

Pre-Storm Checklist

Administrative Departments

Type of Storm: _____

Anticipated Date and Time of Arrival: _____

Initial when complete	72 Hours Prior to the Storm
	1. Inform all staff, patients and visitors of the potential for a storm.
	2. Notify all key administrative staff and Board Members of the anticipated plans. Begin and maintain regularly scheduled meetings.
	3. Notify all staff to update any recent changes to their contact information (new phone numbers, email addresses, etc).
	4. Open the Primary EoC and test all communications and data equipment.
	5. Confirm the status of all MOUs, MOAs, contracts and other agreements with partner or affiliate hospitals, agencies, primary and secondary vendors, contract staffing services, transportation (bus and Chair-Car) and ambulance companies or EMS agencies.
	6. Confirm contact information, business hours and off-hours for all affiliates, other service agencies and regulatory agencies (DPH, FD, PD, EMS, OEM, TJC, staffing resource companies, etc.)
	7. Confirm contact information, business hours and off-hours for all current and back-up vendors.
	8. Test the functioning of all back-up communications devices such as portable radios, POTS phones and remote paging systems.
	9. If part of your emergency plans, contact your ham operator (or group) and have them install and verify functioning of their equipment.
	10. Verify the emergency plans of administrative staff, board members, and other office support staff.
	11. Provide information to the Public Information Officer for use in developing risk communications and other new releases to be provided to staff, patients and visitors.
	12. Work with partner or affiliate hospitals along with regulatory or supervisory agencies to determine the potential for open beds for patients that may require evacuation.
	13. Evaluate Human Resources policies which may need to be waived during an extended emergency, e.g., "Sleeping at the Workplace" and policies regarding overtime or on-call hours.
	14. Work with the Safety Officer, Occupational Health Department, Infection Control staff and others to maintain a safe and healthy environment for staff, patients, and visitors.
	15. Encourage staff to execute a family preparedness plan as follows: <ul style="list-style-type: none"> – Obtain additional food, water sanitation supplies. – Get fresh batteries for flashlights and portable radios. – Remove loose objects from outside the home, condo or apartment. – Contact relatives with their plans for sheltering or possible evacuation during the storm. – Make arrangements for pets and livestock. – Make copies of all important documents and carry them or place them in a secure location away from their home – Obtain extra cash. – Make a list of all important numbers such as insurance policy numbers, drivers' license, passport numbers, etc. – Prepare a "Go Bag" for each member of the family which includes clothes, medicines, toiletries and pastime items (books, cards, etc). – Obtain appropriate "Fact Sheets" from a reputable source such as FEMA, Red Cross or NYC OEM for staff, patients and visitors.

Initial when completed	48 Hours Prior to the Storm
	1. Plug-in all communications devices to fully charge batteries in the Primary and Secondary EOCs.
	2. In the Primary and Secondary EOCs, test all sources for lighting, heat, ventilation, water, sanitation.
	3. Have appropriate departments (materials management, food & nutrition, etc) provide a sufficient quantity of potable water, dry food, hygiene supplies, bedding, linens, alternate sanitation units, etc to support the EoC staff for a minimum period of 96 hours.
	4. Test all back-up communications devices in the Secondary EoC.
	5. Check supplies in the Primary and Secondary EoCs against pre-established lists. Replenish or overstock supplies as needed. (pens, computer paper, dry erase pens, trash bags, etc)
	6. Update and ensure the presence of all reference manuals, policy and procedures books, white & yellow page phonebooks, local and area maps, facility blueprints and floor plans.
	7. Provide risk communications to staff, patients, and visitors on a regular basis throughout the event.
	8. From this point through the “recovery” phase of the event, follow the policies, protocols, guidelines and other directives as written in the hospital’s Emergency Management Plan, Emergency Operations Plan, Continuity of Operations Plan, and other practices as may be directed by governmental or other regulatory bodies. For example: <ul style="list-style-type: none"> – Transfer Command every 12 hours. – Maintain communications by following the established lines of communication and authority from the ICS chart and policies – Begin and continue to hold all situational briefings with ICS staff in the EOC on a regularly scheduled basis. – Staff the EoC on a 24/7 basis and establish communications with other affiliates and regulatory agencies as appropriate. – Complete all HICS forms as applicable. Establish notebooks or folders for the chronological storage of all forms. – Communicate the ICS structure and operational plans to all staff as appropriate.
24 Hours Prior to the Storm	
	1. Prepare a hard copy of all staffs’ contact information and distribute copies to administration, human resources, the Emergency Operations Center and other departments as appropriate.
	2. Prepare a hard copy of all applicable contact information for partners, affiliates, vendors, contractors, and regulatory agencies and distribute copies to administration.
	3. Distribute back-up communications devices as appropriate. Confirm that the battery chargers are also distributed with the devices.
	4. Monitor the completion of all pre-storm checklists from each department.

Pre-Storm Checklist

Clinical Laboratory Department (Includes Blood Services and Tissue Bank)

Type of Storm: _____

Anticipated Date and Time of Arrival: _____

Initial when complete	72 Hours Prior to the Storm
	1. Notify medical providers of the potential need to curtail routine laboratory tests prior to and during the anticipated emergency.
	2. Review with all laboratory staff the procedure for receiving laboratory requests and reporting results during a computer or equipment failure.
	3. Consider the need to order additional supplies for completion of laboratory tests.
	4. Confirm that all essential equipment has access to red plug power.
	5. Remove all non-essential equipment from the red plugs.
	6. Order additional blood products if the need is anticipated. If current blood and tissue supplies will not be needed, consider relocating them to a different facility that is safe from the storm.
	7. If the equipment and supplies are at risk for flooding due to low elevation, determine if it is possible to protect the area or move the service to a higher floor.
	48 Hours Prior to the Storm
	1. Remind medical providers of the potential need to curtail routine laboratory tests prior to and during the anticipated emergency.
	2. Send a notice to clinical staff to review the procedure for requesting labs and receiving results.
	3. If necessary, move laboratory equipment and supplies to a higher floor, an interior room or other location which offers improved protected.
	4. Prepare the alternate location to serve as a blood and tissue bank.
	5. If applicable, review methods for completing lab tests manually.
	24 Hours Prior to the Storm
	1. Remind medical providers that some routine laboratory tests will not be conducted during the anticipated emergency.
	2. Assess the area chosen for relocation of laboratory equipment and supplies. Provide emergency training to staff if the location has changed.
	3. Confirm the ordered supplies have been received.
	4. Verify that only essential equipment is connected to red plug outlets.
	5. Unplug all non-essential equipment from all outlets.

Pre-Storm Checklist

Clinical Services Department

Type of Storm: _____

Anticipated Date and Time of Arrival: _____

Initial when completed	72 Hours Prior to the Storm
	1. Consider postponing new admissions of elective surgical patients.
	2. Determine which services could/should/will be continued throughout the emergency event. Determine the cut-off point for accepting new patients into services that may be interrupted.
	3. Confirm and update MOUs with alternate acute care hospitals for accepting new patients that may need to be diverted during the emergency.
	4. Instruct house staff to determine the reasons for continued hospitalization for their patients and when might they be ready for discharge.
	5. Instruct house staff to determine the current and anticipated near-future needs of all patients not able to be discharged to home, SNF or LTC, and to begin preparing patients for possible transfer to an alternate ACH. This may include: ordering a final set of labs, drafting a transfer summary, copying applicable sections of the medical chart, contacting next-of-kin, etc.
	6. Remind house staff that special laboratory tests may be unavailable and that all non-essential lab requests should be curtailed.
	7. Review down-time processes for physician orders and obtaining lab results.
	8. For patients that may SiP, work with house staff to determine current and anticipated medical/surgical needs for the next week.
	9. Determine the total number of anticipated patients and their general classification (medical, surgical, ICU, pediatric ICU, behavioral health).
	10. Identify the most suitable wards or units for patient care based on location, elevation, access to powered elevators, emergency power, plumbed medical gases, ventilation, access to support services and allied health services, etc.
	11. Determine the number and requirements for all special needs patients (e.g. pediatrics, behavioral health, incarcerated, medical holds, non-English speaking, physically impaired, etc) that will be sheltered.
	12. Estimate supplies needed to accommodate the patients who will be retained.
	13. (Med./Surg. supplies, linens, medical gases, hygiene needs, food, water, medications, special equipment or services)
	14. Based on the anticipated number of patients, staff and visitors, arrange for hygiene needs.
	15. (Alternate toileting methods, bathing, hand hygiene, linens, waste disposal, etc.)
	16. Confirm that all battery-operated and battery backed-up equipment is fully charged.
	17. Plug all essential equipment into red outlets. Plug all non-essential equipment into white outlets.
	18. Gather all emergency transfer devices which could be required during a full evacuation of the facility and if the elevators are not operational. Place the devices in a storage area near the wards and units which will remain occupied.
	19. Survey staff regarding their plans for the emergency. Determine if their homes are within an evacuation zone and their plans to relocate.
	20. If applicable, consider potential sources for additional per-diem staff or the transfer of staff from other affiliates.
	21. Determine the number of staff potentially requiring shelter and other services; identify a suitable location.
	22. Provide risk communications to all staff, patients and visitors as appropriate.

	23. Coordinate anticipated mental health with appropriate staff (social work, psychiatry, religious ministries, etc.)
	24. Once wards and units have been chosen to remain occupied, select a room in the area for the storage of supplies and tools that may be needed to prevent or care for water intrusion in the event of broken windows or leaks.
	25. Once wards and units have been chosen to remain occupied, select a room in the area for the stockpiling of anticipated supplies such as linens, med/surg supplies, spare equipment, and extra hygiene supplies.
	48 Hours Prior to the Storm
	1. Reschedule elective surgeries for the following week (or when it is anticipated that the storm has passed and that the hospital has returned to full functioning).
	2. Confirm that house staff and attending physicians understand the plans if their services are interrupted.
	3. Survey house staff and attendings to determine their personal plans during the emergency. Do they anticipate being evacuated or will they remain available for duty?
	4. Confirm diversion plans with regulatory agencies as appropriate (e.g. EMS, OEM, DOHMH).
	5. Instruct house staff to begin discharging all appropriate patients to home, SNF or LTC.
	6. If a full evacuation is anticipated or ordered, determine the destination for each patient requiring continued acute care. <ul style="list-style-type: none"> – Work with partner hospitals and other agencies to determine the number and types of patients they are able to receive. – Work with EMS, OEM and other transport services to determine the most effective method and the time needed to evacuate all patients.
	7. If a full evacuation is ordered or anticipated, complete all processes that will be needed to ensure a safe and efficient transfer of patients. <ul style="list-style-type: none"> – Copy all applicable sections of each patient's chart, including the MAR, NAR, TAR, progress notes, lab results, Diagnostic imaging reports. – Draft a discharge summary for all patients. – If appropriate, order a final set of labs. – Draft a set of transfer orders; submit a copy of the draft medication orders to the pharmacy so they can begin assembling medications for the patient's transfer. – Begin to contact all next-of-kin to apprise them of the anticipated plans.
	8. Clinical leadership needs to meet with / work with the ICS Transportation Unit to coordinate movement of discharged or evacuated patients to the Transport Staging Area.
	9. Ensure that each remaining in-patient will have adequate supplies of medications, supplies, special diets, linens and hygiene service.
	10. Begin to consolidate patients into fewer wards or units.
	11. Consider the needs of the special populations as wards and units are chosen to remain open or are closed.
	12. If appropriate, order an overstock of supplies. As patients are discharged and wards are consolidated, relocate the unused supplies to the wards and units that will remain occupied.
	13. Relocate bottled water, unopened juices and dry food supplies to a room near to the open wards and units. Include needed disposable paper goods (paper plates & cups, plastic ware, trash bags, etc).
	14. Begin filling empty carboys with fresh water and distributing them to temporary storage rooms near the open wards and units.
	15. If alternate patient transfer devices are available and as applicable, deliver Just-in-Time training for staff regarding their use.

	16. Based on the anticipated number of patients that will remain and the number of current staff available, consider contacting alternate sources for staffing to begin activation of contracts/MOUs and credentialing.
	17. As patients are discharged and wards are closed, consider using a closed ward to shelter staff. Select a room near the staff area where additional supplies such as linens and hygiene needs can be stored.
	18. If an area is to be utilized for the sheltering of staff, enact a method of providing security for their personal belongings.
	19. As wards or units are closed and staff are moved to a different ward, provide Just-in-Time training appropriate to the new location to address issues such as location of fire exits and locations for supplies and equipment.
	20. Instruct MH staff to work with the hospital's PIO to develop messages for staff, patients, families and the general public.
	21. Back-up all computerized patient information.
	24 Hours Prior to the Storm
	1. Complete the discharge of all appropriate patients to home, SNF or LTC. As appropriate, begin diverting new patients. This may be slightly earlier for patients that require overnight accommodations and later for same day discharges.
	2. Finalize arrangements for evacuation/transfer of patients to an alternate ACH. Update the transfer summary and medical chart.
	3. If a full evacuation is ordered, based on the acuity/priority of the patients, begin transferring patients to alternate ACHs or other appropriate level of care. Notify the patients' next-of-kin. Maintain a list of all hospital equipment being transported with the patients.
	4. Continue consolidating patients into fewer patient care areas.
	5. Consider an alternate storage area near to the open wards and units and relocate medical/surgical supplies from the basement storage areas to ensure an adequate supply of materials.
	6. Locate toileting supplies in appropriate rooms near the open wards and units. Locate other hygiene supplies and linens in additional rooms near to open wards and units.
	7. Inventory the equipment now available near to open wards and units. Maintain a current list of equipment in use, available, broken or non-functional.
	8. If outside staff are engaged, provide all temporary staff with JiT training as appropriate. Be sure to include emergency communications, fire safety, emergency response plans, ICS structure, job duties, etc.
	9. Locate necessary supplies such as water, linens, extra mattresses, dry food and hygiene supplies to the staff shelter areas.
	10. Review down time charting procedures, emergency response plans, ICS structure and alternate duties which may be applicable. Also review HR policies which may be altered due to emergency circumstances.
	11. Continue to monitor the mental health needs of all staff, patients and visitors. Schedule and provide diversionary activities as appropriate to maintain mental stability.
	12. Continually monitor the status of waste and trash; ensure timely removal from the patient care areas.

	12 Hours Prior to the Storm
	1. For all patients that are / have been evacuated, complete all patient tracking forms including time of departure, items sent with the patient, intended destination, time of arrival, notification of kin.
	2. Continue to consolidate remaining patients into fewer wards or units.
	3. Continue to monitor and serve the mental health needs of all staff, patients and visitors.
	4. Continue to provide storm updates and pertinent information to staff and patients.
	5. Continue to reinforce safety measures, provide storm-related Just-in-Time training as appropriate.
	6. Assure that only essential equipment is plugged into red outlets and that all non-essential equipment is unplugged from all outlets.

Pre-Storm Checklist Facilities Department

Type of Storm: _____

Anticipated Date and Time of Arrival: _____

Initial when completed	72 Hours Prior to the Storm
	1. If trailers or other portable storage units are in use, make arrangements to empty the trailers of needed supplies. Then move the trailers to high ground or off-site to a protected area.
	2. If needed, secure statuary that could be overturned by severe winds or flowing water. Either remove these items, lay them down or add guy wires to stakes to increase their stability.
	3. Remove all seasonal decorations.
	4. Remove all solid debris from the rooftops and grounds (construction debris for example).
	5. Clean debris from all outdoor surface drains and troughs, and rooftop drains.
	6. Clean all indoor floor drains in utility rooms, storage rooms and hallways. If applicable, install drain plugs.
	7. If sandbags will be needed to protect against water intrusion or interior flow, obtain a sufficient quantity of sand and bags. If needed, obtain tarps or similar waterproofing membranes.
	8. If applicable, obtain the plywood, tarps, tape, fasteners and tools needed to board or protect low-lying glass panels, low-lying ventilation grates and louvers, and outdoor signs.
	9. Confirm that all locked flood gates can be unlocked. Contact the facility's locksmith if needed.
	10. Close and secure all open windows.
	11. Notify all staff of the need to remove plugged-in accessories prior to the storm's arrival (fans, heaters, desk lamps, other personal items, etc.)
	12. Obtain sufficient flashlights or other portable lighting sources such as chemical light sticks.
	13. Move all portable generators to their proper location. If applicable, secure the generators or trailers to prevent tipping. Properly ground all equipment.
	14. Contact all vendors utilized by the Facilities Department to verify the status of MOUs and contracts for on-call delivery. Verify off-hours contact numbers and procedures.
	15. Ask clinical staff to evaluate the status of necessary medical equipment.
	16. Remove all non-essential equipment from red plugs. Plug all essential equipment into red plugs.
	17. Complete a walk-through of the facility and test the functioning of all emergency lighting. Repair or replace all non-functioning units.
	18. To ensure peak performance from all pumps, repair, replace and lubricate as necessary.
	19. Distribute portable pumps to areas where interior flooding has occurred in the past. As appropriate, connect discharge hoses.
	20. If applicable, contact vendors of portable sanitation units (Porta-Potties, Poo Bags) for delivery.
	21. If using prefabricated or commercial water barricades, place them near the doors, windows or ventilation grates.

48 Hours Prior to the Storm

1. Remove or relocate dumpsters that are in low-lying areas. If possible, anchor dumpsters securely to immovable objects away from the building.
2. Begin filling sandbags and place them near areas requiring their protection. Place waterproofing tarps or other membranes with the sandbags.
3. Begin installing protection of glass panels, passive ventilation grates and low-lying windows.
4. Connect all portable generators to electric panels. Protect all cables from potential damage from floating or wind-blown debris.
5. Start all generators and co-generators to test operation and output. Make corrections or adjustments as necessary.

24 Hours Prior to the Storm

1. Remove all canvas awnings.
2. Remove all outdoor furniture and other objects that could be moved by wind or flowing water (picnic tables, umbrellas, chairs, trashcans, smokers' cans, children's toys etc).
3. Conduct a second walk around the grounds to remove any additional solid debris
4. Confirm that all low-lying glass panels and ventilation grates have been protected.
5. Check all interior drains, troughs, and sumps.
6. Distribute alternate lighting sources as needed to the departments, patient wards or units that will be operational during the storm.
7. Ask all staff to unplug all accessories and unused equipment from all plugs (white or red).
8. Fill all fuel tanks.
9. Repeat the request to all clinical staff to evaluate the status of necessary medical equipment.
10. Confirm that all necessary equipment has been connected to red plugs and remove all non-essential equipment from electric outlets.
11. Confirm delivery and appropriate placement or distribution of portable sanitation units.

12 Hours Prior to the Storm

1. As needed, install sandbags with/without tarps or other membranes.
2. Close and secure all floodgates.
3. Remind all staff to unplug all accessories and unused equipment.

Pre-Storm Checklist

Food and Nutrition Department

Type of Storm: _____

Anticipated Date and Time of Arrival: _____

Initial when complete	72 Hours Prior to the Storm
	1. Meet with facility administration to determine the potential number of persons requiring food and water, to include patients that will not be discharged; family members that may remain; staff that will be sheltered and staffs' family members that may be sheltered if permitted.
	2. If applicable, contact the tanked water vendor to notify them of the potential need for a delivery.
	3. Verify the status of MOUs and contracts for on-call deliveries.
	4. Order a sufficient supply of liter-sized bottles of water for drinking (approximately 4 liters per person per day).
	5. Collect all empty 5-gallon water jugs and take to the shipping/receiving area for replacement. Replace empty jugs and obtain extra supplies.
	6. Evaluate the current supply of stored foods to determine the following: number of meals that can be served with the current stock plus scheduled deliveries within the next 72 hours and using conservation menus; expiration dates; foods which spoil more quickly than others once thawed or opened; number of meals that could be served without cooking and the anticipated number of patients with special dietary needs
	7. Consider precooking and freezing meals, which only need to be thawed or re-heated prior to serving.
	8. Inventory the number of disposable items and consider purchasing additional supplies if needed.
	9. If potentially needed for food preparation, order a sufficient supply of disposable cookware in advance (steam trays, racks, sterno, etc).
	10. If there is potential for the normal dishwashing system to become nonfunctional, obtain alternate methods to clean and disinfect cookware and serving ware (e.g. using liquid dish soap, scrubbers, and bleach solution).
	48 Hours Prior to the Storm
	1. Begin filling all collapsible carboys with fresh water and distribute the water to departments, patient care units or wards, as appropriate.
	2. Place an order for delivery of foods and other supplies. Especially foods, which do not require refrigeration or cooking.
	3. Continue pre-cooking and other food preparations.
	24 Hours Prior to the Storm
	1. Distribute cases of water to departments, patient wards and units, which will be operational during the storm.
	2. Distribute full water-cooler water jugs as appropriate.
	3. If needed, confirm that the water tank has been delivered, placed in a location, which limits damage to the tank and facility and has been properly plumbed to feed the facility's domestic system.
	4. Reevaluate the anticipated number of persons requiring shelter, food and water.
	5. Confirm delivery and safe storage of foods, disposable utensils, paper plates and cups, and other items that were ordered.
	6. Confirm the current number of prepared meals and the number of additional meals, which could be prepared with/without cooking.

Pre-Storm Checklist

IT/MIS Department

Type of Storm: _____

Anticipated Date and Time of Arrival: _____

Initial when complete	72 Hours Prior to the Storm
	1. Confirm the adequacy and functioning of all UPS systems.
	2. Backup all data to an appropriate storage device or firm. If using a storage device, consider duplication of the device and move one copy to a secure, off-site location.
	3. Work with the Facilities Department to determine the best methods of protecting the IT / MIS Department from possible flooding.
	4. Communicate with administration and / or clinical departments to determine tentative receiving facilities of evacuated patients. Contact the IT / MIS Department from potential receiving facilities to determine how best to transfer patient care data electronically. For example, transfer of: electronic patient demographics, progress notes, lab results, diagnostic images and reports and MAR, NAR, TAR (Medication Administration Records, Narcotic Admin Record, Treatment Admin Record)
	5. Order or obtain a sufficient quantity of CDs to be able to copy the appropriate sections of each patient's electronic medical record to an individual CD for possible transfer with the patient, should an evacuation be ordered.
	48 Hours Prior to the Storm
	1. Identify equipment that can be unplugged to prevent damage from a possible power surge.
	2. Consider moving non-essential equipment to a higher floor in an interior room that could be secured for safe storage of the equipment.
	3. Begin to prepare the process of backing-up patient information to compact discs (CDs) or other electronic storage medium for transferring records with each evacuated patient, should the need arise.
	24 Hours Prior to the Storm
	1. Unplug all unneeded equipment.
	2. Back-up all data to an appropriate storage device. If using a storage device, consider duplication of the device and move one copy to a secure, off-site location.
	3. Move all non-essential equipment to a secure room on a higher floor to an interior room.
	4. If an evacuation of patients has been ordered, rapidly copy all pertinent patient data to a CD for each patient and provide the CDs to the patient care unit or ward staff for inclusion in each patient's transfer pack.
	12 Hours Prior to the Storm
	1. Protect the IT/MIS Department from possible water intrusion using sandbags or other waterproofing measures.

Pre-Storm Checklist

Materials Management Department

Type of Storm: _____

Anticipated Date and Time of Arrival: _____

Initial when complete	72 Hours Prior to the Storm
	1. Inventory all bulk med / surg supplies. Re-order any item approaching the minimum par level.
	2. Verify the contact information for all primary and secondary vendors, equipment service providers. Try to determine their plans during the emergency (do they anticipate being able to provide continued service?).
	3. Begin to consolidate, palletize or crate bulk supplies for possible transfer from a low, unprotected room to a location on a higher floor. Be certain the transfer devices (pallets, crates, carts) are able to pass through doorways.
	4. Work with the Facilities Department to determine the best means of increasing flood protection for storage rooms.
	5. If some material cannot be relocated to a higher floor, arrange to elevate the material several feet off the floor to help prevent water damage.
	6. Plug-in all equipment with a battery back-up to fully charge the batteries.
	7. Tell vendors who have trailers on-grounds that all trailers will need to be removed.
	8. As requested by the Safety & Security Department, obtain traffic cones, rolls of "Caution" tape and other items that may be needed to establish traffic flow and safety zones.
	48 Hours Prior to the Storm
	1. Work with the Clinical Departments to identify appropriate rooms for the storage of med/surg supplies, spare equipment, alternate toileting methods, hygiene supplies, and other items, which might be needed during the emergency. Begin to move supplies to these rooms.
	2. Assist in distributing empty 5-gallon carboys and filling them with fresh water. Store the water in rooms designated by the patient care ward or unit managers.
	3. Participate in Just-in-Time training for the safe use of alternate patient care transfer devices.
	4. Prohibit cars from parking adjacent to the buildings or on flat lots if there is no protection for the structures.
	5. Work with the Safety & Security Department and/or the HICS Transportation Unit Leader to establish and maintain a traffic pattern that facilitates easy delivery of supplies and equipment, without disruption to the flow of patient evacuations.
	24 Hours Prior to the Storm
	1. As patients are discharged or transferred, assist other staff in transferring the remaining patients into consolidated wards or units.
	2. As patients are consolidated to fewer wards or units, work with clinical staff to determine if the remaining patient care equipment may be needed in the consolidated wards. If so, assist in moving the equipment as directed.

	3. Equipment remaining in closed wards and units should be located in an interior room and the doorway sealed to prevent possible water damage. Leave all equipment unplugged.
	4. Confirm that any re-ordered supplies or equipment has been received, inventoried and placed in a location safe from water damage.
	5. As requested through the HICS Chain of Command, assist other departments with the tasks of mitigating against water and wind damage, or patient care response. For example, <ul style="list-style-type: none"> – Assist the Facilities Department in applying sandbags and waterproof membranes to interior doorways or plywood to the low-lying windows. – Assist the Pharmacy Department in re-locating their services to a higher floor. – Assist clinical staff in moving patients to the Transfer Staging Area.
	6. Tell vendors to remove all trailers parked in low-lying areas (loading docks)
	7. Unplug all non-essential equipment from all outlets.
	8. Distribute alternate sources of lighting to the clinical care units and wards, administrative areas, kitchen, pharmacy, OR, PACU, and other locations as directed.
12 Hours Prior to the Storm	
	1. Continue to support the safe evacuation and consolidation of patients as requested.
	2. Assist in monitoring the facility for safety issues. Either resolve the issue or report it to the appropriate person, following the HICS lines of communication and authority.

Pre-Storm Checklist Pharmacy Department

Type of Storm: _____

Anticipated Date and Time of Arrival: _____

Initial when complete	72 Hours Prior to the Storm
	1. Confirm that essential equipment is plugged into red outlets as appropriate and that non-essential equipment is plugged into white outlets.
	2. Complete a backup of all databases. Store information on a remote server and/or on removable media as recommended by the IT/MIS Department
	3. Confirm the medication refrigerator/freezer is supported by emergency back-up power.
	4. Plan to move frozen or refrigerated medications to an alternate location if emergency power is lost or if the pharmacy is threatened by flooding.
	5. Consider overstocking satellite pharmacies and delivery systems (Pyxis, Omnicell). Then reorder replacement medications to fully stock the central pharmacy.
	6. If the central or satellite pharmacies are at risk for flooding due to low elevation, consider how medications might be moved to a higher, more-protected room.
	7. If relocation of the pharmacy is being considered, select an appropriate and secure room with ample red plug outlets to serve as an alternate pharmacy. The room should be near the patient care areas that will remain occupied during the event.
	8. Update applicable phone numbers and contacts of pharmaceutical vendors and pharmacies from partner hospitals and affiliates.
	9. Review with pharmacy staff the process for the filling of medication requests if the computer system is not functioning (downtime process).
	10. Attend briefings with the ICS along with the Chiefs of Staff to consider the potential evacuation of patients to alternate care facilities (home, long-term care facilities, other acute care or rehabilitation hospitals, patient care shelters) and the possible need to prepare up to 72 hours of medications and medications administration sheets for each patient.
	48 Hours Prior to the Storm
	1. If transfer of non-essential medications to an off-site location is being considered, obtain reusable freezer blocks and place them in the freezer. Obtain an appropriate transfer device such as coolers and crates.
	2. If relocation of the pharmacy is being considered, work with the IT/MIS Department to ensure that the alternate location will have computer network access.
	3. Begin clearing and cleaning the alternate location to prepare it to serve as an alternate location for the pharmacy.
	4. Request and obtain a listing from each in-patient department head indicating the names of patients who may be evacuated prior to the storm's arrival. Begin the process of assembling and packaging medications and medication administration records (MARs) for each patient.
	5. If evacuation is ordered, take medications and MARs for evacuees to the staging area so packaged meds and MARs can be given to the transport service as each patient is leaving.
	6. If relocation of the pharmacy is anticipated, begin crating all medications, supplies and equipment for rapid transfer to the alternate room.

24 Hours Prior to the Anticipated Storm	
	1. Repeat the back-up process to capture the previous two day's of data.
	2. If appropriate, begin packing extra supplies and overflow stock such that an actual relocation can be completed quickly.
	3. Unplug all non-essential equipment from all outlets.
	4. If evacuation is ordered, take medications and MARs for evacuees to the staging area so packaged meds and MARs can be given to the transport service as each patient is leaving.
12 Hours Prior to the Anticipated Storm	
	1. Confirm that only essential equipment is plugged into red plugs. Unplug all other equipment from all outlets.
	2. If it was determined to relocate stock to another facility, complete that process now.
	3. Complete the process of crating medications, supplies and equipment for rapid movement to an alternate, safe room near the occupied patient care units.

Pre-Storm Checklist

Respiratory Care Department

Type of Storm: _____

Anticipated Date and Time of Arrival: _____

Initial when completed	72 Hours Prior to the Storm
	1. Complete a request order with the vendor to top-off the liquid oxygen tanks.
	2. If part of the plan for protection of the liquid oxygen tanks, confirm that the flood gates can be closed; contact the facility's engineer if necessary.
	3. Exchange all medical gas cylinders, which are less than ½ full (by weight or psi).
	4. Move used cylinders to the tank farm for replacement.
	48 Hours Prior to the Storm
	1. Confirm that all Respiratory Department rooms, which require additional waterproofing, have needed items placed near the appropriate areas. Contact Facilities Department with questions or concerns.
	2. Plug respiratory equipment with battery-back-up into outlets to fully charge the batteries.
	24 Hours Prior to the Storm
	1. Confirm that all liquid oxygen tanks have been filled.
	2. Close and secure floodgate.
	3. Confirm that all used medical gas cylinders have been exchanged.
	4. If allowable by regulation, move full cylinders indoors to alternate storage rooms. Secure all stored cylinders appropriately.
	5. If appropriate, move respiratory care equipment to higher floors to secure storage rooms near patient care units or wards which will probably remain open.
	6. Remove all non-essential equipment from all outlets.
	12 Hours Prior to the Storm
	1. As needed, install sandbags with/without tarps or other membranes to protect respiratory care rooms.
	2. Confirm that medical gas cylinders are in a protected area and firmly secured to prevent damage.
	3. Confirm that the floodgates protecting the liquid oxygen tanks have been securely closed.

Pre-Storm Checklist

Safety and Security Department

Type of Storm: _____

Anticipated Date and Time of Arrival: _____

Initial when completed	72 Hours Prior to the Storm
	1. Communicate to staff and visitors that parking near the building will be prohibited.
	2. Tell vendors who have trailers on-grounds that all trailers will need to be removed.
	3. Consider the location of doors with magnetic locks. If locks are not supported by emergency power, consider plans to provide security to these areas.
	4. Consider the need for additional staffing to accommodate the needs of special populations, a surge of people from the community seeking shelter and the increased anxiety of patients and staff during the emergency.
	5. Obtain traffic cones, rolls of "Caution" tape and other items that may be needed to establish traffic flow and safety zones.
	6. Safety Officer should complete a daily walk-through with Facilities and Administrative staff to identify and resolve all potential safety issues.
	48 Hours Prior to the Storm
	1. Prohibit cars from parking adjacent to the buildings or on flat lots if there is no protection for the structures.
	2. Work with the ICS Transportation Unit Leader to establish and maintain traffic patterns.
	3. Work with the Materials Supply Unit Leader to establish and maintain a traffic pattern that facilitates easy delivery of supplies and equipment.
	4. Provide additional security as needed. Contact sources for supplemental staffing such as court officers and retired police officers.
	5. Charge all battery-operated communications and lighting devices.
	24 Hours Prior to the Storm
	1. Communicate to automobile owners that all cars parked near the buildings will need to be moved or they will be towed at the owner's expense.
	2. Tell vendors to remove all trailers parked in low-lying areas (loading docks)
	3. Disconnect all non-essential equipment from electric outlets.
	4. Provide Just-in-Time training to all temporary safety and security personnel.
	5. Maintain safe traffic flow patterns that facilitate evacuation as appropriate
	12 Hours Prior to the Storm
	1. Tow all cars parked in prohibited areas. Tow trailers as needed.
	2. If sections of the facility have been closed through evacuation or consolidation of patient care areas, verify the entire ward is vacated. Secure doors to closed wards with plastic wire ties (or other appropriate devices) to limit the need to monitor access.