



Standard Guide for Hospital Preparedness and Response¹

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1. Scope

1.1 This guide covers concepts, principles, and practices of an all-hazards comprehensive emergency management program for the planning, mitigation, response, recovery, and coordination of hospitals in response to a major incident.

1.2 This guide addresses the essential elements of the scope, planning, structure, application, and coordination of federal, state, local, voluntary, and nongovernmental resources necessary to the emergency operations plan for a hospital.

1.3 This guide establishes a common terminology for hospital emergency management and business continuity programs necessary to fulfill the basic service requirements of a hospital.

1.4 This guide provides hospital leaders with concepts of an emergency management plan, but an individual plan must be developed in synchrony with the community emergency operations plan and the National Incident Management System.

1.5 This guide does not address all of the necessary planning and response of hospitals to an incident that involves the near-total destruction of community services and systems.

1.6 For the purposes of this guide, the definition of hospital will be the current definition provided by the American Hospital Association for an acute care facility.

1.7 *This standard does not purport to address all of the safety concerns, if any, associated with its use. It is the responsibility of the user of this standard to establish appropriate safety and health practices and determine the applicability of regulatory requirements prior to use.*

2. Referenced Documents

2.1 NFPA Standards:²

NFPA 1600 Standard for Disaster/Emergency Management and Business Continuity Programs

¹ This guide is under the jurisdiction of ASTM Committee E54 on Homeland Security Applications and is the direct responsibility of Subcommittee E54.02 on Emergency Preparedness, Training, and Procedures.

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² Available from National Fire Protection Association (NFPA), 1 Batterymarch Park, Quincy, MA 02269-9101.

NFPA 1994 Standard on Protective Ensembles for Chemical/Biological Terrorism Incidents

3. Terminology

3.1 Definitions of Terms Specific to This Standard:

3.1.1 *all-hazards, adj*—hazard is an inherent property of an event, product, or object that represents a threat to human life, property, or the environment. In this context, all-hazards refers to any incident or event that could pose such a threat.

3.1.1.1 *Discussion*—These may include special equipment and processes that are used less frequently on a daily basis and require routine training to be most effective during a major incident.

3.1.2 *basic societal functions, n*—those basic functions within a community that provide services for public health, health care, water/sanitation, shelter/clothing, food, energy supply, public works, environment, logistics/transportation, security, communications, economy, and education.

3.1.3 *business impact analysis (BIA), n*—management level analysis that identifies the impacts of losing the entity's resources by measuring the effect of the resource loss and escalating losses over time to provide the entity with reliable data upon which to base decisions concerning hazard mitigation, recovery strategies, and continuity planning.

3.1.4 *capacity, adj*—capability at a given time for a hospital to provide a given service that is distinct from capability, which defines an ability to provide a service under normal operating conditions.

3.1.4.1 *Discussion*—A facility may have the capability to treat acute major incident patients in a cath lab, but if a critical resource is missing at the time of a disaster (for example, personnel, equipment, space, or electricity), the facility would not have the capacity to care for such a patient at that time when there is a need.

3.1.5 *communications systems, n*—those processes and resources (physical, procedural, and personnel related) that provide information exchange during an identified major incident.

3.1.6 *community/region, n*—that area in which a hospital provides health services and basic societal functions.

3.1.7 *continuity of essential services, n*—services that hospitals provide as a vital daily function that must be maintained