HOSPITAL HURRICANE CHECKLIST

When a tropical storm or hurricane that may affect Louisiana is identified, the State ESF-8 Health & Medical Response Plan will be activated to provide support for hospitals and other healthcare providers. When this plan has been activated, hospital leaders should review facility plans and procedures to ensure their readiness. Use this checklist to guide your review and planning efforts.

This checklist has been updated and modified to include additional considerations during the COVID-19 pandemic response. For more information about responding to hurricanes during COVID-19, refer to the ASPR Technical Assistance document, Healthcare System Preparedness for Secondary Disasters during COVID-19.

☐ Review hospital, regional and state preparedness plans.
   2. Review the Hospital Incident Command System (HICS) structure and ensure roles are assigned within the hospital. Review the command staff roster and have redundancies in place in the event staff are out sick with COVID-19.
   3. Review your hospital’s plan for evacuation and/or shelter-in-place.
      ▪ Assign staff to verify that all facility information in the ESF-8 Portal is up-to-date and status updates are submitted throughout the storm.
      ▪ Assign staff to load information into the At-Risk Registry if evacuation is required. Note: All requests for federal assistance with evacuation must be made by H-60.
      ▪ Contact transportation support vendors to verify their availability, if needed.
   4. Current regional and state plans are linked on the Emergency Preparedness, Planning Resources webpage of the LHAREF website.
      ▪ H-Hour is defined as the time when tropical storm force winds reach the Louisiana coastline. Hospitals should begin preparations for hurricane landfall at H-120.
      ▪ Medical Institution Evacuation Plan (MIEP) has been established to facilitate evacuation of medical institutions using federal assets. Contact your Designated Regional Coordinator (DRC) to learn more.
      ▪ COVID-19 Considerations: In the event of no-notice evacuation due to loss of critical utilities or severe damage to infrastructure, review hospital evacuation procedures and modify as necessary to account for evacuation of infectious patients.

☐ Establish a communication plan to keep staff, physicians, patients and guests informed.
   1. Review plans and contact lists for staff, physicians and key vendors.
   2. Test communications equipment and tools, such as HEAR or 700 MHz radios, text and mass-notification systems.
   3. Review and update internal and external contact lists including DRCs, the LHA, other hospitals, the Parish Emergency Operations Center, and local law enforcement.
☐ Evaluate hospital resources for supplies and supporting contracts.
   1. Assess hospital supplies to ensure you have an adequate inventory of medication, blood and blood products, food, water, linens and oxygen to sustain operations for up to 7 days. Identify PPE supplies on hand and back-up solutions. Consider methods to extend/preserve PPE in the event of delays in resupply from vendors.
   2. Contact vendors to verify their ability to provide support.

☐ Assess the status of facility emergency power systems/generators and evaluate fuel resources.
   1. Top off on-site fuel tanks, and contact vendors to verify their ability to provide support.
   2. Verify facility generator information is current in the ESF-8 Portal; Update if needed.
   3. Review procedure for requesting fuel support from state/federal sources. During a declared emergency, fuel requests should be directed to your DRC.
      Note: Hospitals will be charged directly for any fuel requested and delivered through state/federal sources.
   4. Ensure facility maintenance staff has equipment or supplies available to repair generators when needed.
   5. Evaluate the need to obtain a portable generator.
   6. *If additional beds have been opened to expand bed capacity to cohort COVID positive or non-COVID patients, ensure these areas are equipped with electrical supply access (“red outlets”) necessary to sustain in the event of power loss.

☐ Review plans for staff support and sheltering.
   1. Define staffing teams to ensure adequate support and rest periods are provided. Consider adequate accommodations for sheltering staff to support social distancing protocols.
   2. Encourage staff to make personal plans for their family. Evaluate the need to develop facility plans for providing family or child care, as well as sheltering for family and pets. Work with local childcare agencies to identify those that might be able to help during a disaster.
   3. Monitor staff for signs of stress before, during and after the storm. Review healthcare worker COVID-19 monitoring procedures and make necessary adaptations to account for extended or sheltering shifts – A, B, and C, if sheltering-in-place is warranted.

☐ Review business continuity and recovery plans.
   1. Establish procedures to protect and back-up patient and employee records. If using an electronic medical record, ensure data back-up and recovery procedures are tested.
   2. Evaluate the need to have cash available for payroll support.
   3. Review procedures for assessing and documenting damage following a storm. Evaluate insurance policies to ensure appropriate coverage is available.
   4. Assess the need and availability of administrative staff who are working from home and their roles in response, including support with event documentation. Reassess their ability to support operations remotely, especially during prolonged cell/internet outages.

Please direct questions to the LHA Research & Education Foundation Hospital Preparedness Program staff at (225) 927-1228.