HealthStream Regulatory Script

Emergency Preparedness
Release Date: August 2008
HLC Version: 602

Lesson 1: Introduction
Lesson 2: The Importance of Being Prepared
Lesson 3: Types of Disaster Events
Lesson 4: Emergency Operations Plans
Lesson 5: NIMS
Welcome to the introductory lesson on emergency preparedness.

As your partner, HealthStream strives to provide its customers with excellence in regulatory learning solutions. As new guidelines are continually issued by regulatory agencies, we work to update courses, as needed, in a timely manner. Since responsibility for complying with new guidelines remains with your organization, HealthStream encourages you to routinely check all relevant regulatory agencies directly for the latest updates for clinical/organizational guidelines.

If you have concerns about any aspect of the safety or quality of patient care in your organization, be aware that you may report these concerns directly to The Joint Commission.
Emergencies happen almost every day. Some emergencies are large. Some emergencies are small. All emergencies need an effective response.

This course will give you information about how to respond to emergencies.

You will learn about:
- The importance of being ready for emergencies and disasters
- Types of disasters
- How an Emergency Response Plan helps your facility respond to emergencies
- The National Incident Management System (NIMS)
<table>
<thead>
<tr>
<th>Course Goals</th>
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<tbody>
<tr>
<td>After completing this course, you should be able to:</td>
</tr>
<tr>
<td>• Identify concepts relevant to responding to a disaster</td>
</tr>
<tr>
<td>• List different types of disaster events</td>
</tr>
<tr>
<td>• Identify the parts of an Emergency Operations Plan</td>
</tr>
<tr>
<td>• Define “NIMS” and list its parts</td>
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NO IMAGE
<table>
<thead>
<tr>
<th>Course Outline</th>
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<tbody>
<tr>
<td>This introductory lesson gives the course rationale, goals, and outline.</td>
</tr>
<tr>
<td>Lesson 2 discusses the importance of being ready to respond to emergencies.</td>
</tr>
<tr>
<td>Lesson 3 describes different types of disaster events.</td>
</tr>
<tr>
<td>Lesson 4 explains what needs to be included in an Emergency Operations Plan.</td>
</tr>
<tr>
<td>Finally, lesson 5 covers the basics of NIMS.</td>
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<table>
<thead>
<tr>
<th>FLASH ANIMATION</th>
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</thead>
<tbody>
<tr>
<td>Lesson 1: Introduction</td>
</tr>
<tr>
<td>Lesson 2: The Importance of Being Prepared</td>
</tr>
<tr>
<td>- Disasters vs. emergencies</td>
</tr>
<tr>
<td>- Disaster response systems</td>
</tr>
<tr>
<td>- Your role</td>
</tr>
<tr>
<td>Lesson 3: Types of Disaster Events</td>
</tr>
<tr>
<td>- Natural disaster</td>
</tr>
<tr>
<td>- Technological disasters</td>
</tr>
<tr>
<td>- Transportation disasters</td>
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<tr>
<td>- Terrorist attacks</td>
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<tr>
<td>- Chemical and biological weapons</td>
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<tr>
<td>Lesson 4: Emergency Operations Plans</td>
</tr>
<tr>
<td>- Components of an Emergency Operations Plan</td>
</tr>
<tr>
<td>- Importance of training</td>
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<tr>
<td>Lesson 5: NIMS</td>
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<tr>
<td>- Definition</td>
</tr>
<tr>
<td>- Components</td>
</tr>
<tr>
<td>- NIMS &amp; your facility</td>
</tr>
</tbody>
</table>
### Introduction & Objectives

Welcome to the lesson on the importance of being prepared.

After completing this lesson, you should be able to:

- Distinguish between a disaster and an emergency
- Recognize the role of disaster response systems
- Identify the key information documented in an Emergency Operations Plan
- Recognize your role in emergency response

### FLASH ANIMATION

Lesson 2: The Importance of Being Prepared

- Disasters vs. emergencies
- Disaster response systems
- Your role
<table>
<thead>
<tr>
<th>Disaster vs. Emergency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remember: Some emergencies are small. Others are large.</td>
</tr>
<tr>
<td>Very large emergencies are known as disasters.</td>
</tr>
<tr>
<td>Disasters are different from emergencies. One important difference is:</td>
</tr>
<tr>
<td>- A single organization or group can usually take care of an emergency.</td>
</tr>
<tr>
<td>- Disasters are too big for a single group to deal with.</td>
</tr>
</tbody>
</table>

Everyday systems are usually not enough to take care of a disaster. Systems and personnel may need to be used in creative ways.

For example, disasters have many victims. Hospital staff may need to take on unfamiliar tasks. This can help ensure that all of the victims get the medical care they need.
Example of a Disaster Response System: Triage

<table>
<thead>
<tr>
<th>How are systems unique in a disaster?</th>
</tr>
</thead>
<tbody>
<tr>
<td>One example is triage. Triage is seen every day in the hospital emergency department (ED). The most severe patients are treated first. Less severe patients are asked to wait.</td>
</tr>
<tr>
<td>Triage is also necessary in a disaster. But, the everyday system of ED triage is not enough in a disaster.</td>
</tr>
<tr>
<td>How you triage patients in a disaster is different. Limited resources must go to those who are likely to survive.</td>
</tr>
</tbody>
</table>

DISASTER

- Very large
- Multi-agency response
- Unfamiliar tasks for personnel
- Unique response systems
Example of a Disaster Response System: Triage

In a disaster, emergency medical workers often use colored tags for triage. Each victim is labeled with a tag.

In the most common labeling system:
- **BLACK**: These victims are dead or expected to die.
- **RED**: These victims are critical. They have life-threatening injuries. However, they may survive if they get immediate treatment.
- **YELLOW**: These victims have severe injuries. But the injuries are not life threatening. These patients need care. However, their care can wait.
- **GREEN**: These victims have minor injuries. They may need minor care.

Workers can look at any victim and immediately know how soon they need care. Colored tags make this possible even in the chaos of a disaster.

Other triage systems also use colored tags. Your facility may use:
- **START**
- **JUMPSTART** (for pediatric patients)
Disaster Response Systems

Color-coded triage is one unique system used in disasters.

Remember: Triage is just one example!

In an actual disaster, many unique systems must be used. Everyday systems are not meant to respond to a disaster.

Disaster response systems are documented in an Emergency Operations Plan.
<table>
<thead>
<tr>
<th>2007</th>
<th>Disaster Response Systems</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>An Emergency Operations Plan ensures that disaster systems are:</td>
</tr>
<tr>
<td></td>
<td>• Established ahead of time</td>
</tr>
<tr>
<td></td>
<td>• Practiced</td>
</tr>
<tr>
<td></td>
<td>• Evaluated and changed as necessary</td>
</tr>
<tr>
<td></td>
<td>With a proper Emergency Operations Plan, your organization is prepared for disaster.</td>
</tr>
</tbody>
</table>

An Emergency Operations Plan is the first step in being ready to respond to disaster!
<table>
<thead>
<tr>
<th>The Role of Staff Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>All staff members must understand the Emergency Operations Plan. They must know their role.</td>
</tr>
<tr>
<td>Staff members must know what to do when the disaster code is activated. Many lives may depend on a quick response.</td>
</tr>
<tr>
<td>Disaster training helps ensure a quick and effective response.</td>
</tr>
</tbody>
</table>
Choose the true statement(s):
  a. Disasters are different from emergencies.
  b. Disasters are small enough for a single group to deal with.
  c. In a disaster, healthcare staff may need to take on unfamiliar tasks.
  d. Both A and C

MULTIPLE CHOICE INTERACTION

[CORRECT ANSWER: D]

A: Not quite. The best answer is D.

B: Incorrect. Disasters are too big for a single group to deal with. The correct answer is D.

C: Not quite. The best answer is D.

D: Correct.
You have completed the lesson on the importance of being prepared.

Remember:
- Disasters are different from everyday emergencies.
- Disasters are too big for one group to deal with.
- When a disaster happens, healthcare organizations must go into "disaster mode." Unique systems for mass medical care must be used. These systems are documented in the Emergency Operations Plan.
- The response systems described in the Emergency Operations Plan must be set up ahead of time. They must be practiced. They must be changed as needed.
- Staff members must know how to respond to a disaster code in their facility.
**Introduction & Objectives**

Welcome to the lesson on types of disaster events.

After completing this lesson, you should be able to:
- List different types of disasters
- Recognize the impact of different types of disasters

**FLASH ANIMATION**

Lesson 3: Types of Disaster Events
- Natural disaster
- Technological disasters
- Transportation disasters
- Terrorist attacks
- Chemical and biological weapons
Healthcare organizations must be ready to respond to disasters and threats.

These disasters and threats include:
- Natural disasters
- Technological disasters
- Major transportation accidents
- Terrorism
- Biological, chemical, and radiologic events

Let's take a closer look at each type of disaster.
Natural Disasters

Natural disasters are:
- Floods
- Tornadoes
- Hurricanes
- Earthquakes
- Landslides
- Snowstorms
- Tidal waves
- Wildfires
Natural Disasters

Healthcare facilities must be ready for natural disasters that may occur in their area.

For example:

- Hurricanes are likely on coastlines.
- Flooding is likely on the Midwest plains.
- Earthquakes are likely on the West Coast.
## Technological Disasters

New technology adds to the list of disaster possibilities.

The Northeast power outage (August 2003) showed us how much we depend on electrical systems.

Healthcare facilities must be prepared for a loss of electricity. Backup generators must be ready to run medical equipment.

Other events that could be disasters include:
- Computer failures
- Widespread computer viruses
- Telecommunications breakdown

FLASH ANIMATION: 3005.SWF

If a power outage disabled electricity and computers, would your facility be prepared to respond?
Technology also can lead to disasters with hazardous materials. Because of technology, we use and make enormous amounts of hazardous materials every day.

Tons of these materials are shipped in the United States each year. This could lead to a disaster.

What would your facility do if there was a spill with widespread community contamination?
Transportation accidents can occur almost anywhere. Healthcare facilities must be prepared for victims from:

- Multi-vehicle collisions
- Bus crashes
- Train wrecks
- Airplane crashes
- Bridge collapses
3008

Terrorist Attack

The political climate of the world is unstable. Terrorists have attacked the United States. More attacks could happen.

Healthcare facilities must be ready to deal with a terrorism disaster.

With this sort of disaster, there could be:

- Many serious physical injuries
- Mental and emotional injuries
A terrorist attack could be:
- Biological
- Chemical
- Radiologic

To know how to respond to this sort of attack, you must understand some basic features of agents that might be used.

Let's take a closer look on the next screens.
### Biological Weapons

Examples of biological weapons are:
- Anthrax (inhaled)
- Botulism
- Pneumonic plague
- Cholera
- Smallpox

Click on each agent in the list to learn more.

### Anthrax (inhaled)

**Transmission:** Not contagious from human to human  
**Incubation period:** One to seven days  
**Length of illness:** One to two days  
**Symptoms:** Fever, feeling tired, severe breathing problems, shock, pneumonia, death within two to three days  
**Death rate:** Extremely high if untreated  
**Treatment:** Treatable with antibiotics after symptoms start  
**Vaccine:** Available for military and high risk workers (e.g., in labs)

![Anthrax](Janice_Haney_Carr_CDC)

### Botulism

**Transmission:** Not contagious from human to human  
**Incubation period:** 6 hours to 2 weeks (often within 12-36 hours) after exposure  
**Length of illness:** Days, weeks, or months  
**Symptoms:** Dizziness, dry throat and mouth, blurred vision, muscle weakness, difficulty speaking and swallowing, respiratory paralysis leading to death (descending paralysis)  
**Death rate:** High if untreated  
**Treatment:** Treatable with antitoxin early in the course of the disease  
**Vaccine:** Available for military and high risk workers (e.g., in labs)

![Botulism](Dr._Holdeman_CDC)
<table>
<thead>
<tr>
<th>Disease</th>
<th>Transmission</th>
<th>Incubation period</th>
<th>Length of illness</th>
<th>Symptoms</th>
<th>Death rate</th>
<th>Vaccine</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumonic plague</td>
<td>Contagious from human to human</td>
<td>One to six days</td>
<td>One to two days</td>
<td>Fever, weakness, rapid development of pneumonia, chest pain, cough, bloody or watery sputum, nausea and vomiting, abdominal pain</td>
<td>Variable depending on early treatment</td>
<td>Not available. Large supplies of drugs for treatment are available at the state and national levels.</td>
<td>Treatable within 24 hours of when symptoms start</td>
</tr>
<tr>
<td>Cholera</td>
<td>Rarely contagious from human to human</td>
<td>1 to 5 days</td>
<td>At least one week</td>
<td>Watery diarrhea, dehydration, vomiting, leg cramps</td>
<td>Extremely low with treatment, high without treatment</td>
<td>Not available in the United States</td>
<td></td>
</tr>
</tbody>
</table>
Transmission: Contagious from human to human (directly and indirectly)
Incubation period: 12 days (average)
Length of illness: Several weeks
Symptoms: Fever, malaise, head and body aches, vomiting during the first three days; sores then appear in the mouth and then on the skin
Death rate: Up to 30%
Treatment: Treatable if vaccine is given before infection develops; Treatment is supportive and antibiotics are given if secondary infection occurs.
Vaccine: Some doses available (available to the general public in the event of an outbreak)
Examples of chemical weapons are:

- **Blister agents**
- **Nerve agents**
- **Choking agents**

Click on each agent in the list to learn more.

**Blister agents**
An example of a blister agent is mustard gas. These agents can burn and blister the skin, eyes, mucous membranes, lungs, and other organs. When these agents are breathed in, they damage the lungs. If they are swallowed, they cause vomiting and diarrhea. Other symptoms can include:

- Inflammation and severe pain in the eyes
- Congestion
- Burning pain in the throat
- Hoarse voice
- Large amounts of phlegm
- Fluid in the lungs
- Pneumonia

**Nerve agents**
These agents are a group of very toxic chemical warfare gases. An example is Sarin. They are chemically related to a group of insecticides. Symptoms depend on the amount of exposure. Symptoms can include:

- Runny nose
- Sweating
- Blurred vision
- Headache
- Difficulty breathing
- Drooling
- Nausea and vomiting
- Muscle cramps and twitching
- Confusion
- Convulsions
- Paralysis
- Coma

**Choking agents**
An example of a choking agent is chlorine. These agents attack lung tissue. Their main effect is to cause a large amount of fluid in the lungs. A high concentration of a choking agent can cause death within hours. Symptoms during and immediately after exposure are:

- Coughing
- Choking
- Tightness in the chest
- Nausea
Terrorists could explode a radioactive device. Mass causalities could result.

Low level exposure to radiation may not produce symptoms.

Exposure to high levels of radiation may cause:
- Nausea
- Vomiting
- Diarrhea
- Swelling
- Redness of the skin

![Radiation Symbol](IMAGE: 3012.JPG)
Categorize disaster events by dragging each category to the matching picture.

FLASH INTERACTION: 3013.SWF
You have completed the lesson on types of disasters.

Remember, types of disasters include:
- Natural disasters
- Technological disasters
- Major transportation accidents
- Terrorism
- Biological, chemical, and radiologic disasters
## Introduction & Objectives

Welcome to the lesson on Emergency Operations Plans. After completing this lesson, you should be able to:

- List the parts of an Emergency Operations Plan
- Recognize the importance of emergency response training

<table>
<thead>
<tr>
<th>FLASH ANIMATION</th>
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</table>

Lesson 4: Emergency Operations Plans

- Components of an Emergency Operations Plan
- Importance of training
To prepare for disaster, your facility should:

- Have a written Emergency Operations Plan (EOP)
- Teach staff members about the Plan
- Train employees to respond to a disaster

Planning and training are essential.

“Disaster mode” goes more smoothly when staff members have practiced the Emergency Operations Plan ahead of time.
Management of Emergencies

The Joint Commission requires hospitals to plan how emergencies will be managed. Management must be documented in the Emergency Operations Plan (EOP).

Management involves:
- **Preparedness**
- **Mitigation**
- **Response**
- **Recovery**

Click on each phase for more information.

A good EOP should address each of these phases.

CLICK TO REVEAL

**Preparedness**
This phase involves:
- Collecting emergency supplies
- Developing policies and procedures for what to do in a disaster
- Training for disasters

**Mitigation**
This phase involves planning how to reduce the risk of, and damage from, an emergency. Planning includes looking at:
- What types of disasters could occur in the area
- The ability of the facility to be ready
- The threats and risks

**Response**
This phase involves responding to the disaster.

**Recovery**
This phase involves:
- Restoring normal services
- Returning to normal operations
The EOP must establish an incident command structure.

The **Incident Command Team** coordinates the hospital’s response to ensure:

- Each part of the process blends smoothly to the next
- Each team member’s role supports the entire team
- No necessary roles are left out
- Roles do not overlap unless necessary
- All efforts are coordinated with local law enforcement, fire officials, and other healthcare institutions
Incident Command Team Members

The Incident Command Team should include:

- Emergency medical services
- Administration
- Nursing
- Security
- Hospitality
- Community relations
- A public information officer
- Chaplains
- Ancillary services
- Housekeeping

When a disaster happens, the Command Team will gather in a specific area.

This area is called the Incident Command Center.

The Team coordinates the disaster response from this Center.

Every discipline within your facility should be represented on the Incident Command Team!
One person on the Incident Command Team is the **Incident Commander**.

During a disaster, this person:
- Stays in contact with the facility’s emergency department
- Gives tasks to other team members
- Receives input and recommendations
<table>
<thead>
<tr>
<th>Key Elements of an EOP</th>
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</thead>
</table>

The Joint Commission requires a hospital's EOP to center on the six key elements:
- Communication
- Resources and assets
- Safety and security
- Staff Responsibilities
- Utilities
- Clinical activities

Let's take a closer look at each.
<table>
<thead>
<tr>
<th>Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good communication is essential:</td>
</tr>
<tr>
<td>• Within the hospital</td>
</tr>
<tr>
<td>• Between the hospital and community resources</td>
</tr>
<tr>
<td>In a disaster, phone lines may not be usable. All facilities should have backup two-way radios or cell phones for good communication.</td>
</tr>
<tr>
<td>Without good communication, there may be dangerous delays or wasted efforts.</td>
</tr>
<tr>
<td>In some cases, employees may have to act as runners to relay information within your facility.</td>
</tr>
<tr>
<td>An EOP must establish how communication will be maintained.</td>
</tr>
</tbody>
</table>
Even during a disaster, babies are born and other patients still need care. Hospitals must plan how to care for their patients.

An EOP should include plans for how to manage:
- **Medical supplies**
- **Nonmedical supplies**
- **Human resources**
- **The facility**

Click on each for additional information.

An example of how human and other resources may be managed during a disaster is presented on the next screens.

**Medical supplies**
Medical supplies (such as PPE (glossary)) may become limited. Hospitals must decide how needed medical supplies and equipment will be obtained. The plan should consider the possibility of sharing with other organizations.

**Nonmedical supplies**
Nonmedical supplies needed during an emergency include:
- Food and water
- Linen
- Fuel for generators
- Transportation vehicles
Again, the possibility of sharing resources should be considered.

**Human resources**
Workers will be needed to take care of patients. They will also be needed to help deal with the disaster. Staff members and their families will need support.

**The facility**
Plans for evacuation must be included in the EOP. This includes plans on how to transport:
- Staff
- Patients
- Patient medications
- Patient equipment
- Patient information
When a disaster code is activated, all employees should report for instructions.

Non-essential staff members may be sent to a personnel pool. These workers may be given tasks to help deal with the disaster. The Incident Command Team is in charge of deciding these tasks.

A core group of workers must continue with their regular tasks.

The Command Team will want to know the number of staff members in the personnel pool. The Team may decide that more staff should be called in.

However, more is not always better.

Extra people can make communication and coordination even more difficult.
Managing Other Resources: Example

The Incident Command Team needs to know how many staff members are available.

The Team also needs to find out about other resources.

They must find out:
- How many empty beds are available
- How many operating rooms are available
- How many medical supplies are available
- How many medical devices are available
- Whether there are enough security personnel
- Whether there are enough areas for triage

Personnel should work quickly to unload the ED. It is important to ask:
- How can we get the patients already in the ED out?
- How can we open up inpatient rooms?
| Hospitals must keep patients safe and secure during an emergency.
| Security must control:
| • Entrance into and out of the hospital
| • Movement of people in the hospital
| • Traffic
| The EOP should state:
| • The roles of community service agencies such as the police and national guard
| • How hospital security will coordinate with community services
| • How hazardous materials and wastes will be managed
| • The means for decontamination, if needed

The Command Team will be responsible for deciding where to send security officers.
| Security During a Disaster: The Public Press |

Be prepared to deal with the press and the public!

Disasters are news.

The EOP should include how to:
- Deal with the press
- Respond to calls from worried loved ones

The public information officer should deal with the public. This will allow the Incident Commander to stay focused on the event and not the media.
<table>
<thead>
<tr>
<th>Staff Responsibilities</th>
</tr>
</thead>
</table>

The EOP should define staff roles. Staff should be trained for these roles. They should be prepared to respond to changing conditions during an emergency.

The EOP should also describe how staff assigned to specific areas will be identified.
## Utilities Management

During an emergency, a hospital needs:
- Power
- Potable water
- Ventilation
- Fuel

These utilities cannot be disrupted. The EOP must identify how to provide:
- Electricity
- Water for drinking and patient care
- Water for equipment
- Water for sanitation
- Fuel for building operations or transport
- Other essential utility needs
### Patient Clinical and Support Activities

The EOP must address how patients will be cared for during the emergency response.

This includes:
- Where triaging areas will be
- How patient scheduling will be handled
- How personal hygiene and sanitation needs will be met
- How mental health needs will be met
- How clinical information will be documented and tracked
- When and how discharge will take place
- When evacuation should be considered
Practice, Practice, Practice!

A written plan alone **cannot** prepare a facility for disasters!

Regular training is essential. Disaster drills should be held regularly.

Emergency procedures may be incorporated into routine protocols.

This gives staff additional “training” on emergency response.
<table>
<thead>
<tr>
<th>Review</th>
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<tbody>
<tr>
<td>FLASH INTERACTION: 4018.SWF/FLA</td>
</tr>
</tbody>
</table>

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You have completed the lesson on Emergency Response Plans.

Remember:
- Management of an emergency includes preparedness, mitigation, response, and recovery.
- A good EOP addresses six critical elements of emergency management: communication, resources, safety and security, staff responsibility, utilities management, patient clinical and support activities.
- Practice the EOP. Practice is the only way to be ready when a real disaster happens.

Important: This is an overview course. Ask your supervisor for more specific information about your facility’s Emergency Operations Plan.
**Introduction & Objectives**

Welcome to the lesson on NIMS.

After completing this lesson, you should be able to:
- List the parts of NIMS
- Recognize how NIMS relates to your facility

**FLASH ANIMATION**

Lesson 5: NIMS
- Definition
- Components
- NIMS & your facility
Remember: Some emergencies are small. Other emergencies are large. Very large emergencies are disasters.

When a disaster happens, different organizations need to be able to work together effectively to respond effectively.

The National Incident Management System (NIMS) is the U.S. government plan for making sure that all emergency responders are prepared to work together.

Recent events in the United States have highlighted the need for a coordinated response to emergencies and disasters.
## Components of NIMS

NIMS has several parts. These are:
- Command and management
- Preparedness
- Resource management
- Communications and information management
- Supporting technologies
- Ongoing management and maintenance

On the following screens, let's take a brief look at each of these.
NIMS Components: Command and Management

NIMS standard command and management systems are:

- The Incident Command System (ICS)
- The Multiagency Coordination System
- The Public Information System

Click on each to learn more.

**CLICK TO REVEAL**

**Incident Command System (ICS)**
ICS is a standard system for managing incidents of all types. It allows workers from many agencies to come together rapidly, to form a single group for handling an incident. The ICS is responsible for developing Incident Action Plans (IAPs) for each step in the emergency response. Each IAP lasts no more than 12 hours. Then another IAP is developed, based on the results of the previous IAP.

**The Multiagency Coordination System**
A Multiagency Coordination System is a combination of resources grouped together to support incident response. The resources in a Multiagency Coordination System might include:

- Facilities
- Equipment
- Workers
- Procedures
- Communications

**The Public Information System**
This system is made up of all the procedures and resources needed to communicate information to the public during an emergency.
NIMS Components: Preparedness

To respond effectively to an incident, organizations must be prepared.

Preparedness is ongoing.

Preparedness activities are:
- Planning
- Training and exercises
- Making sure workers are qualified
- Making sure the appropriate equipment is on hand
- Setting up agreements with other organizations to help one another in an emergency

![Image: 5005.JPG]
**NIMS Components: Resource Management**

Organizations must be prepared to manage resources in an emergency.

This requires standard systems for:
- Describing resources
- Taking inventory of resources
- Getting resources ready for use
- Sending out resources to where they are needed
- Tracking resources
- Getting resources back when the incident has been resolved

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**Remember!**

**Resources can include:**

- **Facilities**
- **Equipment**
- **Personnel**
- **Procedures**
- **Communications**
An effective response to emergencies requires effective communication.

Both within and across organizations, there must be effective:
- Communication processes
- Communication procedures
- Communication systems

Information should be managed efficiently in a standard way.

This improves incident response by improving the information that responders have when they make decisions.

IMAGE: 5007.JPG

A CDC hurricane Katrina planning meeting.
Technology can improve the response to emergencies.

Examples of important technologies are systems for:
- Communicating data
- Communication between people
- Recordkeeping and tracking resources
- Displaying key data
<table>
<thead>
<tr>
<th>NIMS Components: Ongoing Management &amp; Maintenance</th>
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<tbody>
<tr>
<td>The NIMS Integration Center is responsible for reviewing and improving NIMS on a long-term basis.</td>
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</table>
How does your facility’s Emergency Response Plan compare to the components of NIMS?

Your facility needs to be able to work within the NIMS structure. This will help your facility to do its part in responding to disasters that are too big for one group to handle.

NIMS provides a structure to support a cooperative and coordinated effort among emergency responders!
Effective incident response requires standard systems for:

- Tracking resources
- Getting resources ready to use
- Sending out resources to where they are needed
- All of the above

**MULTIPLE CHOICE INTERACTION**

Correct: D

A: Not quite. The best answer is D.
B: Not quite. The best answer is D.
C: Not quite. The best answer is D.
D: Correct.
### Summary

You have completed the lesson on NIMS.

Remember:
- NIMS is the U.S. government plan for making sure that all emergency responders are ready to work together.
- NIMS has several parts.
- Your facility needs to be able to work within the NIMS structure. This will help you do your part in responding to disasters that are too big for one group to handle.
<table>
<thead>
<tr>
<th>TERM</th>
<th>DEFINITION</th>
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<tbody>
<tr>
<td>Incident Command Center</td>
<td>place where key personnel gather to coordinate response to a disaster event</td>
</tr>
<tr>
<td>Incident Command System</td>
<td>set of personnel, policies, procedures, facilities, and equipment integrated into a common organizational structure designed to improve emergency response operations</td>
</tr>
<tr>
<td>inhalational</td>
<td>Taken into the body by breathing in</td>
</tr>
<tr>
<td>mitigation</td>
<td>Making negative factors have as little effect on the outcome as possible</td>
</tr>
<tr>
<td>personnel pool</td>
<td>group of available staff members who can be reassigned from their regular tasks to disaster-related duties</td>
</tr>
<tr>
<td>PPE</td>
<td>Personal Protective Equipment</td>
</tr>
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</table>
Pre-Assessment

1. One feature of a disaster is:
   a. Disasters are small emergencies.
   b. In a disaster, there are few victims.
   c. Disasters are too big for a single agency to manage.
   d. In a disaster, hospital staff members do their usual jobs.

   Correct: Disaster are too big for a single agency to manage.
   Rationale: Many agencies are needed to respond to a disaster.

2. In a disaster, medical workers often use colored tags for triage. Victims with a BLACK tag:
   a. Have minor injuries
   b. Are dead or expected to die
   c. Are critical, but may survive if treated immediately
   d. Have severe injuries, but do not need immediate treatment

   Correct: Are dead or expected to die
   Rationale: A black tag indicates dead or expected to die.

3. An example of a “natural disaster” is:
   a. Hurricane Katrina
   b. The Exxon Valdez oil spill
   c. The terrorist attacks of 9/11/2001
   d. The Northeast power outage of August 2003

   Correct: Hurricane Katrina
   Rationale: A natural disaster is the product of nature. Hurricanes are an example.

4. If used in a terrorist attack, anthrax is a type of:
a. Chemical weapon
b. Explosive weapon
c. Biological weapon
d. Radiologic weapon

Correct: Anthrax
Rationale: Anthrax is a bacterial disease. Therefore, it may be used as a biological weapon.

5. Under Joint Commission standards, a healthcare facility's Emergency Operations Plan (EOP) should address four phases of emergency management. The first two phases are:
   a. Triage and treatment
   b. Education and training
   c. Response and recovery
   d. Mitigation and preparedness

Correct: Mitigation and preparedness
Rationale: The four phases of emergency management are: mitigation, preparedness, response, and recovery.

6. A facility's Emergency Operations Plan (EOP) must include a structure for coordinating disaster response. This structure is the:
   a. Disaster oversight structure
   b. Incident command structure
   c. Response and recovery structure
   d. Procedures and operations structure

Correct: Incident command structure
Rationale: The incident command structure is a way to coordinate disaster response.

7. Under Joint Commission standards, a hospital's Emergency Operations Plan (EOP) must focus on six key elements. One of these elements is:
   a. Containment
   b. Patient privacy
   c. Communication
   d. Infection control

Correct: Communication
Rationale: One key element is a plan for communication.
8. Consider an example of an Emergency Operations Plan (EOP). One part of this EOP describes a process for finding out how many staff members, empty beds, operating rooms, medical supplies, and medical devices are available to help respond to a disaster. This process helps address the Joint Commission's requirement for six key elements of an EOP. The key element most directly addressed is:
   a. Utilities
   b. Clinical activities
   c. Safety and security
   d. Resources and assets

Correct: Resources and assets
Rationale: The process addresses human resources (staff) and material resources (beds, ORs, medical supplies, medical devices).

9. The Joint Commission requires a hospital's Emergency Operations Plan (EOP) to focus on six key elements. One of these elements is safety and security. As part of the plan for safety and security, the EOP should describe:
   a. How clinical staff will be assigned to tasks during a disaster
   b. How hazardous materials and wastes will be managed in a disaster
   c. How many beds and operating rooms are available for disaster response
   d. How information will be relayed in the event of loss of phone lines in a disaster

Correct: How hazardous materials and wastes will be managed during a disaster
Rationale: As part of safety and security, an EOP should address hazardous materials and wastes.

10. NIMS is:
   a. Another name for an EOP
   b. Only relevant to federal agencies
   c. A facility's plan for responding to a disaster if no other agencies are able to help
   d. The U.S. government plan for making sure all emergency responders can work together

Correct: The U.S. government plan for making sure all emergency responders can work together.
Rationale: NIMS is the National Incident Management System. This is the U.S. government plan for making sure all emergency responders are able to work together in the event of disaster.

11. One part of NIMS is:
   a. Evacuation and rescue
   b. Direct clinical response
   c. Root cause identification and analysis
   d. Communications and information management
Correct: Communications and information management
Rationale: NIMS includes how to manage communication and information.
Final Exam

1. One feature of a disaster is:
   a. Disasters are small emergencies.
   b. Disasters require unique response systems.
   c. In a disaster, hospital staff do their usual jobs.
   d. A single agency can take care of dealing with a disaster.

Correct: Disasters require unique response systems.
Rationale: Disasters reach beyond the ordinary capacities of agencies and systems. Therefore, unique systems must be used.

2. In a disaster, medical workers often use colored tags for triage. Victims with a YELLOW tag:
   a. Have minor injuries
   b. Are dead or expected to die
   c. Are critical, but may survive if treated immediately
   d. Have severe injuries, but do not need immediate treatment

Correct: Have severe injuries, but do not need immediate treatment
Rationale: A yellow tag indicates severe injuries. However, the victim is stable.

3. Every healthcare facility should have an EOP. This plan should document:
   a. Facility disaster response systems
   b. The outcome of historical disasters
   c. The day-to-day operations of the facility
   d. Daily changes to the terrorist threat level

Correct: Facility disaster response systems
Rationale: The EOP documents a facility's disaster response systems.

4. The best example of a "technological disaster" is:
   a. Hurricane Katrina
   b. The sinking of the Titanic
   c. The terrorist attacks of 9/11/2001
   d. The Northeast power outage of August 2003

Correct: The Northeast power outage of August 2003
Rationale: A technological disaster happens when technology fails. The Northeast power outage is an example.
5. Mustard gas is a type of:
   a. Chemical weapon
   b. Explosive weapon
   c. Biological weapon
   d. Radiologic weapon
Correct: Chemical weapon
Rationale: Mustard gas is a chemical blister agent.

6. A team made up of hospital staff and administration coordinates a hospital's disaster response. This team is the:
   a. Disaster Oversight Team
   b. Incident Command Team
   c. Response and Recovery Team
   d. Procedures and Operations Team
Correct: Incident Command Team
Rationale: The Incident Command Team coordinates an agency's response to disaster.

7. The Joint Commission requires a hospital's EOP to focus on six key elements. One of these elements is:
   a. Patient privacy
   b. Infection control
   c. Safety and security
   d. Isolation and containment
Correct: Safety and security
Rationale: An EOP must include a plan for safety and security.

8. Consider an example of an EOP. One part of this EOP describes a process in which all employees report for instruction when a disaster code is activated. Certain staff members are sent to a personnel pool. These workers wait to find out what they need to do. This process helps address the Joint Commission's requirement for six key elements of an EOP. The key element most directly addressed is:
   a. Utilities
   b. Communication
   c. Clinical activities
   d. Resources and assets
Correct: Resources and assets  
Rationale: This process addresses the management of human resources.

9. The Joint Commission requires a hospital's EOP to focus on six key elements. One of these elements is staff responsibilities. To address staff responsibilities, the EOP should describe:
   a. How hazardous materials and wastes will be managed in a disaster
   b. How clinical and non-clinical tasks will be assigned during a disaster
   c. How many beds and operating rooms are available for disaster response
   d. How information will be relayed in the event of loss of phone lines in a disaster

Correct: How clinical and non-clinical tasks will be assigned during a disaster  
Rationale: One aspect of staff responsibilities is a plan for identifying which workers should be assigned to which tasks.

10. One part of NIMS is:
   a. Evacuation and rescue
   b. Direct clinical response
   c. Command and management
   d. Root cause identification and analysis

Correct: Command and management  
Rationale: NIMS includes standards for command and management during a disaster.

11. Which of the following best describes the relationship between individual healthcare facilities and NIMS?
   a. NIMS provides additional staff to run facilities during a disaster.
   b. Facilities provide the equipment and human resources needed to run NIMS.
   c. NIMS visits facilities to run emergency preparedness training and exercises.
   d. Facilities need to be able to work within the NIMS disaster response structure.

Correct: Facilities need to be able to work within the NIMS disaster response structure.  
Rationale: NIMS is the U.S. government plan for making sure all emergency responders are able to work together in the event of disaster. Therefore, all facilities need to be able to work within the NIMS structure.