

# HOW TO BUILD A FEMA-COMPLIANT HOSPITAL EMERGENCY RESPONSE PLAN

*A practitioner's job aid based on CPG 101 · NIMS · HICS · HSEEP  
For hospital planners, EM professionals, and healthcare leadership*

**Core Objective:** Maintain Continuity of Clinical Care under any hazard condition — while integrating seamlessly with local, regional, and state emergency management systems.

## ▶ THE FOUNDATION — THE SIX-STEP PLANNING PROCESS (CPG 101)

FEMA's CPG 101 mandates a collaborative, iterative planning process. Complete all six steps in sequence. Do not begin writing the plan before Steps 1–3 are complete.

<p><b>Step 1</b> <b>Form the Planning Team</b></p> <p>Assemble a multidisciplinary team: clinical staff, facilities management, security, and administrative leadership. Assign a Planning Team Lead.</p>	<p><b>Step 2</b> <b>Understand the Situation</b></p> <p>Conduct a Threat and Hazard Identification and Risk Assessment (THIRA) to identify high-probability events specific to your facility and community.</p>	<p><b>Step 3</b> <b>Determine Goals &amp; Objectives</b></p> <p>Define what the plan must achieve. Prioritise Continuity of Clinical Care as the primary operational goal across all hazard scenarios.</p>
<p><b>Step 4</b> <b>Plan Development</b></p> <p>Draft the Basic Plan, Functional Annexes, and Hazard-Specific Appendices. Align all elements to NIMS, HICS, and CPG 101 standards.</p>	<p><b>Step 5</b> <b>Plan Preparation, Review &amp; Approval</b></p> <p>Circulate the draft for internal review by all team members. Obtain sign-off from hospital leadership and legal authority holders.</p>	<p><b>Step 6</b> <b>Plan Implementation &amp; Maintenance</b></p> <p>Activate through HSEEP-compliant exercises. Apply After-Action Reports (AARs) to update the plan on a defined revision cycle.</p>

## ▶ THE GOVERNANCE FRAMEWORK — NIMS, HICS, AND CPG 101

Every section of the HERP must be anchored to one of these three frameworks. If a plan element cannot be traced to one of them, it is either redundant or non-compliant.

NIMS National Incident Management System	HICS Hospital Incident Command System	CPG 101 FEMA Comprehensive Preparedness Guide
<p><b>Provides:</b> Standardised terminology, unified command structure, and interoperability with local and state EM systems.</p>	<p><b>Provides:</b> Hospital-specific command hierarchy adapted from ICS — defines roles, spans of control, and reporting lines during an incident.</p>	<p><b>Provides:</b> The six-step planning process framework and compliance standard that anchors the entire HERP development cycle.</p>

## ► CORE COMPONENTS — THE THREE-TIER PLAN STRUCTURE

A compliant HERP is not a single document. It is a tiered architecture. Each tier serves a distinct function and has a named owner.

Tier	Component	Purpose	Key Contents	Typical Owner
Tier 1	<b>Basic Plan</b>	Sets the legal authority, mission, and overall strategy for all emergency operations.	Legal authority · Mission statement · Scope & applicability · Roles & responsibilities · Plan activation triggers	Hospital CEO / EM Director
Tier 2	<b>Functional Annexes</b>	Detail the protocols for critical operational actions that apply across multiple hazards.	Evacuation · Surge capacity · Emergency communications · Shelter-in-place · Family reunification · Utilities failure	Department Heads / Operations
Tier 3	<b>Hazard-Specific Appendices</b>	Provide tailored procedures for threats that require unique responses beyond the annexes.	Chemical contamination · Infectious disease · Active threat · Cyber incident · Mass casualty incident (MCI)	Safety Officer / Clinical Leads

**Planning rule:** The Basic Plan governs → Functional Annexes operationalise → Hazard-Specific Appendices customise. No tier replaces another.

## ► TRAINING AND EVOLUTION — THE FOUR-PHASE VALIDATION CYCLE

A plan that has never been tested has never been validated. FEMA's HSEEP framework requires a continuous cycle of exercises, review, and revision. This cycle has no endpoint.

01 DRILL	02 EXERCISE	03 AAR	04 PLAN UPDATE
<p><b>Action:</b> Train specific skills</p> <p><b>Who:</b> Supervisors / Team Leaders</p> <p><b>Output:</b> Competency record per individual</p> <p><i>Run drills before any exercise. Never skip this step.</i></p>	<p><b>Action:</b> Validate the HERP via HSEEP-compliant scenario</p> <p><b>Who:</b> Exercise Programme Manager</p> <p><b>Output:</b> Observations, findings, corrective actions</p> <p><i>Tabletop → Functional → Full-Scale, matched to programme maturity.</i></p>	<p><b>Action:</b> Conduct After-Action Review</p> <p><b>Who:</b> Planning Team + Department Leads</p> <p><b>Output:</b> After-Action Report (AAR) with prioritised gaps</p> <p><i>Complete within 30 days of the exercise. Assign named owners to each gap.</i></p>	<p><b>Action:</b> Revise the HERP based on AAR findings</p> <p><b>Who:</b> EM Director / Planning Team Lead</p> <p><b>Output:</b> Updated, version-controlled HERP</p> <p><i>Return to Step 01. The cycle is continuous — preparedness is a habit, not an event.</i></p>

### Academic Note

*The HERP framework described here aligns with FEMA CPG 101 v3.0, the NIMS doctrine (2017), and the HSEEP exercise programme standards (2020). The tiered plan architecture reflects the all-hazards planning methodology endorsed by The Joint Commission Emergency Management standards. For scholarly grounding, see Auf der Heide's foundational work on hospital disaster planning, Auf der Heide & Scanlon on healthcare surge capacity, and Perry & Lindell's emergency planning theory as applied to healthcare settings.*

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**Sources:** FEMA CPG 101 v3.0 (2021) · NIMS (2017) · HICS (2014) · HSEEP (2020) · The Joint Commission EM Standards · ISO 22320 (2018)