The Advantage of Emergency Management Planning and Preparedness- Sustaining your Health Center through a Disaster

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Session Objectives:

- Review Federal guidelines and requirements: HRSA & CMS

- Provide highlights about the new Emergency Management Planning Models

- Discuss opportunities to leverage FQHC assets during and after a disaster

- Review considerations for financial assistance and ensuring compensation in the response and recovery phases

HRSA Policy Information Notice(PIN) 2007-15

The emergency management expectations for health centers addressed in this guidance are as follows:

- **Emergency management planning—**health centers should be engaged in an ongoing, continuous process to ensure that emergency management plans (EMP) are appropriate.

- **Linkages and collaborations**—health centers should maximize their linkages and collaborations.

- **Communications and information sharing**—health centers should have policies and procedures for communicating and sharing information with internal and external stakeholders.

- **Maintaining financial and operational stability**—health centers' business plans should address financial viability in the event of an emergency.

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The EMP should address the four phases of emergency management—mitigation, preparedness, response, and recovery:

- **Mitigation** activities lessen the severity and impact a potential disaster or emergency might have on a health center's operation;

- **Preparedness** activities build capacity and identify resources that may be used should a disaster or emergency occur;

- **Response** refers to the actual emergency and controls the negative effects of emergency situations; and

- **Recovery** actions begin almost concurrently with response activities and are directed at restoring essential services and resuming normal operations. Recovery planning is a critical aspect to sustaining the long-term viability of the health center.

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Risk Assessment and Hazard Vulnerability Analysis

- Prioritize risks identified in the HVA based on the likelihood of occurrence and severity and addressed in the EMP

- Participate in community level risk assessments

- Take an all-hazards approach—meaning that the health center has considered and has developed an EMP that is simple and flexible enough to respond to all of the identified emergencies.

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A health center's EMP should address the following components as appropriate, considering the role of the health center in the local and/or State plans and what is most appropriate and necessary for the health center to respond to an emergency:

- Continuity of operations;
- Command and control;
- Staffing;
- Medical Surge;
- Medical and non-medical supplies;
- Pharmaceuticals;
- Security;
- Evacuation;

- Decontamination;
- Isolation;
- Power supply;
- Transportation;
- Water/Sanitation;
- Communications; and
- Medical records security and access.

The CHCANYS EM Template

- Administrative
- Command and control
- HVA
- Communications
- Business Continuity
- Community Integration

- Logistics
- Training and Exercising
- Buildings and Utilities
- Hazard Specific Plans

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Emergency Management Planning-

Training and Exercising

- Provide ongoing training on emergency management to employees at all levels of the organization (state and local trainings available)

- Conduct exercises on an annual basis, at minimum.

- Participate in local, regional, or national disaster drills or exercises, if possible and as appropriate is encouraged.

- Update and revise based on any lessons learned from participation in drills, exercises, or actual emergencies.

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Linkages and Collaborations (Community Integration)

- Establish the role of the health center in both the health center's internal EMP as well as in the State and/or local EMPs.

- Define your Health Center's role within their local community prior to an emergency and be proactive in engaging community leaders, identifying key organizations, and developing ongoing relationships.

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Communications and Information Sharing

- Develop policies and Procedures for Internal Communications (staff, patients, special populations, Governing Board) and External Communications (appropriate Federal, State, local, and Tribal agencies) stakeholders as well as with the public during emergencies.

- Identify strategies for communicating with patients during an emergency including procedures to make patients aware of any alternative primary care service arrangements in the event the health center is closed.

- Establish backup communication systems and requirements for testing

- Incorporate NIMS and ICS components that may be used for incident management

In the event of an emergency, health centers (both Health Center Program grantees and FQHC Look-Alikes) will be required to submit data to their HRSA Project Officer

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Maintaining Financial and Operational Stability (Business Continuity)

- Address financial response to an emergency including goals for maintaining cash reserves, managing business interruptions, and ensuring insurance coverage in business plans.

- Establish backup information technology systems for financial and medical records (consider obtaining off-site electronic storage) and a backup billing system

- Create a system to track patients being treated as a result of an emergency (i.e., surge patients) that is independent of normal operations which can be used in obtaining any supplemental funding should it become available.

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HRSA Program Assistance Letter(PAL) 2014-05

To ensure that the emergency response at temporary locations is considered part of the center's scope of project, the health center must provide the following information to HRSA by email or phone:

1. Health center name.

2. The name of a health center representative and this person's contact information.

3. The event, and whether a state of emergency has been officially declared by an authorized public official such as a governor, the Secretary of the U.S. Department of Health and Human Services, or the President of the United States, or if there has been an official warning issued regarding an anticipated emergency event by an authorized public official. (This should be no more than one to two sentences.)

4. A brief statement on how the health center, the target population, and/or a medically underserved population have been impacted. (This should be no more than one to two sentences.)

5. A brief description of the emergency response activities. The request must include a summary of the requested change in scope of project, including: Temporary address information, and The date emergency response activities at the site were initiated (if they have already started); and

6. Verification and/or assurance that each of the four applicable criteria for adding temporary locations will be met.

HRSA Policy Information Notice(PIN) 2011-02

FTCA Coverage Within the Service Area When Responding to Emergency Events

Federally Supported Health Centers Assistance Act (FSHCAA) and its implementing regulations do not permit FTCA coverage to follow covered individuals providing care outside of the covered entity's approved scope of project, which includes a defined target population and service area, or outside of the scope of their employment.

HRSA/BPHC recognizes that, during an emergency, covered entities are likely to participate in an organized State or local response and may be called upon to provide primary health care services at temporary locations. Temporary locations include any place that provides shelter to evacuees and victims of an emergency. Temporary locations also include those sites where mass immunizations or medical care is provided as part of a coordinated effort to provide a temporary medical infrastructure where it is needed the most.

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HRSA Policy Information Notice(PIN) 2011-02

FTCA Coverage Within the Service Area When Responding to Emergency Events

Conditions for FTCA coverage applicable to the performance of medical, surgical, dental, or related functions at temporary locations that have been approved within the covered entity's scope of project:

1.Temporary locations are within the covered entity's service area or neighboring counties, parishes, or other political subdivisions adjacent to the covered entity's service area;

2.Services provided by covered individuals are within the covered entity's approved scope of project; and

3.All activities of covered individuals are conducted on behalf of the covered entity.

4.For purposes of FTCA coverage, patients served by covered individuals at temporary locations included in the covered entity's scope of project are considered the covered entity's patients. As such, the covered entity and its providers are covered by FTCA for services provided during the emergency at temporary locations.

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HRSA Policy Information Notice(PIN) 2011-02

FTCA Coverage Within the Service Area When Responding to Emergency Events

If the site of a covered entity in the impacted area is destroyed or unable to operate, the covered entity may submit a request for prior approval to temporarily change its scope of project to include operation of a temporary site within the covered entity's general geographic region, in an area outside the covered entity's regular service area and beyond areas adjacent to the covered entity's service area.

The purpose of this scope change should be to provide medical care primarily to the covered entity's target population and to other medically underserved populations that are displaced by the emergency.

HRSA Policy Information Notice(PIN) 2011-02

FTCA Coverage Outside the Service Area When Responding to Emergency Events

Conditions for approval to provide services (within the covered entity's scope of project) in a temporary location outside of service area:

1.The covered entity must demonstrate that the purpose of the temporary site is to provide services primarily to its original health center target population. The covered entity must demonstrate that the population has been displaced by the emergency and that other displaced medically underserved populations may need their services as well;

2.Services provided are on a temporary basis;

3.Services are provided by covered individuals and are within the covered entity's approved scope of project; and

4.All activities of covered individuals are conducted on behalf of the covered entity.

State licensure requirements apply in all instances (within or outside service area).

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HRSA Policy Information Notice(PIN) 2011-02

FTCA Coverage for Non-Impacted Health Centers

In emergency situations, covered entities that are not directly impacted by the emergency may:

1. Assist at temporary sites within the covered entity's own service area and within neighboring counties, parishes, or political subdivisions; and

2. Operate temporary sites within the service area and within neighboring counties, parishes, or political subdivisions by including the temporary locations within the scope of project.

HRSA Policy Information Notice(PIN) 2011-02

Non-Coverage of Volunteers Even in Emergencies

Federally Supported Health Centers Assistance Act (FSHCAA) does not extend FTCA coverage to volunteers at covered entities. The FSHCAA limitation of FTCA coverage to health center employees, governing board members, officers, and certain contractors applies to emergency situations.

Volunteers may qualify for immunity or limited liability under State or Federal charitable immunity and limited liability statutes such as the Federal Volunteer Protection Act of 1997 or under Federal provisions related to the National Disaster Medical System.

CMS Proposed Rule

Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers(2013)

Seeks to establish national emergency preparedness requirements for Medicare- and Medicaid-participating providers and suppliers to ensure that they adequately plan for both natural and man-made disasters, and coordinate with federal, state, tribal, regional, and local emergency preparedness systems.

CMS Proposed Rule

- FQHCs' emergency preparedness plans must address the type of services the facility has the capacity to provide in an emergency… based on, but not limited to, the facility's size, available human and material resources, geographic location, and ability to coordinate with community resources.

- FQHCs should be able to develop a comprehensive emergency plan that addresses "all-hazards" policies and procedures, a communication plan, and training and testing by drawing upon a variety of resources that can provide technical assistance.

- FQHC must take other appropriate measures that are consistent with the particular conditions of the area in which the facility is located. This requirement would be addressed by performing a risk assessment based on an "all-hazards" approach.

- FQHCs must have policies and procedures for evacuation from the FQHC, including appropriate placement of exit signs, staff responsibilities, and needs of the patients.

Statewide EM Planning Initiatives

- Community Integration
- Regional and sub-regional EM Coalitions
- Statewide Exercises
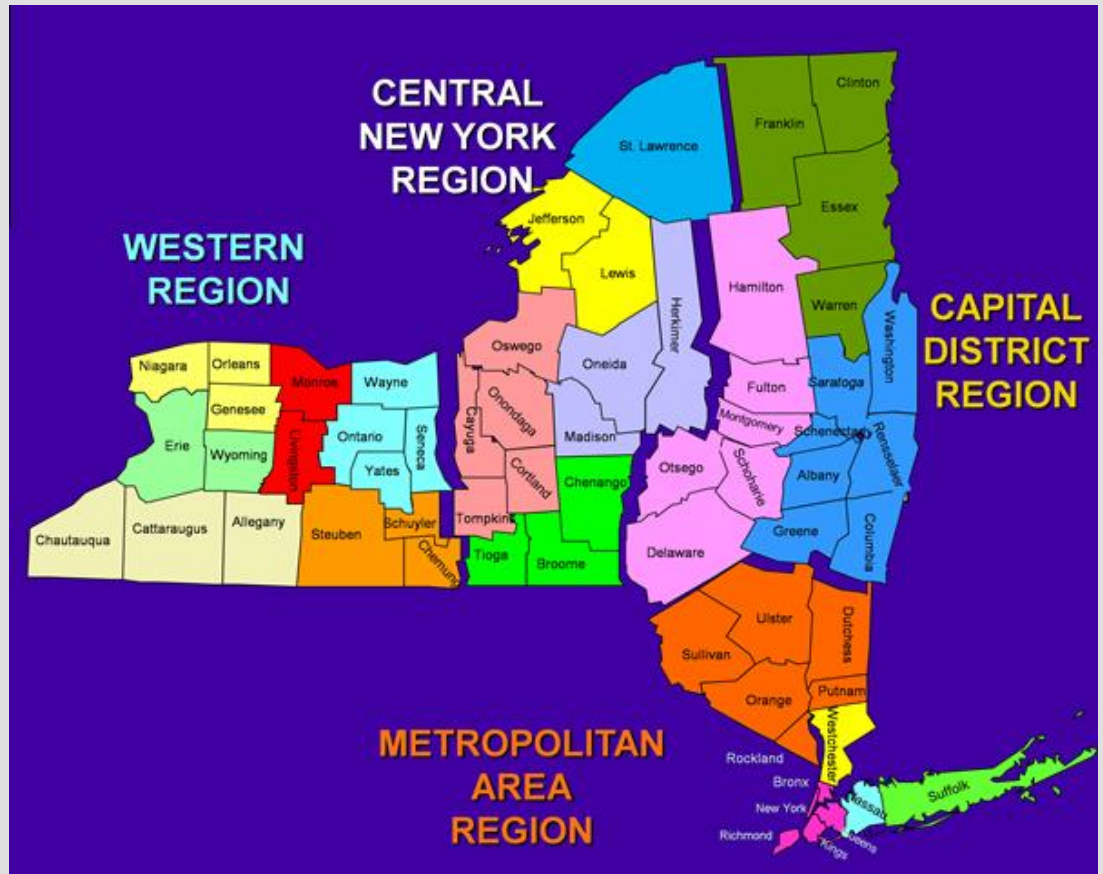
Coastal Storm Planning

- Flood Zones Revisited
- Working closer with ESF-8 to develop plans and the FQHC role
- Ensuring all have adequate plans
- Healthcare Evacuation
- Business Continuity
- Connectivity

Transportation Assistance Levels (TALs)

The New York State Department of Health(NYSDOH) Office of Health Emergency Preparedness (OHEP),continues to promote emergency preparedness for healthcare facilities, including enhanced response to catastrophic events.

- In collaboration with preparedness partners, OHEP has developed a standard Transportation Assistance Level(TAL)classification system to help streamline and coordinate evacuations statewide.

- The TALs classifications are used by healthcare professionals to assess the type of transportation resources needed(e.g. buses, vans, ambulances) by each patient/resident at a facility during a planned evacuation.

- Comparatively, TALs are not intended for use during an emergent situation, such as a fire.

Transportation Assistance Levels (TALs)

New, easily recognized universal symbols corresponding to each TAL category have also been developed and may be printed and affixed to each patient/resident to help make their transport needs visually and more immediately apparent.

- Non-ambulatory[TAL 1]— The icon is a gurney symbol.
- Wheelchair[TAL 2]—The icon is a wheelchair symbol.
- Ambulatory[TAL3]— The icon is a walking figure symbol.

Transportation Assistance Levels (TALs)

Though all healthcare facilities are expected to use TALs to categorize patients/residents, use of the icons is not required and each facility shall operationalize use of the icons during an exercise or planned evacuation as deemed feasible.

CHCANYS will be providing a TALs webinar for appropriate CHCs programs in early 2015

Situational Awareness

In September 2014, CHCANYS launched **HC Standard**, an online communication platform for sending notifications and situational awareness reporting.

HC Standard provides rapid user-customization across multiple platforms, making it the command center that

- monitors healthcare assets
- maps available resources
- provides a communication venue
- generates critical reports

Situational Awareness

Steps to access HC Standard Communication Platform:

1. Log in: www.chcanys.ger911.com

2. Change password and update contact information

3. Enter Administrative, Logistical, and Financial Information

4. Set Facility Status:
    - **Normal**
    - **Compromised**
    - **Resource Request**
    - **Closed**
    - **Evacuating**

Situational Awareness

- Health Center information will be viewable by CHCANYS EM Administrators

- Information entered can generate resource maps and reports which can be shared with state and/or local agencies and relief organizations for targeted response and deployment of critical assets
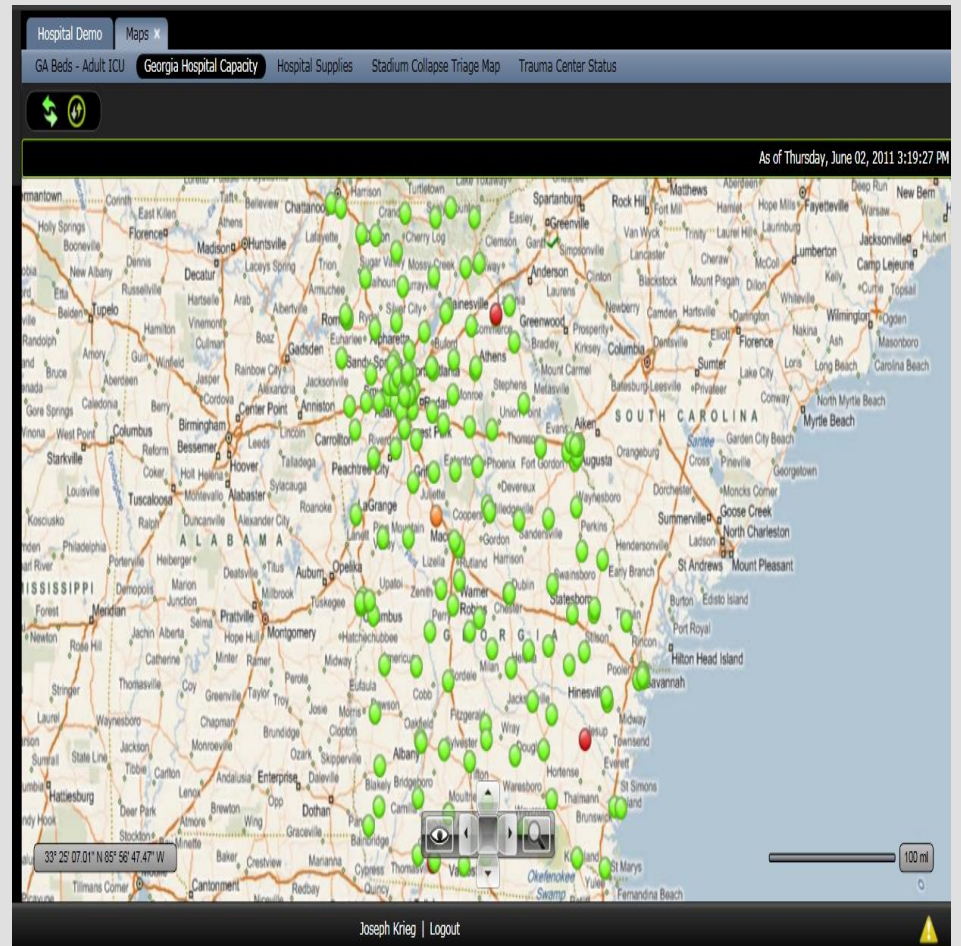
Mobile Medical Units

During Superstorm Sandy Response and Recovery, Mobile Medical Units:

- Supported FQHC continuity of operations

- Provided vaccines, medication refills, and primary care services to local residents

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Mobile Medical Units

Opportunities for Coalition Building-

- Leverage assets for increased response capabilities, both locally and statewide

- Increased support for FQHC continuity of operations

Breakfast Meeting- 10.22.14 at 7:30 am in the Yorktown Room.

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NGO Assistance

AmeriCares

- AmeriCares is a non-profit emergency response and global health organization. In times of epic disaster or daily struggle, we deliver medical and humanitarian aid to people in need worldwide.

"We respond to disaster and commit to recovery for weeks, months, even years."

Safety Net Center- U.S. Medical Assistance Program

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NGO Assistance

Direct Relief
Deliver a world of good.

- Direct Relief is a nonprofit, nonpartisan organization that provides medical assistance to people around the world who have been affected by poverty, natural disasters, and civil unrest.

- Direct Relief works with healthcare professionals and organizations on the ground to equip them with the essential medical supplies and equipment that they need to help people recover from a disaster.

  Safety Net Support Program for Health Centers Application

Emergency Management, Infection Control, and Pandemic Response

- Ebola, Ebola, and Ebola (EV-D68 too!)
- CDC, NYSDOH, NYCDOHMH, OEM, DHS, CHCANYS, PCEPN plans and protocols
- Current and evolving outbreak and events
- Not the movies (can't find a serum in 30 minutes)
- National Response

Ebola Zaire Outbreaks
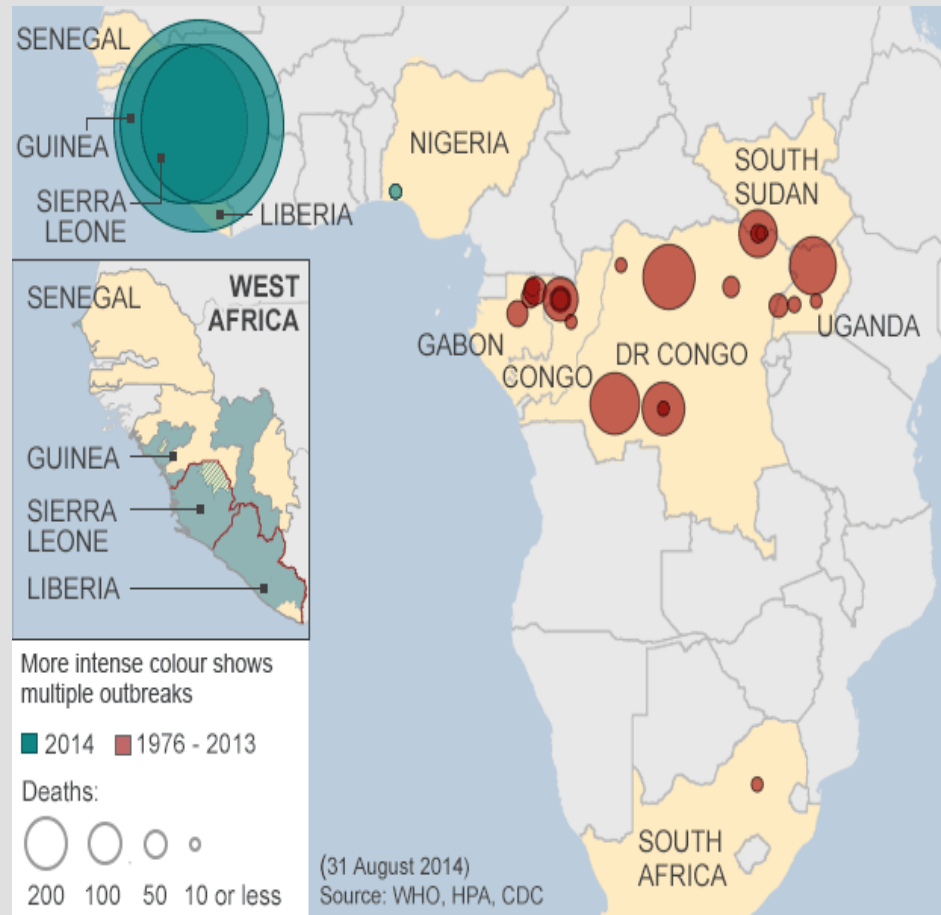
Outpatient Guidance for Ebola

Development by public health officials is ongoing.

- What is currently addressed:
    - Basic identification
    - Isolation
    - Notification procedures

- What is **<u>NOT</u>** currently addressed:
    - Personal Protective Equipment(PPE)
    - Training
    - Treatment

    CHCANYS EM is working to address the gaps

Thank You

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