APPLYING EMERGENCY PREPAREDNESS FOR NEW CLINICIANS

Tracy Buchman, DHA, CHPA, CHSP

UW Whitewater Professor & Sr. Consultant, Emergency Management
HSS EM Solutions™
Session Objectives

- Use an All Hazards Risk Assessment and Planning tool
- Discuss the importance of a communication plan during an emergency
- Apply Emergency Preparedness concepts during a scenario based emergency
Emergency Preparedness Goals

- Address Systemic Gaps
- Establish Consistency
- Encourage Coordination
Core Elements for All Providers

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

Perform Risk Assessment using an “all-hazards” approach, focusing on capacities and capabilities

http://www.calhospitalprepare.org/hazard-vulnerability-analysis
http://www.calhospitalprepare.org/post/hazard-vulnerability-analysis-tool

Hazard Vulnerability Analysis (HVA):
- Identify threats and hazards of concern
- Determine probability of threat or hazard
- Assess impact upon the organization
- Identify level of preparedness
# HAZARD VULNERABILITY ANALYSIS (HVA)
## NATURALLY OCCURRING EVENTS

<table>
<thead>
<tr>
<th>EVENT</th>
<th>PROBABILITY</th>
<th>SEVERITY = (MAGNITUDE - MITIGATION)</th>
<th>RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>HUMAN IMPACT</td>
<td>PROPERTY IMPACT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Likelihood this will occur</td>
<td>Possibility of death or injury</td>
</tr>
<tr>
<td>SCORE</td>
<td></td>
<td>0 = N/A</td>
<td>1 = Low</td>
</tr>
<tr>
<td>Tornado</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Temperature Extremes</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Blizzard</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Epidemic</td>
<td>1</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Snow Fall</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Severe Thunderstorm</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Flood, External</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Wild Fire</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Dam Inundation</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Ice Storm</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Earthquake</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Volcano</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Drought</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>AVERAGE SCORE</td>
<td>1.44</td>
<td>1.06</td>
<td>0.75</td>
</tr>
</tbody>
</table>

*Risk = Probability * Severity

0.17 0.48 0.36
<table>
<thead>
<tr>
<th>EVENT</th>
<th>PROBABILITY</th>
<th>SEVERITY = (MAGNITUDE - MITIGATION)</th>
<th>RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mass Casualty Incident (trauma)</td>
<td>2</td>
<td>2 2 1 1 1 2 1</td>
<td>30%</td>
</tr>
<tr>
<td>Mass Casualty Incident (medical/infectious)</td>
<td>2</td>
<td>2 2 2 1 2 1 2</td>
<td>37%</td>
</tr>
<tr>
<td>Terrorism, Biological</td>
<td>1</td>
<td>3 2 2 2 3 2 2</td>
<td>28%</td>
</tr>
<tr>
<td>VIP Situation/Injury</td>
<td>1</td>
<td>1 1 1 1 1 1</td>
<td>11%</td>
</tr>
<tr>
<td>Infant/Juvenile Abduction</td>
<td>1</td>
<td>1 1 1 1 1 1</td>
<td>11%</td>
</tr>
<tr>
<td>Hostage Situation</td>
<td>2</td>
<td>2 2 1 2 1 2</td>
<td>30%</td>
</tr>
<tr>
<td>Civil Disturbance/Gang Activity</td>
<td>1</td>
<td>2 1 1 2 2 2 2</td>
<td>19%</td>
</tr>
<tr>
<td>Workplace Violence/Criminal Behavior</td>
<td>3</td>
<td>2 2 2 2 1 1 1</td>
<td>50%</td>
</tr>
<tr>
<td>Forensic Disturbance</td>
<td>1</td>
<td>1 1 1 1 1 1 1</td>
<td>11%</td>
</tr>
<tr>
<td>Bomb Threat</td>
<td>3</td>
<td>1 1 3 2 2 2 1</td>
<td>56%</td>
</tr>
</tbody>
</table>

| AVERAGE                                    | 1.70        | 1.70 1.30 1.70 1.40 1.50 1.20 | 28%   |

*Threat increases with percentage.
Risk Assessment and Planning

- Develop an emergency plan based on a risk assessment:
  - High Probability and impact events
  - Address facility population at risk due to unique needs
  - Identification of services must be provided
  - Continuity of Operations
  - Process for cooperation with Community Response
  - All-hazards approach

- Reviewed and updated emergency plan **annually**
Risk Assessment and Planning: Functional Needs Patients
New Requirement: Evacuation

- Safe evacuation from the facility, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance.

- A means to shelter in place for patients, staff, and volunteers who remain in the facility.

- A system of medical documentation that preserves patient information, protects confidentiality of patient information, and ensures records are secure and readily available.
Communication Plan

Names and contact information: staff, entities under arrangement, physicians, other healthcare facilities, volunteers

Contact information: Federal, State, tribal, regional, and local EP staff

Primary and alternate means for communicating with the following: hospital’s staff; Federal, State, tribal, regional, and local emergency management agencies:

- Alternate communications: e.g. mobile phones, HAM radio, satellite phones.
- CMS recognizes difficulties with communications systems in remote areas; expects hospitals to address challenges in emergency communication systems.
Communication Plan

- With other healthcare providers to maintain continuity of care
- Means to release info in the event of an evacuation as permitted under HIPPA
- Means of providing info about general condition and locations of residents/clients
- And regarding the occupancy, needs and ability to provide assistance to authority having jurisdiction
Crisis Communication Script for: Tornado

At approximately (time), (facility) was hit by what we believe was a tornado. Our emergency response plan has been activated at this site and we are currently gathering information about the tornado’s impact.

So far, we’ve been able to determine that the extent of damage includes (list specific building damage known).

At this time, we have (evacuated/moved (number) patients) to (location).

(IF NO INJURIES) We are fortunate to report that we had no injuries or casualties as a result of this storm.

(IF INJURIES) This storm was damaging and, unfortunately, we do have some injuries to report. After an initial assessment, we were able to estimate that (number) patients have been (injured/killed). The types of injuries include (describe general injuries).

Families of patients staying at this facility should (insert network-determined appropriate action/process).

We are working with (which) authorities to secure the scene and determine the appropriate next steps.

This is all I can confirm right now. Our next media briefing will occur at (time).
Training and Testing Program

Full-Scale Exercises

Functional Exercises

Drills

Games

Tabletop Exercises

Workshops

Seminars

Discussion Based
Operations Based

Capabilities
Complexity
Training and Testing Program

Training Program:
- Initial training in EP policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteer
- Provide EP training at least annually
- Maintain documentation of the training
- Ensure that staff can demonstrate knowledge of emergency procedures
FEMA Emergency Management Institute – Incident Command System

- IS100HCB Introduction to Incident Command System
- IS200HCA Applying ICS to Healthcare Organizations
- and IS700A National Incident Management System, and Intro

https://training.fema.gov/is/
Hospital Incident Command System (HICS) Resources

http://www.emsa.ca.gov/disaster_medical_services_division_hospital_incident_command_system
Training and Testing Program

Conduct drills and exercises to test the emergency plan:

- Participate in a full-scale exercise that is community-based at least annually. If not available, conduct a facility-based full-scale exercise.
- If hospital experiences an actual natural or man-made emergency that requires activation of emergency plan, this exempts hospital from requirements for 1 year following
- Conduct a second formal exercise that can be a tabletop at least annually involving a narrated clinically relevant emergency scenario
- Analyze the hospital’s response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the hospital’s emergency plan, as needed
Severe Weather Awareness Week

http://www.weather.gov/mkx/severeweatherawarenessweek2017
### Multi-year Training and Exercise Schedule

<table>
<thead>
<tr>
<th>Year</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td></td>
<td></td>
<td></td>
<td>4/20/17 1:45PM &amp; 6:45PM WI Statewide Tornado Drill</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
"Extreme heat may be one of the most underrated and least understood of the deadly weather phenomena. In contrast to the visible, destructive, and violent nature associated with "deadly weather," like floods, hurricanes, and tornadoes, a heat wave is a "silent disaster." Unlike violent weather events that cause extensive physical destruction and whose victims are easily discernible, the hazards of extreme heat are dramatically less apparent, especially at the onset."

Scenario

Currently, the five National Weather Service (NWS) Offices that service Wisconsin issue Excessive Heat Warnings when heat index values are expected to reach or exceed 105, while night-time heat index values stay at or above 75, for a period of at least 48 hours.

Heat Advisories are issued when the heat index value is expected to reach 100 to 104, for any time duration.
At 3:00 p.m., on Thursday, July 13, 2017, South central and south east Wisconsin are currently under an extreme heat warning for the next three (3) days as temperatures are expected to reach into the 100 to 105 range while muggy air with dew points in the upper 70s to lower 80s add to the discomfort.

The combination of heat and humidity may result in heat index values peaking in the 120 to 128 range.
Initial Response

According to your plans (HVA, EOP, COOP, SOPs, etc.) for extreme heat emergencies what actions should be taken now by leadership? What are the overall priorities? (Life, Property, Environment)

Given the weather predictions thus far, what does policy state should happen (open, close, delayed opening, etc)? Who has the authority to make these decisions?

What are your primary incident objectives?

How is this information communicated to staff and patients?

What other partners or organizations should be notified of your decision?

Identify all “critical resources” and the current inventory on hand.
Impacts on the Organization

What are the impacts on patient care if the temperature extremes last for longer than 72 -96 hours?

- Will patient care be disrupted?
- What other protective measures should the organization take?

What will the message be to:

- Staff?
- Patients?
- Visitors?
- The public?
Demobilization/System Recovery

- What are the long term impacts of this situation on the organization?
- How will “normal” operations be resumed?
- What staff support and debriefing will be needed?
- What other issues will the organization be facing now?
## Corrective Action Planning (CAP)

Corrective actions can be structured using a template that includes observations, recommendations, corrective actions, and completion dates. The table below outlines a sample CAP process:

<table>
<thead>
<tr>
<th>Observation</th>
<th>Recommendation</th>
<th>Corrective Action Description</th>
<th>Individual Responsible</th>
<th>Start Date</th>
<th>Completion Date</th>
<th>Does this need to be retested?</th>
<th>Retest Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff unsure of how they fit into the HICS process</td>
<td>Continuing education on HICS</td>
<td>Provide the team members with training opportunities and include them in the next Hospital based exercise if applicable.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calls to patients documented by not well organized at this time</td>
<td>Create a question set for the call to use and a template episode note to be included in each patient chart who was contacted.</td>
<td>Create question set template</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Each team member has a slightly different interpretation of the priority levels in terms of patient triage</td>
<td>Take the existing form and compare it with the EOP Annex triage levels and modify so that every care provider has the same interpretation</td>
<td>Review and modify the patient triage levels and add examples to ensure providers have the same level of interpretation in terms of patient triage.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The EOP Annex that was included in this exercise was draft</td>
<td>Update the EOP Annex with recommendations from this TTX</td>
<td>Update EOP Annex and send to the EMC for final review.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### REVIEW CYCLE

<table>
<thead>
<tr>
<th>Review Notification</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Distributed to the Environment of Care Committee</td>
<td>10/25/16</td>
</tr>
<tr>
<td>2. Distributed to Facility Leadership</td>
<td>10/25/16</td>
</tr>
</tbody>
</table>
ASPR TRACIE Resources

https://asprtracie.hhs.gov/cmsrule

ASPR TRACIE CMS Resource Page

CMS Emergency Preparedness Rule: Resources at Your Fingertips

ASPR TRACIE Topic Collections
Next Steps?

- Conduct a Risk Assessment for all sites that operate under the CMS Conditions of Participation
- Create Communication Plan
- Conduct Training and Testing
- Track on a Multi-Year Training and Exercise Plan Schedule
Questions?

Tracy Buchman, DHA, CHPA, CHSP
UW Whitewater Assistant Professor & Sr. Consultant, Emergency Management
HSS EM Solutions

855.477.2871
tbuchman@hss-us.com

www.hss-us.com