

ASPR TRACIE Technical Assistance Request

Requestor: [REDACTED]
Requestor Phone:
Requestor Email:
Request Receipt Date (by ASPR TRACIE): 15 October 2017
Response Date: 16 October 2017
Type of TTA Request: Standard

Request:

[REDACTED] is requesting guidance documents/ templates describing how to repopulate a facility.

Response:

The following resources were provided by both ASPR TRACIE SMEs, and from ASPR TRACIE Topic Collections and research.

Hospital/Healthcare Repopulation

California Hospital Association. (n.d.). [Hospital Repopulation after Evacuation: Guidelines and Checklist](#).

The California Hospital Association worked with subject matter experts to identify best practices and regulatory agency requirements that have to be taken into account when repopulating after full or partial evacuation of general acute care hospital inpatient buildings. The guide includes a checklist that can be completed electronically or printed and filled out by hand.

Centers for Disease Control and Prevention. (n.d.). [Remediation and Infection Control Considerations for Reopening Healthcare Facilities Closed Due to Extensive Water and Wind Damage](#). (Accessed 10/16/2017.)

This page provides information to assist healthcare facilities with the tasks involved during clean-up and reopening healthcare facilities after a natural disaster. It includes checklists for mold remediation and structural recovery, water and electrical utilities, ventilation system, structural building materials, medical equipment, certification for occupancy, and post reoccupation surveillance.

Hospital/Healthcare Post-Disaster Assessment Resources

American College of Emergency Physicians. (n.d.). [Hospital Disaster Preparedness Self-Assessment Tool](#). (Accessed 10/16/2017.)

This detailed checklist assessment can help hospital staff review their emergency management programs. This tool includes information on categories that should be considered in a post-disaster assessment (particularly sections 3-7).

California Emergency Medical Services Authority. (n.d.). [Hospital Incident Command System 251- Facility Systems Status Report](#). (Accessed 10/16/2017.)

This HICS form is to be used to determine the status (functional, partially functional, nonfunctional) of a healthcare facility after an emergency event.

Centers for Disease Control and Prevention. (n.d.). [Checklist for Infection Control Concerns when Reopening Healthcare Facilities Closed Due to Extensive Water and Wind Damage](#). (Accessed 10/16/2017.)

This checklist provides guidance for completing building and life safety inspections prior to restoration work, and guidance for infection control review of facilities to be done before the hospital can reopen. Attachment A includes a site specific checklist for selected areas of the facility (e.g., laboratory, pharmacy).

Florida Health Care Association. (2016). [Post-Storm Recovery Planning Considerations](#).

This document provides post-storm recovery guidance and checklists for nursing homes/ long term care facilities.

Harvard School of Public Health, Emergency Preparedness and Response Exercise Program. (2014). [Essential Functions and Considerations for Hospital Recovery Version 2](#). Federal Emergency Management Agency.

This document helps hospitals prepare to manage recovery from all types of events. Recovery planning benchmarks are included starting on page 34 to help hospitals independently assess their recovery capabilities. The benchmarks are drawn from a variety of sources including the ASPR Healthcare Preparedness and Response Capabilities, Joint Commission Hospital Accreditation Standards, the NDRF, and lessons learned from both recovery-focused exercises and real-world disasters. The document also includes questions to consider during recovery planning starting on page 38.

Pan American Health Organization, World Health Organization. (2017). [Hospital Administrator, Post Disaster Functional Checklist](#).

This checklist is meant to be used by a CEO or Hospital Administrator within 24 hours after the impact of a natural or man-made disaster. Its objective is to determine the immediate level of safety and functionality of the hospital. The facility is assessed in three segments: structural, non-structural, and functional capacity.

Raske, K. (2006). [Greater New York Hospital Association Recovery Checklist for Hospitals After A Disaster](#). Greater New York Hospital Association.

Hospital staff can utilize this facility recovery checklist to check for potential issues in the facility after a disaster.

South Carolina Department of Health and Environmental Control. (2016). [Post-Disaster Hospital Reopening Procedures](#).

This document provides a step-by-step guide for hospitals to follow prior to reopening. It includes five primary steps with action items under each.

Zane R, Biddinger P, Gerteis J, Hassol A. (2010). [Hospital assessment and recovery guide](#). AHRQ Publication No. 10-0081.

This guide is designed to help organize the initial assessment of a hospital after an evacuation/closure due to an emergency event. The guide is divided into 11 sections, each with its own team and assessment assignment: Administration, Facilities, Security and Fire Safety, Information Technology and Communications, Biomedical Engineering, Medical, Ancillary Services, Materials Management, Building and Grounds Maintenance/ Environmental Services, and Support Services.

Other Resources

Hassol, A., Zane, R. (2006). [Reopening Shuttered Hospitals to Expand Surge Capacity](#). AHRQ Publication No. 06-0029.

This guidance document provides tools and recommendations to help planners determine if and how to utilize an abandoned or shuttered hospital for surge capacity needs during a mass casualty or other similar event. It provides staffing requirements, safety checklists, supplies and equipment needs, and regulatory/legal issues to consider.