



2020

Emergency Preparedness Preparation And COVID-19

Kate Hill, RN

FIRST A BIG THANK YOU



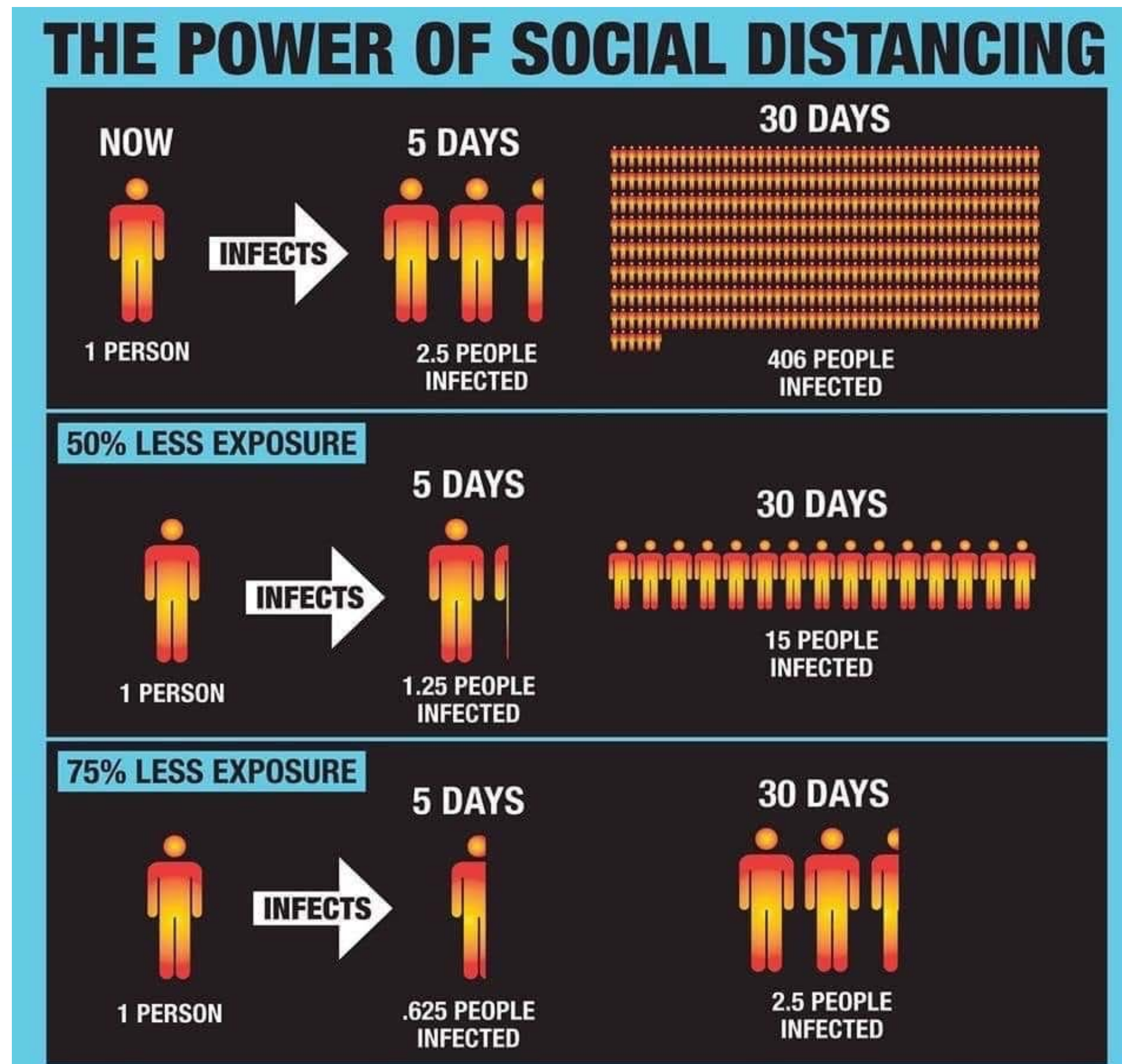
gratitude

believe receive healing family spirit
thank you community bliss
ASK TRUTH LOVE purpose HOPE NOW
abundance soul guidance
PEACE seek JOY growth
faith CHANGE
forgive oneness
create give divine
kindness blessings

COVID-19



Social Distancing



COVID-19



- If you feel sick, stay home
- If your children are sick, keep them home
- If someone in your household has tested positive, keep the entire household at home.
- If you are an older person, stay home and away from other people
- IF you are a person with a serious underlying health condition that can put you at increased risk, stay home and away from other people.

cdc.gov/COVID-19

COVID-19

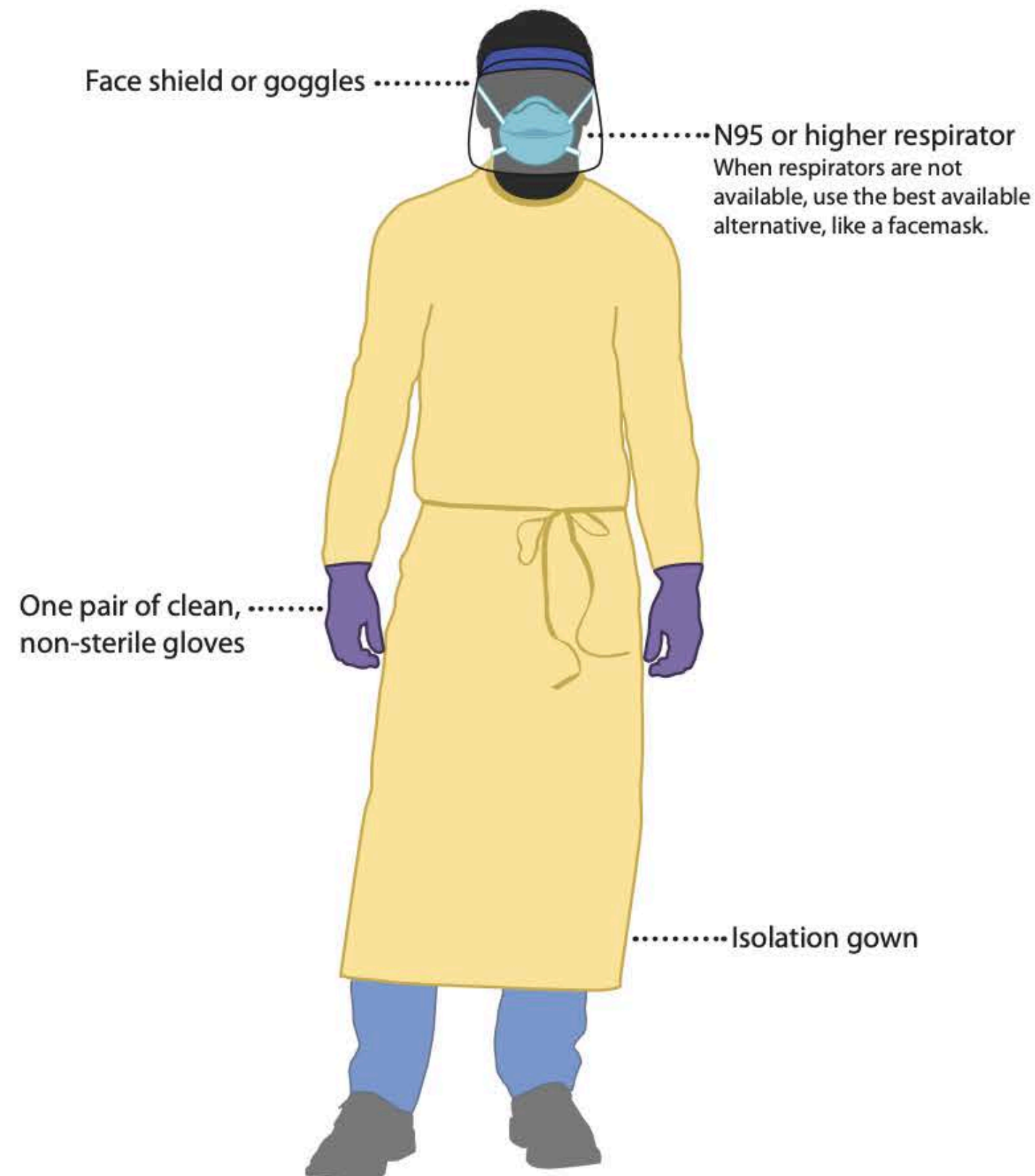
Surface	SARS-CoV-2 Survival
Aerosols	≤ 3 Hours
Plastic	≤ 2-3 Days
Stainless steel	≤ 2-3 Days
Copper	≤ 4 Hours
Cardboard	≤ 24 Hours

Source: N van Doremalen, *et al.* (2020). Aerosol and surface stability of HCoV-19 (SARS-CoV-2) compared to SARS-CoV-1. *The New England Journal of Medicine*

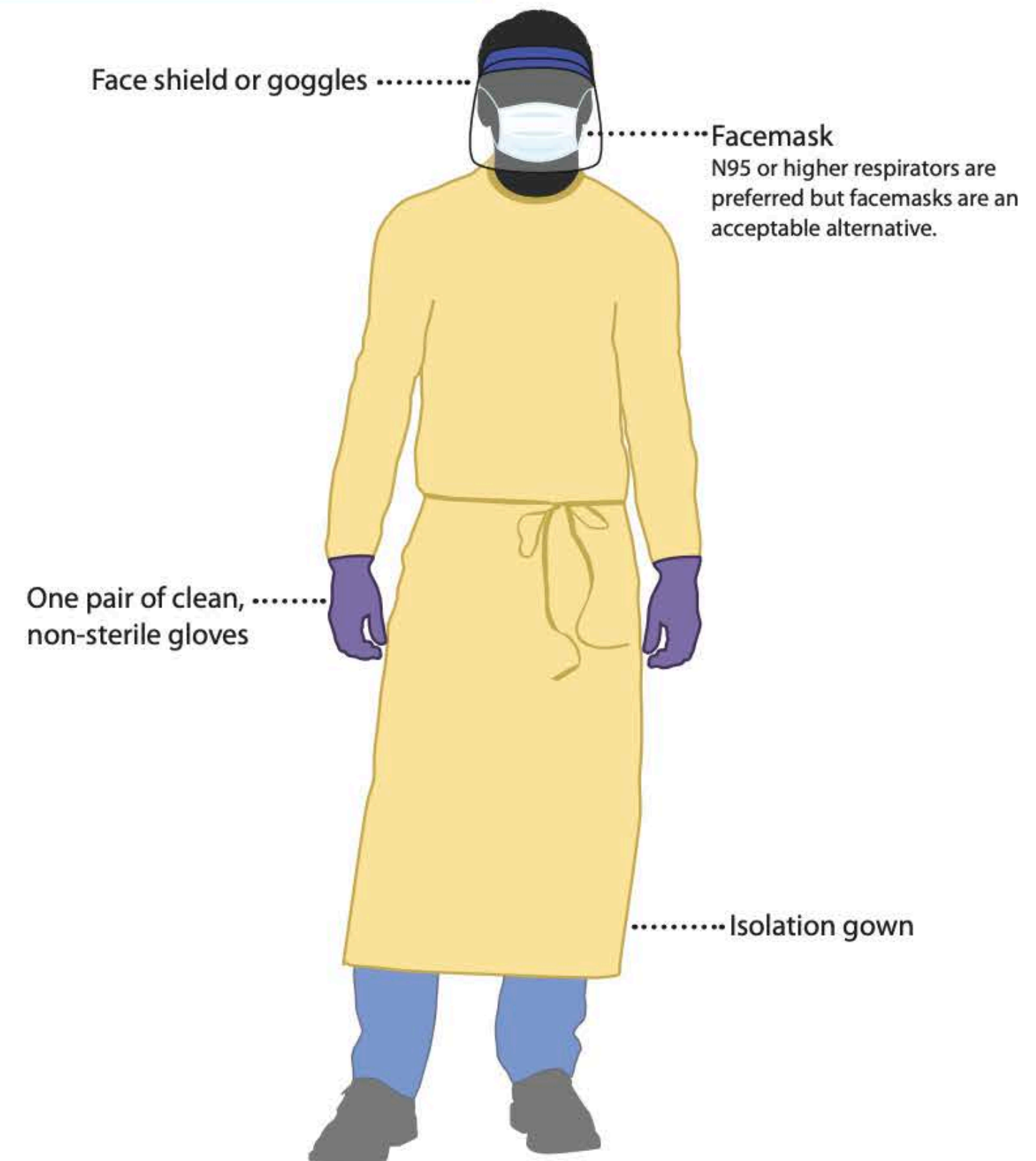
cdc.gov/COVID-19

Protective Gear

Preferred PPE – Use N95 or Higher Respirator



Acceptable Alternative PPE – Use Facemask



Removing PPE

Doffing (taking off the gear): More than one doffing method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of doffing.

1. Remove gloves. Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).
2. Remove gown. Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle.*
3. HCP may now exit patient room.
4. Perform hand hygiene.

Removing PPE

5. Remove face shield or goggles. Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
6. Remove and discard respirator (or facemask if used instead of respirator).* Do not touch the front of the respirator or facemask. » Respirator: Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator. » Facemask: Carefully untie (or unhook from the ears) and pull away from face without touching the front.
7. Perform hand hygiene after removing the respirator/facemask and before putting it on again if your workplace is practicing reuse

COVID-19



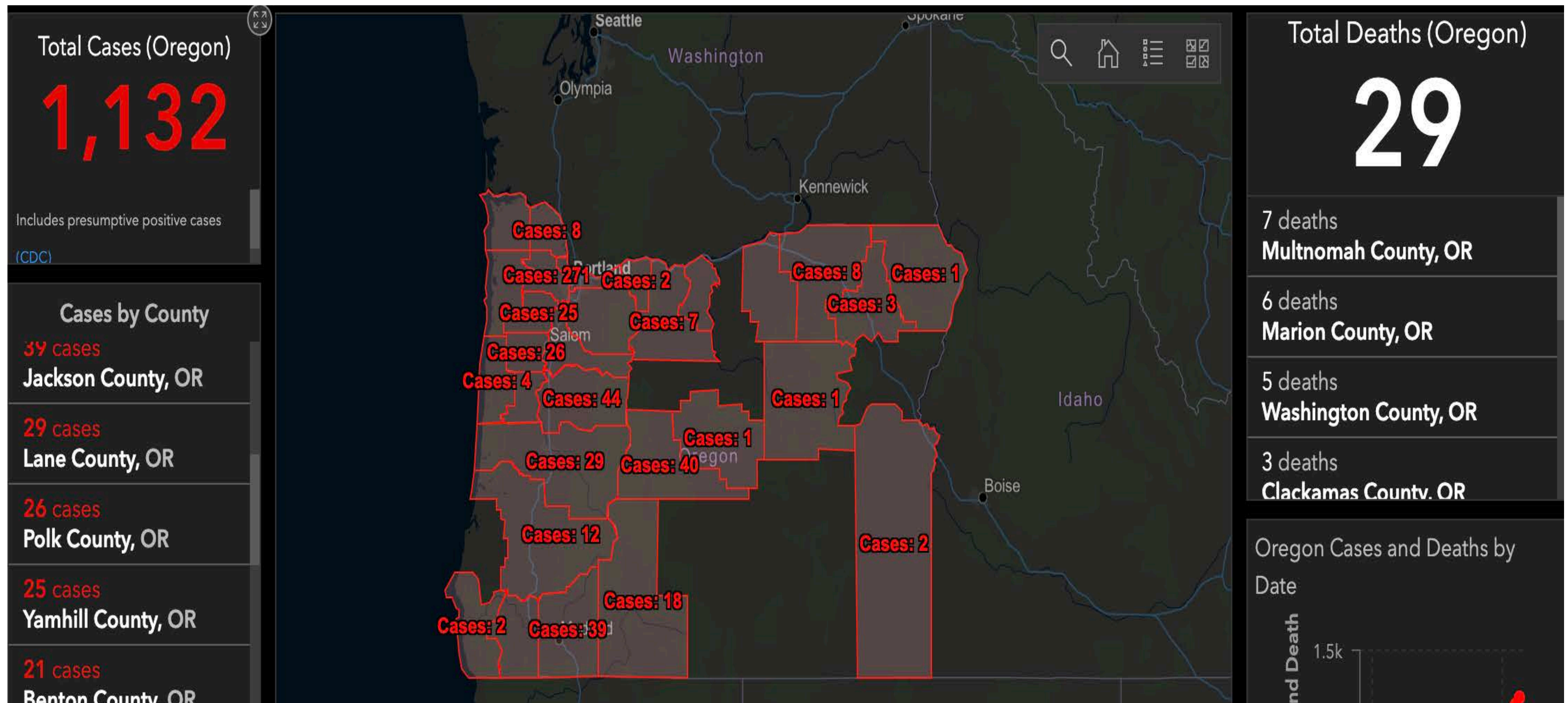
1. Avoid close contact with people who are sick.
2. Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
3. Avoid touching your eyes, nose and mouth
4. Clean and disinfect frequently touched objects and surfaces.
5. Stay home when you are sick, except to get medical care.
6. Wash your hands for 20 seconds with soap and water.

OREGON OFFICE OF EMERGENCY MANAGEMENT



OREGON OFFICE OF EMERGENCY MANAGEMENT

OREGON PEAK MAY 5, 2020



OREGON OFFICE OF EMERGENCY MANAGEMENT

DO YOUR PART:

- Oregon COVID-19 daily update
- social distancing
- good hygiene
- responsible shopping
- preparing your home
- protecting your mental health
- coping with stress and crisis lines
- 2 weeks ready

Door Sign



If you are experiencing any of these symptoms:

Cough

Fever

Shortness of breath

Please go back to your car and call us.

Clinic Phone Number

We will come OUTSIDE to you.

AT THE CLINIC

Go to the car, give them a mask and triage the patient in the car.

Ask screening questions:

Have you traveled outside the US, when and where or even in the US to NY or LA.

Have you been in contact with someone who has the virus

Check for fever, sore throat, and shortness of breath.

Decide: If suspicious for COVID-19, three choices

Send them home if minimal symptoms to self quarantine

Send them for testing

Send them to a hospital if acute symptoms needing further care.

Inform infection prevention and control services, local and state public health authorities, and other healthcare facility staff as appropriate about the presence of a person under investigation for COVID-19.

Limit the number of patients in the waiting room.

YOUR FACE

Try not to touch your face.

The mucus membranes on your face are easy entry-ways for the coronavirus.

Sounds simple but most people touch their face 92 times a day and we touch it more when we are stressed.

Yes someone did a study on that.

Maybe that will help you remember!

Suspected Positive Patients

Use one room only and have a sign on that door.

If patient is able, they should come in alone

Alert Public health authorities

Keep a log on everyone who enters that room, staff included

Keep the number of people in that room to a minimum, only essential staff
PPE for Staff.

If you use non-disposable linen, how are you handling it?
Try not to use it at this time.

Get Your Clinic Ready

Train your Staff, take daily staff temperatures since so many are asymptomatic

Ensure that clinical staff know the right ways to put on, use, and take off PPE safely.

Recognize the symptoms of COVID-19— fever, cough, shortness of breath.

Implement procedures to quickly triage and separate

Emphasize hand hygiene and cough etiquette for everyone.

Ask staff to stay home if they are sick.

Send staff home if they develop symptoms while at work.

Discontinuing Home Isolation

People **with COVID-19 who have stayed home (home isolated)** can stop home isolation under the following conditions:

If you will not have a test to determine if you are still contagious, you can leave home after these three things have happened:

- You have had no fever for at least 72 hours (that is three full days of no fever without the use medicine that reduces fevers)

AND

- other symptoms have improved (for example, when your cough or shortness of breath have improved)

AND

- at least 7 days have passed since your symptoms first appeared

If you will be tested to determine if you are still contagious, you can leave home after these three things have happened:

- You no longer have a fever (without the use medicine that reduces fevers)

AND

- other symptoms have improved (for example, when your cough or shortness of breath have improved)

AND

- you received two negative tests in a row, 24 hours apart. Your doctor will follow [CDC guidelines](#).



Emergency Preparedness 42 CFR 491.12

Goals

- Be able to state the requirements of CFR §491.12 (Emergency Preparedness (EP) for the RHC)
- Be able to identify resources to complete a customized EP Plan
- Be able to state the rationale for creating an After-Action Report

Emergency Preparedness Plan

- Planning for things we hope will never happen.
- On-site events and emergencies which may put staff and patients at risk.
- Off-site events and emergencies which may impact the delivery of service to RHC patients.
- Contingency planning for interruption of healthcare services.



Lessons Learned 2005

A lesson learned from Hurricane Katrina: In 2005, only 25% of office-based providers were using electronic medical records.

Entire lifetimes of healthcare documentation were lost forever for many critically and chronically ill patients. EMR is now the standard.

Hurricane Katrina

- Dorothy Jones, RHIT, health information supervisor at Medical Center of Louisiana in New Orleans, thought removing the bottom rows of records in her hospital's basement storage facility would be enough to guard against Hurricane Katrina's punch August 29, 2005.
- In a matter of hours, 400,000 medical records were reduced to pulp.

Hurricane Sandy 2012



Hurricane Sandy

- While water was impossible to hold back, the availability of health information before, during, and after the storm remained remarkably stable.
- Among the users of EHRs in the greater New York City area there was only one report of records being lost, in a small clinic that was actually in the process of converting their paper records into an EHR system. However, there were widespread reports of paper records being lost.
- In New Jersey, with fewer hospitals in the direct impact zone, the State Regional Extension Center Program planned in advance by contacting providers prior to the storm's landfall with instructions on how to back up data stored in the their EHRs. This planning assured that patient information would be safe and accessible during and after the storm.



Lessons Learned 2013

A lesson learned from Moore Medical Center, OK: Approximately 50 patients/staff and 300 community members survive the EF-5 tornado.

Displacement for staff/patients.
4 years to rebuild.



Lessons Learned 2015

A Lesson Learned from Inland Regional Center, CA:

After 14 people killed and 22 injured, we now teach healthcare staff "Run/Hide/Fight" when immediate threat noted.



Lessons Learned 2017

Hurricane Harvey

Hurricane Harvey

Communication we learned from Harvey.

Nursing Home with 15 patients stranded in waist high water.





Lessons Learn 2017

A lesson learned from the UK's National Health Services.

Slashing the budget set for IT updates/security is not acceptable. Malware is a real risk for loss of records and interruption of healthcare service.



Lessons Learn 2017

Camp Fire

Paradise, CA

- When to evacuate
- Getting ambulances



Lessons Learn 2017

Camp Fire

Paradise, CA

- Getting ambulances is a big problem

RHC Emergency Preparedness (EP)



Risk Assessment and Planning

Risk Assessment and Planning

EP PLAN Must:

- Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.
- Include strategies for addressing emergency events identified by the risk assessment.
- Address patient population, including the type of services the RHC has the ability to provide in an emergency and continuity of operations, including delegations of authority and succession plans.
- 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.

Risk Assessment and Planning

...including documentation of the RHC's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.

New as of 11.29.19

Documentation of efforts to contact these officials is no longer required but you must have a process.

Risk Assessment and Planning

All Hazards Risk Assessment



Community-Based
Clinic-Based

Revised HVA Tool from Kaiser Permanente

January 2017

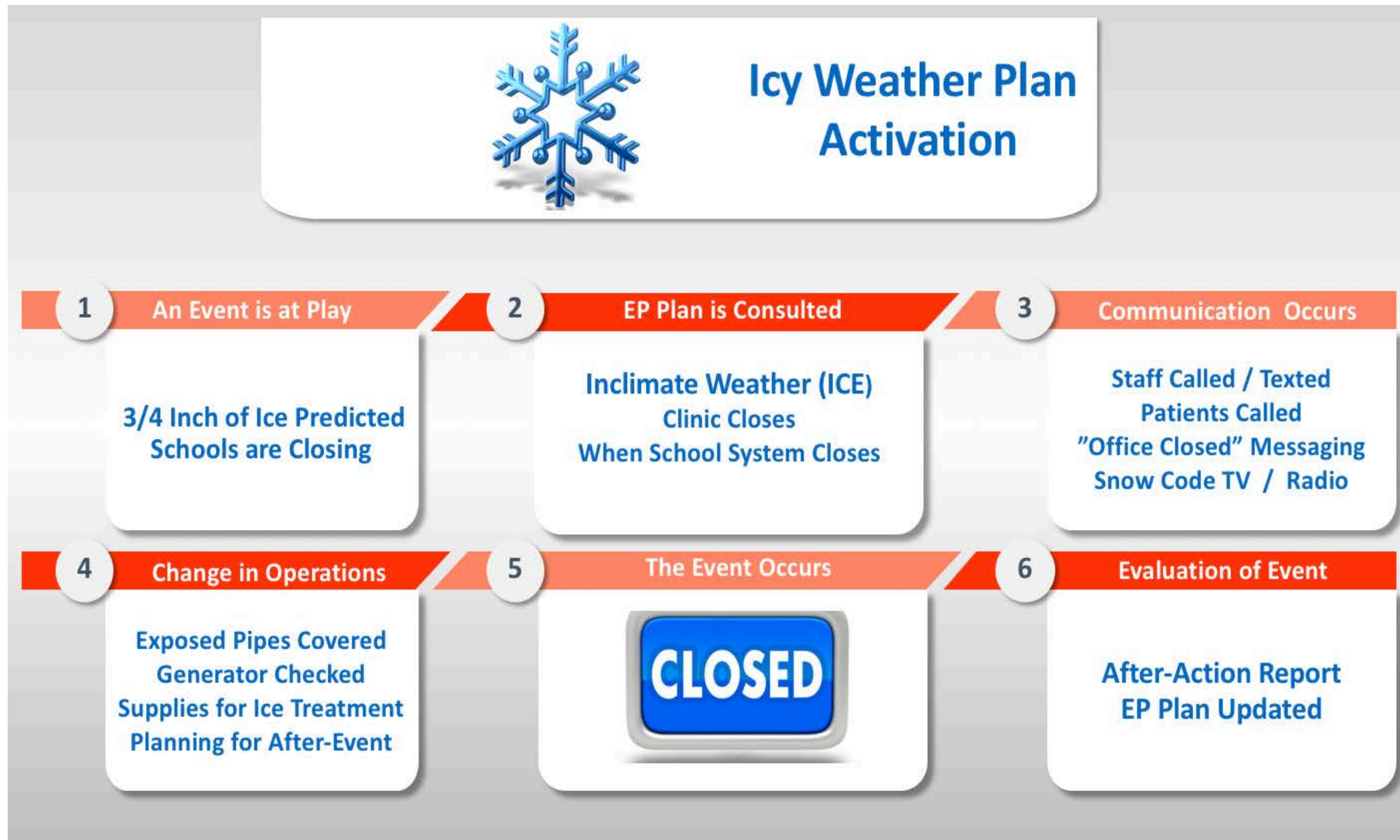
Kaiser Permanente has developed a revised [Hazard Vulnerability Analysis tool](#) and [instruction sheet](#). Available as a planning resource only; if sharing publicly please credit Kaiser Permanente. This tool is not meant for commercial use.

Risk Assessment and Planning

What events are most likely to impact the services your organization delivers to patients?

- Short-term Inclement Weather Events
- Power or Water Interruptions
- Provider/Staff Illness
- Technological/Communication Failures
- Fire
- Wildfires
- Floods

Risk Assessment and Planning



Risk Assessment and Planning

Man Made	Natural Disasters	Public Health Emergencies
Active Shooter	Tornadoes	Pandemic Flu
Cyber Attack	Hurricanes	Zika Virus Outbreak
Bioterrorism	Severe Storm	Biological Hazards
Total Power Outage	Earthquakes	COVID-19
Chemical events	Flood	
Mass Casualties		

* Loss of provider

Risk Assessment and Planning

Interpretive Guidelines:

- EP program must describe the RHC's comprehensive approach to meeting the health, safety, and security needs of their staff and patient population during an emergency or disaster situation.
- The plan will address how the RHC would coordinate with other healthcare facilities, as well as the whole community during an emergency or disaster (natural, man-made).
- The emergency preparedness program must comply with all applicable Federal, State and local emergency preparedness requirements.

Policies and Procedures

Policies and Procedures

The policies and procedures must be reviewed and updated biennially.

At a minimum, the policies and procedures must address the following:

- (1) Safe evacuation from the RHC, which includes appropriate placement of exit signs; staff responsibilities and needs of the patients.
- (2) A means to shelter in place for patients, staff, and volunteers who remain in the facility.
- (3) A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.
- (4) The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.

Policies and Procedures

- RHC will comply with all Federal, State, and local laws regarding community-wide and RHC emergency preparedness
- EP Plan will be reviewed at least biennially and updated with any changes arising from findings with After-Action Report (AAR)
- Address Patient Population
Example: patients with limited mobility in a clinic on 2rd floor
- Services Offered during Emergency Events
RHCs provide out-patient service. This will be addressed for providing these services or closing

Communication Plan

Communication Plan

- Comply with Federal and State laws – see State EOP requirements
- Update the EP Plan at least Bienially
- Include required Contact Information
- Include Alternative Means of Communicating – Text, Email, Phone, Social Media platforms
- Provide Information about Patients – RHC Patient Tracking Form for Transfers and the American Red Cross Patient Reunification Program
- Determine Clinic Needs and/or the Clinic's Ability to Provide Assistance to the Community

Communication Plan

Are clinics required to have volunteers as part of their Emergency Preparedness Plan?



RHCs have the flexibility to include volunteers in the emergency plan as indicated by the individual risk assessment. **HOWEVER**, if volunteers are included, the policies should address their use and they must be trained on the EP Plan.

Communication Plan

- Staff
- Providers
- Entities Providing Services Under Arrangement
- Other RHCs/FQHCs
- Volunteers
- Federal/State/Tribal/Regional/Local EP Staff

DON'T FORGET TO INCLUDE THE OTHER RHCs IN YOUR AREA – YOU MUST INCLUDE CONTACT INFORMATION EVEN IF THEY ARE NOT IN YOUR HEALTHCARE SYSTEM.

Communication Plan

Rethink the Phone Tree

Compile “advanced emergency phone trees” which not only requests staff member home phone numbers, but also:

- Mobile numbers for text messaging
- Email addresses for mass communication
- Emergency family contact information
- Alternate addresses in case of temporary relocation

Communication Plan

- A means of providing information about the general condition and location of patients under the facility's care.
- A means of providing information about the RHC's needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.

Communication Plan



FEMA

Emergency
Management
Institute



Frequently Asked Questions

IS-42: Social Media in Emergency Management

Course Date

10/31/2013

Course Overview

Social media is a new technology that not only allows for another channel of broadcasting messages to the public, but also allows for two way communication between emergency managers and major stakeholder groups. Increasingly the public is turning to social media technologies to obtain up to date information during emergencies and to share data about the disaster in the form of geo data, text, pictures, video, or a combination of these media. Social media also can allow for greater situational awareness for emergency responders. While social media allows for many opportunities to engage in an effective conversation with stakeholders, it also holds many challenges for emergency managers.

TAKE THIS COURSE

[Interactive Web Based Course](#)

TAKE FINAL EXAM

Please note that the IS Program now requires a FEMA SID to be used instead of your SSN. If you do not have a SID, [register for one here](#).

[Take Final Exam Online](#)

NOTICES

What we train for, we succeed in...
“Muscle Memory”

Training and testing.

What we See

- Having the EP Plan, but not training the staff
- Omitting required contact information
- Lacking an all Hazards Vulnerability Assessment
- Provider-Based Clinics stating they are part of an integrated healthcare system, but not meeting higher level of documentation

RHC EP

- Outpatient providers are not required to have P&Ps for the provision of subsistence needs.
- RHCS must still have a P&P detailing how refrigerated medications will be handled during/after disasters that disrupt electrical power.
- RHC procedure may be to evacuate staff/patients when safe to do so, close/secure the clinic, and notify staff/patients that the clinic is closed until further notice.

EP Resources

CMS.GOV and CDC.GOV

- Providers and Suppliers should refer to the resources on the CMS website for assistance in developing emergency preparedness plans.

CMS Website Link:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html>

CMS.GOV

The screenshot displays the CMS.gov website interface. At the top, the CMS.gov logo is prominent, with the text 'Centers for Medicare & Medicaid Services' below it. A navigation bar includes links for Home, About CMS, Newsroom, FAQs, Archive, and social media icons for YouTube, Facebook, and Twitter. A search bar is located on the right. Below the navigation bar, a row of yellow buttons provides access to various CMS services: Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. The main content area shows a breadcrumb trail: Home > Medicare > Survey & Certification - Emergency Preparedness > Survey & Certification - Emergency Preparedness. On the left, a sidebar lists links for State Survey Agency Guidance, Health Care Provider Guidance, Lessons Learned/Archives, Emergency Preparedness Rule, Core EP Rule Elements, Earthquakes, Hurricanes, Severe Weather, Flooding, Wild Fires and Fires General, Influenza and Viruses, Homeland Security Threats, and Templates & Checklists. The main content area features the title 'Survey & Certification - Emergency Preparedness' and a subtitle 'Emergency Preparedness for Every Emergency'. Below this, a 'Mission' section states the goal of enabling federal, state, tribal, regional, and local governmental agencies, and health care providers to respond to every emergency in a timely, collaborative, organized, and effective manner. It also mentions that the CMS Survey and Certification Group (SCG) has developed this site to provide useful information to CMS Central and Regional Offices, State Survey Agencies (SAs), and their state, tribal, regional, and local emergency management partners, and health care providers, for developing effective and robust emergency plans and responses. This Web site provides information and tools, utilizing an "all hazards" approach for disruptive events such as:

- Pandemic flu (e.g., H1N1 influenza virus)
- Hurricanes
- Tornadoes
- Fires
- Earthquakes
- Power outages
- Chemical spills
- Nuclear or biological terrorist attack
- Etc.

[Home](#) > [Medicare](#) > [Survey & Certification - Emergency Preparedness](#) > [Emergency Preparedness Rule](#)

Survey & Certification - Emergency Preparedness

[State Survey Agency Guidance](#)

[Health Care Provider Guidance](#)

[Lessons Learned/Archives](#)

[Emergency Preparedness Rule](#)

[Core EP Rule Elements](#)

[Earthquakes](#)

[Hurricanes](#)

[Severe Weather](#)

[Flooding](#)

[Wild Fires and Fires General](#)

[Influenza and Viruses](#)

[Homeland Security Threats](#)

[Templates & Checklists](#)

Emergency Preparedness Rule

Survey & Certification- Emergency Preparedness Regulation Guidance

Guidance for Surveyors, Providers and Suppliers Regarding the New Emergency Preparedness (EP) Rule

On September 8, 2016 the Federal Register posted the final rule *Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers*. The regulation goes into effect on November 16, 2016. Health care providers and suppliers affected by this rule must comply and implement all regulations one year after the effective date, on November 16, 2017.

Purpose: To establish national emergency preparedness requirements to ensure adequate planning for both natural and man-made disasters, and coordination with federal, state, tribal, regional and local emergency preparedness systems. The following information will apply upon publication of the final rule:

- Requirements will apply to all 17 provider and supplier types.
- Each provider and supplier will have its own set of Emergency Preparedness regulations incorporated into its set of conditions or requirements for certification.
- Must be in compliance with Emergency Preparedness regulations to participate in the Medicare or Medicaid program. The below downloadable sections will provide additional information, such as the background and overview of the final rule and related resources.

Additional information has been provided on the left side hyperlinks categorized by information from the EP Rule, such as the Emergency Preparedness Plan, Communication Plan, Policies and Procedures and Testing.


The below downloadable sections will provide additional information, such as the background and overview of the final rule and related resources.

Downloads

[By Name By State Healthcare Coalitions \[PDF, 256KB\]](#) 

[Facility Transfer Agreement - Example \[PDF, 56KB\]](#) 

[17 Facility- Provider Supplier Types Impacted \[PDF, 89KB\]](#) 

[EP Rule - Table Requirements by Provider Type \[PDF, 126KB\]](#) 

Related Links

[ASPR TRACIE](#)

[NCDMPH](#) 

Frequently Asked Questions (FAQs) have been developed and are posted on the CMS Emergency Preparedness Website

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>

SCGEmergencyPrep@cms.hhs.gov

EP Checklist

Developing the RHC EP Plan

The clinic must develop and maintain an emergency preparedness plan that is reviewed and updated annually.

- ☐ The emergency preparedness plan must contain the following elements:
 - ☐ A documented, clinic-based and community-based risk assessment that utilizes an all hazards approach.
 - ☐ Strategies for addressing emergency events identified by the risk assessment.
 - ☐ Addresses patient population, including, but not limited to, the type of services the clinic has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.
 - ☐ A process for cooperation and collaboration with local, tribal, regional, State and Federal emergency preparedness official's efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the clinic's efforts to contact such officials and when, applicable, of its participation in collaborative and cooperative planning efforts.
 - ☐ Is initially formally adopted by key leadership and then updated, at a minimum, annually.

CERT DRILLS AND EXERCISES: TABLETOP EXERCISE #1

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CERT: Community Emergency Response Team



<https://www.citizencorps.fema.gov/cc/listCert.do>

CERT: Community Emergency Response Team

The Community Emergency Response Team (CERT) program educates volunteers about disaster preparedness for the hazards that may impact their area and trains them in basic disaster response skills, such as fire safety, light search and rescue, team organization, and disaster medical operations.

CERT offers a consistent, nationwide approach to volunteer training and organization that professional responders can rely on during disaster situations, which allows them to focus on more complex tasks.

Through CERT, the capabilities to prepare for, respond to and recover from disasters is built and enhanced.

<https://www.citizencorps.fema.gov/cc/listCert.do>

CALHOSPITALPREPARE.ORG



ASPRTRACIE.HHS.GOV



Welcome to ASPR TRACIE

Emergency Preparedness Toolkit for Community Health Centers & Community Practice Sites

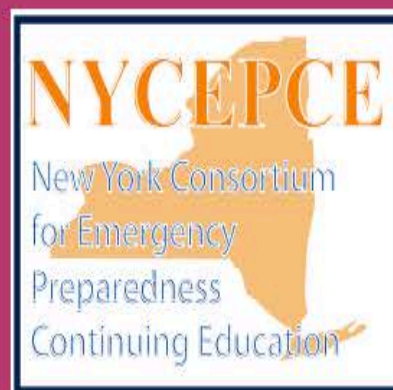
A How-To Guide for:

Connecting with the Local Health Department or Hospital

Creating an Emergency Response Plan

Training Your Staff

Exercising with Local Partners



Additional RHC Resources



<https://www.ruralhealthinfo.org/>

Questions

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