

	<b>PLAN TITLE:</b> Emergency Preparedness Management Plan #EMR-1-1
<b>Hospital:</b> Inova Fairfax Medical Campus	<b>Key Words:</b> Emergency operations, emergency operations plan, emergency preparedness, incident, hazard vulnerability analysis hospital incident command system, all hazards
<b>Original Plan Date:</b> April 2005	
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## I. Definition of Terms

<b>Hazard Vulnerability Analysis</b>	A tool for estimating and ranking the probability of occurrence and potential severity of various events. This assessment is performed annually.
<b>Incident</b>	Any emergency event which overwhelms or threatens to overwhelm the routine capabilities of the hospital.
<b>All Hazards</b>	Emergency management and preparedness requires attention not just to specific types of hazards, but also to steps that increase preparedness for any type of hazard

## I. Plan

1. Plan Maintenance
  - a. The Emergency Operations Plan will be reviewed at least annually and updated as needed.
  - b. The table below lists the dates and reasons for revision and distribution.

### Record of Review and Distribution

Date Revised	Revised By	Distribution	Remarks

2. The Emergency Preparedness Management Plan sets the architecture of the Campus Emergency Management program. The main policy that outlines procedures for the four phases of Emergency Management—mitigation, preparedness, response and recovery—is the Campus Emergency Operations Plan, #EMR-2-1.

## **SCOPE**

The Campus Emergency Management program addresses the four phases of emergency management activities: mitigation, preparedness, response, and recovery.

## **PROGRAM OBJECTIVES**

### **A. Hazard Vulnerability Analysis**

A [Hazard Vulnerability Analysis](#) (HVA) is performed annually by the hospital to assist in identifying risks and procedures for use in response to a variety of incidents. The HVA should be completed by the Emergency Management Committee and documented within the Committee's minutes. Upon completion, the Committee will review and/or develop procedures and plans for mitigation, preparedness, response and recovery efforts related to the hazards identified in the HVA. The HVA will be reviewed at Inova System level and regional level as well.

### **B. Hospital Emergency Operations Plan**

1. The Emergency Operations Plan (EOP) provides written guidelines for the hospital response to a disaster event. The disaster event may be due to an external event, occurring at a local, regional, state or national level; or the disaster event may be related to an internal emergency such as failure of mission critical systems or infrastructure damage. The guidelines provide a description of how the plan, regardless of its causation, is initiated.
2. The EOP takes an all-hazards approach and includes provisions for radioactive, biological, and chemical isolation and decontamination, in addition to conventional / trauma events and public health emergencies.
3. The EOP designates the roles and responsibilities for personnel involved in management of an incident.
4. The EOP identifies a chain of command using the Hospital Incident Command System structure.
5. Inova Health System has integrated the hospital's role with community-wide emergency response agencies by the development of a Regional and System-Wide Disaster Strategy Team that includes representation from the Inova Fairfax Medical Campus.
6. The Northern Virginia Hospital Alliance, of which the Inova Fairfax Medical Campus is a member, has put in place a Northern Virginia Healthcare Facilities Mutual Aid Memorandum of Understanding as well as a regional Hospital Emergency Operations Plan.
7. The EOP specifies procedures in place for the notification of external authorities/agencies during emergencies.
8. The EOP includes procedures for the notification of hospital personnel both on and off campus when the EOP is initiated.

9. The EOP provides for the identification of personnel during emergencies using hospital issued identification badges and/or vests. Hospital Command Center personnel are identified in color-coded vests per the Hospital Incident Command System.
  10. The EOP provides guidance for staffing necessary positions during an emergency.
  11. The EOP provides direction during emergencies and disasters. This includes, but is not limited to, obtaining critical supplies, expedited discharge planning, making necessary provisions for security, providing family support, and managing access to public information.
  12. The Campus [Fire Emergency Plan](#) and [Hospital Evacuation Plans](#) provide guidance for the horizontal relocation on the same floor and the vertical relocation to other floors or buildings. The Evacuation Plan provides guidance for those responsible for managing evacuation of the hospital.
  13. The Northern Virginia Healthcare Facilities Mutual Aid Memorandum of Understanding has been developed and allows for the establishment of alternate care locations which have the capabilities to meet the clinical needs of patients during emergencies. The understanding provides guidance for communication, transfer of pharmaceuticals, supplies/equipment, staffing, patient tracking, evacuation, and transportation.
- C.** The Inova Health System Utility Failure Plans and select department plans describe how essential utility services will be provided and managed during an emergency.
1. Backup communication systems are available during outages and other emergencies. These include orange power-fail telephones, a cache of disaster cell phones, internal radio systems and external radio systems, which include the MedComm radio system linked to all Northern Virginia Hospital Alliance members and the Regional Hospital Coordinating Center; the HMARS radio system linked to hospitals in the District of Columbia and Maryland; and provisions for the use of ARES (Amateur Radio) operators.

**D. Emergency Preparedness Drills**

1. The EOP is activated at a minimum twice a year either in response to an emergency or during planned drills. When drills are performed, at least one drill includes an influx of patients or patient surge, and at least one drill is escalated to test the ability of the hospital to function without community support.
2. The drills are realistic and relate to issues identified in the Hazard Vulnerability Analysis.
3. The hospital participates in at least one regional exercise per year.
4. During the drill at least one observer is designated to observe the exercise and document areas in need of improvement.

## **E. Emergency Management Committee**

1. The Emergency Management Committee's purpose is to:
  - a. Authorize the process and structure whereby practices and principles everyday preparedness and disaster response are developed.
  - b. Promote collaboration and communication between disciplines that affect disaster response.
  - c. Direct the changes necessary to provide care to patients and staff as related to disaster response.
  - d. Evaluate disaster-related events and responses.
  - e. Work with external entities to ensure a concerted and well planned response to disaster related actions.
2. The Emergency Management Committee follows a multidisciplinary process for managing disaster preparedness. The Inova Health System Special Advisor, Emergency Preparedness and Response, serves as the Chairman of the Committee.
3. The Emergency Management Committee meetings are held monthly except August.
4. Minutes of the Emergency Management Committee are recorded, distributed and maintained yearly in supporting committee initiatives.

## **E. Information Collection and Evaluation System**

An organization-wide Information Collection and Evaluation System is utilized to assess program effectiveness and to identify improvement opportunities. Components of the system include:

1. Drills
2. Planned and unplanned disaster events
3. Observations
4. Staff knowledge and skills
5. Emergency Management reports
6. Environment of Care Safety Committee reports

## **F. Performance Monitoring**

Ongoing monitoring of the plans objectives, scope, and performance regarding actual or potential risk related to one or more of the following shall be incorporated into program objectives and reviewed as documented on the annual evaluation:

1. Staff knowledge and skills.
2. Level of staff participation.
3. Monitoring and inspection activities.

4. Emergency and incident reporting.
5. Inspection, preventive maintenance, and testing of equipment.

A working knowledge and familiarity with job specific functions and actions to be performed during declared disasters is the responsibility of all Inova Fairfax Hospital employees and stakeholders.

**G. Performance Improvement**

Based on the ongoing monitoring of performance, recommendations for one or more performance improvement activities are communicated in the annual evaluation. Performance improvement standards are established for the measurement of the effectiveness of implemented improvements.

**H. Annual Evaluation**

The Emergency Management Program shall be evaluated annually for its objectives, scope, performance, and effectiveness. The annual evaluation shall be sent to the Environment of Care Safety Committee Chair for review and distribution.

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