Emergencies can happen anywhere, at any time. They can be caused by severe weather, infectious diseases, cyberattacks, man-made disaster or intentional acts. The very nature of an emergency is unpredictable. It can change in scope and have a devastating impact on your residents, staff and organization. Preparing and planning for any type of emergency is required and necessary in today’s health care environment.

This energetic and interactive workshop will walk participants through new regulatory requirements and expectations regarding risk assessment and planning; policies and procedures; communication plan; training and testing. Facilitated work groups will review participants’ current Emergency Preparedness and Response Plans compared to regulatory and standards of practice expectations. Attendees will finish with a toolkit of resources to assist their leadership in finalizing an updated Emergency Preparedness and Response Plan.
Objectives

- Examine the federal and state regulatory requirements for an Emergency Preparedness and Response Plan.
- Recognize emergency situations.
- Identify the key components necessary for an effective plan including: prevention, risk assessment and planning, policies and procedures, communication, response, recovery, and training and testing.
- Review and revise individual organization plans to meet the new requirements and standards of practice.
- Define key leadership implementation strategies for an effective plan and organization response.

Schedule

- 8:30 a.m. – 9:00 a.m. Registration/ Check-in
- 9:00 a.m. – 10:30 a.m. Session
- 10:30 a.m. – 10:45 a.m. Break
- 10:45 a.m. – 12:00 p.m. Session
- 12:00 p.m. – 12:45 p.m. Lunch
- 12:45 p.m. – 2:15 p.m. Session
- 2:15 p.m. – 2:30 p.m. Break
- 2:30 p.m. – 3:45 p.m. Session
- 3:45 p.m. Adjournment
Overview: CMS Emergency Preparedness Rule

Origins of the Rule

• Call to action following 9/11, Hurricanes Katrina and Sandy, Ebola, Zika
  – Breakdowns in patient care
  – Inconsistent standards
  – Inconsistent levels of preparedness
• Debate on incentivizing vs. mandating preparedness
To establish national emergency preparedness requirements, consistent across provider and supplier types.

- Outlines emergency preparedness Conditions of Participation (CoPs) & Conditions for Coverage (CfCs)
  - CoPs and CfCs are health and safety standards all participating providers must meet to receive certificate of compliance
- Applies to 17 provider and supplier types
  - Different emergency preparedness regulations for each provider type

Providers and Suppliers that wish to participate in Medicare and Medicaid – i.e., the nation’s largest insurer – must demonstrate they meet new emergency preparedness requirements in the rule.
Healthcare Facilities Affected (17)

**Inpatient**
- Hospitals
- Critical Access Hospitals
- Religious Nonmedical Health Care Institutions (RNHCIs)
- Psychiatric Residential Treatment Facilities (PRTFs)
- Long-Term Care (LTC) / Skilled Nursing Facilities
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)

**Outpatient**
- Ambulatory Surgical Centers
- Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
- Community Mental Health Centers (CMHCs)
- Comprehensive Outpatient Rehabilitation Facilities (CORFs)
- End-Stage Renal Disease (ESRD) Facilities
- Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)
- Home Health Agencies (HHAs)
- Hospice
- Organ Procurement Organizations (OPOs)
- Programs of All-Inclusive Care for the Elderly (PACE)
- Transplant Centers

Healthcare Facilities Affected (17)

**4 Core Elements**

- **Emergency Plan**
  - Based on a risk assessment
  - Use an all hazards approach
  - Update plan annually

- **Policies and Procedures**
  - Based on risk assessment and emergency plan
  - Must address subsistence of staff and residents/clients, evacuation, sheltering in place, tracking staff and residents/clients
  - Review and update annually

- **Communications Plan**
  - Complies with federal and state laws
  - Coordinate resident/client care within the facility, across providers, and with state and local public health and emergency management
  - Review and update annually

- **Training & Exercise Program**
  - Develop training program, including initial training on policies and procedures
  - Conduct drills and exercises
Emergency Plan

• Perform a risk assessment using an “all-hazards” approach
• Develop an emergency plan based on the risk assessment
• Update emergency plan at least annually

Policies and Procedures

• Develop and implement policies and procedures based on the risk assessment, emergency plan, and communication plan
• Policies and procedures must address a range of issues including:
  – Subsistence needs,
  – Evacuation and shelter in place plans,
  – Tracking patients and staff during an emergency,
  – Medical documentation, and;
  – Processes to develop arrangements with other providers/suppliers.
• Review and update policies and procedures at least annually
Communication Plan

- Develop a communication plan that complies with both Federal and State laws
- Coordinate patient care within the facility, across healthcare providers, and with state and local public health departments and emergency management systems. To include:
  - Contact information for staff, entities providing services under other arrangements, patients’ physicians, other hospitals, and volunteers
  - Maintaining contact information for regional or local emergency preparedness agencies
  - A means, in the event of evacuation, to release patient information
- Review and update plan annually

Training and Testing Program

- Develop and maintain training and testing programs. To include:
  - Initial training on emergency preparedness policies and procedures.
  - Training to all new and existing staff, including volunteers and maintain documentation of training.
- Demonstrate staff knowledge of emergency procedures and provide training at least annually
- Conduct drills and exercises to test the emergency plan
  - Hospitals and most other providers must conduct one full-scale exercise annually and an additional exercise of the facility’s choice.
Other Key Elements

- **Emergency and Standby Power**
  - Higher level of requirements for hospitals, critical access hospitals, and long-term care facilities.
  - Locate generators in accordance with National Fire Protection Association (NFPA) guidelines.
  - Conduct generator testing, inspection, and maintenance as required by NFPA.
  - Maintain sufficient fuel to sustain power during an emergency.

- **Evacuation**
  - Home health agencies and hospices must inform officials of patients in need of evacuation.

- **Emergency Plans**
  - Long-term care and psychiatric residential treatment facilities must share information on emergency plan with patient family members or representatives.

Implementation Timeline

- **09/08/2016**
  - Rule published

- **11/15/2016**
  - Rule goes into effect

- **06/02/2017**
  - Interpretive Guidelines released

- **11/15/2017**
  - Rule must be implemented
• States have the discretion to decide whether health and safety surveyors or life safety surveyors will inspect for compliance.
• State Operations Manual Appendix Z.
• Emergency preparedness requirements will have a set of “E” tags that will cite non-compliance.
• Facilities are expected to be in compliance with the requirements by 11/15/2017.
• In the event facilities are non-compliant, the same general enforcement procedures will occur as is currently in place for any other conditions or requirements cited for noncompliance.

Costs of Implementation

• CMS predictions:
  – $373 million in first year
  – $25 million/year after
  – 72,315 providers & suppliers impacted
• How did CMS arrive at these numbers?
  – Took salaries of impacted employees x hours involved in compliance x number of facilities
  – Hospice example to right
If the government is not providing funding for compliance, how are facilities expected to meet rule requirements?

Role of Healthcare Coalitions

- Source of preparedness expertise
- Regional risk assessments and hazard vulnerabilities
- Provide template or example plans and policies
- Help close planning gaps
- Plan integration with healthcare facilities and local authorities
- Training and exercises
Community-Based Planning

- Know the community
  - Hazards, Population, Capabilities
- Identify the communities to engage
  - What currently exists?
- Partner with community leaders to develop an engagement program
  - Engagement is about building trusted relationships
    - Staff, Health Department, Fire and HazMat, Law Enforcement, Emergency Management, Human Services Department, Managed Care Organizations

Overview: Federal and Iowa
• Long-term care (LTC) requirements further require that facilities:
  – Have emergency and standby power systems,
  – Have a plan to account for/locate all residents
  – Have a method to share appropriate information with residents/families/representatives

42 CFR 483.73

481 IAC 58.28(2)

481—58.28 (135C) Safety. The licensee of a nursing facility shall be responsible for the provision and maintenance of a safe environment for residents and personnel. (III)

58.28(1) Fire safety. a. All nursing facilities shall meet the fire safety rules and regulations as promulgated by the state fire marshal. (I, II) b. The size of the facility and needs of the residents shall be taken into consideration in evaluating safety precautions and practices.

58.28(2) Safety duties of administrator. The administrator shall have a written emergency plan to be followed in the event of fire, tornado, explosion, or other emergency. (III) a. The plan shall be posted. (III) b. In-service shall be provided to ensure that all employees are knowledgeable of the emergency plan. (III)

58.28(3) Resident safety. a. Residents shall be permitted to smoke only where proper facilities are provided. Smoking shall not be permitted in bedrooms. Smoking by residents considered to be careless shall be prohibited except when the resident is under direct supervision. (II, III) b. Smoking is prohibited in all rooms where oxygen is being administered or in rooms where oxygen is stored. (II, III) c. Whenever full or empty tanks of oxygen are being used or stored, they shall be securely supported in an upright position. (II, III) d. Smoking shall be permitted only in posted areas. (II, III) e. Each resident shall receive adequate supervision to protect against hazards from self, others, or elements in the environment. (I, II, III) f. Residents shall be protected against physical or environmental hazards to themselves. (I, II, III)

[ARC 1398C, IAB 4/2/14, effective 5/7/14]
Emergencies never occur at a convenient time. During a disaster, seconds count. The Iowa Department of Inspections and Appeals (DIA) recommends that all nursing facilities develop a “continuity binder” containing essential contact information for essential services and personnel. A sample contact sheet is provided which can be used to assist nursing home personnel during an emergency situation. In addition to the contact sheet, DIA recommends that a continuity binder be developed that would include such information as a resident roster, a list of the resident’s legal representatives, staff roster, as well as the name, location, and telephone numbers for pharmacy services, medical suppliers, utility companies, emergency transportation services, local Red Cross chapter, local or area hospitals, etc. During an emergency, this simple binder could serve as a valuable tool to help restore services and care to the facility’s residents.

https://dia.iowa.gov/health-facilities/emergency-preparedness

<table>
<thead>
<tr>
<th>County</th>
<th>Contact Information</th>
<th>Phone and Fax Numbers</th>
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<tbody>
<tr>
<td>Polk</td>
<td>A.J. Mumm, Coordinator&lt;br&gt;Polk Co Emerg Mgmt Agency&lt;br&gt;1907 Carpenter Ave</td>
<td>Business: (515) 286-2107&lt;br&gt;Fax: (515) 323-5256&lt;br&gt;Des Moines, IA 50314-</td>
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<tr>
<td></td>
<td>E-Mail Address: <a href="mailto:aj.mumm@polkcounty.iowa.gov">aj.mumm@polkcounty.iowa.gov</a></td>
<td>Extension:</td>
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Leadership Strategies

- Assess
- Priorities
- Emergency Preparedness
- Plan Development
- Team Roles
- Ongoing Monitoring

Recognize Emergency Situations
**All-Hazards Approach**

An all-hazards approach is an integrated approach to emergency preparedness planning that focuses on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters, including internal emergencies and a man-made emergency or natural disaster.

This approach is specific to the location of the provider or supplier and considers the particular type of hazards most likely to occur in their areas.

These may include, but are not limited to, care-related emergencies, equipment and power failures, interruptions in communications, including cyber-attacks, loss of a portion or all of a facility, and interruptions in the normal supply of essentials such as water and food.

**Examples of Hazards**

**Natural**
- Tornado/Hurricane
- Earthquake
- Blizzard/Ice Storm
- Cold/Heat - Extreme and/or Prolonged
- Flood
- Landslide
- Wildfire
- Tsunami

**Man-Made**
- Fire
- Power Outage
- Explosion within/outside facility
- Hazardous material release
- Nuclear facility incident
- Water system failure
- Infectious outbreak
- Bomb threat
- Active shooter
- Plane crash
- Civil disturbance
Examples of Hazards

Technical

- Cyber attack
- Computer system failure
- Telephone failure
- HVAC failure
- Utility disruption
The term risk assessment describes a process facilities use to assess and document potential hazards that are likely to impact their geographical region, community, facility and patient population and identify gaps and challenges that should be considered and addressed in developing the emergency preparedness program.

The term risk assessment is meant to be comprehensive, and may include a variety of methods to assess and document potential hazards and their impacts.

The healthcare industry has also referred to risk assessments as a Hazard Vulnerability Assessment or Analysis (HVA) as a type of risk assessment commonly used in the healthcare industry.

### Hazard Vulnerability Assessment

#### Probability
- Likelihood
- Known risk; Historical data; Manufacturer/Vendor statistics

#### Human Impact
- Injuries requiring medical intervention
- Deaths

#### NH Service Impact
- Direct care; Facility infrastructure; Resident family support; Professional support; Ancillary services

#### Community Impact
- Contamination of air, water, food; Supply disruption; Facility evacuation; Disruption of utilities, transportation

#### NH Property Impact
- Replacement; Repair; Time to recover

#### Business Impact
- Business disruption, Employees unable to report; Contract violations; Fines/penalties/legal fees; Interrupted critical supplies; Reputation; Financial burden
### Iowa Hazards

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Probability</th>
<th>Human Impact</th>
<th>NH Service Impact</th>
<th>Community Impact</th>
<th>NH Property Impact</th>
<th>Business Impact</th>
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<td>2 = Moderate</td>
<td>3 = High</td>
<td>0 = N/A</td>
<td>1 = Low</td>
<td>2 = Moderate</td>
</tr>
</tbody>
</table>

Probability: 0 = Implausible; 1 = 0-1 event/30 years; 2 = 2-3 events/30 years; 3 = 4+ events/30 years
All Others: 0 = no impact expected; 1 = <1% affected; 2 = 1-10% affected; 3 = >10% affected

---

### Risk Assessment: A to Z

**Kaiser Permanente**

- Event: A list of hospital hazard and vulnerability assessment tool, categorizing incoming events.
- **Severity (Magnitude/Mitigation):**
  - Probability
  - Alerts
  - Actions
  - Human Impact
  - Property Impact
  - Business Impact
  - Preparedness
  - External Response
  - Risk

**Score:**
- Active Shooter
- Acts of Terror
- Bank Robbery
- Building Blues
- Chemical Exposure
- External Communication
- Drought
- Earthquake
- Pandemic
- Plague
- Tornado

**Risks:**
- 0 - Implausible
- 1 - 0-1 event/30 years
- 2 - 2-3 events/30 years
- 3 - 4+ events/30 years

All Others: 0 = no impact expected; 1 = <1% affected; 2 = 1-10% affected; 3 = >10% affected

Leadership Strategies

- Assess
- Priorities
- Ongoing Monitoring
- Emergency Preparedness
- Action Plan/QAPI
- Team Roles

©Pathway Health 2013
The Emergency Plan

Being responsible by ensuring resilience
Developing plans and measures to combat interruptions
25% of businesses that already have a continuity plan in place have a good chance of surviving

- 48% of business owners have no continuity plans.
- 75% of companies without a continuity plan fail within 3 years after facing disaster.
- 40% - 60% of businesses disrupted by a disaster without a continuity plan, never re-open.
- Companies that cannot resume operations within 10 days after a disaster’s first impact are not likely to survive.

https://safeguardiowa.wildapricot.org/business-continuity-planning
"The 'battleground' is not the time nor the place to start a plan."

- Streamline decision making process in advance
- A well thought out plan makes for:
  - More efficient emergency operations
  - Increases effectiveness of actions
  - Increases safety for occupants and emergency responders
  - Increases property conservation

4 Cornerstones

- Mitigation
- Preparedness
- Emergency Preparedness
- Response
- Recovery
### Mitigation

**Internal**
- Emergency power
- Stockpiles
- Warning
  - NOAA radio
- Fire suppression
- Building air handling isolation
- Insurance

**External**
- Fire/HazMat
- Law enforcement
- Vendor & supply
- Community sirens
- Emergency management
- Hospitals/clinic resources
- EMS

### Preparedness

**Internal**
- NIMS-type emergency organization
  - Staff availability
- Plans and procedures
- Communication
- Scope of alternate sources of supply
- Frequency (and quality) of training and drills
- Ability to self-assess

**External**
- Notification method to responders
- Responder
  - Resources
  - Knowledge of your facility
  - Agreements
Response

• Quick access to procedures and checklists
• Scope of response capabilities
• Efficient communication systems
• Access to response equipment
• Time needed to marshal an on-scene response

Recovery

• Business continuity plan
• Process to end a response
• Process to assess damages
• Insurance coverage
• Availability of temporary facilities
• Access to services
  – Safety inspection
  – Cleaning
## Risk Assessment: Relative Threat

### Kaiser Permanente

**Frequency Management**

<table>
<thead>
<tr>
<th>Event</th>
<th>PROBABILITY</th>
<th>ALERTS</th>
<th>ACTUATIONS</th>
<th>POTENTIAL IMPACT</th>
<th>PROPERTY IMPACT</th>
<th>BUSINESS IMPACT</th>
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<td>Probability of</td>
<td>Physical losses and damages</td>
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<td>1 = Low</td>
<td>2 = Moderate</td>
<td>3 = High</td>
<td>1 = Low</td>
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**Score**

<table>
<thead>
<tr>
<th>Event</th>
<th>Number of Alerts</th>
<th>Number of Actions</th>
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<tbody>
<tr>
<td>Active Shooter</td>
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</table>


### LTC Challenges

**PATHWAY HEALTH**

Insight | Expertise | Knowledge

**LTC Challenges**

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The Current Status

- Strong stated commitment to emergency preparedness
- Poor to average implementation of the overall program
- Good compliance with fire and life safety requirements
- Good focus on the obvious threats
- Facilities attempting to create plans independently without community support
- Lack of consistency among facility plans and levels of readiness

Key Issues

- Outdated plans with no annual review protocol
- Low awareness level of NIMS/ICS and Surge Plans
- Few "All Hazards" plans
- Multiple contracts with same vendors for transportation, energy, food
- Little involvement with local Emergency Management
- "Shelter in Place" not incorporated in many plans
- No/few "Family Evacuation" elements of plans
- Little or no awareness of CMS Emergency Preparedness & Response Plan
- No system to track residents, meds, belongings during evacuation
- No security management plan in place
Next Level? Best Practices

Leadership Strategies

- Assess
- Priorities
- Emergency Preparedness
- Plan Development
- Ongoing Monitoring
- Action Plan/QAPI
- Team Roles
A standardized, all-hazard approach to incident management; usable to manage all types of emergencies, routine or planned events, by establishing a clear chain of command.

ICS (Incident Command System) ensures:
- Safety of responders and others
- Achievement of tactical objectives
- Effective use of resources
Fundamental Features of ICS

- Common terminology
- Modular organization
- Management by objectives
- Reliance on an Incident Action Plan (IAP)
- Manageable span of control
- Pre-designated incident locations/facilities
- Resource management
- Integrated communications
- Common command structure

Incident Management Team

- Command
- Operations (Doers)
- Planning (Planners)
- Logistics (Getters)
- Finance/Administration (Payers)
**Command**

- Only position always activated in an incident regardless of its nature
- Sets the objectives, devises strategies and priorities
- Maintains overall responsibility for managing the incident

**Operations**

- Conducts the tactical (“doing”) operations
- Carries out the plan using defined objectives
- Directs all needed resources
Planning

- Collects and evaluates information for decision support
- Maintains resource status
- Prepares documents such as the Incident Action Plan
- Maintains documentation for incident reports

Logistics & Finance/Administration

- Logistics
  - Provides support, resources, and other essential services to meet the operational objectives
- Finance/Administration
  - Monitors costs related to the incident
  - Providing accounting, procurement, time recording, and cost analyses
Common Terminology

- Provides for a clear message and sharing of information
- Avoids use of codes, slang, and/or discipline specific nomenclature
- Defines the common organizational structure
- Facilitates the ability to share resources

Modular Organization

- ICS structure begins from the top and expands as needed by the event
- Positions within the structure are activated as dictated by the incident size and complexity
- Only those functions or positions necessary for the incident are activated
Management by Objective

- Incident Commander initiates the response and sets the overall command and control objectives
- Objectives are established after an assessment of the incident and resource needs are completed
- Clearly defined objectives allow staff to focus on the response and avoid duplication of effort

Incident Action Planning

- Development of objectives is documented in the Incident Action Plan (IAP)
- Reflects the overall strategy for incident management
- Forms tailored for nursing homes to support the IAP process
Manageable Span of Control

- Maintains a span of control which is effective and manageable
- Optimum span of control is 1 supervisor to 5 reporting personnel

Pre-Designated Locations

- Location of response and coordination sites should be pre-planned
- Planners within the nursing home should identify sites for ICS management, staging areas for the receipt of supplies and equipment, and evacuation sites if required
Resource Management

• Resources used are categorized as tactical and support
  – Tactical; includes personnel, major equipment available or potentially available
  – Support; those items which support the incident, such as food, equipment, communications, supplies, vehicles
  – Knowledge of the available tactical and support resources is critical to the success of the response

Integrated Communication

• Three elements within integrated communications:
  – Modes: hardware systems that transfer information, i.e. radios, cell phones, pagers, etc.
  – Plans: should be developed in advance on how to best use the available resources
  – Networks: should be identified internal and external to the nursing home
    • This will determine the procedures and processes for transferring information internally and externally
Common Command Structure

- Structure that identifies the core principles for an efficient chain of command
  - Unity of Command states that each person within the response reports to only one supervisor
  - Single Command exists when only a single agency or discipline responds

Six Steps to the Incident Planning

- Understand the policy and direction
- Assessing the situation
- Establishing incident objectives
- Determining appropriate strategies to achieve the objectives
- Providing tactical direction and ensuring that it is followed
  - Example: The correct resources assigned to complete a task and their performance monitored
- Providing necessary back-up
  - Assigning more or fewer resources
  - Changing tactics
ICS Key Points Review

• Benefits of ICS are:
  – Manages routine or planned events
  – Establishes a clear chain of command –
    Provides a common structure and common
    terminology
  – Ensures key functions are covered and
    eliminates duplication
  – Manageable and scalable to the scope and
    magnitude of the incident
  – Incident Commander - always activated
  – Other positions - activated as needed

Leadership Strategies

Assess
Ongoing Monitoring
Emergency Preparedness
Team Roles
Plan Development
Priorities
Action Plan/QAPI
Due to the adverse effects of natural, man made, or technological disasters each facility should develop and update an EAP that is capable of providing for the safety and protection of residents, staff and visitors.

Procedures should be developed to insure that residents who are cognitively impaired, physically impaired, hearing impaired or speech impaired are properly informed and alerted for either internal or external emergencies.

Pre-Emergency Phase

- Review, exercise and re-evaluate existing plans, policies and procedures
- Coordinate plans with local emergency management agencies
• Ensure availability of manpower need to execute emergency procedures
• Work with your local emergency management director – Identify resources available
• Identify staff needs – transportation
• Determine communication system
• Ensure the availability and functioning facility emergency warning system

Review & Update Inventory/Resource List

• Test reliability of emergency telephone roster for contacting emergency personnel and activating emergency procedures
• Develop procedure for testing generators and equipment supported by emergency generators. This should also include fuel delivery contract with supplier
• Ensure a 7-10 day supply food and water for residents and staff
  – Arrange a critical vendor contact list for back-up supply needs
  – Contact the local emergency management to identify resources available.

Enhance Emergency Education

• Schedule employee orientation on emergency action plan
• Post display of evacuation routes, alarm and fire extinguisher locations, and telephone numbers of emergency contacts
• Provide training on warning systems and proper use of emergency equipment
Develop & Maintain Standard Operating Procedures

• Develop procedures and tasking assignments:
  – Resources
  – Security procedures
  – Personnel call lists
  – Emergency supplies
  – Third party resources
  – Secondary shelter/facility

Develop Command Post (CP)

• Designating a CP location to serve as the focal point for coordinating operations
• CP is designed to serve as central location for all facility needs during an emergency event
Evaluate to Evacuate or Shelter-In Place

Decision to Evacuate or Shelter-in-Place

- Time
- Scope
- Nature of Event
- External Factors
- Location of Facility
- Internal Factors
- Supplies
- Staff
- Physical Structure
- Resident Acuity
- Transportation
- Destination
- Rural
- Metropolitan
- Urban
- Surge Zone
- Flood Zone
- In the Zone
- Resident Acuity
- Hurricane Evacuation Zone
- Nature of Event
- Location of Facility

Plan for Evacuation and Relocation

- Identify individual(s) responsible for implementing facility evacuation procedures
- Identify residents who may require skilled transportation (EMS)
- Determine number of ambulatory and non-ambulatory residents needing more than minimal assistance
Plan for Evacuation and Relocation

- Identify transportation arrangement through mutual aid agreements.
- Identify transportation arrangement for logistical support to include moving medications, records and other necessities.
- Identify facilities and include mutual aid agreement.

Plan for Evacuation and Relocation

- Develop procedures to ensure facility staff if needed will accompany evacuating residents.
- Identify procedures used to keep track of residents once they have been evacuated.
- Establish procedures to ensure all residents are accounted for and are out of the facility.
- Develop procedures for responding to family inquiries.
Comprehensive EP Planning

- Develop Emergency Plan
- All Hazards Continuity of Operations Plan
- Collaborate w/ Local Emergency Management Agency
- Analyze Each Hazard
- Collaborate w/ Suppliers, Providers
- Decision Criteria for Executing Plan
- Communication Infrastructure Contingency
- Develop Shelter-in-Place Plan
- Develop Evacuation Plan
- Transportation & Other Vendors
Emergency Planning Checklist:

- Train Transportation Vendors/ Volunteers
- Facility Reentry Plan
- Residents & Family Members
- Resident Identification
- Trained Facility Staff Members
- Informed Residents
- Needed Provisions
- Location of Evacuated Residents
- Helping Residents in Relocation
- Review Emergency Plan
- Emergency Planning Templates

Emergency Planning Checklist:

- Collaboration w/ Local Emergency Mgmt Agencies, Healthcare Coalitions
- Communication w/ Long-Term Care Ombudsman Program
- Conduct Exercises & Drills
- Loss of Resident’s Personal Effects
Establish an EP Team

- Management and every sub-group of the facility organization represented
- Everyone has a role in an emergency
- Periodically include community and supporting response partners
- Identify meeting frequency
- Identify and state responsibilities of the team

Written Emergency Plan

- **Cover Page**
  - Plan title, facility name, approval info box
- **Review History**
  - Chronological record of review/revision
- **Index**
- **Purpose Statement**
  - Brief description of why plan is written
Written Emergency Plan

- **Scope**
  - Outline form – planning elements addressed
  - Dynamic
  - At-a-glance planning elements and response expectations
  - Detail provided in body of E-Plan

- **Plan Administration**
  - Description of how NIMS planning elements met
  - Description of E-Plan maintenance, staff responsibilities, application of response partner resources, communication systems

Written Emergency Plan

- **Policies & Procedures**
  - 26 potential policy elements
  - Applicable to scope of service provision
  - Use HVA method to prioritize policy development
  - Adapt shared policy to facility specifics
  - Procedures should be developed to effectively implement the policies in place

- **Attachments**
  - Supporting information and forms (i.e.: Contact List/Directory, Emergency Equipment Materials Inventory, Agreements

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• **Job Action Sheets (JAS)**
  - Set of sample sheets for 8 key roles:
    - Facility Incident Commander
    - Public Information Officer
    - Liaison Officer
    - Safety and Security Officer
    - Logistics Chief
    - Planning Chief
    - Operations Chief
    - Finance Chief

• **Job Action Sheets (JAS)**
  - Format consistent with NIMS guidance
  - 6 Sections:
    - Position identifying and supporting info
    - Mission statement
    - Immediate actions
    - Intermediate actions
    - Extended actions
    - Demobilization actions
• General Administrative Procedures
  – If your format is recognized by staff, continue to use it
  – WI DHS template can be used or modified:
    • Title
    • Approved by
    • Revision Date
    • Purpose
    • When Applied
    • Pre-Requisites
    • Steps
Transparent and accurate communications with stakeholders, especially the media, during and after a crisis contributes to a successful resolution of the problem, including a positive evaluation by stakeholders and the public.

The Communications plan – consisting of policies, procedures, and an incident command structure – is the primary tool management has to ensure employees follow protocols during an emergency in contacting stakeholders, the media, and others.

The Media Outreach plan is an essential part of the Communications plan.

Communications Plan

1. Form a team
2. Plan ahead
3. Know the stakeholders
4. Know how to contact the stakeholders
5. Communication channels
6. Honor confidentiality
Form a Team

- Designate an Emergency Communications Team (ECT) or person
  - Leadership/Spokesperson
- Facts matter
  - Fluid situation
- Planning and practicing for typical scenarios and a variety of magnitudes of events is a keystone to a successful outcome in an actual emergency.

Plan Ahead

- Press statement, interview notes
- Templates for internal and external messages
- Coordinate distribution
Plan Ahead

• Initial steps when emergency occurs
  – Check accuracy of resident relocation and staff contacts
  – Prepare memo to update staff on emergency preparedness plan
  – Practice how to handle media inquiries, including social media
  – Practice how to handle inquiries from families (who may be in a panic)
  – Brainstorm possible scenarios/responses

Know the Stakeholders

• Use more than one communication channel
  – Telephone, text, cell phone, internet, etc.
• Prioritize stakeholders depending on the scenario, severity, and scope
  – Fire responders (911, EMS, fire, police)
  – Utility companies (power, water, gas)
  – Residents and families
  – Employees, volunteers, and families
  – News media (print, broadcast, internet)
  – Regulators (local/state/federal), elected officials, etc.
  – Corporate management (up the chain of command)
  – Neighbors living near the facility
  – State health care associations and others
Have the ECT compile contact information for each stakeholder group and individuals; try to acquire multiple ways to contact them. The ECT should establish a policy schedule to update all lists. Other factors include:

- Keep duplicates in digital and hard copy form
- Copies of lists should be available at alternate evacuation sites along with other emergency resources
- Secure lists to protect confidential information and make it available only to authorized users

Know How to Contact Stakeholders

Communication Channels

One person should have final approval of all official statements.

Ideally, that person is the Commander, working with the spokesperson.
Communication Channels

Following are typical channels to disseminate a statement or other communications to stakeholders:

➢ Press conference with press statement
➢ Interview with the media
➢ Telephone
  ➢ Emergency hotline
  ➢ Phone chain
  ➢ Live interview
➢ Email
➢ In-facility briefing
➢ Social media (Facebook/Twitter/YouTube)
➢ Web site

Honor Confidentiality

• Brief the ECT on HIPAA compliance and employment law to ensure confidentiality of covered information.
• Remind staff not to speculate or discuss an event, especially with media.
The need to react appropriately to the emergency is immediate.
The need to communicate about it is the next step.

Lack of Preparedness Markers

• Emergency responses are slow and most likely inadequate
• Residents, patients and staff are unnecessarily harmed or stressed out
• Stakeholders, including families, are uninformed and probably agitated
• Local media outlets are out of the loop
• The crisis lingers long beyond the time required to bring it to a conclusion
Lack of Preparedness

For an organization identified as being unprepared, public opinion will drop and damage its good name (brand).

To the public, poor performance in an emergency is a serious breach of an organization’s commitment to caring for people.

Preparing diligently for emergencies is serious business.

It can save lives and property, enhances a community’s goodwill, and may even save your career.

Leadership Strategies

- Assess
- Priorities
- Emergency Preparedness
- Plan Development
- Team Roles
- Ongoing Monitoring
- Action Plan/QAPI

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Determine actions necessary to:

• Assess the situation
• Protect employees, residents, visitors (aka Life Safety)
• Protect vital equipment, vital records and other assets (aka Property Conservation)
• Strategy to keep business up and running after emergency/disaster concludes (aka Business Continuity)

Drills and Table Top Exercises

Procedures

• Emergency escape procedures and routes
• Procedures for employees who perform or shut down critical operations before an evacuation
• Procedure to account for all employees, visitors and contractors after an evacuation
• Rescue and medical duties for assigned employees
• Procedures for reporting emergencies
• Names of persons or departments to contact for information about the plan
Evaluating the Response

- Command
- Safety
- Triage
- Staging
- Communication
- Treatment

Identification

- Who is a patient?
- Which patient do I treat first?
- Who can be salvages?
- Who gets transported first?
- Who needs a trauma/specialty center?
- Who can help care for others?
- What are my resources?
Command and Safety

- Command
  - Who is in charge?
  - Who is in charge of what?
  - Who is going to do what?
  - Who else needs to be here?

- Safety
  - Is there a hazard or threat?
  - Should I be here?
  - Am I protected?
  - What should I continue to evaluate?

Assessment and Communication

- Assessment
  - What is going on?
  - How big is this, how many people?
  - What do I need?
  - How does this affect others?
  - What are they doing that can affect me?

- Communications
  - Who needs to know?
  - What do they need to know?
  - Does Command & Operations know?
Triage and Treatment

- Triage
  - Who is doing it?
  - Where are they doing it?
  - What are they finding?

- Treatment
  - How to organize
  - How much can each ambulance provide

Identify Patient Transport Needs
The Triage Sieve flow chart on the reverse should only be used for an adult. For Paediatric Triage (0 to 10 years) use the Smart Paediatric Triage Tape.

Cross the next number in each row as you treat a new casualty:

**Priority 1**: Immediate
- 1 2 3 4 5 6 7 8
- 9 10 11 12 13 14
- 15 16 17 18 19 20

**Priority 2**: Urgent
- 1 2 3 4 5 6 7 8
- 9 10 11 12 13 14
- 15 16 17 18 19 20

**Priority 3**: Delayed
- 1 2 3 4 5 6 7 8
- 9 10 11 12 13 14
- 15 16 17 18 19 20

**Dead**
- 1 2 3 4 5 6 7 8 9 10
P & P: “A Code of Conduct”

Selflessness
- We who accept responsibility for others will place the needs and concerns of those who depend upon us above our own

Skill
- We will aim for excellence in our knowledge and expertise

Trustworthiness
- We will be responsible in our personal behavior toward our charges

Discipline
- Following prudent procedures and in functioning with others

Adapted from The Checklist Manifesto: How to Get Things Done by Atul Gawande

Code of Conduct/K.I.S.S./User Friendly
Policy and Procedure Review Exercise

Policies & Procedures

- Fire (Evacuation)
- Fire Drill
- Severe Weather
- Disaster
- Loss of Telephone Service
- Bomb Threat
- Water Shortage
- Electrical Power Outage
- Missing Resident
- Winter Storms Safety Precautions
- Heat and Humidity

• What do you like?

• What don’t you like?
FEMA Table Top Exercise

- Disaster Scenario Exercise for Organizational Planning: Chemical Accident
  FEMA 2010

Communication Plan Exercise
• In the scenario we will exercise today, there will be an explosion on a rail car transporting chlorine to an industrial facility one evening, after 6pm.
• The explosion will release a large quantity of chlorine gas downwind of the site, affecting 100,000 people up to 25 miles away.
• Downwind populations will be required to either evacuate ahead of the plume or shelter in place. Two hospitals in the downwind area will require protective action.

Our organization and our employees will be threatened.
• Community impacts we can expect:
  – *Casualties*: Dozens of fatalities; hundreds of severe injuries; thousands of hospitalizations
  – *Evacuations/Displaced Persons*:
    • 100,000 instructed to temporarily shelter-in-place as plume moves across region
    • 50,000 evacuated to shelters in safe areas
    • 50,000 self-evacuate out of region
  – *Contamination*: Primarily at explosion site, and if waterways are impacted

• **Infrastructure Damage**: Rail lines, nearby highway in immediate explosion area, and metal corrosion in areas of heavy exposure

• **Economic Impact**: Millions of dollars

• **Recovery Timeline**: Weeks
Your facility’s communication role

- Communicate regarding the facility’s preparation for and response to the exposure
- Communicate the facility’s role in exposure investigation (cooperating with authorities; internal investigation)
- Communicate the facility’s ability to provide services in light of the exposure

Coordination with/referrals to outside entities

- Law enforcement/fire department
  - Communicate about response to and investigation of the exposure
  - Uses news releases and media interviews
Guidance for Communication

• Overall communication goal(s): What do you want the audience to think or feel based on your communication?
  – The facility is supporting investigations and is committed to doing all it can to ensure that exposures do not happen again
  – The facility responded to the exposure competently
  – The facility is a responsible employer
  – The facility is committed to ensuring clients receive care, whether through the facility directly or through alternate means

Guidance for Communication

• Five likely questions
  – Why wasn’t the exposure prevented?
  – What would you like to say to those who have been harmed and to their families?
  – What is being done in response to the exposure?
  – When will the facility be able to provide normal services?
  – What are you going to do after the investigation?
• Communicating with target audiences
  – Facility staff
    • Communication goal(s):
      – Staff feels safe at the facility
      – Staff understands how quickly the facility will resume normal services
      – Sense of “clinic community” is fostered/maintained among facility staff and leadership
  – Facility patients
    • Communication goal(s):
      – Patients feel safe at the facility
      – Patients return to receive care at the facility when appropriate

• Your facility’s communication role
  – Communicate regarding the facility’s preparation for sheltering in place and its shelter in place response
  – Communicate the impacts of sheltering in place to facility’s ability to provide services
• Coordination with/referrals to outside entities
  – Local law enforcement/fire department
  – Communicate about reasoning for sheltering in place and other response elements
  – Uses news releases and media interviews

• Overall communication goal(s): What do you want the audience to think or feel based on your communication?
  – The facility handled the shelter in place order competently, regarding staff/client safety above all else
  – The facility is committed to ensuring clients receive care, whether through the facility directly or through alternate means
Five likely questions

- What necessitated sheltering in place? Was it preventable?
- Were there any injuries, damage or other losses associated with sheltering in place?
- When will the facility be able to provide normal services?
- Did those involved handle sheltering in place well enough? What more could/should those who handled sheltering in place have done?
- What lessons were learned through this experience?

Communicating with target audiences

- Community Communication goal(s):
  - Community feels the facility responded to the exposure appropriately
  - Community feels that the clinic provides effective patient care
  - Community feels that the clinic is a responsible employer
  - Community understands how quickly the facility will resume normal services
Summary

- Prepare
  - Knowledge and Understanding
    - Regulations and Expectations
- Plan
  - Team Compositions
  - Emergency Plan Review and Preparation
- Implement
  - Training
  - Practice/Drills/Response
  - Monitor

Primary Resources

- CMS (Center for Medicare and Medicaid Services)
- HHS/ASPR TRACIE (Health & Human Services/Assistant Secretary for Preparedness & Response Technical Resources, Assistance Center, & Information)
  - https://asprtracie.hhs.gov/cmsrule
- FEMA
  - https://training.fema.gov/emiweb/is/icsresource/index.htm
- CDC
  - https://emergency.cdc.gov/preparedness/index.asp
- NFPA
- Iowa
  - https://dia.iowa.gov/health-facilities/emergency-preparedness
  - http://www.homelandsecurity.iowa.gov/about_HSEMD/alert_iowa.html
  - https://idph.iowa.gov/BETS/preparedness/coalition
Primary Resources

• OSHA (Occupational Safety and Health Administration)

• Shelter in Place: Planning Resource Guide for Nursing Homes

• Communication

Additional Resources

• Risk Assessment Tools and various state resources
  - http://www.calhospitalprepare.org/post/revised-hva-tool-kaiser-permanente
  - https://www.in.gov/isdh/files/PREPARE_Disaster_Plan_Template_IN_8_08.pdf


• Resources provided by National Center for Disaster Medicine & Public Health
  - Several online lessons for health professionals: Tracking and Reunification of Children in Disasters Psychosocial Impacts of Disasters on Children Radiation Issues in Children: Knowledge Check, Primer, & Case-Based Activity
  - A video series (currently two videos) on healthcare professionals working with individuals with access and functional needs for disaster preparedness.
    - To access the first video in this series, click here: It’s Empowering the Community
    - The second video in the series: Everyone in the Community Involved
• Caring for Older Adults in Disasters: A Curriculum for Health Professionals. Developed through the support of the U.S. Department of Veterans Affairs, the Caring for Older Adults in Disasters (COAD) curriculum is comprised of 24 lessons in 7 modules covering topics ranging from special considerations for older adults in specific types of disasters to ethical and legal issues related to the care of the senior population during a disaster. The COAD curriculum's lessons range from 30 to 120 minutes in length based on the particular learning context. They include suggested learning activities for educators to engage their learners, as well as required and supplemental readings for both learners and educators. The curriculum can be used in its entirety, teaching all lessons in the order provided, or trainers may select individual lessons or portions of lessons most relevant to their learners. The curriculum's material can be adapted to best meet a specific setting and learner needs by substituting resources, modifying activities, or augmenting content.
Emergency Preparedness and Response: Plan Now

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