

EMERGENCY MANAGEMENT ASSESSMENT TOOL

STANDARD

**COMPLIANT
Y/N**

COMMENTS

HAZARD VULNERABILITY ANALYSIS

1	The hospital conducts a hazard vulnerability analysis to identify potential emergencies that could affect the need for its services or its ability to provide those services. [JCAHO 4.10 (1)]	Y	
2	The hospital establishes priorities among the potential emergencies identified in the hazard vulnerability analysis [JCAHO 4.10 (2)]	Y	
3	The hospital's executive director has reviewed and signed the hazard vulnerability analysis attesting to his/her knowledge of the document. [NSLIJHS]	Y	
4	The hospital updates and submits its hazard vulnerability analysis to Network Emergency Management annually. [NSLIJHS]	Y	
5	The hospital develops and prioritizes mitigation strategies based on its annual Hazard Vulnerability Analysis. [NSLIJHS]	Y	
6	The hospital links its annual exercise scenarios to the Hazard Vulnerability Analysis. [NSLIJHS]	Y	
7	The hospital conducts an annual review of lessons learned from actual events and exercises from the previous year and provides a recap of these events, lessons learned, and resulting changes to policies and procedures in their yearly revisions to their Emergency Management Plan . [NSLIJHS]	Y	
8	The hospital shares its Hazard Vulnerability Analysis with their local municipality and is aware (or where possible obtains) of their community's Hazard Vulnerability Analysis and mitigation strategies. [NSLIJHS]	Y	

REGIONAL PLANNING

9	The hospital participates in the system-wide emergency management program including planning, system EP committees, system drills, and the monthly emergency pharmaceutical inventory. [NSLIJHS]	Y	
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10 The hospital participates in the community-wide emergency management program. [JCAHO 4.10 (2)]	Y	
11 The hospital participates in regional health and medical planning, exercises, and meetings and supports the regional Health and Medical coordinating efforts. [NSLIJHS]	Y	
12 The hospital participates in and promotes interagency mutual-aid agreements, to include agreements with public and private sector and/or non-governmental organizations. [NIMS]	Y	
13 The hospital establishes an "all hazards" command structure that links and works in cooperation with the Health System's command structure. [NSLIJHS]	Y	
14 The hospital establishes an "all hazards" command structure that links with the community's command structure. [JCAHO 4.10 (2)]	Y	
15 The hospital coordinates and supports emergency incident and event management through the development and use of multi-agency coordination systems (MAC). The hospital's participation in a MAC is documented in their emergency management plan. [NIMS]	Y	
16 The hospital has a documented plan that demonstrates cooperative planning with health care organizations that together provide services to a contiguous geographic area (e.g. among hospitals serving a town or borough). [JCAHO 4.10 (15)]	Y	
17 The plan referenced in section 16 facilitates the timely sharing of activations and information regarding the hospital's command structure with Network Emergency Management. [NSLIJHS]	Y	
18 The plan referenced in section 16 facilitates the timely sharing of information regarding agencies' command structures and control centers for emergency response. [JCAHO 4.10 (15)]	Y	

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19 The plan referenced in section 16 facilitates the timely sharing of information about the names and roles of individuals in the hospital's command structure as well as command center phone numbers and location. [NSLIJHS]	Y	
20 The hospital maintains updated contact lists (including cell phone and satellite phone numbers) of the facility's senior leadership and key personnel and provides this list to Network Emergency Management at least twice a year. [NSLIJHS]	Y	
21 The plan referenced in section 16 facilitates the timely sharing of information with Network Emergency Management about the resources and assets that could potentially be shared in an emergency. [JCAHO 4.10 (15); NSLIJHS]	Y	
22 The plan referenced in section 16 facilitates the timely sharing of information with Network Emergency Management and the regional Multi-Agency Coordinating Center about the names of patients and deceased individuals brought to area hospitals to facilitate identifying and locating victims of the emergency. [JCAHO 4.10 (15); NSLIJHS]	Y	
EMERGENCY PREPAREDNESS COMMITTEE		
23 The hospital establishes an Emergency Preparedness Committee comprised of a comprehensive, multidisciplinary team including hospital leadership, administrative staff, and medical staff. The Committee is responsible for drafting, updating and maintaining the policies and procedures contained in the facility's Emergency Management Plan, annually updating the facility's HVA, developing and prioritizing mitigation strategies, organizing and conducting exercises and drills, and critiquing the hospital's performance in all exercises/drills and actual incidents through the development of after action reports. [NSLIJHS]	Y	
24 The full Emergency Preparedness Committee meets at least quarterly and its subcommittees meet at least bi-monthly. [NSLIJHS]	Y	
25 The Emergency Preparedness Committee prepares and submits a quarterly report to the facility's medical board and Network Emergency Management. [NSLIJHS]	Y	

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EMERGENCY MANAGEMENT PLAN		
26 The hospital develops and maintains a written emergency management plan describing the process for disaster readiness and emergency management, and implements it when appropriate. [JCAHO 4.10 (3); NSLIJHS]	Y	
27 At a minimum, an emergency management plan is developed with the involvement of the hospital's leaders including the medical staff. [JCAHO 4.10 (4); NSLIJHS]	Y	
28 The plan identifies specific procedures that describe mitigation, preparedness, response, and recovery strategies, actions, and responsibilities for each priority emergency. [JCAHO 4.10 (5); NSLIJHS]	Y	
29 The plan provides processes for initiating the response and recovery phases of the plan, including a description of how, when, and by whom the phases are to be activated. [JCAHO 4.10 (6); NSLIJHS]	Y	
30 The plan provides redundant processes for notifying staff and Network Emergency Management when emergency response measures are initiated. [JCAHO 4.10 (7); NSLIJHS]	Y	
31 The plan provides processes for notifying external authorities and Network Emergency Management of emergencies, including possible community emergencies identified by the hospital (e.g., evidence of a possible bioterrorist attack). [JCAHO 4.10 (8); NSLIJHS]	Y	
32 The plan provides processes for identifying and assigning staff to cover all essential staff functions under emergency conditions including just-in-time training where applicable and addresses dependent care issues. [JCAHO 4.10 (9); NSLIJHS] <i>NOTE: The plan must specifically describe how the hospital will address this issue utilizing their own resources, prior to requesting system-wide resources from Network Emergency Management.</i>	Y	

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<p>33 The plan provides processes for managing activities related to care, treatment, and services under emergency conditions (e.g. scheduling, modifying, or discontinuing services; controlling information about patients; and referrals) with specific department level continuity of operations plans. [JCAHO 4.10 (10); NSLIJHS]</p> <p><i>NOTE: The plan must specifically describe how the hospital will address this issue utilizing their own resources, prior to requesting system-wide resources from Network Emergency Management.</i></p>	Y	
<p>34 The plan provides processes for managing logistics relating to critical supplies (for example, pharmaceuticals, supplies, food, linen, and water) [JCAHO 4.10 (10)]</p> <p><i>NOTE: The plan must specifically describe how the hospital will address this issue utilizing their own resources, prior to requesting system-wide resources from Network Emergency Management.</i></p>	Y	
<p>35 The plan provides processes for managing security under emergency conditions (e.g. campus access, crowd control, traffic control) and the integration with Corporate Security. [JCAHO 4.10 (10); NSLIJHS]</p> <p><i>NOTE: The plan must specifically describe how the hospital will address this issue utilizing their own resources, prior to requesting system-wide resources from Network Emergency Management.</i></p>	Y	
<p>36 The plan provides processes for managing communication with the news media under emergency conditions. [JCAHO 4.10 (10)]</p> <p><i>NOTE: The plan must specifically describe how the hospital will address this issue utilizing their own resources, prior to requesting system-wide resources from Network Emergency Management.</i></p>	Y	
<p>37 The hospital implements processes and/or plans to communicate timely accurate information through a Joint Information System (JIS) and Joint Information Center (JIC). [NIMS]</p>	Y	
<p>38 The plan provides processes for identifying care providers and other personnel during emergencies. [JCAHO 4.10 (14)]</p>	Y	

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39 The plan provides processes for identifying, training, and utilizing clinical staff currently employed in non-clinical roles during emergencies. [NSLIJHS]	Y	
40 The plan provides processes for identifying, training, and utilizing volunteers during emergencies. [JCAHO MS.4.110; NSLIJHS]	Y	
41 The plan identifies backup internal and external communication systems in the event of failure during emergencies. [JCAHO 4.10 (18)]	Y	
42 The hospital participates in regularly scheduled communications tests with Network Emergency Management and other partners (OEM, DOH, etc.). [NSLIJHS]	Y	
43 The plan identifies alternate roles and responsibilities of staff during emergencies, including to whom they report in the hospital's command structure and, when activated, in the community's command structure. [JCAHO 4.10 (19)]	Y	
<p>44 The plan has the following detailed appendices:</p> <ul style="list-style-type: none"> * A comprehensive radioactive, biological, and chemical decontamination plan [JCAHO 4.10 (21)] * A Critical and Planned-Evacuation Plan, which provides processes for evacuating the entire building (both horizontally and, when applicable, vertically) when the environment cannot support adequate care, treatment, and services. The plan includes guidelines for completing a Patient Status Condition Report and a means of tracking patients and hospital equipment. [JCAHO 4.10 (12) & NSLIJHS] 	Y	
	Y	
	Y	

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<p>* An Alternate Care Site plan, which provides processes for establishing an alternate care site(s) that has the capabilities to meet the needs of patients when the environment cannot support adequate care, treatment, and services. The plan provides processes for transporting patients, staff, and patient necessities (medical records, medication and essential equipment) to the alternate care site(s), and a means of tracking patients and hospital equipment. The plan also provides for interfacility communication between the hospital and the alternate care site, skilled nursing facility, and/or receiving hospital. [JCAHO 4.10 (13)]</p>	Y	
<p>* A Utility Management Plan, which identifies alternate means of meeting essential building utility needs when the hospital is designated by its emergency management plan to provide continuous service during an emergency (e.g. electricity, water, ventilation, fuel sources, medical gas/vacuum systems). [JCAHO 4.10 (20)]</p>	Y	
<p>* A Comprehensive Infectious Disease Management Plan, providing infectious control policies and procedures, case definitions, clinical pathways, and treatment guidelines to assist the hospital's staff with managing highly infectious disease outbreaks.</p>	Y	
<p>* A WMD plan, providing processes for managing chemical, radiological, or nuclear attacks. Included in this plan must be a protocol for completing radiological assessments of isotopes that exist on the hospital's campus. [NSLIJHS]</p>	Y	
<p>* A Surge Capacity Plan, providing processes for enhancing the hospital's ability to provide care for large numbers of patients, in both traditional and non-traditional patient care areas during emergencies. [NSLIJHS]</p>	Y	
<p>* A Point-of Dispensing Plan, providing processes for dispensing prophylactic medication or vaccines to all employees and their dependents in the event of an infectious disease outbreak. The plan details procedures for notifying employees, establishing the POD site, implementing an ICS structure for POD staff, identifying, obtaining and training POD staff, and educating employees regarding the medication/vaccine and disease, [NSLIJHS]</p>	Y	

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<p>* An Information Technology/Disaster Recovery Plan, which details the critical and essential applications utilized by each department in the hospital, as well as work around procedures in the event that the critical and/or essential applications are down for an extended period of time. [NSLIJHS]</p>	Y	
<p>* A Business Continuity and Business Resumption Plan which outlines department-specific planning initiatives relating to 5 key scenarios: 1) Key data application is unavailable, 2) Communication connectivity is lost, 3) Building (facility) unavailable, 4) Key vendor unavailable, 5) Personnel unavailable. For each scenario, the hospital has identified preparedness plans, mitigation strategies, response plans, and recovery procedures. [NSLIJHS]</p>	Y	
<p>* A Family Assistance Plan, which provides processes for managing family support activities under emergency conditions, including the establishment of a Family Contact Center during emergencies. The plan details ways in which the hospital will assist employees with the creation of personal preparedness plans to ensure that employees' homes and families are prepared for emergencies. [JCAHO 4.10 (10) & NSLIJHS]</p>	Y	
<p>45 The hospital applies standardized and consistent terminology, including the establishment of plain English communication standards across the public safety sector within their plan. [NIMS]</p>	Y	
<p>46 The hospital updates and submits its Emergency Operations Plan to Network Emergency Management annually, and provides annual education to hospital staff on the elements of the plan. [NSLIJHS]</p>	Y	
<p>47 The hospital revises and updates its emergency management plan and standard operating procedures to incorporate NIMS components, principles, and policies to include planning, training, response, exercises, equipment, and evaluation. [NIMS]</p>	Y	
DRILLS AND EXERCISES		
<p>48 The hospital tests its emergency management plan twice a year, either in response to an actual emergency or in a planned exercise. [JCAHO 4.20 (1)]</p>	Y	

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<i>NOTE: Tabletop drills are not acceptable substitutes for exercises</i>		
49 Hospitals that offer emergency services or are community-designated disaster receiving stations conduct at least one exercise a year that includes an influx of actual or simulated patients. [JCAHO 4.20 (2)]	Y	
50 Hospitals that have a defined role in the community-wide emergency management program participate in at least one community-wide exercise a year that involves responders from multiple disciplines, multiple agencies, and organizations. [JCAHO 4.20 (3); NIMS] <i>NOTE: Exercises detailed in sections AJ and AK may be conducted separately or simultaneously. Furthermore, tabletop sessions are acceptable in meeting the requirement for the exercise detailed in this section.</i>	Y	
51 The hospital submits a yearly calendar for drills and exercises to Network Emergency Management. Exercise objectives and related materials are submitted for review to Network Emergency Management prior to the exercise. [NSLIJHS]	Y	
52 Planned exercise scenarios must be realistic and related to the priority emergencies identified in the organization's hazard vulnerability analysis. [JCAHO 4.20 (5)]	Y	
53 During planned exercises, an individual whose sole responsibility it is to monitor performance and who is knowledgeable in the goals and expectations of the exercise, documents opportunities for improvement. [JCAHO 4.20 (7)]	Y	
54 During planned exercises, the hospital monitors event notification including processes related to activation of the emergency management all hazards command structure, notification of staff, and notification of external authorities. [JCAHO 4.20 (8)]	Y	

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55 During planned exercises, the hospital monitors communication, including the effectiveness of communication both within the hospital as well as with response entities outside the hospital such as local government leadership, police, fire, public health, and other health care organizations within the community. [JCAHO 4.20 (9)]	Y	
56 During planned exercises, the hospital monitors at least the following core performance areas: resource mobilization and allocation including responders, equipment, supplies, personal protective equipment, transportation, and security. [JCAHO 4.20 (10)]	Y	
57 During planned exercises, the hospital monitors patient management including provision of both clinical and support care activities, processes related to triage activities, patient identification and tracking processes. [JCAHO 4.20 (11)]	Y	
58 All exercises are critiqued to identify deficiencies and opportunities for improvement based upon all monitoring activities and observations during the exercise. [JCAHO 4.20 (12)]	Y	
59 Completed exercises are critiqued through a multidisciplinary process that includes administration, clinical (including physicians), and support staff. [JCAHO 4.20 (13)]	Y	
60 Exercise critiques/after action reports are distributed to hospital leadership, Network Emergency Management, and the hospital's Emergency Preparedness Committee. [NSLIJHS]	Y	
61 The strengths and weaknesses identified during exercise critiques are communicated to the multi-disciplinary improvement team (Emergency Preparedness Committee) responsible for monitoring environment of care issues. [JCAHO 4.20 (15)]	Y	
62 Planned exercises evaluate the effectiveness of improvements that were made in response to critiques of the previous exercise. [JCAHO 4.20 (14)]	Y	

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NATIONAL INCIDENT MANAGEMENT SYSTEM IMPLEMENTATION		
63 The hospital has adopted the National Incident Management System (NIMS) at the organizational level for all appropriate departments and business units, as well as promote and encourage NIMS adoption by associations, utilities, partners, and suppliers. [NIMS]	Y	
64 The hospital manages all emergency incidents, exercises and preplanned events in accordance with ICS organizational structures, doctrine, and procedures, as defined in NIMS. ICS implementation includes consistent application of incident action planning and common communications plans. [NIMS]	Y	
65 The hospital tracks NIMS implementation annually as part of the organization's emergency management program. [NIMS]	Y	
66 The hospital develops and implements a system to coordinate appropriate hospital preparedness funding to employ NIMS across the organization. [NIMS]	Y	
TRAINING		
67 The hospital includes training on the policies and procedures detailed in the hospital's Emergency Operations Plan and Departmental Operations Plans in new-hire orientation and annual mandatory topics review for all employees. [NSLIJHS]	Y	
68 The hospital has identified the person(s) responsible for the training of staff (related to emergency preparedness) including the maintaining training records and competencies. [NSLIJHS]	Y	
69 The hospital utilizes the Hazard Vulnerability Analysis and identified mitigation strategies to identify gaps in preparedness and, where applicable, develop training strategies to fill those gaps. [NSLIJHS]	Y	

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70 Hospital personnel who would have a direct role in emergency preparedness, incident management, and or emergency response during an incident have completed IS 100 and IS-700 or their equivalent. The hospital has one overall record of employees who have completed each course as well as documentation in the employee's personal file. [NIMS]	Y	
71 Hospital personnel whose primary responsibility is emergency management have completed IS-100, IS-700, and IS-800 or its equivalent. The hospital has one overall record of employees who have completed each course as well as documentation in the employee's personal file. [NIMS]	Y	
72 The hospital has incorporated NIMS/ICS into internal and external local, regional, and state emergency management training and exercises. The hospital has one overall record of employees who have completed each course as well as documentation in the employee's personal file. [NIMS]	Y	
73 Employees who may be engaged in emergency response to hazardous (chemical, radiological, and biological) emergencies that may expose them to hazardous substances shall be trained in how to respond to such expected emergencies, as per OSHA standard 1910.120 (e) (7). The hospital has one overall record of employees who have completed the hazardous materials course as well as documentation in the employee's personal file. [OSHA]	Y	
74 Employees specified in section 6.14 of this document shall receive eight hours of refresher training annually, as per OSHA standard 1910.120 (e) (8). Refresher training may consist of hazardous materials training courses, and critiques of incidents that have occurred in the past year that can serve as training examples of related work. The hospital has one overall record of employees who have completed annual refresher training as well as documentation in the employee's personal file. [OSHA]	Y	

RESOURCE MANAGEMENT

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STANDARD	COMPLIANT Y/N	COMMENTS
75 The hospital maintains a documented inventory of organizational response assets. [NIMS]	Y	
76 The hospital maintains a documented inventory of critical assets (including pharmaceuticals) and supplies this information as requested to Network Emergency Management, NYS DOH, and Materials Management. [NSLIJHS]	Y	
77 The hospital ensures that relevant national standards and guidance to achieve equipment, communication, and data interoperability are incorporated into resource acquisition programs. [NIMS]	Y	
DISASTER VOLUNTEER CREDENTIALING		
78 Disaster privileges and responsibilities are assigned only when the following two conditions are present: the emergency management plan has been activated, and the organization is unable to meet immediate patient needs. [JCAHO MS 4.110 (1) & HR 1.25 (1)]	Y	
79 The hospital identifies, in writing, the individual(s) responsible for assigning and granting disaster privileges. [JCAHO MS 4.110 (2) & HR 1.25 (2)]	Y	
80 The medical staff describes, in writing, a mechanism for overseeing the professional performance of volunteer practitioners who receive disaster privileges and assignments (e.g. direct observation, mentoring, clinical record review). [JCAHO MS 4.110 (3) & HR 1.25 (3)]	Y	
81 The hospital has a mechanism to readily identify volunteer practitioners that have been assigned or granted disaster privileges and responsibilities. [JCAHO MS 4.110 (4) & HR 1.25 (4)]	Y	
82 The hospital has a process for ensuring that all disaster volunteers (including volunteer practitioners) present, at a minimum, valid government-issued photo identification, issued by a state or federal agency (e.g. passport or driver's license) in addition to one of the following: [JCAHO MS 4.110 (5) & HR 1.25 (5)]	Y	

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<ul style="list-style-type: none"> * A current picture hospital ID card that clearly identifies professional designation * A current license, certification, or registration to practice * Primary source verification of licensure, certification or registration * DMAT, MRC, ESAR-VHP, or other recognized state or federal organization identification * Identification indicating that the individual has been granted authority to render patient care, treatment, and services in disaster circumstances (authority having been granted by federal, state, or municipal entity) * Identification by current organization member(s) who possess personal knowledge regarding the volunteer practitioner's qualifications. 	Y	
<p>83 The hospital's process for acquiring primary source verification of licensure, certification, or registration begins as soon as the immediate situation is under control, and is completed within 72 hours from the time the volunteer/volunteer practitioner presents to the organization. [JCAHO MS 4.110 (6) & HR 1.25 (6)]</p>	Y	
<p>84 The hospital has documented procedures for overseeing the professional practice of volunteers/volunteer practitioners. [JCAHO MS 4.110 (7) & HR 1.25 (7)]</p>	Y	
<p>85 The hospital has a documented process for determining, within 72 hours, whether or not to continue the disaster responsibilities and privileges initially assigned. [JCAHO MS 4.110 (8) & HR 1.25 (8)]</p>	Y	
MISCELLANEOUS		
<p>86 The hospital complies with grant deadlines for budgets and reports and meets deliverables in a timely fashion. [NSLIJHS]</p>	Y	
<p>87 The identified hospital staff maintain active HERDS accounts and respond to HERDS requests and surveys in a timely manner. [NSLIJHS]</p>	Y	
GENERAL COMMENTS		

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Y/N

COMMENTS