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BEST PRACTICE

Emergency Management Programs for Healthcare Facilities: Program Organization

PURPOSE

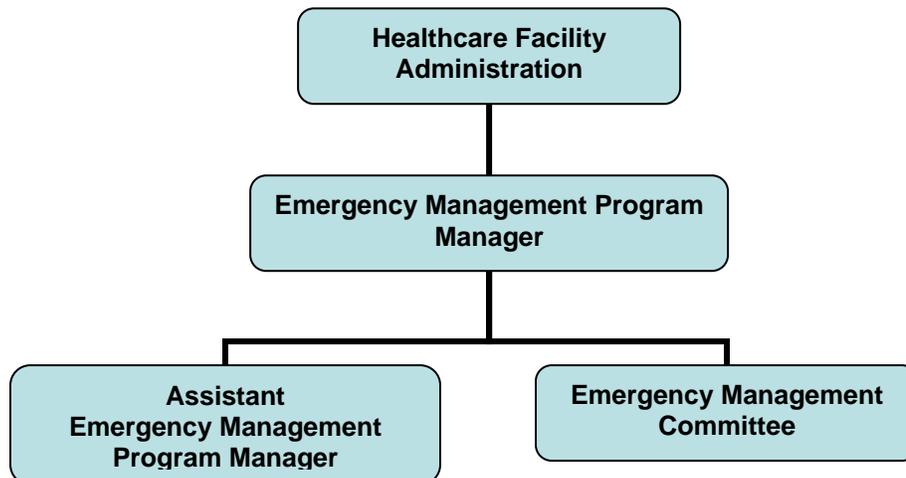
This Best Practice reviews managerial roles and responsibilities for a healthcare facility's Emergency Management Program (EMP).

SUMMARY

An EMP at a healthcare facility should be principally managed by one individual, while a committee should provide guidance and overall direction for the program.

DESCRIPTION

The responsibility for the EMP ultimately rests with the healthcare facility's administration. However, practicality usually demands that the facility's administration delegate the daily management of the EMP to another staff member. In addition to someone to manage the program, a committee should be established to plan and review all activities conducted under the auspices of the EMP. The following discussion offers an overview of their roles, recognizing that practices will vary across healthcare facilities.



Notional EMP Organization

Program Management

Program Manager and Assistant Program Manager

The Program Manager is responsible for the overall management of the EMP. In order for a healthcare facility to operate a successful program, it is important that this person possess certain knowledge and skills, such as:

- An operational understanding of emergency management and the Incident Management System (IMS),
- Detailed knowledge of their healthcare facility's emergency response operations,
- Familiarity with facility safety operations, and
- Familiarity with community emergency response systems.

Some facilities also choose to employ an Assistant Program Manager to organize EMP activities according to the Program Manager's guidance. Healthcare facility administration should seek similar knowledge and skills in an assistant manager.

Few healthcare facilities have the resources to employ a permanent, full-time, dedicated Program Manager and Assistant Program Manager. Instead, they assign these duties to personnel who possess appropriate skills, and are interested in developing an EMP. In many healthcare facilities the safety officer fits these requirements, and fills one of these roles.

The terms "Program Manager" and "Assistant Program Manager" are used generically in this document. Healthcare facilities should focus less on the title of the position than on defining the roles and responsibilities of a manager and assistant manager that are appropriate for the specific organization. This is consistent with the principles of the IMS. For more information, please see *Emergency Management Programs for Healthcare Facilities: The Incident Management System*. Depending on the organization, the Program Manager may be referred to as the "Director," "Manager," "Coordinator," or some other title.

Program Committee

Many healthcare facilities convene an Emergency Management Committee to provide direction and feedback for the EMP. The Committee is usually chaired by the Program Manager. Its structure should reflect the healthcare facility's organization and response operations. Members should be drawn from four principal groups: Clinical personnel, non-clinical personnel, the sections of the facility's IMS, and the local response community. Such a broad composition on the committee can build support for the resulting EMP and associated activities. Healthcare facilities should consider including the following specialties on the Emergency Management Committee:

- Clinical Personnel
 - Burn services
 - Clinical pharmacology/toxicology
 - Critical care services (medical and nursing)
 - Dietary
 - Emergency medicine and nursing
 - Internal medicine
 - Infection control/infectious disease
 - Lab/blood bank/pathology (including morgue)
 - Medical director
 - Nursing supervisor
 - Pediatrics
 - Pharmacy
 - Post-anesthesia care unit (PACU)
 - Psychiatry
 - Radiology (including radiation safety)

- Residents and students
- Surgery
- Trauma services
- Non-clinical personnel
 - Administration (including media/public information, liaisons to outside agencies)
 - Chaplain services
 - Communications
 - Finance
 - Patient registration
 - Information services
 - Plant operations
 - Safety
 - Security
 - Volunteer coordinator
- Representatives from the sections of the facility's Emergency Operations Plan (EOP)
 - Management (incident manager, public information, liaison, safety and security)
 - Finance/administrative
 - Operations
 - Logistics
 - Planning
- Local Emergency Response Community
 - Emergency management
 - Emergency Medical Services (EMS)
 - Fire service
 - Law enforcement
 - Public health
 - Others as appropriate

Emergency Management Committees are challenged by the scope of their responsibilities, the size of the committee, and other similar issues. It is important that Committee meetings are mandatory, occur at least once a quarter, follow an agenda, and have audiovisual and other support readily available.

JCAHO accredited facilities will have established a "multidisciplinary improvement team" (or "safety committee" or "environment of care committee") to address environment of care issues. In large healthcare organizations, the Emergency Management Committee may report to the "multidisciplinary improvement team" or similar body.

Some Emergency Management Committees establish subcommittees to conduct their business more effectively and efficiently. Subcommittees are often used to explore contentious issues or perform complex tasks, such as developing an EOP. Similarly, a Steering Group or Executive Committee may be created to provide strategic direction to the Emergency Management Committee. Healthcare facilities might also be able to use existing committees as subcommittees. It is important that any and all subcommittees report to the full Emergency Management Committee on a regular basis.

Program Review

An annual review of the EMP should evaluate the program according to its stated goals and objectives. All sections of the EMP, including the Hazard Vulnerability Analysis (HVA), the Incident Management System (IMS), the Emergency Operations Plan (EOP), the exercise

program, and all other programmatic activities, should be reviewed. This review should be conducted by a person or group knowledgeable about the EMP, such as some combination of the Program Manager, Assistant Program Manager, the full EMP Committee, or a subcommittee. Whoever reviews the program should submit a report of their findings to program stakeholders. Based on the evaluation, the Program Manager, in collaboration with the Emergency Management Committee, should develop a Corrective Action Plan (CAP) that addresses the findings and recommendations of the review report, and direct actions to correct them.

RESOURCES

Standards

JCAHO Environment of Care

- EC.4.10.4. "At a minimum, an emergency management plan is developed with the involvement of the hospital's leaders, including those of the medical staff."

NFPA 99 Healthcare Facilities Standards

- 12.2.2. "Senior Management. It shall be the responsibility of the senior management to provide its staff with plans necessary to respond to a disaster or an emergency. Senior management shall appoint an emergency management committee, as appropriate, with the authority for writing, implementing, exercising, and evaluating the emergency management plan."
- 12.2.3.1. "The emergency management committee shall have the responsibility for the overall disaster planning and emergency management within the facility, under the supervision of designated leadership."

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