

Appendix 1: Hospital Disaster Preparedness Self-Assessment Tool

<b>Hospital Disaster Preparedness Self-Assessment Tool</b>			
Hospital:	King Fahad Medical City		
Address:	P.O.Box 59046		
City: Riyadh,	State:	Zip 11525	
Telephone	00966 11 288 9999		
Hospital Leadership			
Administrator/CEO name and title:	Dr. Fahad ALGhofaili		
Office Telephone Number:	10022		
Fax Number:			
E-Mail:	falghofaili@kfmc.med.sa		
Disaster Planning Manager name and title:	Dr. Housam Adin Al Harastani for: 11 years and/or months		Position held
Department:	Disaster Management Part-time <input type="checkbox"/> Yes <input type="checkbox"/> No		Full-time <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Office Telephone Number:	29540	Fax Number:	
E-Mail:	halharastani@kfmc.med.sa		
Person Completing Survey:	Kyoung Lan Bae Freiha		
Name and Title:	Senior Clinical Audit Specialist		
Department:	Clinical Audit		

Office Telephone Number:	10281	Fax Number:	
E-Mail:	kfreiha@kfmc.med.sa		
Secondary Contact for Survey:	Shirley Sierra		
Name and Title:	Secretary Disaster Management		
Department:	Disaster Management		
Office Telephone Number:	29581	Fax Number:	
E-Mail:	ssierra@kfmc.med.sa		

## PART ONE—HOSPITAL PROFILE

<b>Hospital Name</b>	<b>Total Licensed # of Beds (NDMS definition)</b>
King Fahad Medical City	900

<b>Hospital Staffing</b>	
Clinical	4199
Non Clinical	3557
Licensed Practitioners	4815
Residents (if teaching hospital)	587
<b>TOTAL HOSPITAL STAFF</b>	<b>7,676</b>

## Non-hospital based (Satellite) Clinics and Staffing

Number of Clinics	286
Clinic Staff	270
Full Time Staff	7676
Contract Staff	66

Facility is located:	<input type="checkbox"/> As part of a medical center/medical school <input type="checkbox"/> Stand-alone, in a civilian community <input type="checkbox"/> Part of a regional hospital system <input checked="" type="checkbox"/> Part of a national hospital chain <input type="checkbox"/> Military
JCI Accreditation:	Passed 3 <sup>rd</sup> time

Facility is a National Disaster Medical System (NDMS) member.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, site of Federal Coordinating Center (FCC):	

Facility is located in a Metropolitan Medical Response System Region:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
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Facility has an on-site heliport/helipad	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Capacity of helipad:	Weight: It depends on the location, wheather and temperature  Number of pads: 2	
Lighted:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  -Lighted: OPD bldg. 8 <sup>th</sup> Floor  -Not Lighted: G	
Access:	1 access per helipad	
Support:	Fire, Safety, Security and EMS	
How is it coordinated?	Thru EMS hotline	
Temporary heliport/helipad?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Landing zone is maintained by:	In accordance to Saudi aviation office guidelines and maintained by Environmental Safety Administration	
Crash response provided by:	EMS, Safety, Fire, Traffic and Security	
Hospital response team	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Local Fire Department	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Don't know	<input type="checkbox"/>	

## CURRENT PATIENT CARE CAPACITY

	<b>LICENSE D BED CAPACIT Y</b>	<b>AVERAG E STAFFED BEDS</b> <small>(Average beds actually in use and staffed in last 6 months)</small>	<b>BEDS WITH NEGATIV E AIR FLOW</b> <small>(For use in respiratory isolation)</small>	<b>MONITORE D BEDS</b> <small>(Beds equipped with cardiac and vital signs monitors)</small>	<b>VENTILATOR S</b> <small>(Number of ventilators in each unit) Owned or rented</small>	<b>SURGE CAPACITY</b> <small>(Number of additional beds that can be staffed &amp; equipped w/in 12 hours)</small>	<b>Negativ e Pressur e Beds/ Isolatio n</b>
<b>CCC</b>	92	88	0	14	0	4 (blocked)	0
<b>NNI</b>	147	126	10	39	14	16 8 in Acute Stroke Unit 8 in High Dependenc y Unit 1 in Peads HDU	10
<b>KSHC</b>	115	115	6	53	38	0	6
<b>OEMC</b>	10	5	0	0	0	0	0
<b>Main Hospita l</b>	180	180	22	42	35	9	22
<b>CSH</b>	183	179	1	160	44	10	10
<b>WSH</b>	85	85	0	0	0	0	5
<b>Rehab Hospita l</b>	88	88	0	0	0	4	1

# OTHER HOSPITAL CAPACITIES

Laboratory	Lab Bio-Safety Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4															
	Laboratory volume per hour that stimulates additional/urgent staffing plan: better to remove this one. No one could answer															
Trauma Level Designation: (KFMC is Non-Trauma Center)	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V (check one) Certified by <input type="checkbox"/> ACS <input type="checkbox"/> State															
Ambulance/EMS	Does hospital lease or own ambulances? Own Ambulances Ground or air? Ground															
Morgue	Capacity:															
Transportation*	List types and number of vehicles facility owns/operates for patient transport (not including EMS rigs): Total of 7 (3: Type 2 "Basic Ambulance"/ 3: Type 3 "Advance Ambulance"/ 1 van for emergency response)															
Portable cardiac monitors	423															
Portable X-ray	21															
Portable sonograms	63															
Portable ventilators	53															
Inclusive of disposable	N.A															
Automatic resuscitation devices	220															
Total number of ventilators	259															
Average % of ventilators in use within last 6 months	1054 (Number of Ventilators Regardless of the Brand 165)															
Radiation therapy	<table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">2017</td> <td style="text-align: right;">2018</td> </tr> <tr> <td>(Jan-Sep)</td> <td></td> <td></td> </tr> <tr> <td>New patients</td> <td style="text-align: center;">1834</td> <td style="text-align: right;">1472</td> </tr> <tr> <td>Follow up</td> <td style="text-align: center;">12927</td> <td style="text-align: right;">9725</td> </tr> <tr> <td>Treatments</td> <td style="text-align: center;">19701</td> <td style="text-align: right;">14635</td> </tr> </table>		2017	2018	(Jan-Sep)			New patients	1834	1472	Follow up	12927	9725	Treatments	19701	14635
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**EMERGENCY MANAGEMENT PLANNING**

<b>Emergency Management Plan</b>	<b>Date of current EMP: June 3, 2018</b>
<b>Emergency Department Capacity</b>	a. Average daily ED visits: 250
	b. Actual number of pre-printed disaster (MC) patient charts on hand:30
	c. What causes the disaster plan to be activated? <b>Need more resources.</b>
	d. How is plan communicated and/or distributed? <b>Intranet/Hardcopy in all department</b>

**SAFETY AND SECURITY**

<b>Safety and Security</b>	Hospital security is provided by: KFMC Department of Security
	Number of full-time and part-time security personnel: 243
	In-house: Full-time <input checked="" type="checkbox"/> Part-time
	Contract: Full-time                      Part-time                      NA
	Armed police force: Full-time                      Part-time NA
	Non-armed security force: Full time                      Part-time NA
	On duty 24 hours/ 7 days per week in ED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

## LOGISTICS AND FACILITIES

<b>Emergency Power</b>	<p>a. Emergency power duration is                    hours. <u>We tested our generators 30 mins. Every month.</u></p> <p>b. Emergency power generation capability is: <u>Attached the GENSET specification list.</u></p> <p>c. Emergency power generator is located: (physical location)  <input checked="" type="checkbox"/> At grade   <input type="checkbox"/> Above grade   <input type="checkbox"/> Below grade</p> <p>d. Emergency power generator was last tested: Monthly test</p> <p>e. How often is it tested? Monthly</p> <p>d. Do you have:     <input type="checkbox"/> None                    <input checked="" type="checkbox"/> Partial Load of Operations  <input type="checkbox"/> Full Load of Operations</p> <p>e. How long can it be run without refueling? Daily tank for 16hours, outside tank for 1 week</p> <p>f. Does it power only Life Safety? <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</p> <p>g Does it power Life Safety and full facility? <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</p> <p>h. Does it power elevators? <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>i. Does it power the critical branches? <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>j. Load shed? Yes. The generator runs automatic by ATS</p> <p>k. Preservation of food? Connected with emergency source</p>
<b>Water Supply</b>	<p>a. Source of facility water is: <input checked="" type="checkbox"/> community   <input type="checkbox"/> facility</p> <p>b. Secondary source of water if primary source is cutoff: <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No Capacity:</p> <p>c. Can you attach non-potable water to your facility? <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</p>
<b>Fuel</b>	<p>a. Facility has 30 days of fuel on-hand.</p> <p>b. How does the facility get additional fuel? no</p> <p>c. How long can boilers run? 24/7</p> <p>d. What is the amount of time (in hours) that boilers can operate w/o refueling? Cannot work without fuel.</p>



## FACILITY READINESS

<b>Respiratory Protection Equipment Status</b>	a. Percent of total clinical staff with fit-testing for N95 or N99 respirators annually: 63%
	b. Percent of non-clinical staff with fit-testing for N95 or N99 respirators annually: None
	c. Quantity of powered air purifying respirators: None
<b>Disaster Readiness Training</b>	a. Percent of total staff who have completed disaster response/preparedness training: 100%
	b. Percent of medical staff who have completed disaster response/preparedness training: 100%
	c. Percent of nursing staff who have completed disaster response/preparedness training: 100%
	d. Percent of total staff who have trained with facility's own disaster plan: 28.3%
	e. Percent of medical staff who have trained with facility's own disaster plan: 4.4%
	f. Percent of nursing staff who have trained with facility's own disaster plan: 67.4%

# PART TWO—ANALYSIS OF CRITICAL PREPAREDNESS FACTORS

<b>Legend: SECTION</b>		
<b>SUB-SECTION</b>		
	<b>CRITICAL PREPAREDNESS FACTOR (numbered)</b>	<b>ANALYST NOTES</b>
	19. Facility has MOU's with local EMS for patient transport.	We don't need such MOU as KFMC has its own EMS
	31. Facility can manage emergency decontamination of 4 patients without outside resources or equipment that must be constructed to be deployed.	No decontamination area equipped in KFMC.
	32. A trained patient decontamination team exists and is trained to OSHA levels with NIOSH approved equipment.	No decontamination area equipped in KFMC.
	35. Surveillance is coordinated with local and/or state public health agencies, quarterly.	Not quarterly
+	44. Pharmacy maintains a stockpile of antidotes including Mark I kits - Sodium thiosulfate, Sodium nitrate, Amyl nitrate	- Antidote replaced by hydroxytes are available on the shelf not as kit. - All three items are replaced by hydroxyl cobalamine
or		
-	45. Pharmacy monitors daily medication usage and compares current daily usage with usage on same date for previous 5 years.	Not done per the same date for the previous year. The utilization is monitored on monthly basis and we compare the average weekly and monthly utilization. We may need to refer this query to supply chain if they are doing it.
	46 c. MOU exists for community wide sharing of pharmaceuticals.	Not exist
	48. Adequate plans are in place for management of fatalities.	No CPP/Plan
	49. An evidence preservation plan is in place and includes procedures for clinical and security staff.	Not there
	77. Command uses compatible radios (e.g. 800 mhz) for communications with local agencies.	Not there
	80. Facility has access to communications on wheels (COWS).	Not there

83. If all technology-based communications fail, staff members who will serve as 'runners' have been identified.	Not applied in all areas yet
90. PIO and leadership are trained in risk communication skills.	Not assigned yet
93. Hospital staff complete annual training/education in CBRNE.	Not there
95. Drills/exercises take place on all shifts, on all units and include all facility departments.	Not all
97. All ED personnel participate in at least twice-annual mass casualty exercises.	Not all
<b><i>SUB-FACTORS (lettered)</i></b>	
3.b. HCC is equipped with: Generator, Bullhorns, Flashlight	Generator, bullhorns, flashlights are not available in HCC
5.a. Memorandum of Understanding (MOUs) are in place with: (Law enforcement, Fire, EMS, Public Safety, Military installations, Burn Center, Metropolitan Medical Response System, Computer Emergency Response Team)	MOUs with many external agencies are not in place.
5.b. Memorandum of Understanding (MOUs) are in place for: (Portable MRI, Portable CT, Portable Dialysis, Generators)	MOUs with many internal departments are not in place.
6.g. Facility representative attends at least 75% of Local/Community  Emergency Planning Committee. meetings.	Note conducted frequently
6.h. Facility representative reports to governance of the hospital on  community planning, exercises and after-action reports.	Not done
12.b. It has been tested.	Not tested
12.c. There is a method to track resources.	Not tested
16.b. Medical and support staffing plans are in place.	Not there
16.c. Supplies and pharmacy delivery has been addressed	Not there
17.a If facility does not own vehicles, it has an MOU to rapidly obtain vehicles for patient transport	KFMC has vehicles
17.b MOU exists with secondary or backup vendor if primary vendor is unavailable.	KFMC has vehicles

18.a Facility pre-credentials and trains volunteer professionals (i.e., clinical staff, retired physicians, nurses and others).	Not there
18.b Facility participates in either a regional or national emergency responder credentialing system.	Not there
19.a. EMS staff is familiar with facility EMP.	We don't need such MOU as KFMC has its own EMS
19.b. EMS staff has participated in facility EMP exercise.	We don't need such MOU as KFMC has its own EMS
22.a. Antidotes include: (BAL (Dimecaprol), Potassium Iodide)	All emergency drugs and antidotes should be there.
22.b Drugs include: (Silvadine, Dimerol)	All emergency drugs should be there.
22.d. Memorandum of Understanding (MOU) with the regional Poison Control Center.	Not done
26.b. Area is weather-proof.	Not available
26.c. Area is temperature controlled.	Not available
28.a. If casualty tracking is automated, facility has a back-up method in the event the automated method fails.	Casualty tracking is not automated
28.c. Facility can track patients that are transferred to another local facility.	Not 100%
28.d. Facility can track patients that are evacuated out of the community.	Not 100%
30.b. Re-certification training for identified staff is accomplished annually.	Not adopted yet
31.b. Water supply includes hot and cold.	Not there
31.c. A trained decontamination team exists and is trained to OSHA levels with NIOSH approved equipment.	No decontamination area equipped in KFMC.
31.e. Facility has access to a portable decontamination unit that is accessible and operational within minutes. How many?	No decontamination area equipped in KFMC.
31.h. Procedures are in place to insure proper control of weapons or ammunition found on patients undergoing decontamination.	Not there
32.a. Decontamination team has executed full exercise of process in last year.	No special decontamination team equipped in KFMC.
32.d. An individual is charged with upkeep and maintenance of the decontamination unit and inspections are completed regularly.	No special decontamination team/unit equipped in KFMC.
32.e. There is a plan for capture of runoff for environmental protection and evidence collection.	Not there
33.a. Procedures are in place to monitor employee absenteeism on a daily basis	Not there
42.c. Mental health services are represented on the Emergency Management Planning Committee.	Not in detail

46.c. MOU exists for community wide sharing of pharmaceuticals.	Not exist
48.c. Morgue/mortuary services staff are trained for surge.	Need training for disaster solution
48.d. In cases where remains are infectious, contaminated or evidence, the fatalities management plan addresses the cultural and religious needs of survivors.	No plan
48.e. Extra storage areas have been designated within the facility.	Not there
48.f. EMP includes participation in a community morgue surge plan.	No plan
49.a. A procedure exists to notify staff that a concurrent criminal investigation is occurring.	Not exist
49 b. Evidence collection and containers are available including: 55 gallon drums for liquids and runoff Re-sealable plastic bags for biohazards and powders Brown paper bags for potential gunpowder recovery.	Not available
49 c. Staff is trained in evidence collection procedures.	Not all
49 d. A procedure is in place to maintain chain of custody of potential evidence.	Not exist
67 a. Food Service surge plan has been exercised in last 12 months.	Not there
67 b. Food Service is included in facility's emergency exercises.	Not there
70 b. MOU exists with secondary or backup vendor if primary vendor is unavailable.	Not exist
71 a. HVAC shutdown has been exercised in past year.	No exercise
73 b. MOU exists with secondary or backup vendor if primary vendor is unavailable.	Not exist
76 e. Staff can receive warnings from the Digital Emergency Alert System by  either voice or text messages on their wireless phones.	Not activated
76 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.)	Not there
87 b. PIO has established relationships with counterparts in Public Health and emergency management agencies.	Not yet
89 a. PIO has developed generic press releases about the facility and possible emergency conditions.	Not there
89 b. PIO has established relationships with local media.	Not assigned yet

	89 c. The press conference location is outside the facility.	It is inside (administration building)
	90 b. Specific spokespersons have been identified for specific events.	Not assigned yet
	93 a. Emergency Department staff receive at least twice-annual training on response to Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE) events.	Not applied yet
	93 b. All other clinicians receive annual CBRNE training.	Not all
	93 c. All non-clinicians receive annual CBRNE/emergency preparedness training	Not all
	93 d. All clinicians receive annual blood-borne pathogens training.	Not all
	94 d. Facility participates in at least one community-wide exercise per year.	Not included
	100 b. Analysis was conducted by an external agency in coordination with the community and received community input.	By KFMC - DMD

## Section 1. LEADERSHIP AND GOVERNANCE

### LEADERSHIP SUCCESSION AND CONTINUITY OF OPERATIONS

	<b>1. Facility has a leadership succession plan (LSP)</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	a. Facility has a continuity of operations plan (COOP). <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	b. Has COOP been exercised in last 6 months? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	c. If no, when was the last time it was exercised?	
	d. Facility has a business continuity plan <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	e. What are the 3 priority functions restored first?	ER, Electricity, Security and Safety
	f. There is a mechanism to track the use of financial resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>INCIDENT COMMAND SYSTEM</b>		
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	<p><b>2. An Incident Command System (ICS) or Hospital Incident Command System (HICS) is in place.</b>  <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	
	<p>a. ICS is exercised at least twice annually. <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No   Last exercised:</p>	
	<p>b. ICS is coordinated by a Unified Command Structure coordinated when appropriate with law enforcement, fire, EMS. <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	
	<p>c. Incident Commander is known by all staff. <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p>	
	<p>d. There is a procedure to designate an Incident Commander. <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	
	<p>e. Staff assigned to ICS leadership roles are oriented to their responsibilities. <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	
	<p>f. Staff assigned to key roles wear identifying gear during an event. <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	
	<p>g. All staff know where to report when the ICS is activated. <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	
	<p>h. Staff understands the flexibility of their positions in the ICS if leadership is unavailable.  <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	
	<p>i. ICS or HICS is NIMS compliant? <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	
	<p>i. After action reports are completed after all exercises? <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	

<b>HOSPITAL COMMAND CENTER</b>		
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	<p><b>3. A Hospital Command Center (HCC) is fully operational and integrated into local/county emergency planning and operations.</b>  <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	
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<p>a. In the HCC, telephone numbers are available for:</p> <p>the local health department <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No</p> <p>state health department <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No</p> <p>local FBI field office <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No NA</p> <p>CDC Emergency Preparedness Office <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Others (<b>Civil Defense department</b>)</p>	
<p>b. HCC is equipped with:</p> <p>Telephones <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Satellite phones <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Fax <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Two-way radios <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Generator <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Maps of hospital <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Maps of local area <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Bullhorns <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Flashlights <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Copy of the emergency management plan <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other</p>	<p>Generator, bullhorns, flashlights are not available in HCC</p>
<p>c. HCC is located in a secure location. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>d. An alternate HCC site exists and can be used if the primary site is inaccessible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>e. HCC can maintain 24 hour operations for a minimum of 1 week. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>f. HCC can monitor local media. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>g. Each section chief has a designated telephone line. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	



	<p>h. The ICS command staff has adequate, pre-defined communications system.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
	<p><b>4. There is a process to provide a Rapid Needs Assessment (RNA) or situation report (SITREP) to Incident Command that includes an assessment of the extent of the event</b></p> <p><b>Who? How? When?</b></p>	
	<p>a. RNA/SITREP describes the magnitude of the event. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
	<p>b. RNA/SITREP includes the status of operational and disrupted critical services. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
	<p>c. RNA/SITREP describes:</p> <p>impact on medical care operations</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>scope and nature of casualties</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>ability to sustain emergency response operations.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	

<b>MUTUAL AID AGREEMENTS</b>	
<p><b>5. Facility has current mutual aid Memorandum of Understanding (MOUs) in place.</b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	

<p>a. Memorandum of Understanding (MOUs) are in place with:</p> <p>Law enforcement  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Fire  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Emergency medical services (EMS)  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Public Safety  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Military installations  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Other local and regional health care facilities  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Burn center  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Red Crescent  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>MMRS (Metropolitan Medical Response System)  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>CERT Computer Emergency Response Team  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Other</p>	<p>MOUs with many external agencies are not in place</p>
<p>b. Memorandum of Understanding (MOUs) are in place for:</p> <p>Portable MRI  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Portable CT  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Portable Dialysis  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Generators  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>MOUs with many internal departments are not in place</p>

## HOSPITAL EMERGENCY MANAGEMENT/DISASTER PREPAREDNESS COMMITTEE

	<p><b>6. A hospital emergency management/disaster preparedness committee exists and provides leadership and governance.</b> <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No</p>	
	<p>a. Committee is multidisciplinary. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
	<p>b. Open meetings are held regularly <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No How often? Monthly</p>	
	<p>c. Committee meeting minutes'/action plan are available for review. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
	<p>d. Committee forwards critiques of all drills to appropriate services in a timely manner. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e. Committee is knowledgeable of hospital "system" plans that could override local plans. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
	<p>f. Committee communicates with and/or cooperates with other hospitals in the community <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
	<p>g. Facility representative attends at least 75% of Local/Community Emergency Planning Committee. meetings. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	Not conducted frequently
	<p>h. Facility representative reports to governance of the hospital on community planning, exercises and after-action reports. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	Not done
	<p>i. Facility participates in joint training exercises. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	

**Section 2. EMERGENCY MANAGEMENT PLANNING**

**EMERGENCY MANAGEMENT PLAN (EMP)**

**7. Facility has an EMP that addresses the four phases of emergency management: preparedness, response, mitigation, and recovery.**

- a. The EMP addresses internal and external emergencies.  Yes  No
- b. The EMP contains provisions to meet the needs of special populations:
  - Pediatrics  Yes  No
  - Geriatrics  Yes  No
  - Gravidas at term  Yes  No
  - Disabled  Yes  No
- c. The EMP is easily accessible to all staff.  Yes  No
- d. The EMP addresses all hazards events (based on your HVA).  Yes  No

**8. The EMP includes arrangements for rapid transfer of ED patients to inpatient units**  
 Yes  No  
**The EMP includes arrangements for early discharge and transfer of inpatients from the facility.**  
 Yes  No

- a. The EMP includes arrangements to provide discharge medications for rapid discharges.  Yes  No
- b. The EMP addresses plans for follow-up outpatient care as needed.  Yes  No
- c. There is a local plan for providing Rx and consumable medical supplies.  Yes  No

**9. The EMP includes planning to manage a 25% increase in patients on all units.**  
 Yes  No

- a. The EMP includes written and validated arrangements for surge staffing.  Yes  No

**10. The EMP includes arrangements to cancel non-emergent services.**  Yes  No

**11. Spiritual care is integrated into EMP.**  Yes  No

**12. The EMP includes provisions for recovery and return to normal operations.**  
 Yes  No

- a. There is a financial plan for recovery.  Yes  No
- b. It has been tested.  Yes  No Not tested
- c. There is a method to track resources.  Yes  No Not tested

<b>13. The EMP contains planning to provide child care for staff and patients.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
a. The plan has been exercised. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>14. The EMP is consistent with local and state regulations.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>15. The EMP is shared with the appropriate local and state emergency agencies.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>ALTERNATE CARE SITE</b>		
<b>16. Facility has an MOU with a designated alternate care site(s) if inpatients must be transferred.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
a. Patient transfer plan has been exercised. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
b. Medical and support staffing plans are in place. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Not there
c. Supplies and pharmacy delivery has been addressed. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Not there

## PATIENT TRANSPORTATION

<b>17. Facility owns or has rapid access to vehicles that could be used for patient transport (vans, busses, golf carts, etc.).</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
a. If facility does not own vehicles, it has an MOU to rapidly obtain vehicles for patient transport. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	KFMC has vehicles
b. MOU exists with secondary or backup vendor if primary vendor in unavailable. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	KFMC has vehicles
c. Adequate equipment (gurneys, stretchers, stair chairs, etc.) is available to completely evacuate the facility. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

## VOLUNTEER MANAGEMENT

<b>18. Facility volunteers are included in EMP and exercises.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
a. Facility pre-credentials and trains volunteer professionals (i.e., clinical staff, retired physicians, nurses and others). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not there
b. Facility participates in either a regional or national emergency responder credentialing system. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not there

### Section 3. CLINICAL OPERATIONS

#### EMERGENCY MEDICAL SERVICES

<b>19. Facility has MOU's with local EMS for patient transport.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	We don't need such MOU as KFMC has its own EMS
<b>a. EMS staff is familiar with facility EMP.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	We don't need such MOU as KFMC has its own EMS
<b>b. EMS staff has participated in facility EMP exercise.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	We don't need such MOU as KFMC has its own EMS
<b>c. EMS staff can be integrated into Emergency Department (ED) staff during an emergency.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

#### EMERGENCY DEPARTMENT CAPACITY

<b>20. ED staff use identifying gear when emergency plan is activated.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>21. ED has pre-printed patient charts for use in an emergency equal to 2 times the number of average daily ED visits.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>22. Cache of emergency drugs and antidotes is maintained in ED.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<p>a. Antidotes include:</p> <p>Atropine  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2-PAM (2-Pralidoxime)  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Diazepam  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>BAL (Dimercaprol)  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Sodium thiosulfate  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Sodium nitrate  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Amyl nitrate  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Potassium iodide  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Sodium bicarbonate  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Others:</p>	<p>All emergency drugs and antidotes should be there.</p>
<p>b. Drugs include:</p> <p>Epinephrine  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Beta-agonists  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Naloxone  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Dopamine  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Silvadine  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Steroids  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Morphine sulfate  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Demerol  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Aspirin  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Others:</p>	<p>All emergency drugs should be there.</p>
<p>c. Cache includes:</p> <p>Saline  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Oxygen  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Nebulizer set-ups  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Tetanus  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Others:</p>	



d. Memorandum of Understanding (MOU) with the regional Poison Control Center.  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not done
<b>23. Designated disaster supplies are ready for immediate distribution to and from the ED.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
a. Disaster supplies are inventoried, secured, cycled and labeled "FOR DISASTER USE ONLY." <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>PATIENT TRIAGE</b>	
<b>24. Facility uses a triage system that is consistent with local EMS.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
a. Triage tags are maintained in ED. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b. Protocol includes 'deceased' category for victims beyond help. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. Protocol includes 'immediate' category for life-threatening condition. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d. Protocol includes 'delayed' category for serious non-life threatening condition. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
e. Protocol includes 'minor' category for minimal care requirement. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
f. Facility uses same triage color code system as local EMS. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>25. Level of patient volume that triggers activation of triage system is defined.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>26. ED has designated an alternate triage area.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
a. Area can be used at night. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

b. Area is weather-proof. No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not available
c. Area is temperature controlled. No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not available
<b>27. Facility has an alternate treatment area to accommodate casualty surge.</b> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>PATIENT TRACKING</b>		
<b>28. Facility has a method for casualty tracking.</b> <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	
a. If casualty tracking is automated, facility has a back-up method in the event the automated method fails. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Casualty tracking is not automated
b. Facility can provide and track care for unknown patients (John and Jane Does). Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>	
c. Facility can track patients that are transferred to another local facility. Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	Not 100%
d. Facility can track patients that are evacuated out of the community. Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	Not 100%

<b>ISOLATION BED CAPACITY (negative flow)</b>		
<b>29. Facility can increase isolation bed capacity.</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>STAFF PROTECTION</b>		
<b>30. Facility has a plan, equipment and appropriate level of Personal Protective Equipment (PPE) for protecting staff from the effects of chemical, biological or radiological agents.</b> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
a. Identified staff are trained to provider level: in use of PPE No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Knowledge of the PPE storage locations No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Understanding the concepts of zones of care (hot, warm, cold).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

b. Re-certification training for identified staff is accomplished annually. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not adopted yet
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## PATIENT DECONTAMINATION

<b>31. Facility can manage emergency decontamination of 4 patients without outside resources or equipment that must be constructed to be deployed.</b>	No decontamination area equipped in KFMC.
a. A fully operational patient decontamination area is external and proximate to the ED.  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b. Water supply includes hot and cold. Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Not there
c. A trained decontamination team exists and is trained to OSHA levels with NIOSH approved equipment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No decontamination area equipped in KFMC.
d. Provisions are in place for cold weather decontamination. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
e. Facility has access to a portable decontamination unit that is accessible and operational within minutes. How many? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No decontamination area equipped in KFMC.
f. Procedures are in place to insure privacy for male and female patients. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
g. Procedures are in place to collect and secure patient's property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
h. Procedures are in place to insure proper control of weapons or ammunition found on patients undergoing decontamination. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not there
<b>32. A trained patient decontamination team exists and is trained to OSHA levels with NIOSH approved equipment.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No decontamination area equipped in KFMC.
a. Decontamination team has executed full exercise of process in last year.  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No special decontamination team equipped in KFMC.
b. Decontamination team is capable of decontaminating ambulatory and non-ambulatory patients. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

c. Primary decontamination team can be decontaminated by a trained secondary decontamination team. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d. An individual is charged with upkeep and maintenance of the decontamination unit and inspections are completed regularly. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No special decontamination team/unit equipped in KFMC.
e. There is a plan for capture of runoff for environmental protection and evidence collection. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not there
f. Facility can decontaminate how many ambulatory patients per hour?	12
g. Facility can decontaminate how many non-ambulatory patients per hour?	6
h. Dates of last 2 decontamination drills or actual event:	2016 and 2013

<b>DISEASE SURVEILLANCE</b>	
<b>33. Coordination is in place to conduct epidemiologic surveillance (microbiology, pathology, infectious disease, infection control, etc.)</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
a. Procedures are in place to monitor employee absenteeism on a daily basis <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not there
<b>34. Admission diagnoses and ED diagnoses are reviewed daily with focus on spikes in disorders:</b> Pulmonary <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No GI <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Dermatologic <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>35. Surveillance is coordinated with local and/or state public health agencies:</b> Daily <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Weekly <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Monthly <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Quarterly <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not quarterly

<p><b>36. All clinical staff are familiar with signs and symptoms of CDC Category A agents:</b></p> <p>Anthrax <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Botulism <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Plague <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Smallpox <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Tularemia <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Viral hemorrhagic fevers <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>a. All staff has access to resources with information about CDC Category A agents.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>No</p>	
<p><b>37. Staff is aware of and complies with disease reporting requirements.</b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>No</p>	
<p><b>38. Pharmacy monitors use for spikes in daily usage of:</b></p> <p>Antibiotics <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Anti-diarrheal <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Dermatologic agents <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><b>39. Facility participates in Heath Alert Network (HAN).</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	NA

## RADIATION EXPOSURE

<p><b>40. Facility has the capability to survey for and detect radiation contamination.</b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>a. Facility possesses a functioning count rate meter and staff is trained to operate it.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>b. Facility has established background levels for radiation for general medical treatment areas and for radiation decontamination areas using thermo-luminescent dosimeters (TLD's).</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>c. Facility provides pencil and thermo-luminescent dosimeters for decontamination personnel and first responders.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>d. Facility has established threshold units for radiation decontamination personnel and first responders.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>No</p>	
<p>e. Facility has established wide area background monitoring and uses real-time alert monitors.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	

<b>41. Facility has a plan to manage a detected radiation problem including patient care management.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
a. Plan includes guidance to contact appropriate agencies including Department of Energy and REAC/TS (1-856-576-1005). <input type="checkbox"/> No <input type="checkbox"/> Yes	NA
b. A method for documenting and detailing an occupational radiation exposure is included in the EMP. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Radiation safety manual

<b>CRITICAL INCIDENT STRESS MANAGEMENT</b>	
<b>42. Facility has Critical Incident Stress Management team or equivalent mental health services.</b>	
a. Mental health services are available during and after a mass casualty event. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b. Team members are trained in crisis care and emergency response. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. Mental health services are represented on the Emergency Management Planning Committee. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not in detail
<b>43. A plan is in place to assess the physical and psychological well-being of disaster response workers.</b>	
a. Plan identifies physiological, emotional, cognitive and behavioral signs of stress including anxiety, irritability, memory loss, difficulty making decisions, insomnia, hyper-vigilance, extreme fatigue and other signs that indicate a response worker needs attention. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b. Actions are identified to reduce disaster workers' stress including: mandatory rest/sleep <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No regular meals and exercise <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No reasonable hours on duty <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No access to someone for speaking about the experience <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Alone/private time. <input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
c. Longitudinal plans for mental health assessment and care for disaster workers are in place. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

## PHARMACY SERVICES

<p><b>44. Pharmacy maintains a stockpile of antidotes including:</b></p> <p>Mark <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Atropine:          Individual <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No          Multi-dose <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2-PAM (2-Pralidoxime) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Diazepam <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>BAL (Dimercaprol) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Sodium thiosulfate <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Sodium nitrate <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No →</p> <p>Amyl nitrate <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No →</p> <p>Potassium iodide. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Antidotes replaced by hydroxytes are available on the shelves not as kit</p> <p>All three items are replaced by hydroxyl cobalamine</p> <p>→</p>
<p>a. What is the methodology of your stockpile capacity?</p>	<p>There is a clear system and policies that are set and led by supply chain management and liaised by the pharmacy planning officer.</p>
<p><b>45. Pharmacy monitors daily medication usage and compares current daily usage with usage on same date for previous 5 years.</b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Not done per the same date for the previous year.</p> <p><input type="checkbox"/> The utilization is monitored on monthly basis and we compare the average weekly and monthly utilization.</p> <p>We may need to refer this query to supply chain if they are doing it.</p>
<p>a. Pharmacy monitors daily medication usage on a changing baseline. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Yes, and request change on weekly basis based on the monitored weekly consumption.</b></p>

<p>46. MOU exists to ensure rapid delivery of medications from suppliers during an emergency.  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>From suppliers (outside vendors) please refer to supply chain.</b>  On the level of pharmacy, we have a method to request a rapid emergency request from our supply chain and it is accepted by supply chain.  <b>Please refer to the attachment as mutual of understanding.</b></p>
<p>a. MOU has been tested.  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Paper method was utilized previously and was successfully.</p>
<p>b. MOU exists with secondary or backup vendor if primary vendor is unavailable.  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>c. MOU exists for community wide sharing of pharmaceuticals. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Not exist</p>

## IMMUNIZATION AND CHEMOPROPHYLAXIS

<p><b>47. Facility has a plan for immunization and chemoprophylaxis.</b></p>		
<p>a. Staff are trained to provide immunization and chemoprophylaxis or facility has plan to request external team to conduct immunization for staff and patients. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>b. Administrative support is available to manage record keeping for immunization and chemoprophylaxis. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>c. Pharmacy maintains 5-day stockpile of antibiotics in the event of exposure to anthrax spores or pneumonic plague (i.e., ciprofloxacin, doxycycline) for staff and patients. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>d. Plan addresses acquiring appropriate anti-viral or prophylaxis for pandemic outbreak. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		

## FATALITIES MANAGEMENT

<p>48. Adequate plans are in place for management of fatalities.  Yes <input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> No CPP/Plan</p>
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a. Refrigerated storage facilities for fatalities are available or an MOU is in place to acquire storage. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b. Relationship with local coroner is in place and contact information is accessible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. Morgue/mortuary services staff are trained for surge. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Need training for disaster solution
d. In cases where remains are infectious, contaminated or evidence, the fatalities management plan addresses the cultural and religious needs of survivors. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No plan
e. Extra storage areas have been designated within the facility. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not there
f. EMP includes participation in a community morgue surge plan. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No plan
g. Policies and procedures are in place to facilitate the disposition of contaminated (infectious and/or chemical) remains. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

## EVIDENCE COLLECTION AND PRESERVATION

<b>49. An evidence preservation plan is in place and includes procedures for clinical and security staff.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not there
a. A procedure exists to notify staff that a concurrent criminal investigation is occurring. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not exist
b. Evidence collection and containers are available including: 55 gallon drums for liquids and runoff <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Re-sealable plastic bags for biohazards and powders <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Brown paper bags for potential gunpowder recovery. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not available
c. Staff is trained in evidence collection procedures. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not all
d. A procedure is in place to maintain chain of custody of potential evidence. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not exist

## LABORATORY SERVICES

<b>50. Laboratory services are trained for surge capacity (increased specimen load).</b> <div style="text-align: right;"><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</div>	
b. There is a protocol for reporting and referring suspicious isolates to local/state health department. <div style="text-align: right;"><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</div>	
<b>51. MOU's are in place to re-supply media, reagents and other critical supplies.</b> <div style="text-align: right;"><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</div>	
<b>52. An arrangement is in place to transfer workload if laboratory is overwhelmed.</b> <div style="text-align: right;"><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</div>	

## BLOOD BANK SERVICES

<b>53. Blood bank services have surge capacity plans in place and are trained for surge activity.</b> <div style="text-align: right;"><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</div>	
a. MOU is in place with regional blood center for emergent delivery of blood products. <div style="text-align: right;"><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</div>	
b. Blood product delivery system has been exercised in last 12 months and is deemed reliable. <div style="text-align: right;"><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</div>	

**Section 4. SAFETY, FIRE AND SECURITY****SAFETY PROGRAM****54. Facility has a safety program that identifies, controls and mitigates facility hazards.** Yes  No**FIRE PREVENTION AND RESPONSE****55. Facility has a fire prevention and response plan.** Yes  No

a. Fire alarm, detection and suppression systems are in good working order.

 Yes  No

b. Personnel are trained in specific roles and responsibilities when they are at:

a fire's point of origin

 Yes  No

away from the point of origin

 Yes  No

in a building evacuation due to fire

 Yes  No

c. Facility has quarterly fire drills with at least 50% of drills unannounced.

 Yes  No

d. All exit routes have emergency lighting and signs posting the direction to the exit.

 Yes  No

## SECURITY

**56. Facility has a security force with full-time security responsibilities.**

Yes  No

a. Criminal background checks have been conducted on all security staff.  Yes  No

b. Security staff has had professional law enforcement training.  Yes  No

**57. All entrances and exits are controlled, monitored and can be locked.**

Yes  No

a. Facility can execute perimeter security protection (lockdown) procedure within minutes of notification.  Yes  No

b. Staff has been trained in lockdown procedure.  Yes  No

c. Triggers for instituting lockdown are identified and known to leadership.  Yes  No

d. Lockdown can be accomplished without the aid of additional law enforcement personnel.  Yes  No

e. Facility can post security at all entrances.  Yes  No

f. Facility can post additional security personnel in ED.  Yes  No

g. A plan is in place to secure and monitor elevators during lockdown.  Yes  No

**58. A plan exists for security force surge staffing.**

Yes  No

a. Facility has an MOU with local law enforcement to provide additional security.

Yes  No

b. MOU has been tested.

Yes  No

<p><b>59. Parking is not permitted within 80 feet of the facility (stand-off distance).</b></p> <p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	
<p><b>60. A plan is in place to allow prompt facility access for staff and other authorized personnel.</b></p> <p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	
<p><b>61. A plan is in place to provide information to large numbers of concerned family and friends and to control crowds.</b>   <input checked="" type="checkbox"/></p> <p>Yes   <input type="checkbox"/> No</p>	
<p>a. Announcement and information distribution areas are designated.   <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	
<p><b>62. Security procedures are in place to insure safety of incoming mail, packages and deliveries to the facility.</b>   <input checked="" type="checkbox"/></p> <p>Yes   <input type="checkbox"/> No</p>	

## Section 5. LOGISTICS AND FACILITIES

### SUPPLIES

<b>63. Facility has the ability to obtain additional durable medical equipment using in house storage or MOU's with outside medical equipment supplier.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
A. MOU exists with secondary or backup vendor if prime vendor is unavailable.  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>64. 24-hour contact and distribution arrangements are in place.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>65. Facility maintains current inventory of equipment, supplies and other essential material required to effectively respond to a mass casualty event.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

### FOOD SERVICES

<b>66. Facility has adequate food on hand for staff and patients for a 3-4 day period.</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>67. Facility has a plan for food service surge.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
a. Food Service surge plan has been exercised in last 12 months. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not there
b. Food Service is included in facility's emergency exercises. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not there
c. Security of food products is maintained at all times during: Delivery <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Storage <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Preparation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

## EMERGENCY POWER

<b>68. Facility has emergency power generating capacity and the power generator is in a secure area.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
a. Emergency power is adequate to provide for all essential services for three days.  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b. Facility has documented which essential services will receive power. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. Facility has tested essential services power plan. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d. Laboratory and blood bank have been identified as essential services. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
e. Load testing is performed annually on generator(s). <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	monthly

## WATER SUPPLY

<b>69. Water supply and alternate water supply to facility are secure.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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## MEDICAL GASSES

<b>70. Facility has medical gasses to last 3-4 days without re-supply.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
a. Facility has an MOU in place to obtain emergency re-supply 24 hours a day.  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b. MOU exists with secondary or backup vendor if primary vendor is unavailable.  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not exist
c. Medical gasses are in a secured area. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>VENTILATION</b>	
<b>71. Facility can isolate and shut down Heating, Ventilation, and Air Conditioning (HVAC) system zones in an emergency.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
a. HVAC shutdown has been exercised in past year. No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No exercise
b. Guidelines are in place for emergency shutdown. No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/>
c. Sections of the facility can be isolated. No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/>
d. Individuals are identified who have authority for ordering HVAC shutdown 24/7. No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/>
e. Air intakes are protected from tampering. No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/>
<b>72. Facilities and Engineering staff have knowledge of HVAC zones and shutdown procedures.</b> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>

<b>FUEL</b>	
<b>73. Facility has an on-campus fuel source which can provide sufficient fuel for 3 days of continuous, full-load demand before replenishment is needed.</b> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/>
a. Facility has an emergency fuel replenishment plan in place with a supplier who can be contacted and can provide service at any time.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. MOU exists with secondary or backup vendor if primary vendor is unavailable.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   Not exist
c. On-campus fuel source(s) is/are in secured area(s).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>WASTE DISPOSAL</b>	
<b>74. Facility has procedures for management of increased volume and disposal of contaminated wastes, goods, and fluids.</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. At least one individual is certified to package bio-hazardous materials.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Waste water containment is in compliance with EPA guidelines.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



## Section 6. COMMUNICATIONS, WARNING, AND NOTIFICATION

### FACILITY NOTIFICATION

<b>75. Facility can send and receive emergency warning and notification information.</b>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
a. Facility can receive warnings of imminent emergency conditions from external agencies.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b. Facility can send warnings to external agencies.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. Redundant communication system is in place in the event that the primary system fails.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

### STAFF NOTIFICATION

<b>76. Facility can notify on-duty and off-duty staff of emergency status and recall to duty.</b>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
a. Facility has a plan to notify on-duty and off-duty staff of emergency status.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b. Staff notification system has been tested in past 6 months.	<input checked="" type="checkbox"/>
Yes <input type="checkbox"/> No	
c. Facility has staff notification with up-to-date, verified phone and other contact information.	<input checked="" 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 checked="" 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.	Not activated
Yes <input checked="" 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.)	Not there
Yes <input checked="" type="checkbox"/> No	

g. The EMP takes into account staff backfill issues. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>COMMUNICATIONS</b>	
<b>77. Command uses compatible radios (e.g. 800 mhz) for communications with local agencies.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not there
<b>78. Emergency Operations Center has a dedicated telephone trunk line.</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>79. Two-way radio communication (walkie-talkie) is available for all units and essential personnel.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Essential personnel only
<b>80. Facility has access to communications on wheels (COWS).</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not there
<b>81. Facility has access to amateur radio system (Ham/RACES).</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>82. A back-up communications system is in place in the event that the primary system fails.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>83. If all technology-based communications fail, staff members who will serve as 'runners' have been identified.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not applied in all areas yet

<b>INFORMATION MANAGEMENT/TELECOMMUNICATIONS</b>	
<b>84. Essential information systems and data storage have offsite storage and recovery capabilities.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>85. Information management staff participate in facility emergency exercises.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>86. System has protection from viruses and intentional attacks (hacking).</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

## Section 7. PUBLIC INFORMATION, MEDIA RELATIONS, AND RISK COMMUNICATIONS

### PUBLIC INFORMATION AND MEDIA RELATIONS

<b>87. Facility has a designated public information officer (PIO).</b> <input type="checkbox"/> No <span style="float: right;"><input checked="" type="checkbox"/> Yes</span>	
a. In the event of multi-agency response, media activities will be coordinated through Joint Information Center (JIC). <input checked="" 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 checked="" type="checkbox"/> No	Not yet
<b>88. Staff know where and to whom media inquiries are to be referred.</b> Yes <input type="checkbox"/> No <span style="float: right;"><input checked="" type="checkbox"/></span>	
<b>89. A site is designated for regular meetings with media.</b> Yes <input type="checkbox"/> No <span style="float: right;"><input checked="" type="checkbox"/></span>	
a. PIO has developed generic press releases about the facility and possible emergency conditions. Yes <input checked="" type="checkbox"/> No <span style="float: right;"><input type="checkbox"/></span>	Not there
b. PIO has established relationships with local media. <input checked="" type="checkbox"/> No <span style="float: right;"><input type="checkbox"/> Yes</span>	Not assigned yet
c. The press conference location is outside the facility. <input checked="" type="checkbox"/> No <span style="float: right;"><input type="checkbox"/> Yes</span>	It is inside (administration building)

### RISK COMMUNICATIONS

<b>90. PIO and leadership are trained in risk communication skills.</b> <input checked="" type="checkbox"/> No <span style="float: right;"><input type="checkbox"/> Yes</span>	Not assigned yet
a. Credible leaders accustomed to media exposure are identified as spokespersons. <input type="checkbox"/> No <span style="float: right;"><input checked="" type="checkbox"/> Yes</span>	
b. Specific spokespersons have been identified for specific events. <input checked="" type="checkbox"/> No <span style="float: right;"><input type="checkbox"/> Yes</span>	Not assigned yet
<b>91. Staff answering phone and dealing with visitors are prepared for their role in an emergency.</b> Yes <input type="checkbox"/> No <span style="float: right;"><input checked="" type="checkbox"/></span>	

## Section 8. TRAINING, DRILLS AND EXERCISE

### TRAINING

<b>92</b>	All staff receives orientation to the Emergency Management Plan (EMP). <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
No		
<b>93.</b>	Hospital staff complete annual training/education in CBRNE. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not there
a.	Emergency Department staff receive at least twice-annual training on response to Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE) events. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not applied yet
b.	All other clinicians receive annual CBRNE training. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not all
c.	All non-clinicians receive annual CBRNE/emergency preparedness training. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not all
d.	All clinicians receive annual blood-borne pathogens training. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not all
e.	All clinicians maintain current Basic Life Support (BLS) registration. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
f.	Percentage of total staff who have taken a General Staff Orientation Course. 100%	

### DRILLS AND EXERCISES

<b>94.</b>	Facility exercises Emergency Management Plan (EMP) at least twice per year. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
a.	Exercises are conducted at least 4 months apart and no more than 8 months apart. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
b.	Date of last exercise:	20 December 2018

c. Facilities that offer emergency services include an influx of simulated patients in one exercise. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d. Facility participates in at least one community-wide exercise per year. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not included
<b>95. Drills/exercises take place on all shifts, on all units and include all facility departments.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not all
a. Contract staff is included in drills/exercises. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>96. Facility has conducted an exercise with casualties:</b> Exposed to a hazardous material <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Agent requiring decontamination <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Responded to an actual event within the last 12 months. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>97. All ED personnel participate in at least twice-annual mass casualty exercises.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not all
<b>98. At least one exercise in the last year was unannounced.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>99. Facility has drilled evacuation of staff and patients in the last 12 months.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
a. Exercise includes horizontal evacuation (to other units). <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b. Exercise includes vertical evacuation (to other floors). <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**Section 9. PERFORMANCE IMPROVEMENT AND QUALITY**

**HAZARD VULNERABILITY ANALYSIS**

<p><b>100. Facility has a Hazard Vulnerability Analysis (HVA) conducted in the last 12 months.</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>a. Emergency Management Plan is designed to integrate analysis of risks identified in the Hazard Vulnerability Analysis. <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p>	
<p>b. Analysis was conducted by an external agency in coordination with the community and received community input. <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p>	<p>By KFMC - DMD</p>

**EMERGENCY MANAGEMENT STANDARDS**

<p><b>101. Emergency management plan MEETS Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards and accrediting organizations (JCI &amp; CBAHI).</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>a. All staff who participate in the implementation of the Emergency Management Plan (EMP) receives orientation to and training on the plan. <input checked="" type="checkbox"/>          Yes <input type="checkbox"/> No</p>	
<p><b>102 Facility has a procedure for conducting after-action reviews of simulated or actual emergency events.</b> <input checked="" type="checkbox"/>          Yes <input type="checkbox"/> No</p>	
<p><b>103. Facility uses after action reports to identify strengths and weaknesses of the Emergency Management Plan (EMP).</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	

<p><b>104. Facility incorporates information gathered from after actions reports into their Emergency Management Plan (EMP).</b></p> <p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	
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