2020

Emergency Preparedness Part 2

Arkansas Department of Health

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Goals

- Be able to state the requirements of CFR §491.12 (Emergency Preparedness (EP) for the RHC)

- Be able to identify resources to complete a customized EP Plan

- Be able to state the rationale for creating an After-Action Report

Condition for Certification

42 CFR 491.12

The Rural Health Clinic/Federally Qualified Health Center (RHC/FQHC) must comply with all applicable Federal, State, and local emergency preparedness requirements. The RHC/FQHC must establish and maintain an emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:

(a) *Emergency plan.* The RHC or FQHC must develop and maintain an emergency preparedness plan that must be reviewed and updated at least every 2 years. The plan must do all of the following:

(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.

(2) Include strategies for addressing emergency events identified by the risk assessment.

(3) Address patient population, including, but not limited to, the type of services the RHC/FQHC has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.

(4) Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation.

Condition for Certification

42 CFR 491.12

Policies and Procedures

(b) *Policies and procedures.* The RHC or FQHC must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a) (1) of this section, and the communication plan of paragraph (c) of this section. The policies and procedures must be reviewed and updated at least every 2 years. At a minimum, the policies and procedures must address the following:

(1) Safe evacuation from the RHC/FQHC, which includes appropriate placement of exit signs; staff responsibilities and needs of the patients.

(2) A means to shelter in place for patients, staff, and volunteers who remain in the facility.

(3) A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.

(4) The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.

Condition for Certification

(c) *Communication plan.* The RHC or FQHC must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least every 2 years. The communication plan must include all of the following:

    (1) Names and contact information for the following:

        (i) Staff.

        (ii) Entities providing services under arrangement.

        (iii) Patients' physicians.

        (iv) Other RHCs or FQHCs

        (v) Volunteers.

    (2) Contact information for the following:

        (i) Federal, State, tribal, regional, and local emergency preparedness staff.

        (ii) Other sources of assistance.

    (3) Primary and alternate means for communicating with the following:

        (i) RHC/FQHC's staff.

        (ii) Federal, State, tribal, regional, and local emergency management agencies.

    (4) A means of providing information about the general condition and location of patients under the facility's care as permitted under 45 CFR 164.510(b)(4).

    (5) A means of providing information about the RHC/FQHC's needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.

Condition for Certification

Training

(d) *Training and testing.* The RHC or FQHC must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least every 2 years.

     (1) *Training program.* The RHC/FQHC must do all of the following:

          (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles,

(ii) Provide emergency preparedness training at least every 2 years.

(iii) Maintain documentation of the training.

(iv) Demonstrate staff knowledge of emergency procedures.

(v) If the emergency preparedness policies and procedures are significantly updated, the RHC/FQHC must conduct training on the updated policies and procedures.

Condition for Certification

Testing

The RHC por FQHC must conduct exercises to test the emergency plan at least annually.

The RHC or FQHC must do the following:

(i) Participate in a full-scale exercise that is community-based every 2 years; or

(A) When a community-based exercise is not accessible, an individual, facility-based functional exercise every 2 years; or.

(B) If the RHC or FQHC experiences an actual natural or man-made emergency that requires activation of the emergency plan, the RHC or FQHC is exempt from engaging in its next required full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event.

(ii) Conduct an additional exercise every 2 years, opposite the year the full-scale or functional exercise under paragraph (d) (2) (i) of this section is conducted, that may include, but is not limited to following:

(A) A second full-scale exercise that is community-based or an individual, facility-based functional exercise; or

(B) A mock disaster drill; or

(C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.

(iii) Analyze the RHC or FQHC response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the RHC or FQHC's emergency plan, as needed.
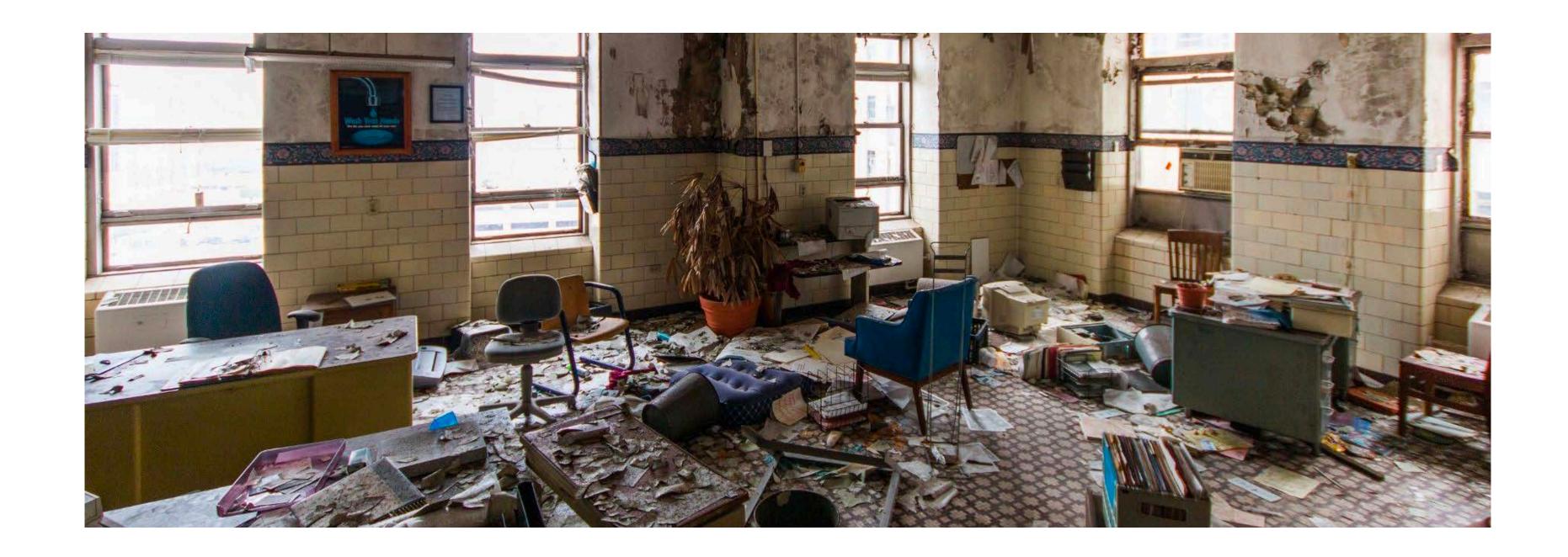
Condition for Certification

(e) *Integrated healthcare systems.*

If an RHC/FQHC is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the RHC/FQHC may choose to participate in the healthcare system's coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must do all of the following:

(1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.

(2) Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.

(3) Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program.

(4) Include a unified and integrated emergency plan that meets the requirements of paragraphs (a)(2), (3), and (4) of this section. The unified and integrated emergency plan must also be based on and include all of the following:

(i) A documented community-based risk assessment, utilizing an all-hazards approach.

(ii) A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.

(5) Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan, and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section, respectively.

Emergency Preparedness Plan

- Planning for things we hope will never happen.

- On-site events and emergencies which may put staff and patients at risk.

- Off-site events and emergencies which may impact the delivery of service to RHC patients.

- Contingency planning for interruption of healthcare services.

Lessons Learned 2005

A lesson learned from Hurricane Katrina: In 2005, only 25% of office-based providers were using electronic medical records.

Entire lifetimes of healthcare documentation were lost forever for many critically and chronically ill patients. EMR is now the standard.

Hurricane Katrina

- Dorothy Jones, RHIT, health information supervisor at Medical Center of Louisiana in New Orleans, thought removing the bottom rows of records in her hospital's basement storage facility would be enough to guard against Hurricane Katrina's punch August 29, 2005.

- In a matter of hours, 400,000 medical records were reduced to pulp.

Hurricane Sandy 2012

Hurricane Sandy

- While water was impossible to hold back, the availability of health information before, during, and after the storm remained remarkably stable.

- Among the users of EHRs in the greater New York City area there was only one report of records being lost, in a small clinic that was actually in the process of converting their paper records into an EHR system. However, there were widespread reports of paper records being lost.

- In New Jersey, with fewer hospitals in the direct impact zone, the State Regional Extension Center Program planned in advance by contacting providers prior to the storm's landfall with instructions on how to back up data stored in the their EHRs. This planning assured that patient information would be safe and accessible during and after the storm.

Lessons Learned 2013

A lesson learned from Moore Medical Center, OK: Approximately 50 patients/staff and 300 community members survive the EF-5 tornado.

Displacement for staff/patients.

4 years to rebuild.

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Lessons Learned 2015

A Lesson Learned from Inland Regional Center, CA:

After 14 people killed and 22 injured, we now teach healthcare staff "Run/Hide/Fight" when immediate threat noted.

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Lessons Learned 2017

Hurricane Harvey

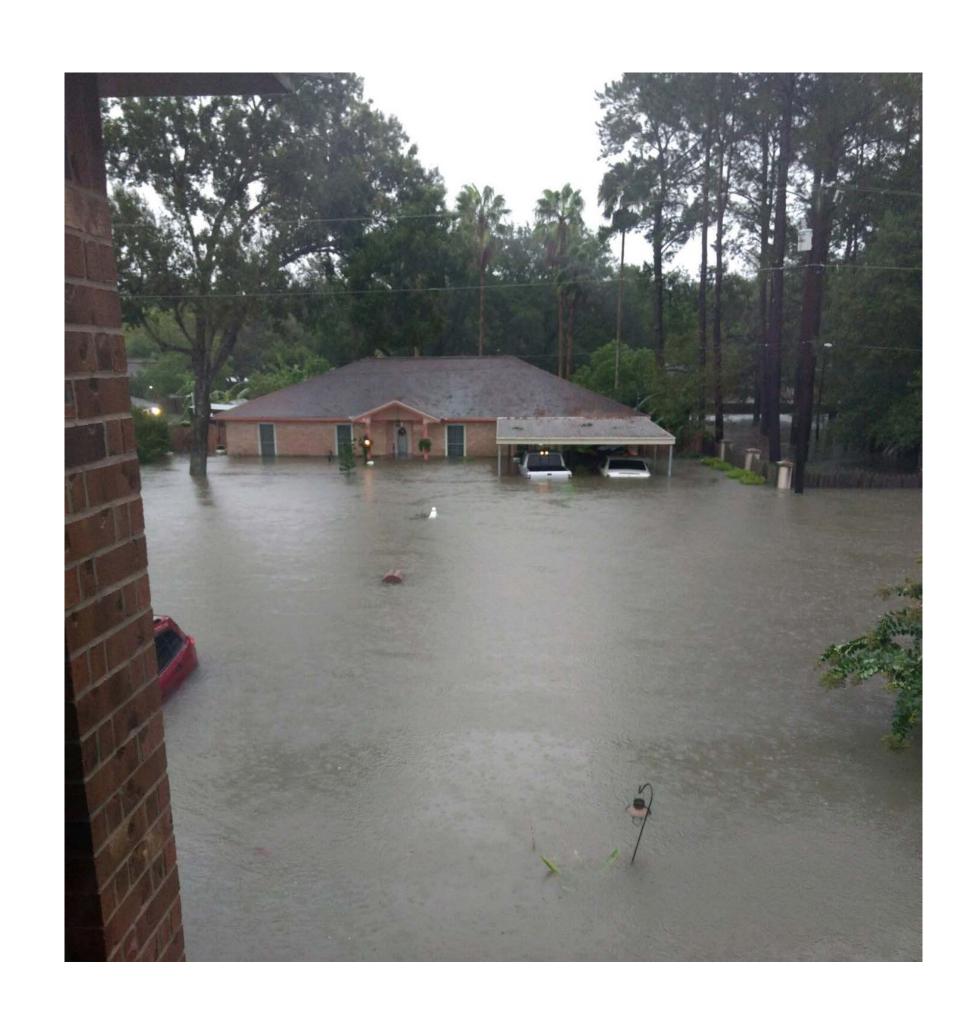# Hurricane Harvey

Communication we learned from Harvey.

Nursing Home with 15 patients stranded in waist high water.

Lessons Learn 2017

A lesson learned from the UK's National Health Services.

Slashing the budget set for IT updates/security is not acceptable. Malware is a real risk for loss of records and interruption of healthcare service.

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Lessons Learn 2017

Camp Fire

Paradise, CA

- When to evacuate
- Getting ambulances

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Lessons Learn 2017

Camp Fire

Paradise, CA

- Getting ambulances is a big problem

Lessons Learn 2019

Ridgecrest Hospital Earthquake

- Elevators flooded
- Getting ambulances

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RHC Emergency Preparedness (EP)

Risk Assessment and Planning

Policies and Procedures

Emergency Preparedness Program

Communication Plan

Training and Testing

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Risk Assessment and Planning

Risk Assessment and Planning

EP PLAN Must:

- Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.

- Include strategies for addressing emergency events identified by the risk assessment.

- Address patient population, including the type of services the RHC has the ability to provide in an emergency and continuity of operations, including delegations of authority and succession plans.

- Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation.

Risk Assessment and Planning

Risk Assessment and Planning

Revised HVA Tool from Kaiser Permanente

January 2017

Kaiser Permanente has developed a revised Hazard Vulnerability Analysis tool and instruction sheet. Available as a planning resource only; if sharing publicly please credit Kaiser Permanente. This tool is not meant for commercial use.

Risk Assessment and Planning

*What events are most likely to impact
the services your organization delivers to patients?*

• Short-term Inclement Weather Events

• Power or Water Interruptions

• Provider/Staff Illness

• Technological/Communication Failures

• Fire

• Wildfires

• Floods

Risk Assessment and Planning

Types of Emergencies

Man Made: Active shooter
                                               Chemical Emergencies
                                               Cyber Attack
                                               Mass Casualties
Bioterrorism   Radiation
                                               Total power outage

Natural Disasters: Tornadoes
                                               Hurricanes
                                               Severe Storms

Public Health Emergencies: Pandemic Influenza
                                               Zika Virus Outbreak
                                               Biological Hazards

Policies and Procedures

The policies and procedures must be reviewed and updated at least biennially.

At a minimum, the policies and procedures must address the following:

(1) Safe evacuation from the RHC, which includes appropriate placement of exit signs; staff responsibilities and needs of the patients.

(2) A means to shelter in place for patients, staff, and volunteers who remain in the facility.

(3) A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.

(4) The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.

Policies and Procedures

- RHC will comply with all Federal, State, and local laws regarding community-wide and RHC emergency preparedness

- EP Plan will be reviewed at least biennially and updated with any changes arising from findings with After-Action Report (AAR)

- Address Patient Population
  - Example: patients with limited mobility in a clinic on 2rd floor

- Services Offered during Emergency Events
  - RHCs provide out-patient service, so this will be addressed for providing these services or closing

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Communication Plan

- Comply with Federal and State laws – see State EOP requirements

- Update the EP Plan at least biennially

- Include required Contact Information

- Include Alternative Means of Communicating – Text, Email, Phone, Social Media platforms

- Provide Information about Patients – RHC Patient Tracking Form for Transfers and the American Red Cross Patient Reunification Program

- Determine Clinic Needs and/or the Clinic's Ability to Provide Assistance to the Community

Communication Plan

Are clinics required to have volunteers as part of their Emergency Preparedness Plan?

RHCs have the flexibility to include volunteers in the emergency plan as indicated by the individual risk assessment. _HOWEVER_, if volunteers are included, the policies should address their use and they must be trained on the EP Plan.

Communication Plan

- Staff

- Providers

- Entities Providing Services Under Arrangement

- Other RHCs/FQHCs

- Volunteers

- Federal/State/Tribal/Regional/Local EP Staff

DON'T FORGET TO INCLUDE THE OTHER RHCs IN YOUR AREA – YOU MUST INCLUDE CONTACT INFORMATION EVEN IF THEY ARE NOT IN YOUR HEALTHCARE SYSTEM.

Communication Plan

Rethink the Phone Tree

Compile "advanced emergency phone trees" which not only requests staff member home phone numbers, but also:

- Mobile numbers for text messaging

- Email addresses for mass communication

- Emergency family contact information

- Alternate addresses in case of temporary relocation

Communication Plan

FEMA | Emergency Management Institute

Frequently Asked Questions

IS-42: Social Media in Emergency Management

Course Date

10/31/2013

Course Overview

Social media is a new technology that not only allows for another channel of broadcasting messages to the public, but also allows for two way communication between emergency managers and major stakeholder groups. Increasingly the public is turning to social media technologies to obtain up to date information during emergencies and to share data about the disaster in the form of geo data, text, pictures, video, or a combination of these media. Social media also can allow for greater situational awareness for emergency responders. While social media allows for many opportunities to engage in an effective conversation with stakeholders, it also holds many challenges for emergency managers.

TAKE THIS COURSE

Interactive Web Based Course

TAKE FINAL EXAM

Please note that the IS Program now requires a FEMA SID to be used instead of your SSN. If you do not have a SID, register for one here.

Take Final Exam Online

NOTICES

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What we train for, we succeed in...
"Muscle Memory"

Training and testing.