

**HOSPITAL
CSEPP
Medical Evaluation Guidance (MEG)**

Self-Evaluation Tool: An All Hazards Approach

This guidance tool is intended as a self-evaluation tool for a hospital or other healthcare facility's overall preparedness to meet their community's needs in the event of any mass casualty situation. It is designed to be used as a self assessment tool in either an exercise situation or through the review of the disaster plans or both. The check list is designed to stimulate thought & discussion within an organization as well as to indicate areas needing attention and those areas which may need to be addressed on a period basis. Key areas include not only intra-hospital but also inter-agency cooperation.

Through scoring the facility can demonstrate its need for funding (further or continued) as well as see where it needs work in order to come up to par with the remainder of the country. Scoring (optional):

Scoring: 5 = **P** (performed) 3 = **D** (document viewed) 1 = **S** (simulated) 0 = **No or N/A**

COMPONENTS			
1. FOUNDATIONAL CONSIDERATIONS	Yes P/D/S	No/ N/A	Comments/ Recommendations
A. Does the facility have a disaster plan?			
B. Is there a multidisciplinary disaster planning committee?			
C. Does the plan detail actions to be taken for both internal and external disasters?			
D. Does the plan detail how it links with the local EMS Agencies and local Emergency Management Agency?			
E. Is the plan widely distributed and readily available throughout the facility and is available to all staff members?			

F.	Participate in and conduct, mitigate, prepare for, respond to and to recover from community hazard vulnerability analysis?			
G.	Are floor plans available for the facilities in the disaster plan?			
H.	Does the plan specify the number and location of isolation or protective environment rooms?			
I.	Are their locations clearly identified in a document readily available to the disaster coordinator or command team?			
J.	Are isolation facilities monitored to insure adequate airflow?			
2.	SURVEILLANCE OR FACILITY MONITORING	Yes P/D/S	No/ N/A	Comments/ Recommendations
A.	Does the facility currently have a baseline established for numbers of patients seen in the facility? For example, emergency department, outpatient clinics, or via direct admission, in-patients, stratified according to clinical symptoms?			
B.	Is there currently a process to evaluate and track all microbiological pathogens and stratify according to organism?			
C.	Does a process exist to notify infection control, in-house and public health, 24 hours a day/ 7 days a week for all reportable pathogens?			
3.	IDENTIFICATION OF AUTHORIZED PERSONNEL	Yes P/D/S	No/ N/A	Comments/ Recommendations
A.	Is there an individual in-house who is authorized to implement the disaster plan on a 24-hour per day basis?			

B. Has the facility designated a physician medical commander who will be responsible for the hospital's medical responses during the time the plan is activated?			
C. Have other key position holders who have a role in disaster management been identified? This should be identified in the disaster plan. See #25 Incident Command for a guide to an Incident Command structure			
D. Is a notification system in place that can alert both on and off duty personnel to a disaster situation?			
E. Does the plan include lines of authority, role responsibilities, and provide for succession?			
F. Are those who are expected to implement and use the plan familiar with it?			
G. Have job action sheets or role cards been developed for all defined positions involved in the command structure?			
H. Does the plan provide for personnel badging or picture identification that is acceptable for local jurisdiction and access to medical facilities and incident site?			
I. Can staff gain access to the facility when called back on duty?			
J. Is there designation of assembly points to which all personnel report and does it change if staff are involved in patient care or have administrative responsibilities?			
K. Has jurisdictional control been discussed and staff informed of the hierarchy in the event outside agencies assistance is requested or required?			
4. ACTIVATION OF THE PLAN	Yes P/D/S	No/ N/A	Comments/ Recommendations
A. Does the plan specify the circumstances under which the plan can be activated?			

B. Does the plan stipulate the position holder who has the authority to activate/deactivate the plan including nights, weekends, and holidays?			
C. If the activation is through other than 911 system, does it work well and get the key agencies notified?			
5. ALERTING SYSTEM	Yes P/D/S	No/ N/A	Comments/ Recommendations
A. Does the plan provide for immediate activation during normal as well as off-hours including weekends and holidays?			
B. Does the plan specify how notification within the facility will be carried out?			
C. Does the plan detail responsibility and a process for recalling staff?			
D. Does the plan provide for alternative systems of notification that considers people, equipment, and procedures?			
E. Does the plan have process for notification of key medical resources? (EMS, Public Health, and Poison Control)			
6. RESPONSE	Yes P/D/S	No/ N/A	Comments/ Recommendations
A. Has the facility developed disaster plans based on the current hospital hazard vulnerability analysis?			
B. Has the facility developed plans to respond an abnormally large surge of patients?			
C. Is there an evaluation of current supply and equipment levels that are kept on hand during normal facility operation?			

D.	Has the facility developed plans indicating how it will be able to maintain resources and personnel in response to a disaster?			
E.	Does the plan include procedures for incorporating and managing volunteers and unexpected medical services responders who want to help?			
F.	Has risk management been involved to develop a process with the facility insurer to provide insurance, liability?			
G.	Does the facility have an established process to credential healthcare workers from outside the individual network in order to facilitate safe and qualified patient care?			
H.	Has each department developed standard operating procedures to reflect how the department will continue to provide essential services? These services may include:			
	1.) Administrative			
	2.) Emergency			
	3.) Nursing			
	4.) Radiology			
	5.) Infection Control/Hospital Epidemiology			
	6.) Occupational Health			
	7.) Laboratory			
	8.) Pharmacy			
	9.) Critical Care			
	10.) Central Supply			
	11.) Maintenance and Engineering			
	12.) Biomedical Engineering			

13.) Respiratory Therapy			
14.) Security			
15.) Food and Nutrition			
16.) Housekeeping			
17.) Social Services			
18.) Pastoral Counseling			
19.) Mortuary			
20.) Physician services including Medicine and Surgery			
I. Are the following items detailed within the disaster plan:			
1.) Is there a separate entry to the facility (such as a decontamination area) for contaminated patients?			
2.) Is there a dedicated facility, area, or portable device for decontamination?			
3.) Is there a hot and cold water supply to the decontamination area?			
4.) Can water run-off from the decontamination area be contained?			
5.) If the decontamination area is a fixed internal facility, is there a dedicated exhaust to the outside?			
6.) Does the facility have the capability and personnel on-site 24 hours a day, 7 days a week, to isolate airflow within separate portions of the facility that may have become contaminated?			
7. HOSPITAL DISASTER COMMAND CENTER:	Yes P/D/S	No/ N/A	Comments/ Recommendations

A.	Does the plan indicate where the facility Disaster Command Center is to be located, with preference given to an area away from the Emergency Department?			
B.	Has an alternate location been determined?			
C.	Have standard operating procedures been developed for the Disaster Command Center?			
D.	Do the procedures for the Disaster Command Center specify chain of command and communication channels for the key position holders within the Disaster Command Center? Key position holders should be determined at the initiation of the disaster plan. See Section #25 for additional help in determining roles.			
E.	Have special communication procedures been established and tested that will maintain communication between the facility and the local Emergency Management Agency?			
F.	Do the Disaster Command Center and critical areas have designated space(s), equipment, and phone/fax for external personnel (local, state and federal) that may respond to your facility in support of the disaster?			
8.	SECURITY	Yes P/D/S	No/ N/A	Comments/ Recommendations
A.	Does the facility have the proven ability to control access to entrances and exits to the facility?			
B.	Is there a training program implemented for site control personnel to be able to recognize potentially contaminated persons?			
C.	Is there a plan to utilize internal resources to control vehicular traffic and pedestrians?			

D. Have arrangements been made to meet and escort arriving emergency service personnel?			
E. Were security personnel protected from contamination?			
F. Does the facility have the ability to communicate with individuals attempting entry to the facility in the event controlled access is initiated including language diversity?			
G. Does the plan provide for personnel badging or picture identification that is acceptable for local jurisdiction and access to medical facilities and incident site?			
H. Can staff gain access to the facility when called back on duty?			
I. Has a security vulnerability analysis been performed?			
J. Have mitigating actions been implemented to resolve identified vulnerabilities?			
9. COMMUNICATIONS SYSTEMS	Yes P/D/S	No/ N/A	Comments/ Recommendations
A. Does the plan include hardware systems and processes/procedures in the event that normal systems (e.g., telephone, facsimile, cellular phones, radio communication and paging) may be overloaded and rendered unserviceable during disasters?			
B. Is there a proven messenger/runner system in place as back-up for communication system and power failures?			
C. Are personnel in PPE able to communicate clearly with each other, between work zones, and with victims?			
D. Has the hospital established communication networks with the local Health Department, EMS Agency and Emergency Management Agency?			

1.) Is the emergency department staff proficient with the local EMS protocols and communication etiquette?			
E. Is there provision for alternative communication arrangements in the event the hospital communication system fails or is overloaded?			
10. INTERNAL TRAFFIC FLOW AND CONTROL	Yes P/D/S	No/ N/A	Comments/ Recommendations
A. Have provisions been made for internal traffic with signage?			
B. Have egress routes for patients and staff been provided for evacuation purposes?			
C. Will elevators be manned and controlled and has elevator usage been prioritized (e.g., casualties, supplies)?			
11. EXTERNAL TRAFFIC FLOW AND CONTROL	Yes P/D/S	No/ N/A	Comments/ Recommendations
A. Does your plan address traffic control Ingress and egress of vehicles, personnel, supplies, visitors and patients?			
B. Have arrangements been made for security support in maintaining order in the vicinity of the facility since law enforcement may not be available?			
12. VISITORS	Yes P/D/S	No/ N/A	Comments/ Recommendations
A. Does the plan include mechanism to deal with anticipated increases in visitors and curious onlookers seeking to gain entrance during disasters?			

B.	Has provision been made to establish waiting areas, with supportive counseling, away from the Emergency Department to minimize unwanted access to the relatives and friends of disaster casualties?			
C.	Has a position holder been designated to control and take care of housekeeping issues that arise due to visitors?			
13. MEDIA		Yes P/D/S	No/ N/A	Comments/ Recommendations
A.	Does the plan designate an internal spokesperson as a media contact?			
B.	Do the media have a designated area?			
C.	Has the media area been positioned away from critical areas to minimize interference? (e.g. Emergency Department, Command Center, and waiting areas for relatives, family and friends)			
D.	Does the plan identify a designated person to address of the needs of the media?			
E.	Does the plan identify a point of contact or conduit between the internal facility spokesperson and the joint information center contact (established by Emergency Management Agency or other lead agency)			
F.	Have provisions been made to identify the procedures for handling requests for information from the media?			
G.	Have provisions been made to work in concert with the local, state and federal agencies?			
H.	Have appropriate locations been identified for press briefings?			

14. RECEPTION OF CASUALTIES	Yes P/D/S	No/ N/A	Comments/ Recommendations
A. Does your plan provide provisions for unanticipated or short notice arrival of multiple casualties including:			
1.) Rapid identification, documentation and tracking			
2.) Triage (S.T.A.R.T. for adults, Jump S.T.A.R.T. for pediatrics)			
3.) Triage area that allows for retention, segregation and processing of incoming casualties			
4.) Identification of radioactive, biological or chemical exposure and the need to establish a decontamination site(s)			
5.) A mechanism for identification of patients who have completed Decontamination			
6.) Registration			
7.) Treatment in designated treatment areas			
8.) Protocols for prophylaxis and treatment of biological, chemical and radiological exposure			
9.) Admission or transfer			
10.) Transportation as needed			
B. In the confirmation notification of a disaster, does the plan provide for:			
1.) Clearance of all non-emergency patients and visitors from the emergency department			
2.) Cancellation of all elective admissions and elective surgery			
3.) Determination of rapidly available or open beds			

4.)	Determination of space that can be converted to patient care areas			
5.)	Determination of number of patients who can be transferred or discharged			
C.	Is the receiving and sorting area accessible and in close proximity to the areas of the hospital in which definitive care will be given?			
D.	Is the reception area equipped with portable auxiliary power for illumination and other electrical equipment, or can power be supplied from hospital emergency power (generator) circuits?			
E.	Are sufficient equipment, supplies, and apparatus available, in an organized manner, to permit prompt and efficient casualty movement?			
F.	Radiological monitors and radiation detection instruments be assigned to the triage area?			
G.	Have provision been made for a large influx of casualties requiring admission to the facility to include:			
1.)	Bed arrangements			
2.)	Personnel requirements			
3.)	Extra resources such as interpretive services, linen, pharmaceutical needs, dressings, etc?			
H.	Are the medical records and admission departments organized to handle an influx of casualties			
I.	Is there a system for retention and safekeeping of personal items removed from casualties?			
J.	Is there a plan to segregate/isolate disaster casualties from the rest of the hospital if those casualties are contaminated (e.g., individual who have breached the facility security/decontamination system, or are radioactive)?			

K.	Identification and location of names of patients and deceased individuals following a disaster (while not currently a requirement, this suggestion is being proposed as an addition to standard EC 1.4)			
L.	Process for rotation of personnel with work periods and rehabilitation periods			
M.	PPE			
1.)	Is the PPE appropriate for level of training and incident with appropriate medical clearance for use of PPE?			
2.)	Does the facility/agency have a current respiratory protection program			
3.)	Are the Decontamination area(s) established appropriately?			
4.)	Is the PPE appropriate for the hazard?			
5.)	Pre-Donning vital signs (Standardized Policy identifying criteria for: pulse, respiration, blood pressure, weight, temperature, and current medication/health quick checklists).			
6.)	Post Entry Doffing vital signs (Standardizing Policy identifying criteria for: pulse, respiration, blood pressure, weight, temperature, and current medication/health quick checklist). With interventions clearly defined if abnormal findings.			
7.)	Appropriate Donning and Doffing technique demonstrated			
8.)	Can you demonstrate that personnel in PPE can correctly be decontaminated prior to doffing PPE?			

9.)	Appropriate documentation and tracking of PPE suited personnel (vital signs as above, time in zones and time in rehabilitation)			
10.)	Can operations be conducted for extended periods?			
N. Decontamination				
1.)	Functional response of equipment to the scene (not pre-staged for exercise)			
2.)	Was the decontamination equipment setup and functioning properly?			
3.)	Environmental control for the victims (Warm water, Out of the elements once wetted down, able to cover victims back up)			
4.)	Inventory and tracking of valuables and contaminated effects			
5.)	Were wounds appropriately decontaminated and dressed before primary decontamination?			
6.)	Do you have a policy on removal of foreign bodies previous to decontamination? (If not , consider developing one)			
7.)	Was there an effective non-ambulatory decontamination process/system			
8.)	Was the victim's privacy managed appropriately based on resources and environment?			
9.)	Was a patient casualty collection point established and clearly identifiable according to the plan?			
O. Active triage and treatment				
1.)	Did victims or EMS response personnel receive appropriate antidote if indicated?			

2.)	Were treatment priorities established (red, yellow, green and black)?			
3.)	Was triage effective and accurate?			
4.)	Was a patient treatment area established after decontamination?			
5.)	Was medical care appropriately delivered (combinations of injury, not just WMD exposure) [tunnel vision]?			
6.)	Are the WMD antidotes stored in a readily accessible secured area?			
P.	Fatality Management			
1.)	Does the facility have plans for managing contaminated deceased?			
2.)	Was an appropriate separate area established for potentially contaminated fatalities?			
3.)	Were fatalities decontaminated?			
4.)	Were fatalities managed in a fashion to preserve forensic evidence?			
15.	RELOCATION OR EVACUATION OF PATIENTS AND STAFF	Yes P/D/S	No/ N/A	Comments/ Recommendations
A.	Has provision been made for the movement of patients and staff to an immediate area of safe refuge within the facility in the event the area must be evacuated or staff and patients relocated?			
B.	Have agreements been made with other healthcare facilities for the relocation of patients should the facility be unable to support patient care?			
C.	Have satellite locations been pre-determined and confirmed for the housing of patients and staff in the event of an evacuation? (JACHO requirement)			

D. Have transportation requirements (ambulances and public transport) been pre-designated for the movement of patients, staff and visitors?			
E. Have transportation resources been identified for patients that must be moved in hospital beds, on ventilators, and connected to specialized equipment?			
F. Is there a time sequence built into the plan designating appropriate moving times, assigned personnel including profession staff assignment, and priority of patients when moving to specific locations?			
G. Is there a sequence for patient transfers along pre-established routes?			
H. Are procedures established for the orderly disposition of patients to their homes?			
I. Has provision been made for immediate refuge, care, and comfort for the patients and staff on the hospital grounds during inclement and winter weather?			
1.) Provisions for staffs dependant care (infants, children, and dependant adults)			
2.) Is there an organized evacuation process to handle large numbers of patients upon short notice?			
3.) Does your plan address the movement, removal and control of patient records and documents in a manner that safeguards patient confidentiality?			
16. HOSPITAL OUT OF COMMUNICATION OR CUT OFF FROM RESOURCES	Yes P/D/S	No/ N/A	Comments/ Recommendations

A.	In the event the facility is unable to communicate or cut off from resources, are personnel assigned to be responsible for the following tasks?			
1.)	Auxiliary power?			
2.)	Rationing of food and water?			
3.)	Waste and garbage disposal?			
4.)	Rest and rotation of staff?			
5.)	Rationing of medication and supplies			
6.)	Laundry			
7.)	Staff and patient morale			
B.	Has consideration been given to utilization of patients and visitors to assist staff with duties?			
17.	EQUIPMENT, SERVICES, FACILITY, AND LABORATORY ASSESSMENT	Yes P/D/S	No/ N/A	Comments/ Recommendations
A.	Current number of the critical pieces of equipment readily available within the facility: (Example of a partial list)			
1.)	Ventilators (adult)			
2.)	Ventilators (pediatric)			
3.)	Ventilators (neonate)			
4.)	IV pumps			
5.)	IV poles			
6.)	Suction Machines			
7.)	Beds			
8.)	Stretchers			
9.)	Wheelchairs			

10.) Other			
B. How many days can the facility function with currently available medical supplies?			
C. Are local suppliers of medical equipment identified? Are there 24-hour contact numbers for these suppliers?			
D. Current level of linen maintained and readily available (days)			
E. Does the facility have the ability to shut down air intakes and portions of ventilation system?			
F. Are shipping containers readily available to safely transport specimens as requested by agencies such as the CDC, FBI?			
G. Does the plan include measures to insure the ability to provide hand washing /hand sanitizing measures?			
H. Does the plan include measures to insure adequate amounts of personal protective equipment?			
I. Is there a mechanism to manage (unsolicited) donations (e.g. blood, medical supplies)			
18. PHARMACEUTICALS	Yes P/D/S	No/ N/A	Comments/ Recommendations
A. Current number of the critical pharmaceutical supplies readily available within the facility: (Number of adult doses) (Example of a partial list)			
1.) Ciprofloxacin, oral and intravenous			
2.) Doxycycline, oral			
3.) Bronchial dilators			
4.) Other fluoroquinolones, oral and intravenous			

5.) Bulk Atropine and Pralidoxime Chloride (2-PAM CL)?			
B. Does the pharmaceutical allocation plan make provision for prophylaxis of all staff and their immediate family?			
C. Has the plan identified and established relationships with other facilities outside the immediate region as a means to identify potential sources of needed pharmaceuticals as well as equipment, supplies, and staff?			
D. Does the plan identify pharmaceutical warehouses within the local area?			
E. Does the plan outline how pharmaceuticals can be procured, transported, and delivered to the facility while within a secure environment?			
F. Does the plan have a process for utilization of the National Pharmaceutical Stockpile?			
19. POST DISASTER RECOVERY	Yes P/D/S	No/ N/A	Comments/ Recommendations
A. Does the plan designate who will be in charge of recovery operations?			
B. Does the plan make provision for the following during recovery?			
1.) Documentation			
2.) Financial matters			
3.) Inventory and resupply			
4.) Record preservation			
5.) Cleanup			
6.) Hazard removal and cleanup			

7.)	Salvage / equipment recovery			
8.)	Garbage and waste disposal			
9.)	Utility and equipment servicing			
10.)	Physical plant restoration and renovation			
C.	Does the plan address the following programs?			
1.)	Critical Incident Stress Management Program			
2.)	Employee Assistance Program			
3.)	Group/Individual counseling services			
4.)	Family Support Program			
20.	EDUCATION AND TRAINING	Yes	No/ N/A	Comments/ Recommendations
		P/D/S		
A.	Does the plan specify who is responsible for the training and education program(s)?			
B.	Does the plan include methods for augmentation and extemporaneous training for new and altered roles?			
C.	Does the facility have ongoing, mandatory standardized disaster training programs?			
D.	Has the facility considered <u>adapting</u> disaster procedures for application when dealing with routine procedures so personnel can become familiar with them?			
E.	Does the program provide disaster education material during staff orientation to facilitate staff awareness?			
F.	Does the program have inter-organization joint training sessions that deal with common aspects of disaster response?			
G.	Is the disaster planning incorporated into the continuously quality improvement program			

21. KEY INTERNAL PERSONNEL	TELEPHONE / BEEPER / MOBILE PHONE
Facility CEO	
Administrator on call	
Emergency Department Physician, Chief	
Administrative Supervisor (House Manager)	
Director of Security	
Chief Nursing Officer	
Director of Engineering	
Director of Infection Control/Hospital Epidemiologist	
Chief of Microbiology/Laboratory Medical Director	
Chief of Medical Staff/Pediatrics/Critical Care/Surgery/Psych	
Risk Manager/Safety Officer	
Public Relations	
Information Services/Communications	
Product Resources	
Director of Pharmacy	
Chaplain/Pastoral Counseling/Crisis Response Team	
Social Services	
Ethics Officer	
Food services	
Employee Health Manager	
Human Resources Rep	
Director of Pathology	

Finance Director	
Director of Admitting	
22. KEY EXTERNAL PERSONNEL/AGENCIES	TELEPHONE / BEEPER / MOBILE PHONE
Local Emergency Management Agency	
State EMA	
Local EMS Agencies	
State EMS Agency	
Local Health Department	
State Health Department	
Local Law Enforcement Agencies	
FBI Field Office	
National Guard	
Metropolitan Medical Response System (MMRS) Coordinator	
National Disaster Medical System (NDMS) Contact	
CDC Emergency Response Office	
CDC Hospital Infections Program (Healthcare Quality)	
Other area hospitals	
State Medical Coordinator	

23. INCIDENT COMMAND SYSTEM

If utilizing the Hospital Emergency Incident Command System (HEICS) as your framework for hierarchy in a disaster scenario, have you identified positions, not an individual(s), to fill each role?
 (<http://www.emsa.ca.gov/dms2/heics3.htm>)

INCIDENT COMMAND STRUCTURE

A. Is there an existing Incident Command System (ICS) structure implemented at the onset of the event?	Yes P/D/S	No/ N/A	Comments/ Recommendations
B. Is there standardized documentable ICS training appropriate for their role(s)? (put into hospital document)			
C. Is there a medically qualified hazardous materials resource advisor available to the IC (Poison control, physician, etc.)?			

HEICS Position	Current Position	Job Action Sheet Completed? Y or N
Incident Commander		
Public Information Officer		
Liaison Officer		
Safety and Security Officer		
Logistics Chief		
Planning Chief		
Finance Chief		
Operations Chief		
Medical Care Director		
Ancillary Services Director		
Human Services Director		
Medical Staff Director		

24. EXERCISING THE DISASTER PLANNING PROGRAM	Yes P/D/S	No/ N/A	Comments/ Recommendations
A. Does the facility conduct an annual exercise?			
B. Does the exercise ensure all key participants are familiar with the contents of the plan?			
C. Are specific aspects of the plan tested where weakness or deficiencies are identified and corrected?			
D. The Plan provides processes for defining and, when appropriate, integrating the hospital's role with community wide emergency response agencies (including identification of who is in charge of what activities and when they are in charge) to promote interoperability between the hospital and the community (JC 2002 HAS EC.1.4 c)			
E. Is a formal critique performed with results distributed to all key individuals and participating groups?			