
INTRODUCTION

Instructions

This document is a template of a hospital emergency operations plan (HEOP). This template is not intended to be a boilerplate document. This template is intended to assist your facility with the development of a healthcare-specific HEOP. It is intended to be used as a tool to guide and enhance the emergency planning process, which should include all stakeholders within the healthcare organization as well as external agencies and organizations.

Actionable instructions are in *italics*, and the examples that you should change to be specific to your facility are in **bold**. These items should be reviewed, then expanded, deleted, or modified as necessary to fit the needs of your organization.

There are elements that appear in *red italics* that reference elements of the National Incident Management System (NIMS) as recommended in the NIMS *Implementation Activities For Hospitals and Healthcare Systems* (Department of Homeland Security, NIMS Integration Center, September 12, 2006, NIMS Alert: 013-06). The NIMS items are also suggestions, but could enable your organization to develop a plan that could be coordinated more easily with the local government's emergency operation plan.

There are references in *blue italics* to standards and elements that may address certain Joint Commission emergency management standards. Please note that these are only recommendations. In planning committee, each **healthcare entity** is responsible for developing appropriate facility-specific HEOP documentation and independently decides whether its HEOP appropriately satisfies the standards and compliance references.

Please customize the template by using appropriate logos or seals. Do not forget to replace the term "**healthcare entity**," which is used in the template, with your organization's name.

Finally, please add acronyms and definitions into the glossary that reflect the relevant terms used by your organization and community.

Structure

The structure of this planning template will revolve around the following six concept areas:

- Communication
- Resources and assets
- Safety and security
- Staff responsibility
- Utilities
- Patient clinical and support activities

When structuring the HEOP, it is important to remember that healthcare emergencies vary greatly; however, their potential effects do not. This means that healthcare organizations can plan to deal with effects common to several hazards rather than developing separate plans for each hazard. For example, a tornado, flood, and hurricane can all force the evacuation of a hospital. Instead of developing three separate plans for each, hospital and healthcare organizations can develop an incident plan for patient evacuation, communications, resources, and staff responsibility.

II. Introduction

An emergency can happen at any time and could affect patients, staff members, visitors, a single building, or the entire community. This document is the **healthcare entity** Healthcare Emergency Operation Plan (HEOP). Staff members, patients, and visitors can be easily confused and stressed during an emergency within a healthcare setting. To prevent additional stress, initial activation and implementation of the emergency plan should always be handled in a calm, consistent manner. Efficient implementation of the plan will provide a clear direction, responsibility, and continuity of control for key staff members and administrators.

Purpose

EM.02.01.01, EP 1

The purpose is a general statement of the function of the HEOP. It should be supported by a brief synopsis of the basic plan, the functional annexes, and hazard-specific appendixes.

Healthcare entity is a patient-centered health system concentrating on the provision and coordination of health services to the people of **geographic location of healthcare entity**. The healthcare system seeks to improve the health of the people we serve, to provide quality services at a reasonable cost, and to provide access to residents in need regardless of their ability to pay. Consistent with this strategy, the board of trustees, the medical staff, and the healthcare system administration have established and provided support for a HEOP.

The purpose of the HEOP is to establish guidelines for an effective response to any event that may pose an immediate danger to the health and safety of the healthcare system's patients, staff, and visitors. The HEOP identifies several processes that are designed to respond to situations that are most likely to disrupt normal operations of the healthcare system. Each designed process ensures a high probability that resources for the continuation of patient care during an emergency will be available and accessible.

The overall plan establishes an emergency organization to direct and control operations during the emergency situation by assigning responsibilities to specific entities. All essential entities are to use any and all available resources when mitigating against, preparing for, responding to, and recovering from a natural or man-made emergency.

Plan Elements

EM.02.01.01, EPs 1 and 2

This plan consists of the basic plan, the appendixes, and the incident annexes. The basic plan provides an overview of the **healthcare entity** approach to emergency response and operations. It explains the policies, organization, and tasks that would be involved in response to an emergency. The appendixes give definition to the terms and acronyms used throughout the basic plan and are the location for any supporting figures, maps, and forms. The incident annexes focus on any additional special planning or response needs beyond the basic response plan for particular event scenarios.

Situational Objectives and Hazard Vulnerability Analysis

EM.01.01.01, EPs 1–6

The situational objectives set the stage for planning. They should be based on the healthcare organization's HVA. The situational objective section typically includes a characterization of the healthcare organization and the probability and impact of the hazard, as well as resource dependencies on other organizations.

Based on the annual HVA, the **healthcare entity** has reviewed and, as part of the HEOP development process, will use the information gathered from the HVA to complete the following objectives:

- Provide a framework for the management of internal or external emergencies, whether actual events or exercises, encompassing the following six critical areas of emergency management:
 - Communication
 - Resources and assets
 - Safety and security
 - Staff responsibilities
 - Utilities management
 - Patient clinical and support activities
- Evaluate potential emergency scenarios, using an “all hazards” concept, with consideration for mitigation, preparedness, response, and recovery.
- Provide training to healthcare system staff members that identifies their roles in the HEOP.
- Work cooperatively with **city of healthcare entity**, **county of healthcare entity**, and **state of healthcare entity** to ensure integration of community emergency management with that of the healthcare system and with state rules. *(EM.01.01.01, EP 4)*
- Recommend appropriate equipment, supplies, space utilization, and training requirements to the leadership of the healthcare system.
- Provide a minimum of two emergency management exercises per year (an actual activation may count as one of these).
- Provide a mechanism for documentation and evaluation of each disaster plan implementation and response. Results shall be used to identify opportunities for improvement in the planning process, the HEOP, staff training, and/or the resources available during emergencies.
- Record, analyze, and act on problems, failures, and user errors observed during implementation of the plan. The findings shall be forwarded to the environment of care (EOC) committee and/or disaster committee for inclusion in an action plan for the ongoing development of the emergency management program.
- Collect appropriate performance data during implementation of the plan and during routine safety evaluations. The data shall be used to improve emergency management program performance, planning, response, mitigation, and staff training.
- Conduct an annual evaluation of the objectives, scope, performance, and effectiveness of the emergency management program and HEOP and report the findings of that evaluation to the EOC committee and/or disaster committee.

HVA Summary Sample	
Hazard	Significance ranking
Natural	
Hurricane	None/limited/moderate/significant
Tornado	None/limited/moderate/significant
Severe weather	None/limited/moderate/significant
Wildfire	None/limited/moderate/significant
Conflagration	None/limited/moderate/significant
Resource shortage	None/limited/moderate/significant
Earthquake	None/limited/moderate/significant
Flood	None/limited/moderate/significant
Human-caused	
Terrorism	None/limited/moderate/significant
Criminal activity	None/limited/moderate/significant
Internal threat assessment	None/limited/moderate/significant
Pandemic	None/limited/moderate/significant
Mass casualty	None/limited/moderate/significant
Civil unrest	None/limited/moderate/significant
Chemical incident	None/limited/moderate/significant
Radiological incident	None/limited/moderate/significant
Biological incident	None/limited/moderate/significant
Explosive incident	None/limited/moderate/significant
Nuclear incident	None/limited/moderate/significant
Communication failure	None/limited/moderate/significant
Infrastructure failure	None/limited/moderate/significant

Hazard indexes and vulnerability assessments for moderate and significant risk events were developed for **healthcare entity**. The hazard indexes evaluated the extent to which the buildings were at risk from a particular hazard. The vulnerability assessments estimated the potential effects if a particular area was affected by a specific hazard. These assessments are described in the **healthcare entity HVA** (see Appendix 1).

Assumptions

EM.02.01.01, EP 4

Assumptions describe things that are assumed to be true that directly affect the execution of the HEOP; assumptions describe the limitations of the HEOP and provide a basis for improvisation and modification.

Facility maps should be included in the appendix to help further identify features or hazards identified in this section.

Assumptions are what the planning team assumed to be fact for planning purposes. During operations, assumptions indicate areas where adjustments to the plan have to be made.

This template encourages the development of a plan that is based on the hazards principle that states most emergency response functions are similar regardless of the hazard.

- The total number of staff members at **healthcare entity** is approximately xxxx.
- **Number of licensed beds.**
- **Average daily census.**
- **Specialty units (e.g., neonatal ICU, burn unit).**
- **Special capabilities (e.g., helicopter, ambulance service).**
- The emergency manager will mobilize resources and personnel as required by the situation.
- Effective assessment and planning reduce the impact of emergencies on the quality of patient care.
- Most emergencies are managed by developing a redundant set of resources to mitigate the anticipated impact.
- Many types of emergencies are identified from past organizational or community experiences. The experiences provide a baseline of likely potential threats.
- Hospital/healthcare facilities, clinic buildings, operational space, personnel, supplies, communications, and other resources are affected by the emergency.
- On-duty staff members may be unable to maintain essential services.
- Emergency conditions may require modification of normal patient care routines. These conditions may require the health system to discontinue services, divert regional patient transfers, initiate facility evacuation, discharge patients, or initiate surge capacity programs.
- Periodic exercises are an essential element in maintaining health system staff awareness of emergency procedures and for evaluating the effectiveness of plans.
- Scheduled exercises and/or actual implementation of the HEOP provide opportunities to observe staff performance and to identify potential areas of improvement.
- The healthcare system's return to normal operations after an emergency occurs may take days, weeks, or months, depending on the type of emergency.
- Business and clinical recovery plans are essential components of the HEOP.