that a resident or staff passes away from COVID-19, it is important to acknowledge grief. Allow for virtual access to connect with your SNF community to allow time to grieve and heal.

**Stress during an infectious disease outbreak can sometimes cause the following:**

- Fear and worry about your own health and the health of your loved ones, your financial situation or job, or loss of support services you rely on.
- Changes in sleep or eating patterns.
- Difficulty sleeping or concentrating.
- Worsening of chronic health problems.
- Worsening of mental health conditions.
- Increased use of tobacco, and/or alcohol and other substances.

**Get immediate help in a crisis, facilities should be sure to post these resources for all employees and residents to see:**



- Call 911
- Disaster Distress Helpline 1-800-985-5990 (press 2 for Spanish), or text TalkWithUs for English or Hablanos for Spanish to 66746. Spanish speakers from Puerto Rico can text Hablanos to 1-787-339-2663.
- National Suicide Prevention Lifeline 1-800-273-TALK (8255) for English, 1-888-628-9454 for Spanish
- National Domestic Violence Hotline 1-800-799-7233 or text LOVEIS to 22522
- National Child Abuse Hotline 1-800-4AChild (1-800-422-4453) or text 1-800-422-4453
- The Eldercare Locator 1-800-677-1116
- Crisis Chat text: 8388255