Lessons Learned Information Sharing
www.LLIS.gov

BEST PRACTICE

Emergency Management Programs for Healthcare Facilities:
Emergency Operations Plan:
Concept of Operations:
Notification

PURPOSE
This Best Practice describes what the notification section of a healthcare facility's concept of operations should include.

SUMMARY
A healthcare facility's Emergency Operations Plan (EOP) should have provisions for notifying internal and external personnel.

DESCRIPTION
Notification operations consist of informing personnel both internal and external to the facility of EOP activation and instructing them how to respond. The actual messages should be developed by personnel in the Planning Section, and approved by the Management Section, if feasible. Information should be presented in simple language, and avoid jargon. Messages should be addressed to the recipient's position in the IMS, not the individual's name or job title. Notification messages should include:

- A brief description of what has happened, and its impact on the facility,
- The level of EOP activation that has been enacted,
- Any annexes of the EOP that have been activated, and
- Instructions to reply to the message to confirm its receipt.

Healthcare facilities should routinely test internal and external information management and communication systems for notification through test messages, routine use, drills, and exercises. These tests should evaluate both the information conveyed, as well as the technology used to communicate it.

Internal
For internal notification, healthcare facilities should use communication systems that inform staff, but not patients or visitors. Communications systems that could be used include telephones, pagers, email, instant messaging and facility intranet. Healthcare facilities should avoid relying solely on public address (PA) systems to communicate with staff because patients and visitors may hear them and not understand the information conveyed, which could potentially cause undue confusion or panic. PA systems should only be used in combination with other communications systems that allow staff to receive messages privately.

External

Healthcare facilities have traditionally relied on phone trees or pager systems to notify staff outside the facility. Using an off-duty staff member to conduct notification and coordinate recordings of receipt of acknowledgement messages will free up personnel in the facility for other operational functions. Backup systems that are not vulnerable to the same hazards will help in the event that the primary means of notification is unavailable due to incident damage.

Another option is to use the local media (e.g., radio and/or television) to communicate with personnel outside the facility. Healthcare facilities should develop relationships with the media ahead of time. Establishing contacts will facilitate using the media during an actual emergency. Management should recognize, however, that using the media would alert the entire community of a facility's EOP activation. For this reason, messages broadcast via the media should include directions for the general public to avoid the vicinity of the facility so as not to impede emergency operations. All systems used should be capable of providing instructions for demobilization as well.

RESOURCES
Standards
JCAHO Environment of Care

- EC.4.10.7. "The plan provides processes for notifying staff when emergency response measures are initiated."

- EC.4.10.8. "The plan provides processes for notifying external authorities of emergencies, including possible community emergencies identified by the hospital (for example, evidence of a possible bioterrorist attack)."

NFPA 99 Healthcare Facilities

- 12.3.3.3. "Staff Management. Planning shall include the alerting and managing of all staff and employees in a disaster, as well as consideration of all of the following:
  1) Housing
  2) Transportation of staff and staff family
  3) Critical incident stress management"

References

Barbera, Joseph and Anthony Macintyre. *Mass Casualty Handbook: Hospital.* Jane's Information Group. 2003.
http://catalog.janes.com/catalog/public/index.cfm?fuseaction=home.ProductInfoBrief&product_id=84838

Ennis, Steve. *Emergency Operations Plan.* Reciprocal Group/SME Consulting. Jun 2003.
https://www.llis.dhs.gov/member/secure/detail.cfm?content_id=8303

Joint Commission on the Accreditation of Healthcare Organizations. *Guide to Emergency Management Planning in Health Care.* Joint Commission Resources. 2002.
http://www.jcrinc.com/publications.asp?durki=1022

Joint Commission for the Accreditation of Healthcare Organizations. *Hospital Accreditation Standards.* Joint Commission Resource. 2006.
http://www.jcrinc.com/publications.asp?durki=8141&site=4&return=77

McLaughlin, Susan. *Emergency Management Handbook.* American Society for Healthcare Engineering. 2003.
http://www.ahaonlinestore.com/ProductDisplay.asp?ProductID=744

National Fire Protection Agency. *NFPA 99 Health Care Facilities.* Prepared by the Technical Committees on Administration, Electrical Equipment, Electrical Systems, Gas Delivery Equipment, Health Care Emergency Preparedness and Disaster Planning, Hyperbaric and Hypobaric Facilities, and Piping Systems. 2002.
http://www.nfpa.org/catalog/product.asp?pid=9902