

EMERGENCY PREPAREDNESS

Facilitated by:

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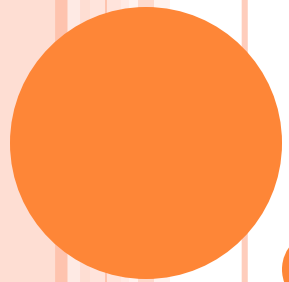
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Promoting Access to Health Care

OBJECTIVE

- Discuss the four components of Emergency Preparedness
 - Emergency Plan
 - Policies and Procedures
 - Communication Plan
 - Training and Testing





EMERGENCY PLAN

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EMERGENCY PLAN

491.12(a) Emergency Plan. The RHC must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually.



EMERGENCY PLAN

Why do we need a plan?



EMERGENCY PLAN

- Table of Contents
 - Policy – Program Description
 - Document Cover Page
 - Document Table of Contents
 - Emergency Operation Plan
 - Attachment A: Facility Map
 - Attachment B: Facility Floor Plan
 - Attachment C: Risk Assessment
 - Attachment D: Organizational Chart
 - Attachment E: External Contact List
 - Attachment F: Notification Call Tree
 - Attachment G: Vendor Contact List
 - Attachment H: Facility Profile
 - Attachment I: Exercise Documentation
 - Hazard 1
 - Hazard 2
 - Hazard 3
 - Hazard 4
 - Hazard 5



EMERGENCY PLAN

○ Risk Assessment

- Items to consider:

- Proximity to a school
- Proximity to a major highway
- Proximity to a major water source
- Proximity to a railroad
- Proximity to a military base
- Proximity to a chemical or nuclear plant
- Proximity to a fault line
- **Prominent emerging infectious diseases – NEW AS OF 2/1/19**

○ Strategies to address the top 5 risks

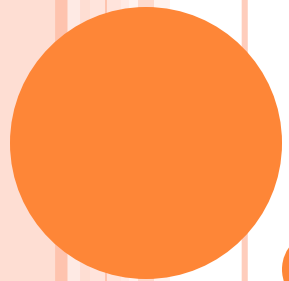
- The top five risks need to have a specific policy and procedure the clinic will follow during that emergency.



EMERGENCY PLAN

- Clinic demographics:
 - Patient population
 - Services provided
 - What can you provide to the community in an emergency?
 - Continuity of operations
 - Delegations of authority
 - Succession plan
 - List of receiving facilities
- A process for how you will cooperate with local, tribal, State, and Federal officials





POLICIES AND PROCEDURES



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POLICIES AND PROCEDURES

491.12(b) Policies and Procedures. The RHC must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually.



POLICIES AND PROCEDURES

- Safe evacuation
 - Where is your meeting place outside the clinic?
 - Exit signs posted throughout clinic
 - Receiving facilities
 - Notification to local authorities
 - Patient safety



POLICIES AND PROCEDURES

- Shelter in place
 - Where is your meeting place within the clinic?
 - Close windows and doors securely.
 - If necessary; turn off fans, ventilators and air conditioners and stuff clothes in gaps around doors and windows



POLICIES AND PROCEDURES

- Patient records
 - All rules pertaining to the protection of and access to patient information (HIPAA) remain in effect during an emergency
- A system of care documentation that does the following:
 - Preserves patient information
 - Protects confidentiality of patient information.
 - Secures and maintains the records



POLICIES AND PROCEDURES

○ Volunteers

- Does the clinic utilize volunteers?
 - Have a job description in place
- Address in your plan that the clinic will allow for authorized volunteers from local, regional, tribal, State and Federal agencies to serve in their fields of skill.



POLICIES AND PROCEDURES - RECOMMENDED

- Facility lock down
 - All windows and doors need to be secured and no one is permitted to enter or leave the facility until the all clear is given
 - Ensure all doors and windows are strong enough to fend off the person trying to gain access to the facility
 - Recommended that all staff and patients be secured behind at least two locked doors



POLICIES AND PROCEDURES - RECOMMENDED

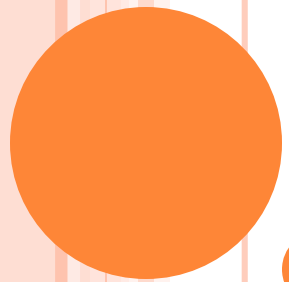
- Suspension of services
 - If the facility is unable to operate then the clinic would close for the duration of the emergency
 - Notification to patients and staff
 - Receiving facilities to offer continuation of care
 - Rescheduling when the suspension has been rectified



POLICIES AND PROCEDURES - RECOMMENDED

- Medications
 - Power outage procedure
 - How do you monitor temps during and after business hours
 - Where can you move medications
 - How do you maintain viability of medications
 - Properly dispose medications that go out of temperature range





COMMUNICATION PLAN

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COMMUNICATION PLAN

***491.12(c) Communication plan.
The RHC 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 annually.***



COMMUNICATION PLAN

- Names and contact information for all
 - Staff
 - Entities providing services under arrangement
 - Physicians
 - Other RHC's
 - Volunteers
- Recommend an electronic **and** printed clinic call tree



COMMUNICATION PLAN

- Names and contact information for all
 - Federal, State, tribal, regional, and local emergency preparedness staff
 - Other sources of assistance
- Recommend an external contact list
- Recommend that you give a copy of your emergency plan to those you mention in your plan (local authorities, receiving facilities, etc.)



COMMUNICATION PLAN

- Alternate forms of communication
 - Ham radios
 - Walkie talkies
 - Radio
 - Pagers

 - Cell phone –CAUTION

 - Recommend that you contact local authorities or hospital to determine what form of communication they utilize in an emergency



COMMUNICATION PLAN

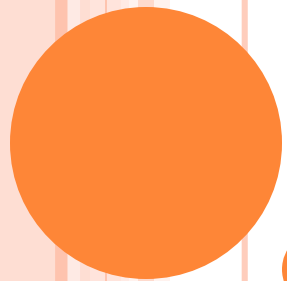
- Patient information
 - HIPAA laws are still in effect
 - The clinic must have a means of providing information about the location and condition of patients
 - Important information needs to be sent with the patient in a timely manner to help expedite continuation of care
 - Saving patient information to a cloud or a removable storage medium



COMMUNICATION PLAN

- Surge capacity and resources
 - List of services
 - What can the clinic do for the community in an emergency?
 - Asking for help
 - Reaching out to local, State and Federal resources to aid patients that may be sheltered in place.
 - External contact list
 - How will the clinic act within the integrated health system during an emergency?





TRAINING AND TESTING



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TRAINING AND TESTING

491.12(d) Training and Testing. The RHC 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 must be reviewed and updated at least annually.



TRAINING

- Initial training on the emergency plan for all new and existing staff
- Training must be conducted annually on the plan
- The staff must demonstrate knowledge of the plan
 - Can they locate the plan?
 - Do they know their role during an emergency?



TESTING

- Full-scale exercises
 - The clinic must participate in at least one full-scale exercise.
 - Actual event
 - Any man-made or natural disaster that requires the clinic to activate the plan
 - Examples of community or facility based full-scale exercise
 - Contacting the fire department to participate in a fire drill
 - Contacting the local police to participate in an active shooter exercise
 - Document all communication to show your request for a community based full-scale exercise.



TESTING

- The clinic must also complete a second exercise
 - Either another full-scale exercise or
 - A table-top drill
 - This is a group based discussion
 - Led by a facilitator
 - Must be clinically relevant (one of the top 5 hazards)
 - Includes problem statements, directed messages or prepared questions
 - Should challenge the emergency plan



TESTING

- After action reports
 - Documentation must be kept for every event, exercise or drill
 - Analyze clinic's response
 - Revise the emergency plan based on findings





INTEGRATED HEALTHCARE SYSTEMS

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INTEGRATED HEALTHCARE SYSTEMS

491.12(d) Integrated healthcare systems. If an RHC 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 may choose to participate in the healthcare system's coordinated emergency preparedness program.



THE INTEGRATED PLAN

- The main question to keep in mind while developing an integrated health system emergency plan is:

“Will this plan work within the four walls of each facility?”



THE INTEGRATED PLAN

- Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.
 - The plan must have documented input from the clinical staff



THE INTEGRATED PLAN

- Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.
 - Each location needs to have their own risk assessment.
 - Geographical risks may be drastically different by location.
 - The clinic needs to list the specific services they are able to provide at their location.



THE INTEGRATED PLAN

- 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
 - Can the plan be activated at the clinic level?
 - Does each clinic have all of the necessary pieces to meet compliance?



THE INTEGRATED PLAN

- The following is a list of clinic specific information that needs to be addressed for each facility:
 - Evacuation meeting point
 - Shelter-in-place location
 - Roles and Responsibilities
 - Orders of succession
 - Delegation of authority
 - Responsibilities during an event
 - Supporting documentation



THE INTEGRATED PLAN

- Supporting documentation:
 - Facility Map
 - Facility Floor Plan
 - Risk Assessment
 - Organizational Chart
 - External Contact List
 - Notification Call Tree
 - Vendor Contact List
 - Facility Profile
 - Exercise Documentation
 - Situational Hazard Policies





EMERGENCY PREPAREDNESS PROCESS

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EMERGENCY PREPAREDNESS PROCESS

- Create an emergency plan for your clinic
- Train all staff on the emergency plan
- Test the plan by conducting exercises
- Evaluate and revise the plan based on the outcome of the exercises



EMERGENCY PREPAREDNESS PROCESS

- Annual Review
 - Emergency plan
 - A new risk assessment needs to be completed each year
 - Policies and procedures
 - Communication plan
 - Testing and training program



EMERGENCY PREPAREDNESS PROCESS

- Document everything!
 - Efforts to contact officials
 - Call your local officials, hospitals, emergency services to become a part of the community emergency response team
 - Patient information
 - Training
 - Current and new staff
 - Testing of the plan
 - Actual events
 - Full-scale exercises
 - Table-top drills
 - Integrated health systems
 - Show involvement in the plan



QUESTIONS?



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