

**REGION/HSD-A/HOSPITAL EMERGENCY  
RESPONSE READINESS CHECKLIST/  
ASSESSMENT TOOL**

<i>Actions for Consideration: Hurricane Preparation</i>	<i>RRS<sup>1</sup></i>	<i>Evidence/Outcome</i>
<input type="checkbox"/> Review Hurricane Preparedness policies and procedures	① ② ③ ④ ⑤	
<input type="checkbox"/> Procedures in place for alerting emergency response staff to potential threat	① ② ③ ④ ⑤	
<input type="checkbox"/> All emergency staff contact information current and available	① ② ③ ④ ⑤	
<input type="checkbox"/> Access to email available for all emergency response staff	① ② ③ ④ ⑤	
<input type="checkbox"/> Emergency staff informed to routinely check email once alert status activated	① ② ③ ④ ⑤	
<input type="checkbox"/> Orient employees regarding current events and review plans regularly	① ② ③ ④ ⑤	
<input type="checkbox"/> Employees notified of toll free call-in number activation	① ② ③ ④ ⑤	
<input type="checkbox"/> Agency's Emergency Incident Command System in place	① ② ③ ④ ⑤	
<input type="checkbox"/> Identify your role and the roles of your key staff members within that ICS structure	① ② ③ ④ ⑤	
<input type="checkbox"/> Staff oriented and NIMS trained	① ② ③ ④ ⑤	
<input type="checkbox"/> Resource Book current and access available to all emergency response personnel	① ② ③ ④ ⑤	
<input type="checkbox"/> Call tree/recall rosters updated	① ② ③ ④ ⑤	
<input type="checkbox"/> Local access information to Medical Special Needs Shelter (MSNS) available	① ② ③ ④ ⑤	
<input type="checkbox"/> Local access information for Behavioral Health Liaisons and Crisis/Strike Teams	① ② ③ ④ ⑤	
<input type="checkbox"/> Local OPH-EOC and OEP contact information	① ② ③ ④ ⑤	
<input type="checkbox"/> Local First Responders information	① ② ③ ④ ⑤	
<input type="checkbox"/> Other (relevant to local area)	① ② ③ ④ ⑤	
<input type="checkbox"/> Agency Preparedness Activities		
<input type="checkbox"/> Pre-assigned staff completed Family Emergency Readiness Plan	① ② ③ ④ ⑤	
<input type="checkbox"/> Job descriptions established and available for various Behavioral Health functions.	① ② ③ ④ ⑤	
<input type="checkbox"/> OPH Triage Center		
<input type="checkbox"/> Medical Special Needs Shelter (MSNS)		
<input type="checkbox"/> Transportation Sites (CTNS)		
<input type="checkbox"/> Other _____		
<input type="checkbox"/> Strike Teams identified to support MSNS	① ② ③ ④ ⑤	
<input type="checkbox"/> In-service conducted with staff	① ② ③ ④ ⑤	
<input type="checkbox"/> Staff trained on WebEOC, if applicable	① ② ③ ④ ⑤	
<input type="checkbox"/> Patient information systems available to check patient status	① ② ③ ④ ⑤	
<input type="checkbox"/> Provisions for access and use of medications for behavioral health issues	① ② ③ ④ ⑤	
<input type="checkbox"/> Identification of staff provided (Green Vest)	① ② ③ ④ ⑤	
<input type="checkbox"/> Behavioral Health Go-Packs assembled for Behavioral Health Functions at MSNS	① ② ③ ④ ⑤	
<input type="checkbox"/> Emergency Go-Bags are available	① ② ③ ④ ⑤	

<ul style="list-style-type: none"> <li>▪ Facilitation tools (videos, cartoons, board games, cards, slinky, crayons, and coloring books).</li> <li><input type="checkbox"/> Behavioral Health Resources activated <ul style="list-style-type: none"> <li><input type="checkbox"/> Protocols for dealing with aggressive behavior in MSNS</li> <li><input type="checkbox"/> Internal communications and assets identified</li> <li><input type="checkbox"/> Quiet area identified for crisis counseling and stress debriefing in shelters</li> <li><input type="checkbox"/> Behavioral Health staff oriented to security procedures in shelter.</li> </ul> </li> <li><input type="checkbox"/> Procedures for addressing staffing and sheltering issues <ul style="list-style-type: none"> <li><input type="checkbox"/> Relief teams for staffing are in place to ensure staff is well rested to prevent burnout</li> <li><input type="checkbox"/> Ability to provide behavioral healthcare services to address stress levels and post-traumatic issues of staff members and their family members</li> <li><input type="checkbox"/> Review discharging and evacuating procedures and protocols</li> <li><input type="checkbox"/> Review policies to back-up patient and employee records</li> <li><input type="checkbox"/> Review protocols for patient flow, including coordination with clinical staff and transportation services and support services such as medications for patients that will be discharged</li> </ul> </li> <li><input type="checkbox"/> Reconfirm evacuation assets <ul style="list-style-type: none"> <li><input type="checkbox"/> Ensure adequate inventory of supplies, including medications</li> </ul> </li> <li><input type="checkbox"/> Review Evacuation Plan for your facility <ul style="list-style-type: none"> <li><input type="checkbox"/> Confirm "H-hour timeline"</li> <li><input type="checkbox"/> Identify contact information for Receiving Facility Liaison</li> <li><input type="checkbox"/> Notify staff</li> </ul> </li> <li><input type="checkbox"/> Determine alternate communication methods for key staff <ul style="list-style-type: none"> <li><input type="checkbox"/> Check the status of agency's emergency 700 MHz radios</li> <li><input type="checkbox"/> Test capability to operate the equipment</li> <li><input type="checkbox"/> Identify your role with the communication system</li> <li><input type="checkbox"/> Identify primary, secondary and tertiary methods of communication</li> </ul> </li> <li><input type="checkbox"/> Review/Update Hurricane Security and Safety Plan</li> <li><input type="checkbox"/> Review Re-entry Procedures to evacuated hospital (24-Hour Facilities only) <ul style="list-style-type: none"> <li><input type="checkbox"/> Orient employees on re-entry requirement</li> </ul> </li> </ul>	<p>① ② ③ ④ ⑤</p>	
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Region/District/Hospital \_\_\_\_\_ Completion Date \_\_\_\_\_

<sup>1</sup> **Response Readiness Scale (RRS)**

①	②	③	④	⑤
No preparation	Minimal preparation; limited discussion	Resources identified; issues discussed	Resources identified; preparation activities initiated; plan drafted	Resources identified; simulation exercises conducted