We Have a Plan....

NOW WHAT?
Objective

Identify actions you can take to:

- Meet regulatory requirements
- Fine-tune plan details
- Incorporate best practices
- Integrate into the planning and response community in your area
Four Core Elements of Emergency Preparedness

- Risk Assessment and Emergency Planning
- Communication Plan
- Policies and Procedures
- Training and Testing
Risk Assessment

Hazards likely in geographic area
Including:

- Care-related emergencies
- Equipment and Power failures
- Interruption in Communications, including cyber attacks
- Loss of all/portion of facility
- Loss of all/portion of supply chain
Emergency Preparedness Plan

- Designated Disaster Coordinator
- Continuity of Operations
- Situational awareness monitoring
- Release of information
- Actions and responsibilities of staff
- Mode of communication and procedures
- Triage and tracking of clients
- Provide client/family with information
- Orient and train staff annually
- Review and exercise annually
Fine Tuning

**Introduction Statement:** Does your emergency plan provide a brief overview of your organization?

Type & level (acuity) of care provided by your organization (i.e. medically dependent, assistance, independent, hospice, home care/inpatient)?

**Purpose Statement:** Does your emergency plan include an overview of the purpose and what types of hazards that will be applied during specific situations?

Does the purpose statement clearly state who the plan applies to (e.g. staff, residents, patients, family members, etc)?

Does the purpose statement clearly indicate the emergency plan is comprehensive for all-hazards preparedness?
Direction and Control: One person who is designated in the plan that has overall authority and responsibility for a facility’s response to a disaster.

Who is responsible for the Overall Plan?
Who has authority 24/7 to make crucial decisions?
Who is responsible for ensuring that clients/families are educated and informed?
Who is responsible for medications/home deliveries/etc?
Has the facility assigned or designed a leadership structure
Fine Tuning

Evacuation: Does your organization have evacuation plans?

- Are you located in the Storm Surge or Hurricane Evacuation Zone areas? Are your staff/Clients?
- What about fires?
- How do you plan to evacuate your facility? Will staff accompany residents? Meds/supplies?
- Do you have an agreement with host facilities and transportation?
- Have you exercised your evacuation plan?
- Does the organization have measures to keep track of residents/clients once an evacuation has been initiated?
Fine Tuning

Medical Care and Resources:

How does the organization plan to identify and secure vital needs for its residents to continue medical care?

Does the organization have a plan that accounts for accurate and detailed lists of needed vital supplies, staff, crucial equipment, and records?

Do you have redundant vendors/suppliers?
Communication Plan

Complies with Federal and State laws

Redundant and interoperable

System to contact staff, including patients’ physicians, other necessary persons

Well-coordinated within the facility, across health care providers, and with state and local public health departments and emergency management agencies.
Fine Tuning

Notification/Warning:
How does the organization receive notification/warnings?
Does the organization have primary and secondary methods to notify key staff?
Can staff be contacted at anytime (24 hours)?
Has an alternate communication system been established if regular communications is inoperable?
How does the organization plan to communicate with clients/family members of actions that are taking place during a disaster?
How does the organization communicate with local authorities?
Policies and Procedures

Based on:

Emergency Management Plan
  Command Structure/Authority
  Staffing, supplies, equipment needs

Risk Assessment
  Hurricane/Severe Weather
  Utility Outage

Communications Plan
  Internal – staff and patients
  External – families and outside agencies
Training and Exercise
Develop and maintain training and testing programs:

Initial Training: Initial training in policies and procedures and demonstrate knowledge of emergency procedures

Annual Training: All staff every year

Exercises: A full-scale exercise that is community- or facility-based; An additional exercise of the facility’s choice.
Fine Tuning

Staff and Client Education:

Is STEAR information regarding evacuation assistance provided to Clients?

Are Clients provided self care information and community resource information?

Is your facility registered in STEAR?

Are staff educated on their roles/responsibilities?

Is plan reviewed and exercised annually?

Best Practices

**Direction and Control:**
- Incident Command Structure
- Corporate?
- Medical Operations Centers

**Notifications:**
- EmResource, Everbridge, etc

**Evacuation:**
- Redundant locations and contracts
- Pink Vests
- Check back process
- Patient tracking
Best Practices

**Medical Care and Resources:**
- Medications, DME
- Emergency numbers
- Community Resources
- Redundant vendors/suppliers

**Staff and Client Education:**
- Zip Zones
- Self Care 5-7 days
Healthcare Coalitions

22 Trauma Service Areas

8 Coalitions
  Hospitals
  EMS
  FSED
  Long Term Care
  Home Health/Hospice
  Dialysis
  DME
  Public Health
  OEM
Coalitions Purpose

- Enhance Planning
- Increase Integration
- Provide Coordination
Now What?

- Review and fine tune your plans
- Reach out to key partners
- Integrate with your Healthcare Coalition
- Participate in planning, training, exercises and response
- Educate your staff and clients regularly
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