Communitywide Emergency Planning

Facility Managers Provide Expert Voice in Preparing for Disasters

As communities struggle to prepare themselves for possible disasters like the recent Hurricane Katrina tragedy, health care organizations are playing an increasingly active role in emergency management (EM) planning in cities, towns, and suburbs of all sizes nationwide.

The Joint Commission's "Management of the Environment of Care" (EC) standards require organizations to participate with the community in establishing priorities among potential emergencies, defining the organization's role in the community's EM program, and linking with the community's command structure (EC.4.10). Organizations that offer emergency services or are community-designated disaster patient receiving stations are also required to participate in communitywide emergency response drills (EC.4.20).

Hospitals and other health care organizations represent a resource to the community beyond what goes on within their walls. Health care EC managers and facility engineers can offer all communities unique expertise, either through direct participation or by advising other organization leaders at the community planning table. Hospital and other health care facility administrators and emergency department directors commonly participate in communitywide planning, with the focus often on such issues as medical surge capacity and the ability to triage and decontaminate a large influx of disaster victims such as would happen in a hurricane, terrorist strike, or other event. "Many communities, however, may not be benefiting fully from the knowledge, skill base, and contacts brought by health care facility managers and engineers. They are often untapped community resources," says Jerry Gervais, C.H.F.M., C.H.S.P., associate director of the Joint Commission's Standards Interpretation Group.

This article identifies seven areas of distinctive expertise of environment of care professionals that can and should be offered in communitywide planning.

Establishing Relationships with Planning and Response Partners

As communities develop and enhance their planning teams, the process of identifying who must be on such a team for successful and sustained community-based EM is a critical one. Rather than begin a planning process from a blank page, the community leader responsible for EM planning can build on effective existing relationships and patterns of communication.

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Health care EC managers and engineers typically have long-established relationships with individuals in many domains of critical importance to emergency preparedness and response, including fire safety, police, transportation, public health, utilities, public safety and security, hazmat response, and telecommunications. They can be called upon to identify appropriate community partners in almost all of the 15 critical emergency support functions identified by the U.S. Department of Homeland Security (DHS; see Sidebar 1 on page 3). "EC managers know who the players are and how to gain access to these players during an emergency. They have prearranged communication plans, which are absolutely essential to effective response," says Gervais.

Facility managers and engineers operate within a highly connected professional community in which communication and collaboration are the norm. "They know their colleagues in other health care facilities and speak frequently with them about various issues," notes George Mills, F.A.S.H.E., C.H.F.M., C.E.M., associate director of the Joint Commission's Standards Interpretation Group.

Facility manager and engineer participation on local emergency planning committees (LEPCs) should be considered. Mandated by federal legislation[1] designed to help local communities protect public health, safety, and the environment from chemical hazards, LEPCs exist in all states. Many of the safety-related activities conducted by LEPCs overlap with community terrorism and other disaster preparedness initiatives. Health care representatives, who are often emergency department leaders, participate in LEPCs, bringing vitally needed clinical expertise. "Health care facility engineers can add another critically needed dimension—expertise in areas they live and breathe every day, such as how to assure a potable water supply and uninterrupted utilities. I would encourage EC personnel who are not currently on such committees to become engaged," says Gervais.

Using an All-Hazards Approach

One of the very first tasks a communitywide planning team accomplishes is to conduct a hazard vulnerability analysis (HVA) by using the all-hazards approach. Due to their role in health care organizations, EC managers and engineers are well versed in proactive risk assessment using the all-hazards approach. They can offer expertise on the mechanics of accomplishing the following:

- Compiling as complete a list of potential hazards as possible
- Prioritizing the list based on likelihood of occurrence
- Identifying vulnerabilities most meriting the community's attention

EC staff can advise specifically about how identified hazards could disrupt services and/or damage infrastructure, among other topics.

Ensuring Compatibility with Unified Command Functions and the ICS

Community plans should dovetail with unified command functions and the incident command system (ICS), both of which are familiar to health care leaders, facility managers, and engineers. Unified command concepts, widely used by civil authorities, provide guidelines and enable agencies with different legal, geographic, and functional responsibilities to coordinate, plan, and interact effectively.[2] The Hospital Emergency

Incident Command System (HEICS), used by many hospitals nationwide, is based on public safety's ICS all-hazards structure. Health care facility managers and engineers can help their communities ensure compatibility of the community's plan with ICS and the National Incident Management System (NIMS). Sidebar 2, below, addresses the issue of HEICS/NIMS compatibility.

Identifying Alternate Care and Shelter Sites

Each hospital and long term care organization is required to identify an alternate care site(s) that has the capabilities to meet the needs of patients when their own facilities are not able to do so due to the effects of a disaster (EC.4.10, EP 13). Health care facility engineers play a key role for their organizations and the community in evaluating alternate sites—such as hotels, high school gymnasiums, libraries, places of worship, and other structures—that could meet care and shelter surge needs in an emergency. "Adequacy of electrical power, heating/cooling systems, access, security, location, and many other issues are part of their site assessments," explains Mills. "When in the midst of an emergency, the last thing a community wants is to have to find alternate care or shelter sites. Such sites can and should be identified, assessed, and established well in advance," comments Joseph Cappiello, vice president, Accreditation Field Operations, Joint Commission. The community and organizations should also remember that the alternate-site facilities cannot function without concurrent plans for additional staffing, supplies, and equipment.

A number of federal initiatives, funded through DHS and the Department of Health and Human Services, augment a community's medical capacity in a disaster situation. For example, located within DHS, the Mobile Emergency Response Support of the Federal Emergency Management Agency (FEMA) provides telecommunications, operational support, life support, and power generation for the on-site management of disasters in local communities.[3] "These resources can be 'inserted' into a community's alternate care and shelter sites to enhance medical capacity. Health care leaders can help make their communities aware of these resources; facility managers and engineers can identify and assess the right locations for the deployment of insert medical capabilities," suggests Cappiello.

Sidebar 1. Emergency Support Functions

1. Transportation
2. Communications
3. Public works and engineering
4. Firefighting
5. Emergency management
6. Mass care, housing, and human services
7. Resource support
8. Public health and medical services
9. Urban search and rescue
10. Oil and hazardous materials response
11. Agriculture and natural resources
12. Energy
13. Public safety and security
14. Long-term community recovery and mitigation
15. External affairs

Source: *U.S. Department of Homeland Security (DHS):* National Response Plan. *Washington, DC: DHS, Dec. 2004, p. 12.*

Establishing Mutual-Aid Agreements

During large-scale and even smaller emergencies, communities often need help from neighboring jurisdictions in order to respond effectively. To prepare for that, emergency response agencies typically establish mutual-aid agreements, which include policies and procedures for securing and maintaining coverage during emergencies.

Facility managers and engineers can be an excellent resource for communities in this area. "Health care engineers are accustomed to 'out-of-the-box thinking' about meeting needs with limited resources. For example, because many engineering principles for facility management cross industries, hospitals can establish contingency plans for emergency

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Sidebar 2. Compatibility of HEICS and NIMS

Commencing in 2005, the U.S. Department of Homeland Security has made adoption of the National Incident Management System (NIMS) a requirement for access to federal funding by local organizations.* "Many health care organizations currently are asking whether they must revise their incident command systems in order to comply with NIMS," notes John Fishbeck, R.A., associate director, Division of Research, Joint Commission.

A recent communication between the Federal Emergency Management Agency (FEMA) and the California Emergency Services Medical Authority (CEMSA) indicates that hospitals do not have to abandon the Hospital Emergency Incident Command System (HEICS). A HEICS IV work group is being established, with the goal of developing an all-hazards incident command/management system for hospitals and health care organizations that is consistent with NIMS.

* *U.S. Department of Homeland Security (DHS):* National Incident Management System. *Washington, DC: DHS, Mar. 1, 2004.*

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engineer staffing by hotel and other commercial and industrial facility personnel," notes Gervais.

Ensuring Facility Preparedness and Response

Health care facility managers and engineers are well versed in how to manage facility risks and response related to fire safety, security, hazardous materials and waste, life safety, and utilities, including electrical, heating/ventilation/air-conditioning, plumbing, and piped gases. Communities can draw on this expertise in planning and response initiatives for communitywide infrastructure, including schools, commercial and government buildings, and other facilities. Because emergency training and drills are part of everyday EC life, health care facility staff can share successful techniques, exercises, and lessons learned with community colleagues.

Maintaining Communication Systems

Health care facilities must ensure that they have appropriate backup for key communication systems. Hospitals and other health care organizations frequently consider multiple levels of communications systems redundancy, including backup phone systems, additional radio licenses for portable radios, cell phones, ham radios, satellite phones, personal digital assistants, e-mail, and so forth. Use of these technologies assures not only redundancy but a level of interoperability so that the organization's emergency command operation can maintain communications with municipal, regional, or state emergency operations centers, as well as fire and EMS agencies.

Facility engineers often have a unique understanding of how communication systems work, how to plan for alternative and backup links and systems, and system interoperability. Because emergencies can and often do interrupt established communication systems, this knowledge is critical to effective planning for and response to the communications consequences of an emergency. Health care facility engineers with expertise in this area can help their community design similar and appropriate backup for communitywide communication systems.

Conclusion

"Facility managers and engineers have significant expertise that affords them a broad role in emergency preparedness and response efforts. As a vital community resource, they can step up to the communitywide planning plate and ensure that their voices are heard. Health care leaders can encourage community leaders to engage such individuals on planning boards and committees," recommends Cappiello.

References

1. U.S. Environmental Protection Agency (EPA): The Emergency Planning & Community Right to Know Act of 1986.
2. U.S. Department of Homeland Security (DHS): *National Incident Management System*. Washington, DC: DHS, Mar. 1, 2004, p. 14.
3. Federal Emergency Management Agency (FEMA): *Mobile Operations Capability Guide for Emergency Managers and Planners*. http://www.fema.gov/rrr/mers01.shtm (accessed May 20, 2005).