



# Fairfax County Government



## Emergency Planning Guidance for Medical and Patient Care Facilities

This guidance is designed to provide facilities with information that stimulates emergency preparation assessment planning discussions with key personnel in medical and patient care facilities. These facilities can be hospitals, specialized nursing facilities, assisted living residences and home care agencies. Although the guidance is divided into sections, many of the items overlap and may be grouped in a different manner according to the organization and operation of the individual facility. Some of the items may not apply to specific facility types. This guidance is designed to supplement the planning requirements for disaster preparedness set forth in the Virginia Administrative Code regarding these types of facilities. This guidance in no way replaces information sent from the Virginia Department of Health nor should its completion infer that a facility is completely prepared for disasters. This Assessment and Action Plan blocks can be used by a facility to determine its current state of readiness and future actions needed.

It is strongly encouraged to include local government agencies into a facility's emergency planning process. For more information, please refer questions to the Fairfax County Office of Emergency Management at [OEM@fairfaxcounty.gov](mailto:OEM@fairfaxcounty.gov) . To request this information in an alternate format, please contact the Office of Emergency Management at (703) 324-2362, TTY 711

1. Basic Considerations	Assessment	Action Plan
A. Does the facility have an emergency or disaster plan?		
B. Is the plan widely distributed and readily available throughout the facility? Distribution should include hard copies of the plan or an automated method that is readily available to all staff members.		
C. Is there a disaster planning committee? Is it multidisciplinary and include administrative members?		
D. Does the plan detail actions to be taken for both internal and external disasters?		
E. Is there currently a collaborative relationship with the Fairfax County Fire and Rescue Department, Office of Emergency Management and the County Health Department as part of the planning operation?		
F. Does the plan detail how it links with the local ambulance and/or transport services, the Fire and Rescue Department, the Health Department and the Office of Emergency Management?		
2. Identification of Authorized Personnel	Assessment	Action Plan
A. Is there an individual designated as a disaster coordinator or someone who will be in charge in case there is an emergency on a 24hour per day basis?		
B. Has the facility designated a medical representative who will be responsible for the facility's medical responses during the time the plan is activated?		



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C. Have other key position holders who have a role in disaster management been identified?		
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?		
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. Does the plan designate how people will be identified within the facility (e.g., staff, outside supporting medical personnel, news media, clergy, visitors)?		
I. Can staff gain access to the facility when called back on duty?		
J. Is there designation of assembly points to which all personnel report and does it change if staff are involved in patient care or have administrative responsibilities?		
<b>3. Activation of the Plan</b>	<b>Assessment</b>	<b>Action Plan</b>
A. Does the plan specify the circumstances under which the plan can be activated?		
B. Does the plan stipulate the primary management position holder who has the authority to activate/deactivate the plan including nights, weekends, and holidays?		
C. Has the activation process been established and have roles been outlined? This should include: staff notification, accessing available resources/equipment and essential supplies, preparation of patients/residents, and notification of alternative facilities.		
<b>4. Alerting System</b>	<b>Assessment</b>	<b>Action Plan</b>
A. Does the plan provide for activation hours during normal as well as off hours including weekends and holidays?		
B. Does the plan specify how notification within the 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 hospital/healthcare facility?		
D. Does the plan detail responsibility to initiate a system for recalling staff back to duty?		



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E. Does the plan provide for alternative systems of notification that considers people, equipment, and procedures?		
F. Does the plan provide mechanisms to alter staffing levels according to their skill levels and availability?		
<b>5. Response</b>	<b>Assessment</b>	<b>Action Plan</b>
A. Has the facility developed internal disaster plans for internal emergencies?		
B. Has the facility developed internal plans to respond to an external disaster?		
C. Has the facility developed plans indicating how it will, if applicable, be able 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?		
D. Is there provision for alternative communication arrangements in the event the facility communication system fails or is overloaded?		
E. Have alternate communication networks been established and tested that will maintain communication between the facility and the local government agencies (Office of Emergency Management, Health Department and/or Fire and Rescue Department)?		
F. Have provisions been designated (e.g., space, equipment, communications) for extra people who may come to the facility to provide services (e.g., volunteers and outside agencies) should assistance be requested by the local, or federal agencies responding for disaster assistance?		
<b>6. Security</b>	<b>Assessment</b>	<b>Action Plan</b>
A. Does the facility have the ability to lock down so entry and exit to all parts of the facility can be controlled? Has this process been tested?		
B. Have steps been taken to minimize and control points of access and egress in buildings and areas without utilization of lock down 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?		



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E. Does the facility have the ability to communicate with individuals immediately outside the facility in the event lock down is initiated?		
F. Does the plan designate how people will be identified within the facility (e.g., staff, outside supporting medical personnel, news media, clergy, visitors)?		
G. Can staff gain access to the facility when called back on duty?		
H. Is there designation of assembly points to which all personnel report and does it change if staff are involved in patient care or have administrative responsibilities?		
I. Does the facility security plan recognize the extent of the security problems for the individual facility? These considerations include the uniqueness of the physical plant, geographic location, entrances, etc.		
J. Does the facility have an established process to credential healthcare workers from outside the individual network in order to facilitate safe and qualified patient care?		
<b>7. Communication Systems</b>	<b>Assessment</b>	<b>Action Plan</b>
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 facility communication system fails/overloads (e.g., unlisted numbers, pay phones, walkie-talkie sets)?		
C. Is there an organized runner, messenger system as back-up for communication system and power failures?		
D. Has the facility established communication networks with the local Health Department, Fire and Rescue Department and/or the Office of Emergency Management?		
<b>8. Resources and Evacuation Criteria</b>	<b>Assessment</b>	<b>Action Plan</b>
A. Has the facility identified and made available the resources/equipment to move patients/residents from the building? Does this include when elevators are not in operation?		
B. Are these resources stored in a clearly identifiable location for easy access by staff when necessary, including night, weekends and holidays?		
C. Has there been staff training on equipment use?		



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D. Is there a process for identifying residents who might need the equipment to safely evacuate, including method of identification, location of list for easy access by staff when needed, and frequency of review to assure its current status?		
E. Is there periodic inventory of the equipment to assure its availability and proper functioning when needed?		
<b>9. Facility Evacuation</b>	<b>Assessment</b>	<b>Action Plan</b>
A. Is there an organized discharge routine to handle large numbers of patients upon short notice?		
B. Has provision been made for the movement of patients and staff to an immediate area of safe refuge within the facility in the event the area must be evacuated or staff and patients relocated?		
C. Have agreements been made with other healthcare facilities for the relocation of patients should the facility be unable to support patient care?		
D. Have satellite locations been pre-determined and confirmed for the housing of patients and staff in the event of an evacuation?		
E. Is there a written, mutual assistance partnership agreement (memorandum of understanding, contract or similar document, available?		
F. Have transportation requirements been pre-designated for the movement of people?		
G. Have transportation resources been identified for patients that must be moved in hospital beds, on ventilators, and connected to specialized equipment? Are there backup or secondary transport resources?		
H. Is there a copy of written documentation confirming the commitment of primary and secondary transport resource availability when needed?		
I. Has provision been made for the movement of patient records and documents? Is there a process to assure security and confidentiality of those records until return to facility?		
J. Are there procedures in place for the identification and preparation of resident/patient specific treatment supplies for transport/evacuation?		
K. Is there a procedure to assure the secure transport and receipt by the receiving facility of a 3 day supply of controlled substances?		



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L. Is there a time sequence built into the plan designating appropriate moving times, assigned personnel including professional staff assignments, and priority of patients when moving to specific locations?		
M. Is there a sequence for patient transfers along pre-established routes?		
N. Are procedures established for the orderly disposition of patients to their homes, if applicable?		
O. Is there a process to verify that all residents rooms, offices, rest rooms, maintenance and kitchen facilities have been evacuated and visually documented?		
<b>10. Patient Tracking/Family Notification</b>	<b>Assessment</b>	<b>Action Plan</b>
A. Is there a position designated with responsibility for tracking patients/residents arrival to designated evacuation site?		
B. Have plans been made for the notification of family members/guardians of residents/patients of evacuation status and location?		
C. Is there a process to ensure a well organized return to the facility after the emergency has ended, including tracking to assure all residents have returned safely?		
<b>11. Government Agency Notification</b>		
A. Is there a plan in place for the notification/alerting of appropriate governmental agencies for the decision to evacuate?		
B. Has the process for notification been fully tested and operational?		
C. Have contact points for the Office of Licensure and Certification, the local ombudsman, the local Office of Emergency Management, Fire and Rescue Department, Police Department and Health Department been identified and included in the plan?		
<b>12. Facility Out of Communication or Cut Off From Resources</b>	<b>Assessment</b>	<b>Action Plan</b>
A. Has provision been made for immediate refuge, care, and comfort for the patients and staff on the facility grounds during inclement and winter weather?		
B. In the event the hospital/healthcare facility is completely out of communication or cut off from resources, has the plan incorporated processes for:		



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1) Auxiliary power (including testing of generators to ensure operational capability)		
2) Rationing of food and water		
3) Waste and garbage disposal		
4) Rest and rotation of staff		
5) Rationing of medication and supplies		
6) Laundry		
7) Staff and resident patient morale		
C. Has consideration been given to utilization of patients and visitors to assist staff with duties?		
<b>13. Post Disaster Recovery:</b>	<b>Assessment</b>	<b>Action Plan</b>
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		
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		



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3) Group/Individual counseling services		
4) Family Support Program		

Notes and Remarks: