Care CEUs

Healthcare Preparedness

Introduction

1. It is imperative that plans for healthcare system emergency operation not be done in isolation from the community but are done in collaboration with the lead planning agency in coordination with the ESF #8 lead agency of the jurisdiction.

A. True
B. False

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2. Applying each of the following principles to the planning process is key to developing an all-hazards plan for protecting lives, property, and the environment, except for:

A. Planning must clearly identify the mission and support goals.
B. Planning should always start from scratch.
C. Effective plans tell those with operational responsibilities what to do and why to do it, and they instruct those outside the jurisdiction in how to provide support and what to expect.
D. Planning should be flexible enough to address both traditional and catastrophic incidents.

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3. Which planning approach answers the nursing home administrator's question, "Do I have the right mix of training, organizations, plans, people, leadership and management, equipment, and facilities to perform a required emergency function"?

A. Scenario-based planning
B. Function-based planning
C. Capabilities-based planning
D. All of the above

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4. Which of the following are common planning pitfalls that administrators should be aware of and avoid?

A. Development of lengthy, overly detailed plans that those responsible for their execution do not read.
B. Failing to account for the community's needs, concerns, capabilities, and desire to help.
C. Planning is only as good as the information on which it is based.
D. All of the above.

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5. Post-incident health recovery should be incorporated into planning and begins with response; the aim should be to leave individuals and communities at least as well off after an incident as they were before it.

A. True
B. False

Capability 1: Healthcare System Preparedness

6. Nursing home administrators should identify and prioritize critical healthcare assets and essential services that are vital for healthcare delivery. These assessments should identify which of the following as critical services and key resources?

A. Critical medical services
B. Critical medical support services
C. Critical facility management services
D. All of the above

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7. Which of the following is one of the tasks administrators should do to determine gaps in the healthcare preparedness and identify resources for mitigation of these gaps?

A. Perform a resource assessment by analyzing healthcare organization needs and evaluating exercises, training, and actual incidents or events to determine gaps and corrective action.
B. Identify and prioritize the essential healthcare assets and services of the community.
C. Coordinate planning and preventative measures to assist with the protection of prioritized healthcare assets and essential services.
D. All of the above.

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8. In order to provide the required knowledge, skills, and abilities needed to prepare and respond to a disaster, which of the following should administrators consider for training?

A. Training curriculums should be based on assessments, strategies, improvement plans, and ongoing evaluation efforts.
B. Training should be coordinated with ongoing training initiatives from healthcare and response partners.
C. Training should include appropriate National Incident Management System (NIMS) or equivalent training.
D. All of the above.

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9. Corrective actions provide the means to improve operational preparedness to perform critical healthcare response tasks and also contribute to the continuous preparedness cycle by ensuring updated strategies and plans are incorporated into new preparedness-building activities.

A. True
B. False

Capability 2: Healthcare System Recovery

10. All of the following are important tasks for healthcare organizations to implement Continuity of Operations (COOP), except for:

A. Identify the healthcare essential services that must be continued to maintain healthcare delivery following a disaster.
B. Determine the process for healthcare organization representation with local and state emergency operations during an incident response.
C. Identify the components of a fully functional COOP and develop corresponding plans for implementation.
D. Develop coordinated healthcare strategies to transition from COOP operations to normalcy or the new norm for healthcare operations.

Capability 3: Emergency Operations Coordination

11. The State and Healthcare Coalitions, in coordination with healthcare organizations, emergency management, ESF #8, relevant response partners, and stakeholders, develop, refine, and sustain a plan for communication that provides a unified message about the status of healthcare delivery through a Joint Information System (JIS) for dissemination to the community and overrides a healthcare organization's ability to provide a message to the community.

A. True
B. False

Capability 5: Fatality Management

12. The healthcare organization's human remain surge plan should include which of the following elements?

A. Protocols that coordinate the need for human remain storage with fatality management operations ongoing in the community.
B. Processes to request state and Federal resources (e.g., State/Disaster Mortuary Operational Response Teams).
C. Protocols that ensure culturally sensitive and legal storage for human remains.
D. All of the above.

Capability 6: Information Sharing

13. Healthcare incident information validation is completed by a process or system as a redundant situational awareness mechanism to confirm the status of the healthcare organization's needs.

A. True
B. False

Capability 10: Medical Surge

14. Coordinated CBRNE training should focus on developing a common understanding of critical operations between the healthcare organization and EMS.

A. True
B. False

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15. Maximum facility surge capacity is the provision of the highest level that can be provided to patients in the available beds that can be staffed and also have the required resources for care. This is guided by risk assessments and gap analysis regarding the estimated surge.

A. True
B. False

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16. Crisis standards of care processes and/or plans should include which elements?

A. Clinical care in disasters
B. Disaster mental/behavioral health
C. Palliative care planning
D. All of the above

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