Please reply to classmates’ posts

1ST Classmate!

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MollyTop of Form

Ennis’s Emergency Management Plan (EMP) is pretty comprehensive for all HAZMAT activities with a tangential OSHA focus. Although a HAZMAT is something that a hospital might deal with and should have the capability to handle or recognize, I would not be basing an entire EMP or EOP on a single type of emergency. I would attempt to follow an all-hazards approach to building an effective EM plan based on a comprehensive HVA like we discussed last week. I would expect industrial areas to have robust HAZMAT plans that involve neighboring industries, fire departments, and other specialists, however, that level of preparedness isn’t feasible or necessary for all types of hospitals. I would also like to add that Ennis’s model has a lot of referenced information, with phrases such as “hospitals can consult OSHA's respiratory protection standard, 29 CFR 1910.134” (Ennis, 2001). I would prefer to have that information in my EMP for ease of access and so that others who may not be familiar with those resources can access the information in a timely manner. I did appreciate his list of points of contact, which could be invaluable during an emergency.

A couple of things in the EMP model that Ennis crafted could also apply to other situations, mainly infection control and body substance isolation. HAZMAT is not the only instance where knowledge and application of personal protective equipment are required, so the EMP does have merit elsewhere. I would probably include many of the same methods in my EMP in those other categories specifically when dealing with airborne and highly infectious diseases. The recommendations made regarding ventilation systems could also apply here.

 Additionally, the segment of the plan regarding “designation of alternative facilities that could provide treatment in case of contamination of the hospital's Emergency Department” could easily translate to a diversion method of dealing with patient surge under different circumstances (Ennis, 2001). Also, the recommendation for a “post-emergency critique of the hospital's emergency response” is not exclusive to HAZMAT events and should be conducted after every activation of the EOP (Ennis, 2001). Also, the requirements for the Joint Commission (exercise frequency, NFPA standards) that are included in Ennis’s model can translate to my more expanded, general EMP (Ennis, 2001). Overall, the principles that Ennis used are solid and can apply to other emergency types, but the plan is still not broad enough in my opinion.

My Emergency Management Plan’s table of contents might look something like the following:

* Introduction, Statement of Purpose & Scope
* Hospital Incident Command System
  + Activation Thresholds & Checklist
  + Structure, Roles, & Responsibilities
* Critical Operations
  + Communications
    - Interhospital
    - Media
  + Resources and assets
    - Hospital
    - Community
    - Memorandums of Understanding
  + Safety and security
  + Staff responsibilities
  + Utilities
  + Clinical support activities
  + Miscellaneous procedures
    - Documentation
    - Emergency Codes
    - Event-Specific (Surge, evacuation, lockdown, etc.)
* Contact list
  + Suppliers
  + Local partners
  + Regional partners
  + Informative helplines
* Legal Considerations and Resources
  + Review Policy
* Appendix A: Facility Map
* Appendix B: Community Demographics
* Appendix C: Hazards/Vulnerability Analysis
* Appendix D: Personnel Training Levels
* Appendix E: Evaluation, After-Action, and Improvement Plan

I got some of my ideas for my EMP from the California Hospital Association (CHA) checklist document for building an emergency management program. It differs slightly from building an emergency management plan (synonymous with EOP) but had a lot of beneficial information in it that I wish I had found prior to submitting my PowerPoint for the week. I highly recommend taking a look at it. Also, I found the Joint Commission’s six critical aspects of Emergency Management useful in creating this table of contents. I couldn’t specifically cite them in the list, but I wanted to give those resources credit for the idea generation and influence. I would appreciate feedback on the list and whether or not I’m on the right track.

- Molly

California Hospital Association (CHA). (2020, March). Emergency Operations Plan (EOP). Retrieved from https://www.calhospitalprepare.org/emergency-operations-plan

California Hospital Association. (2019, March 14). “Hospital Emergency Management Program Checklist” [word document]. Retrieved from https://www.calhospitalprepare.org/sites/main/files/file-attachments/emp\_checklist\_03.2019\_1.doc

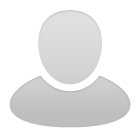
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The Joint Commission. (2012, January). PDF. Retrieved from https://doh.sd.gov/documents/Providers/Prepare/MI-HospitalGuide.pdf

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2nd Classmates!

1 day ago

**Anne Graf**

**DB 10**

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I thought the Ennis’ Emergency Management Plan model seems like a solid overview of how a healthcare facility should prepare and respond to a hazardous material emergency. I like how the EMP included physicians, nurses, aids and support staff such as housekeeping to be decontamination team. As each role could be impacted in some way, therefore training for all is deemed necessary. However, it seems like there is a lot of leniency towards the certification process of hospital personnel by stating there is no specific hourly minimum for training EMS or the employer must certify that the medical staff performed their duties safely and adequately, not a third party.

A way I would improve the Ennis’ EMP model would be to standardized training across the healthcare personnel sector. Whereas, some staff would be trained more intensely depending on their immediate connection to the HAZMAT incident, however, I feel it is more appropriate that all staff have a generalized competency. This is because if the patient is decontaminated or is still infected in some way, healthcare personnel are still required to treat the patient. Therefore, it is important that the healthcare personnel are educated so they don’t have to fear or question their safety. It would also be important that the Ennis’ EMP model adopt a more broad “all-hazards” approach. As the HAZMAT is an important vulnerability to prepare for, it most likely is not the only vulnerability that threatens healthcare facility.

The crossover with other hospital department responsibilities would be administration, particularly Human Resources. The legal and proper training initiatives that are explained in the Emergency Management Plan are of similar concern for HR representatives that healthcare personnel are properly trained and the facility is safe for staff and patients.

The table of contents for my hypothetical emergency management plan would:

            Introduction

                        Mission Statement

                        Policies/Laws

Definitions

            Mitigation

                        Identification of Hazards and Vulnerabilities

                        Resources to those hazards and vulnerabilities

                        Insurance coverage

            Preparedness Efforts

Succession of Authority/ HICS

Roles and responsibilities descriptions to HICS

Communication networks/Notifications

            Response

                        Priorities

                        Alert and Notification

                                    Internal

                                    External

                                    Public Affairs

                        Activation procedures

                        Shelter-In-Place Procedures

Evacuation Procedures

                        Hazardous Materials Management

                        Infectious Disease Management

Security

                        Volunteer and Donation Management

Business Continuity Operations Plans

            Recovery

                        Financial expenditures management

                        Psychological needs of hospital staff and patients

                        Restoration of services, resources

            References

            Resources

                        Floor Plans

                        Community Map

                        Community Partners

                        Stakeholders

References:

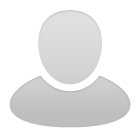
Colorado Community Health Network. (2012). Emergency Management Plan (EMP) Template. Retrieved from: <https://www.cchn.org/pdf/clinical_quality/ep/EMP_CHC_Template_Version_2.pdf>

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3rd Classmates!

1 day ago

**Tracy Lam**

**Week 10 DB**

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Ennis' hospital and community emergency response model is a very comprehensive Hazmat plan. It covers important aspects such as which personnel members would be involved as well as the type of training that would be expected of them. One change that I would make to the model would be to expand training to other personnel. All hospital personnel should at the very least have basic Hazmat training so that they are capable of recognizing an incident, knowing who to report to, and understand how the hospital is being run during a Hazmat incident. It is not necessary for all hospital personnel to train to the highest level but all personnel should at the very least know what is going on during a Hazmat incident. Hospital operations are very likely to change depending on the situation so it is necessary for all personnel to still know how to respond even if the decontamination effort is being conducted in another part of the hospital.

A hypothetical table of contents would potentially look like:

* Introduction
* Relevant Legal Requirements
  + OSHA standards
  + Other related standards
* Planning
  + Emergency Response Plan
  + Working with First Responders/Other Agencies
  + ICS
  + Defining Personnel Roles
  + Required Training
  + PPEs
  + Decontamination
  + Training & Drills
* Incident Termination

Ennis, S.(2001). Model emergency management program hospitals and community emergency response - what you need to know emergency response safety series. *U.S. Department of Labor Occupational Safety and Health Administration* OSHA 3152 (1997)

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4th Classmate!