

October 2009

Hospital Emergency Event Planning Process



Background

Washington hospitals are planning for the H1N1 influenza pandemic. Hospitals anticipate facing challenges during the event. These include, but are not limited to, bed availability, use of temporary locations, rooms, and provision of safe care.

1. Hospital rules require emergency preparedness plans. Plans need to address sufficient management structure, staff, equipment, drugs and supplies to provide safe care.
2. Emergency preparedness is defined in WAC 246-320-296:
 - (6) Emergency preparedness. The hospital must:
 - (a) Establish and implement a disaster plan designed to address both internal and external disasters. The plan must be:
 - (i) Specific to the hospital;
 - (ii) Relevant to the geographic area
 - (iii) Readily put into action, 24 hours a day, seven days a week; and
 - (iv) Reviewed and revised periodically;
 - (b) Ensure the disaster plan identifies:
 - (i) Who is responsible for each aspect of the plan, and
 - (ii) Essential and key personnel responding to a disaster;
 - (c) Include in the plan:
 - (i) A staff education and training component;
 - (ii) A process for testing each aspect of the plan; and
 - (iii) A component for debriefing and evaluation after each disaster, incident or drill.
3. The Department of Health will not take enforcement action against a facility if the facility's actions are consistent with its emergency plan. The plan may include reference to bed overflow and availability, including temporary structures, modifications to existing room use, use of alternate locations, and use of beds in excess of the license limit.
4. Temporary hospital locations must be operated under the management of the hospital. The temporary hospital locations need to have a defined plan, including:
 - a. Staffing;
 - b. Basic equipment, supplies and medications to provide care based on patient needs;
 - c. Types of patients that would be admitted to these structures;
 - d. Infection control; and
 - e. Water, bathrooms, heat.
5. Payment and reimbursement issues are outside the scope of Health Systems Quality Assurance and the Department of Health. We will refer hospitals to the Centers for Medicare and Medicaid Services.

Public Health – Always Working for a Safer and Healthier Washington

October 13, 2009