RM

National Association of
Community Health Centers, Inc.®

RISK MANAGEMENT SERIES

Developing and Implementing an Emergency Management Plan for Your Health Center

Emergency management ("EM") – *planning, developing, implementing, and executing a comprehensive system of procedures designed to ensure an organization's effective response to natural and manmade disasters affecting its environment of care* – is vitally important to all organizations. This is particularly true for health centers because they provide critical preventive and primary health care and related services to underserved populations with few or no health care alternatives. Given today's political and social environments, a health center that does not plan for emergencies may find its ability to provide services to its patients greatly impacted and/or impeded.

While recommended (and, if accredited under the Joint Commission on Accreditation of Healthcare Organizations ["JCAHO"], required) for all organizations, regardless of type or size, implementing an EM plan that is reasonably comprehensive, yet cost effective, can be a major challenge for any organization. Most health centers already have certain emergency procedures in place that can be used as the EM plan's foundation, making the process less burdensome. What is important, ultimately, is that the organization promptly establish an EM plan that "fits," *i.e.,* that takes into account the health center's size, resources, and complexity of operations, as well as the specific dangers faced by the organization and the community at large.

This Information Bulletin:

- Discusses reasons why a health center should develop a comprehensive EM plan;
- Explores activities typically included in EM plans;
- Provides a step-by-step approach to assist health centers in developing, implementing, and executing EM plans that are appropriate in terms of organizational size and composition, while taking into consideration the environment in which the organization operates; and
- Provides an overview of "business interruption insurance," as well as a list of outside resources, which may provide further assistance to health centers in preparing their EM plans.

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The Health Resources and Services Administration, Bureau of Primary Health Care (HRSA/BPHC) supported this publication under Cooperative Agreement Number U30CS00209. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of HRSA/BPHC.

A HEALTH CENTER EMERGENCY MANAGEMENT PLAN

What is an "Emergency"?

Prior to exploring why it should develop and implement a comprehensive EM plan and designing a process by which it can do so, each health center should understand what is meant by the term "emergency." The JCAHO Ambulatory Care Survey, which addresses an organization's EM planning process, defines an emergency as below.

An Emergency is:

A natural or manmade event that –

- significantly disrupts the environment of care (for example, damage to the organization's building(s) and grounds due to severe winds, storms, or earthquakes);
- significantly disrupts care and treatment (for example, loss of utilities such as power, water, or telephones due to floods, civil disturbances, accidents, or emergencies within the organization or in its community); or
- results in sudden significantly changed, or increased demands for the organization's services (for example, bioterrorist attack, building collapse, plane crash in the organization's community).[1]

JCAHO definition of an emergency.

Why Should a Health Center Develop an EM Plan?

Similar to all members of its community, a health center may face various hazards in the course of its operations. Emergencies include **natural disasters,** such as fire, floods, hurricanes, tornados, winter storms, and earthquakes. Others include **man-made hazards,** such as communication failure and other technological emergencies, radiological accident, hazardous material incidents, civil disturbance, loss of key supplier or customer, explosion, bomb threats, transportation crashes, utility failures.[2] In addition, many health centers may function as the **first line of defense** within their respective communities in the event that instances of terrorism or bio-terrorism, or other public health crises, such as spreading of disease, poisoning of water supply, release of chemical agents should occur. In order to continue to serve its community and fulfill its mission, each health center must have a plan in place by which it can address and handle such emergency situations.

Emergency Management is:

The process by which an organization

- Prepares for,
- Mitigates,
- Responds to, and
- Recovers from emergencies.

1 The **Federal Emergency Management Agency ("FEMA")** defines an emergency as any unplanned even that can cause deaths or significant injuries to employees, customers or the public; or that can shut down your business, disrupt operations, cause physical or environmental damage, or threaten the facility's financial standing or public image. See *"Emergency Management Guide for Business and Industry,"* published by the Federal Emergency Management Agency, at page 5 (hereinafter the "FEMA Guide").

2 The FEMA Guide includes specific "tips" on how to plan, respond and recovery from some of the most common hazards, including fire, floods, hurricanes, earthquakes, tornadoes, winter storms, technological emergencies, and hazardous material incidents.

In that EM planning is a relatively new concept, it is not specifically addressed by the Program Expectations issued by the Bureau of Primary Health Care ("BPHC"). However, BPHC expects all health centers to develop and implement appropriate risk management policies and procedures that "identify and plan for potential and actual risks to the health center in terms of its facilities, staff, and clients, as well as its financial, clinical, and organizational well-being."[3] To the extent that EM planning is a key component of the risk management process, each health center should consider its EM activities essential to its daily operations.

JCAHO/BPHC Ambulatory Care Accreditation Initiative

Throughout the last few years, BPHC has encouraged health centers nationwide to secure JCAHO accreditation (which, as noted above, requires accredited organizations to establish EM plans). In 1998, BPHC commenced the "Unified JCAHO/BPHC Ambulatory Care Accreditation Initiative," under which a modified JCAHO survey could be utilized as a means for health centers to satisfy their requirements for on-site quality reviews in lieu of the Primary Care Effectiveness Review ("PCER"). The review encompasses the JCAHO Ambulatory Care Survey standards (including, but not limited to, the JCAHO Environment of Care Standards) and select portions of the PCER.

JCAHO Environment of Care ("EC") Standards

From their inception, the ***JCAHO EC Standards*** required organizations to prepare for various types of disasters. In January 2001, JCAHO modified the EC Standards to introduce the concepts of emergency management and community involvement in the management process, calling for all accredited organizations to review, analyze, and address all hazards that are determined to be credible and that could pose serious threats to the community. With these modified standards, JCAHO emphasizes to all its accredited organizations, including health centers, the importance of emergency management.[4] In particular, ***Standard EC.4.10*** explains that:

> An "emergency" in the organization or its community could suddenly and significantly affect the need for the organization's services or its ability to provide those services. Therefore, an organization needs to have an emergency management plan that comprehensively describes its approach to emergencies in the organization or in its community.

Further, ***Standard EC.4.10(3)*** requires each organization to develop and maintain a written EM plan describing the process for disaster readiness and emergency management, and to implement the plan when appropriate.

To ensure appropriate implementation of the EM plan, during the onsite survey, JCAHO reviewers assess (among other things):

- How an organization plans, designs, implements and improves its EM plan;
- How the plan applies to a variety of possible events;
- Whether staff at all levels has been trained in their roles and responsibilities in the plan;
- Whether the plan addresses all key aspects of emergency management; and
- Whether the plan applies to a variety of disasters on various scales.

BPHC Grant Application

Regardless of whether a health center is JCAHO accredited, recently, a new **Exhibit H (Annual Emergency Preparedness Report)** was added to the annual health center non-competing budget renewal grant application[5], thereby emphasizing the importance of conducting EM planning for all health centers. Exhibit H requires each health center to verify its emergency readiness and disaster preparedness through a series of questions regarding the components of its individual EM

3 **BPHC Policy Information Notice #98-23 at p. 32.**

4 **After the terrorist attacks of September 11, 2001, JCAHO made an additional modification requiring organizations to communicate and coordinate with each other.**

5 **BPHC PIN # 2004-19: *Grant Application for Non-Competing Continuation (Budget Renewal) Funding Under the Consolidated Health Center Program.***

plan.[6] Insofar as these questions are based in large part on the JCAHO EC Standards that specifically address EM plans, the JCAHO Standards will form the basis for much of the advice provided below.

EMERGENCY MANAGEMENT ACTIVITIES

EM is a four-phase process by which an organization is able to mitigate, prepare for, respond to, and recover from an emergency. Accordingly, JCAHO expects a health center's EM plan to include activities that address each of the four phases:

Mitigation activities – activities to lessen the severity and impact of a potential emergency, *e.g.,* identifying emergencies that may affect the health center's operations or the demand for its services, and implementing a strategy that supports the perceived areas of vulnerability.

Preparedness activities – activities to build capacity to manage the effects of an emergency should one occur, *e.g.,* identifying resources that may be needed in an emergency, maintaining an ongoing planning process, holding staff orientation and training on basic response actions, and implementing organization-wide rehearsals or drills.

Response activities – activities to control the negative effects of emergency situations, including actions that staff must take when confronted by an emergency, *e.g.,* reporting to prearranged locations, and actions that must be taken by management, *e.g.*, initiating the plan, assessing the situation, issuing warning and notification announcements, setting objectives and priorities, and serving as a liaison with external groups.

Recovery activities – activities that begin almost concurrently with the response activities and are directed at restoring essential services and resuming normal operations, *e.g.,* activities related to the facility, loss of revenues, support of staff, dealing with community reaction, *etc.*

STEPS TO DEVELOP, IMPLEMENT AND EXECUTE, THE EMERGENCY MANAGEMENT PLAN

The balance of this Information Bulletin sets forth a step-by-step approach by which a health center can develop, implement, and execute an effective EM plan. Please note that the steps described below reflect recommendations that should assist all health centers in developing successful EM plans that incorporate each of the four phases of EM activities. To the extent that the JCAHO EC Standards specifically address a portion of the process, the Standards serve as a good framework for the EM plan. As such, where applicable, we have indicated which recommendations reflect the EC Standards.

Step One: Establishing the EM Team

As a first step, we recommend that each health center appoint a "point person" with the responsibility of developing and coordinating the EM plan. This individual should be someone familiar with all functional areas of the health center, possibly a clinical administrator or the risk manager (or someone who works closely with those areas). For the purposes of this information bulletin, we will call this point person the "EM Manager," although he or she does not have to go by that title, and EM may not be his or her sole function within the health center.

In addition, the health center may want to establish an EM Committee with representatives from different functional areas of the health center (in particular, the clinical area) to assist and support the EM Manager's efforts. Insofar as the EM Committee encompasses a broad cross-section of the health center's operations, it will be able to assist in obtaining input regarding the EM plan from all functional areas of the health center, thereby ensuring that every aspect of the health center's operations is consid-

6 To date, BPHC has only included Exhibit H as an appendix to the budget renewal application. However, other funding applications (***i.e.,*** Services Area Competition and New Access Point applications) include requirements that applicants describe their EM plans within the narrative portions of the particular application. It remains to be seen whether, going forward, Exhibit H will be added to such other grant applications.

ered. Further, the EM Committee should be of great help in promoting a comprehensive, yet realistic, EM program.

JCAHO Standard EC.4.10(4) requires that, at a minimum, an organization's EM plan should be developed with the involvement of the organization's leadership. Appointing the EM Manager and the EM Committee (collectively called the EM Team) and giving that team appropriate authority to take the steps necessary to develop an EM plan, demonstrates the organization's commitment to EM and promotes an atmosphere of cooperation. As a first order of business, the EM Team should develop and, as necessary, secure approval for a work schedule, a planning deadline, and an initial budget before proceeding with step two – analyzing and identifying potential vulnerabilities that will form the basis of the EM plan.

Step Two: Analyzing and Identifying Potential Vulnerabilities

After development and approval of the work schedule and budget, the EM Manager, with input from the EM Committee, should begin the assessment and identification process. ***JCAHO Standard EC.4.10(1)*** requires organizations to conduct a hazard vulnerability analysis to identify potential emergencies that could affect the need for services or the organization's ability to provide those services. This process entails a two-prong approach. First, the EM Team should identify the health center's current hazards and resources by gathering information about possible risks and emergencies, as well as the health center's current capabilities to address them should they arise. Once the EM Team has gathered sufficient information to develop a current "snapshot" of the health center's EM operations, it should perform a vulnerability analysis to determine the probability and impact of each identified hazard and to identify areas in which the health center needs to improve. Each prong will be discussed in more detail below.

Generally, in considering potential risks and vulnerabilities, the EM Manager and the EM Committee should be sure to consider both those that are obvious as well as those that are not readily apparent. Getting input from every level and functional area will be important at this step to ensure that all possible risks are identified – it is wise to be more inclusive, rather than less. By leaving no stone unturned and no vulnerability unidentified, the health center will be better able to mitigate and/or respond to emergency situations as they arise.

The Assessment Process

The assessment process starts by conducting an analysis of the health center's potential hazards, as well as its capabilities to handle such emergencies.

The ***FEMA Guide*** offers several suggestions on how the EM planning team can determine the health center's current hazards and capabilities.

- Review the health center's internal plans and policies, *e.g.,* evacuation plan, fire protection plan, safety and health programs, environmental policies, security procedures, insurance programs, hazardous materials plan, risk management plan, employee manual, *etc.*;
- Meet with government agencies, community groups and utilities, *e.g.,* community emergency management office, mayor or community administrator's office, local Emergency Planning Committee, fire department, police department, emergency medical services organizations, American Red Cross, *etc.,* and ask about potential emergencies, as well as plans and resources that are available to respond to them;
- Identify applicable codes and regulations, *e.g.,* fire codes, environmental regulations, occupational safety and health regulations, *etc.;*
- Identify critical products, services and operations necessary to assess the impact of emergencies and to determine the need for back-up systems, *e.g.,* products and services provided by suppliers, lifeline services, *etc.;*
- Identify internal resources and capabilities that may be needed in an emergency, *i.e.,* personnel, equipment, facilities, organizational capabilities, and backup systems;
- Identify external resources that may be needed during an emergency, *e.g.,* local emergency management offices, fire departments, hazardous materials response organizations, emer-

gency medical services, hospitals, local and state police departments, utility companies, community service organizations, *etc.;*

- Conduct an insurance review.

Vulnerability Analysis

Next, the EM Team should conduct a vulnerability analysis, evaluating the probability and potential impact of each identified hazard/emergency. The ***FEMA Guide*** offers the following suggestions:

- List and analyze potential emergencies (natural and man-made) that could affect the health center, including those identified by the local emergency management office. Consideration should be given to emergencies that could occur within the health center (internal), as well as those that could occur within the community (external). Examples of questions to ask include:
  - What types of emergencies have occurred in the community, at the health center, and at other facilities in the area?
  - What could happen as a result of the health center's location?
  - What could result from a process or system failure?
  - What emergencies could be caused by employee error? Are employees trained to work safely? Do they know what to do in an emergency?
  - What types of emergencies could result from the design or construction of the health center facility? Does the facility enhance safety?
  - What emergencies or hazards are regulated?
- Estimate the probability or likelihood of each hazard occurring, taking into consideration factors such as known risks, geographic location, historical data, presence of high-risk industries, and discussions with the local EM officer.
- Assess the potential human impact resulting from each type of emergency, including the possibility of death or injury.
- Assess the potential property losses and damages, including costs to replace, to set up temporary location, and to repair damaged property.
- Assess the potential business impact, including business interruption, employees unable to report to work, patients unable to reach the health center, and being in violation of legal requirements and/or contractual agreements.
- Assess internal and external resources, including whether the health center has the needed resources and capabilities to respond, as well as whether external resources will be able to respond to the health center as quickly needed (or will they have other priority areas to serve).
- Identify what actions can be taken to correct potential problems, including developing additional emergency procedures, conducting additional training, acquiring additional equipment, and establishing mutual aid and other similar agreements with other providers/agencies within the community.

Step Three: Developing the EM Plan

Once the EM Team has conducted a comprehensive vulnerability analysis, it should begin developing the EM plan to address the identified hazards and capacities. The ***FEMA Guide*** recommends that the EM plan include the following general areas, which will serve as a framework for the plan:

An Executive Summary that provides a brief overview of the purpose of the plan, the health center's specific EM policy, the authorities and responsibilities of key personnel, the types of emergencies that could occur, and where response operations will be managed.

An EM Elements Section that provides a brief description of the health center's approach to the core elements of EM – direction and control, communications, life safety, property protection, community outreach, recovery and restoration, and administration and logistics – which, in turn, will form the foundation for the health center's Emergency Response Procedures.

Emergency Response Procedures that spell out how the health center will conduct response activities. Whenever possible, activities should be developed as a series of checklists that can be quickly accessed by senior management, department heads, response personnel, and other employees. Of importance, the EM Team should determine what actions are needed to assess the situation – to protect employees, patients, equipment, records, *etc.* –

and to get the health center up and running after the emergency or hazard occurs.

A List of Support Documents that may be needed during an emergency, including emergency call lists, building and site maps, resource lists, *etc.*

When drafting the specific EM policies and procedures, the EM team should be sure to address the following **JCAHO Standards** [7] and **FEMA Guidelines.**

Community Input

JCAHO Standard EC.4.10(2):

- In collaboration with the community, establish: (1) priorities among the potential emergencies identified in the hazard vulnerability analysis, (2) the health center's role in relation to the communitywide emergency management program, and (3) an "all-hazards" command structure within the health center that links with the community's command structure.

FEMA Guidelines:

- Meet periodically with local government agencies, community organizations and community emergency personnel, and maintain on-going dialogue with community leaders, first responders, agencies, community organizations, utilities, *etc.*, to review EM plans and procedures.
- Determine state and local requirements for reporting emergencies and incorporating them into the EM plan.
- Establish mutual aid agreements with local response agencies and businesses to avoid confusion and conflict in emergency situations.
- Consider how the community's needs might influence the heath center's responsibilities and actions.

Initiating the Response

JCAHO Standard EC.4.10(5):

- Develop specific procedures that describe mitigation, preparedness, response and recovery strategies, actions, and responsibilities for each priority emergency.

JCAHO Standard EC.4.10(6):

- Develop processes for initiating the response and recovery phases of the EM plan, including a description of how, when, and by whom those phases are to be activated.

Warning Staff and Others

JCAHO Standard EC.4.10(7):

- Develop processes for notifying staff when emergency response measures are initiated. In this regard, the *FEMA Guide* recommends that the notification be distinct and recognizable, and should be capable of adequately warning persons with disabilities such as hearing impairments.

JCAHO Standard EC.4.10(8):

- Develop processes for notifying external authorities of emergencies, including possible community emergencies identified by the health center.

Maintaining Services

JCAHO Standard EC.4.10(9):

- Develop processes for identifying and assigning staff to cover all essential staff functions under emergency conditions.

JCAHO Standard EC.4.10(10):

- Develop processes for managing the following under emergency conditions: (1) activities related to care, treatment, or services; (2) logistics relating to critical supplies; and (3) security.

JCAHO Standard EC.4.10(11):

- Develop processes for establishing the means and methods to continue care, treatment, and services during the potential emergencies, if required by the health center's role in the community.

Evacuating the Health Center

JCAHO Standard EC.4.10(12):

- Develop processes for evacuating the entire health center when the environment cannot support adequate care, treatment, and services.

7 **Please note that Standards EC.4.10(13), EC.4.10(15), EC.4.10(16), and EC.4.10(17) are not applicable and, as such, are not reflected in the list provided in this Information Bulletin.**

FEMA Guidance recommends:

- Establish specific evacuation procedures, including procedures for assisting persons with disabilities and for accounting for all personnel.
- Establish a clear chain of command and identify the personnel authorized to order an evacuation as well as those persons who will continue to shut down critical operations while an evacuation is underway.

In the case of a fire, an immediate evacuation to a predetermined area away from the health center may be necessary. In the case of a hurricane, evacuation could involve the entire community and take place over a period of days. Under all situations:

- Establish procedures to coordinate plans with the local emergency management office.
- Designate primary and secondary evacuation routes.
- Establish post-evacuation procedures.

JCAHO Standard EC.4.10(14):

- Develop processes for identifying care providers and other personnel during emergencies.

Communication

JCAHO Standard EC.4.10(18):

- Identify backup internal and external communication systems in the event of failure during emergencies. Working communication systems are vital to, among other things: (1) report emergencies; (2) warn personnel of dangers; (3) keep staff informed about what has happened, what the status is, and what actions the health center intends to take; (4) keep families and off-duty employees informed about what's happening at the health center (as well as keep personnel informed about their families); (5) coordinate response actions; and (6) keep in contact with patients and vendors. It is critical that health centers be able to communicate not only internally and throughout the health center organization, but also with national, state, and local public health networks, community resources, public health agencies and departments, hospitals, first responders, police and fire departments, *etc.*
- Plan for all possible contingencies – from temporary or short-term disruption to a total communication failure.

The ***FEMA Guide*** further suggests:

- Consider everyday functions performed by the health center, the communications (both voice and data) used to support them, and the business impact if such communications were inoperable.
- Prioritize all communications and determining the backup communication needs for each business function.
- Develop options for communications equipment and training staff to use them before an emergency occurs (and, as necessary, repair them during and after an emergency).
- Establish procedures for restoring communications systems, including assessing the emergency response capabilities of the health center's communication systems vendors.
- Develop relationships with local media so that the health center can communicate important public information during an emergency, *i.e.,* the nature of the incident, whether the public's heath or safety is in danger, what is being done to resolve the problems, what was done to prevent the situation from occurring (or to minimize its consequences).
- Identify alternate roles and responsibilities of staff during emergencies, including to whom they report in both the health center's and the community's command structures. In an emergency, all personnel should know "what is my role?" and "where should I go?"

JCAHO Standard EC.4.10(20):

- Identify alternative means of meeting essential building utility needs if the health center is designated by its EM plan to provide continuous service during an emergency.

JCAHO Standard EC.4.10(21):

- Identify a means for radioactive, biological, and chemical isolation and decontamination.

Step Four: Establishing and Implementing the EM Plan

Once the EM Team has developed the EM plan, the proposed policies and procedures should be brought before the health centers' Board of Directors for approval. The Board-approved procedures and policies (as well as other elements of the EM plan) should be integrated into the health center's operational policies and procedures, and the EM team and health center administrators should begin the implementation process (including establishing a process to distribute the EM plan, along with a requirement that each individual who receives a copy sign for it, and developing a plan to disseminate subsequent changes).

Implementation of the EM plan means more than simply exercising the plan during an emergency. Initially, the EM Manager, with input from the EM Committee, may want to define individual and team responsibilities and assignments, and set a realistic schedule for implementation. S/he would be wise to remember that the success of the program will depend on the cooperation and participation of the health center's management and staff at *all* levels. Thus, it is also important to involve all appropriate directors, officers, employees, contractors and volunteers in the EM program in order to ensure that there is comprehensive and meaningful input. Of particular importance, because the clinical staff directly affects the safety and care of patients through the use of the EM plan, they should play a key role in its implementation. Ultimately, EM planning should become part of the corporate culture.

The Role of the Board of Directors in Implementing the EM Plan

The health center's Board of Directors will play an important role in overseeing the implementation of the health center's EM plan. The Board may choose to have the EM Manager report to a particular committee (*e.g.,* a quality assurance committee) or to the Board as a whole at Board meetings. The EM Manager and the Board will have to work together to develop a process by which the Board's expectations are communicated to the EM Manager and to the health center as a whole. The EM Manager must also effectively communicate the key aspects of the EM plan and progress to the Board members in order to allow them to perform their necessary oversight functions. Adequate opportunity for Effective communication is essential.

Educating the Health Center Staff

In particular, the EM Team should look for opportunities to build awareness of the EM plan throughout the health center organization, while integrating EM activities as a part of each manager's and staff member's daily routine. It is critically important that the EM Manager and the EM Committee seek to educate all health center employees and contractors (as well as others who may assist the health center during an emergency) about the details of the EM plan so they understand its importance, its urgency, and its substance.

As a first step, ***FEMA*** recommends that the EM Team develop a training plan, taking into consideration the training and information needs of all employees, contractors, and visitors. Specific consideration should be given as to: (1) who will be trained, (2) who will conduct the training, (3) what training activities will be used, (4) when and where will the training take place, and (5) how will the training be evaluated and documented.

FEMA suggest that general training presentations for all employees address:

- The overall purpose and goals of the EM plan;
- Information regarding and identification of threats, hazards and protective actions;
- How the EM plan will affect their jobs and functional areas, and each employee's individual roles and responsibilities;
- Notification, warning and communication procedures;
- Evacuation, shelter and accountability procedures;
- Location and use of emergency equipment;
- Emergency shutdown procedures;
- Emergency response procedures (*e.g.,* triage, decontamination, treatment); and
- Media and crowd control.

Training activities may also include periodic discussion sessions to review procedures, technical training in equipment use, evacuation drills, and full scale exercises. Education programs should occur at least annually, but may occur more often if changes are made to the plan or if otherwise necessary. Additionally,

newsletters, bulletin board notices, and email may be useful tools for reminding program staff about the importance of EM.

Step Five:
Testing and Evaluating the EM Plan

The final step of the EM process brings it full circle. This is the testing and monitoring stage, in which the EM techniques that have been approved by the Board and implemented by management are reviewed and evaluated to determine whether and how well they are working. EM is a dynamic process – although planning is critical, training, conducting drills, testing equipment, communications and alarm systems, and testing how to establish and operate the emergency command center are just as important.

In this regard, the health center should periodically re-assess its vulnerabilities and the effectiveness of the EM program currently in place by conducting drills. ***JCAHO*** encourages organizations to create a wide variety of scenarios to test internal and external disasters and disasters that require extensive community cooperation. Standard EC.4.20 specifically requires organizations to conduct drills regularly to test their EM response. The Standards recommend that the organization test the response phase of its EM plan twice a year, either in response to an actual emergency or during planned drills. The ***FEMA Guide*** suggests that the following types of drills may be effective:

- "Walk-through" drills under which staff actually performs their emergency response functions;
- Functional drills under which specific functional areas are tested;
- Evacuation drills under which personnel walk the evacuation route and test procedures for accounting for all personnel;
- Full-scale exercises under which a real life emergency situation is simulated, as closely as possible.

Further, ***JCAHO*** requires organizations that offer emergency services or are community-designated disaster receiving stations to conduct at least one drill per year that includes either: (1) volunteers who are community members representing disaster victims; or (2) simulated patients, also known as "paper patients," whose symptoms are written on cards that are presented to the health center.[8]

All drills should be critiqued to identify deficiencies and opportunities for improvement. Modifications to the EM plan may occur for a variety of reasons. For example, the health center could discover (through either a drill or an actual emergency situation) that a certain implemented technique does not prove effective in minimizing harm to personnel or clients, or in adequately responding to an emergency situation. More frequently, legal and regulatory standards (or personnel and their responsibilities) may change and the health center's EM plan will need to be changed with them. If modifications or updates to the EM plan are necessary, they should be implemented in an efficient and effective manner.

BUSINESS INTERRUPTION INSURANCE COVERAGE

Business interruption insurance functions as a means to protect a lost earnings stream, with earnings defined as revenues minus expenses. Reimbursement under this type of insurance typically is triggered by damage to the property where the business is conducted that results in lost earnings to the individual/ organization. Accordingly, usually it is sold in tandem with property coverage at the same level of costs, and it **covers lost business income resulting from a covered loss to covered property,** as well as some of the extra expenses associated with restoring business operations after a property loss. Further, most policies include a deductible based on either a flat dollar amount or a waiting time of at least 24 hours of disruption before payments can begin.

Health centers should consider many factors in determining whether to purchase business interruption insurance. More than likely, new businesses would not need this type of insurance because they have little or no earnings to protect. However, a high-income practice

8 Please note that at the present time JCAHO is considering revisions to this standard in order to require more thorough evaluations of planned emergency management drills.

may be a prime candidate for business interruption insurance. As a rule of thumb, the higher the probability of a disaster affecting business, the better the case becomes for some kind of business interruption insurance. Other factors to consider when evaluating whether to purchase business interruption insurance include: (1) whether the health center has adequate protections in place against damage, (2) how long it would take and how much it would cost to get disrupted business activities "up and running", (3) whether there are suitable replacement facilities available, and (4) how much income can the health center afford to lose if its practice is halted.

Types of coverage include:

Business income. Coverage to replace income that would otherwise have been earned by the health center had no loss occurred. Coverage is generally limited to the loss of income sustained until the property is restored or for 12 months following the physical loss or damage.

Extra expense. Coverage to pay for necessary expenses incurred during the period of restoration of the property that would not have been incurred if there had been no physical loss or damage to the property. Extra expenses include those necessary to continue operating the health center at its original location, or at a temporary replacement location until the original location is repaired, and may include expenses that minimize the time that the health center is unable to operate.

Contingent business interruption. An extension of coverage designed to cover loss of income incurred due to a property loss at a key supplier or customer location.

Civil authority. Coverage for the loss of business income and extra expenses incurred as a result of a government denial of access to your property, due to covered loss at a location not owned by you.

Business interruption insurance may also include coverage adjustments for extended periods of coverage, business suspension, co-insurance, partial resumption of operations, newly acquired locations, additional time to rebuild because of compliance with business ordinance requirements, and replacement of electronic records. Further, in addition to the same exclusions contained in the health center's property coverage, exclusions from coverage may include periods of time when operations would have been idle, additional costs due to labor unrest, income loss on long-term contracts beyond the completion of repairs or replacement, consequential damages, and utility interruptions.

RESOURCES

Health centers can learn more about EM activities and the development of appropriate EM plans through numerous sources, including:

American College of Physicians/American Society of Internal Medicine – www.acponline.org

American Health Information Management Association – www.ahima.org

American Hospital Association – www.aha.org

American Medical Association – www.ama-assn.org

American Society for Healthcare Engineering – www.ashe.org

American Society for Healthcare Risk Management – www.ashrm.org

Association for Professionals in Infection Control and Epidemiology – www.apic.org

Centers for Disease Control and Prevention – www.cdc.gov

Environmental Protection Agency – www.epa.gov

JCAHO – www.jcaho.org

Medline – www.nlm.nih.gov

National Domestic Preparedness Office – www.hdpo.gov

National Institutes of Health – www.nih.gov

Occupational Safety and Health Administration – www.osha.gov

U.S. Department of Health and Human Services – www.hhs.gov

CONCLUSION

Health centers have many incentives to develop and implement sound and complete EM plans, including minimizing risk to both the health center organization and its staff and patients, maximizing the safety of the health center and its community by being able to respond to both man-made and natural hazards in an efficient and effective manner, practicing sound management, and, ultimately, preserving its ability to provide services to its patients. The development and implementation process, however, should not be complicated or taxing just because it is important. If the EM Team can work with the Board to gain approval for major EM policies and procedures, as well as work with the staff to ensure they understand how to use and abide by the plan, the process will likely progress reasonably smoothly.

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