



EMERGENCY RESPONSE AND RECOVERY

WORKING TO MEET THE CMS EMERGENCY PREPAREDNESS RULE

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THIS PRESENTATION REFLECTS RHA'S EXPERIENCES AND SHOULD NOT, IN ANY WAY, BE CONSTRUED AS A LEGAL PRECEDENT FOR COMPLIANCE OF THE CMS EMERGENCY PREPAREDNESS RULE.

Agenda

INTRODUCTION

EXPECTATIONS

WHAT WE KNOW AND WHAT WE DON'T KNOW

PHASES OF PROJECT

COMMITTEE AND SUB COMMITTEES (DIVIDE AND CONQUER)

EVENTS

EMERGENCY PLAN / RISK ASSESSMENTS

HAZARD VULNERABILITY ANALYSIS (HVA)

TABLE TOP EXERCISES

FULL SCALE EXERCISES

AFTER ACTION REPORTS

EMERGENCY RESPONSE AND RECOVERY PLANS

SURVEY / REVIEW

TOOLS TO SHARE

QUESTIONS

WHAT WILL IT TAKE
TO ENSURE
CONTINUITY OF
CARE?

POLICIES NEED
LEGS TO STAND ON



4 Core Elements

Emergency Plan / Risk Assessment

- Consider using an Emergency Plan Template
- Risk Assessment / HVA

Policies and Procedures

- The following must be addressed at a minimum
 - Provisions for Safety (subsistence needs / shelter)
 - Prepare for all Possible Events

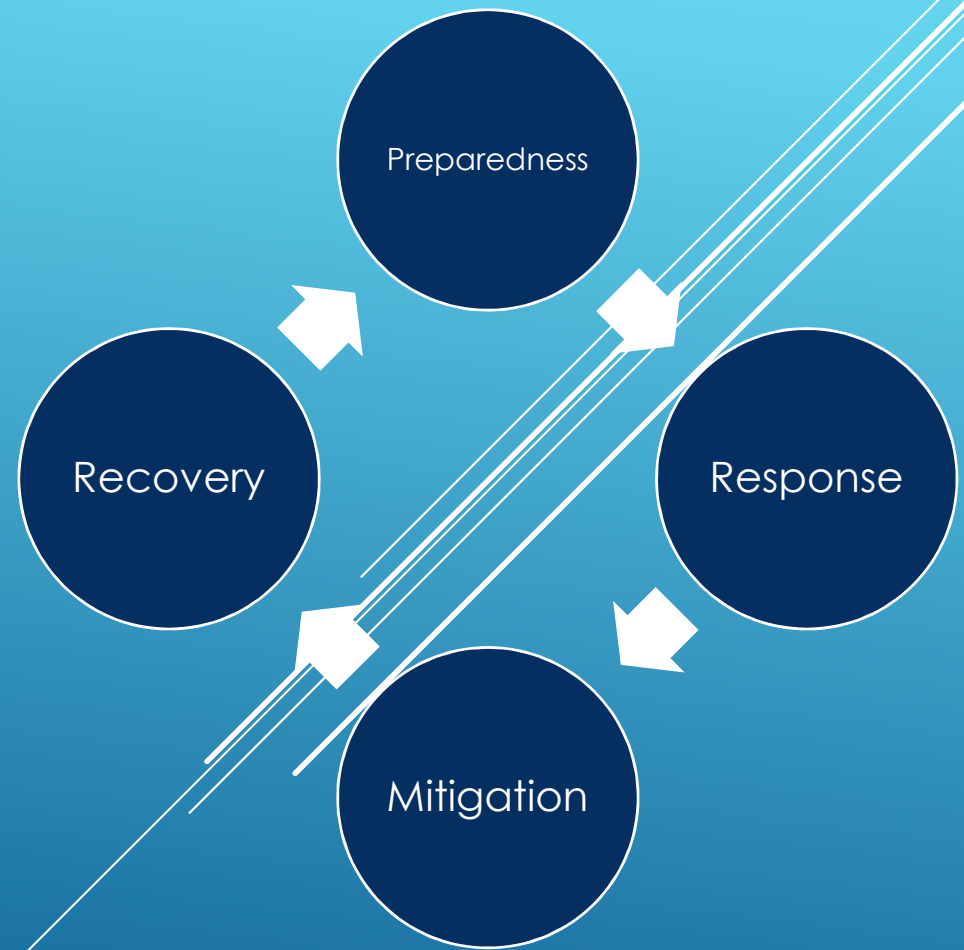
Communication Plan

- Consider Internal and External Communication

Training and Testing

- Conduct Table Top and Full Scale Exercises

FOUR PHASES OF THE EMERGENCY PLAN



WHAT WE KNOW AND WHAT WE DON'T

Home | About CMS | Newsroom | FAQs | Archive | Share | Help | Print

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Centers for Medicare & Medicaid Services

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Home > Medicare > Survey & Certification - Emergency Preparedness > Survey & Certification - Emergency Preparedness

Survey & Certification - Emergency Preparedness

[State Survey Agency Guidance](#)
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[Homeland Security Threats](#)
[Templates & Checklists](#)

Survey & Certification - Emergency Preparedness

Emergency Preparedness for Every Emergency

Mission

Enable 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.

The Centers for Medicare & Medicaid Services (CMS) provide useful information to CMS Central and Regional, and local emergency management on emergency plans and responses. This Web site disruptive events such as:

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

This Web site provides "one-stop shopping" to obtain information and tools. The Web site will be updated to:

- Clarifying the roles, responsibilities and authorities of all offices.
- Clarifying the roles, responsibilities, and authorities of all offices.
- Effective emergency planning across all health care populations – whether in long-term care, acute care, or ambulatory care.

Downloads

[All Hazards FAQs 2017 \(PDF, 1MB\)](#)

Related Links

[Emergency Response and Recovery](#)

Page last Modified: 03/17/2017 11:58 AM
[Help with File Formats and Plug-ins](#)

Templates & Checklists

With the input of the S&C Emergency Preparedness Stakeholder Communication Forum, CMS has compiled a list of useful national emergency preparedness resources to assist State Survey Agencies (SAs), their State, Tribal, Regional, local emergency management partners, and health care providers to develop effective and robust emergency plans.

Resources, updates, and links will be regularly posted on this Web site including:

- Public health emergency declarations
- Emergency preparedness tools
- Emergency preparedness training
- Survey & Certification Public Health Emergency Frequently Asked Questions – All Hazards
- SA Emergency Preparedness Promising Practices
- Pandemic Flu information

Please note, the checklists and information under this page may pre-date the Emergency Preparedness Final Rule and does not guarantee compliance. This page is intended for resources and general information.

For specific questions please contact SCGEmergencyPrep@cms.hhs.gov

Downloads

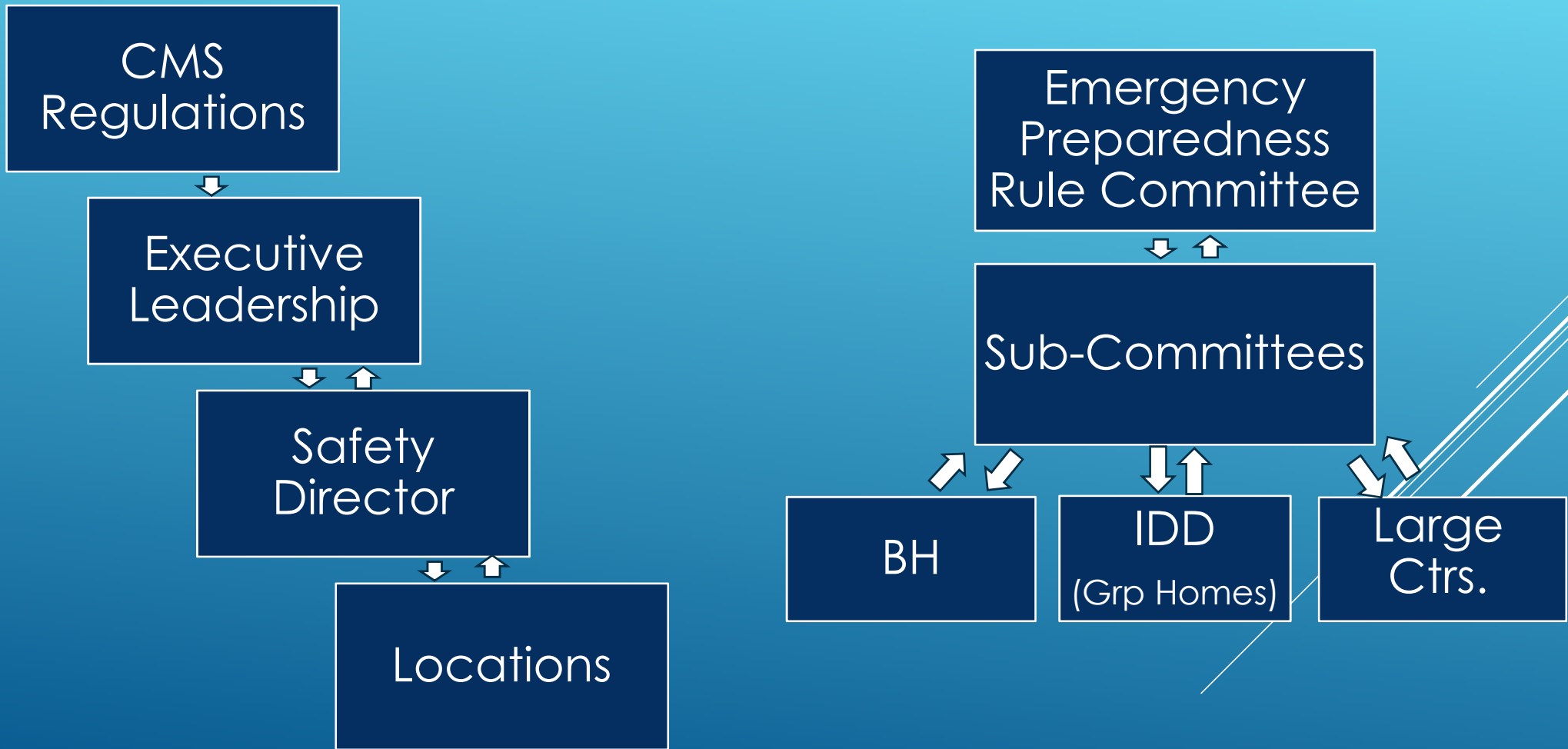
- [Health Care Provider Voluntary After Action Report/Improvement Plan Template and Instructions \(ZIP, 54KB\)](#)
- [CMS EP Acronym Glossary Final \(PDF, 380KB\)](#)
- [Emergency Preparedness Checklist for All Providers \(PDF, 109KB\)](#)
- [Emergency Preparedness Checklist LTC Facilities Specific \(PDF, 79KB\)](#)

Related Links

- [Office for Civil Rights, HIPAA Privacy Rule: Disclosures for Emergency Preparedness Decision Tool](#)
- [CMS Emergency Preparedness and Response Office \(EPRO\) Website](#)



Breaking it Down into Manageable Pieces



Emergency Management Preparedness Rule Committee (EMPRC)

MISSION

To prepare for and provide a safe, healthy and secure environment for the people supported, employees, families and surrounding communities prior to, during and following an emergency or disaster.

Objectives – To develop through collaboration a plan and strategy for RHA and communities to meet health, safety and security of all stakeholders prior to, during and following an emergency or disaster.



EMPRC Cont.

- **Timeline**
- **Committee and Sub Committee Responsibilities**
- **Tools Required for Success**
 - **Hazard Vulnerability Analysis (HVA)**
 - **Expandable Emergency Plan Template(s)**
 - **Current Emergency Plans and Drills**
- **Clarification of Exercises**
 1. **Table Top Exercises**
 2. **Functionality Review**
 3. **Full Scale Exercise**
 4. **Review / Survey**
- **Emergency Management / Locations Relationships**

HVA – HAZZARD VULNERABILITY ANALYSIS

INVOLVE EMERGENCY MANAGEMENT PERSONNEL

- Fire department has lists of hazardous chemicals in community
- www.floodfind.com (flood probability maps)
- County Emergency Managers have participated and/or provided HVA information


Do Not Limit Your Thinking

HVA

Instructions	Natural Hazards	Technological Hazards	Human Hazards	Hazardous Materials	Summary
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6 Tabs

- Instructions
- Natural Hazards
- Technological Hazards
- Human Hazards
- Hazardous Materials
- Summary

 **Medical Center Hazard and Vulnerability Analysis**

INSTRUCTIONS:

Evaluate potential for event and response among the following categories using the hazard specific scale.

Issues to consider for **probability** include, but are not limited to:

- 1 Known risk
- 2 Historical data
- 3 Manufacturer/vendor statistics

Issues to consider for **response** include, but are not limited to:

- 1 Time to marshal an on-scene response
- 2 Scope of response capability
- 3 Historical evaluation of response success

Issues to consider for **human impact** include, but are not limited to:

- 1 Potential for staff death or injury
- 2 Potential for patient death or injury

Issues to consider for **property impact** include, but are not limited to:

- 1 Cost to replace
- 2 Cost to set up temporary replacement
- 3 Cost to repair

Issues to consider for **business impact** include, but are not limited to:

- 1 Business interruption
- 2 Employees unable to report to work
- 3 Customers unable to reach facility
- 4 Company in violation of contractual agreements
- 5 Imposition of fines and penalties or legal costs
- 6 Interruption of critical supplies
- 7 Interruption of product distribution

Issues to consider for **preparedness** include, but are not limited to:

- 1 Status of current plans
- 2 Training status
- 3 Insurance
- 4 Availability of back-up systems
- 5 Community resources



Issues to consider for **internal resources** include, but are not limited to:

- 1 Types of supplies on hand
- 2 Volume of supplies on hand
- 3 Staff availability
- 4 Coordination with MOB's

Issues to consider for **external resources** include, but are not limited to:

- 1 Types of agreements with community agencies
- 2 Coordination with local and state agencies
- 3 Coordination with proximal health care facilities
- 4 Coordination with treatment specific facilities

Complete all worksheets including Natural, Technological, Human and Hazmat. The summary section will automatically provide your specific and overall relative threat.

HVA

Natural Hazards


- A hurricane is more predictable
- Landslide (sink hole)

HAZARD AND VULNERABILITY ASSESSMENT TOOL NATURALLY OCCURRING EVENTS								
EVENT	PROBABILITY <i>Likelihood this will occur</i>	SEVERITY = (MAGNITUDE - MITIGATION)						RISK <i>Relative threat*</i>
		HUMAN IMPACT <i>Possibility of death or injury</i>	PROPERTY IMPACT <i>Physical losses and damages</i>	BUSINESS IMPACT <i>Interruption of services</i>	PREPARED-NESS <i>Preplanning</i>	INTERNAL RESPONSE <i>Time, effectiveness, resources</i>	EXTERNAL RESPONSE <i>Community/ Mutual Aid staff and supplies</i>	
SCORE	<i>0 = N/A 1 = Low 2 = Moderate 3 = High</i>	<i>0 = N/A 1 = Low 2 = Moderate 3 = High</i>	<i>0 = N/A 1 = Low 2 = Moderate 3 = High</i>	<i>0 = N/A 1 = Low 2 = Moderate 3 = High</i>	<i>0 = N/A 1 = High 2 = Moderate 3 = Low or none</i>	<i>0 = N/A 1 = High 2 = Moderate 3 = Low or none</i>	<i>0 = N/A 1 = High 2 = Moderate 3 = Low or none</i>	0 - 100%
Hurricane	0	1	2	0	3	2	0	0%
Tornado	1	1	2	0	3	1	0	13%
Severe Thunderstorm	2	1	2	0	3	0	0	22%
Snow Fall	3	1	2	0	3	2	0	44%
Blizzard	3	1	2	0	3	1	0	39%
Ice Storm	2	1	2	0	3	0	0	22%
Earthquake	1	1	2	0	3	0	0	11%
Tidal Wave	0	1	2	0	3	0	0	0%
Temperature Extremes	1	1	2	0	3	0	0	11%
Drought	0	1	2	0	3	0	0	0%
Flood, External	0	1	2	0	3	0	0	0%
Wild Fire	0	1	2	0	3	1	0	0%
Landslide	0	1	2	0	3	2	0	0%
Dam Inundation	0	1	2	0	3	3	0	0%
Volcano	0	1	2	0	3	2	0	0%
Epidemic	0	1	2	0	3	0	0	0%
AVERAGE SCORE	0.81	1.00	2.00	0.00	3.00	0.88	0.00	10%
<i>*Threat increases with percentage.</i>								
		RISK = PROBABILITY * SEVERITY						
		0.10	0.27	0.38				



HVA Technological Hazards

- **Electrical** > four hours
- **Transportation failure:** think locally
- **Steam Failure:** relates to boilers
- **Fire Alarm Failure:** can be a major inconvenience for fire department, requires “fire watch”
- **Medical Gas Failure:** Oxygen
- **Information Systems Failure:** redundancy plans
- **Hazmat Exposure, Internal:** i.e. mixing cleaners, BBP, allergies, aerosols
- **Supply Shortage:** MOU of items to continue meeting needs – consider alternative suppliers and increased costs
- **Structural Damage:** includes natural, vandalism and by residents.

HAZARD AND VULNERABILITY ASSESSMENT TOOL TECHNOLOGIC EVENTS								
EVENT	PROBABILITY <i>Likelihood this will occur</i>	SEVERITY = (MAGNITUDE - MITIGATION)						RISK <i>Relative threat*</i>
		HUMAN IMPACT <i>Possibility of death or injury</i>	PROPERTY IMPACT <i>Physical losses and damages</i>	BUSINESS IMPACT <i>Interruption of services</i>	PREPARED-NESS <i>Preplanning</i>	INTERNAL RESPONSE <i>Time, effectiveness, resources</i>	EXTERNAL RESPONSE <i>Community/ Mutual Aid staff and supplies</i>	
SCORE	<i>0 = N/A 1 = Low 2 = Moderate 3 = High</i>	<i>0 = N/A 1 = Low 2 = Moderate 3 = High</i>	<i>0 = N/A 1 = Low 2 = Moderate 3 = High</i>	<i>0 = N/A 1 = Low 2 = Moderate 3 = High</i>	<i>0 = N/A 1 = High 2 = Moderate 3 = Low or none</i>	<i>0 = N/A 1 = High 2 = Moderate 3 = Low or none</i>	<i>0 = N/A 1 = High 2 = Moderate 3 = Low or none</i>	0 - 100%
Electrical Failure	2	3	1	0	3	2	0	33%
Generator Failure	2	3	1	0	3	2	0	33%
Transportation Failure	2	3	1	0	3	2	0	33%
Fuel Shortage	2	3	1	0	3	2	0	33%
Natural Gas Failure	2	3	1	0	3	2	0	33%
Water Failure	2	3	1	0	3	2	0	33%
Sewer Failure	2	3	1	0	3	2	0	33%
Steam Failure	2	3	1	0	3	2	0	33%
Fire Alarm Failure	2	3	1	0	3	2	0	33%
Communications Failure	2	3	1	0	3	2	0	33%
Medical Gas Failure	2	3	1	0	3	2	0	33%
Medical Vacuum Failure	2	3	1	0	3	2	0	33%
HVAC Failure	2	3	1	0	3	2	0	33%
Information Systems Failure	2	3	1	0	3	2	0	33%
Fire, Internal	2	3	1	0	3	2	0	33%
Flood, Internal	2	3	1	0	3	2	0	33%
Hazmat Exposure, Internal	2	3	1	0	3	2	0	33%
Supply Shortage	2	3	1	0	3	2	0	33%
Structural Damage	2	3	1	0	3	2	0	33%
AVERAGE SCORE	2.00	3.00	1.00	0.00	3.00	2.00	0.00	33%
<i>*Threat increases with percentage.</i>								
RISK = PROBABILITY * SEVERITY								
0.33 0.67 0.50								

HVA

Human Hazards

- **Mass Casualty incident (trauma):** >= 5 people injured or dead
- **Mass Casualty incident (medical/infectious):** sewer, infection, bedbugs, fleas, lice, rodents
- **VIP (Very Important Person) situation:** eclipse
- **Hostage Situation:** domestic disturbance, neighborhood police pursuit, individual's behaviors
- **Civil Disturbance:** riot, protest (distribution issue in supply chain)
- **Labor Action:** strike, walkout, organized action
- **Forensic Admission:** dead bodies

HAZARD AND VULNERABILITY ASSESSMENT TOOL								
HUMAN RELATED EVENTS								
EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPAREDNESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	Relative threat*
	Likelihood this will occur	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	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 or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Mass Casualty Incident (trauma)	0	3	2	1	0	1	2	0%
Mass Casualty Incident (medical/infectious)	1	3	2	1	0	1	2	17%
Terrorism, Biological	3	3	2	1	0	1	2	50%
VIP Situation	3	3	2	1	0	1	2	50%
Infant Abduction	0	3	2	1	0	1	2	0%
Hostage Situation	0	3	2	1	0	1	2	0%
Civil Disturbance	0	3	2	1	0	1	2	0%
Labor Action	0	3	2	1	0	1	2	0%
Forensic Admission	0	3	2	1	0	1	2	0%
Bomb Threat	1	3	2	1	0	1	2	17%
AVERAGE	0.80	3.00	2.00	1.00	0.00	1.00	2.00	13%
*Threat increases with percentage.								
RISK = PROBABILITY * SEVERITY								
0.13 0.27 0.50								




HVA

Hazardous Materials

Mass Casualty: fuel, propane

Small-Medium Sized Internal Spill: water contamination

Last 4: pertain to locations within ten miles of a nuclear facility

HAZARD AND VULNERABILITY ASSESSMENT TOOL EVENTS INVOLVING HAZARDOUS MATERIALS								 KAISER PERMANENTE.
EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
	Likelihood this will occur	HUMAN IMPACT Possibility of death or injury	PROPERTY IMPACT Physical losses and damages	BUSINESS IMPACT Interruption of services	PREPARED-NESS Preplanning	INTERNAL RESPONSE Time, effectiveness, resources	EXTERNAL RESPONSE Community/Mutual Aid staff and supplies	Relative threat*
SCORE	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 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Mass Casualty Hazmat Incident <i>(From historic events at your MC with >= 5 victims)</i>	3	2	1	0	3	1	2	50%
Small Casualty Hazmat Incident <i>(From historic events at your MC with < 5 victims)</i>	3	2	1	0	3	1	2	50%
Chemical Exposure, External	3	2	1	0	3	1	2	50%
Small-Medium Sized Internal Spill	3	2	1	0	3	1	2	50%
Large Internal Spill	3	2	1	0	3	1	2	50%
Terrorism, Chemical	3	2	1	0	3	1	2	50%
Radiologic Exposure, Internal	3	2	1	0	3	1	2	50%
Radiologic Exposure, External	3	2	1	0	3	1	2	50%
Terrorism, Radiologic	3	2	1	0	3	1	2	50%
AVERAGE	3.00	2.00	1.00	0.00	3.00	1.00	2.00	50%
*Threat increases with percentage.								
RISK = PROBABILITY * SEVERITY								
0.50 1.00 0.50								

HVA

Summary

Is designed to automatically calculate the potential impact and threat on a location

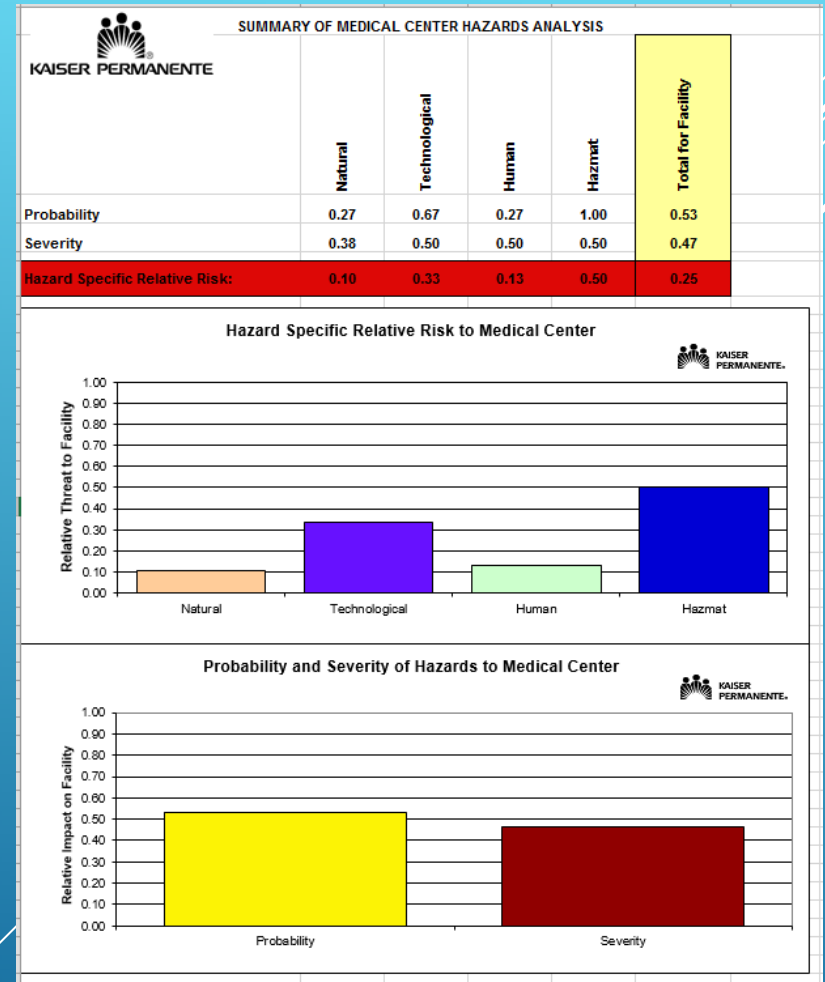


TABLE TOP EXERCISES

- **Group Homes: Operation Whirligig
(Tornado)**
- **Large Centers: Operation Firefly
(Propane Fire)**
- **Behavioral Health: Operation Bam Bam
(Active Shooter)**

ELEMENTS OF THE TABLE TOP EXERCISE

- Exercise Guidelines and Rules of Play (An Educational Opportunity)
- Small Group Settings (tables with 3 to 4 participants)
- Modules - An Evolving Situation
- Topics of Conversation (Key Issues) for Review
- Questions for Participants to discuss

CMS Regulations - Table Tops Exercise Schedule				
Date	Beginning	Ending	Group	Location
9/7/2017	1:00 PM	5:00 PM	Eastern BH	Lumberton, NC
9/14/2017	10:00 AM	2:00 PM	IDD Large Centers	Raleigh, NC
9/27/2017	1:00 PM	5:00 PM	Eastern IDD Group Homes	High Point NC
9/28/2017	10:00 AM	2:00 PM	Western IDD Group Homes	High Point NC
10/3/2017	9:30 AM	1:30 PM	TN IDD Locations	Nashville, TN
10/4/2017	9:30 AM	1:30 PM	Western BH - Asheville	Asheville NC
10/31/2017	10:00 AM	2:00 PM	GA IDD Locations	Lithonia GA



EXERCISE EXAMPLE

Topics of Discussion

- Who initiates the safety plan
- Choices: run, hide, fight
- Areas to shelter in place
- Yelling communicates to the shooter
- Who calls 911 – anyone and everyone

OPERATION BAM BAM

MODULE 1: THE EVOLVING SITUATION

November 30: 8:00am (0800)

It is 8:00am on a cool November morning. Your office is just opening for the day. The receptionist is on duty and clients are beginning to check in for early appointments. Most of the staff has reported for work and are in their usual work spaces. At 0801 a white male, approximately 50 years old enters the front doors yelling "Where is he?" The receptionist attempts to question the man when he pulls out a handgun and fire 3 shots into the receptionist killing her immediately. He then fires on 3 people in the waiting area, wounding 2 and killing 1.

KEY ISSUES

Upon hearing gun shots, what actions should the staff begin to take

PARTICIPANT QUESTIONS

1. What plans are in place to deal with a hostile intruder/active shooter?
2. Who calls 911?
3. Are there internal communication issues that need to be addressed?
4. Are staff members actually going to follow the plan? What is the plan?
 - a. What about clients or visitors? the handicapped?

STAND BY FOR A FURTHER UPDATE ON THIS RAPIDLY EVOLVING SITUATION?

EXERCISE EXAMPLE

Topics of Discussion

- What does a bullet sound like
- DHH Population needs
- Mobility Issues
- Electronic means to information (post event)
- Witness Statements
- Biohazard Areas
- Hierarchy of Leadership
- Incident Commander responsibilities
- Accountability (Headcount)

MODULE 2: POLICE RESPONSE

November 30: 0802

The first two police officers arrive quickly and enter the building for offensive tactics. Their shouts are heard by the shooter who commits suicide in the breakroom. There are injured in the lobby, and dead bodies throughout the building.

November 30: 0805

The police begin a systematic search of the building as EMS arrives to tend to the injured. There is a lot of yelling of instructions as officers search each room with guns drawn. A staff member tells police they think are two gunmen. All building occupants are rushed out of the building with their hands up and searched for weapons, before being moved to a staging area for questioning. The dead are left in place.

KEY ISSUES

- Rapid evolution of events
- Traumatic scenes
- Confusion, helplessness

PARTICIPANT QUESTIONS

1. The police are looking for someone in charge of the facility, who is it and who is their backup if that person is either a casualty or not present?
2. Is there an accountability process in place for staff and clients?
3. Is this the time to begin communicating with another agency or the "home office?"
 - a. Who is responsible for this?
4. Opinion: Is there someone (anyone) in your location who can step up and provide leadership in this situation? Not title based, but experience and personality?

EXERCISE EXAMPLE

Topics of Discussion

- Medical Records ; Confidentiality
- Change in Client Perceptions of Location: a new trigger
- Continuity – The need for another location
- Establishing a “New Normal”
- Will corporate be “The Calvary”
- The role of Life Safety

MODULE 3: FACILITY ACTION & COMMUNICATION ISSUES

November 30: 0830

The building has been mostly cleared by law enforcement. All occupants are being held in the parking lot for debriefing. The media is present and filming, shouting questions at the staff. Everyone taken out of the building had to see at least one dead body and some many more. You are told it will be days before anyone can enter the building to retrieve personal property or client information and weeks before the building can be reopened. There is blood and bullet holes in many areas. Some staff have already begun to break down from stress.

KEY ISSUES

- Immediate needs and actions of staff

PARTICIPANT QUESTIONS

1. The police are clearing the building, what is the critical action that staff must be taking at this point?
2. As mental health professionals, what do you see as the key issues for affected staff at this point?
3. Who needs to be notified? families? key personnel? patients?
4. What information can be shared with who?
5. What steps must the staff be prepared for over the next several hours? days?
6. Do you think the majority of the staff at your location could handle this event?
7. What support are you expecting from the corporate level?

TABLE TOP EXERCISE REVIEW (PUBLISHED REPORT)

- Executive Summary
- Exercise Overview
(Name, Date, Location, Scope of Exercise, Mission Areas, Core Capabilities, Exercise Objectives, Threat/Hazard, Scenario, Exercise Sponsor, Participants)
- Evaluation (Assessment by Participants)
- Next Step Suggestions
- Certificates to Participants

LESSONS LEARNED

Preparations:

Black Box

Think Locally

During

Expect the unexpected

Separation

Relocation (Life in a shelter)

After:

PTSD

Discovering a “New Normal”

THE BLACK BOX

A box that contains current up to date information along with items that will decrease stress and related problems associated with the survival in a disaster situation.

- Basic information about supported individuals (pictures, allergies, food consistencies, medications, behavioral tendencies)
- First aid Kit
- "HELP" sign – to be placed in the window to be viewed from the outside. May include “ ___ Injured” “Special Needs Individuals”.
- A method of placing identification information on supported individuals (duct tape, lanyard, etc.)
- Template of note to be left in the event of evacuation.
- Small notebook and pen for documentation
- Communication Notebook with pencil/pen
- Emergency Ponchos
- Flashlight(s)
- Batteries

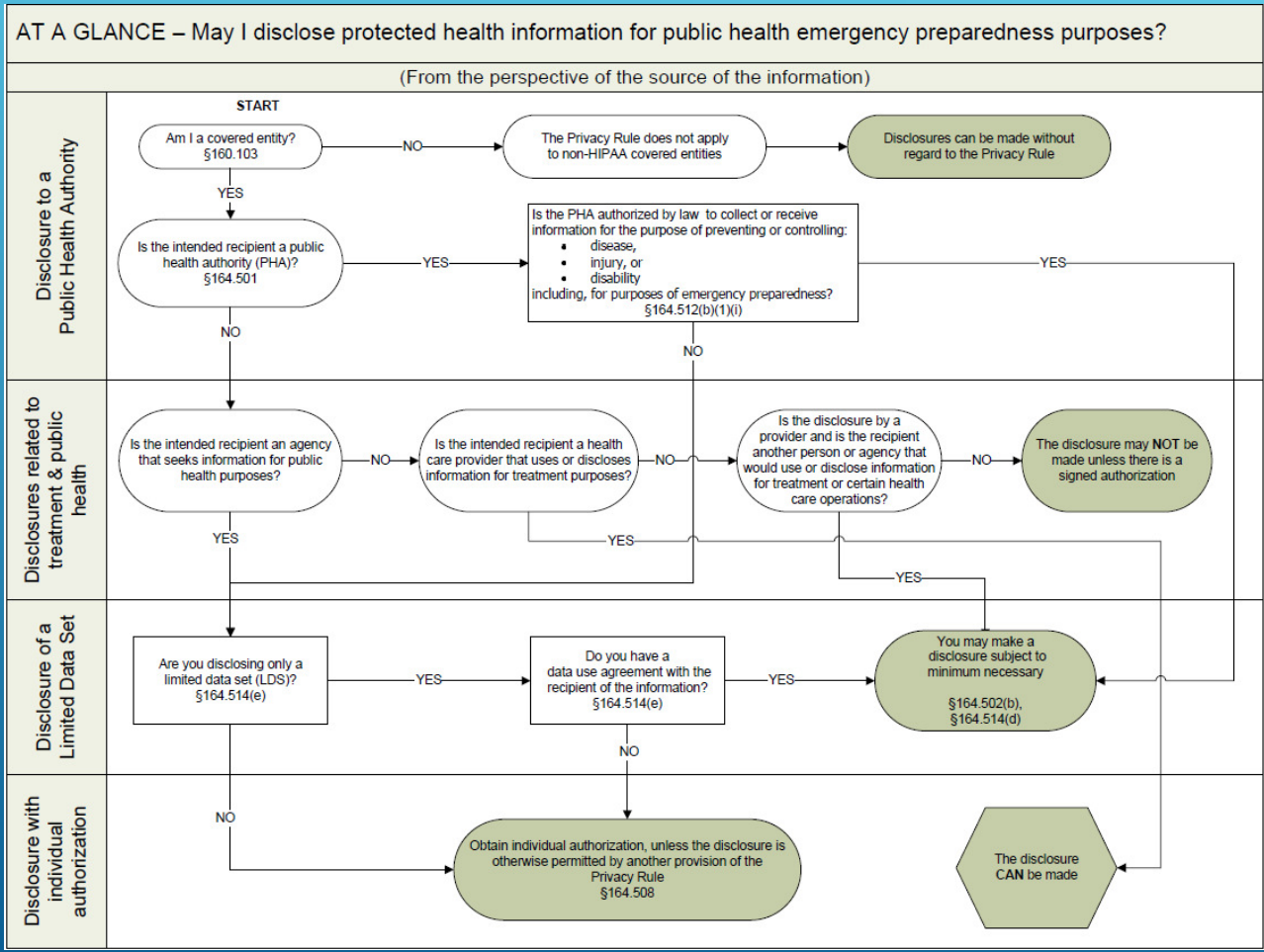


THE BLACK BOX (CONT.)



- Keys / Keypad access codes (may wish for codes to be EMS specific)
- Emergency Phone List - Information so that supervisor/administrator/director can be notified.
- Direct numbers to emergency locations (RHA supervisors, police, fire department, hospital) – 911 may be overloaded. Text and/or call.
- Floor plan to provide to emergency services
- Address and phone number of alternative housing (should have a previously arranged agreement)
- Landlord contact information
- Whistle
- List of emergency shelters and utility companies with addresses and phone numbers
- One string backpack for each resident
- Incontinence and feminine products

HIPAA CONCERNS



Take advantage of learning opportunities



EMERGENCY PLAN TEMPLATE(S)

- IDD (Group Homes)
- Behavioral Health
- Large Centers

FULL SCALE EXERCISES

- County Emergency Managers Involvement

INTEGRATED RESPONSE PLANNING

- Assure collaboration with local state, federal emergency preparation officials to maintain a integrated response during a disaster or emergency.
- Document all efforts to contact officials – when applicable its participation in collaborative / cooperative plan.
- If the facility is part of a healthcare system with multiple facilities, they can elect to have a unified plan and an integrated Emergency Preparedness Program.
 - Must demonstrate that each facility participated in development.
 - Must reflect any unique circumstances, population, services based on facility specific assessment i.e. HVA.

ACCOUNTABILITY - LIFE SAFETY SURVEY WHAT SHOULD WE EXPECT?

After November 15, 2017, they may:

- Ask
- Interview
- Request
- Review
- Verify
- Penalty (Funding)
- Tag (Notice of non-compliance)

<http://www.cahf.org/Portals/29/DisasterPreparedness/Regulatory/ICF-IID%20EP%20Survey%20Procedures.pdf>

The training course for surveyors is assessable to the public on the CMS website.

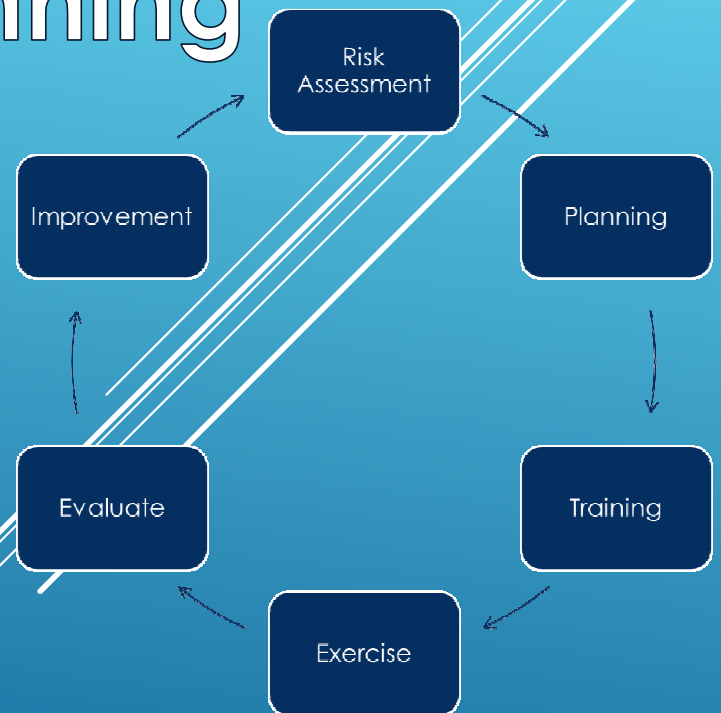


TOOLS TO SHARE

- Hazard Vulnerability Analysis (HVA)
- Anticipated Full Scale Exercise Information
- Spreadsheet of NC E.M. links by County
- HIPAA Chart
- Emergency Plan Templates (in Process)
- Black Box Items List
- CAHF Presentation – Rule Training Slides
- DHHS_ASPR_CMS Impact on Local EM July17
EMForum – Presentation Slides
- Abby.cameron@ncdps.gov (**Communication Booklet**)

The Plan Document is only the Beginning

- Annual Review
- Annual Update
- Annual Full Scale Drill (rotating calendar)
- Document / Show what is Learned



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QUESTIONS AND COMMENTS

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