



Community Health Care Association of New York State

# Emergency Management Plan Standards for Community Health Centers

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*Defining New Directions*

[www.chcanys.org](http://www.chcanys.org)

# **CHCANYS Emergency Management Plan Technical Assistance Project**

- In coordination with the NYSDOH and the NYCDOHMH.
- Will develop compliant, hazard specific EMPs.
- Will integrate your center with your community.
- Will meet HRSA requirements and provide elements essential for Joint Commission accreditation.

# Overview

- Review basic emergency management as it pertains to health care.
- Review the emergency management standards concept.
- Introduce and compare the CHCANYS Emergency Management Standards to Joint Commission and HRSA Standards.
- Review Joint Commission Standards including the intangible standards.
- Review the Joint Commission survey process for emergency management programs.

# Learning Objectives

- Learn what an emergency management standard is and how they pertain to your program.
- Interpret the Joint Commission and HRSA standards and how to document for them.
- Learn how CHCANYS EP can assist you in reaching your goals.
- Learn the various JC EM survey process and how to prepare for it.

# Emergency Management

The management of extraordinary events that go beyond the capacity of an organization's ability to manage the event and the resources needed to meet the challenges and demands that event.

# Emergency Management Standards

According to Webster's:

Standard – Something set up and established by authority or consensus as a rule for the measure of quantity, weight, extent, value, or quality.

# Emergency Management Standards

In EM, standards have been discussed and some have been reached by consensus. Program standards have been developed by:

- The Joint Commission (JC)
- Health Resources and Service Administration (HRSA)
- Federal Emergency Management Agency (FEMA)
- International Association of Emergency Managers (IAEM)
- National Association of Community Health Centers (NACHC)
- State and local Emergency Management Associations
- Medical Associations
- National Fire Protection Agency

# Department of Health and Human Services - *HRSA BPHC*

- A notice was sent out on August 22<sup>nd</sup>, 2007 to all participating health centers.
- HRSA PIN Document 2007-15
- An extension to PIN 98-23
- Described the Emergency Management Expectations for Community Health Centers
- Form 10 of the 330 application delineates the HRSA standards.



# The Joint Commission

- In 2007, the Joint Commission amended its accreditation manual to include a full chapter on emergency management.
- The amendment included discernable changes to its EM requirements.
- Included basic standards that are becoming a part of the emergency management framework in healthcare.

# The Emergency Management Plan

Based on the four pillars  
of Emergency  
Management:

- Preparedness or Planning
- Mitigation
- Response
- Recovery



# How do these pillars get integrated into my health center?



# CHCANYS Emergency Management Plan Standard

Complies with the following:

- HRSA Requirements
- Joint Commission Requirements
- NFPA Requirements
- FEMA Recommendations

\*A comparison document is located in your packages!

# CHCANYS EM Plan Standards

1. Command and Control
2. Hazard Vulnerability Analysis
3. Continuity of Operations or Business Continuity Plan
4. Method of Emergency Management Plan Community Integration – Communications
5. Logistics and Resources
6. Building and Utilities Management
7. Drills and Exercises
8. Hazard Specific Plans

# Command and Control

These are policies and procedures that establish the CHC's commitment to the plan and delineate the health center's:

- Administrative functions
- HR policies
- Command policies and procedures
- NIMS compliance policies
- Training expectations
- Legal documents



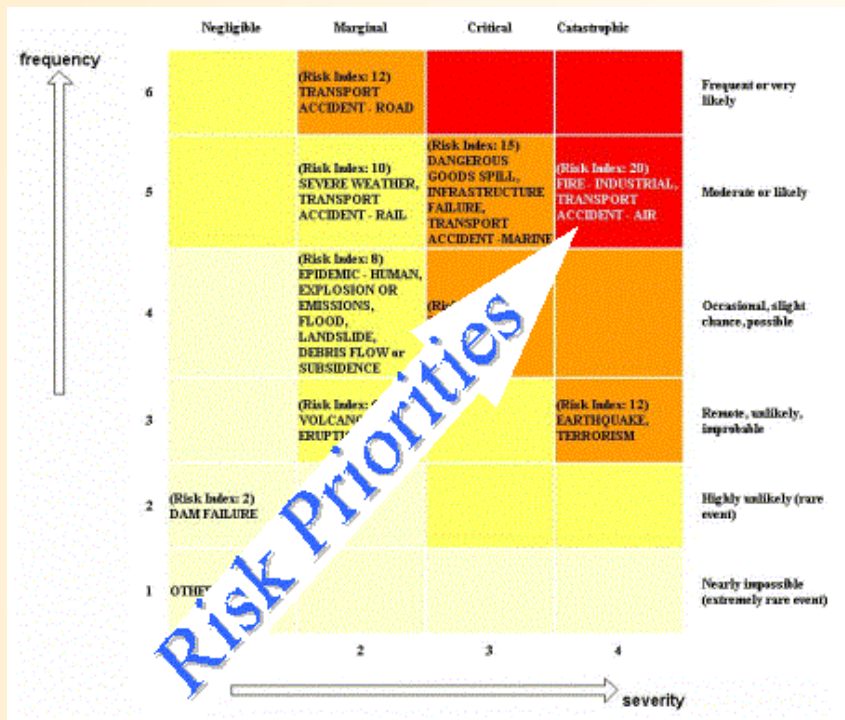
# Command and Control Supporting Elements

- Executive Statement (JC EM 01.01.01.1 and 02.01.01.2)
- Emergency Management Committee Protocol (JC EM 01.01.01.1 and 02.01.01.1)
- Plan Maintenance Policy
- Plan Applicability
- Planning Assumptions
- Plan Lexicon
- Planning goals and objectives
- Plan methodology
- Plan Activation and Deactivation policies (JC EM 02.01.01.4 and 5)
- NIMS Compliance and ICS (JC EM 02.02.07.2)
- Training Expectations
- Policies on preparedness, mitigation, response, and recovery
- Legal notices, contracts, and binding documents.

# The Hazard Vulnerability Analysis (JC EM 01.01.01.2)

The Hazard

Vulnerability Analysis or HVA is the basic document upon which your EMP is based. All plans within your EMP should be based on your HVA.





# Elements supporting the HVA standard

- Hazard analysis
- Vulnerability analysis
- Risk analysis (JC EM 01.01.01.3)
- Capability analysis
- Mitigation strategy (JC EM 01.01.01.5)
- Annual HVA review policy



# Continuity of Operations (COOP)

This standard describes how your business will continue to operate once an emergency has been declared.

It is also called Business Continuity (BCP)



# Elements that support the Continuity of Operations Plan (COOP)

- Business Continuity Plan or Continuity of Operations Plan
- Delegation of Authority (JC EM 02.02.07.4)
- Description of the essential positions (JC EM 02.02.07.3)
- Staff management protocol (JC EM 02.02.07.1)
- POD or Alternative site protocol
- Human resource polices (JC EM 02.02.07.1)
- Patient management policy (JC EM 02.01.01.2e and 02.02.11)
- Service management policy (JC EM 02.01.01.2a and c; 02.02.11)
- Medical information and IT management policy
- Volunteer management (described later)
- Credentialing policy (described later)
- QA/QI policy (described later)
- Safety and Security policy ( JC EM 02.02.05.1)
- Financial continuity policy and procedure (JC EM 02.01.01.3)

# Community Integration



This standard requires that your EMP as well as your health center are integrated into the emergency management fabric of your community and you are connected to your community partners.

# Elements that support the community integration standard

- Plan integration and alignment with community plans. (hospitals, OEM, etc.) [ JC EM 01.01.01.4]
- MOUs and MOAs with community partners (JC EM 02.02.07.6)
- Communications plans are integrated with community partners (JC EM 01.01.01.4)
- Policy on usage of mass communications tools and devices such as HAN, HERDS, and other tools
- Internal Communications plan (JC EM 02.02.01.1 and 3 and 4)
- External communications plan (JC EM 02.02.01.2 and 3 and 4)
- Data reporting policy
- Patient Communications policy
- NIMS based communications protocol
- Community response plan

# Logistics and Resources



These plans identify:

- The *stuff* you need
- What you have on hand
- Where you can get it
- Who you can get it from
- Agreements with logistical partners

# Elements that support the logistics and resources standard

- General Logistics Plan (JC EM 02.01.01.2b)
- Current list of medical suppliers and contact information (JC EM 02.02.03.1/2)
- Current list of non-medical suppliers and contact information (JC EM 02.02.03.3)
- Current list of alternative suppliers (JC EM 02.02.03.4)
- MOUs with suppliers (JC EM 02.02.03.4)
- Identified potential local logistical partners (JC EM 02.01.01.2d)
- Current inventory
- Current equipment inventory
- Current inventory capacity

# Buildings and Utilities

This standard delineates how the CHC will handle emergencies directly related to the building that the CHC resides in and its utility supply structure.





# Elements that support buildings and utilities standards

- Executed MOUs and MOAs with partners regarding alternate operations sites (JC EM 02.02.09.1)
- Plan integration with building management and other building tenants regarding fire plans and evacuation plans (JC EM 02.02.09.2 / 02.02.11.2)
- Evacuation plans integrated with local community and includes transportation systems (JC EM 02.01.01.2f)
- Identifies protocols for the return to the building post disaster and the return of operations once the building has been vacated. (JC EM 02.01.01.3)
- Fire safety plan (JC EM 02.02.05.1)
- Security plan (JC EM 02.02.05.1)
- Utilities recovery plan (JC EM 02.01.01.3/02.02.09.1)

# The Office

# Exercises

Exercises are quite possibly the most important element of your EMP. All EMPs should have a method of testing the facility's plans and procedures to ensure that it will work properly.

You train as you do and you do as you train and exercises make sure it works!



## Elements that support the exercise standard

- Plan should have an exercise policy (JC EM 03.01.03.1/2/3/4)
- Protocol for the development of exercises based on testing CHC capabilities
- A 3-5 year exercise plan
- An exercise evaluation policy and procedure (JC EM 03.01.03.4)
- It incorporates lessons learned into the emergency management plan (JC EM 03.01.03.5/6/7)
- A method of updating staff on lessons learned

# Hazard Specific Plans



These plans address specific hazards as identified by your HVA analysis.

This section should also have specific plans for services and procedures the CHC will offer in the event of an emergency such as decontamination and PODs.

# Elements that support Hazard Specific Plans

- Anything you need them to be based on your HVA.
- Contains an all hazard policy approach to development of exercises based on capabilities and perform them annually. (JC EM 01.01.01.6)
- Identifies hazards based on HVA
- Plans are integrated with community plans for the same hazards

Examples:

CBRNE Decontamination policy (JC EM 02.02.05.2)

Snow storm emergency

POD protocol

Screening and Isolation protocol (JC EM 02.02.05.2)

ICS job action sheets

Specific Incident Action Plans

## **Joint Commission's Intangible Questions**

The Joint Commission, in some of its supporting elements of their standards describe action oriented elements of performance. They are usually based in the form of a question.

# Joint Commission Intangible Questions

02.01.01.6 – Does the organization implement its response procedures related to care, treatment, or services for its patients?

Translation:

Does the organization do what the plan says it does during an emergency?



## Joint Commission's Intangible Questions

02.02.01.4 – Does the organization implement the components of its emergency management plan that require advance preparation to support communications during an emergency?

Translation:

They are talking about equipment maintenance, scheduling personnel, etc.

## Joint Commission Intangible Questions

In standards 02.02.05.2 and 02.02.05.3, the JC requires that if the organization is going to provide emergency services, then the organization must have a CBRNE plan and that advanced preparation for these plans have been implemented.

# Joint Commission's Intangible Questions

02.02.07.6 – Does the organization implement the components of its emergency management plan that require advance preparation to manage staff during an emergency?

Translation:

Here they are speaking of MOUs with volunteer organizations, HR policy changes for emergency situations, and altered staffing scheduling to name a few.

## Joint Commission Intangible Questions

02.02.09.2 – Does the organization implement the components of its emergency management plan that require advanced preparation to provide for utilities during an emergency?

Translation:

Here, they are speaking of repair agreements, back up generators, community links to assist in the location of resources for utility functions.

## Joint Commission's Intangible Questions

02.02.11.3 – Does the organization implement the components of its emergency management plan that require advance preparation to manage patients during an emergency?

Translation:

Here they refer to paper charts, back up power for equipment, and transport MOUs.

# Joint Commission Intangible Questions

Standard 02.02.13 – Volunteer Management

In the CHCANYS standards, this falls under the continuity of operations standard. 3 elements of performance fulfill this joint commission standard.

1. Volunteer management policy
2. Credentialing policy
3. QA/QI policy

# Volunteer Management – JC EM

## 02.02.13

A good volunteer management policy will include the following:

- 02.02.13.1 – grant disaster privileges when plan is activated.
- 02.02.13.2 – Policy that delineates who can grant disaster privileges.
- 02.02.13.3 – define the role of the licensed medical practitioner and how it is different from other licensed medical practitioners.
- 02.02.13.4 – Describe the volunteer QA program and supervision of volunteers.
- 02.02.13.5 – Policy on how Licensed medical volunteers are identified. Only certain types of ID are acceptable and must be delineated in the plan.
- 02.02.13.6 – Policy on volunteer supervision
- 02.02.13.7 – Policy on volunteer review within 72 hours of arrival and a policy on if the granted disaster privileges should continue.

## **02.02.13 continued**

02.02.13.8 – license verification procedure for volunteers within 72 hours and what constitutes verification.

02.02.13.9 – If unable to verify during the first 72 hours for whatever reason, is it performed as soon as possible.

Spell this out in your credentialing policy!



## **Volunteer Management Part II – 02.02.15**

Standard 02.02.15 - Non independent medical practitioners  
Same questions and elements of performance as 02.02.13,  
but aimed at non independent medical practitioners.  
These two standards are the exception:

02.02.15.1 – Does the organization assign disaster responsibilities to volunteers that are non independent medical practitioners such as nurses, technicians, etc.

02.02.15.3 – does the organization distinguish between independent and non independent medical volunteers?

# Exercises

03.01.03 – The organization exercises the effectiveness of its emergency management plan.

03.01.03.1 – Organization will activate its plan twice a year unless the organization does not provide disaster services to the community then it is only once a year.

03.01.03.2 – At least one exercise must have a simulated patient influx. Only if disaster services are offered to the community.

# Survey Preparation

1. Make survey standards a lifestyle choice.
2. Continuously exercise your staff. People do as they train so they should train as they do.
3. Make JC preparation a daily activity.
4. Frequently survey the staff.
5. Perform QA and QI efficiently and document performance objectives.
6. Exercise with local partners.
7. Frequently test communications with staff, patients, community, and partners.

# Survey Preparation

- The check list surveyor
- The visual surveyor
- The action oriented surveyor
- The inquisitive surveyor
- The expert surveyor

# Documentation Tips

1. Document all your incidents.
2. Write after action reports for all real world incidents and share the lessons with your staff.
3. Have regular meetings with your emergency management committees.
4. If you don't already have one, form a mitigation committee that will tackle problems such as building issues or hazard awareness and mitigation.

# Questions?

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