

Guide to Physical Security Planning & Response

For Hospitals, Medical & Long Term Care Facilities

Includes comprehensive section on evacuation best practices

All hazards planning & response – Templates – Best Practices

Dr. Mary Russell, Jim Kendig, Don Philpott



Government Training Inc.™

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Government Training Inc.

Rights and Contracts Department

5372 Sandhamn Place

Longboat Key, Florida 34228

don.dickson@GovernmentTrainingInc.com

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Contents

Introduction.....	2
Step One: Planning	4
Overview	5
Risk/Vulnerability Assessment	6
Facility Vulnerabilities	16
Security.....	16
Physical Security	17
Building Entrances and Exits	22
Functional Areas.....	25
SECURITY CONTROL CENTER (SCC).....	30
Building Envelope.....	32
Utilities	34
Building Systems	36
Security Systems	40
Setting up the team	52
Incident Command	52
Developing the Plan	54
Communication	61
Step Two – Emergency Specific Responses	62
Bomb/terrorism	63
Bio-Terrorism	69
Fire Safety.....	79
Extreme Weather.....	82
Severe Storms	85
Storms, Tornadoes and Hurricanes	85
Tornadoes	92
Flood.....	95
Earthquake and Tsunami	99
Hazards	102
Biological, chemical, radiological(BCR).....	102
Training.....	104
Developing a Plan, Procedures, Training and Testing	117
Off campus locations.....	119
Setting up a health and medical annex.....	119
Nursing homes.....	120
At home and special needs patients.....	124
Step Three - Evacuation planning.....	137
Writing An Emergency Plan	149
General Evacuation Guidelines	157
Partial	168
Complete	168
Alternate Care Site	170

Operating Room Evacuation Procedures	170
Communications	171
Training.....	186
Step Four – Transportation	187
Step Five: Recovery	197
Post Storm Actions	197
Repopulation after Evacuation.....	198
Appendices	202
Internal Disaster Plan	223
Hospital Evacuation Plan	225
External Disaster Plan.....	225
Severe Thunderstorm/Tornado Protocol	228
Civil Disturbance or VIP Admission Protocol	228
Bomb Threat Procedure	229
Hazardous Material Incidents Protocol.....	230
General Management of Decontamination Following Radiation Contamination	231
Release of Information to the News Media	233
Code Quick Reference and Kardex example	244
Glossary and Acronyms	267
Acronyms.....	267
Glossary – Building, Natural and Man-made disasters.....	268
Glossary- Security.....	276
References	291

Symbols

Throughout this book you will see a number of icons displayed. The icons are there to help you as you work through the Six Step process. Each icon acts as an advisory – for instance alerting you to things that you must always do or should never do. The icons used are:



This is something that you must always do



This is something you should never do



Really useful tips



Points to bear in mind



Have you checked off or answered everything on this list?

Introduction

This book while focusing on hospitals is aimed at all health care providers – from the largest hospital to the smallest private nursing home. In the event of an emergency the challenges facing them all are the same even though the logistics are very different. However, they are all part of the emergency planning system and all should be prepared accordingly.

The National Response Framework (NRF), published by the Department of Homeland Security in 2008, serves as a guide for all response agencies at every level in the United States, including hospitals, to use common training, language, and responses as an all-hazards approach to disasters. This unified national response to disasters recommend using Incident Command System (ICS) language for response roles, referencing job action sheets for responsibilities associated with those roles.

Hospitals use a Hospital Incident Command System (HICS) approach which is aligned with the National Incident Management System (NIMS) and the way other response agencies are directed to act. This includes local, county, regional, state, tribal and federal levels. Hospitals need to comply with NIMS objectives if they receive federal preparedness and response grants, contracts, or cooperative agreement funds.

Two other resources that should be taken into account are the National Security Strategy May 2010, and the National Infrastructure Protection Plan 2009, both of which stress the importance of an integrated, multi-agency approach in emergency planning to protect people and the critical infrastructure they depend on.

While most health care providers, especially hospitals, have emergency plans in place many smaller health care facilities do not.

Hospitals and nursing homes are required to have emergency plans in place to cope with man-made, technological and natural disasters using an “all hazards” approach. The Centers for Medicare & Medicaid Services requires hospitals and nursing homes that receive Medicare or Medicaid payments to maintain and exercise emergency plans.

The Joint Commission (TJC) requires that hospitals and nursing homes it accredits maintain and exercise emergency plans that include processes for evacuations.

Hospital and nursing home administrators often have the responsibility for deciding whether to evacuate their patients or to shelter in place during a disaster.

State and local governments can order evacuations of the population or segments of the population during emergencies. However, following Hurricanes Rita and Katrina every effort is likely to be made to evacuate if required.

Hospital administrators usually evacuate only as a last resort and facilities’ emergency plans are designed primarily to shelter in place.

Even when county or state officials recommend that hospitals and nursing homes evacuate their facilities, the final decision is made by either the hospital or nursing home administrator.

Both options – shelter in place and evacuation – must be considered as part of emergency planning.

The facility must have adequate resources to shelter in place. Examples of resources include space, staff, and supplies and power. Without these resources, a facility may be unable to care for patients at the facility, and therefore may be more likely to evacuate.

Risks to patients must be considered in deciding when to evacuate – for instance when a hurricane threatens. Evacuating too soon may place patients needlessly at risk if the potential threat does not materialize. Evacuating at the same time as the general public may increase risk to patients’ health if traffic congestion and other road complications increase travel time which is why it is important to coordinate with county emergency management officials. Evacuating too late increases risk if patients do not arrive at their destination before a storm strikes.

Evacuating a hospital or nursing home requires a facility to secure transportation to move patients and a receiving facility to accept patients. Facilities are likely to have arrangements for these services locally, but they are less likely to have arrangements with organizations in other localities or states, as was necessary for an event such as Hurricane Katrina. Some states such as Florida for instance with a long history of hurricanes, do have such arrangements in place and hospitals as one example, use a VHA agreement that allows 32 healthcare systems to reach out during an event. The agreement covers Florida and Alabama. Other examples in Florida include the Disaster Aid Services to Hospitals (DASH) agreements

Hospital and nursing homes accept that their contracted transportation providers may be limited in being able to support them during a major disaster because local demand for transportation will likely exceed supply.

The destruction of facility infrastructure due to a storm may force a facility administrator to decide to evacuate after the event due to building damage or a lack of utilities. For example, a nursing home in Florida evacuated after Hurricane Charley in 2004 because the facility's roof was destroyed and the facility lost power and water service.

The destruction of community infrastructure, such as the loss of communications systems and transportation routes, can further complicate the decision to evacuate. For example, during Hurricane Katrina, the destruction of communications systems left hospital and nursing home administrators unable to receive basic information, such as when assistance would arrive.

Nursing home administrators must also consider additional factors.

Nursing home administrators told us that they cannot reduce the number of residents because residents generally have no other home and cannot care for themselves. In contrast, hospital administrators told us that it is common to discharge as many patients as possible before a disaster to reduce the number of patients who need to be sheltered or evacuated and to make room for post storm "casualties".

When a nursing home evacuates, the administrator must locate receiving facilities that can accommodate residents for a potentially long period. For example, a nursing home in Florida had to relocate residents for over 10 months because of damage to the facility. Despite the problems, all nursing homes need an evacuation plan and they must practice it.