# Hospital Surge Plan Checklist and Resources

## Overview

**Purpose:** The purpose of the Hospital Surge Plan Checklist and Resources is to assist hospitals in developing and/or updating their plans for response to a significant surge event, as well as to provide tools, examples and guides to assist with plan development and implementation.

**Definition of Surge:** As defined by the State in consultation with healthcare providers throughout the state, a working definition is:

*A Surge Event is a significant event or circumstances that impact the healthcare delivery system resulting in excess demand over capacity and/or capability in hospitals, community care clinics, public health departments, other primary and secondary care providers, resources, and/or emergency medical services.*

This definition does not take into consideration the scope of the event or the time between the onset of surge and a local or statewide proclamation of a disaster and/or issuance of gubernatorial executive orders waiving specific licensing and scope of practice requirements. Therefore, hospital planners need to consider the following in Surge Plan activation:

***No gubernatorial waiver of existing regulations:*** *Local or regional event that may require mutual aid from outside the region.* Hospital activates plans to create and expand capacity within existing licensing and other regulatory requirements (e.g., discharge or transfer patients, cancel or delay admissions), <u>or</u>, seeks program flex approval from State Licensing and Certification for short-term expansion of capacity (e.g., surge tents, ED beds, altered/expanded use of inpatient facilities).

***Gubernatorial Waiver of existing regulations****: Multi-area or statewide event(s) that require mutual aid from outside the region*. Hospital activates plans to create and expand capacity and capability using alternative treatment areas, modified/expanded use of licensed facilities, and waiver of selected regulatory requirements (e.g., altered/expanded use of inpatient facilities, nursing ratios, isolation areas, surge tents, clinics, cafeterias, auditoriums, etc.). For planning purposes, hospitals should assume that there will be a prolonged community-wide surge of ambulatory and inpatient cases that will overwhelm existing resources.

**Surge Plan Options:** A hospital's Surge Plan may be incorporated into its Emergency Operations Plan (EOP), be an addendum to the EOP, or may include a series of policies, procedures and protocols referenced in the EOP. Many of the elements that should be addressed in developing Surge Plans may already be included in the EOP or other hospital plans, policies, procedures or protocols. It is not intended that these documents be duplicated in the hospital's Surge Plan, but that surge be addressed in the EOP and other documents and the documents themselves be referenced in the Surge Plan.

Surge Plans and policies/procedures should address internal and external communication regarding current emergency status for surge levels, regulatory status, the type, scope and expected duration of an event, and escalation and de-escalation as new information is received. The strength of a good plan is to have adequate detail to allow implementation by staff that may not be very familiar with the plan. Job action sheets, task checklists and other tools for activating and implementing the surge plan can be developed for this purpose. Policy and background documentation should be referenced and available but should not serve as primary resources providing direction at the onset of a surge event.

**Using the Checklist:** The individual(s) responsible for disaster planning should review the Hospital Surge Plan Checklist to ensure that their plans incorporate each item listed. It may be helpful to the user to note where the specific item is addressed (e.g., EOP chapter 3, Surge Plan, Section 2, P&P Credentialing, etc.). This checklist should be used as one of several tools for evaluating current plans or in developing a surge plan, including State of California Surge Standards and Guidelines. Plans should be consistent with your hospital's role in local emergency management plans for disaster response. Hospitals should ensure that their plans comply with applicable state and federal regulations and with standards set by accreditation organizations, such as The Joint Commission. Resources to assist in surge planning and with specific items are listed on the last page of the document.

This checklist has been organized into five main sections that cover key aspects of a comprehensive surge plan—Command and Management; Creating Surge Capacity; Personnel; Supplies, Pharmaceuticals and Equipment; and, Important Considerations along with a list of resources.

***Note the status of plan elements in the "Status" columns (C-Completed, IP-In Progress, NS-Not Started) and the Location (e.g., Emergency Operations Plan, Safety Management Plan, Infectious Disease Plan, etc.).***

# CHA Hospital Surge Plan Checklist

| 1. Command and Management | | |
|---|---|---|
| **Status\*** | **Location** | **Plan Elements** |
| | | Plan identifies triggers and decision-making processes for activating the Emergency Operations Plan (EOP) and surge plan in response to a surge event. |
| | | • Initial assessment of the event type, scope and magnitude, estimated influx of patients, real or potential impact on the hospital, and special response needs (e.g., infectious disease, hazardous materials). |
| | | • Activation of the Hospital Incident Command System (HICS) and determination of appropriate positions to be activated.  Utilize incident specific HICS Incident Response Guides (IRG). |
| | | • Activation of the Hospital Command Center (HCC). |
| | | • Notification to appropriate local governmental point of contact (e.g., local health department, local emergency medical services agency, Medical and Health Operational Area Coordinator) of the surge status and activation of the EOP and surge plan.[1]  The EOP identifies the local government points of contacts and 24/7 contact numbers, alternate contacts and appropriate notification priorities and processes. |
| | | • Internal notification/communications and staff call-back protocols (e.g., call trees, contact information, etc.). |
| | | • Processes, procedures and paperwork for contacting local or regional licensing authority (e.g., California Department of Public Health Licensing and Certification) for potential or actual request for temporary permission to exceed staffing ratios or utilize non-traditional patient care delivery areas (e.g. tents).  Include the licensing authority's contact information in the plan, templates and checklists. |
| | | • Memoranda of Understanding (MOU) with local government, area hospitals, long term care facilities and other health providers to accept or receive patients and share resources as appropriate and possible. |
| | | • Establish ongoing communications with local governmental point of contact to report:<br>   o Patient census and bed capacity using standardized reporting terminology (e.g., HAvBED or as established by your local government point of contact[1]).<br>   o Hospital status, critical issues and resource requests. |
| | | • Activation of resource management system including inventory, tracking, prioritizing, procuring and allocating of resources. |

   **\* C-Completed    IP-In Progress    NS- Not Started**

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[1] Local government point of contact is used in this document to represent the local health department, local emergency medical services agency, Medical Health Operational Area Coordinator (MHOAC) or other local contact responsible for coordinating disaster medical response in your hospital's operational area.

# CHA Hospital Surge Plan Checklist

| | | 2. Creating Surge Capacity |
|---|---|---|
| | | **Immediate Response[2]** |
| | | ***Triage:*** Plan to activate and operate additional/alternate triage area(s) during a surge event. |
| | | • Activation triggers for establishing alternate/additional triage areas are defined. |
| | | • Set-up checklists and operations plan. |
| | | • Identifies primary and alternate triage areas (e.g., consider external triage areas, event type, and facility damage). |
| | |    o Responsibility and processes for set-up and operation of triage area(s) are defined. |
| | |    o Communications plan for communications between triage areas, Emergency Department, other key departments and the HCC (e.g., landlines, handi-talkies, radios). |
| | |    o Staffing of the alternate triage sites. |
| | |    o Provision of supplies and equipment for the triage area considering scope and type of event, based on the facility HVA. |
| | |    o Infectious and/or exposed patient triage area(s) and protocols (e.g., standard precautions, staff Personal Protective Equipment, ventilation, infection control protocols for staff and patients). |
| | |    o Flow of patients to and from the triage area(s). |
| | |    o Signage for directing patients to triage area(s). |
| | |    o Communication with the HCC to identify available community resources (e.g., checklist with level of care capability and contact information). |
| | |    o Triage protocols for internal and external patient disposition (e.g., minor care, delayed care, holding, hospital or local government alternate care sites, etc.). |
| | | ***Decontamination:*** Plan to activate and perform decontamination, as necessary. |
| | | • Plan for set-up (checklist) and operation of holding and decontamination area(s) (list individuals responsible). |
| | | • Plan for segregation and prioritization of contaminated individuals for decontamination. |
| | | • Methods for directing patients to decontamination area(s) (e.g., signage, stations, cones, etc.). |
| | |    o Primary and alternative decontamination areas (consider external areas, event/agent, and facility damage potential). |
| | |    o Communications protocols within the decontamination area(s) and between other units. |
| | |    o Staffing plan. |
| | |    o Equipment and supplies. |
| | | ***Holding Areas:*** Plan for activation and operation of holding areas for patients awaiting triage, decontamination, treatment, admission, discharge or transport to lower levels of care. |
| | | • Responsibility for set-up and operation of holding area(s) (identify by area). |
| | | • Map and signage, using appropriate languages, for directing staff/family and patients to holding area(s). |
| | | • Set-up checklists and operations plan. |
| | |    o Primary and alternate holding area(s) while considering type of event, capacity, level of care, infectious disease, facility status. |
| | |    o Communications between treatment areas, with HCC. |
| | |    o Staffing plan considering scope and type of patient (level of care, infectious disease, etc.). |
| | |    o Equipment and supplies. |
| | | ***Treatment Areas:*** Plan for activation and operation of additional treatment areas to include identification of sites, signage, capacity, responsibility, communications, staffing, equipment and supplies, patient tracking/medical records, etc., to allow the Emergency Department to focus on higher acuity patients. |
| | | • Minor care area(s). |
| | | • Delayed care area(s). |
| | | • Additional immediate care area(s), if available or necessary. |
| | | • Infectious disease care area that is specific to type of contagion. |

**\* C-Completed    IP-In Progress    NS- Not Started**

[2] In the absence of gubernatorial orders waiving specific licensing and regulatory requirements, use of facilities outside of existing licensure should trigger notification/requests to appropriate State licensing and regulatory agencies.

# CHA Hospital Surge Plan Checklist

| | | Security – Facility Access:  Plan(s) for securing and limiting facility access during a surge event |
|---|---|---|
| | | • Security assessment with plans to address vulnerabilities. |
| | | • Plan for activating traffic control measures for access to facility (pre-planned traffic control measures, tools, etc.). |
| | | o  Road map outlining ingress, egress and traffic controls during surge event that is coordinated with law enforcement. |
| | | o  Specific staffing assignments and instructions for traffic control that includes who, what, and how during a surge event. |
| | | • Plan for initiating facility lock-down and/or limited access and entry. |
| | | o  Identification/diagram of all access points in facility. |
| | | o  Identification of limited access points for entry and procedures for monitoring/managing staff. |
| | | o  Criteria and protocols for entry and exit to/from facility(ies) --including staff, volunteers, patients, family and other individuals (e.g., who, identification requirements). |
| | | o  Staffing plan for monitoring closed entrances (which will only be locked for external entry). |
| | | o  Communication between security, manned access points and HCC. |
| | | o  Special considerations following a terrorist attack/active shooter event (e.g. creating a secure perimeter, restricting access to adjacent parking areas, increasing surveillance, limiting visitation, etc.). |
| | | • Training for staff who may be utilized in security roles including protocols, handling abusive behavior, etc. |
| | | • Plan and mutual aid agreements for assistance with hospital security (e.g. hospital labor pool, local law enforcement, outside agencies, etc.). |
| | | **Direct Patient Care Areas** [2] |
| | | Specific protocols for creating surge capacity to care for a significant surge of disaster patients. |
| | | • Plan for immediate cancellation/delay of scheduled/non-emergent admissions, procedures and diagnostic testing. |
| | | o  Inpatient admissions including scheduled surgeries/procedures). |
| | | o  Clinic visits. |
| | | o  Outpatient surgeries and procedures (e.g., GI, Catheterization, Radiologic). |
| | | o  Diagnostic/Ancillary services (e.g., Imaging, Neurology). |
| | | • Protocols for rapid and periodic review of patients for admission, discharge or transfer by teams of physicians, nurses and discharge planners for: |
| | | o  Emergency Department (ED). |
| | | o  Inpatients by unit or service. |
| | | o  Outpatient surgery and procedure areas (e.g., Colonoscopy) |
| | | o  Clinics |
| | | • For potential terrorist or criminal event, chain-of-evidence for law enforcement is addressed. |
| | | • Communication and coordination with HCC regarding activated and available community resources to triage, discharge or transfer to.  The plan should include checklist with location, level of care and contact information. |
| | | *Capacity Plan Contents:*  Specific protocols for expanding ambulatory and inpatient capacity beyond licensed capacity. |
| | | • Identify how ED, inpatient units, clinics, clinical areas and other hospital areas (e.g., cafeteria, auditorium, conference rooms, surge tents, open spaces, etc.), will be utilized to expand surge capacity. Address all key elements for use including forms and protocols for each area. |
| | | o  Capacity and use, considering cohorting of patients (e.g., inpatient, minor care, holding). |
| | | o  Activation including definition of responsibility and activation process. |
| | | o  Management and operation of the area (describe responsibilities and procedures). |
| | | o  Equipment and supplies (including re-supply). |
| | | o  Staffing (identify requirements and staffing plan). |

**\* C-Completed     IP-In Progress     NS- Not Started**

# CHA Hospital Surge Plan Checklist

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| | | o Management of special needs patients (e.g., mobility impaired, hearing impaired, etc.). |
| | | o Method of triage to/ discharge from area, including transport method(s). |
| | | o Work with local fire officials and OSHPD in preplanning and deployment of surge tents. (See "Utilization of Surge Tents" in resources) |
| | | Inpatient Capacity: Specific plans for increasing bed capacity to care for surge of inpatients, including expanding beyond licensed capacity on inpatient units and use of alternative care areas (e.g., dialysis, outpatient surgery, recovery, etc.) while maintaining continuity of operations and care for current patients who cannot be discharged or transferred.[1] |
| | | • Trauma (assume all hospitals will receive trauma cases when trauma center capabilities are exceeded) |
| | | • Critical care (expand bed capacity in existing units, use of other areas/units).[1] |
| | | • Burn (assume all hospitals will receive burn patients when burn center capabilities are exceeded). |
| | | • Isolation plan that identifies specific hospital unit(s) or areas for negative pressure or isolation through independent ventilation if event involves contagious/infectious disease. |
| | | • Medical/Surgical acute care[3] |
| | | • Pediatric (assume all hospitals will receive pediatric cases when pediatric center capabilities are exceeded). |
| | | • Neonatal Intensive Care Unit (includes disaster victims and/or continuity of operations). |
| | | • Maternity (assume continuity of operations). |
| | | *Ambulatory Care Capacity:* Specific plans for expanding capacity to care for surge of emergency/ambulatory patients, including use of ambulatory care centers, and opening Alternative Treatment Areas. (e.g., surge tents, clinics, other hospital areas and facilities. Be aware of weather implications such as rain, snow, extreme heat or cold).[2] |
| | | **Ancillary and Support Services** |
| | | *Ancillary Services:* Specific plans have been established for increasing capacity and capability for ancillary/diagnostic services during a surge event. |
| | | • Laboratory services, including communication and reporting to and from county public health. |
| | | • Imaging services (including MRI, CT, Ultrasound, etc.). |
| | | • Other ancillary and diagnostic services. |
| | | *Mass Fatality Management:* Plans have been established for management and disposition of deceased patients. (See CHA Mass Fatality in resources) |
| | | • Plans are consistent and coordinated with Operational Area Mass Fatality Management Plan such as the Medical Examiner/Coroner Plans. |
| | | • Includes mortality estimates by type of event to anticipate and secure supply needs (e.g., body bags, shroud packs, visquine, twine, etc.). |
| | | • Plan for expanding decedent storage capacity, including alternative hospital areas, that identifies current and prospective capacity. |
| | | • Agreements with external agencies for additional decedent storage capacity, consistent with local plans that include contacts and capacity. |
| | | *Medical Waste*: Plans have been established for storage and/or disposition of increased medical waste during a surge event. |
| | | • Expansion of storage facilities and/or disposition capabilities. |
| | | • Agreements with vendor(s) to increase medical waste pick-up. |

**\* C-Completed    IP-In Progress    NS- Not Started**

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[3] Consider and plan for conversion of single rooms to double, double to triple, etc. Consider use of corridors, classrooms, open space, etc.

# CHA Hospital Surge Plan Checklist

| | | 3. Personnel |
|---|---|---|
| | | ***Staffing:*** Specific plans for staffing during a significant surge event using hospital staff, contracted pools, and mutual aid resources, taking into consideration type and scope of event. |
| | | • Identification of staffing needs by staff type, service area, and status of regulatory waivers regarding staffing ratios, licensure and scope of practice. |
| | | • Contingency staffing plan identifies minimum staffing needs and prioritizes critical and non-essential services. |
| | | • Maintain up to date staff contact information and ensure availability to HCC and individuals responsible/systems used for making staff contacts. |
| | | • Staff disaster response assignments/roles (e.g., labor pool, specific units/areas, etc.) considering type of event. |
| | | • Staff notification and call-back protocols, including responsibilities.  Multiple methods identified and automated if possible. |
| | | • Agreements with staffing agencies (assume multiple organizations have agreement with the same agencies). |
| | | • Protocols for requesting and receiving staff resources (e.g., volunteers, special needs/teams, etc.) through HCC to local government point of contact. |
| | | • Cross-training and reassignment of staff to support critical/essential services. |
| | | • Establish Just- in-Time (JIT) training for key areas to allow staff to be assigned where most needed (e.g., Pediatrics, Burn, Respiratory, Security, Critical Care areas). |
| | | • Address shift change, rotation, rest areas and feeding of staff. |
| | |    o Protocols for shift changes and rotation of staff  (consider type of event) |
| | |    o Specific areas designated for staff respite and sleeping that (identify areas, responsibilities). |
| | | ***Volunteers:***  Plan includes utilization of non-facility volunteers including policies and procedures for accepting, credentialing, orienting, training and using volunteers during a surge event. |
| | | • Volunteer check-in protocols including staffing of check-in location (e.g., single entry). |
| | | • Registration, credentialing and privileging protocols, including use of local Medical Reserve Corps (MRC) and Disaster Healthcare Volunteers (DHV). |
| | | • Systems to collect, track, and maintain volunteer information (e.g., HICS form 253 Volunteer Staff Registration). |
| | | • Issuance of identification badge and other means of identification (e.g., colored/printed armband). |
| | | • Protocols for assignments and roles by type of volunteer (consider buddy systems as appropriate). |
| | | • Just-in-Time (JIT) training as appropriate to volunteer role(s). |
| | | ***Staff/Family Needs:***  Specific plans for addressing staff needs, family and domestic concerns during a surge event. |
| | | • Internal or external arrangements for dependent care to include, if necessary, boarding, food and special needs to remove barriers that may prevent staff from coming to work (e.g., encourage staff to have family disaster plan and to pre-arrange, if possible). |
| | | • Internal or external arrangements for pet care and (encourage staff to pre-arrange). |
| | | • Protocols and specific assignment of appropriately trained professionals to monitor and assess staff for both stress-related and physical health concerns. |
| | | **4. Supplies, Pharmaceuticals and Equipment** |
| | | Plan addresses supplies, pharmaceuticals and equipment (SPE) for patients and staff for a significant surge event. |
| | | • Essential SPE have been identified and summarized (consider type of event and patient age). |
| | |    o Equipment and furnishings (e.g., beds, cots, ventilators, IV pumps, etc.). |
| | |    o Supplies. |
| | |    o Personal Protective Equipment (e.g., masks, respirators, gowns, gloves, hand hygiene products). |

\* **C-Completed     IP-In Progress     NS- Not Started**

| | | |
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| | | ○ Pharmaceuticals (including prophylaxis for inpatients, staff and family members). |
| | | ○ Food and water for patients, staff, families and volunteers. |
| | | • Plans to meet SPE needs/requirements have been established including who, how, and where. |
| | | ○ Standard hospital resources/supplies. |
| | | ○ Hospital caches, including pallets, trailers and methods for transportation/delivery. |
| | | ○ Agreements with vendors for surge SPE (list of contacts and deliverables) and list of alternative vendors (assume multiple organizations have agreements with the same vendors). |
| | | ○ Agreements with local pharmacies and stores including list of contacts and deliverables. |
| | | ○ Community/government caches that includes list of cached items. |
| | | ○ Other resources |
| | | ○ Security needs during transport, delivery and storage of SPE. |
| | | • Needs and plans have been shared with local government point of contact and planning partners. |
| | | • Describe responsibilities and protocols for providing, requesting, accepting, distributing and tracking mutual aid resources including who, where, and how. |
| | | • Strategies/protocols included for how priorities would be established if there is a need to allocate limited patient equipment, pharmaceuticals and other resources. |
| | | • Identified reporting process on status of SPE resources available and/or needed, and urgency of needs to local government point of contact. |
| **5. Important Considerations** | | |
| | | **Healthcare Coalitions:** Hospital participates in local Healthcare Coalitions for surge planning and community risk assessment/needs activities. |
| | | **Communication:** Plan describes primary and back up internal and external communication systems, assigned frequencies and uses, maintenance and equipment locations (e.g., internet, telephone, cell, internal radios, satellite, HAM radio, ReddiNet, EM System, Command Aware, Live Process, WebEOC, Vocera, CAHAN, etc.). |
| | | **Behavioral Health Needs:** Plan addresses how behavioral health needs of staff, patients and family members will be met. Have printed and electronic resources available. Identify any community resources that may be available. (See CHA Mental/Behavioral Health in resources) |
| | | **Media Communication:** Plan includes protocols for communication with the media in coordination with county and other healthcare providers. |
| | | • Protocols for communication with media and identifying media spokesperson(s). |
| | | • Coordination with county Emergency Operations Center/Joint Information Center (JIC) to establish common messaging and information dissemination. |
| | | • Pre-prepared templates for issuing press statements that consider key event types, common statements and facts. |
| | | **Documentation – Patient Tracking**: Plan includes minimum patient documentation requirements for use during a surge event and protocols for patient tracking (e.g., HICS form 254 – Disaster Victim Patient Tracking Form) and reporting to appropriate agencies (e.g., county, American Red Cross). Identify systems in place that address community wide patient tracking. Consider activation of a hospital-based Family Information Center (FIC) to assist in reunification. (See Family Information Center plan in resources) |
| | | **Information Sharing:** Plan addresses release of patient information to appropriate entities and individuals for patient/family reunification. (See Information Sharing in resources) |
| | | **Continuity of Operations**: Hospital has Continuity of Operations Plan which identifies and plans for maintaining critical/essential functions and services during a disaster or significant surge event. Manual backup processes and forms are identified. (See CHA Continuity Planning in resources) |
| | | **Prioritization of Resources:** Hospital has protocols for prioritization of resources during a surge event when demand exceeds available resources. |

**\* C-Completed    IP-In Progress    NS- Not Started**

# CHA Hospital Surge Plan Checklist

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| | | ***Care Requirements for Services not Normally Provided:*** Plan addresses protocols and resources for providing services not normally provided by hospital (e.g., infants and children, maternity, burn, trauma). |
| | | • Care area(s) identified. |
| | | • Equipment resources or adaptations identified (inventory lists). |
| | | • Supplies identified with appropriate supply on hand (inventory lists). |
| | | • Protocols (e.g., adapting adult beds to pediatric beds, handling burn cases). |
| | | • Clinical expertise and Just-In-Time resources |
| | | • Protocols for transfer of patient to a facility with appropriate capabilities, when they become available. |
| | | ***Prophylaxis/Vaccination Plan***: Hospital has plan and, as available, pharmaceutical and other resources to prophylax or vaccinate staff, staff family members, volunteers and patients. |
| | | ***Crisis Standards of Care:*** Hospitals are encouraged to develop policies and procedures specific to their organization that address allocating scarce resources during mass casualty events. Hospital incorporates state and local level planning efforts into plan.  (See IOM guidance in resources) |
| | | ***Recovery:***  Utilize HICS Incident Response Guides for recovery activities.  Plan refers to EOP recovery activities. (see Recovery in the Resources section) |

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# CHA Hospital Surge Plan Checklist

## Resources

**California Hospital Association (CHA) Emergency Preparedness website** (www.calhospitalprepare.org)

- MOU samples (www.calhospitalprepare.org/memoranda-understanding)
- Hospital Incident Command System (HICS) resource websites (www.calhospitalprepare.org/hics-0, https://emsa.ca.gov/disaster-medical-services-division-hospital-incident-command-system-resources)
- The Joint Commission, Emergency Management Chapter www.jointcommission.org/standards_information/standards.aspx

**CHA Hospital Surge Planning Resources** (www.calhospitalprepare.org/healthcare-surge)

- Medical Surge Capacity and Capability: A Management System for Integrating Medical and Health Resources During Large-Scale Emergencies (www.ncdhhs.gov/dhsr/EMS/aspr/pdf/mscc.pdf)
- Surge Hospitals: Providing Safe Care in Emergencies (The Joint Commission 2006), (www.jointcommission.org/assets/1/18/surge_hospital.pdf)
- Operational Area Medical-Health Emergency Management/Surge Plan (Secure from OA/LEMSA) (https://www.calhospitalprepare.org/EOM)
- CDPH Standards and Guidelines for Healthcare Surge During Emergencies (calhospitalprepare.org/post/california-department-public-health-standards-and-guidelines-healthcare-surge-during)
- Academic Emergency Medicine 13 (11), pages 1087 - 1253. [All Surge Articles] http://onlinelibrary.wiley.com/doi/10.1197/acem.2006.13.issue-11/issuetoc
- Utilization of Surge Tents www.calhospitalprepare.org/sites/main/files/resources/Surge_Tents_Guidance.pdf
- EMTALA Requirements and Options for Hospitals in a Disaster (www.calhospitalprepare.org/document/centers-medicare-medicaid-services-cms)

**Prioritizing Resources and Care during a Surge Event** (www.calhospitalprepare.org/category/content-area/planning-topics/altered-standards-care-/-crisis-care)

- National Center for Biotechnology Information (NCBI) Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations (https://www.ncbi.nlm.nih.gov/books/NBK219958)
- CHEST Definitive Care for the Critically Ill During a Disaster, October 2014 (https://journal.chestnet.org/article/S0012-3692(15)33167-6/fulltext)

**CHA Hospital Pediatric Preparedness Resources** (www.calhospitalprepare.org/category/content-area/planning-topics/vulnerable-populations)

- Hospital Guidelines for Pediatric Preparedness (https://www1.nyc.gov/assets/doh/downloads/pdf/bhpp/hepp-peds-childrenindisasters-010709.pdf)
- AHRQ Pediatric Hospital Surge Capacity in PH Emergencies (www.ahrq.gov/prep/pedhospital)
- CHLA (Children's Hospital Los Angeles) Pediatric Disaster Resource and Training Center (www.chladisastercenter.org)
- Pediatric Surge Pocket Guide (www.lapublichealth.org/eprp/docs/Emergency%20Plans/Pediatric%20Surge%20Pocket%20Guide.pdf)

**CHA Mass Fatality Resources** www.calhospitalprepare.org/category/content-area/planning-topics/mass-fatality-planning

**CHA Pandemic Influenza Planning Resources** (www.calhospitalprepare.org/category/content-area/planning-topics/infectious-public-health-diseases/pandemic-influenza)

- Hospital Pandemic Influenza Planning Checklist www.flu.gov/professional/hospital/hospitalchecklist.html
- Pandemic Influenza Preparedness and Response Guidance for Healthcare Workers and Healthcare Employees (OSHA 2009) (www.osha.gov/Publications/OSHA_pandemic_health.pdf)

**Mental/Behavioral Health Resources** (www.calhospitalprepare.org/mental-behavioral-health)

**Family Information Center Resource** (www.calhospitalprepare.org/FIC)

**Information Sharing** (www.calhospitalprepare.org/InfoSharing)

**CHA Continuity Resources** (www.calhospitalprepare.org/continuity-planning)

**CHA Recovery Resources** (http://www.calhospitalprepare.org/recovery-1)