



# TRACIE

HEALTHCARE EMERGENCY PREPAREDNESS  
INFORMATION GATEWAY

Emergency Operations Plans  
Topic Collection  
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## Topic Collection: Emergency Operations Plans

Hospital emergency planning is even more critical as the number and magnitude of natural and human-caused disasters increases. Health emergency planners must ensure that their plans compliment local emergency operations plans and comply with various guidance, standards, and requirements. The following resources highlight select standards, guidance, and tools that can help healthcare preparedness planners create new or improve existing plans.

*This ASPR TRACIE Topic Collection is in the process of being developed and comprehensively reviewed. If you have resources to recommend for inclusion in this Topic Collection, specifically illustrative examples, plans, tools or templates, please email your recommendations to [askasprtracie@hhs.gov](mailto:askasprtracie@hhs.gov).*

American Hospital Association. (2012). [Always There, Ready to Care: The 24/7 Role of America's Hospitals](#).

This report and two related infographics can help readers understand the ever-present role hospitals play in disaster readiness and response.

ASTM International. (2015). [ASTM Standards and Publications](#).

The ASTM shares medical standards which can help improve patient care, support research, and enhance service delivery in general.

Auf der Heide, E. (1989). [Disaster Response: Principles of Preparation and Coordination](#). U.S. Department of Health and Human Services, Disaster Response.

The author provides an overview of disasters, challenges associated with planning and becoming complacent about disasters, and general principles of emergency management.

Auf der Heide, E. (2005). [The Importance of Evidence-Based Disaster Planning](#). (Abstract only.) *Annals of Emergency Medicine*, 47(1): 34-49.

The author shares common disaster planning assumptions about healthcare response, compares them with research findings, and highlights related planning implications.

Centers for Disease Control and Prevention. (2012). [Hospital All-Hazards Self-Assessment \(HAH\)](#).

This interactive tool is designed to help assess and identify potential gaps in a facility's all-hazards emergency plan. The tool is designed for hospital preparedness staff, including planners, administrators, and others.

Centers for Disease Control and Prevention and American Water Works Association. (2012). [Emergency Water Supply Planning Guide for Hospitals and Health Care Facilities](#).

This document provides a four step process for the development of a hospital emergency water supply plan and includes tips for assembling the right planning team, performing a water use audit, analyzing alternatives, and developing and exercising the plan.

Federal Emergency Management Agency. (2009). [Acronyms, Abbreviations, and Terms: A Capability Assurance Job Aid](#). Incident Management Systems Integration Division.

Emergency planners can use the information contained in this guide to develop materials based on commonly-used abbreviations, acronyms, and terms.

Federal Emergency Management Agency. (2010). [IS-701.A: NIMS Multiagency Coordination System \(MACS\) Course](#).

This course introduces the MAC system and consists of a combination of elements: personnel, procedures, protocols, business practices, and communications integrated into a common system.

Hick, J. (2010). [CO-S-TR Guide for Initial Incident Actions](#).

This PowerPoint presentation highlights how the CO-S-TR model can help hospital incident command personnel prioritize and address key components of surge capacity. "CO" stands for command, control, communications, and coordination; "S" refers to staff, stuff, space, and special (event-specific) considerations; and "TR" comprises tracking, triage, treatment, and transportation.

Hick, J., Koenig, K., Barbisch, D., et al. (2008). [Surge Capacity Concepts for Health Care Facilities: The CO-S-TR Model for Initial Incident Assessment](#). (Abstract only.) Disaster Medical Public Health Preparedness, 2(Supple 1): S51-S57.

The authors present the "CO-S-TR model" which can help hospital incident command personnel prioritize and address key components of surge capacity. "CO" stands for command, control, communications, and coordination; "S" refers to staff, stuff, space, and special (event-specific) considerations; and "TR" comprises tracking, triage, treatment, and transportation.

National Fire Protection Association. (2014). [NFPA Codes and Standards](#).

The association shares standards and codes to help prevent and manage fire-related disasters.

The Institute for Crisis, Disaster, and Risk Management at the George Washington University. (2010). [Emergency Management Principles and Practices for Health Care Systems, 2nd edition](#). U.S. Department of Veterans Affairs.

This document can be useful to any agency or organization involved with the delivery of healthcare services. The authors explain incident management concepts and how they can be applied in the healthcare system.

The Joint Commission. (n.d.). [Emergency Management Standards](#). (Accessed 11/6/2015).

The Joint Commission identifies standards that should be included in hospital emergency operations plans.

U.S. Department of Health and Human Resources. (2013). [Medicare and Medicaid Programs; Emergency Preparedness Requirements](#).

This proposed rule requires Medicare- and Medicaid-participating providers and suppliers to plan for both natural and human-caused disasters, and coordinate with federal, state, tribal, regional, and local emergency preparedness systems. It also requires that these providers prepare to meet needs of patients, clients, residents, and program participants during disasters and emergency situations.