Emergency Operations Plan Disaster Preparedness

ACCIDENTS HAPPEN

iraq2.asf

What is an Emergency vs a Disaster

Emergency Defined

An Emergency is a situation in which normal operations cannot continue and immediate action is required to prevent a disaster

Disaster Defined

A disaster is defined as anything that overwhelms the capability of an organization or that brings the organization out of normal daily operations

Damage, Hardship, Loss of Life or Destruction

What is Emergency Management

1. Emergency Management was institutionalized in 1979 by the 5 agencies that dealt with many types of emergencies consolidated to form FEMA.

2. The name change to Emergency Management oriented Federal, State and Local agencies from a single or narrow defined hazards to an all-hazards approach that includes potential threats to life and property through environmental and technological hazards and domestic/foreign attacks. This thought process allowed the nations emergency management capability being able to respond to any major emergency.

3. Emergency Management consists of 3 components:

    a. All types of Hazards: Tech, Natural Disaster and attacks
    b. Emergency Management Partnership: Fed, State and Local
    c. Emergency Life Cycle: Prepare, Respond, Recovery & Mitigation
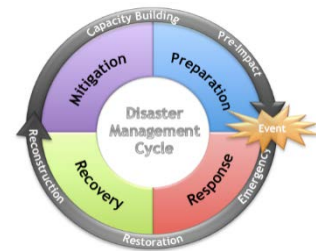
Emergency Preparedness Program

1. Emergency Preparedness Program describes a facility's comprehensive approach to meeting the health, safety and security needs of the facility, its staff, their patient population and community prior to, during and after an emergency or disaster (Emergency needs immediate action to prevent a disaster). The program encompasses 5 core elements:

• Mitigation (Prepare/Mitigate)
• Risk Assessment (Incorporates and All-Hazard Approach) (Prepare)
• An Emergency Operations Plan (Respond and Recover)
• Policy and Procedures (Action Plans)
• Training and Testing Program

2. The "all hazards" approach allows ability to respond to a range of emergencies varying in scale, duration, and cause. The EOP addresses response procedures, capabilities and procedures when the hospital can not be supported by the community, recovery strategies, initiating and terminating response and recovery phases, activating authority and identifies alternate sites for care, treatment and services.

3. The Emergency Operations Plan (EOP) provides the structure and processes that the organization utilizes to respond to and initially recover from an event. The EOP is therefore the response and recovery component of the EMP.

How do we Prepare?

Know and Understand Your

What Are Your Threats?

1. Fire
2. Tornado
3. Adverse Weather
4. Mass Causality
5. Active Shooter

Emergency Operations Plan

https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertemergprep/emergency-prep-rule.html

1. Hospitals are required to have an Emergency Operations Plan (EOP) which describes how a facility will respond to and recover from all hazards. It generally has no required format and consists of six critical elements:

•Communications
•Resources and assets
•Safety and security
•Staff responsibilities
•Utilities
•Clinical support activities

2. The Emergency Operations Plan (EOP) provides the structure and processes that the organization utilizes to respond to and initially recover from an event. The EOP is therefore the response and recovery component of the EMP.

How do we Manage & Respond to a Disaster?

D: Detect

I: Incident command

S: Scene Security

A: Assess Hazards

S: Support

T: Triage and Treatment

E: Evacuation

R: Recovery

Establish Incident Command

Five Major Management Functions

- There are five major management functions that are the foundation upon which an incident management organization develops.

- These functions apply to incidents of all sizes and types, including planned events and emergencies that occur without warning.

Command

Operations

Planning

Logistics

Finance & Administration

Management Function Descriptions

Command

- Sets the incident objectives, strategies, and priorities and has overall responsibility for the incident.

Operations

- Conducts operations to reach the incident objectives. Establishes tactics and directs all operational resources.

Planning

- Supports the incident action planning process by tracking resources, collecting/analyzing information, and maintaining documentation.

Logistics

- Arranges for resources and needed services to support achievement of the incident objectives.

Finance & Administration

- Monitors costs related to the incident. Provides accounting, procurement, time recording, and cost analyses.
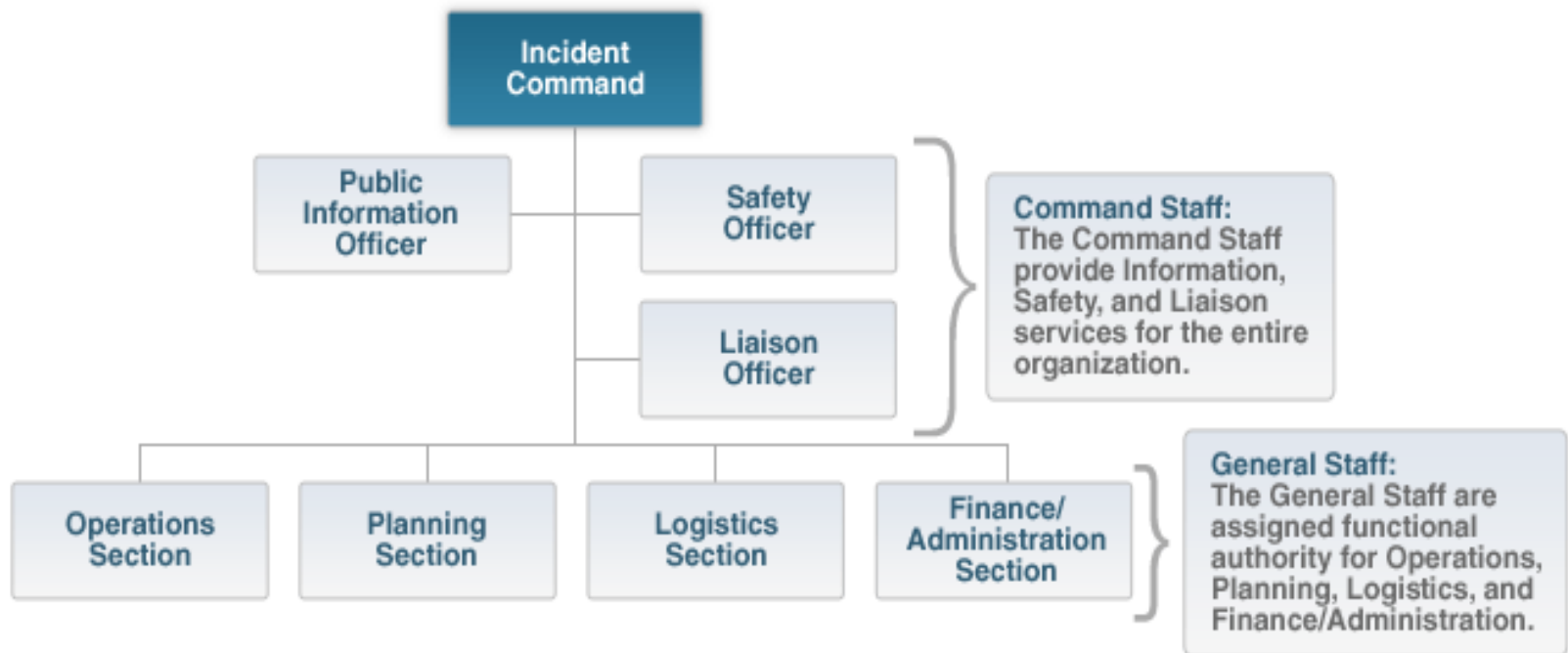
15

Incident Commander

- The Incident Commander has overall responsibility for managing the incident by establishing objectives, planning strategies, and implementing tactics. The **Incident Commander is the only position that is always staffed in ICS applications.** On small incidents and events, one person—the Incident Commander—may accomplish all management functions.

- The Incident Commander is responsible for all ICS management functions until he or she delegates a function.
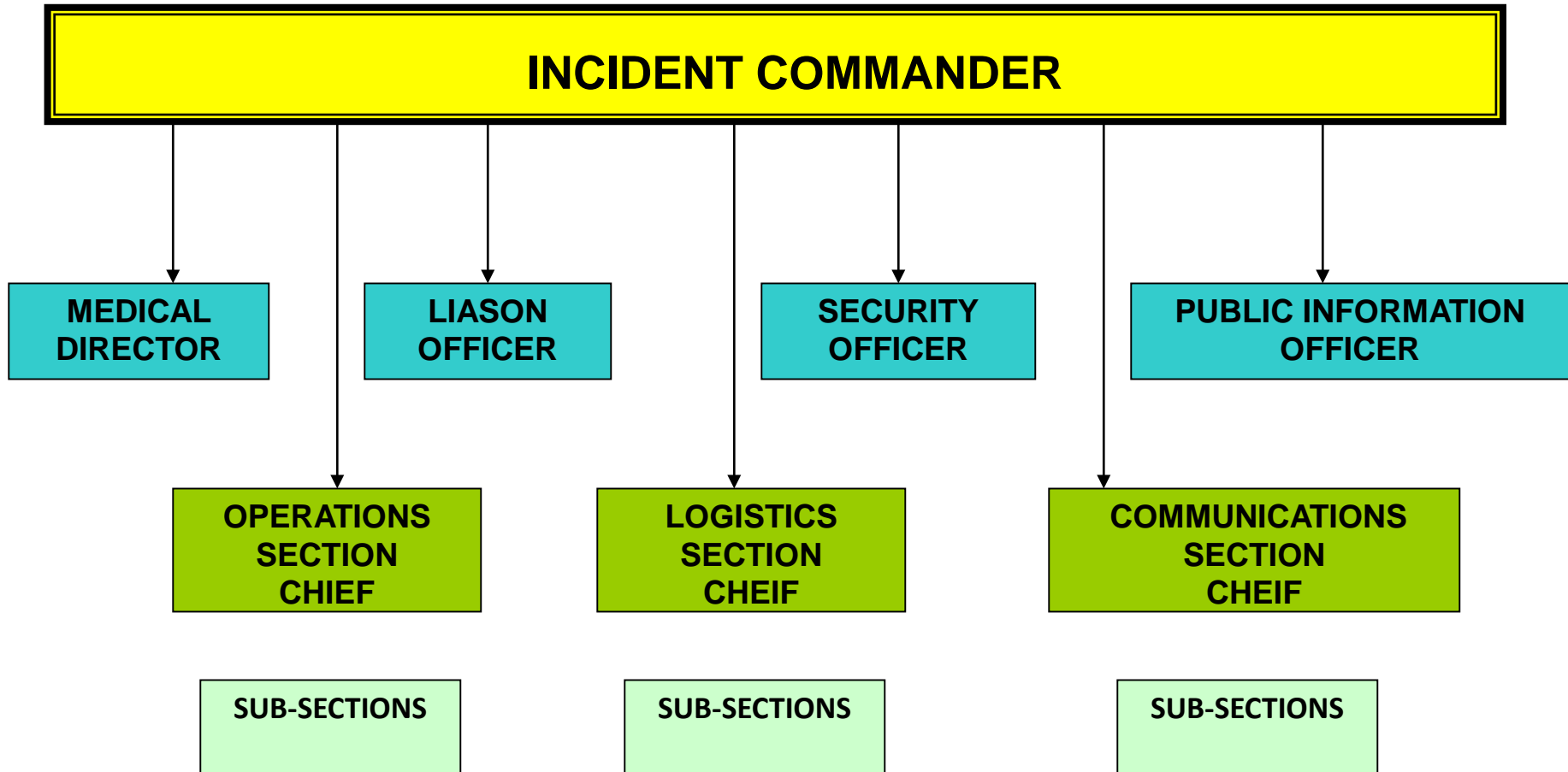
Expanding the Organization

- As incidents grow, the Incident Commander may delegate authority for performance of certain activities to the Command Staff and the General Staff. The Incident Commander will add positions only as needed.

Incident Command Organizational Chart
Will form EOC in Conference Room

INCIDENT COMMANDER

- **MEDICAL DIRECTOR**
- **LIASON OFFICER**
- **SECURITY OFFICER**
- **PUBLIC INFORMATION OFFICER**

- **OPERATIONS SECTION CHIEF**
  - **SUB-SECTIONS**
- **LOGISTICS SECTION CHEIF**
  - **SUB-SECTIONS**
- **COMMUNICATIONS SECTION CHEIF**
  - **SUB-SECTIONS**

Command Staff-

General Staff-

18

Incident Command System Summary

It is important to remember that the ICS organizational structure is determined based on the incident objectives and resource requirements. It expands and contracts in a flexible manner. And, only those functions, positions, or sections necessary for a particular incident are filled.

While not every position is filled in an incident, it is important to have these positions established, personnel designated and trained should the need arise.

CMS Emergency Preparedness Requirements

Tag 1: The Facility must develop and maintain a comprehensive emergency preparedness program, utilizing an all-hazards approach.

Tag 4: Facilities are required to develop and maintain an emergency preparedness plan. This approach is specific to the location of the facility and considers particular hazards most likely to occur in the surrounding area. These include, but are not limited to:

- Natural disasters

- Man-made disasters,

- Facility-based disasters that include but are not limited to:

  - Care-related emergencies;

  - Equipment and utility failures, including but not limited to power, water, gas, etc.;

  - Interruptions in communication, including cyber-attacks;

  - Loss of all or portion of a facility; and

  - Interruptions to the normal supply of essential resources, such as water, food, fuel (heating, cooking, and generators), and in some cases, medications and medical supplies (including medical gases, if applicable).

Tag 6: The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually.

Tag 7: EOP must address patient/client population, including, but not limited to, persons at-risk; the type of services the [facility] has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.**

Tag 9: Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the facility's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.

CMS Emergency Preparedness Requirements

Tag 13: Facilities must develop and implement policies and procedures per the requirements of this standard. The policies and procedures are expected to align with the identified hazards within the facility's risk assessment and the facility's overall emergency preparedness program.

Tag 15: Facilities must be able to provide for adequate subsistence for all patients and staff for the duration of an emergency or until all its patients have been evacuated and its operations cease.

Tag 18: Facilities must develop a means to track patients and on-duty staff in the facility's care during an emergency event. In the event staff and patients are relocated, the facility must document the specific name and location of the receiving facility or other location for sheltered patients and on-duty staff who leave the facility during the emergency.

Tag 22: Emergency plans must include a means for sheltering all patients, staff, and volunteers who remain in the facility in the event that an evacuation cannot be executed. . In certain disaster situations (such as tornadoes) , sheltering in place may be more appropriate as opposed to evacuation and would require a facility to have a means to shelter in place for such emergencies. Therefore, facilities are required to have policies and procedures for sheltering in place which align with the facility's risk assessment.

Tag 23: In addition to any existing requirements for patient records found in existing laws, under this standard, facilities are required to ensure that patient records are secure and readily available to support continuity of care during emergency.

Tag 24: During an emergency, a facility may need to accept volunteer support from individuals with varying levels of skills and training. The facility must have policies and procedures in place to facilitate this support.

Tag 25: Facilities are required to have policies and procedures which include prearranged transfer agreements, which may include written agreements or contracted arrangements with other facilities and other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to facility patients.

CMS Emergency Preparedness Requirements

Tag 26: Facilities must develop and implement policies and procedures that describe its role in providing care at alternate care sites during emergencies.

Tag 29: Facilities must have a written emergency communication plan that contains how the facility coordinates patient care within the facility, across healthcare providers, and with state and local public health departments.

Tag 30: A facility must have the contact information for those individuals and entities outlined within the standard. The requirement to have contact information for "other facilities" requires a provider or supplier to have the contact information for another provider or supplier of the same type as itself.

The communication plan must include all of the following:

(1) Names and contact information for the following:

    (i) Staff.

    (ii) Entities providing services under arrangement.

    (iii) Patients' physicians

    (iv) Other [facilities].

    (v) Volunteers.

Tag 31: The communication plan must include all of the following:

(2) Contact information for the following:

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

(ii) Other sources of assistance.

CMS Emergency Preparedness Requirements

Tag 32: The communication plan must include all of the following:

(3) Primary and alternate means for communicating with the following:
   (i) [Facility] staff.
   (ii) Federal, State, tribal, regional, and local emergency management agencies

Tag 33: The communication plan must include all of the following:

(4) A method for sharing information and medical documentation for patients under the [facility's] care, as necessary, with other health providers to maintain the continuity of care.
(5) A means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii).
(6) [(4) or (5)]A means of providing information about the general condition and location of patients under the [facility's] care as permitted under 45 CFR 164.510(b)(4).

Tag 34: The communication plan must include all of the following:

(7) [(5) or (6)] A means of providing information about the [facility's] occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.

Tag 36: Training and testing. The [facility] must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan

CMS Emergency Preparedness Requirements

Tag 37: Training program. The [facility, except CAHs, ASCs, PACE organizations, PRTFs, Hospices, and dialysis facilities] must do all of the following:

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

    (ii) Provide emergency preparedness training at least annually.

    (iii) Maintain documentation of the training.

    (iv) Demonstrate staff knowledge of emergency procedures.

Tag 39: Testing. The facility must conduct exercises to test the emergency plan at least annually. The must do all of the following:

    (i) Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event.

    (ii) Conduct an additional exercise that may include, but is not limited to the following:

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

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

(iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [facility's] emergency plan, as needed.

CMS Emergency Preparedness Requirements

Tag 39: Testing. The facility must conduct exercises to test the emergency plan at least annually. The must do all of the following:

(i) Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event.

(ii) Conduct an additional exercise that may include, but is not limited to the following:

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

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

(iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [facility's] emergency plan, as needed.

CMS Emergency Preparedness Requirements

Tag 41: Hospitals, CAHs and LTC facilities requires these facility types to base their emergency power and stand-by systems on their emergency plan, risk assessment and policies and procedures. The determination for a generator should be made through the development of the facility's risk assessment and policies and procedures. If these facilities determine that no generator is required to meet the emergency power and stand-by systems requirements, then §§482.15(e)(1) and (2), §483.73(e)(1) and (2), §485.625(e)(1) and (2), would not apply.

However, these facility types are must continue to meet the existing provisions and requirements for their provider/supplier types under physical environment CoPs or any existing LSC guidance.

Tag 42: If a [facility] 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 [facility] may choose to participate in the healthcare system's coordinated emergency preparedness program.

Items to think about

1. Do you clearly understand your mission.

2. Do you know your organizations capabilities

3. Have you identified your critical assets

4. Do you know where your single point failures are

5. Do you have a Mitigation Plan

6. Do you have a Continuity Of Operations Plan

7. Do you have a Communication Plan

8. Do you have a Exercise and Training Plan

9. Understand the difference between a Appendix and an Annex

QUESTIONS