

Getting In Emergency Management For healthcare provider

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SETRAC

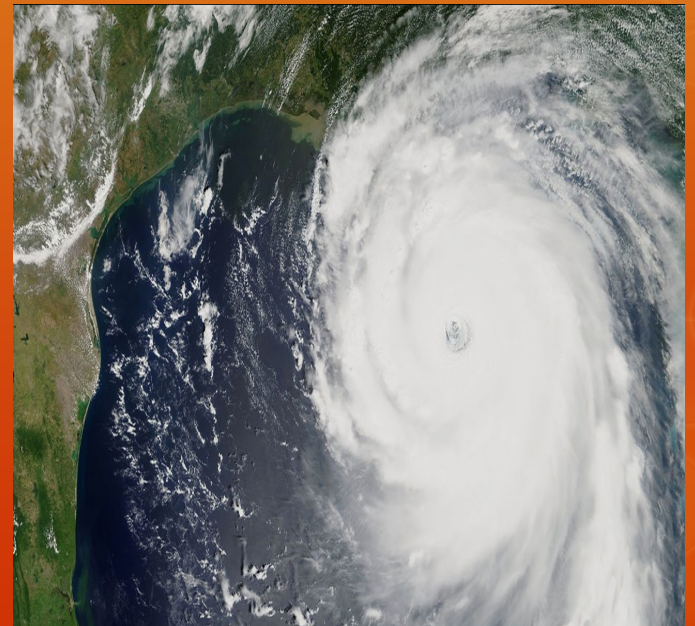
Session Objectives



- Familiarize attendees with regional Emergency Management, who to contact and network with.
- Understand the rules and requirements and what they mean if you don't "play".
- Explain the merits of a continuous Risk Assessment and events capture document
- Where to start and understand what "To Play" means

Types of Disasters

- Internal- within your agency (fire, utility and infrastructure failure, systems disruption)
- External- outside of the agency but effecting you (hurricane, wildfire, tornado, etc)



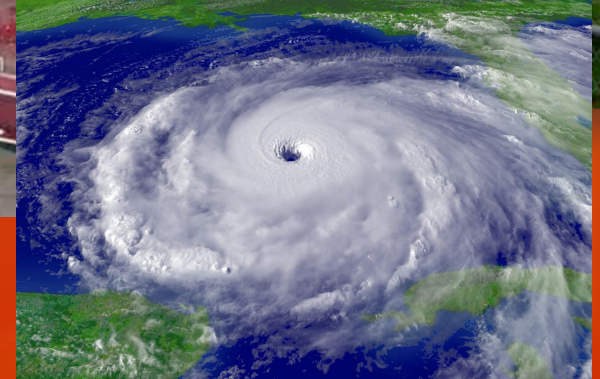
Disasters

- All Disasters start locally
 - We must be able to take care of ourselves initially during a disaster, at the minimum, having a written Emergency Operation Plan that addresses common risks in the locality and the region.
 - Regional Assistance will eventually arrive but might take time ~ some cases up to 96 hours; preparedness is key
 - In the meantime, we must be able to work within our community, together, for the good of all our citizens (patients) and ensure their safety in the process



Potential Risks and Hazards that might lead to a disaster in the region

- Chemical Release
- Flooding
- Fires & Explosions
- Hurricane
- Tornado
- Power Outage
- Communicable Disease
- Plane Crash
- MCI/Shootings
- Severe Weather
- Riots
- Ship/ Barge Collisions



Past Major Disaster's in Texas

- Hurricanes- Allison (2001), Rita (2005), Ike (2008), Harvey (2017), TS Imelda (2019)
- Wild Fires- Almost Yearly in this area
- Shuttle Disaster
- Mass Shootings
- Flash Flooding
- Winter Weather

Potential Disasters- Not if, When??

- Weather events including Flooding
- Infrastructure Failures
- Biological- Flu
- Chemical Spills- Tank Trucks, Rail Cars, Pipelines, Petro/Chemical Plants
- Terrorist / Active Shooter
- ???

Emergency Management Coordinators Role

- Appointed by city mayor or county judge
- Emergency Management Plan Annexes
 - Annex H- Health and Medical (Direct)
 - Annex C- Sheltering and Mass Care(Direct)
 - Annex C- Communications (in-direct)
 - Annex E- Evacuation Emergency (in-direct)
 - Annex L- Utilities (in-direct)

Medical Community Preparedness

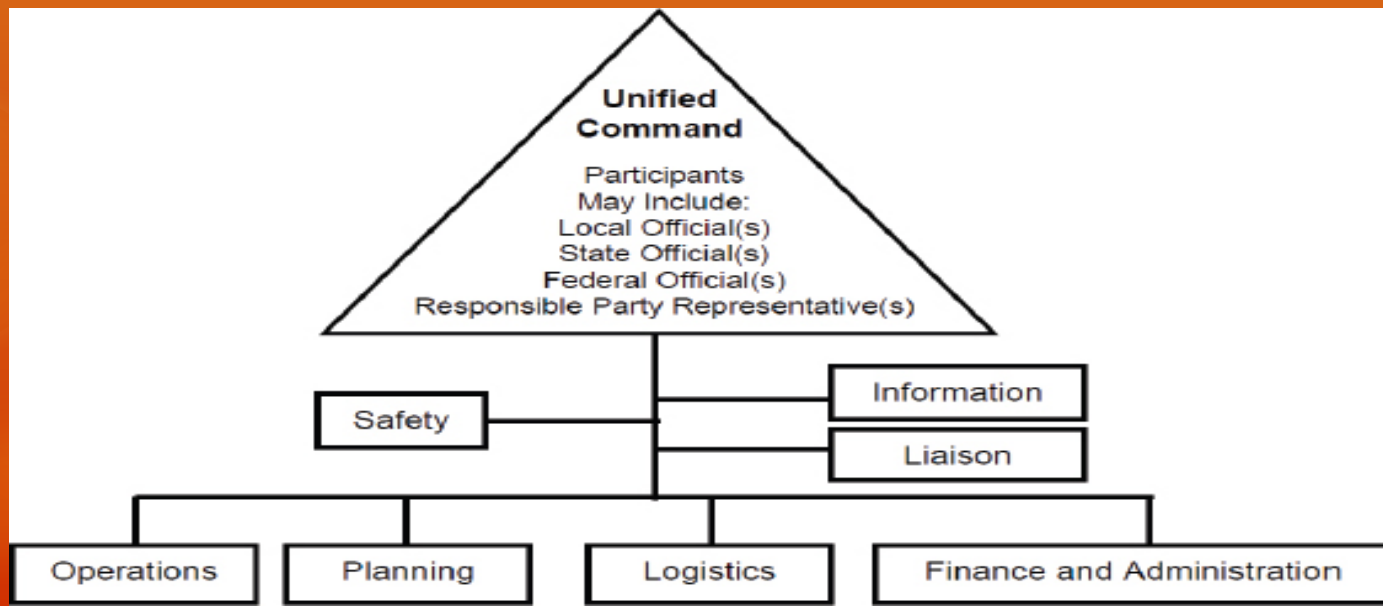
Emergency Preparedness

- Hospitals- Mandated and been doing this for years
- EMS- Mandated and has been doing for years
- Long term Care – Newly mandated but been doing this for years on a limited basis
- Home Health- Limited
- Hospice- Limited
- Dialysis- limited
- Rehab- almost none
- List goes on



Command Systems and what they do

- Department- Manager or Director - Directs
- Local - Mayor/County Judge through EMC - Directs
- Regional - Disaster District, SETRAC - North Corridor- Assistance and stuff
- State - Governor or designee- Assistance and Stuff
- Federal - FEMA Region 6- Assistance and Stuff



Local Command and Control

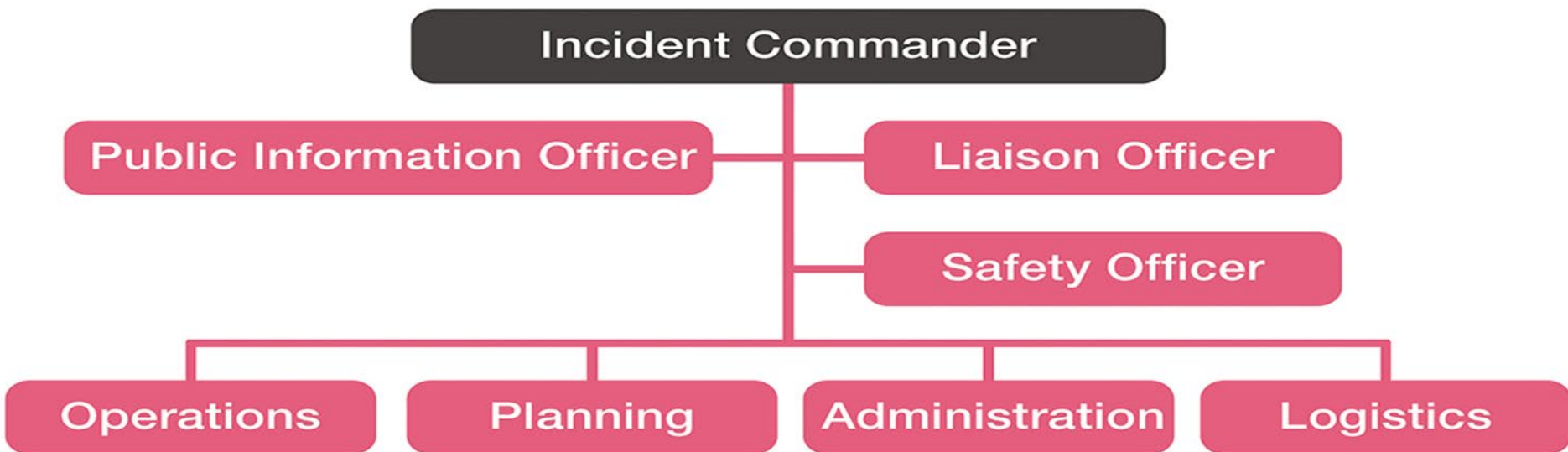
- County Judge or Mayor is “In-Charge”.
This is by Texas State Statute
- Designated down to others-“Emergency Management Coordinators”
- Scene control is by local department- Fire, Police

Incident Command System

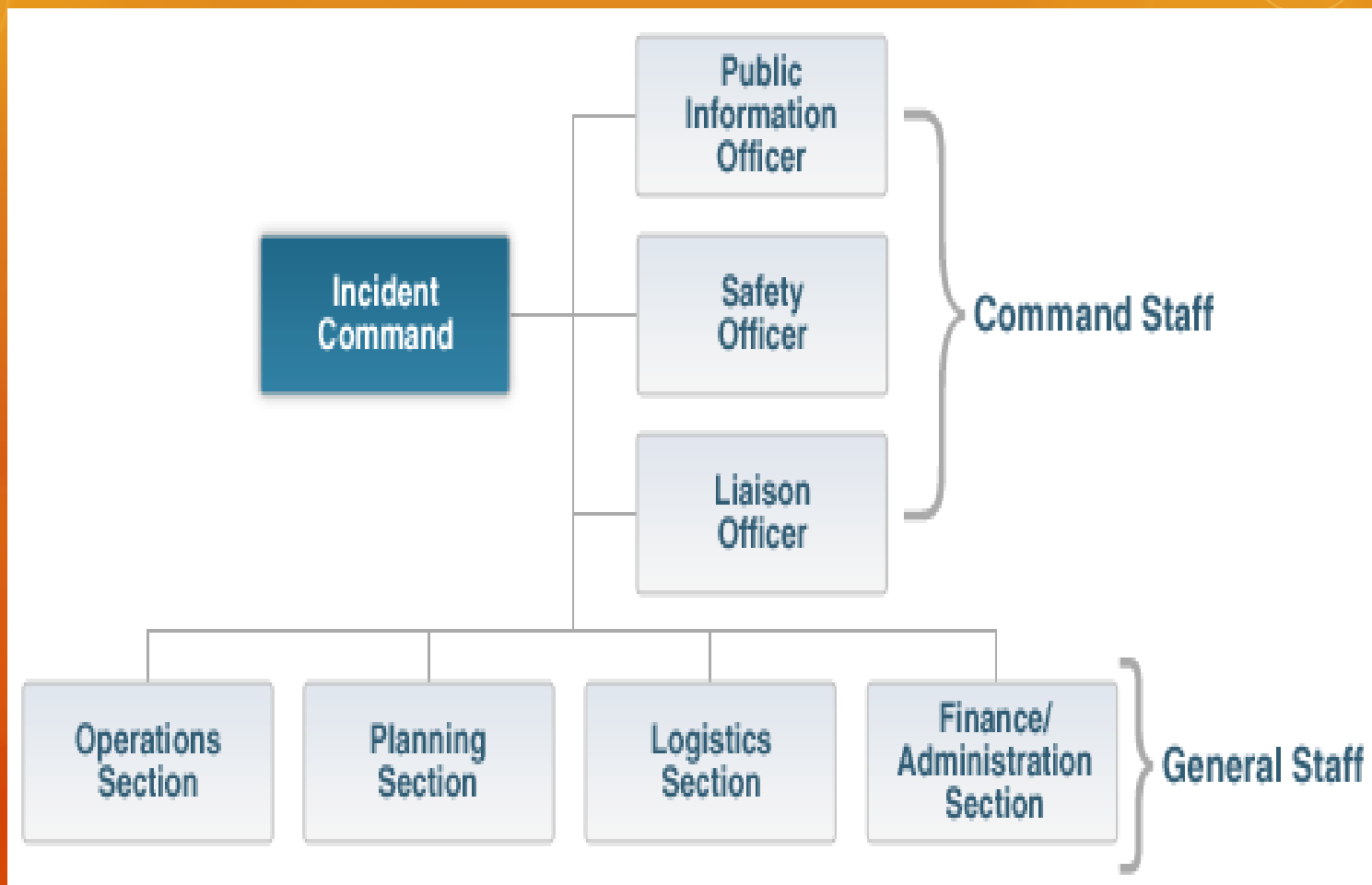
Needs for Staff

- All Staff- ICS 100, 200, 700 and 800 (Free on-line at preparing Texas; Health Care Available)
- Leadership- ICS 300, 400 (Free in class instruction)

These would assist us in you understanding the emergency system used in Texas and U.S.

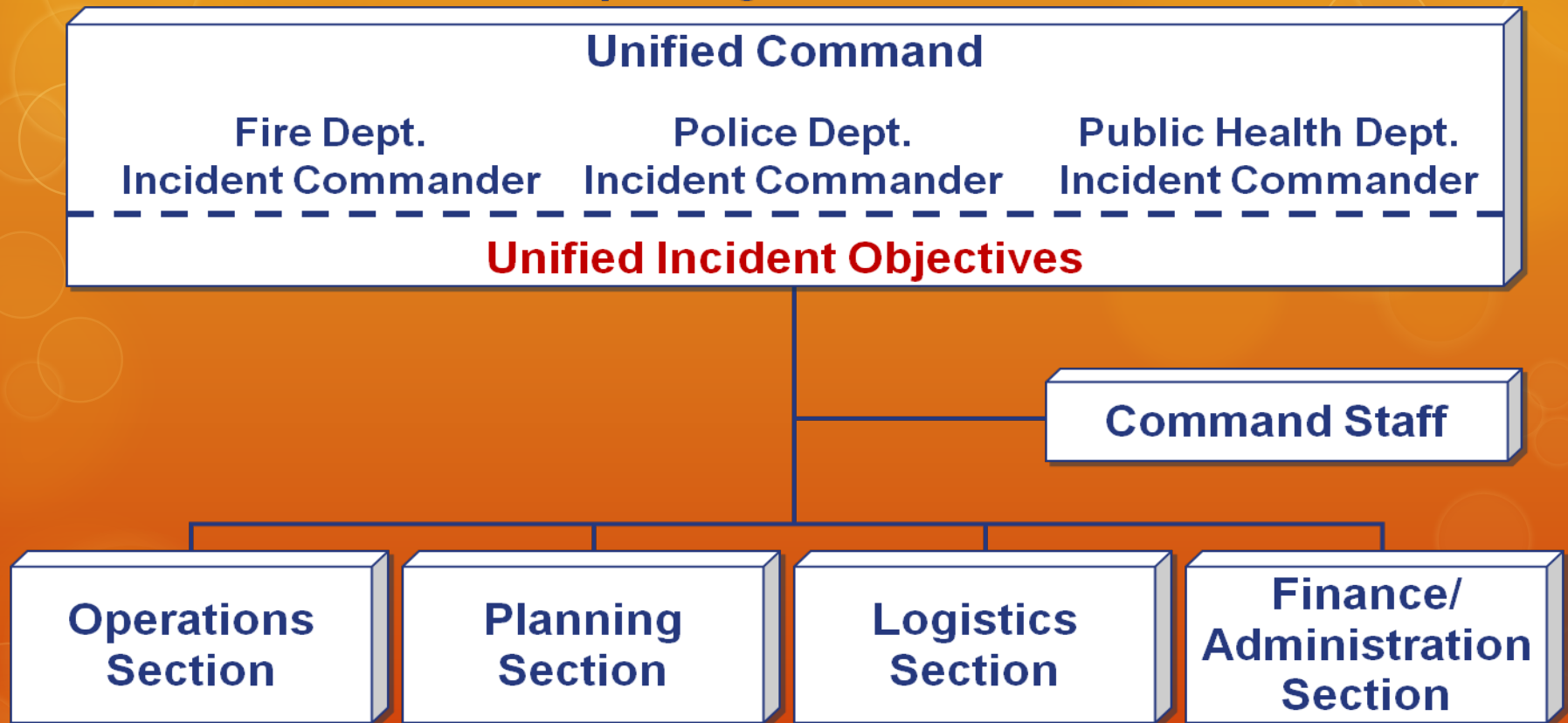


Incident Command System- Basic Done at the Scene/Business Level



Multiagency/Single Jurisdiction Incident

Sample Organization Chart



Where is Healthcare/Medical

- Operations Section
- Medical Branch

Operations Section



Medical Branch

- **Hospitals** - Emergency Room, ICU, Surgery, Imaging etc.
- **Long Term Care** – Life Safety Equipment, Utilities, medication and supplies
- **Shelters**- Special Needs- O2 dependent, amputees, medication dependent, Home Health care recipients, dialysis dependant
- **EMS**- Medical Transport, Emergency Calls
- **Responder First Aid**- taking care of those working (logistics)
- **Pharmacy**- Evacuees, How much on hand, antidote, prophylactic, SNS, Medical Counter Measure
- **Durable Medical Equipment**- wheelchairs, crutches, diabetic supplies
- **Public Health Department** (DSHS, Local Health Department)- Illness response and tracking, distribution points

Regional Coalition Approach Based Solutions

- Regional Risk Assessments
- Existing Subject Matter Experts / Previous lessons
- Planning workgroups / Integrated Response
- Integrated Communication systems
- Emergency Management Engagement
- Need based regional group Training
- Yearly Community Based Exercises

Why Participate ??

- Ensuring staff and Resident safety, continuity of medical care and mitigate risks
- Ensuring continuity of business operations
- It is a condition for participation: State and Federal requirement
- Federal CMS requirement (Medicare & Medicaid)
 - US Code f Federal Regulations (CFR), Title 42 (in additional to state TAC rules):
 - Nursing Homes – 42 CFR 483.73 – 26 E-Tags
 - ICFs/IID – 42 CFR 483.475 – 25 E-Tags
 - Home Health Agencies – 42 CFR 484.102 – 21 E-Tags
 - Hospices – 42 CFR 418.113 – 25 E-Tags
- State Requirement additional
 - Nursing Homes – 40 TAC 19.1914 (c)(1)
 - ICFs/IID – 26 TAC 551.50 (c)(1)
 - Home Health Agencies – 26 TAC 558.256 (a)
 - Hospices – 26 TAC 558.256 (a) ; inpatient 26 TAC 558.871 (a)(2)(D)(iii)

How Can You GET In

- Contact and Meet with your local Emergency Management Coordinators, be active in the system directly
- Become members of available regional healthcare coalitions when possible
- Complete on-line classes of ICS and get familiar in Community Wide Hazard Vulnerability Analysis (**HVA**)
- Complete Internal HVA – Kaiser template available
- Participate in planning workgroups
- Train staff on Emergency Plans, policies and procedures
- Participate in exercises and drills within the community

What WILL NOT Happen

- Officials will not tell you how to treat patients
- Officials will not tell you what to do with your staff
- Officials will not take your stuff without your prior knowledge
- Officials will not take you to your predesignated locations if assisting in evacuations, depending on destination

Ways Healthcare Coalition can assist towards regulatory goals

- Completed SETRAC Coalition MOU (agreement) to be placed in EOP plans - *proof of active healthcare coalition membership*
- Addition to the coalition notification list serves – *Added communication and situational awareness*
- Addition to EMResource communication platform – *Redundant Communication platform for facility status and bed availability*
- Ability to participate in regional preparedness, planning and other meetings (with sign-in sheet and minutes available) – *Proof of emergency meetings and planning activities*
- Ability to participate in one regional exercise per year, with AAR documentation – *Proof of Community based exercises*
- Ability to procure from the coalition at no charge, Pink evacuation vests depending on licensed beds

All above services are grant funded by the federal government, as part of the basic coalition membership. An optional premium membership is also offered for additional access not covered under the grant, such as ability to participate in all coalition exercises

The 4 Core Elements of CMS Emergency Preparedness

- An Emergency Plan based on a Risk Assessment that uses an all-hazards approach (need to be reviewed and updated **at least** annually).
- Communication Plan
- Established Policies and Procedures
- Training and Testing Program



What is an All-Hazard Approach ?

An all-hazard approach is an integrated approach that focuses on:

1. Identifying area, internal and external hazards
2. Developing capacities and capabilities that can address those hazards as well as a wide spectrum of emergencies or disasters

Note: An all-hazard approach is specific to the location of the facility or agency. The approach considers the hazards most likely to occur in the area

How do we progress?



- A Risk Assessment is the process that assesses and documents hazards that are likely to impact the facility or agency, taking into account readiness and capability of organization to mitigate the hazard (hazards can be facility/Agency based or community based).
- The facility/agency Emergency Plan must outline strategies that address emergencies identified by the risk assessment and available redundancies
 - For Nursing and ICF Facilities: must address residents or clients who go missing (considered an emergency)...
 - Hospices much address poweerr failures, natural disasters and other emergencies that would affect the ability to provide care

Hazard Vulnerability Analysis

Kaiser Permanente

Emergency Management

Hazards - Enter name of hospital
Hazard and Vulnerability Assessment Tool
Naturally Occurring Events

Event	PROBABILITY	ALERTS	ACTIVATIONS	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
				HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
				Possibility of death or injury	Physical losses and damages	Interruption of services	Preplanning	Time, effectiveness, resources	Community/Mutual Aid staff and supplies	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	Number of Alerts	Number of Activations	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 = High 2 = Moderate 3 = Low	0 - 100%
Active Shooter	1	1	0	2	1	1	1	1	2	15%
Acts of Intent	1	0	0	2	1	3	2	3	3	16%
Bomb Threat	1	0	0	3	3	3	3	3	3	20%
Building Move	1	0	0	1	1	1	1	1	1	7%
Chemical Exposure, External	2	0	0	2	1	2	2	1	1	20%
Civil Unrest	1	0	0	2	2	1	3	1	2	12%
Communication / Telephony Failure	2	0	0	1	1	2	1	1	2	18%
Dam Failure	1	0	0	3	3	3	2	2	1	16%

Input

Data

Hazards

Summary

NFPA 99 HVA Supplement



Priority

EVENT	Scoring Total (Column L-Table 1)	Priority
Hurricane	75	1
Water Failure	54	2
Structural Damage	48	3
Patient Surge	36	4
Severe storms/Wind	36	5
Nuclear Incident	32	6

Group Discussion

- Who is your local Emergency Management Coordinator?
- How a facility/agency responds to a threat of a disaster depends on the disaster's characteristics. In the following lines. List some general characteristics you would want to know before you respond to the threat
- Who in your facility/agency has the authority to make decisions when a disaster threatens the place? Where do you keep name and contact information for your internal and local emergency management coordinator?

Discussion Scenario

Answer the following questions based upon your knowledge of your plans to monitor and respond to warnings of disasters.

- A Freight train collided with parked railroad cars less than a mile away from the facility/agency. This collision released a deadly cloud of chlorine gas. 9 people are confirmed deceased at the site of the accident from the impact itself and the cloud.
- How would you expect the facility/agency to receive warnings about the above incident?
- What would you need to know about the incident to determine your first actions?
- Whom would you need to warn about the incident?

Questions

Thanks You
for
Your Interest